

**REPORT BY THE STATE AUDITOR
OF CALIFORNIA**

**A Review of the Accomplishment of Goals Designed To Reduce
Drug and Alcohol Abuse in California**

TABLE OF CONTENTS

Results in Brief		1
Introduction		3
Chapters		
1	State Agencies Have Made Progress Toward Achieving Many of the Health and Safety Code Goals for Reducing Alcohol and Drug Abuse	7
	State Agencies Have Achieved 13 of the 40 Goals They Could Address	7
	State Agencies Have Partially Achieved 22 Goals	8
	State Agencies Have Made No Progress in 5 Goals	9
2	Counties Typically Do Not Report Their Progress in Achieving Master Plan Goals for Reducing Alcohol and Drug Abuse	11
	The Procedure for Obtaining County Participation	11
	Progress in Developing Master Plans and Forming Advisory Bodies	11
	Counties Are Not Required To Report Progress Toward Achieving Goals or Objectives	12
	Information That Counties Include in Their Master Plans	13
Appendices		
A	The Health and Safety Code Goals State Agencies Have Achieved	17
B	The Health and Safety Code Goals State Agencies Have Partially Achieved	23

C	The Health and Safety Code Goals Toward Which State Agencies Have Made No Progress	35
Response to the Audit	Department of Alcohol and Drug Programs	39

RESULTS IN BRIEF

Chapter 983 of the Statutes of 1988 added provisions to the California Health and Safety Code designed to reduce drug and alcohol abuse in California, improve the coordination of efforts to reduce drug and alcohol abuse, and provide direction for public policy decisions affecting drug and alcohol services.

Division 10.6 of the Health and Safety Code encourages state and county governments to prepare master plans for reducing drug and alcohol abuse. It also sets goals for all segments of society to strive toward. Although the goals are only advisory, the Legislature intended that the State and each county government address the goals to the extent possible. We reviewed the master plan process at the Department of Alcohol and Drug Programs to determine the State's and counties' progress in meeting the goals in the fourth year of what was originally established as a five-year planning process. Additionally, we sent letters to other state agencies requesting them to send us information regarding their progress in meeting the goals they could address. Finally, we reviewed some county master plans to determine the progress the counties had made toward the goals they could address. Generally, the State has made a good start toward achieving its goals designed to reduce alcohol and drug abuse. We found the following specific information:

- State agencies have fully achieved 13 of the 40 goals they could address. Additionally, state agencies have made partial progress in meeting 22 of the goals. However, they have made no progress on 5 of the 40 goals they could address.
- The Department of Alcohol and Drug Programs provides guidance and funding to the counties for the development of county master plans. Although the department's guidance does not require the counties to report progress on meeting the goals specified in Division 10.6, it does specify the issues that the county master plans must address. In our review of a sample of 10 county master plans, we found that all ten master plans contain a description of the county's master plan advisory body as required by the State's guidance.
- All 58 counties in the State are in some stage of developing a master plan for reducing drug and alcohol abuse. However, with few exceptions, information on the counties' progress in meeting the goals they could address is not available at the Department of Alcohol and Drug Programs because the department does not believe it has the statutory power to require such information.

INTRODUCTION

Chapter 983 of the Statutes of 1988 added provisions to the California Health and Safety Code designed to reduce drug and alcohol abuse in California, improve the coordination of efforts to eliminate drug and alcohol abuse, and provide direction for public policy decisions affecting drug and alcohol services.

Division 10.6 of the Health and Safety Code encourages state and county governments to prepare master plans for reducing drug and alcohol abuse. This division of the code also sets specific goals for all segments of society to strive toward. These goals are advisory, but it was the Legislature's intent that, to the extent possible, state government and each county address the goals.

More specifically, Division 10.6 of the Health and Safety Code, Section 11998.1, sets forth 79 long-term five-year goals that focus on the elimination of drug and alcohol abuse in California. State agencies and counties share responsibility for 13 of these goals, with state departments solely responsible for 27 goals and counties solely responsible for 39 of the 79 goals.

Also, Division 10.6 of the Health and Safety Code, Section 11998.2(b), encourages the board of supervisors of each county to prepare and adopt a master plan for eliminating drug and alcohol abuse that addresses as many of the goals set forth in Section 11998.1 as possible. This section states that the Legislature's intent is that every county master plan include objectives that can be quantified, and it specifies five types of measurements these objectives should include, for example, the reduction of alcohol and drug-related arrests.

