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CALIFORNIA ALCOHOL PROGRAM STATE PLAN FISCAL YEAR 1988-89



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George Deukmejian, *Governor*
State of California

H Clifford Allenby, *Secretary*
Health and Welfare Agency



ADP STATE OF CALIFORNIA
DEPARTMENT OF
ALCOHOL AND DRUG PROGRAMS

Chauncey L. Veatch III, *Director*

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CALIFORNIA ALCOHOL PROGRAM

STATE PLAN

Fiscal Year 1988-89

Department of Alcohol and Drug Programs

NCJRS

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DIRECTOR'S MESSAGE

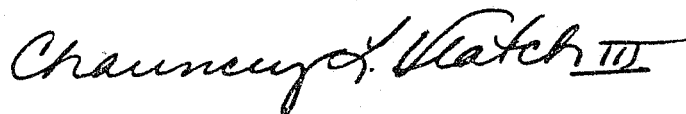
Alcohol-related problems cost Californians more than \$11 billion each year. These costs include lost employee productivity, health and medical costs, motor vehicle accidents, violent crime, social responses, and fire losses. We can reduce these costs by continuing to address alcohol-related problems, particularly alcoholism. We can do this through a strong partnership between this Department and the private sector, local government, parent groups, community organizations, and individual volunteers. Over the past few years, this partnership has grown ever stronger and has resulted in the initiation of new and improved services.

The Department's work with the county alcohol program administrators continues to ensure that each county receives the types of alcohol-related programs needed. The Department will assure that an effective network of services for alcohol-related problems remains available to all Californians. The alcohol-related problems of our youth, ethnic minorities, women, the elderly, and the disabled continue as high priorities of the Department. And in the area of services, prevention remains an important focus of effort.

The United States Congress and the California State Legislature have continued to express their interest and involvement in the field of alcohol abuse by the funding made available at both the State and County levels.

I am pleased to have had the opportunity to share my thoughts with you concerning California's Alcohol Program. I hope the 1988-89 State Alcohol Plan will increase your understanding of the planning process and the overall structure of California's Alcohol Program. California's Alcohol Program has proven to be successful, and with your continued interest and support, the program will provide essential health and social services to California.

Sincerely,

A handwritten signature in cursive script that reads "Chauncey L. Veatch III". The signature is written in dark ink and is positioned above the typed name.

CHAUNCEY L. VEATCH III
Director

CALIFORNIA ALCOHOL PROGRAM

STATE PLAN

Fiscal Year 1988-89

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CALIFORNIA ALCOHOL PROGRAM
STATE PLAN
Fiscal Year 1988-89

I. GOALS: FY 1988-89

A. Goal

In order to reduce alcohol-related problems, the state-administered alcohol program funds a system of community-based services planned and administered at the county level. This commitment represents a considerable investment of public funds and was undertaken to fulfill the following goal:

TO REDUCE THE PERSONAL SUFFERING, SOCIAL DAMAGE, AND ECONOMIC COSTS RELATED TO ALCOHOLISM AND OTHER ALCOHOL-RELATED PROBLEMS.

The California Alcohol Program endeavors:

1. To prevent the development of alcohol-related problems, including alcoholism, among people who have not yet become problem drinkers, especially youth.
2. To help people who were affected by or suffer from alcohol-related problems, including alcoholism, to recover as early as possible.
3. To alleviate the social disruption and economic losses caused by alcohol-related problems, including alcoholism.

B. Subgoals

To achieve its goal, the Department has established four major subgoals:

1. To develop a system to prevent alcohol-related problems, including alcoholism.
2. To develop and maintain a system of locally controlled and operated alcohol-related services to help people solve their alcohol-related problems and lead self-sufficient lives.
3. To develop programs and services to intervene at the earliest possible point and reduce the detrimental effects of alcohol-related problems, including alcoholism.
4. To develop and maintain limited, but necessary, administrative oversight and controls to ensure that the programs and services:
 - o Are available and accessible to those in need of services, particularly those special and underserved populations with particular needs or those which are not receiving services;

- o Are planned and developed using valid indicators of alcohol-related problems, programs, services, and clients served. In particular, the Department, in partnership with counties and recognized groups representative of special and underserved populations, will explore the development of adequate indicators and instruments to accurately measure the incidence and prevalence of alcoholism in the general population and in special and underserved populations;
- o Are of sufficiently high quality as to gain public confidence and maintain effective services at a reasonable cost;
- o 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; and
- o Are decreasing the percentage of government support by increasing revenue generation efforts through increased third-party reimbursements, fund raising, and all other feasible methods.

II. PROGRAMS, ACTIVITIES, AND SERVICES: FY 1988-89

A. State and Federal Funding Subvention Program

1. County Plan Process

During FY 1988-89, it is expected that \$55.6 million of state and federal alcohol funds administered by the Department will generate at the local level through the county plan process about \$129 million of alcohol services. At this time, counties have not completed their planning processes, so we have no direct projections for 1988-89. However, assuming no fundamental restructuring of services, we would expect services to remain at 1987-88 levels. Therefore, we estimate that funds will be utilized as follows in 1988-89.

RESIDENTIAL SERVICES = Approximately \$44 million

Detoxification	210,000 days
Residential Treatment	350,000 days
Recovery Homes	<u>870,000 days</u>
Total Days	1,430,000 days

NONRESIDENTIAL SERVICES = Approximately \$55 million

255,000	Participants of which 220,000 are in first or multiple offender drinking driver programs
1,850,000	Participant Visits

PREVENTION/EARLY INTERVENTION = Approximately \$18 million

LOCAL ADMINISTRATION = Approximately \$12 million

a. County Plan Guidelines

Each county is required by law 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 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:

- o The county planning process
- o A description of services
- o A plan for addressing the needs of special and underserved populations
- o Coordination of the alcohol-related service system
- o Output objectives
- o Evaluation methods
- o Budget information
- o Inventory of alcohol-related services countywide
- o Necessary certifications

Chapter 1328, Statutes of 1984 (AB 3872 Lancaster) requires counties to include a plan for addressing the needs of special and underserved populations, beginning with the 1985-86 state fiscal year.

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 in January. After the state budget is approved on July 1, final allocations are issued which reflect budget decisions since the Proposed Budget. By September, counties are required to submit a final plan and budget for the current year, and may submit a brief preliminary budget for the subsequent fiscal year. Counties are eligible for advance payments if they submit these two documents. 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. By law, funds may be disapproved, all or in part, for any of the following reasons:

- o The county has not properly implemented the planning process according to Part 2 of Division 10.5 of the Health and Safety Code.

