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CALIFORNIA ALCOHOL PROGRAM

STATE PLAN

FISCAL YEAR 1986-87

George Deukmejian, *Governor*
State of California

Clifford Allenby, *Secretary*
Health and Welfare Agency

STATE OF CALIFORNIA
DEPARTMENT OF
ALCOHOL AND DRUG PROGRAMS

Chauncey L. Veatch III, *Director*

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DIRECTOR'S MESSAGE

Prevention of alcohol-related problems, particularly alcoholism, has been a major focus of the Department during this administration. We have implemented a plan that has begun a move from individually focused prevention projects to prevention activities that emphasize community organization and planning. Prevention efforts will continue to be directed toward our youth, ethnic minorities, women, the elderly, and the disabled.

The United States Congress has been actively involved this last year in the fields of alcohol and drug abuse. A key bill which will affect alcohol programs was signed into law by the President in October 1986 -- The Anti-Drug Abuse Act of 1986. This bill provides for considerable increases in alcohol-related services in the areas of treatment, rehabilitation, prevention and education. I was personally involved in working for the passage of this landmark legislation and had the privilege of attending the signing ceremony in Washington. I intend to work closely with the county alcohol program administrators in making the necessary decisions regarding the types of programs to implement with these new funds.

Last year, five percent of the state's total federal allocation was expended on new and expanded women's services. The $1.4 million directed to women's alcohol services has resulted in a study to develop indicators of the prevalence of women's alcohol problems in California plus 24 new direct service programs serving 30 counties.

Future efforts of the Department will continue to assure that an effective network of services for alcohol-related problems remains available to all Californians.

With the ceaseless dedication of the people who work in the alcohol services field, California's alcohol program will continue to provide a meaningful contribution to alcoholism recovery and to the reduction of alcohol-related problems.

Sincerely,

Chauncey L. Veatch III

CHAUNCEY L. VEATCH III
Director

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INTRODUCTION

MANDATE

The State Plan on the California Alcohol Program is developed as required by Division 10.5, Section 11755(i) of the Health and Safety Code. This Plan outlines a strategy to combat alcohol problems related to the inappropriate use of alcohol, including alcoholism.

SIGNIFICANT ACCOMPLISHMENTS

Achievements of the California Alcohol Program

- Each of California's 58 counties has a separate and identifiable alcohol service system that is locally controlled and operated and is reflected in a County Alcohol Plan.
- Each county has an Advisory Board on Alcohol Problems appointed by the Board of Supervisors to advise on policies and goals of the county alcohol program service system.
- Annually, there are about 327,000 participant admissions receiving direct alcohol services through the alcohol service systems planned and administered in accordance with County Alcohol Plans approved by the Department.
- The 327,000 participants will use about 1,372,000 bed days of residential services and make about 1,800,000 participant visits to nonresidential services. About 200,000 of the participants are persons convicted of DUI offenses who participate in the first or multiple offender drinking driver programs.
- The public awareness of alcohol problems has dramatically increased. The State Health Plan and each of the 14 Regional Health Services Agency Plans address alcohol problems as a major health issue.
- A state alcohol prevention plan was developed to provide a framework for communities to better understand prevention strategies and activities. The plan suggests guidelines and effective processes necessary for the planning, implementation and evaluation of prevention efforts.
- Guidelines and/or standards are available for all direct alcohol program services ensuring an acceptable level of service quality, contributing to upgrading of many existing alcohol services, and encouraging a variety of fiscal supports.
- The Department initiated a "Learn To Say No" media campaign with public service announcements focused on prevention and a target audience of youth.

- A youth drinking and driving prevention conference was held and provided approximately 500 participants with knowledge and skills to organize and implement alternatives to drinking and driving in their communities and schools.

- The Friday Night Live program (a youth DUI project) presents a multi-image slide presentation to public and private high schools in an effort to reduce the number of DUI fatalities and injuries to students.

PROFILE
STATE OF CALIFORNIA
1986

Total Area----------158,693 Square miles

Total Population------26,637,000 people: January 1, 1986 estimate

California is the most populous state in the Union, and the most populous of California's 58 counties is Los Angeles County. Its 1986 population is estimated at about 8,027,800, a population greater than that of 43 states. Los Angeles County has over 6,800 times the population of Alpine County, the State's smallest county which has about 1,200 people.

TABLE 1

CHARACTERISTICS OF CALIFORNIA'S POPULATION
January 1, 1986 Estimate

Total	26,637,0001/	100.0%
White	16,701,400	62.7
Black	2,024,400	7.6
Hispanic	5,647,000	21.2
Asian and Other	2,264,200	8.5
Males	13,132,000	49.3%
Females	13,505,000	50.7%
Age 17 and under	6,952,300	26.1%
Age 18 and over	19,684,700	73.9%
Drinking Age (statistically, age 14 and over	20,830,100	78.2%
Not of drinking age	5,806,900	21.8%

Since 1973, the drinking age population, for statistical purposes, has included those age 14 and over. Previously, it was age 15 and over. As of January 1, 1986, the drinking age population is estimated at 20,830,100 or about 78% of the total population.

*Footnote references are listed on page 16.

PROBLEMS RELATED TO THE INAPPROPRIATE USE OF ALCOHOLIC BEVERAGES

USED INAPPROPRIATELY

Alcohol is a commonly used drug and it is used inappropriately by millions of people. This inappropriate use of alcoholic beverages puts alcohol problems among the nation's and California's most serious social and health problems.

HIGH CONSUMPTION

During 1985, the drinking age (14 years and above) per capita consumption of alcohol beverages for California was over 39 gallons of alcoholic beverages. These alcoholic beverages included about 30.6 gallons of beer, 6.3 gallons of wine, and 2.6 gallons of distilled spirits. The amount of absolute alcohol (ethanol) contained in these amounts of alcoholic beverages is about 3.2 gallons of absolute alcohol per person.2/ California's consumption of alcohol is about 25 percent greater than the national average.3/

GREAT PROPORTION DRINK

On the average, Californians drink more per capita than do people nationally. Also, in California, about 78 percent drink some alcoholic beverages during the year while 22 percent abstain.4/ Nationwide about 67 percent drink to some extent and 33 percent abstain.5/

HIGH USE GENERATES PROBLEMS

The inappropriate use of alcoholic beverages is accompanied by a variety of serious undesirable effects; namely, premature death and disability plus the pain, suffering, financial burden, and indignities of alcohol problems. These undesirable effects include the following:

1. Alcohol-related traffic accidents, deaths, injuries, and property loss;

2. Alcoholism, which is an addiction to the drug alcohol, with its attendant deterioration of physical and emotional health and social well-being;

3. Children born with alcohol-caused birth defects;

4. Poor job performance, accidents, and time off work;

5. Domestic discord including emotional, physical, sexual and abuse of spouse and children.

6. Violent acts such as murder, suicide, assault, rape, and other crimes, all of which are a drain on law enforcement, the courts, and the penal system;

7. Other conditions which place a large burden on welfare, medical, protection, judicial, and health services.

STAGGERING COSTS

Not only do problem drinkers and their victims suffer, but all Californians share in paying for the extra health, social welfare, and law enforcement protection services required. The total cost of alcohol problems to the State of California is estimated at over 11 billion dollars.6/ This is a cost of over $452 for every man, woman, and child in California. The following is a breakdown of the estimated costs.

TABLE 2

COSTS TO THE STATE OF CALIFORNIA
FOR
ALCOHOL ABUSE 1983
($ in billions)

CORE COSTS		
Direct		
Treatment & Support	$ 1.4	
Indirect		
Mortality	1.8	
Reduced Productivity	6.6	
Lost Employment	.5	
		$10.3
OTHER RELATED COSTS (motor vehicle crashes, crime, social welfare programs)		$ 1.4
TOTAL		$11.7

Estimates of the alcohol problem in California include the following:

Alcohol Use:

- In California during 1985 there were about 1,550,000 problem drinkers including alcoholics. This estimate of the number of problem drinkers, includes 10 percent of adult males, 3 percent of adult females, and 19 percent of those between the ages of 14 through 17.8/ The estimate for California is conservative, as other indicators of alcohol problems support a conclusion that the prevalence of alcohol problems is higher in California than the nation as a whole.

- About another 6,200,000 people are adversely affected by the 1,550,000 problem drinkers. This estimate is based on information from the National Council on Alcoholism which states that each problem drinker affects, on the average, four other people.

- The vast majority of problem drinkers are employed and live with their families. Only a small portion of problem drinkers can be characterized as "skid row" individuals.9/

- In 1980, a survey of California's adult general population 10/ revealed that about 15 percent of them experienced harmful effects of drinking in at least one significant area of their lives during the past three years. This is an increase of 3 percentage points from a similar survey done in 1974. While a greater proportion of men than women have such experiences, 19 percent and 12 percent respectively, the proportion of women reporting harmful effects has doubled from 1974 to 1980.

Crime:

- About half of all misdemeanor arrests in California are for alcohol-related offenses. In 1985 there were 340,481 driving under the influence (alcohol and/or drugs) arrests, 201,321 public drunkenness arrests, and 44,349 liquor law violations).11/

- For people over 40 years of age, about two-thirds of their misdemeanor arrests are alcohol-related, primarily arrests for public drunkenness and drunk driving arrests.12/

Driving Under the Influence

- Traffic accidents are a major cause of violent death. In 1985, California had 2,412 alcohol-related traffic deaths out of a total of 4,933 traffic fatalities. There will also be over 66,667 alcohol-related traffic injuries.13/ This occurred despite 340,481 misdemeanor arrests and 7,316 felony arrests of persons for driving while intoxicated.14/

- After analyzing case reports, simulated driving conditions, and epidemiologic data, researchers have consistently and unequivocally concluded that alcohol contributes significantly to traffic accidents. The

higher the amount of alcohol consumed, the greater the likelihood that an accident will occur and that the accident will be serious or fatal.15/

- One out of two Americans will be involved in an alcohol-related crash in his or her lifetime. On an average weekend night, one out of every ten drivers on the road is drunk.16/

- A 1981 survey of California adults indicated that during the previous year, 1 in 5 drove when they knew they had too much to drink. About 1 in 3 males and 1 in 8 females did so. Males under 40 years of age were twice as likely to do so than those over 40.17/ Table 6 provides demographic characteristics of California and the percent of each group who reported driving in the past year after having too much to drink.

Alcoholism:

- Alcoholism is California's sixth largest fatal illness. In 1984, about 2,500 deaths in California were attributed directly to alcoholism.18/ These are: deaths diagnosed as cirrhosis due to alcoholism, alcohol addiction, or alcohol psychosis (organic brain syndrome). California's cirrhosis mortality rates exceed the national average by more than 30 percent.19/

Family Problems:

- Research has shown that there is a strong relationship between excessive alcohol use and certain cancers, heart disease, pancreatitis, stillbirths, the fetal alcohol syndrome, and other problems. Sound morbidity and mortality statistics are severely limited. Nevertheless, there is adequate indication that among problem drinkers, especially alcoholics, shortened life expectancy and susceptibility to major health disorders are to be expected.20/

- The fetal alcohol syndrome, a birth defect associated with maternal drinking during pregnancy, will affect a portion of the live births expected in California in 1986.21/ The number of births affected is uncertain as there is little data and the experts disagree. However, there is no doubt that fetal alcohol syndrome is one of the leading birth defects frequently associated with mental retardation, along with Down's syndrome and spina bifida. Of these three, the fetal alcohol syndrome is the only one that is preventable.22/

Safety:

- With the exception of motor vehicle accidents, falls account for more accidental deaths than any other cause. They account for over 60 percent of injuries. It has been found that there is a 5 to 13 times greater risk of dying from falls among alcoholics.23/

- Approximately one-half of adult fire deaths involve alcohol. Alcoholics were found to be 10 times more likely to die in fires compared with the general population.24/

Poly Use:

- Alcohol-in-combination with other drugs is the most frequently mentioned drug of abuse in emergency room episodes involving drugs as reported by the Drug Abuse Warning Network (DAWN). Mentions of alcohol-in-combination have increased 21.5 percent from 1977 through 1984.25/

- Within the three metropolitan areas covered by the DAWN system (Los Angeles, San Diego, and San Francisco) medical examiners report that during 1984, 15.3 percent of all drug related or induced deaths involved alcohol-in-combination.26/

TABLE 3

FATAL AND INJURY TRAFFIC ACCIDENTS

TRAFFIC ACCIDENTS 1985 a/	Alcohol Involved Subtotal	Total
FATAL AND INJURY ACCIDENTS		
TOTAL	44,446	220,592
Injury	42,316	216,170
Fatal	2,130	4,422
PERSONS KILLED AND INJURED IN ACCIDENTS		
TOTAL	69,079	327,636
Injury	66,667	322,703
Fatal	2,412	4,933

TABLE 4

DUI ARRESTS, CONVICTIONS, AND TREATMENT REFERRALS

DRIVING UNDER THE INFLUENCE	1984	1985
ARRESTS b/		
TOTAL	352,697	347,797
Misdemeanor	345,497	340,481
Felony	7,200	7,316
DRIVER'S LICENSE ACTIONS c/		
SUSPENSIONS		
1st Misdemeanor	6,232	5,112
1st Felony	1,508	1,690
2nd Misdemeanor	43,158	45,910
2nd Felony	497	500
TOTAL	51,395	53,212
REVOCATIONS		
3rd Offense	16,299	14,863
4th Offense	3,088	5,455
TOTAL	19,387	20,318
MULTIPLE OFFENDER DRINKING DRIVER PROGRAM ENROLLMENTS d/	27,104	29,662 e/

a/ Latest year data available from California Highway Patrol Statewide Integrated Traffic Records System.

b/ Department of Justice

c/ Department of Motor Vehicles, Fiscal and Business Management Unit. Includes alcohol and drugs.

d/ Department of Alcohol and Drug Programs, Drinking Driver Unit.

e/ This figure is an estimate based on the first six months of referral data for the year.

TABLE 5

CRIMES RELATED TO ALCOHOL USE
CALIFORNIA 1985 ESTIMATE

OFFENSE	Total Number of Crimes (Projected a/)	Percentage of Incidents Related to Alcohol (Estimate b/)	Number of Crimes Related to Alcohol (Estimate)
FELONY			
Homicide	2,900	50%	1,450
Forcible Rape	4,200	30	1,260
Robbery, Burglary, Theft	158,800	40 c/	34,000
Assault	108,100	48	51,900
Driving Under the Influence d/	7,300	100	7,300
MISDEMEANOR			
Driving Under the Influence	340,500	100	340,500
Public Drunkenness	201,300	100	201,300
Liquor Law Violations	44,350	100	44,350

a/ Projections of arrests based on data reported for 1985 by the Department of Justice of California, Bureau of Criminal Statistics and Justice, Division of Law Enforcement.

b/ The estimates for each crime category are the average of the range of values reported in Alcohol and Health, Third Special Report and are reasonable estimates upon which to base broad public policy.

c/ The categories Robbery, Burglary, and Theft were combined and reported as a single category in the "Third Special Report".

d/ "Under the influence" may include drugs.

TABLE 6

CALIFORNIA DRINKER TYPOLOGY, BY SEX
FROM SURVEYS IN 1981, 1980 and 1974a/

	1981 Survey			1980			1974		
	Total	M	F	Total	M	F	Total	M	F
Frequent Heavy Drinkers (Drinks some alcohol at least weekly and drinks five or more drinks at least once or twice weekly)	8.0%	13.4%	2.9%	12%	19%	5%	9%	16%	4%
Weekly Moderate Drinkers (Drinks some alcohol at least weekly and drinks five or more drinks occasionally but not as often as once a week)	24.5	33.0	16.5	22	29	16	23	30	16
Monthly Moderate Drinkers (Drinks some alcohol 1 to 3 times a month and drinks five or more drinks occasionally but not as often as once a week)	7.8	7.9	7.7	7	9	6	11	12	10
Weekly Light Drinkers (Drinks some alcohol at least weekly and never drinks five or more drinks at a sitting)	14.1	13.9	14.2	12	10	13	13	13	14
Monthly Light Drinkers (Drinks some alcohol 1 to 3 times a month, but never drinks five or more drinks at a sitting)	9.8	7.7	11.8	9	8	10	10	6	13
Infrequent Drinkers (Drinks some alcohol less often than monthly)	13.3	8.3	17.8	20	12	27	18	13	23
Abstainers (Did not drink in the past year)	22.6	15.7	29.1	18	13	23	16	11	21
Base: Respondents answering	1028	489	539	1016	442	574	980	412	568

a/ Driving Under the Influence, California Public Opinion, 1981; page 27. A summary is contained in Appendix 1.

TABLE 7

DEMOGRAPHIC CHARACTERISTICS AND
PERCENT OF CALIFORNIANS WHO REPORT DRIVING WHILE UNDER THE INFLUENCE
CALIFORNIA SURVEY, AUGUST 1981 -- N-1039 c/

	Characteristics	Percentage of Adult Population a/	Percentage who drove in past year when they had too much to drink
SEX	Males	48.1%	30.7%
	Females	51.9	13.2
AGE	18-24	18.9	33.3
	25-29	13.6	30.0
	30-39	18.6	28.8
	40-49	14.7	19.6
	50-59	14.3	14.7
	60+	19.7	4.4
ETHNICITY	White	72.1	23.1
	Hispanic	15.4	22.1
	Black	7.6	13.7
	Asian	4.1	7.6
	Other	0.8	--
DRINKER TYPOLOGY	Frequency Heavy Drinkers	8.0	61.4
	Weekly Moderate Drinkers	24.5	48.7
	Monthly Moderate Drinkers	7.8	29.9
	Weekly Light Drinkers	14.1	7.6
	Monthly Light Drinkers	9.8	3.5
	Infrequent Drinkers	13.3	5.1
	Abstainers	22.6	.5 b/
MILES DRIVEN IN PAST YEAR	None, didn't drive	11.2	1.1 b/
	5,000 or less	26.1	19.5
	5,001 - 15,000	34.7	22.1
	15,001 or more	27.6	31.6
	Not reported	0.6	--
EDUCATION	Less than High School	15.8	20.6
	High School Graduate	32.9	23.4
	Some College	29.0	21.8
	College Graduate	22.1	19.5
	Not reported	0.1	--
ACCIDENTS IN PAST 5 YEARS	None	63.8	17.9
	One	22.8	25.8
	Two	8.6	27.5
	Three or more	4.4	44.5
	Not reported	0.4	--
ATTITUDE c/ SEGMENT ANALYSIS	Social Independence Group	32.9	36.3
	Harsh Punishment Group	27.6	17.0
	Moderate Intervention	39.5	12.9

a/ May not total 100% because of rounding.

b/ Inconsistent response. Three respondents apparently misunderstood the question or it was miscoded.

c/ For a more detailed explanation, see the summary of the DUI: Public Opinion 1981 contained in Appendix 1

ALCOHOLIC BEVERAGE LICENSED PREMISES

At the same time that those persons with alcohol problems were receiving alcohol recovery/treatment services, there was a considerable amount of alcoholic beverages distributed, sold, and consumed in California. In 1986 the Department of Alcoholic Beverage Control (ABC) recorded 65,850 retail liquor licensed outlets. (See Table 8 next page.) Through sales from licensed outlets, Californians' consumption in FY 1983-84 was 623,174,000 gallons of beer, 116,900,000 gallons of wine, and 53,564,000 gallons of distilled spirits. 27/

The following alcoholic beverage license codes, with their descriptions, are shown in Table 8 and distributed by type of license and by county.

Code	Description	Layman Description
20	Off-Sale Beer and Wine	Grocery stores, liquor stores
21	Off-Sale General	Basically the same as Code 20, but includes the sale of distilled spirits
40	On-Sale Beer	Beer bar - consumption of beer on premises
41	On-Sale Beer and Wine for Bona-fide Eating Place	Beer and wine bar - consumption of beer and wine on premises
42	On-Sale Beer and Wine for Public Premises	Beer and wine bar - no food, has to operate as a bar
47	On-Sale General for Bona-fide Eating Place	Restaurants, cocktail lounge
48	On-Sale General Public Premises	Bar - no minors

All Others: Includes all other retail license codes (e.g., Clubs, On-Sale Beer Seasonal, Veterans' Clubs, On-Sale Beer Fishing Party Boat).

TABLE 8

NUMBER OF RETAIL ALCOHOLIC BEVERAGE LICENSES
BY TYPE OF LICENSE AND COUNTY
ON JUNE 30, 1986

(SEE PRECEDING PAGE FOR DESCRIPTION OF LICENSE CODES.)