The director of the Department of Alcohol and Drug Programs (department) states that his department is responsible for acting as the lead agency on all alcohol and drug matters. The department oversees a variety of programs providing prevention, detoxification, recovery, and treatment services. In addition, the department licenses facilities that provide recovery or treatment services for alcoholism and drug abuse, and it certifies alcohol and drug abuse programs that meet certain standards for quality of service.

Each year since 1989, the department has revised and published the California Master Plan To Prevent Drug and Alcohol Abuse. In addition to preparing the State's master plan, the department has issued guidelines and established procedures for counties to follow in preparing their master plans and submitting them to the department. A county may also submit an alcohol program plan and a drug program plan or a combination alcohol and drug program plan. These program plans are a part of a county's application for federal and state funds.

SCOPE AND METHODOLOGY

Section 11998.2(m) of the Health and Safety Code required the Office of the Auditor General to audit the department to determine the State's and counties' progress toward meeting the master plan objectives set forth in Division 10.6 of the Health and Safety Code. The data collected for this audit was collected in 1992, the fourth year of what was originally established as a five-year planning process. The Office of the Auditor General had completed most of the audit work when the office was closed in December 1992 because of budget reductions. Pursuant to California Government Code, Section 8456.8, the Bureau of State Audits, which began operations on May 10, 1993, completed the remaining audit work and prepared this report. However, this report is based on information gathered by the Office of the Auditor General before December 1992, and some information may have changed in the ensuing nine months.

For purposes of this audit, we have defined master plan objectives as the goals set forth in the Health and Safety Code, Section 11998.1, as well as any other goals or objectives counties have included in their master plans.

To determine the State's progress toward meeting the goals in the Health and Safety Code for which state agencies have a responsibility, we interviewed staff of the department and reviewed whatever information the department had available concerning achievement of the goals for which the department and other state agencies are responsible. Finding little information relative to the goals of the other state agencies, we sent letters to these agencies requesting them to send us information that demonstrated the extent to which they had achieved the goals they could address.

To determine the counties' progress toward meeting the goals they could address independently and the goals they share with the State, we reviewed the department's guidelines and procedures for submitting master plans for eliminating alcohol and drug abuse. We also attempted to identify the procedures or requirements the department had established for assessing the progress counties had made toward achieving either the goals in the Health and Safety Code or the goals and objectives counties had included in their own master plans. Finally, we reviewed a sample of 10 county master plans to determine whether counties had reported any progress toward achieving these same goals and objectives.

CHAPTER ONE

STATE AGENCIES HAVE MADE PROGRESS TOWARD ACHIEVING MANY OF THE HEALTH AND SAFETY CODE GOALS FOR REDUCING ALCOHOL AND DRUG ABUSE

Although the State has not achieved all the goals set forth in Division 10.6 of the Health and Safety Code, it has achieved or made progress on 35 of the 40 goals. Based upon information various state agencies have provided, the State has fully achieved 13 (32.5 percent) of the 40 goals in the Health and Safety Code that they could address. In addition to the goals achieved, state agencies reported partial progress toward achieving another 22 (55 percent) of the 40 goals, with substantial progress being made toward some of these goals and little progress toward others. The State has made no progress on 5 (12.5 percent) of the goals.

The state agencies' reasons for not making much progress in the attainment of some of the goals included the lack of resources and a need for changes to the law that established these goals. These goals are only advisory and not mandated by law.

State Agencies Have Achieved 13 of the 40 Goals They Could Address

State agencies have achieved 13 (32.5 percent) of the 40 goals they could address, as set forth in Section 11998.1 of the Health and Safety Code. For some of these goals to be fully achieved, local governments must also address the goal. However, we did not evaluate local governments' progress on these goals.

The attainment of these goals has resulted in the following:

- More training in the detection and prevention of substance abuse for law enforcement officials, judges, teachers, and school administrators;
- The dissemination to California drivers of information on the dangers of drinking and driving;
- Sobriety check-points by the California Highway Patrol;
- A judge's consideration of the quantity of an illegal substance possessed when setting bail and when sentencing persons convicted of possessing illegal substances; and
- A program, operated by the California National Guard and local law enforcement agencies, designed to curb the transport of illegal substances into the State.