- o The content of the program plan does not conform to State law.
- o 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.
- o The county does not provide adequate administration of the county alcohol program.
- o Approved services do not comply with the reasonable expenditure or program regulations adopted by the Department.
- o The county has not properly described nor implemented its plan for how the alcohol service needs for women, adolescents, ethnic minorities, the elderly, the disabled, and any other specific populations are met.

The plan review process assures that county alcohol plans meet these requirements, determines the accuracy and appropriateness of the county's alcohol budget, and reconciles the budget with the narrative.

The Department notifies the County Alcohol Program Administrator of the results of the review, which can be approval or disapproval. Along with notification, a critique is included that details the areas needing clarification and any problems that need to be corrected. Disapproval is resorted to only if a county refuses to correct significant problems.

2. Financial Management

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, 1984. The funding base of counties prior to 1984 resulted largely from fiscal and program decisions at the local level, as well as from policy decisions by the Legislature and the Department.

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 45 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 45 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 was required for state hospital services. No county contracted 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 possible.

b. Budgeting and Reporting

The Department maintains a flexible fiscal and program reporting system, known as 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. Fiscal data is collected on budget forms by funding sources. Program data is collected on participant data forms. The resulting reports provide basic data on how the state-allocated alcohol funds are utilized and are used for responding to inquiries received from various individuals, agencies, and constituency groups and for preparation of documents such as the Federal Block Grant Application, and State Alcohol Plan. During FY 1987-88 the ASRS data collection process was revised to better reflect the service delivery system in California. In FY 1988-89, an ASRS interim data collection survey will be conducted to collect data not available in the FY 1987-88 financial pages. The Department has a consultant working on a more appropriate fiscal system for the future.

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

c. 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-related 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 03/15
- o Current Year Final Plan and Budget Update 09/15
- o Past Year Report of Expenditures 11/01
- o Current Year Budget Revisions 05/31

A 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 twelfth month is withheld by the Department pending year-end settlement.

d. Report of Expenditures

County plans and budgets are agreements to expend public funds for specific services. 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:

- o To record a county's alcohol programs costs; and
- o To serve as a county's year-end claim for reimbursement in a format consistent with that required for budget submissions.

B. Program Administration

1. 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 failure to provide for adequate administration of the county alcohol program. The Department has developed county administrative standards for administration in consultation with the Administrative Standards Committee of the County Alcohol Program Administrators' Association. The Administrative Standards Committee is composed of designated County Alcohol Program Administrators of counties which vary in size, geographic location, the degree to which they are county-operated or contract-operated services.

b. On-Site Review of County Alcohol Program Administration

Approximately once every two years, county alcohol programs participate in an on-site review to determine the adequacy of county alcohol program administration and compliance with applicable federal and state laws and regulations. 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 other available information.

2. Program Licensing and Certification

a. Licensing

Division 10.5, Chapter 7.5, of the Health and Safety Code, mandates that all 24-hour nonmedical residential alcoholism recovery facilities, regardless of their funding source, be licensed by the Department.

Facilities meeting the regulatory requirements regarding the health and safety provisions for 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 Office of the State Fire Marshal. A nonrenewable provisional license may be granted to applicants for up to six months under certain specified conditions.

Any authorized officer, employee, or agent of the Department, 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 regulations.

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

b. Certification

Pursuant to Section 11831.5 of the Health and Safety Code, the Department may certify alcoholism residential and nonresidential 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. Multiple offender drinking driver programs are not eligible for certification as they have their own licensing procedures which are detailed later.

The Department currently provides certification to nonprofit and profit direct alcohol program services, regardless of that funding source, and 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 not funded through county budgets, but which serve residents eligible for State Disability Insurance (SDI) benefits, certifications are made through the provisions of an Interagency Agreement with Employment

Development Department (EDD), which provides funds for staffing positions. Their residents are thereby eligible to receive SDI benefits, 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.

c. 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 of authority 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 CAPA assures accuracy of the program statement, and the Department accepts these assurances and forwards the document to the USDA.

d. 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 assure the citizens of California that the counties are implementing and operating programs which are in compliance with the law. This program involves 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 program at the local level. The Department also assists in the gathering and disseminating of statewide information regarding the programs.

3. Prevention and Program Development

a. Prevention

The Department maintains a highly visible alcohol prevention program, coordinates statewide prevention activities, implements demonstration projects, 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, education, and intervention programs. Prevention activities include:

- o Community Prevention Demonstration Evaluation Project - Publish a report about an in-depth evaluation of six department-sponsored demonstration projects. The report includes a process and outcome evaluation to identify and facilitate the replication of successful community prevention planning strategies.
- o Ethnic Minority Community Prevention Demonstration Project - Communities were selected through an RFP process to develop an effective community organization to implement culturally sensitive alcohol prevention strategies in a Black and a Hispanic community.
- o Training of Trainers - Individuals from throughout the State are trained to work with communities to develop prevention strategies. Trainers 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.
- o Community Development - Develop and implement projects to increase prevention activities at the local level. Projects include training and technical assistance, mini-grants, public policy development, and statewide forums. Communities are encouraged to conduct needs assessments (technical assistance provided) to determine the specific needs of their target population.
- o Fetal Alcohol Syndrome Education and Media Campaign - Coordinate a statewide public media campaign which includes travel and per diem contracts for planning task force members, contracts for subject matter experts to conduct on-site technical assistance to local communities, and regional workshops.

- o High-Risk Youth Demonstration Projects - In 1987, the Department was awarded a grant to implement a demonstration project for high-risk youth. Known as the Comprehensive Youth Service System (CYSS), the project is designed to strengthen the capability of the Department of Alcohol and Drug Programs and local communities to work together in providing effective prevention, intervention and treatment services to high-risk youth. Therefore, the project implements a collaborative effort among the state agency and five programs addressing specific local needs. The project also involves two organizations for technical assistance and evaluation services, as well as an information exchange network.

The five local programs participating in the proposed project were selected to represent a range of critical need areas in the State, including inner city, rural communities, and targeted ethnic groups.

Activities are administered by the State to provide coordination, technical assistance, and information to facilitate and improve prevention, intervention, and treatment services in local communities. The program level includes activities administered by local programs to provide specific alcohol and drug prevention, intervention, and treatment services to high-risk youth.

A brief description of the five programs selected to participate in this project follows:

- Mini Twelve Step, Compton - Mini Twelve Step is a community-based alcohol and drug service program located in an economically distressed and high crime community in Los Angeles County.