COUNTY	20	21	40	41	42	47	48	All Others	TOTAL
ALAMEDA	571	646	92	1065	61	330	282	70	3117
ALPINE	3	3		6		7		4	23
AMADOR	33	16	5	32	3	28	12	5	134
BUTTE	149	64	17	149	29	56	22	14	500
CALAVERAS	45	19	4	40	5	21	9	7	150
COLUSA	20	16	6	18		11	10	3	84
CONTRA COSTA	321	277	40	515	27	229	115	49	1573
DEL NORTE	36	14		18	1	17	6	6	98
EL DORADO	103	40	13	134	7	73	19	22	411
FRESNO	588	226	142	359	55	184	98	31	1683
GLENN	30	17	5	12	6	8	7	5	90
HUMBOLDT	120	87	6	118	13	50	35	19	456
IMPERIAL	132	49	56	72	18	29	15	15	386
INYO	31	17	6	33	2	13	4	13	119
KERN	504	186	99	240	70	155	71	63	1388
KINGS	74	33	27	37	7	26	13	3	220
LAKE	67	26	7	51	5	44	16	12	288
LASSEN	31	21	1	25	2	12	6	5	103
LOS ANGELES	4051	3581	950	4308	624	2470	913	543	17440
MADERA	87	30	20	56	7	24	14	8	246
MARIN	89	110	11	318	7	98	28	33	694
MARIPOSA	22	10	4	18	1	7	3	0	65
MENDOCINO	111	51	10	122	11	49	28	10	392
MERCED	146	63	30	88	15	44	28	10	424
MODOC	13	20	2	8	2	9	3	1	58
MONO	38	16	3	36	2	36		16	147
MONTEREY	235	125	41	374	49	138	35	36	1033
NAPA	90	40	8	122	8	54	18	7	347
NEVADA	56	29	5	95	7	43	12	15	262
ORANGE	898	821	125	1647	154	854	130	112	4741
PLACER	129	67	17	172	13	87	24	20	529
PLUMAS	38	38	5	30	4	29	12	23	179
RIVERSIDE	560	307	116	620	85	330	52	86	2156
SACRAMENTO	498	342	90	699	108	293	139	54	2223
SAN BENITO	25	11	4	26	1	10	10	4	91
SAN BERNARDINO	750	410	136	589	117	366	132	91	2591
SAN DIEGO	971	807	121	1310	217	754	260	180	4620
SAN FRANCISCO	387	974	71	1270	37	664	457	71	3931
SAN JOAQUIN	339	160	58	252	55	115	83	42	1104
SAN LUIS OBISPO	166	71	21	245	14	70	21	31	639
SAN MATEO	296	239	42	620	25	221	89	59	1591
SANTA BARBARA	222	129	61	350	35	137	30	45	1009
SANTA CLARA	556	549	93	1146	52	511	176	59	3142
SANTA CRUZ	160	82	28	285	13	77	38	13	696
SHASTA	178	51	29	131	26	47	20	25	507
SIERRA	7	9	1	12	1	6	5	4	45
SISKIYOU	61	63	4	51	5	33	22	10	249
SOLANO	127	105	20	173	11	79	55	22	592
SONOMA	230	132	15	379	36	146	67	20	1025
STANISLAUS	257	119	36	187	27	94	53	18	791
SUTTER	59	23	12	37	4	15	11	5	166
TEHAMA	52	21	8	39	12	15	7	7	161
TRINITY	43	8	3	23	2	13	5	12	109
TULARE	313	109	60	129	17	89	34	28	779
TUOLUMNE	45	27	9	65	9	30	18	7	210
VENTURA	245	230	62	287	41	221	64	51	1201
YOLO	89	48	15	105	14	36	23	17	347
YUBA	53	34	19	28	2	24	18	6	184
TOTAL	15550	11818	2891	19376	2181	9639	3877	2147	67479

INFORMATION SOURCES

1/ California populations estimated by the Department's Statistics and Analytical Studies Unit from 1985 census data supplied by the Department of Finance.

2/ Absolute alcohol is computed by multiplying type beverage gallonage by the following factors: .045 for beer; .129 for wine; and .411 for distilled spirits. The alcoholic beverage gallonage is estimated by the Department from historical data reported in the Annual Report, California State Board of Equalization, 1983-84.

3/ Calculated from Table 2 on page 18 of Alcohol and Health - Fourth Special Report to the U.S. Congress. This is a U.S. Department of Health and Human Services publication, John R. DeLuca, Editor, and may be obtained from the National Clearninghouse of Alcoholism Information, P. O. Box 2345, Rockville, MD 20852.

4/ DUI, California Public Opinion, 1981: Table III.1, page 24. This report was prepared for the Department by Field Research Corporation, and funded by a grant from the California Office of Traffic Safety with funding supplied by the National Highway Safety Administration.

5/ Alcohol and Health - Fourth Report: page 19

6/ California Health Research Foundation study completed for the Department of Alcohol and Drug Programs, 1984

7/ Annual Report of the California State Board of Equalization FY 1983-84, pages 51-52.

8/ Alcohol and Health - Third Report: page 8

9/ Alcohol and Health - Fourth Report: pages 155-158

10/ Cameron, Tracy: Alcohol and Alcohol Problems: Public Opinion in California, 1974-1980; pages 10-15

11/ Crime and Delinquency In California, the 1985 annual report of the Department of Justice.

12/ Calculated from data reported in Crime and Delinquency in California, 1983: Table 33, page 112.

13/ Preliminary data for the 1985 Annual Report of Fatal and Injury Motor Vehicle Accidents, California Highway Patrol.

14/ Crime and Delinquency in California, the 1985 annual report of the Department of Justice.

15/ Alcohol and Health - Fifth Report: page 83.

16/ Data sheet from the National Highway Traffic Safety Administration and the National Safety Council, and received by the Department in July, 1982.

17/ DUI, California Public Opinion 1981, page 4, 29, and 30.

18/ California Center for Health Statistics, Department of Health Services.

19/ Cirrhosis of Liver Mortality, U.S. Alcohol Epidemiologic Data Reference Manual Section 2, Table 2.1-2 and California Center for Health Statistics, Sacramento, California. It should be noted that the compared mortality rates are for ALL cirrhosis including cirrhosis without mention of alcohol, as well as cirrhosis specified as alcoholic.

20/ Alcohol and Health - Fifth Report: pages 45-59 and 69-75.

21/ California Center for Health Statistics, Department of Health Services.

22/ Alcohol and Health - Fourth Report: pages 5, 60-65 and 111.

23/ Alcohol and Health - Fifth Report: pages 85-87.

24/ Alcohol and Health - Fourth Report: pages 6, 83 and 84.

25/ Drug Abuse Warning Network (DAWN) Annual Data, 1984.

26/ Drug Abuse Warning Network (DAWN) Annual Data, 1984.

27/ Annual Report of the California Board of Equalization, FY 1983-84, page A-35, Table 28.

COUNTY COMPARISONS FOR SELECTED ALCOHOL INDICATORS

Within California, there is evidence of varying levels of alcohol abuse. The following county data, which pertains to calendar year 1984, provides some inter-county comparisons for indicators of alcohol abuse. There is no single measure which completely describes the problems of alcohol abuse. Accordingly, the following graphs and data are designed to provide some of the available indicators; however, the data should be viewed with some degree of caution. Obviously, individual counties' methods of reporting can contribute to the many noted differences. Further, since counties vary so widely in population, the graphs use rates to provide a consistent unit of measurement. It is important to note that in some cases, rates can provide a distortion especially for the counties with populations under 50,000. When a rate is used for a county with a small base (small population and small number of specific incidents (e.g., deaths) the resulting statistics can be misleading and highly subject to change. For example, if a county of 2,000 persons records one alcohol-related death for a year, the rate would be 50 per 100,000. If, during the next year, more than one such death was recorded, the resulting rate would vary drastically. The reader seeking a more thorough description of a possible alcohol-abuse problem should research corresponding indicator and trend data from the Department.

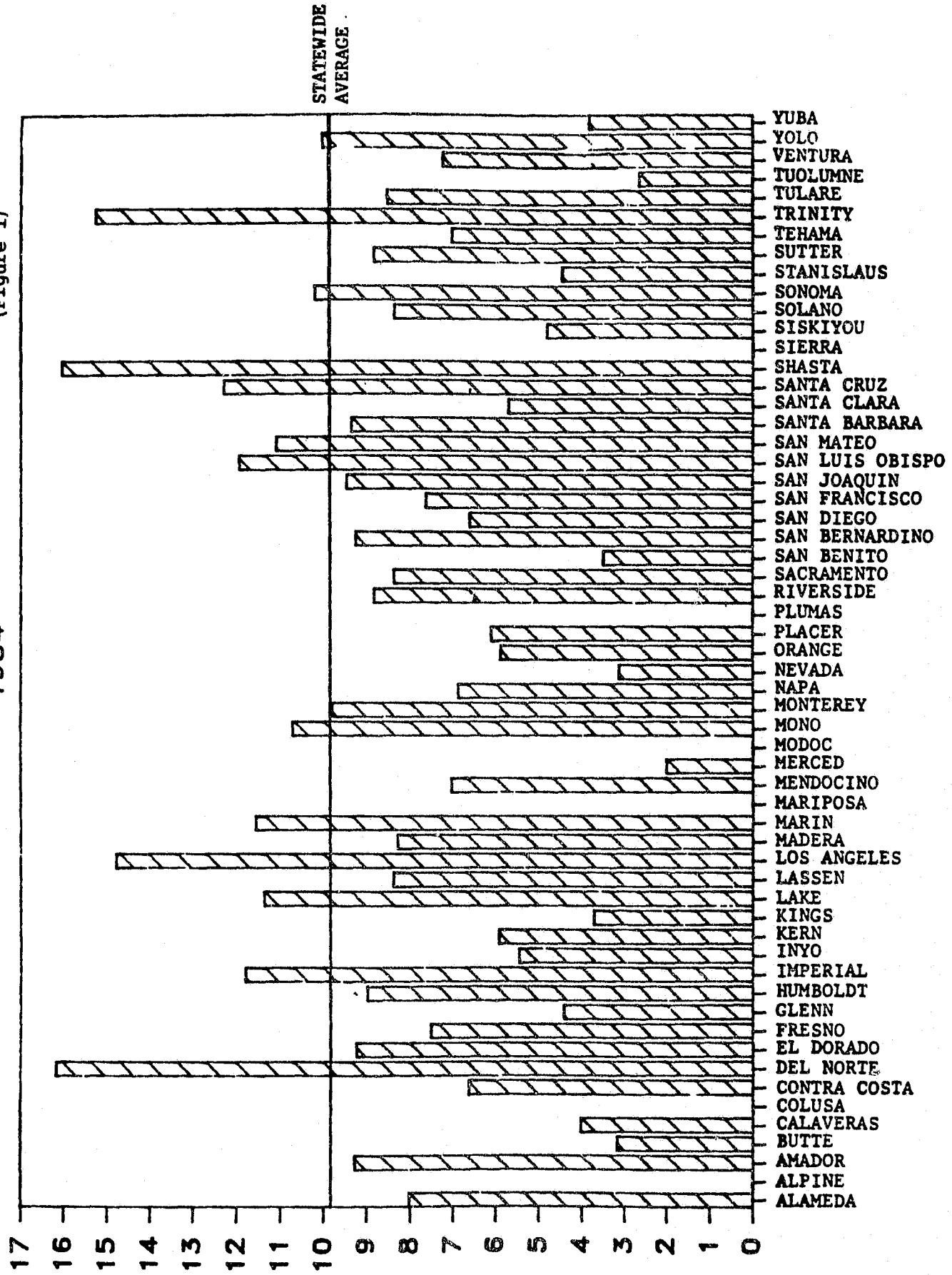
ALCOHOL-RELATED DEATHS (See Figure 1)

This category includes all alcohol-related (non-vehicle) causes of death. During 1984, there were a total of 2,498 such deaths; most of these (2,365) were for alcohol-specific chronic liver disease and cirrhosis. Other causes in the category include alcoholic psychoses, nondependent abuse of alcohol, and accidental poisoning by alcohol, not elsewhere classified. The statewide rate per 100,000 was 9.8. Del Norte, Los Angeles, Shasta, and Trinity had rates furthest above this average. Alpine, Colusa, Mariposa, Modoc, Plumas, and Sierra had no such deaths recorded; except for Plumas, these small counties have had consistently low rates over time.

ALCOHOL RELATED DEATHS

(Figure 1)

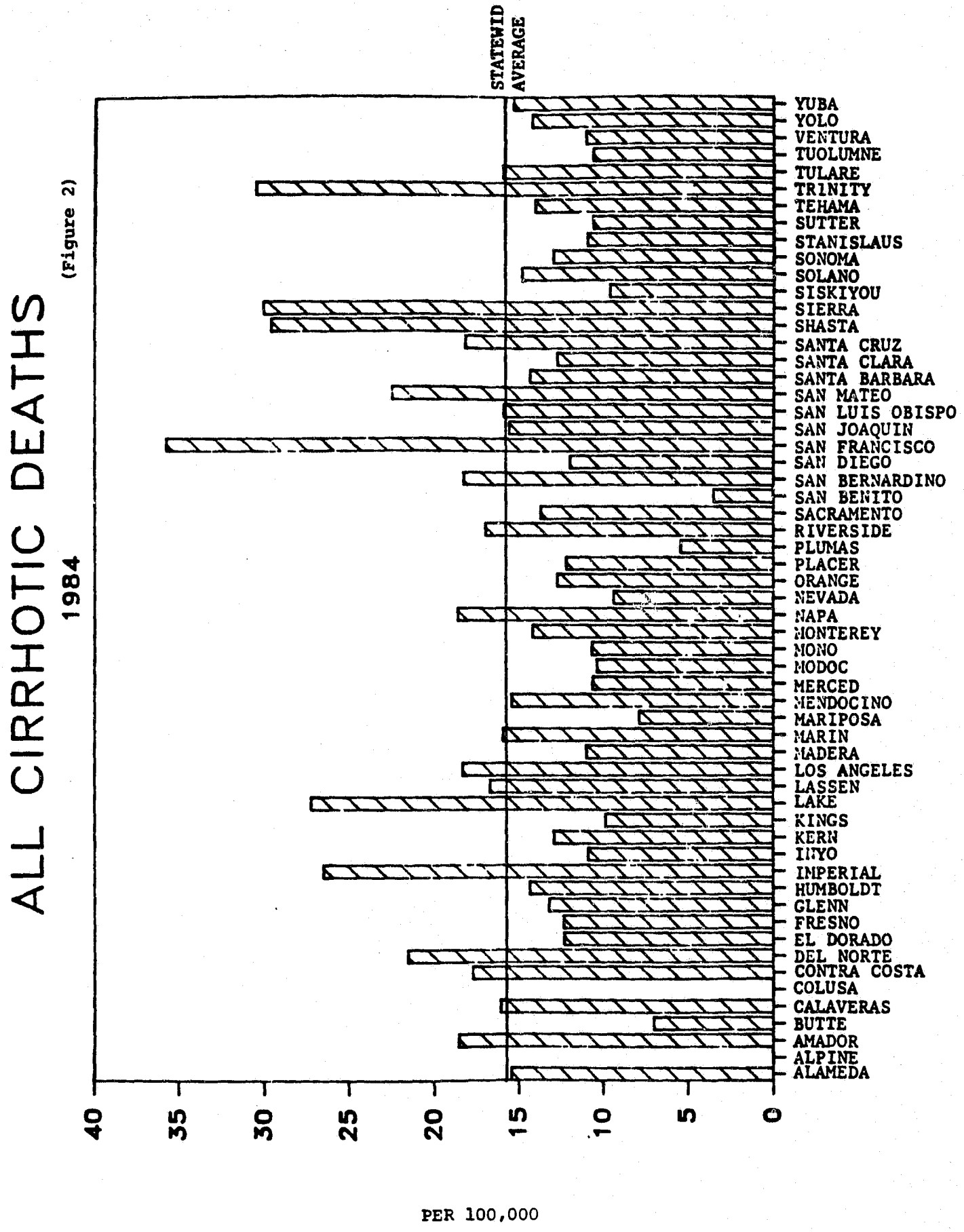
1984



PER 100,000

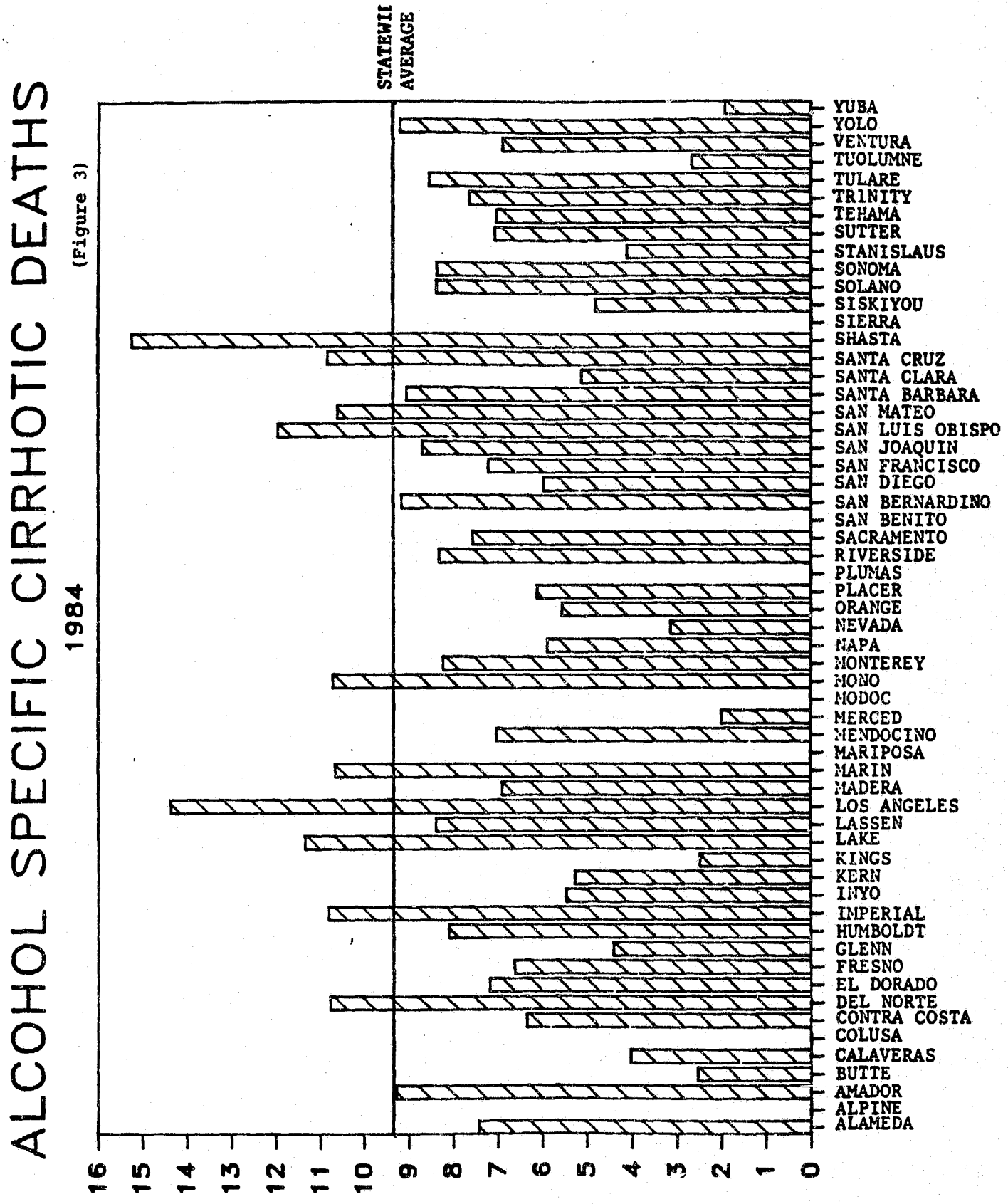
ALL CHRONIC LIVER DISEASE AND CIRRHOTIC DEATHS (See Figure 2)

Excessive use of alcohol can be positively correlated with chronic liver disease and cirrhosis. During 1984, there were 4,131 such deaths in California. The statewide rate per 100,000 was 16.3. San Francisco, Shasta, Sierra, and Tulare had rates furthest above this average. These last four counties are all low in total population. It is important to note that, since chronic liver disease and cirrhosis usually take years to develop, they primarily affect older persons. Therefore, rates may actually indicate the final area of residence, as opposed to the place the problem actually developed. The labels on the graph and in the statistical appendix for this category refer to "cirrhosis" to keep the labels as short as possible.


ALL CIRRHOTIC DEATHS
1984
(Figure 2)
STATEWID AVERAGE
YUBA
YOLO
VENTURA
TUOLUMNE
TULARE
TRINITY
TEHAMA
SUTTER
STANISLAUS
SONOMA
SOLANO
SISKIYOU
SIERRA
SHASTA
SANTA CRUZ
SANTA CLARA
SANTA BARBARA
SAN MATEO
SAN LUIS OBISPO
SAN JOAQUIN
SAN FRANCISCO
SAN DIEGO
SAN BERNARDINO
SAN BENITO
SACRAMENTO
RIVERSIDE
PLUMAS
PLACER
ORANGE
NEVADA
NAPA
MONTEREY
MONO
MODOC
MERCED
MENDOCINO
MARIPOSA
MARIN
MADERA
LOS ANGELES
LASSEN
LAKE
KINGS
KERN
INYO
IMPERIAL
HUMBOLDT
GLENN
FRESNO
EL DORADO
DEL NORTE
CONTRA COSTA
COLUSA
CALAVERAS
BUTTE
AMADOR
ALPINE
ALAMEDA
40
35
30
25
20
15
10
5
0
PER 100,000

ALCOHOL-SPECIFIC CIRRHOTIC DEATHS (See Figure 3)

It is very difficult to pathologically differentiate between alcoholic and nonalcoholic causes of liver injury. Furthermore, medical examiners and coroners may be less likely to code chronic liver disease and cirrhosis with mention of alcohol, due to the stigma of alcoholism. During 1984, there were 2,365 alcohol-specific chronic liver disease and cirrohotic deaths in California. The statewide rate per 100,000 was 9.3. Lake, Los Angeles, San Luis Obispo, and Shasta had rates furthest above this average. Alpine, Colusa, Mariposa, Modoc, Plumas, San Benito, and Sierra had no such deaths recorded; these are all counties low in total population, so the use of rates may provide an inaccurate picture. Once again, the labels on the graph refer to "cirrhosis" to keep the labels as short as possible.