Appendix A lists each of the 13 goals that state departments have fully attained and what the departments have done to accomplish the goal. Two examples of the accomplishment of the goals will be discussed here.

The first example of an achieved goal deals with the addition of resource personnel to the public school system. Section 11998.1(g)(4) of the Health and Safety Code states, "The Superintendent of Public Instruction has employed drug and alcohol abuse school prevention specialists and assisted local school districts with the implementation of prevention programs."

The California Department of Education (CDE) reports that drug and alcohol specialists are employed at every level of the State's educational system. The CDE says it employs six such individuals and has established 10 regional centers across the State that also employ drug and alcohol prevention specialists. These centers assist county offices of education in developing and implementing drug and alcohol prevention programs in the schools. The county offices of education and some districts also have drug and alcohol specialists.

The California National Guard (guard) provides another example of a goal achieved by a state agency. Section 11998.1(i)(1) of the Health and Safety Code states, "The California National Guard supports federal, state, and local drug enforcement agencies in counternarcotic operations as permitted by applicable laws and regulations."

The guard reports that it aggressively supports federal, state, and local law enforcement agencies in counterdrug activities throughout the State. It views the supply reduction support it provides to law enforcement agencies as its highest priority short of catastrophic disaster or massive civil disturbances. The guard's Counterdrug Supply Reduction Plan for federal fiscal year 1992-93 lists over 50 federal, state, and local law enforcement agencies that have requested the guard's support. The plan states that the guard provided support to most of these same agencies in federal fiscal years 1990-91 and 1991-92. The guard further noted that, in the first six months of federal fiscal year 1992-93, it has assisted in the seizure of 60,501 pounds of marijuana, 11,174 pounds of cocaine, and 4,228 pounds of hashish.

State Agencies Have Partially Achieved 22 Goals

State agencies have made some progress toward, but have not fully achieved, 22 of the 40 alcohol and drug abuse goals they could address. In some cases, state agencies reported substantial progress toward achieving the goals. For example, Section 11998.1(i)(13) of the Health and Safety Code states:

Judges have been encouraged to include drug and alcohol abuse treatment and prevention services in sentences for all offenders. Judges are requiring, as a condition of sentencing, drug and alcohol abuse education and treatment services for all persons convicted of driving under the influence of alcohol or drugs.

The department designated the Judicial Council of California (Judicial Council) as the responsive state department for addressing this goal. The Judicial Council reports that judges do include drug and alcohol treatment and prevention services in their sentences, particularly if there has been a history of prior abuse and there appears to be a chance for rehabilitation. Also, drug education and treatment services are generally required for persons convicted of driving under

the influence of alcohol or drugs. However, because the Judicial Council did not report that judges were requiring education and treatment services for all persons convicted of driving under the influence of alcohol or drugs, we have concluded that this goal has been only partially achieved.

In other instances, the degree of progress a state agency has made toward achieving a goal is unclear because state agencies did not have the data available. For example, Section 11998.1(i)(15) of the Health and Safety Code specifies that, "The estimated number of clandestine labs operating in California has decreased by 10 percent per year." The Office of the Attorney General points out that, much like other types of covert activity, it is difficult to determine whether the number of clandestine drug laboratories has been reduced by a specific percentage. It surmises, however, that its enforcement programs are reducing the number of clandestine drug laboratories because of the dramatic increases in the seizure of these laboratories, increases in black market prices, and decreases in the availability of chemicals needed to produce illegal drugs. In 1986, 1987, 1988, 1989, 1990, and 1991, the office seized, respectively, 88, 213, 267, 359, 286, and 352 clandestine drug laboratories.

In many cases, however, state agencies reported some, but relatively little, progress toward achieving of the goals. For example, Section 11998.1(e)(3) of the Health and Safety Code states that, "Every public or private athletic team has been encouraged to establish policies forbidding drug and alcohol abuse." The department has designated itself as the state agency responsible for addressing this goal. The director of the department stated that his department has contacted three professional athletic teams and discussed with them the establishment of policies forbidding drug and alcohol abuse. Although these three contacts represent progress, the department still must contact many more public and private athletic teams in California before this goal will be achieved.