The program focuses its efforts on developing a comprehensive school-based prevention program involving teacher training. In addition, a peer consultation system is being developed in five schools. Parent training workshops are being developed and implemented in the community. The desired outcome of the program is that, through increased prevention, intervention, and treatment services, a reduction in the number of alcohol- and drug-related fatalities and serious crimes involving the youths of Compton will occur.

- Lake County Department of Public Health - The program in Lake County is administered by the Department of Public Health. The program is: establishing two teen centers staffed by trained volunteer counselors; implementing a peer consultation training program; developing and implementing an alcohol/drug awareness training program for teachers; developing a prevention and

intervention referral system at five Pomo Indian rancherias; developing special counseling programs on alcohol/drug risks to pregnant teens (i.e., 165 teenage pregnancies reported in 1985, with 80 resulting in abortions); expanding counseling services; and linking with a new treatment program located in the adjacent county.

- Stanislaus County Alcohol and Drug Program - The program in Stanislaus is resulting in a comprehensive youth service system addressing prevention, intervention, and treatment for the following high-risk youths: parents under 18 years of age, youths involved with the criminal justice system, and youths at risk of dropping out of school. Hispanic and Asian youth will be targeted.
- Fenix House - Located in a rural community in Santa Cruz County, Fenix House now serves rural and urban Hispanic youth, many of them dropouts, monolingual, and/or gang members from low-income families. The CYSS program is directed by Fenix House and involves a targeted effort to provide a broad range of services to Hispanic youths. It includes an innovative sibling training prevention program; an intervention program, including inservice training to community gatekeepers; educational youth sessions; and joint parent-youth counseling. The program provides intensive individual counseling to 50 youths and their families and develop linkages with treatment organizations.
- Central Valley Indian Youth Project - The target area is three counties in Central California. The CYSS program in Central Valley is introducing for the first time a comprehensive systems approach in dealing with the severe needs of the American Indian youths. The program includes introducing Indian youth counselors for elementary and secondary American Indian students; training eight peer counselors from each of the two high schools; and conducting community prevention meetings each quarter, targeting 75 elementary school and 75 high school students.
- o Public Education Materials Development/Dissemination - Identify, update, develop, reproduce and disseminate prevention resource material (brochures, pamphlets and PSAs) to local communities, agencies and individuals.

- o Alcohol and Drug Prevention Resource Center - The Department will continue to maintain the Alcohol and Drug Prevention Resource Center in Sacramento. The specific purpose of the center is to collect, analyze, develop, summarize, promote, and disseminate prevention-related information regarding alcohol and drugs to policy makers, county administrators, practitioners, educators, planners, researchers, and the general public. Organizationally, the Center will be jointly administered by the Alcohol and Drug Program Divisions. The Center will be comprised of a statewide clearinghouse, central library, and resource development center, and will be operated by Department staff.
- o Prevention Highlights - Publish and disseminate bi-monthly bulletins announcing prevention-related events (workshops, seminars and training).
- o Teenwork - Teenwork culminates in an annual youth DUI prevention conference. Teenwork '89 will take place in Santa Clara, California. The purpose of the conference is to bring high school students together to learn alternatives to drinking and driving and skills necessary to implement programs in their schools and communities. Other activities related to teenwork include:
 - Teenwork Players - An improvisational theatre group comprised of former Teenwork Conference participants. This group performs at various functions throughout the state using improvisation to educate and increase awareness of alcohol-related problems among teens.
 - DUI Directory - This is a Youth Drinking and Driving Prevention Programs Directory that lists youth DUI programs throughout the state (FNL, SADD, SAFE RIDES, etc.). The directory is updated at least once every two years.
- o Disseminate a series of "how-to" primers, which focus on community alcohol prevention efforts. Primers include how to establish and mobilize community groups and how to conduct a community needs assessment and evaluation.
- o Public Policy Development - Use current research findings to provide technical assistance to develop and facilitate the implementation of public policies and strategies affecting alcohol availability, consumption, and drinking practices.
 - Disseminate a community handbook concerning alcohol availability laws and regulations and provide technical assistance to community members and organizations regarding alcohol availability enforcement procedures.

- Provide intensive training and consultation to statewide organizations to increase their knowledge and understanding of alcohol-related problems, the state prevention plan and their role in prevention.
 - Promote the dissemination and use of the community handbook regarding alcohol availability laws and regulations. The alcohol availability charts detail the Department of Alcoholic Beverage Control code and related provisions and a "how-to" manual on local planning and zoning are geared toward the lay audience.
 - Publish findings of a statewide college survey to identify available alcohol/drug education and prevention programs to students of California's public colleges and universities. Publish a directory of colleges which provide services.
 - Assist localities in planning strategies and policies leading to community-level prevention programs related to alcohol availability.
- o Drunk Driving Prevention - Evaluate the effectiveness of Ignition Interlock devices in deterring individuals convicted of driving-under-the-influence from repeating this offense.

b. Program Development

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

Activities performed are:

- o Volunteer Services - Manage a contract to assist County Alcohol Program Administrators and other alcohol-related service providers in recruiting and securing needed volunteer services.
- o Underserved Populations - Manage contracts to expand and improve the quantity and quality of services for underserved populations. The services are directed at removing barriers to women, Hispanics, Blacks, and Native-Americans receiving and benefiting from alcohol services.
- o Develop PSAs to provide outreach to members of the Hispanic population.
- o Women's Alcohol Program Services - Develop and implement new, innovative alcohol program services for prevention, intervention, outreach, and alcohol-related services for women. Funds are used 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 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.

- o Local Councils on Alcoholism - Manage a contract which will provide information, assessment and referral training to volunteers from local councils and will coordinate meetings and services of 40 local National Council on Alcoholism (NCA) affiliates throughout California.

4. 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 to overcome the barriers to their solution . . . These plans shall be revised annually . . ."

The Federal Block Grant application is due August 15 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, characteristic of individuals to be served, and a performance report on the goals and objectives for the previous fiscal year is contained in both documents.

C. Support Services

The Department's Division of Administration provides a wide 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 contracts and grants management; and regulations. Specific activities of the audits and data management programs are described below:

1. Audits

a. Federal Single Audit Act of 1984

The Single Audit Act of 1984 requires each the following:

- o State or local governments that receive \$100,000 or more a year in Federal financial assistance shall have an audit made in accordance with Circular No. A-128.
- o State or local governments that receive between \$25,000 and \$100,000 a year shall have an audit made in accordance with Circular No. A-128, or in accordance with Federal laws and regulations governing the programs they participate in.
- o State or local governments that receive less \$25,000 a year shall be exempt from compliance with the Act and other Federal audit requirements. These State and local governments shall be governed by audit requirements prescribed by State or local law or regulation.

b. Department Objective

The objective of the Single Audit Act of 1984 for the audit of federal funds is to reduce duplication and gaps in audits for both state and federal funds. This objective will be realized by:

- o Transferring the primary auditing responsibility for federal funds from ADP to the counties and to ADP's direct contractors;
- o Retaining the State's investigative audit function and contracting with another state agency for this purpose; and
- o Providing audit assistance to train independent auditors regarding state and federal compliance requirement.