ALCOHOL SPECIFIC CIRRHOTIC DEATHS
(Figure 3)
1984
STATEWII AVERAGE
YUBA
YOLO
VENTURA
TUOLUMNE
TULARE
TRINITY
TEHAMA
SUTTER
STANISLAUS
SONOMA
SOLANO
SISKIYOU
SIERRA
SHASTA
SANTA CRUZ
SANTA CLARA
SANTA BARBARA
SAN MATEO
SAN LUIS OBISPO
SAN JOAQUIN
SAN FRANCISCO
SAN DIEGO
SAN BERNARDINO
SAN BENITO
SACRAMENTO
RIVERSIDE
PLUMAS
PLACER
ORANGE
NEVADA
NAPA
MONTEREY
MONO
MODOC
MERCED
MENDOCINO
MARIPOSA
MARIN
MADERA
LOS ANGELES
LASSEN
LAKE
KINGS
KERN
INYO
IMPERIAL
HUMBOLDT
GLENN
FRESNO
EL DORADO
DEL NORTE
CONTRA COSTA
COLUSA
CALAVERAS
BUTTE
AMADOR
ALPINE
ALAMEDA
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
PER 100,000

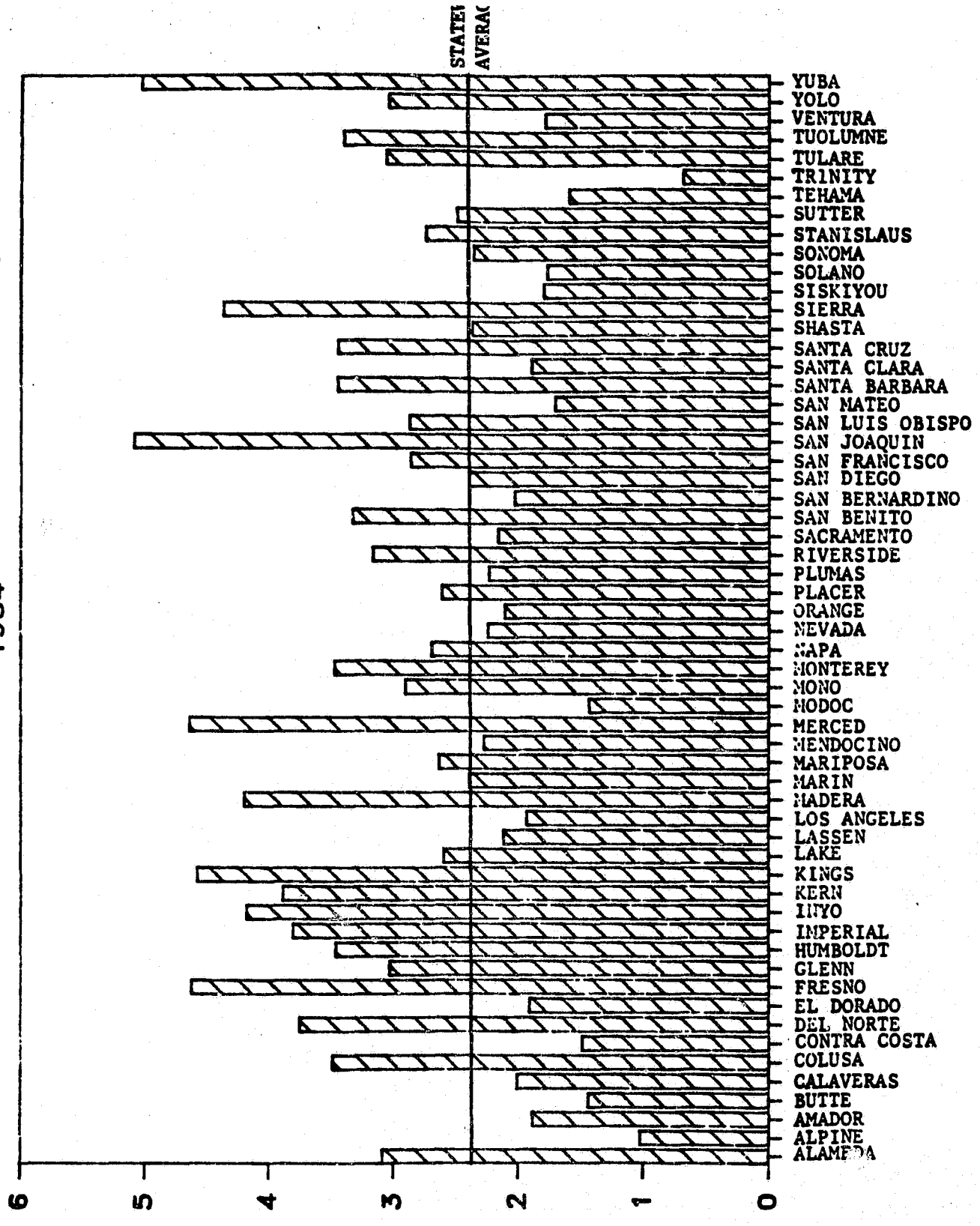
ADULT ALCOHOL-RELATED ARRESTS (See Figure 4)

During 1984, there were 607,993 adult alcohol-related arrests statewide. These arrests included felony driving under the influence and misdemeanor arrests under the headings "Drunk", "Liquor Laws", "Driving Under the Influence", and "Civil Drunk". The statewide average per 100,000 was 2,392.2. Fresno, Kings, Merced, San Joaquin, and Yuba had rates furthest above this average. Alpine, Butte, Contra Costa, Modoc, and Trinity had rates furthest below the statewide average.

ADULT ALCOHOL RELATED ARRESTS

(Figure 4)

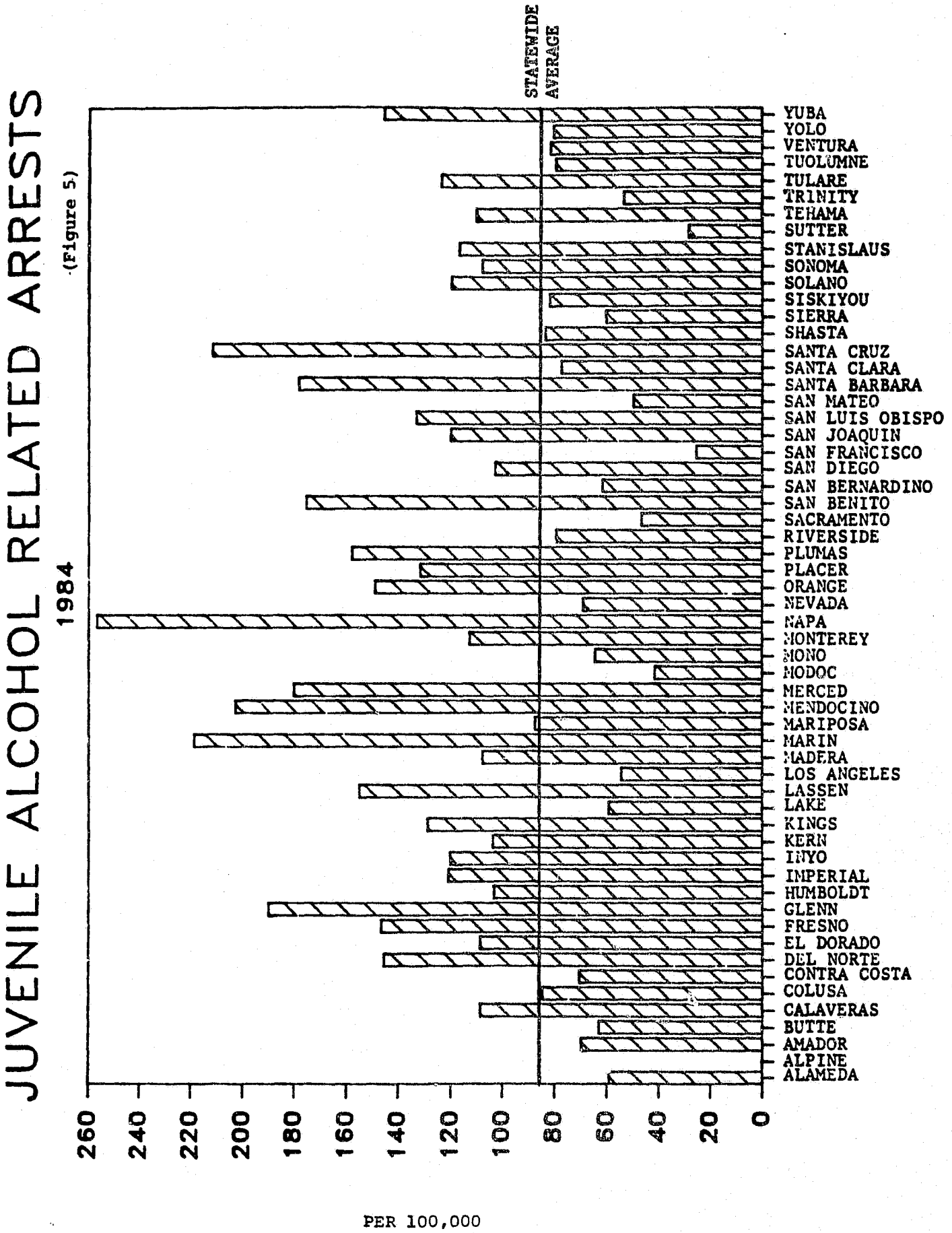
1984



PER 100,000

JUVENILE ALCOHOL-RELATED ARRESTS (See Figure 5)

During 1984, there were 21,709 juvenile alcohol-related arrests statewide. These arrests included the same categories used for the adult alcohol arrests. The statewide average per 100,000 was 85.4. Marin, Mendocino, Napa, and Santa Cruz had rates furthest above this average. Alpine, Modoc, San Francisco, and Sutter had rates furthest below the statewide average.


JUVENILE ALCOHOL RELATED ARRESTS
(Figure 5)
1984
STATEWIDE AVERAGE
YUBA
YOLO
VENTURA
TUOLUMNE
TULARE
TRINITY
TEHAMA
SUTTER
STANISLAUS
SONOMA
SOLANO
SISKIYOU
SIERRA
SHASTA
SANTA CRUZ
SANTA CLARA
SANTA BARBARA
SAN MATEO
SAN LUIS OBISPO
SAN JOAQUIN
SAN FRANCISCO
SAN DIEGO
SAN BERNARDINO
SAN BENITO
SACRAMENTO
RIVERSIDE
PLUMAS
PLACER
ORANGE
NEVADA
NAPA
MONTEREY
MONO
MODOC
MERCED
MENDOCINO
MARIPOSA
MARIN
MADERA
LOS ANGELES
LASSEN
LAKE
KINGS
KERN
INYO
IMPERIAL
HUMBOLDT
GLENN
FRESNO
EL DORADO
DEL NORTE
CONTRA COSTA
COLUSA
CALAVERAS
BUTTE
AMADOR
ALPINE
ALAMEDA
260
240
220
200
180
160
140
120
100
80
60
40
20
0
PER 100,000

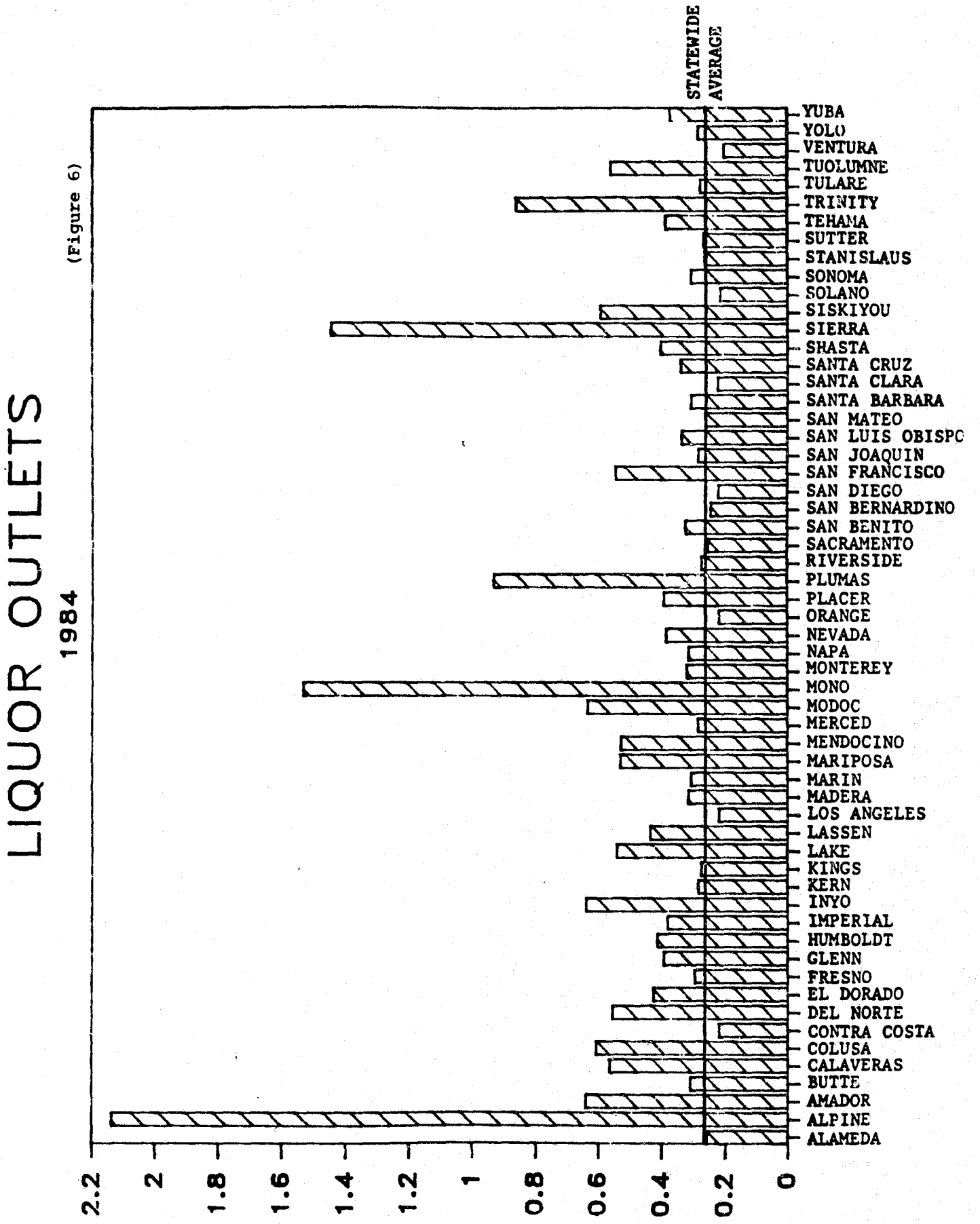
LIQUOR OUTLETS (See Figure 6)

At the same time that those persons with alcohol problems were receiving alcohol recovery/treatment services, there was a considerable amount of alcoholic beverages distributed, sold, and consumed in California. In 1984, the State Department of Alcoholic Beverage Control (ABC) recorded 65,850 liquor retail licensed outlets. The statewide average per 100,000 was 259.1. Alpine, Mono, Plumas, Sierra, and Trinity had rates furthest above this average. Contra Costa, Los Angeles, Orange, San Diego, Santa Clara, Solano, and Ventura had rates furthest below the statewide average. Basically, there is an inverse relationship between population of the county and the liquor outlets rate; the smaller counties have more liquor outlets per capita.

(Figure 6)

LIQUOR OUTLETS

1984



PER 100,000

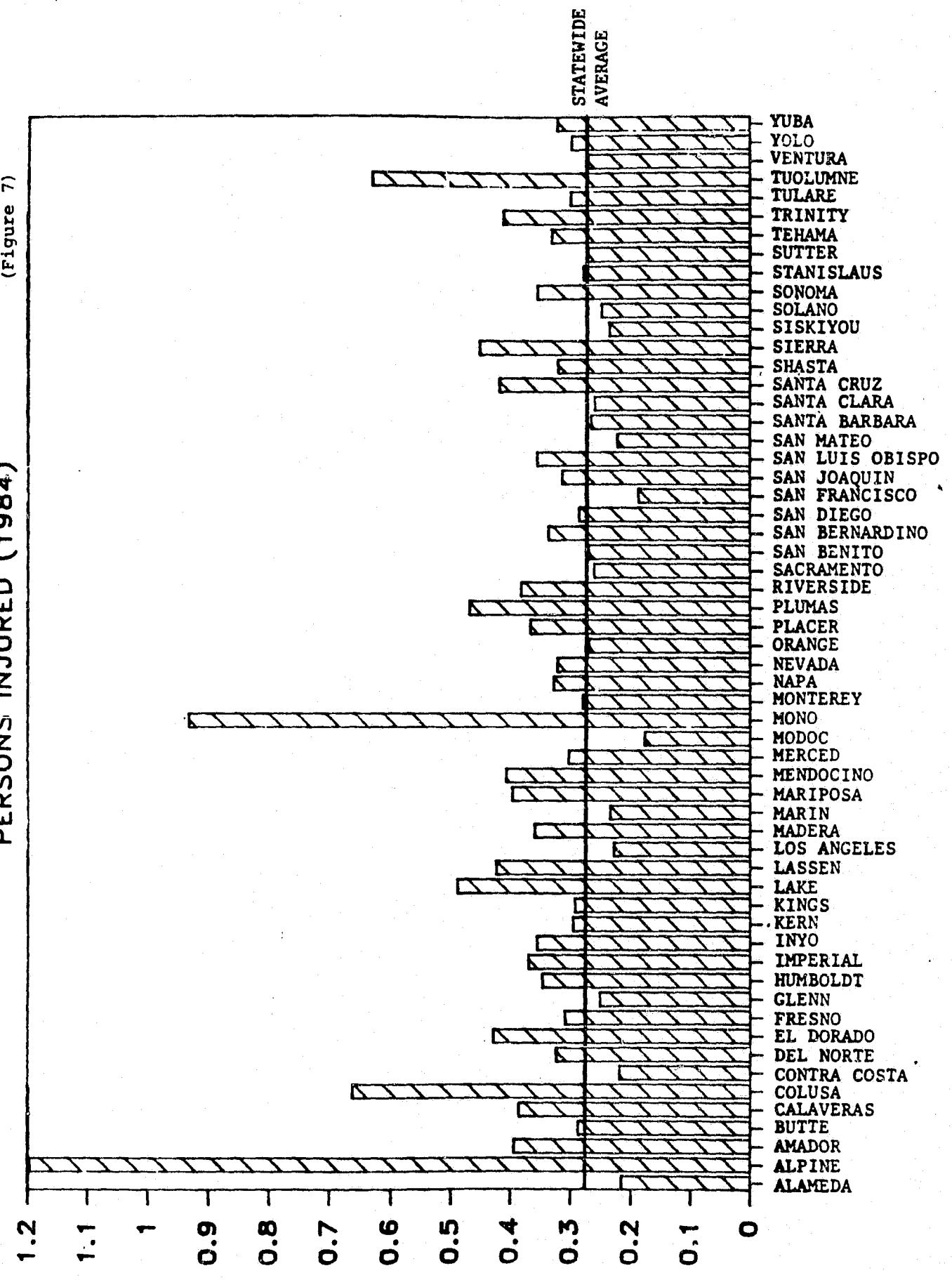
ALCOHOL-RELATED MOTOR VEHICLE ACCIDENTS, PERSONS INJURED (See Figure 7)

Drinking and driving causes many accidents and injuries. In California, the California Highway Patrol recorded 67,835 persons injured in alcohol-related motor vehicle accidents during 1984. The statewide rate per 100,000 was 266.91. Alpine, Colusa, Lake, Mono, and Tuolumne had rates furthest above this average. Although all of these counties have fairly small populations, the rates of persons injured are fairly high. Alameda, Modoc, San Francisco, and San Mateo had rates furthest below the statewide average.

ALCOHOL RELATED VEHICLE ACCIDENTS

(Figure 7)

PERSONS INJURED (1984)



PER 100,000

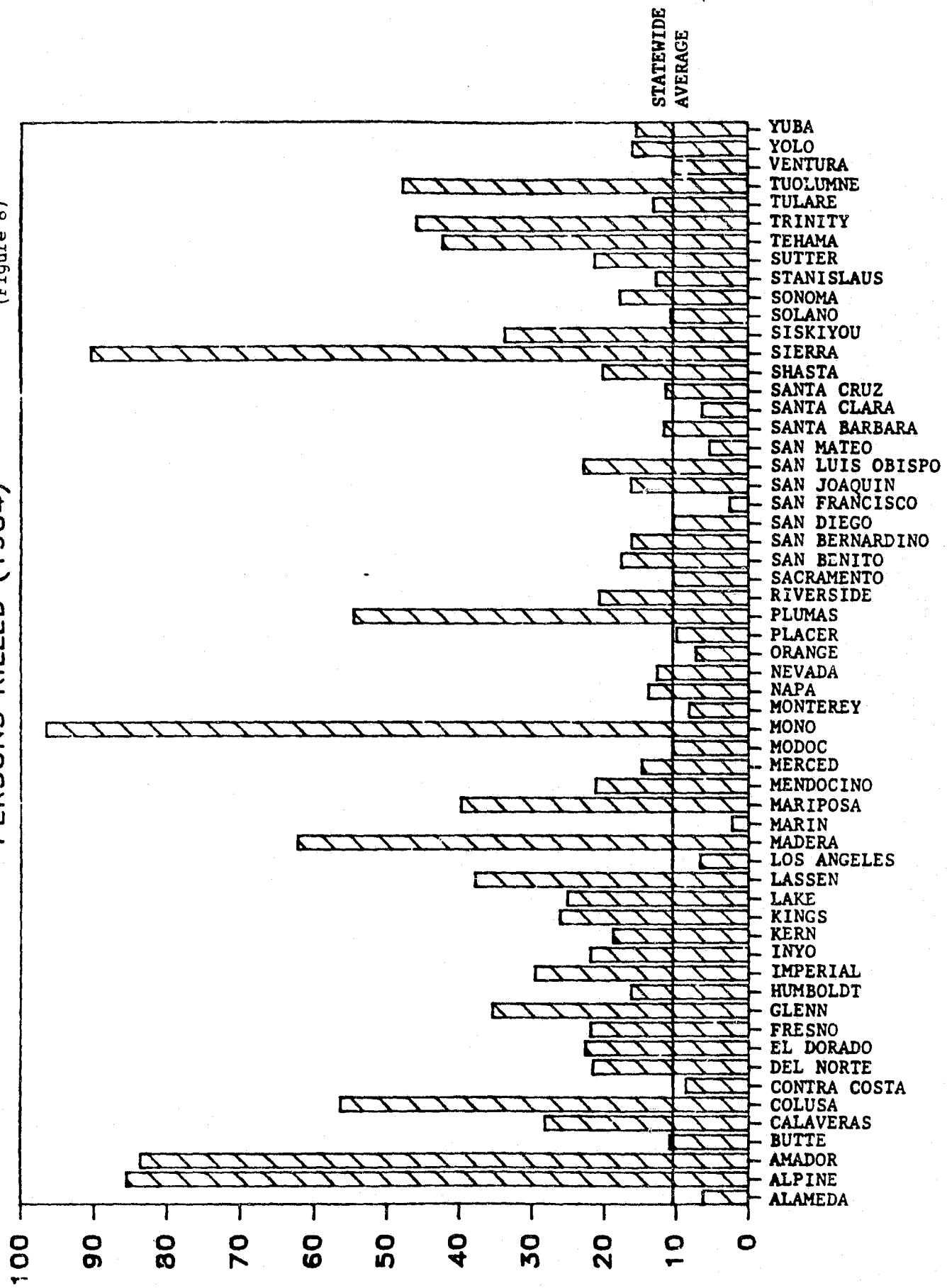
ALCOHOL-RELATED MOTOR VEHICLE ACCIDENTS, PERSONS KILLED (See Figure 8)

Drinking and driving can be a deadly combination. In California, there were 2,607 persons killed in alcohol-related motor vehicle accidents during 1984. The statewide rate per 100,000 was 10.3. Alpine, Amador, Mono, and Sierra had rates furthest above this average. It should be noted that of these counties only Alpine had a consistent number of persons killed from 1980 through 1984. Further, only one or two persons were killed each year in Alpine. The counties with the top 14 rates all had populations below 75,000 persons. Alameda, Los Angeles, Monterey, Orange, San Francisco, San Mateo, and Santa Clara had rates furthest below the statewide average.