Appendix B lists all 22 goals state agencies have partially achieved and describes the progress the agencies reported in meeting these goals.

State Agencies Have Made No Progress in 5 Goals

State agencies have not made any progress toward achieving 5 of the 40 alcohol and drug abuse goals in the Health and Safety Code they could address. For example, Section 11998.1(g)(11) of the Health and Safety Code states that, "State treatment funding priorities have been included to specially recognize the multiple diagnosed client who would be eligible for services from more than one state agency." According to a chief deputy director, the department does not have the statutory authority to establish statewide funding priorities because funding priorities are determined at the local level. However, the department in collaboration with the Department of Mental Health is implementing Section 11776.5 of the Health and Safety Code to establish five demonstration projects regarding the multiple-diagnosed client.

One reason the agencies cited for not making any progress on these goals was insufficient resources. For example, Section 11998.1(a)(13) of the Health and Safety Code states that, "Drug and alcohol abuse knowledge has been established as a component on standardized

competency tests as a requirement for graduation." The CDE reported that competency in drug and alcohol knowledge is not a requirement for graduation. It points out that California has only two testing instruments: the California Assessment Program, which assesses the quality of education provided, and the California High School Proficiency Exam, which allows persons an opportunity to prove their proficiency in the basic skills and receive a certificate equal to a high school diploma. Neither of these tests drug and alcohol knowledge. The CDE states that funds do not exist to revise the tests to make them comply with Section 11998.1(a)(13), but it intends to submit a budget change proposal to make such revisions.

Appendix C lists each of the five goals towards which state agencies have made no progress and provides a synopsis of the agencies' comments relative to each goal.

CHAPTER TWO

COUNTIES TYPICALLY DO NOT REPORT THEIR PROGRESS IN ACHIEVING MASTER PLAN GOALS FOR REDUCING ALCOHOL AND DRUG ABUSE

One of the goals of the Health and Safety Code is to encourage the counties to prepare master plans for reducing drug and alcohol abuse. The Department of Alcohol and Drug Programs (department) has taken the lead in meeting this goal by preparing guidelines that counties are to follow in preparing their master plans. All 58 counties in the State are in some stage of developing a master plan for reducing drug and alcohol abuse, and, as of September 3, 1992, 44 counties had prepared plans and submitted them to the department. However, with few exceptions, information on the counties' progress in meeting the other goals specified in Section 11998.1 of the Health and Safety Code is not available at the department. The department does not require counties to address these goals nor report their progress in meeting these goals because, according to the director, it does not have the statutory authority to do so. However, the department has, over the last three years, developed five sets of guidelines, which are called "requests for application," for counties to use in preparing their master plans; these guidelines allow counties to identify their own needs and establish their own goals and objectives. The department does not require counties to report their progress toward achieving their own goals and objectives.

The Procedure for Obtaining County Participation

Over the last three years, the department has issued four requests for application (RFA) to solicit county participation in the master planning process. The RFAs prescribe procedures for counties to follow when they apply to the department for funds to support the master planning process. The department bases the funds it provides to each county on the county's population and the estimated staff the county should need for the planning process. The RFAs require counties to prepare county master plans and submit them to the department. The RFAs also specify the type of information the counties should include and the format they should follow for the master plans they prepare. In addition to the instructions provided in each of four RFAs, the department also has developed a fifth RFA that is an "optional format" that counties can use to prepare their master plans. Finally, the RFAs establish the dates when counties are supposed to submit their master plans to the department. The department also has instructed counties to develop second year updates to their master plans.

Progress in Developing Master Plans and Forming Advisory Bodies

The California Health and Safety Code, Section 11998.1, establishes 52 goals that counties could address. One of these goals, in subsection (f)(1), is that every county have a five-year master plan to eliminate drug and alcohol abuse. These plans were to be developed jointly by the county-designated alcohol and drug program administrators, reviewed jointly by a county

advisory board and approved by the board of supervisors. As of September 3, 1992, 44 of California's 58 counties had submitted master plans to the department. The department required the remaining 14 to submit master plans by July 30, 1993. Of these 14 counties, 13 had submitted applications to participate in the master planning process by June 1992 and one was in the process of preparing its application. In addition to the 44 master plans initially submitted, 12 counties have submitted second year updates to their master plans.