Under the Act, hundreds of audit reports will be received by the Department each year. These will be reviewed and some will require follow-up to determine the amount of disallowed costs. Staff will also monitor counties to ensure the timeliness of audits. Audit disallowances must be incorporated into the cost reports submitted by the counties.

In compliance with the Single Audit Act of 1984 the Department audit staff will:

- o Monitor and review audit reports of federal funds of independent auditors;
- o Monitor progress of counties and independent auditors;
- o Provide compliance guidelines;
- o Follow up on audit findings and corrective action plans;

- o Continue to conduct internal audits of the Department as required by the Government Code and State Administrative Manual;
- o Maintain the audit appeal function until all outstanding disputed issues are resolved; and
- o Provide audit assistance to county auditors and public accountants.

2. 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 (MIS) and expand its coverage to as many county alcohol treatment programs as possible. Staff of the Data Management Services Bureau, 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, 19 counties participate. These counties comprise approximately 57 percent of California's general population.

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 (Butte, Contra Costa, Del Norte, El Dorado, Kern, Kings, Napa, Placer, San Luis Obispo, San Mateo, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Ventura submit hard-copy documents).

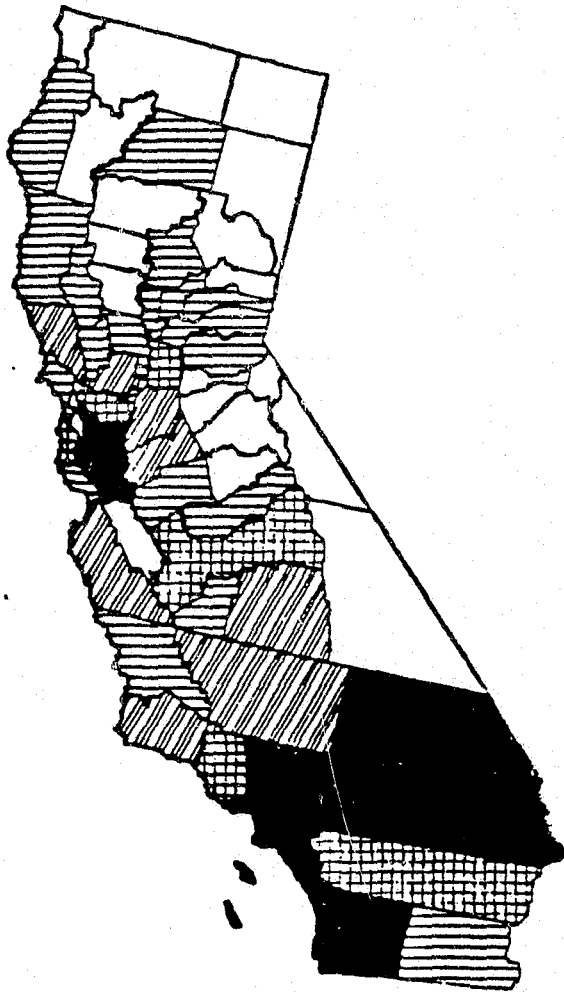
Magnetic tapes are converted and integrated onto a master CAPPS tape. Hard-copy forms are checked and edited by ADP staff for completeness and correctness, sent to the Department of General Services for keypunch entry and are then merged to the master tape.

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.

III. GEOGRAPHICAL AREAS TO BE SERVED: FY 1988-89

POPULATION OF CALIFORNIA BY COUNTY



58 California Counties
Population=27,292,300

- 1200 to 49999
- ▬ 50000 to 249999
- ▨ 250000 to 499999
- ▩ 500000 to 999999
- 1000000 to 8403501

January 1, 1987 population projections

IV. CHARACTERISTICS OF INDIVIDUALS TO BE SERVED: FY 1988-89

The following information describes characteristics of California's general population and then describes characteristics of individuals receiving alcohol-related services.

A. General Population Characteristics

California's estimated population for January 1, 1987, was 27,292,000. One California county, Los Angeles County, with its population estimated at 8,404,000, has a larger population than that of 43 states. The projected median age for Californians is about 31 years. The racial composition of the State as of July 1, 1987, was estimated at 61.3 percent White, 22 percent Hispanic, 7.7 percent Black, and 9.0 percent Asian and other races. Approximately 49 percent of Californians are male, and 51 percent female.

B. Characteristics of Alcohol Clients

The Department collects three types of participant data for direct alcohol-related services. Since the three data systems describe the same alcohol-related services from different viewpoints, it is important to maintain awareness of these differing perspectives when analyzing data.

The three systems are:

1. The Alcohol Services Reporting System (ASRS), whose data indicates the number of 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-related service site and location (see Table 1).
2. The National Alcoholism and Drug Abuse Program Inventory (NADAPI), whose data may be described as a point prevalence survey; a typical one-day snapshot. In actuality, however, that description is only true for RESIDENTIAL services. For NONRESIDENTIAL services, NADAPI represents case load on that day - clients who received 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-related services in both the public and private sector. It describes those participants with respect to type of services and provides information on funding sources. Presently, a 1987 National Drug and Alcoholism Treatment Unit Survey (NDATUS) is being completed. It will supply the same kind of information.
3. The California Alcohol Program Participant System (CAPPS), whose data 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 2).

a. Alcohol-Related Service Characteristics

- o Participation: Approximately 141,800 participants (excluding DDP) received alcohol-related services during 1987-88 (see Table 3). This figure can be broken down by type of service as follows: 57.6 percent received Detoxification Services; 6.5 percent received Residential Treatment Services; 10.9 percent received Recovery Home Services; and 25 percent received Nonresidential Services.

- o Service Distribution: Alcohol-related services in California are many, varied, and widely distributed throughout California. Table 1 shows the number of service sites providing direct and indirect alcohol-related services and how they are distributed throughout California. Table 1 was derived from the budget portion of County Plans submitted to the Department. Since the reporting was by "service" there may be more than one "service" within a "facility." In addition, some of the smaller counties contracted with other counties for a specific type service and in those instances the alcohol-related service may be located outside the County's boundaries. There were at least 2 alcohol-related services in each county. Counties with large populations provide many alcohol-related services; for example, Los Angeles had 234, San Bernardino 65, Orange 32, San Francisco 49, Santa Barbara 34, and San Diego 39.

b. Participant Characteristics

- o Gender: The majority of participants in direct alcohol-related services were male, about 81 percent, or about 4 males served for every female. Of the total, Drinking Driver Program participants show the largest male/female ratio with over 11 males for every female.