ALCOHOL RELATED VEHICLE ACCIDENTS

(Figure 8)

PERSONS KILLED (1984)



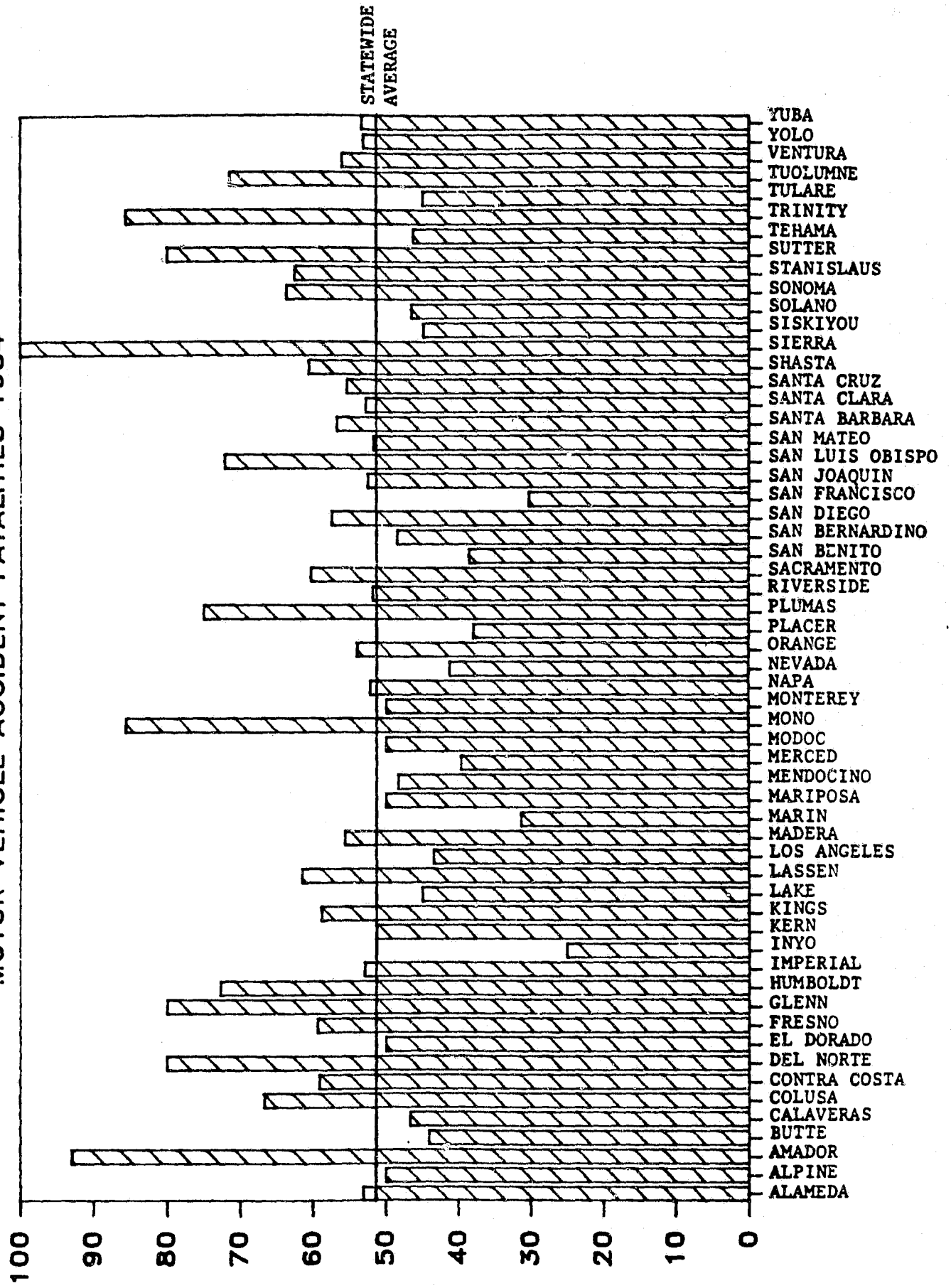
PER 100,000

PERCENT ALCOHOL-RELATED FATALITIES OF TOTAL MOTOR VEHICLE ACCIDENT FATALITIES, 1984 (See Figure 9)

During 1984, alcohol-related motor vehicle accident fatalities accounted for 51.4 percent of all motor vehicle accident fatalities in California. All of Sierra County's motor vehicle accident fatalities were alcohol-related; over 90 percent of Alpine's were; for Del Norte, Glenn, Sutter, and Trinity, 80 percent or more were. In most cases, counties with above-average alcohol-related percentages had small populations. Alameda, Contra Costa, Los Angeles, Marin, Modoc, San Francisco, San Mateo, Siskiyou, and Solano were the counties with the smallest percentages of (alcohol-related) motor vehicle accident fatalities.

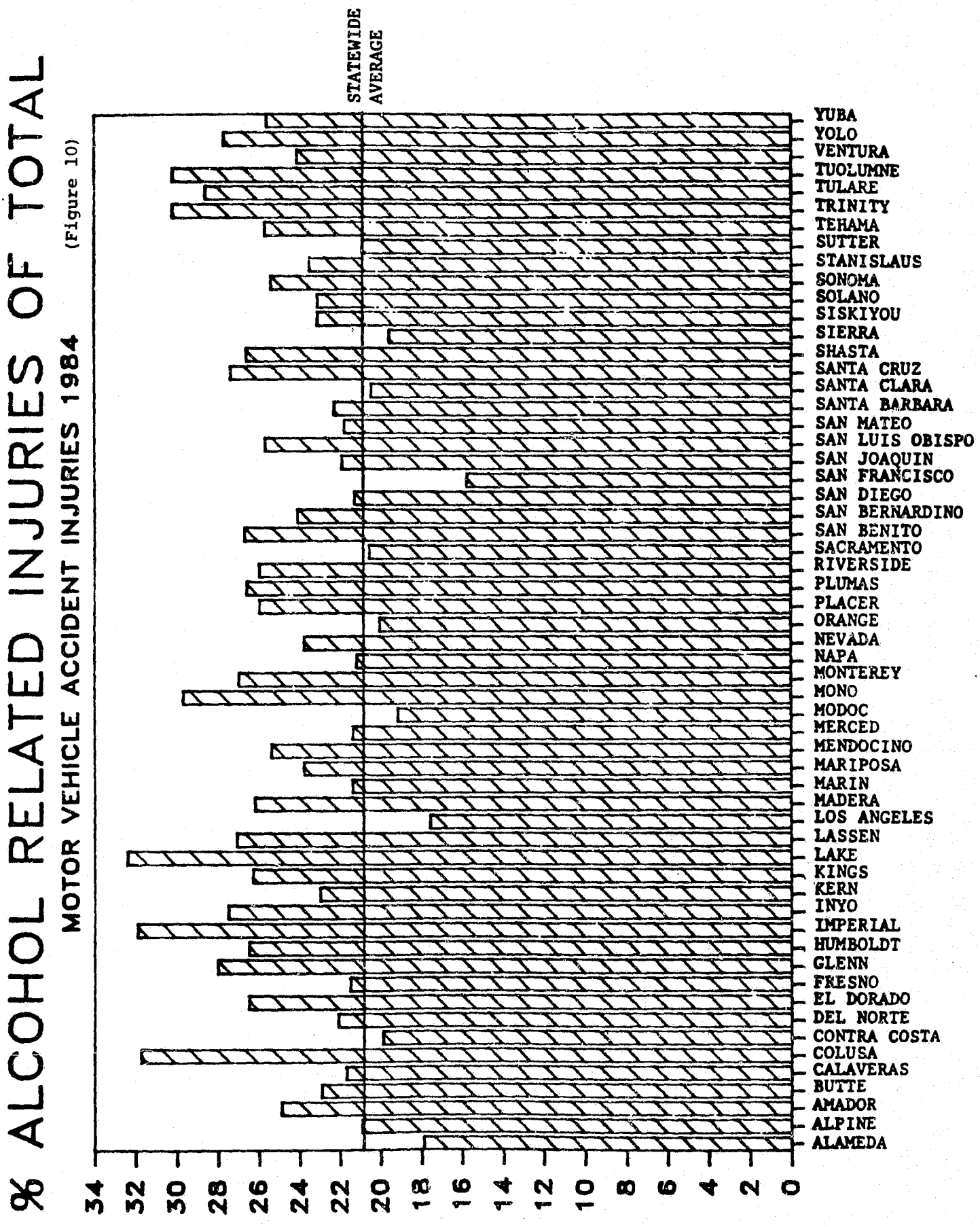
% ALCOHOL RELATED FATALITIES OF TOTAL

MOTOR VEHICLE ACCIDENT FATALITIES 1984 (Figure 9)



PERCENT ALCOHOL-RELATED INJURIES OF TOTAL MOTOR VEHICLE ACCIDENT INJURIES, 1984 (See Figure 10)

During 1984, alcohol-related motor vehicle accident injuries accounted for 20.7 percent of all motor vehicle accident injuries in California. Colusa, Imperial, Lake, Mono, Trinity, and Tuolumne had the highest alcohol-related percentages. In most cases, counties with above-average alcohol-related percentages had smaller populations. Alameda, Contra Costa, Los Angeles, Modoc, Orange, San Francisco, and Sierra were the counties with the smallest percentages of motor vehicle injuries related to alcohol.


% ALCOHOL RELATED INJURIES OF TOTAL
MOTOR VEHICLE ACCIDENT INJURIES 1984
(Figure 10)
STATEWIDE AVERAGE
YUBA
YOLO
VENTURA
TUOLUMNE
TULARE
TRINITY
TEHAMA
SUTTER
STANISLAUS
SONOMA
SOLANO
SISKIYOU
SIERRA
SHASTA
SANTA CRUZ
SANTA CLARA
SANTA BARBARA
SAN MATEO
SAN LUIS OBISPO
SAN JOAQUIN
SAN FRANCISCO
SAN DIEGO
SAN BERNARDINO
SAN BENITO
SACRAMENTO
RIVERSIDE
PLUMAS
PLACER
ORANGE
NEVADA
NAPA
MONTEREY
MONO
MODOC
MERCED
MENDOCINO
MARIPOSA
MARIN
MADERA
LOS ANGELES
LASSEN
LAKE
KINGS
KERN
INYO
IMPERIAL
HUMBOLDT
GLENN
FRESNO
EL DORADO
DEL NORTE
CONTRA COSTA
COLUSA
CALAVERAS
BUTTE
AMADOR
ALPINE
ALAMEDA
34
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0

MISSION AND GOALS OF THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

MISSION

The Department of Alcohol and Drug Programs is committed to respond to the problems related to the inappropriate use of alcoholic beverages, especially alcoholism, through the development and operation of community-based services planned, administered, and operated or contracted for by counties. This commitment represents a considerable investment of public funds and is undertaken to fulfill the following mission:

> TO REDUCE THE PERSONAL SUFFERING, SOCIAL DAMAGE, AND ECONOMIC COSTS RELATED TO ALCOHOLISM AND OTHER INAPPROPRIATE USES OF ALCOHOLIC BEVERAGES.

The California Alcohol Program endeavors:

1. To prevent the development of alcohol problems, particularly alcoholism, among people who have not yet become problem drinkers, especially among youth.

2. To help people who are affected by or suffer from alcohol problems, particularly alcoholism, to recover and to start that recovery process as early as possible.

3. To alleviate the social disruption and economic losses caused by alcohol problems, particularly alcoholism.

FOUR MAJOR GOALS

To achieve its mission, the Department established the following major goals for the California Alcohol Program.

1. To maintain a system to prevent alcohol problems, particularly alcoholism.

2. To develop and maintain a system of locally controlled and operated alcohol services to help people solve their alcohol problems and lead self-sufficient lives.

3. To develop program services to intervene at the earliest possible point to reduce the detrimental effects of alcoholism and other inappropriate uses of alcoholic beverages.

4. To develop and maintain limited, but necessary, administrative oversight and controls to ensure that the programs and services:

a. are available and accessible to those in need of services, particularly those special and underserved populations with particular needs or which are not receiving services;

b. are planned and developed using valid indicators of alcohol-related problems, programs, services, and clients served. In particular, the Department, in partnership with recognized groups representative of special and underserved populations, will explore development of adequate indicators and instruments to accurately measure the incidence and prevalence of alcoholism in the general population and in specific populations.

c. are of sufficiently high quality as to gain public confidence and maintain effective services at reasonable cost.

d. are operating at an efficient and effective level consistent with current knowledge and practices, in compliance with state and federal laws, and are fiscally sound.

THE DEPARTMENT'S PHILOSOPHY ON ALCOHOLISM

IMPORTANT POSITIONS

The Department's positions regarding alcoholism and the principle of sobriety greatly influence the Department's strategy to help alleviate California's alcohol problems.

BROAD RANGE

There are many kinds of alcohol problems. The consequences of the different alcohol problems cover a continuum ranging from inconvenience to serious injury and death.

ALCOHOLISM

Alcoholism is the most pervasive and destructive of alcohol problems. Alcoholism affects more people, families, and communities--and affects them to a greater degree--than does other alcohol-related problems. It was this concern for the suffering brought about by alcoholism that gave rise to the programs to alleviate alcohol problems as we now know them.

REAFFIRMATION

By bringing attention to the fact that alcoholism is foremost among the many alcohol-related problems affecting California, the Department is reaffirming its belief in the seriousness of alcoholism as a statewide alcohol problem.

MANY DEFINITIONS OF ALCOHOLISM

There are many variations of the concept of alcoholism. Several major bodies have put forth their definitions of alcoholism. It is important to note that there is considerable agreement and commonalty among the various definitions of alcoholism with the differences among definitions being more of emphasis than of substance.

NCA'S DEFINITION

For example, the National Council of Alcoholism and the American Medical Society on Alcoholism (1976) definition stresses physical dependency, tolerance, and adverse physical effects by stating that:

"Alcoholism is a chronic, progressive, and potentially fatal disease. It is characterized by tolerance and physical dependency or pathological organ changes, or both--all the direct or indirect consequences of the alcohol ingested."

WHO'S DEFINITION

On the other hand, the World Health Organization's definition of the alcohol dependency syndrome emphasizes "compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence."

ALCOHOLISM PERSISTS

Despite how alcoholism is defined, the problems of alcoholism are real. Daily, there are many thousands of persons whose inappropriate use of alcoholic beverages is likely to cause significant harm to themselves, other persons, families, and/or the community. The primary thrust of California's program to alleviate alcohol problems is the design and implementation of interventions for the alcoholic population.

PRINCIPLES OF SOBRIETY

LOST CONTROL TO ALCOHOLISM

A person's inappropriate use of alcohol, particularly drunkenness (or being under the influence) on either one occasion or as a habitual alcoholism practice, is evidence that the person has lost some control of his or her life to alcohol. Under this circumstance, the danger exists that various negative impacts of alcohol use occur, or may begin to develop.

ALCOHOLISM IS PROGRESSIVE AND DEBILITATING

The development and progression of alcohol-related and/or alcohol-exacerbated disorders have been clinically charted and show identifiable physical damage to organs and the nervous system. There is a strong relationship between excessive alcohol use and certain cancers, heart disease, pancreatitis, stillbirths, the fetal alcohol syndrome and other problems. Morbidity and mortality statistics are being developed which indicate that among problem drinkers, especially alcoholics, shortened life expectancy and susceptibility to major health disorders are to be expected.

SOBRIETY IS THE GOAL

Since one of the major goals of public alcohol programs is to reduce these risks for the sake of personal and social well-being, the concept of sobriety is an integral principle in publicly-funded programs. From the point a person enters the alcohol service system, uninterrupted sobriety should be the intended outcome of all alcohol programs.

IMPROVEMENTS COME WHEN A PERSON IS ALCOHOL FREE

When an individual stops drinking, the alcohol-related problems either improve or at least the rate of deterioration is slowed. For alcohol related disorders, abstinence is the most appropriate recovery/treatment goal for continued recovery and the only assurance against relapse. The individual who has stopped drinking still must cope with the social pressures that influence his or her drinking behavior. In addition, that person must cope with emotional, economic and social problems of life by finding productive, nondrinking ways to deal with such problems.

WORK ETHIC

Loss of employment and poor job performance are common symptoms of alcoholism. Alcoholics in recovery programs report that employment is their most important concern, other than drinking. Alcoholics tend to give up their families before their job. Alcohol programs and services emphasize the importance of employment and productivity as

necessary in the recovery process. When on the road to recovery, employment is considered as one crucial substitute to drinking. Productivity, whether as a homemaker or on the job, is essential in establishing self-worth and improved self-worth promotes sustained recovery.

THE STATEWIDE PLANNING PROCESS

Overview

STATE AND COUNTY PARTNERSHIP

California's alcohol program is administered in partnership by State and local governments. The Department is responsible for planning, coordinating, and encouraging the development of programs and services to prevent, reduce, or alleviate alcohol problems.

GOALS

This planning entails the establishment of goals and objectives to respond to identified alcohol needs and the targeting of resources toward these priorities. These are explicitly stated each year in an Alcohol State Plan.

COUNTY ALCOHOL PLANS

County-level governments may elect to use funds administered by the Department. A county making use of such funds is required to administer and manage a county alcohol program and to be accountable to the local Board of Supervisors and to the State for the effective implementation of such programs and services. All of California's 58 counties participate in the California alcohol program.

The State Plan Requirement

MANDATE

Section 11755(i) of California Health and Safety Code requires the Department to develop an Alcohol Plan which is to be revised annually.

The Statewide Alcohol Planning Process

ONGOING PROCESS

The annual statewide planning process for alcohol services is part of two larger fiscal processes, the federal block grant process and the state budget process. Therefore, the statewide alcohol planning process is ongoing and cyclical. As soon as the plan for the current fiscal year is completed, planning for the next fiscal year begins using the current plan being used as the base.

MULTIPLE APPLICATION

For example, the 1985 alcohol plan was completed in May of 1985 and was submitted to the Federal Department of Health and Human Services (DHHS) as part of California's Application for FFY 1986 Federal Financial Support Under the Alcohol and Drug Abuse and Mental Health Block Grant.

STATE BUDGET PROCESS	Immediately after submitting the 1985 Plan to DHHS, the Department entered the annual state budget process. Using the FY 1985 Plan as the base, the Department negotiated its proposal for FY 1986-87 with the California Health and Welfare and Agency which, in turn, submitted proposals to the Governor. The Governor then integrated proposals from all Departments and submitted the Governor's Proposed Budget to the Legislature in early January, 1986.
LEGISLATURE'S ROLE	The Legislature deliberated on proposals in the Governor's Proposed Budget during the first half of 1985 and then prepared and passed the Budget Bill in June.
RESOURCES KNOWN	It is only after the Legislature approves the annual Budget and the Governor accepts or "blue pencils" line items in that annual Budget Bill that the Department knows its specific resources.
MANY MAKE INPUT	A large variety of information is considered during the planning process. Of particular importance are the County Alcohol Plans which describe locally operated alcohol programs and services. In addition, there is the review of recommendations from the State Advisory Board on Alcohol-Related Problems, the County Alcohol Program Administrator' Association of California, county and community leaders, alcohol service providers, State agencies providing services impacting those with alcohol problems, interested individuals and groups, and the general public.

DEPARTMENT ORGANIZATION

DEPARTMENT'S FUNCTION

The Department is designated as the single state agency responsible for the allocation of resoures and the administration of drug and alcohol service funds in California. The principal function of the Department is to direct and coordinate the State's effort to prevent and minimize the effects of alcohol misuse, alcoholism, narcotic addiction and drug abuse on the State of California and its citizens.

MAJOR PROGRAMS

The Department's activity is divided into two major program areas: Alcohol Programs and Drug Programs. These programs provide a cost effective network of services for over 285,000a/ Californians each year. In addition, they provide extensive preventive efforts to reduce the incidence of alcohol and drug abuse in the general population and within special target populations. See the following table of organization.

FUNDING

The total funding directly administered by the Department for FY 1986-87 is $120.1 million. Of this amount, $55.1 is targeted for Alcohol Programs and $65.0 million is for Drug Programs.

Alcohol Program

ALCOHOL PROGRAM

The Alcohol Program assists counties in the planning, development, implementation, coordination, and funding of local alcohol prevention, treatment and rehabilitation programs. The program administers state and federal funds through counties and identifies statewide objectives and priorities. Counties prepare annual alcohol plans which, after consultation with appropriate advisory groups, become the basis for State funding.

Total Alcohol Program Funds, $55.1 million, are comprised of:

General Funds	40.9 million
Federal Funds	13.3 million
Reimbursements	.9 million.

a/ The Department has employed a new estimating procedure based on sampling and budget data; therefore, figure does not necessarily reflect a reduction in participation from previous years.