Another goal, in Section 11998.1(f)(2), is that all counties have an advisory board on alcohol problems and an advisory board on drug programs. The law specifies the representation that these advisory boards should have and advises that, to the maximum extent possible, these boards have representatives from various segments of society, such as law enforcement, education, and the judiciary. The department's RFAs require counties to describe their master plan advisory bodies in their master plans. In a random sample of 10 counties' master plans, all 10 contained descriptions of these advisory bodies.

One of the goals specified in the Health and Safety Code is for each county's board of supervisors to prepare and adopt a county master plan. This section also states that the Legislature's intent is that every county master plan include quantitative outcome objectives, such as a reduction in the number of alcohol and drug related arrests to measure progress in the areas of prevention, education, enforcement, and treatment. Additionally, the Health and Safety Code advises the board of supervisors together with the county advisory boards to annually assess the counties' progress in reaching its long range goals.

Counties Are Not Required To Report Progress Toward Achieving Goals or Objectives

Except for the Health and Safety Code goals requiring counties to prepare master plans and to establish advisory bodies, the department does not require counties to include in their master plans any of the other goals or quantitative outcome objectives established in the Health and Safety Code or to report their progress in achieving these goals and objectives. Furthermore, the department does not require counties to report progress in meeting their own goals or objectives. According to the director, the department does not require this reporting because it does not have the statutory authority to do so.

Although the department has not required counties to include any specific Health and Safety Code goals or objectives in their master plans, its RFAs and optional plan format specifies other types of information, such as needs assessments and descriptions of existing services, for counties to include in their master plans. The department specified these types of information rather than the goals and objectives of the Health and Safety Code because, according to the director, this approach has allowed the counties to identify their own needs and to establish their own goals and objectives while still addressing the intent of the Legislature. In passing the provisions of Health and Safety Code, Division 10.6, the Legislature intended to accomplish all of the following:

- Establish lines of communication and avenues of coordination that eliminate unnecessary duplication and facilitate networking and the development of a united approach to substance abuse problems.
- Maximize and more effectively use existing resources currently invested in the tremendous efforts to reduce drug and alcohol abuse.
- Provide new funding sources to supplement current financial commitments.
- Provide direction for legislative, budgetary, and public policy decisions affecting drug and alcohol services.

Information That Counties Include in Their Master Plans

Although the type of information requested in each of the department's four RFAs and the optional master plan format are similar, there is some variation from one document to another.

The department's first RFA was issued in November 1989, the second in April 1990, and the third in January 1991. With some differences, the first three RFAs required the counties to provide the information in the four areas that follow:

- A description of each county's master plan advisory body including its mission statement, a statement of its roles and responsibilities, procedures for providing information to the public on the roles and responsibilities of service organizations, and procedures to ensure communications and information sharing among advisory body members.
- A county action plan to include a description of the existing drug and alcohol service systems, the results of a county-administered needs assessment, and a strategy for instituting new or expanded services and activities. Each of these action plan elements must focus separately on the areas of health, social services, education, and criminal justice.
- A county assessment of progress in reaching planning and service objectives. This should include a methodology for evaluating the county's planning and implementation efforts related to meeting the goals and objectives of the Health and Safety Code, Division 10.6, and an assessment of the county's progress in reaching the planning and service objectives the county defined in its application.
- A description of the processes to be used to resolve local service delivery problems, recommendations for service delivery to persons with developmental, physical or mental disabilities, and recommendations for policy initiatives to enhance service delivery and promote alcohol and drug free environments.

A discussion of a segment from one of the counties' master plans might be helpful in providing a sense of the detail presented in the county plans. Butte County is one of the 44 counties that has submitted a master plan to the department. The plan presents the results of a needs assessment by the county. The needs assessment identifies and describes a target population, identifies the type of service program to be delivered, provides a description of the services needed, identifies the agencies that should provide the services, and estimates the size of the targeted population. More specifically, for a particular type of needed service, it identifies "Youth" as the target population and describes the target population as "K-6 students and their parents." It describes the type of program as "School-based Prevention Education, Social Services." Also, the plan describes the services needed as "Intervention Services" and identifies, "Community Youth Links and Community Counseling Center" as the agency that should provide the service.