- o Age: In general, direct alcohol program services do not attract the young, those less than 21 years of age; or the elderly, those 55 or greater. The vast majority of participants were in the 21 through 54 age group.

- o Race/Ethnicity: The State's Black and American Indian populations receive a greater proportion of alcohol services than their adult populations would indicate; the White population is about even; the Hispanic and Asian populations receive fewer services than other groups in proportion to their populations.

The Hispanic population made greater use of nonresidential services and drinking driver programs (DDP) than of residential services. For example, Hispanics account for 26 percent of DDP participants compared to 17 percent of the general adult population.

Table 1

ALCOHOL-RELATED SERVICES
NUMBER AND TYPE SERVICE SITE BY COUNTY
(July 1, 1987)

	RESIDENTIAL			NONRESIDENTIAL			PREVENTION AND EARLY INTERVENTION	
	<u>Detoxi- fication</u>	<u>Resid. Treat.</u>	<u>Recov. Homes</u>	<u>Treat./ Recov.</u>	<u>Vocation. Rehabil.</u>	<u>DDP SB 38</u>	<u>Info. Ref./Prev. Educ. etc.</u>	<u>First Offender</u>
Total	47	50	110	157	21	133	329	239
Alameda	1	-	7	9	-	1	17	5
Alpine	-	-	-	1	-	-	2	-
Amador	-	-	-	-	-	1	3	1
Butte	1	-	2	1	1	1	2	-
Calaveras	1	*	-	2	-	-	2	1
Colusa	1	-	-	1	-	-	1	-
Contra Costa	3	-	6	1	1	1	6	7
Del Norte	-	-	1	2	-	1	2	1
El Dorado	-	-	1	2	1	2	4	2
Fresno	1	-	4	5	1	1	7	3
Glenn	-	-	*	1	-	-	1	1
Humboldt	-	-	1	-	-	2	4	2
Imperial	1	-	1	1	-	1	1	1
Inyo	-	*	-	-	-	1	2	1
Kern	-	-	2	2	1	2	3	3
Kings	-	-	1	1	-	1	1	1
Lake	1	-	*	1	-	-	7	1
Lassen	*	*	*	1	-	1	2	1
Los Angeles	1	36	4	10	1	37	47	103
Madera	-	-	-	1	-	1	3	1
Marin	1	2	1	4	-	1	5	-
Mariposa	-	-	-	-	-	-	1	1
Mendocino	-	-	2	2	-	2	6	3
Merced	-	1	-	1	-	1	3	1
Modoc	-	-	*	1	-	-	2	1
Mono	-	-	*	1	-	-	2	-
Monterey	-	-	2	3	-	4	4	4
Napa	1	1	-	2	1	1	2	1
Nevada	1	-	1	3	-	2	4	2
Orange	5	2	3	8	-	2	6	6

*Services are provided by contract on an out-of-county basis.

Table 1 (continued)

ALCOHOL-RELATED SERVICES
NUMBER AND TYPE SERVICE SITE BY COUNTY
(July 1, 1987)

	RESIDENTIAL			NONRESIDENTIAL			PREVENTION AND EARLY INTERVENTION	
	<u>Detoxi- fication</u>	<u>Resid. Treat.</u>	<u>Recov. Homes</u>	<u>Treat./ Recov.</u>	<u>Vocation. Rehabil.</u>	<u>DDP SB 38</u>	<u>Info. Ref./Prev. Educ. etc.</u>	<u>First Offender</u>
Placer	2	-	2	2	1	2	8	5
Plumas	-	-	*	1	-	1	3	1
Riverside	5	-	4	6	-	12	8	17
Sacramento	1	-	7	3	1	2	9	1
San Benito	-	-	*	1	-	-	1	-
San Bernardino	3	-	8	8	1	10	13	22
San Diego	1	1	14	1	1	4	13	4
San Francisco	2	3	7	10	1	3	23	-
San Joaquin	2	1	2	2	1	3	4	6
San Luis Obispo	-	-	*	3	-	3	6	-
San Mateo	1	-	4	6	1	2	10	3
Santa Barbara	-	-	-	13	1	5	17	4
Santa Clara	2	-	8	5	1	6	9	5
Santa Cruz	1	1	1	2	1	2	4	3
Shasta	1	-	*	2	-	1	4	1
Sierra	1	-	-	1	-	-	2	1
Siskiyou	1	*	*	3	-	1	2	1
Solano	1	-	1	2	-	1	10	1
Sonoma	1	1	4	1	1	1	7	1
Stanislaus	1	-	1	1	-	1	4	1
Sutter/Yuba	1	-	2	1	1	1	2	-
Tehama	-	-	*	1	-	1	2	1
Trinity	*	*	*	1	-	-	1	-
Tulare	-	-	2	-	1	1	2	2
Tuolumne	*	*	-	2	-	1	1	1
Ventura	-	-	3	7	1	1	6	1
Yolo	1	1	1	5	-	1	6	3

*Services are provided by contract on an out-of-county basis.

TABLE 2
ALCOHOL-RELATED SERVICES
ANNUAL PARTICIPANT CHARACTERISTICS
GENDER, RACE/ETHNICITY, AND AGE*

Characteristics	Drinking Driver Program Participants (50,700)	Participants (excluding DDP) (141,800)	California's General Population** (27,292,000)
<u>TOTAL</u>	100%	100%	100%
GENDER			
Male	92.1	81.2***	49
Female	7.9	18.8***	51
RACE/ETHNICITY			
White	62.2	66.9	61
Black	8.8	19.6	8
Hispanic	26.0	9.9	22
Asian & Other	3.0	3.6	9
AGE			
Less than 21	7.8	4.0	8
21-34	44.6	41.3	35
35-54	39.2	46.0	30
55 and Over	8.4	8.7	27

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

** These percentages have been estimated. These estimates are based on information from the Department of Finance and the 1980 U. S. Census data, and apply to persons 14 and above.