Drug Program

DRUG PROGRAM

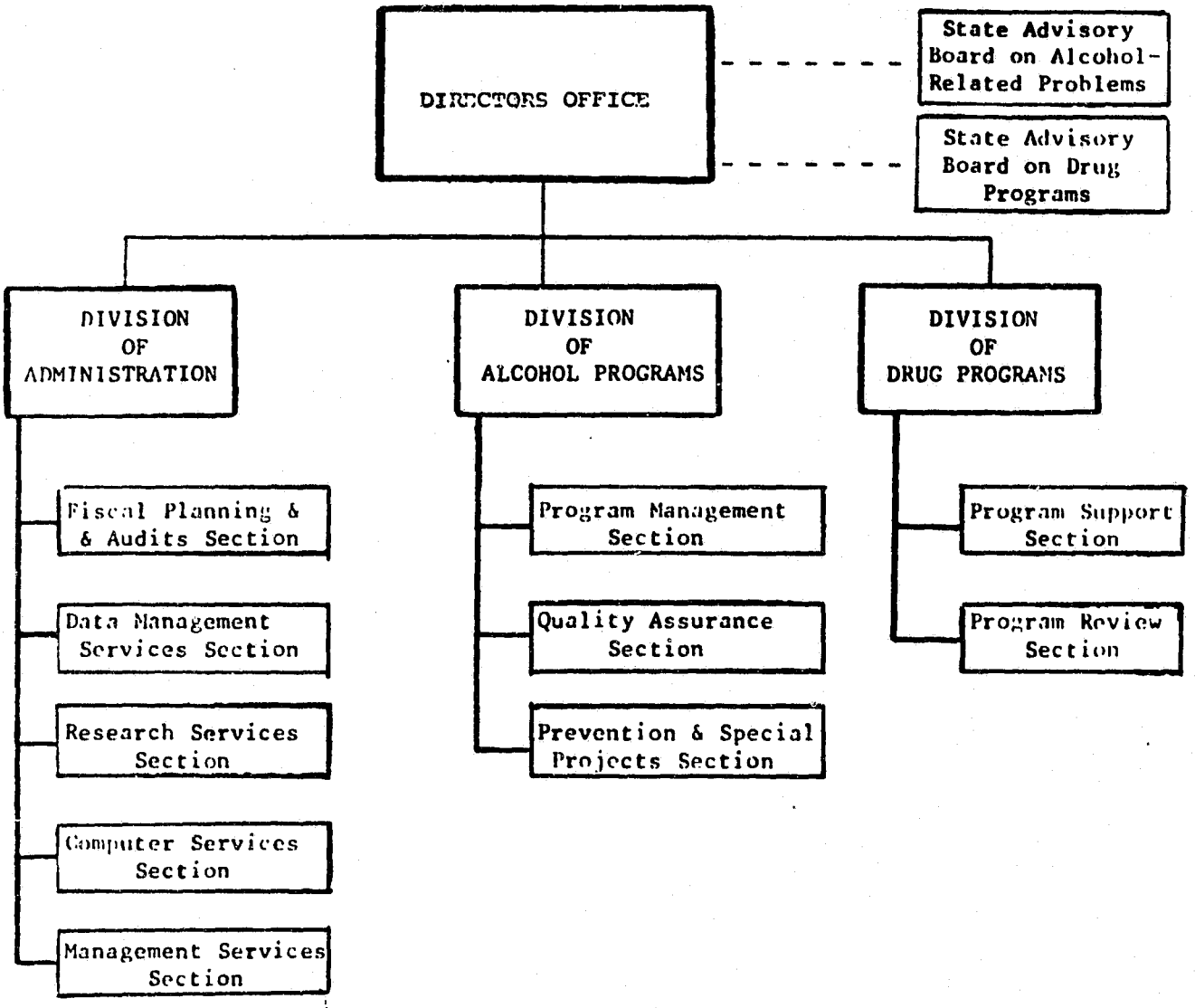
The Drug Program assists counties in the planning, development, implementation, coordination and funding of local drug prevention, treatment and rehabilitation programs. The program administers state and federal funds through counties via the Mental Health Short-Doyle System. The program identifies stateweide objectives and priorities and prepares the annual State Drug Abuse Plan pursuant to statute.

Total Drug Program Funds, $65.0 million, are comprised of:

General Funds	38.2 million
Federal Funds	21.3 million
Reimbursements	5.5 million.

ORGANIZATION

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS



ALCOHOL PROGRAM ORGANIZATION

MANDATE

Since January 1980, the Department of Alcohol and Drug Programs has been designated as the single state agency in California authorized to receive any federal funds payable directly to the State for the purpose of implementing programs which provide services to alleviate the problems related to the inappropriate use of alcoholic beverages. (Section 11754, Health and Safety Code). The administration of this Plan is the responsibility of the Director of the Department of Alcohol and Drug Programs.

DEPARTMENT RESPONSIBILITIES

The Department of Alcohol and Drug Programs is responsible for planning, coordinating, and encouraging the development of programs and services to eliminate or reduce problems related to alcoholism and the other inappropriate use of alcoholic beverages. The Health and Safety Code requires that any county electing to use funds administered by the Department must administer and manage a county alcohol program and to be accountable to the State for the effective implementation of such programs and services. Within guidelines, certifications, and regulations established by the Department, each county develops alcohol service priorities and reflects these in an annual County Alcohol Plan along with a program description and a budget. The County Board of Supervisors authorizes the County Alcohol Plan to be submitted to the Department, and when approved, it is deemed a contractual arrangement between the state and county.

ALCOHOL PROGRAM ROLE

The Division of Alcohol Programs, through a county planning, budgeting, and management review process, provides funds to counties to establish and maintain a comprehensive statewide alcohol services delivery system. The Division approves and disapproves County Alcohol Plans submitted for use of state and federal funds allocated by the Department, reviews each county's alcohol program management and assures program quality in compliance with standards. The Division also cooperates with other governmental agencies and the private sector in coordinating programs; develops and implements a statewide alcohol plan; assists the Office of Statewide Health Planning in its preparation of the State Health Plan and the State Health Manpower Plan; evaluates program effectiveness and collects information on programs and clients seeking and receiving alcohol services; licenses drinking driver programs; develops alcohol program standards for program certification and applies them; licenses alcoholism recovery facilities; coordinates

statewide training on the generation of private sector funds; administers the Supplemental Security Income Program for persons receiving SSI payments who require alcohol services; supports demonstration projects for purposes of strengthening California's alcohol services delivery system; develops and implements a statewide system of prevention services, activities and policies; conducts workshops, seminars and conferences to increase the awareness of alcohol service needs for special and under-served populations; implements new and expanded programs for women; and facilitates volunteer involvement in alcohol programs and services.

The Division of Alcohol Programs is sub-divided into the following Sections:

PROGRAM MANAGEMENT

The Program Management Section ensures that county alcohol services are planned, budgeted, and administered in accordance with state law and Department standards. Staff review and approve County Alcohol Plans, analyze county budgets, review cost reports and claims, review county alcohol program administration, and make site visits. This Section oversees and implements evaluation studies aimed at improving resource allocations, equitable distribution and appropriateness of services, and cost effectiveness. In all areas mentioned above, the Section furnishes technical assistance to state, county, and provider personnel.

QUALITY ASSURANCE

The Quality Assurance Section develops and maintains regulations, standards and guidelines for State licensing and certification of direct alcohol program services; conducts program certification site visits; licenses alcoholism recovery facilities; manages contracts to provide peer review consultation; develops and maintains drinking driver program regulations and procedures; licenses drinking driver programs; and analyzes policy matters relating to drinking and driving.

PREVENTION AND SPECIAL PROJECTS

The Prevention and Special Projects Section is responsible for assessing, identifying and implementing appropriate prevention activities and strategies to meet the needs of specific communities and target populations; implementing research, development and demonstration projects relevant to prevention of alcohol-related problems; identifying public policy issues and facilitating development of public policy at local levels; and establishing a comprehensive prevention planning process at the state and local level. The Section administers statewide technical assistance for the Division and provides technical assistance services to local providers in the area of prevention and to alcohol programs and other agencies serving special populations.

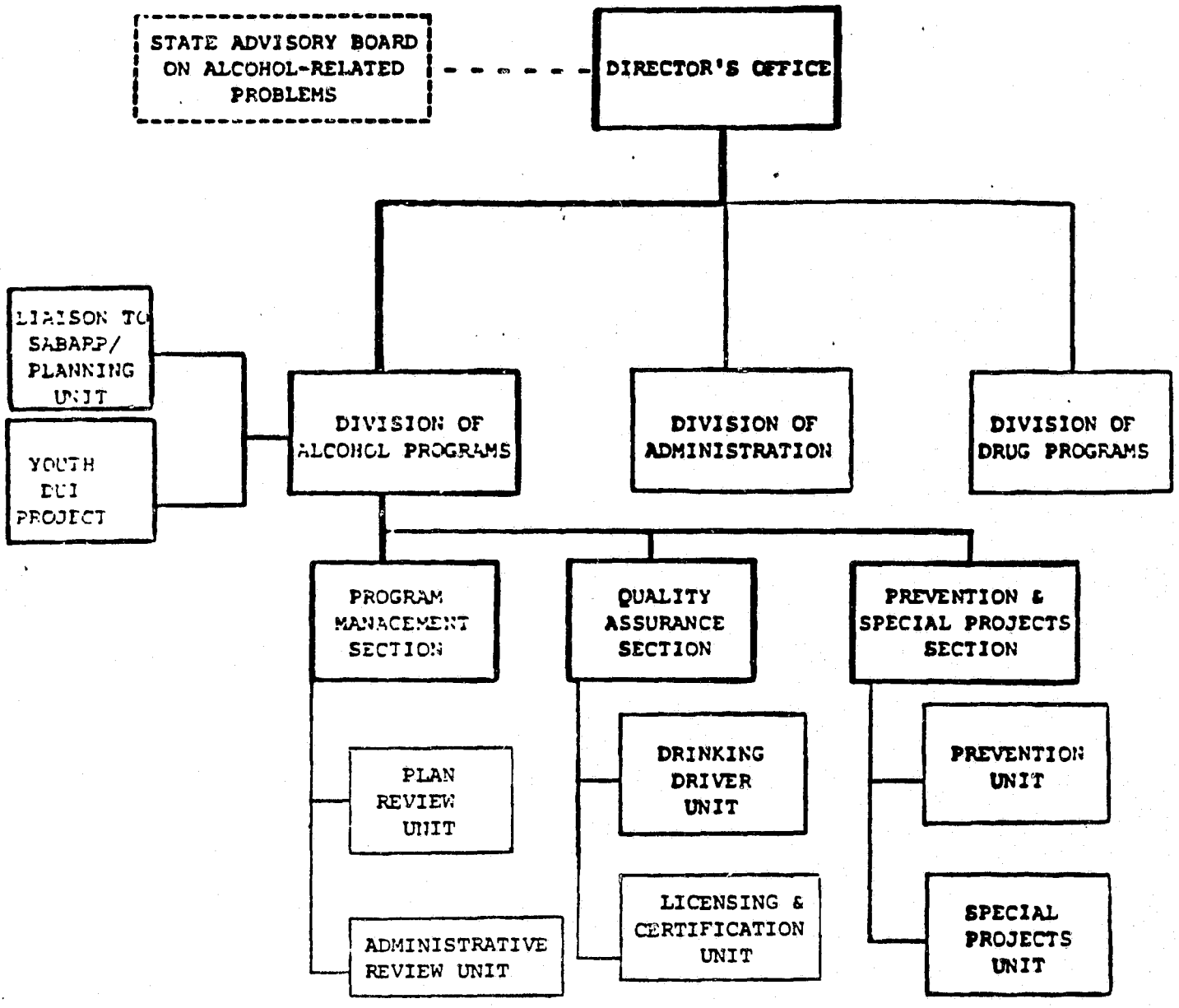
DIVISION CHIEF'S OFFICE

The Division Chief's Office provides leadership and guidance for projects initiated or carried out at the section level, in addition to planning functions and other special projects. Generally, the office oversees activities and the execution of Division functions associated with maintaining federal Alcohol and Drug Abuse Mental Health Services (ADMS) Block Grant funding, and those activities directly related to program implementation.

The Liaison to the State Advisory Board and Planning Unit is responsible for liaison functions to the Advisory Board and provides support for planning activities including the development of the annual California Alcohol Program State Plan, the alcohol portion of the Federal Block Grant Application and coordination with other state agencies.

The Youth DUI Project is responsible for developing the California Friday Night Live Presentation and presenting the multi-image slide presentation to public and private high schools in an effort to reduce the number of DUI fatalities and injuries of students.

ORGANIZATION
OF THE DIVISION OF ALCOHOL PROGRAMS
WITHIN THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS



ALCOHOL PROGRAM BUDGET, FY 1986-87

STATE ADMINISTERS FUNDING

The Alcohol Program assists counties in the planning, development, implementation, coordination, and funding of local alcohol prevention, treatment and rehabilitation programs. The program administers state and federal funds through counties and identifies statewide objectives and priorities. Counties prepare annual alcohol plans which, after consultation with appropriate advisory groups, become the basis for State funding.

FUNDING SOURCES

The total funding directly administered by the Alcohol Program is $55.1 million. This is comprised of $40.9 million of State General Funds, $13.3 million of Federal Funds, and $.9 million of Reimbursements.

ALCOHOL PROGRAM
APPROVED FY 86-87
GOVERNOR'S BUDGET
(IN THOUSANDS)

	General Funds	Federal Funds	Reimbursements	Total
State Admin.	$ 3,318	$ 1,169	$908	$ 5,395
Special Projects	266	69	45	380
Local Assistance	37,274	12,050	-0-	49,324
TOTAL	$40,858	$13,288	$953	$55,099

CALIFORNIA ALCOHOL PROGRAM

Overview

EXTENSIVE NETWORK

The overall effort in California to reduce alcohol problems related to inappropriate use of alcoholic beverages consists of a large number and variety of alcohol services. These services are operated by various federal, state, county, and local government agencies as well as by a wide arrange of private institutions and volunteer agencies. Included are services administered by the Veterans Administration, private nonprofit and profit agencies, self-help groups, and private hospitals, as well as services within the California Alcohol Program. The resources necessary for the operation of these services are obtained through federal, state, county and local government funds; contributed volunteer services; donations, and client fees, including third-party payments. Thus, there is an extensive network of services with a common objective, but which is supported from a mixture of sources and is in greater or lesser degree coordinated in its approach to the reduction of alcohol problems.

LEADERSHIP ROLE

The "California Alcohol Program" as administered by the Department of Alcohol and Drug Programs is the principal leadership mechanism for the overall effort in California to reduce alcohol problems. This program consists of the network of all those public, private, and volunteer programs and services which, in whole or in part, are supported by state alcohol-administered funds, or which are administered or regulated by the State Department of Alcohol and Drug Programs and which are devoted to the prevention of alcohol problems and the early identification and recovery of persons affected by alcoholism and other alcohol problems. The California Alcohol Program recognizes encourages, and attempts to coordinate, but does not formally include, alcohol services wholly funded and regulated by <u>other</u> state agencies, the federal government, and private groups. These latter efforts are, however, part of the overall effort in California to reduce alcohol problems.

DIRECT SERVICES

The direct alcohol services provided via the California Alcohol Program are many and varied. The Department provides no direct alcohol services but allocates state general funds to the counties. The state general funding is used along with county and federal funds, fees and insurance, drinking driver program fees, and other revenues

to develop alcohol services at the local level through the County Alcohol Plan process. For FY 1986-87, the Department allocated $43.3 million to the counties. That funding will generate about $112 million total alcohol services. Of this amount, approximately $76 million will be expended for Direct Services as follows:

RESIDENTIAL SERVICES a/ = Approximately $40 million dollars to provide:

Detoxification	199,000 days for about 62,000 participants
Residential Treatment	332,000 days for about 12,000 participants
Recovery Homes	841,000 days for about 15,000 participants
Total Days	1,372,000 days for about 89,000 participants

NONRESIDENTIAL SERVICES = Approximately $36 million dollars to provide:

238,000 Participants, of which about 198,000 are in first or multiple offender drinking driver programs a/

1,800,000 Participant Visits

INDIRECT SERVICES

In addition to the direct services, there are indirect services which include activities frequently referred to as "prevention" and "early intervention". These indirect services include activities to:

(a) facilitate positive change in the community and individual understanding, values, attitudes, environmental factors, and behavior concerning alcohol and its inappropriate use.

(b) reduce the likelihood of the inappropriate use of alcohol by developing and implementing public policies designed to reduce or limit alcohol consumption.

(c) lessen the stigmatization of persons who seek help for problems related to inappropriate alcohol use.

(d) provide information so that the public may make informed personal and public policy decisions regarding the inappropriate use of alcoholic beverages.

a/ The Department has employed a new estimating procedure based on sampling and budget data; therefore, figure does not necessarily reflect a reduction in participation from previous years.

(e) enlighten the "helping professions" to recognize persons with alcohol problems and to offer them appropriate services.

(f) encourage persons to seek early help for their alcohol problems.

The extent of indirect services is hard to quantify. However, it is estimated that about $36 million will be expended in FY 1986-87 in the California Alcohol Program for such indirect alcohol services.

How the California Alcohol Program Works

FUNDING DETERMINED

Each year, the Department of Alcohol and Drug Programs prepares a California Alcohol Program budget. This budget, after being processed through the routine budget process directed by the Governor's Office, is submitted to the Legislature by the Governor. The budget is prepared around expected State General Funds and the alcohol portion of the Federal Block Grant for Alcohol and Drug Abuse and Mental Health Services (ADAMH). For FY 1986-87, the alcohol funds will be about $40,858,000 of State General funds and $13,288,000 Federal funds. Department staff notify each of Califor- nia's 58 counties of the anticipated funding level per county. This allocation is primarily based on previous alcohol services programming by the county.

PLANS SUBMITTED

To make use of these State and Federal alcohol funds, a county is required to submit to the State a county alcohol plan. All 58 of California's counties participate. Each county prepares an annual alcohol plan outlining the county's services and program costs for prevention and treatment of problems, including alcoholism, related to the inappropriate use of alcoholic beverages. The Division of Alcohol Programs of the Department of Alcohol and Drug Prgrams reviews and approves or disapproves county alcohol plans within the planning requirements provided in the law. Essentially, the Department's plan review considers six factors, (a) the county planning process, (b) content in conformance with state law, (c) clients' civil rights, (d) the adequacy of county administration, (e) the reasonableness of program expenditures, and (f) implementation of a plan to serve special and underserved populations.

CONTRACTUAL ARRANGEMENT	Because the law characterizes the County Alcohol Program Plan as a contractual arrangement, the State-County relationship resembles that of a contractor-contractee.
AUDITS	Accompanying the Department's authority to approve plans is an audit capability. Counties are required to maintain fiscal records for four years. Audits are conducted to assure that state funds are expended in accordance with county plans and budgets and in accordance with state laws governing expenditure of public funds. Through quality assurance reviews, the state assures that residential services are provided in accordance with established standards. The law gives the Department of Alcohol and Drug Programs responsibility for the development of all standards for alcohol programs and services.
LOCAL SERVICE SYSTEM	Through a local planning process, each county develops and submits to the Department a County Alcohol Plan which by narrative and budget describes the county alcohol service system. Basically, the county uses its allocation from the Department as the core around which other funds and services are generated to establish the local alcohol service system to deal with the locally identified alcohol problems. Statewide, in FY 1986-87, the county alcohol programs will use the local assistance, state and block grant funds of about $53.8 million to generate a total program of over $119 million in alcohol services, including over $16 million in fees paid by participants in the drinking driver programs. About 327,000a/ Californians receive services each year through county alcohol programs.
VOCATIONAL REHABILITATION	The State Department of Rehabilitation, through contracts with twenty-six local county alcoholism programs, provides specialized vocational rehabilitation services to alcoholic individuals. Of the about 4,400 new referrals to this program per year, over half participate in a rehabilitation plan leading toward employment and about half of the participants become successfully employed. This $3.5 million state operated program utilizes 20% state/county funds and 80% federal funds. It is a cost-effective program for the state and counties.

a/ The Department has employed a new estimating procedure based on sampling and budget data; therefore, figure does not necessarily reflect a reduction in participation from previous years.

STATE ADMINISTRATION

In addition to the county alcohol program budgets described above, the Department administers in FY 1986-87 about $5.8 million for various state-level operations. About $5.4 million of this includes Department program staff reviewing and evaluating alcohol program budgets and plans; providing consultation and technical assistance to local programs; conducting program licensing and certification reviews; and statewide prevention services. Another $0.4 million is for special statewide projects including technical assistance to special and underserved populations, research technology and utilization, and other evaluation or consultation services.

VARIOUS FORMULAS

Local assistance funds have been allocated to counties based on criteria which has been legislatively or administratively determined. The criteria may be referred to as an allocation formula. Several different formulas have been applied over the past ten or more years and resulted in differences in per-capita funding among counties.

ALCOHOL SERVICES AND PARTICIPANT CHARACTERISTICS

THREE DATA TYPES

The Department collects three types of participant data for direct alcohol services. Since the three data systems describe the same alcohol services from different viewpoints, one must maintain awareness of these differing perspectives when analyzing data.

The three data systems are the following:

ASRS

1. Alcohol Services Reporting System (ASRS) data indicates bed-days for residential services and participants for nonresidential services and associates each with county budgets and cost reports. In addition, the ASRS data indicates the type of alcohol service site and location (see Table 9).

NADAPI

2. National Alcoholism and Drug Abuse Program Inventory (NADAPI) data may be described as a point prevalence survey, a typical one-day snapshot. However, in actuality that description is only true for residential services. For nonresidential services, NADAPI represents the caseload on that day -- clients who receive services but had not completed their services during the 30 days preceding the point prevalence date. The NADAPI data comes from the September 28, 1984 survey. It shows the number of participants receiving alcohol services in both the public and private sector. It describes those participants with respect to type of services and provides information on funding sources.

CAPPS

3. California Alcohol Program Participant System (CAPPS) indicates demographic characteristics for each participant admitted during the fiscal year. Those participants in the multiple offender Drinking Driver Program (DDP) are shown independently from all other participants. See Table 10.

Alcohol Services Characteristics

PARTICIPATION

Type Services: Approximately 127,000 participants (excluding DDP) received alcohol services during 1985-86. This figure can be broken down by type of service as follows: 49 percent received Detoxification Services; 9 percent received Residential Treatment Services; 12 percent received Recovery Home Services; and 30 percent received Nonresidential Services.

DISTRIBUTION

Services Distribution: Alcohol services in California are many, varied, and widely distributed throughout California. Table 9 shows the number of service sites providing direct and indirect alcohol services and how they are distributed throughout California. Table 9 is derived from the budget portion of County Plans submitted to the Department. Since the reporting is by "service" there may be more than one "service" within a "facility". In addition, some of the smaller counties contract with other counties for a specific type service and in those instances the alcohol service may be located outside the County's boundaries. There are at least 2 alcohol services in each county. Counties with large populations provide many alcohol services; for example, Los Angeles has 264, San Benardino 63, Orange 45, Alameda and Santa Clara 44 each, San Francisco 44, Santa Barbara 35, and San Diego 34.

Participant Characteristics

GENDER

Gender: The vast majority of participants in direct alcohol services are male, about 85 percent, or over 4 males served for every female. Of the total, Drinking Driver Program participants show the biggest male/female ratio with over eleven males served for every female.