The department's optional master plan format, issued in April 1991, includes requirements for the following information:

- An executive summary to include reasons the county is participating in the master planning process and major findings and policy recommendations in the education, social, health, and criminal justice service systems.
- A county overview to include a description of the county and an organizational chart showing the relationships between the county alcohol and drug administrators, the board of supervisors, and the master plan advisory body.
- A brief narrative on the purpose, role, and structure of the master plan advisory body, the subcommittees and mission statements, and representation from diverse cultural and ethnic groups residing in the county.
- A brief statement of the methodology used for conducting the needs assessment, the needs identified within each of the service systems, strategies for addressing unmet needs and for reducing duplication of services, and recommendations for eliminating barriers that require action at the state and/or federal level.
- A description of planning objectives to be accomplished in the second year. This requirement applied only to those counties that wanted to receive funds for master planning activities in the second year.

In response to the fourth section outlined above, one county's master plan identified 35 needs. For example, the county identified the following need:

More coordination with other social service agencies would enhance education's efforts to deal effectively with the problems of drug and alcohol abuse among the student population. Several school personnel recommended that other social service agencies, such as Department of Public Social Services and Mental Health, set up offices on school campuses so that parents and children can access these services more readily.

In January 1992, the department issued a fourth RFA for use, according to the director, by the last three counties that applied to participate in the master planning process. According to the director, this RFA eliminates duplication of material that counties already provide to the department in their drug program plans and their alcohol program plans.

We conducted this review under the authority vested in the state auditor by Section 8543 et seq. of the California Government Code and according to generally accepted governmental auditing standards. We limited our review to those areas specified in the audit scope of this report.

Respectfully submitted,

KURT R. SJOBERG
State Auditor

Date: September 23, 1993

Staff: Steven M. Hendrickson, Audit Principal
William Anderson, Staff Auditor

APPENDIX A

THE HEALTH AND SAFETY CODE GOALS STATE AGENCIES HAVE ACHIEVED

Section 11998.1(g)(2)

The Office of Criminal Justice Planning [OCJP] has required all applicants for crime prevention and juvenile justice and delinquency prevention funds to include drug and alcohol abuse prevention efforts in their programs.

Reported Progress

The OCJP has seven local assistance programs that provide grants for crime prevention and for juvenile justice and delinquency prevention. Under these programs, the OCJP requires grant recipients to include alcohol and drug abuse prevention and intervention efforts in their programs.

Section 11998.1(g)(3)

All county applications for direct or indirect drug and alcohol services funding from the department include a prevention component.

Reported Progress

According to the director of the Department of Alcohol and Drug Programs (department), the only "applications" for state or federal funds that his department receives from counties are the counties' alcohol plans, drug plans, and responses to department requests for applications or proposals to participate in federal grant programs. The department requires counties to include a prevention component in their drug, alcohol, or drug and alcohol plans. We sampled 12 county plans and found a prevention component in each of them. However, the director states that some federal grant specifications preclude counties from including a prevention component in their applications to the department for federal grant funds.

Section 11998.1(g)(4)

The Superintendent of Public Instruction has employed drug and alcohol abuse school prevention specialists and assisted local school districts with the implementation of prevention programs.

Reported Progress

The California Department of Education (CDE) reports that drug and alcohol specialists are employed at every level of the State's educational system. The CDE says it employs six such individuals and has established 10 regional centers across the State that also employ drug and alcohol prevention specialists. These centers assist county offices of education in developing and implementing drug and alcohol prevention programs in the schools. County offices of education and some districts also have drug and alcohol specialists, but these specialists, according to the CDE, are in jeopardy of losing their positions because of budget cuts.

Section 11998.1(g)(6)

The Department of California Highway Patrol [CHP], as permitted by the United States Constitution, has established routine statewide sobriety checkpoints for driving while under the influence.

Reported Progress

The CHP reports that it conducts periodic sobriety checkpoints statewide to detect drivers who are driving under the influence and remove them from the roadways. In 1990, the CHP conducted 84 sobriety checkpoints, which resulted in 599 arrests for driving under the influence and 176 other arrests.

Section 11998.1(g)(8)

The Department of Motor Vehicles has distributed prevention materials with each driver's license or certificate of renewal and each vehicle registration renewal mailed by the Department of Motor Vehicles.