*** A small percentage of participants are co-alcoholic.

TABLE 3

DIRECT ALCOHOL-RELATED SERVICES
Fiscal Year 1987-88

DIRECT ALCOHOL-RELATED SERVICES	NUMBER OF PARTICIPANTS
<u>Total Direct Services</u>	<u>141,800</u>
Residential:	<u>106,400</u>
Detoxification	81,700
Residential Treatment ...	9,200
Recovery Homes	15,500
Nonresidential Services:	<u>35,400</u>
Drinking Driver Program	<u>50,700</u>

V. CRITERIA AND METHOD FOR DISTRIBUTION OF FUNDS: 1988-89

A. Composition

The California Alcohol Program is comprised of locally administered alcohol-related programs and services, state administration and some special statewide alcohol projects. The state administration and special projects are budgeted at the state level, while local alcohol programs are budgeted at the local level as part of each county's alcohol plan.

The annual planning process is based primarily on: (1) dictates of the California Legislature, (2) the summation of opinions expressed in the annual county plans which are the result of local alcohol planning processes, and (3) advice from the State Advisory Board on Alcohol-Related Problems and County Alcohol Program Administrators.

B. Local Assistance Allocation Criteria and Method

Each year, the Department of Alcohol and Drug Programs prepares a California Alcohol Program budget for inclusion in the annual Budget Act for California. Department staff notify each of California's 58 counties of the anticipated funding level per county. This allocation is based on previous alcohol programming by the county.

The Department has historically allocated state and federal funds on essentially a per capita basis, with some exceptions. For example, those counties which established and operated alcohol-related services prior to 1974 using county funds exclusively or who operated alcohol programs as part of their Mental Health operations have been permitted to include that funding as part of their base allocation. Therefore, their per capita funding was higher than the statewide per capita average. In addition, a fixed amount of funding was established as the minimum amount necessary to operate a county alcohol program. As a result, most small population counties have funding higher than the per capita average.

VI. PROGRESS REPORT: FY 1987-88

Progress on meeting the Division of Alcohol Programs' FY 1987-88 objectives is described below for each Branch.

A. Deputy Director's Office

1. Deputy Director's Office

The Deputy Director's Office provides overall direction regarding the nature and quality of alcohol-related 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.

PROGRAM

OBJECTIVE #1: To provide leadership and guidance for projects and assignments conducted within the Division and provide interface with the public, statewide, regarding alcoholism issues.

Performance

Examples of activities conducted under this objective were:

- o Provided oversight regarding licensing of more than 200 residential facilities.
- o Provided oversight regarding licensing of more than 100 drinking driver programs.
- o Provided oversight regarding review and approval of plans and budgets for 57 county-level programs.
- o Made formal presentations on alcohol issues at four quarterly meetings of the full membership of the County Alcohol Program Administrators Association of California (CAPAAC).
- o Made formal presentations at more than 7 meetings of the CAPAAC Policy Committee.
- o Held more than 40 formal meetings with the Division's Branch Managers regarding operational policies and procedures.
- o Worked with ethnic minority groups and provided technical assistance to ethnic programs.
- o Coordinated, and provided liaison support for, four full Board meetings of the State Advisory Board on Alcohol-Related Problems (SABARP), plus four Executive Committee meetings. Made formal presentations at each meeting.
- o Assured that staff are hired in harmony with the purpose and intent of affirmative action and equal employment opportunity laws and guidelines.
- o Answered more than 120 letters dealing with alcoholism issues.

- o Wrote more than 30 analyses of legislative bills.
- o Provided liaison to Impaired Physicians Program Committee with the California Medical Association (CMA) and participated in the evaluation of impaired physicians.
- o Provided leadership to the implementation of federal women's set-aside project.
- o Handled numerous public inquiries and contacts through attendance at various meetings around the State.

2. State Advisory Board on Alcohol-Related Problems (SABARP) and Planning Unit

The Deputy Director'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 Program 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 promote better public understanding of alcohol-related problems.

Performance

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

- o Held quarterly public meetings statewide.
- o Actively participated in the formation of statewide policy and procedures concerning:
 - Drinking and driving programs
 - Prevention and youth programs
 - Licensing of alcoholism recovery facilities, and
 - Special and underserved populations.
- o Continued the awards program for those individuals and corporations that have made significant contributions to the solutions of alcohol-related problems in California.

- o Participated in major committees and task forces. This included participation on the Women's Initiative Committee, Alcohol Program Standards Committee, Departmental Legislation Committee, Drinking Driver Program Advisory Committee, and Alcohol Counselor Credentialing Committee.
- o Testified before various committees on alcohol and drugs and on the need for more alcohol-related services.
- o Made recommendations to the Director on major policy issues, including:
 - Support for legislative efforts to increase available funding for alcoholism programs.
 - Support of the Friday Night Live project aimed at reducing teenage deaths and injuries resulting from driving-under-the-influence.
 - Participation in the planning of the 12th Annual California Conference on Alcohol Problems held in San Diego.
 - Continuing to pursue remedies to the problems of California's homeless, especially for those homeless persons experiencing alcohol-related problems.
 - Considering alcohol abuse a primary contributor to the transmission of Acquired Immune Deficiency Syndrome (AIDS) and recommended funding for alcohol programs accordingly.
 - Supporting efforts to remove the sale of alcohol where gasoline is also purchased, thereby helping California's efforts to reduce alcohol-related traffic accidents and fatalities.
- o Supported the Department's efforts in expansion of women's programs through the federal 5 percent set-aside dollars.

PROGRAM

OBJECTIVE #3: 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 and consistent with the California State Health Plan.

Performance

- o 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.
- o Prepared annual alcohol plan.

B. Friday Night Live Program

Friday Night Live (FNL) is a peer program designed to prevent alcohol and other drug problems among teenagers. Through the formation of FNL high school chapters and the integration of classroom activities, assembly presentations, and community activities, FNL is able to assist students as they cope with the pressures of life and to encourage them to study and have a good time without alcohol and other drugs. Additional components of FNL programs in selected counties include; parent education, safe rides, leadership conferences, cross-age education, peer counseling, and events hotlines.

The FNL Program is operating in 21 counties with 11 more planned for implementation in 1988-89. The County of Sacramento, under a grant from the California Office of Traffic Safety, serves as the pilot county. Each of the 40 high schools in Sacramento has a FNL Chapter. Twenty-two thousand students belong to these Sacramento area FNL Chapters.

PROGRAM

OBJECTIVE #1: To promote the nonuse of alcohol and other drugs among teenagers and reduce teenage caused driving under the influence (DUI) auto crashes by producing a comprehensive community program that is high energy and teen centered in its approach; and to facilitate the development of similar programs in other California communities.