AGE

Age: The primary recipients of services are those individuals between the ages of 21 and 55.

RACE/ETHNICITY

Race/Ethnicity: The State's Black and American Indian populations receive a greater proportion of alcohol services than their populations' portion of the adult population; the White population is about even; the Hispanic population receives much less; and the Asian population receives a far less proportion of the service than their proportion of the adult population.

The Hispanic population makes greater use of Nonresidential Services and DDPs than of Residential Services. For example, Hispanics account for 26 percent of DDP participants compared to 19 percent of the adult general population.

TABLE 9
ALCOHOL SERVICES - DIRECT AND INDIRECT
NUMBER AND TYPE SERVICE SITE BY COUNTY
AS OF JULY 1, 1984

	DIRECT						INDIRECT	
	RESIDENTIAL			NONRESIDENTIAL				
Counties	Detoxi-fication	Resid. Treat.	Recovery Homes	Treat./ Recovery	Voc. Rehab.	DDP SB 38	Info. & Ref., Prev. Educ., Etc.	1st Offender
TOTAL	61	26	140	196	22	118	280	216
ALAMEDA	1	-	7	9	-	2	19	6
ALPINE	-	-	-	2	-	-	2	-
AMADOR	-	-	-	1	-	1	3	1
BUTTE	1	-	2	1	1	1	1	-
CALAVERAS	1	1	-	1	-	-	2	-
COLUSA	1	-	1	1	-	-	1	-
CONTRA COSTA	3	-	5	1	1	1	8	7
DEL NORTE	1	-	1	1	-	1	1	1
EL DORADO	-	-	1	1	1	2	3	-
FRESNO	2	-	4	7	1	1	4	-
GLENN	-	-	3	1	-	-	1	1
HUMBOLDT	1	-	1	-	-	1	4	2
IMPERIAL	-	-	1	1	-	1	3	1
INYO	-	-	1	-	-	1	5	-
KERN	-	-	2	2	1	2	5	-
KINGS	1	-	1	1	-	1	1	1
LAKE	-	-	-	5	-	-	3	-
LASSEN/PLUMAS	-	-	1	3	-	1	3	2
LOS ANGELES	10	9	22	33	1	38	51	100
MADERA	-	-	-	-	-	1	2	1
MARIN	1	2	1	4	-	1	4	-
MARIPOSA a/	-	-	-	-	-	-	1	1
MENDOCINO	-	1	1	2	-	1	4	2
MERCED	-	1	-	1	-	1	3	1
MODOC	-	-	2	1	-	-	1	1
MONO	1	-	1	1	-	-	1	1
MONTEREY	-	-	2	3	-	1	5	3
NAPA	1	1	-	2	1	1	2	1
NEVADA	2	-	-	3	-	2	3	2
ORANGE	6	1	6	10	1	7	11	3
PLACER	2	-	2	3	1	2	5	5
RIVERSIDE	4	-	4	8	-	6	7	-
SACRAMENTO	-	-	7	3	1	2	7	-
SAN BENITO	1	-	1	1	-	-	1	1
SAN BERNARDINO	2	-	7	6	1	8	9	30
SAN DIEGO	1	1	11	9	1	4	2	5
SAN FRANCISCO	2	1	6	9	1	1	17	3
SAN JOAQUIN	2	1	1	2	1	3	4	6
SAN LUIS OBISPO	-	-	-	3	-	1	3	-
SAN MATEO	1	-	3	4	1	3	5	2
SANTA BARBARA	-	-	-	13	1	3	12	6
SANTA CLARA	2	-	9	10	1	3	13	6
SANTA CRUZ	1	1	-	2	1	1	2	3
SHASTA	1	-	3	2	-	1	1	1
SIERRA	1	-	1	-	-	-	1	1
SISKIYOU	2	1	1	1	-	1	1	1
SOLANO	1	-	1	4	-	2	6	-
SONOMA	1	1	1	1	1	1	3	1
STANISLAUS	1	1	1	1	-	1	3	1
SUTTER/YUBA	1	-	2	1	1	1	1	-
TEHAMA	-	-	2	1	-	1	1	1
TRINITY	-	1	3	1	-	-	1	-
TULARE	-	-	2	-	1	1	2	2
TUOLUMNE	1	1	1	1	-	1	7	1
VENTURA	-	-	4	7	1	1	6	1
YOLO	1	1	1	5	-	1	3	1

a/Mariposa County Alcohol Plan and Budget indicate that the county has only one service site. This service site is operated by Kings View Corp. under contract with the county.

TABLE 10

ANNUAL PARTICIPANTS CHARACTERISTICS
DIRECT ALCOHOL SERVICES
GENDER, RACE/ETHNICITY, AND AGE a/

Characteristics	Drinking Driver Program Participants Being Served (50,700 - 100%)	Participants Being Served Excluding DDP (134,700 - 100%)	California's General Population (Estimate) b/
TOTAL	100.0%	100.0%	100.0%
GENDER			
Male	92.1	82 c/	49
Female	7.9	18 c/	51
RACE/ETHNICITY			
White	62.2	69	67
Black	8.8	16	8
Hispanic	26.0	11	19
American Indian	1.1	2	1
Other	1.9	1	5
AGE			
14 - 20	7.8	3	8
21 - 34	44.6	41	35
35 - 54	39.2	46	30
55 +	8.4	10	27

a/ Participant characteristics are estimated based on Management Information System/California Alcohol Participant Program data and budgeted data from ASRS.

b/ The estimates are based on information from the Department of Finance and applied to the 1980 U.S. Census data.

c/ A small percentage of participants are coalcoholic.

ALCOHOL PROGRAM ACTIVITIES

PROPOSED PROGRAMS, ACTIVITIES, AND SERVICES: FY 1986-87

STATE AND FEDERAL FUNDING SUBVENTION PROGRAM

I. County Plan Process

During FY 1986-87, $53.8 million of state and federal alcohol funds were administered by the Department and generated at the local level through the County Plan process about $121.0 million of alcohol services. Of this amount, approximately $94.3 million will be expended for services. The expected amounts of Direct Services are as follows:

RESIDENTIAL SERVICES = Approximatley $41.8 million

Detoxification	199,000 days
Residential Treatment	332,000 days
Recovery Homes	841,000 days
Total Days	1,372,000 days

NONRESIDENTIAL SERVICES = Appproximately $52.5 million

238,000 Participants of which 198,000 are in first or multiple offender drinking driver programs

1,800,000 Participant Visits

In addition, there is expected to be about 14.9 million of Indirect Services delivered at the local level and $11.8 million of administrative services.

A. County Plan Guidelines

Pursuant to statute, each county is required to submit a plan for the receipt of alcohol program funds. The Department requires submission of the plan developed in accordance with ADP planning guidelines which are issued each year to County Alcohol Program Administrators. The guidelines are modified annually to take into account recent changes, such as new statutory language, changing federal requirements or Department policy.

The ADP county plan guidelines require counties to include the following in their plans:

1. The county planning process
2. A description of services

3. Coordination of the alcohol service system

4. Output objectives

5. Evaluation Methods

6. Budget information

7. Inventory of services countywide

8. Necessary certifications

B. County Plan Submittal

Counties begin final planning and budgeting for the coming state fiscal year after issuance of a preliminary allocation by ADP. This normally occurs 30 days after release of the Governor's Proposed Budget. After the state budget is executed on July 1, final allocations are issued which reflect any budget decisions since the January budget. Counties are required to submit a final plan and budget for the current fiscal year by September 15. In addition, a brief preliminary budget for the subsequent fiscal year is also required on September 15. These time frames are established in statute. Counties are eligible for advance payments if they meet the above criteria. If the reporting requirements and time frames are not met, advance payments are suspended.

C. County Plan Review

Counties have wide latitude in developing their service system and the current review process reflects that fact. By law, funds may be disapproved, all or in part, for any of the following reasons:

1. The county has not properly implemented the planning process pursuant to the provisions of this part.

2. The plan violates any federal or state laws relating to discrimination against any person because of race, creed, age, religion, sex, sexual preference, or disabling condition.

3. The county does not provide for adequate administration of the county alcohol program.

4. Approved services do not comply with the reasonable expenditure or program regulations adopted by the Department.

An important aspect of plan reviews relates to the Alcohol Division's cost-containment policies. The Department has for several years maintained cost guidelines for residential services, and reviews the county's budgeted costs for these services as part of the plan review. While the Department may allow costs that are over the guidelines with adequate justification, it has the authority to disapprove any funds for unjustified high-cost services. The cost guidelines are periodically updated.

The plan review process also determines the accuracy and appropriateness of the county's budget submission, checks validity of provider codes, and reconciles the budget with the narrative. Federal law requires that 20 percent of the federal funds be expended on prevention activities.

The Department sends a letter to the County Alcohol Program Administrator stating the result of the review, which can be approval, provisional approval, or disapproval. Disapproval is seldom necessary unless the county has refused to make ADP requested corrections. In practice, the provisional approval is sufficient to achieve correction of problems. In some cases, approval is simply withheld pending correction. For example, if the Board of Supervisors has not approved the budget, the Department will not grant provisional approval, and disapproval would not be appropriate. A critique is included with the notification that details areas needing clarification or problems that need correction.

II. A. Allocation Process

Health and Safety Code, Section 11814, requires the Department to make allocations of state and federal funds to counties based on the population within each county. This requirement applies only to new funds and does not affect the base of funding received by counties prior to July 1, 1980. The funding base of counties prior to 1980 has been formed through a number of policy decisions by the Legislature and the Department. Highlights of the historical funding process are as follows:

- Early alcohol programs funded by state funds and county match operated in only 18 counties due to voluntary participation by those counties.

- Early federal formula grant funds (Hughes funds) were allocated using a formula based on cirrhotic deaths rather than population.

- In 1970, the Office of Alcohol Porgram Management was created, and a separate alcohol budget established, based upon the previous factors noted above, and each county's voluntary identification of state allocated mental health funds used for alcohol services. The amount of funding by

county varied based upon the willingness of each county's Mental Health Director to relinquish control mental health funds. Additional state funds were allocated on a per capita basis.

- In 1979, Section 11814 of the Health and Safety Code provided that all future allocations would be based upon population or other factors if the Department finds that the factors relate to the level of alcohol problems in the county. It also established a minimum allocation to be received by each county regardless of population.

- In 1980, adjustments were allocated to counties which were low in per capita funding.

- In 1982, the Department assumed responsibility for the alcohol and drug portions of the Federal Alcohol and Drug Abuse and Mental Health Services (ADMS) Block Grant. This grant included alcohol projects throughout the State formerly funded directly by the National Institute on Alcohol Abuse and Acoholism (NIAAA). Selection of these projects by NIAAA was done on the basis of merit rather than by allocation formula. NIAAA direct projects were located in 17 counties only. As a result, an inequitable distribution of funding was inherited by the State upon assumption of the federal block grant. In FY 1982-83, NIAAA direct project funding was allocated by ADP to those counties in which the NIAAA direct projects were located. Those former NIAAA projects having statewide impact were managed by the Department.

In addition to these funds, the level of funding for the former Hughes formula grant program was increased under the ADMS block grant. The additional funds were allocated to the counties lowest in per capita funding on the basis of population.

- In FY 1983-84 another equity adjustment of about $600,000 was made to those counties lowest in per capita allocation.

- In 1984-85, an augmentation of $2.5 million in state funds was allocated on a per capita basis to offset new administrative costs or for programs of high need as determined by the county.

- In 1985-86, the federal block grant increase of $502,065 was allocated on an equity adjustment to the 19 lowest per capita counties.

Other than where identified above, federal and state funds have been allocated on a per capita basis using the most current population estimates for each county.

Timelines for the allocation process are set forth in the Health and Safety Code. Upon introduction of the Budget Bill (usually January 10), the Department has 30 days in which to develop and issue preliminary allocations to the counties. It is the Department's policy to develop and issue final allocations to counties within 30 days of passage of the Budget Act and approval by the Governor.

Current financial provisions in the Health and Safety Code require counties to provide matching funds to state general funds in the ratio of 90 percent state funds and 10 percent county funds. A funding ratio of 85 percent state funds and 15 percent county funds is required for state hospital services. Currently, no county contracts for state hospital services. Counties under 100,000 population are not required to meet the matching requirement but are encouraged to provide as much of the match as is possible.

C. Budgeting and Reporting

Section 11819, Division 10.5, Health and Safety Code, requires the Department to devise a system to assure that counties expend their funds in accordance with their approved plans and budgets. The system is also to provide flexibility in the counties' provision of services. The system developed by the State is entitled the Alcohol Services Reporting System (ASRS). In order for counties to receive state and federal funds allocated by the Department, they must utilize the ASRS in submitting a County Alcohol Plan. The ASRS is the fiscal management mechanism which satisfies reporting and evaluation requirements of state and federal laws.

The ASRS fiscal reporting system is used by ADP to develop various reports. Data is collected using provider codes within the county. The reports provide basic data on how the state-allocated alcohol funds are utilized. The reports are used for responding to inquiries received from various individuals, agencies, and constituency groups and for preparation of reports, such as the Federal Block Grant Application, and State Alcohol Plan.

As a program reporting system, the ASRS provides statewide consistent fiscal data. The program structure consists of Administrative Services, Indirect Services, and Direct Services. Within Indirect Services, there are Prevention and Other Indirect Services. Direct Services are broken down into Nonresidential and Residential, with Residential differentiated further into Detoxification, Residential Treatment, and Recovery Home Services.

This reporting system provides great flexibility in describing programs, allocating costs, and identifying all alcohol services administered by the county. It also allows for identification of programs coordinated by the county, regardless of funding source, giving a countywide scope of resources.

All information contained within the ASRS reports is extracted from county budgets. Two ASRS based reports are:

A Statewide Summary Report summarizing the county alcohol budgets by funding source for each of the program areas and each element and component for direct services. This report identifies total number of participants served, days of stay in residential services such as detoxification and the number of total approved budgets.

A Special Population by County Report listing providers serving special and underserved populations by county, by funding source, and emphasizing primary and secondary services to special and underserved populations. Primary and secondary services are reported separately to avoid duplication. Other reports on special populations are also developed to reflect a statewide summary of providers of services to special populations; amount of funds; total participants; incidents of service for nonresidential services; and total resident days for detox, residential treatment, and recovery home. Other reports contain provider information by program services; and alphabetical listing of counties reflecting county-operated and contract-operated services, facilities, and providers; and an alphabetical listing by county and, for each county, sequential listing by provider number.

The ASRS also provides guidelines for development of the plan for alcohol services which requires a detailed description of the planning process, a description of planned services and a budget identifying projected costs of these services.

D. Advance Payments

Section 11817.6, Division 10.5, Health and Safety Code, authorizes the Department to advance payment of state and federal funds for alcohol services to counties. In order to qualify for receipt of advance payments, counties must submit specified documentation to ADP for review and approval. Documents must be submitted in a timely manner, otherwise advance payments are withheld. The following are the documents and due dates required for receipt of advance payments.

DOCUMENT	DUE DATE
o Budget Year Preliminary Plan and Budget	7/1
o Current Year Final Plan and Budget Update	9/15
o Past Year Report of Expenditures	11/1
o Current Year Budget Revisions	5/31

The county's cash advance is computed from the most recently approved budget and is equal to 1/12 of the total state and federal funds budgeted. Payment for the twelth month is withheld by the Department pending year-end settlement.

E. Report of Expenditures

County plans and budgets are agreements to expend public funds for specific services. Expenditures are limited to budgeted amounts. Counties prepare year-end Reports of Expenditures which are due by November 1 for the previous fiscal year ending June 30.

The Report of Expenditures serves two purposes:

- Records the counties' alcohol program costs.
- Serves as the counties' year-end claim for reimbursement in a format consistent with that required for budget submissions.

As the county's year-end claim for reimbursement, the Report of Expenditures is subject to the following spending limitations:

- Total reimbursement may not exceed the county's state/federal allocation or final budgeted amount, whichever is less.
- Expenditures by funding source may only be shifted according to established guidelines.
- Budgets may be revised to reflect all changes in accordance with established policies and regulations.
- Counties may increase the total cost of their programs without reducing state or federal participation.
- Based on the Report of Expenditures, the Department makes an interim settlement of claims. Final settlement is determined through audits conducted by the Department. If no audit is completed within three years, the interim settlement becomes final.

PROGRAM ADMINISTRATION

I. County Administrative Standards and Review

A. County Administrative Standards

Section 11816, Health and Safety Code, requires the Department to review and approve or disapprove each county plan for reasons which include a county's failure to provide for adequate administration of its county alcohol program. The Department has developed county administrative standards with assistance from the Standards Committee of the County Alcohol Program Administrators' Association. The Standards Committee is composed of designated county alcohol program administrators of counties that vary in size, organizationally, and with county-operated and/or contract-operated services.

B. Review of County Administration of the County Alcohol Programs

County Reviews

County administrative standards and a review process are used to determine the adequacy of county alcohol program administration. A report is prepared after completion of the review to identify problems, accomplishments, and necessary corrective actions.

In addition to the on-site review of county administration, ADP reviews county operations using other data such as the County Block Grant Application, year-end Reports of Expenditures, audit reports, and any other available information.

II. Program Licensing and Certification

A. Licensing

Chapter 7.5, Part 2 of Division 10.5 of the Health and Safety Code, requires the department to license all twenty-four hour nonmedical residential alcoholism recovery facilities, regardless of their funding source.

This licensing function was legislatively transferred to the department on January 1, 1985. Previously, licensing was performed by the Division of Community Care Licensing, Department of Social Services.

Programs meeting the regulation requirements regarding the health and safety provisions of alcoholism recovery facilities receive a license for a period of one year. Such facilities also receive an annual fire inspection, a requirement for licensing, under the auspices of the State Fire Marshal. A nonrenewable provisional license may be granted to applicants for up to one year under certain specified conditions.

Any duly authorized officer, employee, or agent of ADP, upon presentation of proper identification, may enter and inspect any alcoholism recovery facility at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, any provision of the licensing chapter.

Licensing is provided to all nonprofit and profit residential alcoholism recovery facilities.

B. Drinking Driver Program

The California Health and Safety Code (Section 11837.4) gives the Department sole authority to license programs for individuals convicted of a second or subsequent offense of driving while under the influence of alcohol. State involvement is intended to assurethe citizens of California that the counties are implementingprograms which are in compliance with the law. This programinvolves public safety, and is tied directly to the statewide criminal justice system and to the state driver's licensing agency. Individual counties are responsible for administering and monitoring these programs at the local level. The Department disseminates a directory of all licensed programs to municipal courts, county alcohol program administrators, and to the programs themselves, annually.

C. Certification

Pursuant to Section 11831 of the Health and Safety Code, the Department may certify programs, regardless of their funding, by applying standards to these programs and assisting such programs to meet the minimal levels of service quality. Certification is a voluntary procedure requested of the department by residential or nonresidential alcoholism recovery programs.

The Department currently provides certification to nonprofit and for profit direct alcohol program services which receive county funds, and to county-operated alcohol programs which voluntarily request certification. State staff, in conjunction with the County Alcohol Program Administrator (CAPA), conduct on-site certification program visits. For residential programs which are not funded through county budgets but which serve clients eligible for State Disability Insurance (SDI) benefits, certifications are made through the provisions of an Interagency Agreement with EDD, which provides funds for staffing positions. Clients are thereby eligible to receive SDI consistent with the provisions of Section 2626.1 of the Unemployment Insurance Code.

Programs which meet state certification standards for minimal levels of service quality are granted unconditional certification for 12 months. Programs in need of improvement may be granted a six-month provisional certification or may be denied certification based on the severity of the areas needing improvement.

D. Food Stamp Certification

The food stamp program, which is administered by the United States Department of Agriculture (USDA), is designed to promote the general welfare and to safeguard the health and well-being of the nation's population by raising the levels of nutrition among low income households. Title 7, Chapter 11, Section 271.4 of the Federal Regulations contains the provisions for delegation to state agencies and rehabilitation programs. The regulations give the Department responsibility for certification of private nonprofit alcohol programs for participation in the food-stamp program.

The food-stamp certification requires the completion of a one-page document in which the program attests that it is a nonprofit program which provides services that can lead to the rehabilitation of alcoholics, the county administrator assures accuracy of the program statement, and the Department accepts these assurances and forwards the document to the U.S. Department of Agriculture.

III. Prevention

The Department maintains a highly visible alcohol prevention program. The Department coordinates statewide prevention activities, reviews program findings which are promising, and disseminates information on available prevention resources. The Department also provides a wide range of technical assistance to counties and communities in developing alcohol prevention strategies and programs. Prevention activities planned include:

- Community Prevention Demonstration Evaluation Project-Conduct an in-depth evaluation of six department sponsored demonstration projects. The reports will include both a process and outcome evaluation to identify and replicate the most successful community prevention planning strategies.

- Ethnic Minority Community Prevention Demonstration Project - Select (2) communities through an RFP process who will develop an effective community organization to implement culturally sensitive alcohol prevention strategies.

- Training of Trainers - Experts who have been involved in regional forums will be trained to work with communities to develop the four major prevention strategies. Trainers will learn to increase local community involvement, awareness and knowledge of current prevention trends, activities, models and strategies as well as provide technical assistance for implementation of prevention activities at the local level.

- Public Education Materials Development/Dissemination - Identify, update, develop, reproduce and disseminate prevention resource

material (brochures, pamphlets and PSAs) to increase availability of resource material for local communities, agencies and individuals.

- Alcohol Prevention Calendar - A calendar is published and disseminated to announce prevention-related events (workshops, seminars and training).

- Prevention Training and Technical Assistance - Provide training and technical assistance to increase counties' and local organizations' knowledge of prevention models and strategies. This training and assistance will enhance county skills in defining and implementing appropriate and cost-effective prevention activities tailored to address the needs of individual communities.

- Youth Drinking and Driving Conference - A statewide conference will be held to reassess the problems and prevention of deaths and injuries due to youth drinking and driving. The conference will disseminate information and generate support for community based youth drinking and driving prevention programs and provide technical assistance on program implementation.

- Prevention Training and Technical Assistance for Special and Underserved Populations

  - Youth Drinking and Driving - Regional training and technical assistance to local communities in effective youth drinking and driving prevention strategies.

  - Youth Services Technical Assistance - In the second year of this two year project, agencies will receive a preset number of days of onsite consultations covering a continuum of care from prevention through treatment and aftercare. Workshops and awareness sessions on youth problems and the need for youth services will be provided. In addition, a statewide forum to discuss effective program models and strategies and to explore barriers.