Performance

- o Formed and supported seven new county FNL programs.
- o Continued to support the 14 existing countywide FNL Programs. (The combined new and existing FNL County Programs cover 570 high schools with over 550,000 students.)
- o Provided three FNL county coordinator training conferences.
- o Provided ongoing support and technical assistance to 40 Sacramento area high school FNL Chapters.
- o Provided 15 high school assemblies for 15,000 students.
- o Gave 45 presentations to principals, faculties, and student councils.

- o Provided a three-day teen leadership conference and two, one-day conferences.
- o Provided 74 nights of Safe Rides giving over 800 rides home.
- o Provided 53 presentations to 14,000 parents and relatives on parent liability regarding teenage alcohol and other drug use.
- o Held five communitywide events including a Candlelight vigil, New Year's Eve Party, Capitol Sober Driving Rally, Appreciation Barbecue, Friday Night Live Day at Water World.

C. Program Management Branch

The Program Management Branch administers approximately 94% of the state and federal alcohol funds directly administered by the Division. These funds were subvned 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 Branch.

The Branch's two primary functions are county administrative review and county plan approval. Through the plan approval process, the Branch ensures that funds were planned and budgeted by the counties and private contractors in accordance with applicable laws and regulations. Through the administrative review process, the Branch assures that county alcohol program administration is conducted in accordance with applicable provisions of the California Health and Safety Code, Division 10.5, and that it operates within standards developed by the Department in cooperation with the counties.

During FY 1987/88 this Branch accomplished the following:

PROGRAM

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

Performance

- o Issued preliminary allocations for FY 1988/89 in April 1988.
- o Issued final allocations for FY 1987/88 in August, 1987.

PROGRAM

OBJECTIVE #2: To ensure that counties agree to spend state-administered funds in compliance with applicable state and federal laws 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

By May 1988, 53 county plans and budgets for California's 57 counties were approved.

PROGRAM

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

Performance

- o Revised county plan development guidelines and revised budget and Report of Expenditure forms.
- o Revised plan review guidelines, tools, and procedures to reflect new requirements.

PROGRAM

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

Performance

- o Responded to all telephone and written requests from counties seeking direction regarding planning, budget, and expenditures of state allocated funds.
- o Provided technical assistance and consultation to counties as requested on the ASRS system, planning, advisory board training, statutory mandates and regulations, departmental policy, and required county administrative functions.
- o Provided on-site technical assistance to counties in planning, budgeting, and monitoring alcohol-related services.

PROGRAM

OBJECTIVE #5: To assist counties to meet standards for quality of program administration, and to be in compliance with state law and Department standards and regulations relating to planning, budgeting and managing county alcohol programs.

Performance

- o As of May 15, 1988, conducted on-site reviews in 51 of California's 57 county alcohol programs. During FY 1987-88 there were 27 reviews.

- o Twenty-two County Alcohol Program Administrators participated as reviewers.
- o Worked with the standards committee to revise administrative review procedures.
- o Recommended a number of administrative changes that have improved the quality of administration of county alcohol programs.
- o Provided administrative and fiscal management information to new County Alcohol Program Administrators to assist in coordinating and monitoring their respective programs.
- o Received numerous compliments on the value of the process.

D. Quality Assurance Branch

The Quality Assurance Branch 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; and developing and updating licensing regulations and quality assurance standards.

The total Branch consisted of 20.5 positions, divided into two functional Sections: Licensing and Certification and Drinking Driver Program.

1. Licensing and Certification Section

The Licensing and Certification Section 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; certifying residential alcohol-related services for food stamp eligibility; negotiating and monitoring a contract with a private nonprofit organization for purposes of assisting and encouraging alcohol programs, specifically 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 1987-88, the unit implemented activities to accomplish the following:

PROGRAM

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

Performance

- o Through contract with a nonprofit organization, accomplished the following: a) provided training on effective alcohol-related services to over 500 persons, including recovery home operators, staff, and boards of directors and county alcohol program staff.
- o Certified, and recertified as necessary, 265 programs in accordance with those standards.

PROGRAM

OBJECTIVE #2: To maintain a network of approved alcohol-related service programs, by certifying such programs to assure that minimal levels of service quality are being provided, resulting in the following: 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

- o Certified 265 programs that provided direct alcohol-related services. Those programs can be categorized into the following service modalities: recovery homes/residential treatment; detoxification and nonresidential services.
- o Through a contract with a nonprofit organization, provided 139 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 develop permanent regulations for licensing residential alcoholic recovery facilities as part of the responsibilities designated to this Department as of January 1, 1985, surrounding the licensing of alcohol recovery facilities in the state.

Performance

- o Public notice of the proposed regulations was made on June 26, 1987. Because no comments were received within the allowed time frame, public hearings were not scheduled.
- o County alcohol program administrators were notified on July 8, 1987, that the proposed regulations would be brought before them for a public meeting and vote on September 1, 1987.
- o County alcohol program administrators approved the proposed regulations on September 1, 1987.
- o The permanent regulations were approved by the Office of Administrative Law and filed with the Secretary of State on October 23, 1987.

PROGRAM

OBJECTIVE #4: To license all alcoholism recovery facilities in the state to ensure the quality of basic health, safety, and administrative services provided to individuals whose involvement in services is related primarily to an alcohol problem.

Performance

- o Developed schedules to coordinate licensing and certification site visits to maximize efficiency of staff time.
- o Engaged in site visit reviews and licensed 221 alcoholism recovery facilities during 1987-88 fiscal year.

PROGRAM

OBJECTIVE #5: To enhance the level of nutrition among California's population of recovering alcoholics by certifying residential alcohol-related services for federal food stamp eligibility.

Performance

During fiscal year 1987-88, 187 residential alcohol-related services were verified as being eligible for participation in the federal food stamp program.

2. Drinking Driver Program Section

Drinking Driver Program (DDP) Section activities include reviewing and evaluating DDP proposals for compliance with State law and regulations; revision existing program regulations to reflect current program state of the art; licensing DDPs by reviewing program proposals and conducting licensing reviews; 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 1987-88, the Section 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 statute and regulations.

Performance

In a ten-month period, Department staff reviewed four (4) proposals for the provision of DDP services. Provisional licenses were issued to all four providers. Section staff conducted 56 licensing reviews (county and provider sites). Noncompliance issues were identified in all counties and provider locations. Staff were successful in negotiating compliance or adequate clarification in every instance.

In addition, staff continued their work in the development of regulations to govern the licensure of drinking driver programs.

In January 1988, the Department issued guidelines and standards for the initial implementation of the new 30-month DDPs. The guidelines were distributed to all 58 County Alcohol Program Administrators.