- Public Policy Development Project - Based on current research and evaluation, develop and implement state level public policy and strategies affecting alcohol availability, consumption and drinking practices, and provide technical assistance to facilitate development and implementation of public policies and strategies at the local level.

- Prevention Advisory Committee - Individuals knowledgeable about alcohol prevention activities, models and strategies will serve in an advisory capacity to the Department to aid in the development and implementation of statewide alcohol prevention activities and policies. The committee will also help to facilitate an increase of community involvement in, and enhance community support for, local prevention efforts.

E. Special Projects

The Department has maintained the ability to respond to requests for improving services for special and underserved populations, program operations of local alcohol councils and related citizens groups, and increasing volunteer use in alcohol programs.

Activities performed are:

- Volunteer Services - Manage a contract to assist county Alcohol Program Administrators and other alcohol service providers in recruiting and securing needed volunteer services.

- Special Populations - Manage contracts to expand and improve the quantity and quality of services for special and underserved populations. The services are directed at removing barriers to Women, Hispanics, Blacks, and Native-Americans receiving and benefiting from alcohol services.

- Local Councils on Alcoholism - Manage a contract to develop and coordinate services of 40 local NCA affiliates throughout California.

- Credentialing of Alcohol Program Staff - Develop a set of recommendations which will be used by the Department to formulate our position relative to credentialing of alcohol counselors and other alcohol program staff by convening a task force of subject matter experts to review all relevant material and information, examine the issues and options, and make recommendations to the Department.

- Women's Alcohol Initiative - Examine and explore policies, procedures and programs which affect the provision of alcohol services for women with alcohol-related problems including women affected by another person's alcohol abuse.

- Women's Alcohol Program Services - Develop and implement new, innovative alcohol program services for prevention, intervention, outreach, and recovery services for women. $1.4 million will be used for direct and indirect service demonstration projects. The department's objectives are to: (1) develop new types of women's services which have promise for statewide replication; (2) develop programs in areas which heretofore have not had women's services; and (3) develop programs for especially underserved and high-risk groups of women who traditionally have been excluded from mainstream programs. These underserved women include ethnic/racial groups, women with children, lesbians, the elderly, teenagers, bilingual women, and indigent women.

F. State Planning

The Alcohol State Plan originated in 1972 as part of a requirement for California to receive Federal formula grant funds from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The "application" to NIAAA for this funding became the Alcohol State Plan. Since 1974, state statute has included a requirement for an annual state plan. Section 11755(i) of the Health and Safety Code mandates the Department to "develop and implement a statewide plan to alleviate problems related to inappropriate alcohol use and to overcome the barriers to their solution... These plans shall be revised annually...".

The Federal Block Grant application is due September 1 of each year. This document contains much of the same information as the State Plan.

Information such as goals and objectives, types of activities to be supported, characteristics of individuals to be served, and a performance report on the goals and objectives for the previous fiscal year is contained in both documents.

G. Special Fiscal Studies

The Department periodically conducts special studies requested by the Legislature or in response to Budget Act requirements. Recent studies have included a report on implementation of the alcohol and drug abuse portion of the block grant; proposals for defining and limiting administrative costs at the state, county, and service provider levels; and a study and report on fee systems in use by service providers. Studies are conducted using either internal staff or external consultants. When external consultants have been retained, staff support is usually required to provide guidance and direction toward a finished product that is usable.

SUPPORT SERVICES

The Department's Division of Administration provides an array of support services for the alcohol program, such as personnel; training and business services; audits; data management, including data collection and analysis; evaluation; data processing; fiscal management, including accounting, budgeting; and grants management; and regulations. Specific activities of the audits and data management programs are described below:

Federal Single Audit Act of 1984

The enactment of the Single Audit Act of 1984 requires each state and local governmental entity, which receives federal financial assistance in a total amount equal to or in excess of $100,000 in the fiscal year beginning after December 31, 1984, to have an audit made in accordance with the Single Audit Act of 1984.

Under the provisions of the Act, governmental entity receiving federal financial assistance, either directly or indirectly through another State or local government, fall into three categories:

Assistance of $100,000 or more. Each governmental entity receiving assistance of $100,000 or more in any fiscal year must have an audit made in accordance with Circular No. A-128.

Assistance of $25,000 to $100,000. Each governmental entity receiving assistance of $25,000 to $100,000 in any fiscal year has the option to have an audit made in accordance with Circular No. A-128 or in accordance with Federal Laws and Regulations.

Assistance of less than $25,000. Each governmental entity receiving less than $25,000 in any fiscal year need not have an audit.

Data Management

In 1981, the Director of ADP cited the need for more comprehensive information concerning California's Alcohol Programs and participants, and initiated a task force to review ADP's management information system and expand its coverage to as many county alcohol treatment programs as possible. Staff of the Data Management Services Section, in conjunction with a Data Collection Advisory Committee comprised of county and program staff, completed a redesign of MIS. The revised system was named CAPPS (California Alcohol Participant Program System), and a letter of invitation to join the system was issued to all County Administrators on November 10, 1982.

Presently Contra Costa, El Dorado, Kern, Los Angeles, Napa, Placer, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Cruz, Sonoma, Tulare, and Ventura participate in CAPPS.

When a participating CAPPS alcohol treatment program admits a participant, the program completes a participant record form. Each program submits participant record forms to its county CAPPS coordinator, who in turn transmits the records to the Department of Alcohol and Drug Programs. Transmittal is on a quarterly basis if via magnetic tape (currently three counties report by tape -- Los Angeles, San Diego and San Francisco) or on a monthly basis if via hard-copy documents (Contra Costa, El Dorado, Kern, Napa, Placer, San Luis Obispo, San Mateo, Santa Cruz, Sonoma, Tulare and Ventura submit hard-copy documents).

Magnetic tapes are converted and integrated onto a master CAPPS tape. Hard-copy forms are checked and edited by ADP staff for completeness and correctness, sent to the Department of General Services for key-punch entry and are then merged to the master tape.

The department's CAPPS coordinator generates CAPPS reports on a quarterly and annual basis, reviews them for accuracy, and distributes them to the participating counties for their data files. Additionally, ADP staff regularly access the data base to answer special requests. To produce the quarterly and annual reports and obtain answers to special requests which have been received concerning alcohol treatment, a user-oriented data processing program and language, called Statistical Analysis System (SAS), is used.

Access to the data base is made via video terminals that are connected on-line to the computer center at the Health and Welfare Data Center. Turnaround time is very rapid, i.e., same day or overnight between the time a report is requested and formatted at ADP to the time the printed output is received back at ADP. The old MIS was updated, revised, and expanded into the present CAPP System to satisfy the current needs of the state, counties and providers.

PROGRESS REPORT FOR FY 1985-86

During FY 1985-86 the Department of Alcohol and Drug Programs estimated that a variety of alcohol program activities would be accomplished by the Sections within the Division of Alcohol Programs. The progress at meeting the FY 1985-86 objectives is described below for each Section.

DIVISION CHIEF'S OFFICE

The Division Chief's Office provides overall direction regarding the nature and quality of alcoholism services in California through its participation in analysis of proposed legislation and influence in the manner that laws, regulations and standards are applied to programs at the local level. In addition, this office plans, organizes, controls and directs assignments and special projects; clarifies and makes specific, as necessary, the department's goals and objectives; reviews the quality and quantity of work produced by the division; and provides the department's alcohol-related interface with other state agencies, counties, public and private service providers, constituency groups and interested individuals.

The office oversees activities and the execution of Division functions associated with maintaining federal Alcohol and Drug Abuse and Mental Health Services (ADMS) Block Grant funding, and those activities directly related to program implementation.

Friday Night Live

Friday Night Live (FNL) is a high school program designed to reduce teenaged-caused driving-under-the-influence deaths and injuries. During the 1985-86 school year, Friday Night Live told its story to about 40,000 students during high school assemblies. At each assembly, students were urged to form a student action group to promote driving sober and straight. A Safe Rides program, a Parent Drivers Training Orientation, mock trials, teen leadership conferences, rallies and sober dances were other FNL activities that reinforced the message.

PROGRAM
OBJECTIVE #1 To reduce teenage caused fatalities and injuries by producing a comprehensive, community program that is high energy and teen-centered in its approach and facilitate the development of similar programs in other California communities.

Performance

1. Developed a California version of the multi-image slide show "Soul Survivor".

2. Provided seventeen high school assemblies using Friday Night Live or the Soul Survivor multi-image slide show.

3. Made fifty-one presentations to principals, faculties, and student councils.

4. Conducted a summer leadership training conference.

5. Provided seventy nights of Safe Rides giving approximately eight hundred rides home.

SABARP and Planning

The Division Chief's Office provides liaison to the State Advisory Board on Alcohol-Related Problems (SABARP) and is responsible for planning activities including the development of the annual California Alcohol State Plan and the alcohol portion of the Federal Block Grant Application.

PROGRAM
OBJECTIVE #2: To strengthen the Board's ability to carry out its mission of advocacy for the field of alcohol, resulting in better input to the State Alcohol Plan, policy, and goals, and to better public understanding of the problems of alcoholism.

Performance

The Board is comprised of 15 members, five of whom are appointed by each of three appointing authorities: the Governor, the Senate Rules Committee, and the Assembly Speaker. The Board's principal functions are to (1) advise the Direct of the Department of Alcohol and Drug Programs on policies, goals, and operations of the Department; (2) encourage public understanding of the problems of alcoholism; and (3) encourage support throughout the state for development and implementation of effective programs. To carry out its mandate, the Board:

1. Held quarterly public meetings statewide.

2. Participated on the Task Force Prevention of Alcohol Problems.

3. Actively participated in the formation of statewide policy and procedures concerning:

   a. Drinking and driving programs
   b. Prevention and youth programs
   c. Licensing of alcoholism recovery facilities
   d. Licensing of alcoholism counselors, and
   e. Special and underserved populations

4. Made recommendations to the Director on major policy issues, including:

   a. Legislative efforts to increase available funding for alcoholism programs.

   b. Increased monies for the Department of Alcoholic Beverage Control (ABC) to fund compliance and enforcement activities; providing advisory services to ABC; and redefining ABC regulations to allow more local control and to allow development of a better sales and consumption information system.

   c. The Friday Night Live project aimed at reducing teenage deaths and injuries resulting from driving under the influence.

   d. The use of lottery funds for alcohol education.

   e. Participated in the planning of the 10th Annual Alcohol Conference held in Santa Barbara.

   f. Reviewed and commented on "Learn to Say No", a youth oriented media campaign initiated by the Department of Alcohol and Drug Programs.

5. Established 1986 objectives.

6. Made recommendations for Department efforts in 1986, including but not limited to:

   a. Encourage that appropriate training about alcohol problem identification and student counseling become an academic requirement in teacher credentialing. School administrators should receive special training in creating interaction with parents and parent groups to create a better climate for unified action in dealing with the increasing alcohol abuse among students.

   b. Encourage special education to be provided to counselors, social workers, and others in how to outreach to special populations.

   c. Encourage the implementation of consistent employee assistance programs throughout State government. Development of employer awareness and reasonably priced treatment is a prerequisite to insurance company participation and subsequent cost control.

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PROGRAM
OBJECTIVE #2: Continue implementing the annual alcohol planning process resulting in receipt of federal alcohol block grant funds and an alcohol plan useful for Department management of the state alcohol program, consistent with the California State Health Plan, suitable for State Health Coordinating Council and Health Services Area review and comment, and satisfying the OMB A-95 and State Clearinghouse requirement.

Performance

1. Prepared the alcohol portion of the Alcohol and Drug Abuse and Mental Health Services Block Grant Application in accordance with Public Law 97-35. This Application was submitted and the funding approved.

2. Prepared the 1985 Report to the Legislature in accordance with Division 10.5 of the Health and Safety Code.

3. Consulted with the Office of Statewide Health Planning and Development and many of California's 14 Health Services Agencies (HSAs) regarding preparation of the alcohol portion of HSA plans.

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PROGRAM MANAGEMENT SECTION

The Program Management Section administers approximately $46 million of the $49 million in state and federal alcohol funds directly administered by the Division. These funds are subvened to local alcohol programs to provide the appropriate kind, quality, and amount of services to alcoholics and affected others and to provide them at a reasonable cost. To receive these funds, each local alcohol program must prepare a County Alcohol Plan in accordance with state and federal requirements per instructions prepared by this Section.

The Section's functions are county administrative review and county plan approval.

The Section ensures that funds are expended by the counties and private contractors in accordance with the approved County Alcohol Plan and Budget and applicable policies and regulations.

During FY 1985-86 this Section implemented activities accomplishing the following:

The Section is also responsible for assuring that county alcohol program administration is conducted in accordance with provisions of Health and Safety Code, Division 10.5, Sections 11811.5(a) and 11816(c). These Sections require that county administration operate within standards developed by the Department in cooperation with the counties. The law also requires that county administration cost standards be developed by the Department.

PROGRAM
OBJECTIVE #1: To make timely allocations to counties in accordance with applicable sections of the Health and Safety Code.

Performance

1. Issued final allocations for FY 1984-85 in August 1984.

2. Issued preliminary allocations for FY 1985-86 in January 1985.

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PROGRAM
OBJECTIVE #2: To ensure that counties agree to spend state-administered funds in compliance with applicable state and federal policies, standards and regulations, and provisions of the contract arrangement (county alcohol plan and budget), by reviewing each county plan against a standard set of requirements.

Performance

1. By June 30, 1985 all county plans and budgets for California's 57 county programs were received. (Note: Sutter and Yuba have a combined program.)

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PROGRAM
OBJECTIVE #3: To ensure that the applicable county alcohol plan and budget policies and regulations are followed by developing county plan development guidelines and departmental review guidelines, tools, and procedures.

Performance

1. Revised county plan development guidelines and Report of Expenditures forms.

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PROGRAM
OBJECTIVE #4: To provide the assistance necessary to aid counties in their plan and budget and Report of Expenditures preparation by responding to requests for assistance from counties through telephone calls, letters, and on-site visits, by conducting training sessions, and by providing instructive materials.

Performance

1. Responded to telephone and written requests from counties seeking direction regarding planning, budget, and expenditures of state allocated funds.

2. Provided technical assistance and consultation to counties on the ASRS system, planning, advisory board training, statutory mandates and regulations, departmental policy, and required county administrative functions.

3. Provided on-site technical assistance to counties in planning, budgeting, and monitoring alcohol services.

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PROGRAM
OBJECTIVE #5: To ensure that county alcohol services are planned, budgeted, and administered in accordance with state law and Department standards and regulations.

Performance

1. Completed working draft of administrative review procedures manual and review by committee members.

2. Developed a report format for use by staff in preparing county administration review reports.

3. Conducted thirteen county administration reviews.

4. Surveyed counties to determine the impact of the reviews.

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QUALITY ASSURANCE SECTION

The Quality Assurance Section is responsible for licensing residential alcoholism recovery facilities, certifying direct service alcohol programs that meet the state's minimal standards for service quality; licensing drinking driver programs that are operating consistent with state laws and regulations; developing and updating licensing, regulations, and quality assurance standards; providing assistance to programs regarding resources and economic development, and managing a contract with the Social Security Administration regarding Supplemental Security Income (SSI) for alcohol recipients.

The total section consists of three functional units: Licensing and Certification, Drinking Driver Program, Supplemental Security Income and Resources and Economic Development.

Licensing and Certification Unit

The Licensing and Certification Unit activities include the following: developing and applying licensing regulations regarding all residential alcoholism recovery facilities; developing and applying program certification standards regarding direct alcohol service programs; conducting licensing site visits; conducting program certification site visits; developing and maintaining the certification protocol and procedures; developing and maintaining licensing protocol and procedure; negotiating and monitoring a contract with a private nonprofit organization for purposes of assisting and encouraging alcohol programs, specifically alcoholic recovery homes, to exceed state mininal program standards; implementing the provisions of an interagency agreement with the Employment Development Department, which provides for unemployment insurance coverage for eligible residents in state-certified programs; and providing technical assistance to programs seeking state certification and assisting in the upgrading of their services. During FY 1984-85, the unit implemented activities to accomplish the following:

PROGRAM
OBJECTIVE #1: To assure that there is a uniform understanding of what constitutes minimal levels of service by the continual upgrading and revision of direct alcohol program standards resulting in: (a) uniform recognition of quality services statewide; (b) a basis from which to encourage programs to exceed minimal levels of service; and (c) the provisions of a basis through which to assure third-party payers that an agreed-upon level of services is maintained.

Performance

1. Through contract with a nonprofit organization: (a) provided training on effective recovery services to over 300 persons, including recovery home operators, staff, and boards of directors and county alcohol program staff.

2. Certified and recertified, as necessary, 270 programs in accordance with those standards.

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PROGRAM
OBJECTIVE #2: To maintain a network of approved alcohol service programs, by certifying such programs to assure that minimal levels of service quality are being provided, resulting in: (1) assurance to the public that services of acceptable quality are available; (2) the provision of an increase in the proportion of recovering alcoholics who attain sobriety; and (3) encouragement of an increase in the likelihood of third-party funding.

Performance

1. Certified 277 service providers providing direct alcohol program services. These 277 service providers can be categorized into the following service modalities: recovery homes/residential treatment; detoxification; and nonresidential.

2. Through a contract with a nonprofit organization, provided 130 days of technical assistance to alcoholism recovery programs, to accomplish the following: a) strengthen planning and implementation of quality services, b) improve an individual's potential for achieving and maintaining sobriety, and c) enhance the efficiency of program operations and increase credibility with both private and public funding sources.

PROGRAM
OBJECTIVE #3: To assure the public of California that all residential alcoholism recovery facilities provide services in compliance with law and regulations and that the operation of such facilities, in no way, represent a threat to the health and welfare of the direct recipient or the public at large.

Performance

1. Reviewed 15 initial licensing applications and conducted 15 on-site reviews to determine compliance with state law and regulation.

2. Reviewed 100 renewal applications licensing and conducted 100 on-site reviews to determine compliance with state law and regulations.

3. Responded to 25 complaints regarding licensed and unlicensed facilities.

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DRINKING DRIVER PROGRAM UNIT

The Drinking Driver Program (DDP) Unit activities include reviewing and evaluating DDP proposals for compliance with state laws and regulations; revising existing program regulations to reflect current program state of the art; approving and reapproving DDPs by reviewing program protocols and conducting site visits; developing and implementing a fee mechanism for supporting state DDP administrative and program functions; providing technical assistance to service providers and other interested parties; analyzing pending legislation and making specific recommendations through the preparation of bill analyses; planning and coordinating the activities of the Drinking Driver Program Advisory Committee; and developing and implementing written procedures for DDPs. During FY 1984-85, the Unit implemented activities to accomplish the following:

PROGRAM
OBJECTIVE #1: To license drinking driver programs by reviewing and evaluating proposals and performing site visits to ensure compliance with state laws and regulations.

Performance

1. Department staff reviewed three proposals for the provision of DDP services. The Deparmtent granted provisional licenses to all providers.

2. Unit staff conducted 103 licensing reviews (County and provider sites.) Noncompliance issues were identified in all counties and provider locations. Unit staff were successful in negotiating compliance or adequate clarification in every instance.

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SUPPLEMENTAL SECURITY INCOME PROGRAM UNIT

The function of this Unit is to manage a contract between the Department and the Social Security Administration to subvene funds to county alcohol programs for evaluation of alcoholic SSI recipients, their referral to treatment services, and monitoring of their treatment status; develop policies and procedures for the referral/monitoring (R/M) programs; coordinate training for Social Security Administration (SSA) district offices and county R/M staff; provide liaison between SSA and the County R/M programs; and contract for provision of direct client services in those counties that do not choose to provide client R/M services.

PROGRAM
OBJECTIVE #1: To reduce alcoholism and its attendant personal economic costs among persons determined to be eligible for SSI benefits by referring such persons to appropriate treatment and by monitoring their participation to ensure continued eligibility.

Performance

1. Provided referral and monitoring of treatment/recovery services for alcoholism to 1,300 clients in 44 counties.

2. Conducted semiannual visits to 44 county/private programs (total 88 site visits).

3. Conducted formal review and evaluations of 16 county/private programs.

4. Provided training for 88 individuals (R/M staff and SSA District Offices' staff).

5. Responded to requests for technical assistance.

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Resources Development Unit

The Resources Development Unit's activities include identifying treatment service providers' needs for revenue-generation training; planning and implementing revenue generation workshops; facilitating the development of alcoholism and alcohol abuse treatment components with major insurance carriers, employers, and union organizations; and providing technical assistance to treatment service providers in the resource development process.

PROGRAM
OBJECTIVE #1: To assist alcohol recovery service providers in increasing revenues from the private sector.

2: To increase the utilization of non-medical alcohol recovery service.

Performance

1. Due to budget restrictions, no effort was devoted to activities in this unit during the 1985-86 fiscal year. The Legislature terminated funding for this function as of July 1, 1986.

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PREVENTION AND SPECIAL PROJECTS SECTION

This section is responsible for: 1) assessing resource development needs, 2) identifying and coordinating the use of strategies and resources approriate for specific communities and target populations, and 3) this section administers statewide technical assistance and provides technical assistance services to local providers in the area of prevention and resource development. This section is made up of two units -- Prevention Unit and Special Projects Unit.

Prevention Unit

The Unit reviews research findings and program developments, and identifies, assesses, and disseminates alcohol prevention resources. Youth and community prevention activities are developed and coordinated with local counties and communities. Public education campaigns are designed and coordinated statewide. Model prevention materials are disseminated, and technical assistance is provided to counties and communities in developing alcohol prevention, education, and intervention programs. Data is collected on the number and type of alcohol prevention services being delivered statewide. Statewide prevention needs and priorities are identified, and a statewide prevention plan is written and implemented. During FY 1984-85 the Unit implemented activities to accomplish the following:

PROGRAM
OBJECTIVE #1: To expand and enhance the involvement of communities, individuals and organizations in efforts to prevent alcohol-related problems.

Performance

1. Awarded contracts to six counties to develop and establish a local community planning process for alcohol prevention. This year has been spent assessing the communities' prevention needs, determining prevention priorities and selecting potentially effective prevention strategies. The second year will focus on implementation of planning priorities and evaluation of the program.