E. Prevention and Program Development Branch

This Branch was responsible for: 1) assessing prevention and resource development needs, 2) identifying and coordinating the use of strategies and resources appropriate for specific communities and target populations, 3) administering special projects, and 4) providing technical assistance services to local providers in the areas of prevention and special populations. This Branch is made up of two Sections - Prevention Section and Program Development Section.

1. Prevention Section

The Section reviews research findings and program development, 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 were 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 was disseminated statewide. Statewide prevention needs and priorities were identified, and a statewide prevention plan was written and implemented. During FY 1987-88 the Section 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

- o Evaluated the process and outcome of six county demonstration projects which developed and established a local community planning process for alcohol prevention. The first year was spent assessing the communities' prevention needs, determining prevention priorities and selecting potentially effective prevention strategies. The second year focused on implementation of planning priorities and evaluation of the program. Developed a report which provides guidelines to counties planning to implement similar projects.
- o Continued a contract with 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 ensure that services being provided are operating as effectively as possible.
- o Published and distributed a bi-monthly news-alert to 1,800 groups and interested individuals throughout the state. Articles announced upcoming prevention-related events such as conferences, training, and workshops.
- o Coordinated the California segment of a "Be Smart, Don't Start" nationwide public education campaign to delay early use of alcohol among 8 to 12 year old youth. Convened a planning committee of key community organizations in California to review the products developed for the Campaign and discuss plans for implementation; facilitated regional workshops and provided technical assistance in developing an action plan; acted as liaison to the designated network; and distributed campaign products.

- o Provided specialized consultation and technical assistance regarding uses of local planning/zoning powers for the prevention of alcohol problems.
- o Implemented the Alcohol and Drug Prevention Resource Center to provide resources and technical assistance for prevention, intervention, and recovery programs statewide. An RFP was let to implement a regional center which will focus on the needs of specific populations and issues.
- o Continued with the development of community planning technologies in various areas of alcohol availability.
- o Developed an effective community organization in two minority communities to implement culturally sensitive alcohol prevention strategies.
- o Published the recommendations of an alcohol credentialing task force that reviewed relevant materials, examined the issues and options, and made recommendations to the Department which can now be used to formulate a position relative to credentialing of alcohol professionals.
- o Organized the selection and training of county prevention coordinators and began regional networks to promote prevention activities in local communities.

PROGRAM

OBJECTIVE #2: To coordinate statewide activities to increase knowledge and awareness of the fatalities that can occur due to youthful drinking and driving.

Performance

- o The Department of Alcohol and Drug Programs, through funds provided by the Office of Traffic Safety, administered a demonstration project which supported regional conferences and technical assistance on implementing programs. The project ended February 28, 1988.
- o Conducted the fourth annual Youth Drinking and Driving Prevention Conference to provide youth with the knowledge and skills necessary to organize and implement alternatives to drinking and driving in their individual schools and communities. Approximately 700 participants attended.
- o Distributed surveys to update the information contained in the Youth Drinking and Driving Prevention Programs Resource Directory. An updated directory was printed from the information compiled.

2. Program Development Section

The main function of this Section was to expand and improve alcohol-related services. This is accomplished by: 1) providing peer 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 1987-88 the Section implemented activities to accomplish the following:

PROGRAM

OBJECTIVE #1: To improve the quantity and quality of alcohol-related 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 of through individual consultation, workshops; and training volunteers, and the proper placement and utilization of volunteers in alcohol-related service programs; and 3) disseminating a newsletter containing information regarding the development and management of volunteer programs.

Performance

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

PROGRAM

OBJECTIVE #2: To ensure that alcohol services are effective in meeting the needs of special and underserved populations such as Black, Native American, Hispanic, and Women, who comprise approximately 75 percent of the potential client pool 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 underserved populations; 4) providing assistance in the development of outreach strategies and program components that are culturally relevant

to the populations being served; and 5) encouraging the development of alcohol programs and program components for underserved populations.

Performance

- o Women's Alcohol Services - Contracted with the California Women's Commission on Alcohol and Drug Dependencies (CWCADD) to develop new alcohol program services as well as outreach and prevention strategies and to provide technical assistance and training to alcohol programs serving women.
- o The Program Development Section also carried out the Congressional mandate to use 5 percent of the ADMS block grant funds to develop new or expanded services for women. The 41 new demonstration projects were continued; three ethnic women's media campaigns for members of the Black, Hispanic, and Native American populations were continued and a report was written on a study of the indicators and prevalence of women's alcoholism and alcohol-related problems in California. Overall, the set-aside funds were used to address special populations including minorities, aging, adolescents, rural and women with children, and battered women.
- o Hispanic Alcohol Services - Contracted with the 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 also completed a manual on how to provide services for Hispanic women.
- o American Indian Alcohol Services - Contracted with the American Indian Training Institute (AITI) to provide technical assistance and training to alcohol programs serving American Indians. Conducted community planning seminars using the film "The Honor of All." Conducted a symposium for providers of services to Indian Families. Awarded scholarships to the Tenth Annual Indian School on Alcohol and Drugs.
- o Black Alcohol Services - Contracted with the Mini-Twelve Step to provide training and technical assistance to alcohol programs serving members of the Black population. Developed PSAs for increasing the awareness of Black women. Developed a literacy and parent training program for recovering Black female alcoholics.
- o Dual Diagnosis - Contracted with the PAAR Center to work with a mental health clinic's clients who have a diagnosis of mental illness and alcohol/drug problems.
- o Inner-City Clergy - Contracted with Palavra Tree to conduct a training forum on alcohol issues for inner-city clergy.

- o Children of Alcoholics Teacher Training - Contracted with San Diego City Schools Social Concerns Program to train teachers in elementary and middle schools to recognize children of alcoholics and make appropriate referrals.
- o Youth Peer Education Curriculum - Contracted with Shasta County Schools to develop an alcohol training curriculum and use the curriculum in training older students to teach younger students about alcohol and other drugs.
- o Outreach and Services to Deaf People - Contracted with Pine Recovery Center to develop a brochure to outreach to deaf alcoholics and develop a pamphlet to teach providers about deaf issues in recovery.
- o Guidebook for Providers of Services to the Elderly Living Alone - Contracted with the Alcohol Council of California to develop guidelines for identifying and intervening with elderly people who have an alcohol problem.
- o Inner-City Youth Prevention - Contracted with Watts Health Foundation to develop a calendar and bookmarks to be used as incentives for youth to succeed in a reading program.
- o Alcohol/Drug Studies Programs in Colleges and Universities - Contracted with the California Alcohol Drug Educators to use proposed accreditation standards to assist colleges and universities in developing or improving alcohol/drug education programs in colleges and universities.