2. Conducted a survey to identify organizations which have initiated programs with a primary emphasis on the prevention of youth drinking and driving, as well as organizations which have an interest in initiating such a program.

3. Conducted a Youth Drinking and Driving Conference to provide youth with knowledge and skills to organize and implement alternatives to drinking and driving in their communities and schools (500 participants).

4. Awarded a contract to the Center for Human Development to conduct a needs assessment regarding specific services for youth, identification of effective models and strategies for providing services, and identification of barriers to services. The goal is to increase opportunities for the target population to solve its alcohol-related problems and to ensure that services currently being provided are operating as effectively as possible.

5. Conducted 18 genetic workshops for teachers on Fetal Alchol Syndrome (FAS) through an interagency agreement with Department of Education (DOE), Department of Health Services (DHS) and the Department of Development Services (DDS).

6. Conducted five regional workshops on FAS for gatekeepers, alcohol program providers and interested individuals.

7. Contracted with the California Women's Commission on Alcoholism to conduct a needs assessment for women's prevention services and to facilitate a task force whose purpose is to develop a statewide prevention plan for women.

8. Developed a data base of local planning and zoning ordinances which may affect the licensing of alcohol outlets and provided ongoing technical assistance to local communities on implementation strategies of local laws and regulations related to alcohol availability.

9. Implemented two demonstration projects in order to assess the effectiveness of utilizing local zoning ordinances in the prevention of alcohol-related problems as well as serve as models for other communities to do preventative local planning relating to availability.

10. Contracted to analyze all state level alcohol-related public policies to assess the impact these policies have on the production, marketing, advertising and availability of alcoholic beverages. The data generated through this project will enable us to design strategies for revision, development and implemetation of supportive public policies which will affect alcoholic beverage availability and consumption, thereby reducing the incidence of alcohol-related problems.

11. Convened a Prevention Advisory Committee to aid in the development and implementation of statewide alcohol prevention activities and policies, as well as to facilitate an increase of community involvement in, and enhance community support for, local prevention efforts.

12. Completed the second statewide Alcohol Prevention Resource Survey. Approximately 562 providers responded stating they are providing alcohol prevention activities. Data will enable us to identify, prioritize and coordinate training, technical assistance and program implementation needs of local communities and organizations.

13. Approximately 50 experts from the alcohol field convened a roundtable discussion in order to develop a comprehensive plan of action for local level implementation of the models, activities and 1984-87 goals and objectives outlined in the Prevention Plan.

14. Published and distributed newsletters to over 2,500 groups and interested individuals throughout the state. Newsletter articles announce upcoming prevention-related events as well as publicize current advances in effective alcohol prevention models and strategies.

Special Projects Unit

The main function of this Unit is to expand and improve alcohol-related services. This is accomplished by (1) providing technical assistance and training through contracts with competent specialists, (2) developing new strategies and techniques to address problems associated with the use of alcohol through contracts for demonstration projects, (3) obtaining and disseminating information from special studies and research projects, and (4) developing and recommending policies and policy changes to alcohol program planners and administrators. During FY 1984-85 the Unit implemented activities to accomplish the following:

PROGRAM
OBJECTIVE #1: To improve the quantity and quality of alcohol services without additional expense by increasing the use of volunteers to supplement paid staff in alcohol programs by (1) determining the alcohol programs' needs for technical assistance by conducting a survey; (2) providing technical assistance through individual consultation, workshops, and training of volunteers, and the proper placement and utilization of volunteers in alcohol service programs; and (3) disseminating a newsletter containing information regarding the development and management of volunteer programs.

Performance

ADP contracted with EMT Associates to assist in the development of volunteer programs. EMT provided technical assistance consultations to over forty (40) programs, published a quarterly newsletter, published a quarterly newsletter, and conducted a survey on volunteer use by California's alcohol service providers.

* * * * *

PROGRAM
OBJECTIVE #2: To ensure that alcohol services are effective in meeting the needs of special and underserved populations such as Blacks, Native Americans, Hispanics, and Women, who comprise approximately 75% of the clients in alcohol programs in California, by (1) determining the technical assistance and training needs of alcohol programs providing services to special and underserved populations; (2) providing technical assistance and training which will enable such programs to become stable and effective, emphasizing areas such as administration, budgeting, fiscal planning, volunteer planning, personnel, and overall management; (3) improving the utilization of publicly funded alcohol programs by special and underserved populations, by providing assistance in the development of outreach strategies and program components that are culturally relevant to the populations being served; and (4) encouraging the development of alcohol programs and program components for special and underserved populations.

Performance

1. Women's Alcohol Services - Contracted with the California Women's Commission on Alcoholism to develop new alcohol program services as well as outreach and prevention strategies and to provide technical

assistance and training. An ethnic women's workshop was held to train alcohol program staff on how to attract ethnic women into prevention and recovery programs and provide services which are effective for ethnic women. Prevention activities included developing a state plan for women's prevention services.

The special projects unit also carried out the Congressional mandate to use 5% of the ADMS block grant funds to develop new or expanded services for women. As a result of this effort, 29 new demonstration projects were started; plans are being implemented for three ethnic women's media campaigns for members of the Black, Hispanic and Native American populations; proposals have been requested for a study of the indicators and prevalence of women's alcoholism and alcohol-related problems in California. Approximately 2.8 million dollars will be spent over fiscal years 1985-86 and 1986-87 on new women's services.

2. Hispanic Alcohol Services - Contracted with California Hispanic Commission on Alcohol and Drug Abuse (CHCADA) to provide training and technical assistance to alcohol programs serving members of the Hispanic population. CHCADA developed prevention strategies for Hispanic women and developed new programs services for women.

3. American Indian Alcohol Services - Contracted with the American Indian Training Institute (AITI) to provide technical assistance and training to alcohol programs serving American Indians. AITI conducted a demonstration project in one country and also facilitated meetings of the government funded agencies. The Indian community and private citizens are developing a community prevention plan. This project was very successful and provides a model which can be used in other locations in the state to involve Native American Indians in mainstream alcohol program planning. AITI also held a prevention conference to teach Indian youth how to develop prevention activities in their communities.

4. Black Alcohol Services - Contracted with the Community Improvement League (CIL) to provide training and technical assistance to alcohol programs serving the Black population. Some programs serving primarily members of the Black population were found to need extensive overhaul in order to continue operations.

STATE ADVISORY BOARD ON ALCOHOL-RELATED PROBLEMS

MANDATE

The State Advisory Board on Alcohol-Related Problems is mandated by Division 10.5, Section 11780, of the Health and Safety Code. The Board entered its tenth consecutive year in 1986. The board consists of fifteen members of which five are appointed by the Governor, five appointed by the Senate Rules Committee, and five by the Speaker of the Assembly. The members serve three year terms which are staggered and began in 1976.

MEMBERSHIP REQUIREMENTS

The statutes which govern the Board stipulate that member should have a personal, professional, or research interest in the field of alcoholism. Further, the membership shall include representatives from various economic, social and occupational groups, and shall as far as is possible allow for geographic distribution throughout the state.

BOARD'S FUNCTION

The Board's primary functions are to 1) advise the Director of the Department of Alcohol and Drug Programs on policies, goals and objectives of the Department, 2) encourage public understanding of the problems of alcoholism and 3) encourage support throughout the State for development and implementation of effective programs.

STATE ADVISORY BOARD ON ALCOHOL-RELATED PROBLEMS
1986 MEETING SCHEDULE

Executive	February 3, 1986	Sacramento
Board Committees	March 6, 1986	Sacramento
Full Board	March 7, 1986	Sacramento
Executive	May 2, 1986	Sacramento
Board Committes	June 12, 1986	San Bernardino
Full Board	June 13, 1986	San Bernardino
Executive	August 1, 1986	Sacramento
Board Committee	September 16, 1986	Lakeport
Full Board	September 17, 1986	Lakeport
Executive	November 7, 1986	Sacramento
Board Committee	December 11, 1986	Monterey
Full Board	December 18, 1986	Monterey

BOARD MEMBERS

Board Members Appointed by the Governor

NAME	LOCATION	TERM EXPIRES
Mary L. Frawley	Beverly Hills	January, 1987
Aino Lauri	San Pedro	January, 1988
Rita C. Livingston	Sacramento	January, 1987
John Schwarzlose	Indian Wells	January, 1988

Board Members Appointd by the Senate Rules Committee

Arnold Abrams	Van Nuys	December, 1987
Emil Mrak	Davis	December, 1986
Robert Brandt	San Lorenzo	December, 1988
Robert Burke	Los Angeles	December, 1988
Bob R. Woods	Castro Valley	December, 1986

Board Members Appointed by the Speaker of the Assembly

Patricia Ramirez	Grass Valley	December, 1988
Frank Durate	Los Angeles	December, 1987
Martiza Garcia	Spring Valley	December, 1988
Paul Scohlten, M.D.	San Francisco	December, 1987
B. R. (Sonny) Walker	Los Angeles	December, 1987

COOPERATION AND COORDINATION WITH OTHER STATE AGENCIES

Section 11776 of the Health and Safety Code requires the Department of Alcohol and Drug Programs (ADP) to confer and cooperate with other state agencies regarding alcohol-related problems. The Department has formal agreements with a few agencies, and coordinates specific programmatic issues of mutual concern directly with each agency involved or through the OMB A-95 process coordinated by the Governor's Office of Planning and Research.

Some relationships between the Department and other state agencies are shown in the table below. A brief description of the alcohol-related activities of the agencies follow the tables and are presented in alphabetical order of the agency's name.

RELATIONSHIP OF THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS TO STATE AGENCIES PROVIDING ALCOHOL SERVICES OR THOSE SERVING A SUBSTANTIAL NUMBER OF ALCOHOL CLIENTS

Agency	Alcohol-Related Mandate	Type Service Provided	Page Number
Aging	No	Indirect	75-76
Alcoholic Beverage Control	Yes	Indirect	76
Clearinghouse	No	Planning	76
Corrections	No	Indirect/Direct	76
Developmental Services	No	Indirect	77
Education	Yes	Indirect	77
Employment Development	Yes	None	77
Health Planning & Development	No	Planning	78
Health Services	No	Indirect	78
Highway Patrol	Yes	Indirect	78-79
Board of Med. Qual. Assurance	Yes	Direct	79
Mental Health	Yes	Indirect/Direct	79
Motor Vehicles	Yes	Direct	79-80
Personnel Administration	Yes	Direct	80
Rehabilitation	Yes	Direct	80
Social Services	Yes	Indirect	80
Traffic Safety	Yes	Indirect	81
Veterans Affairs	No	Direct	81
Youth Authority	No	Indirect/Direct	81-82

Department of Aging (DA)

No specific alcohol-related mandate.

The Department of Aging continues to honor the Memorandum of Understanding with the Department of Alcohol and Drug Programs. All efforts will continue in promoting mutual understanding of each department's responsibility for sharing information, coordinating activities and exchanging resources

necessary to facilitate management of alcohol and drug problems among older people.

Alcoholic Beverage Control (ABC)

The ABC alcohol-related mandate is to license the manufacture, importation, and sale of alcoholic beverages and enforce related laws and regulations.

ABC provides training to licensees and their employees emphasizing techniques and practices for the responsible sale and service of alcoholic beverages. The program seeks to reduce the number of drunk drivers coming from bars and restaurants and to stop the sales and service of alcoholic beverages to persons under 21 years of age. Information is shared between ADP and ABC.

State Clearinghouse

The California State Clearinghouse is located withing the Office of Planning and Research. The Clearinghouse staff is responsible for intergovernmental review of federal financial assistance and direct development activities, as required by Federal Executive Order 12372. Formerly referred to as the "A-95 review", the new state review process as defined by the Executive Order became effective October 1, 1983.

The state review process includes notifying state and local agencies of federal grant applications and state plans prepared to secure and allocate federal funds; and transmittal of comments to federal funding agencies.

Department of Corrections (CDC)

No specific alcohol-related mandate.

The CDC provides direct alcohol services through its adult correctional facilities and indirectly through its Parole and Community Services Division. These alcohol services include alcohol counseling and referral services. The offenders are encouraged to participate in Alcoholics Anonymous groups. Such groups are encouraged to hold meetings in CDC facilities. In addition to the above, Antabuse therapy is available to some parolees.

There is substantial client overlap between CDC and ADP. Many CDC clients have alcohol problems which contributed to their incarceration and/or impedes their successful rehabilitation when released. For this reason, the releasing authority, in some cases, imposes "no alcohol" as a release condition.

Department of Developmental Services (DDS)

No specific alcohol-related mandate.

DDS provides essentially no specific alcohol services.

A portion of the client population of DDS overlaps the ADP client population, namely, Fetal Alcohol Syndrome (FAS) babies -- babies with birth defects and

behavioral impairment associated with the alcohol consumption of pregnant mothers. currently, joint projects between DDS, ADP, Department of Education and the Genetic Disease Branch of DHS are underway to provide prevention education to students, teachers and other professionals in the area of alcohol abuse. In addition, the DHS Maternal and Child Health Branch are working with DDS and ADP to improve public education materials related to maternal lifestyle and the prevention of FAS.

Department of Education (DE)

DE is mandated to provide instruction to elementary and secondary students regarding the effects of alcohol upon the human body.

DE provides prevention services by assisting counties and school districts in developing comprehensive health education programs which include school-based alcohol and drug abuse prevention education.

The DE Alcohol/Drug Abuse Prevention Education is coordinated through the planning and implementation of training workshops with the ADP. Participating teams include school administrators, teachers, nurses, counselors, parents, and community agency personnel representing broad geographical areas of ethnically mixed populations.

Coordination and cooperation between the DE and ADP is exemplified by the development of a network of state and county alcohol/drug abuse and education personnel which provide technical assistance and consultant service to school/community prevention programs. Twenty-five counties participate in the school/community primary prevention program (SB 1409) which is jointly administered
by DE and ADP.

The DE client population overlaps ADP's, but essentially is represented in the general youth population.

Employment Development Department (EDD)

The EDD alcohol related mandate is to assist "rehabilitated alcohol abusers", and to provide limited disability benefits to residents of alcoholic recovery homes participating in an alcoholic recovery program which has satisfied a program review by the State Department of Alcohol and Drug Programs.

EDD provides a full range of employment services to handicapped individuals. The handicapped category includes "alcohol abusers" who are rehabilitated, including those who are still receiving treatment when referred by rehabilitation agencies.

Alcohol abusers are also eligible for training under the Job Training Partnership Act since alcoholism is considered a barrier to employment.

Office of Statewide Health Planning and Development (OSHPD)

The ADP alcohol-related mandate, according to AB 3872 (Lancaster), is to coordinate and cooperate with OSHPD with respect to alcohol-related health concerns.

ADP has a memorandum of agreement with OSHPD to coordinate planning activities.

ADP is a supplier of alcohol and drug information to OSHPD and the 12 regional Health Systems Agencies (HSAs). Such information includes needs assessment, resource availability, and service activity and utilization data. ADP has also encouraged and offered training to County Alcohol and Drug Program Administrators regarding coordination and cooperation with HSAs.

ADP assisted HSAs, and OSHPD staff, and other state agencies in developing Certificate of Need policy for a new facility licensure category: acute chemical dependency recovery hospital. Currently, HSAs are developing need estimates for this acute level of treatment. These need estimates will guide the development and distribution of these facilities in California.

Department of Health Services (DHS)

No specific alcohol-related mandate.

DHS provides reimbursement through Medi-Cal for medical services to alcoholics with diagnosed medical conditions. Such reimbursable treatment services are limited to the medical effects of acute alcoholism. The treatment of "alcoholism" per se is not covered. In addition, ADP reviews and comments on DHS policies to insure that alcohol clients are not precluded from necessary health services because of their alcohol problem.

The DHS maintains both formal and informal relationships with other state agencies concerned about alcohol problems. This is through active participation in interagency committees and task forces. In addition, DHS staff consult with numerous agencies, including the ADP, regarding the effects of alcohol upon health, and the development of effective health education and medical intervention.

There is strong interrelationship between DHS and ADP clients as research has shown the strong relationship between excessive alcohol use and certain cancers, heart disease, pancreatitis, stillbirths, fetal alcohol syndrome (FAS), and other problems. In particular, DHS recently completed a study aimed at health professionals concerning the FAS.

There is high potential for improved alcohol services through coordination of activities between DHS and ADP. In particular, DHS, ADP, and DDS are coordinating a public education effort to reduce one preventable developmental disability of newborns, Fetal Alcohol Syndrome.

Department of California Highway Patrol (CHP)

The CHP alcohol-related mandate is to enforce the "under the influence and possession of alcoholic beverage" provisions of the Vehicle Code relating to inappropriate alcohol use.

The CHP participates in the Governor's Intergovernmental Advisory Council. The Commissioner of the CHP chairs the Enforcement Adjudication Committee of that Council.

Board of Medical Quality Assurance (BMQA)

The BMQA alcohol-related mandate is to treat and rehabilitate physicians found to be alcohol or drug abusers, mentally ill, or with physical disorders.

The BMQA Diversion Program for Physicians began on January 1, 1980. Its goal is to treat or rehabilitate impaired physicians. They are often allowed to continue practice, so long as public safety is not in jeopardy. All licensed California physicians are eligible to apply and may enter the program through self-referral or by diversion via disciplinary action of the BMQA. Disciplinary action of the BMQA is held in abeyance for those physicians accepted into the program. Since the beginning of the program, over 400 physicians with alcohol or drug problems have been referred.

One of ADP's staff is the public member of a Diversion Evaluation Committee. There are five such committees throughout the State, and each committee is comprised of five--four physician members and one public member. These committees evaluate cases, determine if physicians are accepted into the program, and develop recovery programs.

Department of Mental Health (DMH)

DMH does not directly operate, but allocates and administers state general funds to support county based mental health services. Statutes of 1984 authorized DMH to implement the transfer to the counties of its Office of Mental Health Social Services aftercare programs. The shift allows for increased local flexibility in providing case management services. While DMH does not fund discrete alcohol treatment programs, there are many instances in which persons with a secondary diagnosis of alcoholism receive services in DMH supported mental health programs.

The availability of a range of supportive public mental health and alcohol services and the local coordination of those services provides an environment in which discrete alcohol services may be better utilized by persons with both alcohol and mental health problems.

Department of Motor Vehicles (DMV)

The DMV alcohol-related mandates include: (a) suspension of the driving privilege for individuals who refuse to submit to a chemical test; (b) suspension or revocation of the driving privilege of persons convicted of driving a motor vehicle in violation of Vehicle Code Section 23152 or 23153 on

one or more occasions; (c) identification and evaluation of persons who consume alcohol to excess to determine whether they pose a traffic safety threat; and (d) control through suspension, revocation, probation, or restriction of the driving privilege of persons whose consumption of alcohol poses a traffic safety threat.

DMV and ADP are jointly involved with most offenders who have been twice convicted of driving while intoxicated. These offenders may receive alcohol treatment in a drinking driver program approved by ADP and be granted a restricted driving privilege. Approximately 29,000 second offenders are admitted to this program and obtain restricted licenses annually. It is DMV's responsibility to suspend or revoke, on court order, the licenses of those who enter the drinking driver program but fail to comply with program requirements.

Department of Personnel Administration (DPA)

DPA's initial interest in the implementation of a statewide Employee Assistance Program for state employees, managers and supervisors was the result of Executive Order B96-82. Preliminary work was done prior to the inclusion of

In the 1983 negotiations, provisions for employee assistance programs have been included in 16 of the 20 bargaining units. DPA recognizes the value of EAP and provides employee assistance regardless of an employee's classification or bargaining unit. The DPA continues to consult with ADP to provide improved services to state employees through the employee assistance programs.

Department of Rehabilitation (DR)

The DR alcohol-related mandate is to provide services for alcoholics whose alcoholism renders them physically or mentally disabled and constitutes a substantial handicap to employment.

DR contracts with county alcohol programs for vocational alcohol services. ADP administers and oversees the funding of which $591,097 is state general funds for FY 1984-85. The state general funds are matched by federal funds, on a four to one ratio. Together these services generate about $3.5 million of vocational rehabilitation services serving about 4,000 clients with alcohol problems. DR has 34 rehabilitation counselors in 25 counties who serve only alcohol clients. In addition, there are 614 generalist counselors statewide who may serve alcohol involved clients as part of their generalist responsibility.

Through coordination between DR and ADP, there is high potential for maintaining good alcohol services to the vocationally handicapped alcoholic.

Office of Traffic Safety

The OTS alcohol-related mandate is to improve traffic safety by focusing on the drinking driver as a major target group.

Alcohol and other drugs countermeasures, in relation to traffic safety, remain one of the major concerns of the OTS.

The OTS, under legislative mandate, has since January 1983, been actively involved in the planning and implementation of the evaluation of first offender driving under the influence programs within the State of California.

The OTS continually seeks and facilitiates coordination of federal, state and local agencies, organizations and groups, concerned with the reduction of driving under the influence within the State of California.

The OTS in cooperation with other state agencies and local programs has identified youth as a primary target for countermeasures. We are participating in a Youth and Alcohol Conference scheduled in April 1986.

The OTS coordinates and provides staff support for the Intergovernmental Advisory Council on Alcohol, Drugs and Traffic Safety, which was instituted by the Governor's office during the last quarter of 1983.

Department of Veterans Affairs (DVA)

No specific alcohol-related mandate.

DVA operates a facility at Yountville for California veterans. Included in those services are alcohol detoxification, recovery, and referral services.

ADP coordinates the DVA alcohol services with local community alcohol services thereby enabling many of these veterans to return to their communities and jobs. DVA provides extended halfway house recovery service for eligible veterans from VAMC, Martinez, California.

Department of Youth Authority (YA)

No specific alcohol-related mandate.

Youth Authority (YA) is mandated, however, to provide training and treatment directed toward the correction and rehabilitation of young persons found guilty of public offenses.

Alcohol and drug treatment is made available to YA wards through direct intervention and/or confinement or through community-based efforts utilizing community resources. There are five YA-operated alcohol and/or drug treatment programs in institutions throughout the State. Additionally, each institution has arranged or contracted with community-based programs to provide specialized counseling and education as a supplement to existing institutional programs. Alcoholics Anonymous is active in most YA institutions. All parolees have access to community alcohol resources, of which, some services are purchased by the YA.

There is substantial client overlap between YA and ADP. Many YA clients have alcohol problems which contributed to their incarceration or impedes their successful rehabilitation when released.