Reported Progress

The Department of Motor Vehicles reports that, since approximately 1985, it has included a blood alcohol concentration insert in driver license and vehicle registration mailings. The insert warns that, "There is no safe way to drive after drinking." Twenty-eight million of these inserts are mailed annually. The department considered inserting other substance abuse brochures that other agencies had available at little or no cost but deemed it inappropriate because the weight would significantly increase postage.

Section 11998.1(g)(9)

Federal prevention programs have been encouraged to follow the master plan.

Reported Progress

In January 1992, the director of the Department of Alcohol and Drug Programs sent a letter to the federal Office of Substance Abuse Prevention (OSAP) which, according to the director, administers all federal prevention programs. In this letter, the department's director recommended that OSAP require all agencies applying for OSAP grants to obtain the endorsement of local planning bodies for alcohol and drug abuse prevention. The director further stated that the department will endorse only those grant applications that it finds consistent with local priorities.

Section 11998.1(i)(1)

The California National Guard [guard] supports federal, state, and local drug enforcement agencies in counternarcotic operations as permitted by applicable laws and regulations.

Reported Progress

The guard reports that it aggressively supports federal, state, and local law enforcement agencies in counterdrug activities throughout the State. It views the supply reduction support it provides to law enforcement agencies as its highest priority short of catastrophic disaster or massive civil disturbances. The guard's Counterdrug Supply Reduction Plan for federal fiscal year 1992-93 lists over 50 federal, state, and local law enforcement agencies that have requested the guard's support. The plan states that the guard provided support to most of these same agencies in federal fiscal years 1990-91 and 1991-92.

Section 11998.1(i)(4)

The Office of Criminal Justice Planning, the Youth and Adult Correctional Agency, and the Department of Justice have, as a priority when determining training subjects, prevention seminars on drug and alcohol abuse. The Commission on Peace Officer Standards and Training has, as a priority when determining training subjects, drug and alcohol enforcement.

Reported Progress

The OCJP reports that it places a priority on training for specific programmatic and technical areas concerning prevention and intervention of alcohol and drug abuse. Within the Youth and Adult Correctional Agency, the Department of Corrections reports that, as a prevention strategy, it provides substance abuse

education for inmates and parolees and substance abuse training for its staff. The Department of the Youth Authority reports that it has met this goal by providing four hours of refresher training for each of its field parole agencies. This training focuses on increasing the agents' awareness of drugs that are currently popular in each region, statewide enforcement strategies, and early drug abuser identification techniques. In addition, the Board of Corrections reportedly has approved training curriculums for use by local correctional agencies. These curriculums include specific instruction on supply reduction and regulation.

The Department of Justice reports that, between 1987 and 1990, it conducted a series of seminars entitled "Challenge To Prevent Youth Drug and Alcohol Abuse," attended by representatives of more than 150 communities. In addition, the Department of Justice sponsors two annual School/Law Enforcement Partnership Conferences, one each in northern and southern California. Between 1988 and 1992, these conferences emphasized drug abuse prevention, drug-free zones, youth gang prevention, and multicultural awareness. More than 500 representatives from law enforcement agencies, schools, school districts, state agencies, and community groups have attended these conferences annually. Also, the department's staff conduct training workshops throughout the State on drug and alcohol abuse prevention and drug-free zones. In addition, the department's Advanced Training Center offers a course for local law officers who, in turn, teach drug education and awareness to faculty, students, community members, parents, and others.

The Commission on Peace Officer Standards and Training reports that it has developed and certified, as well as reimbursed the cost of, several training courses related to drug and alcohol abuse.

Section 11998.1(i)(5)

The Department of California Highway Patrol, as permitted by the United States Constitution, will in conjunction with establishing sobriety checkpoints statewide, assist local law enforcement agencies with the establishment of local programs.

Reported Progress

The CHP reports that it does assist local law enforcement agencies with establishing sobriety checkpoint operations by making available to those agencies both its staff as an information source and a copy of the CHP Sobriety Checkpoint Manual. In addition, approximately one quarter of the more than 400 sobriety checkpoints that it will be conducting in fiscal year 1992-93 will be done in conjunction with local law enforcement agencies.

Section 11998.1(i)(7)

The courts, when determining bail eligibility and the amount of bail for persons suspected of a crime involving a controlled substance, shall consider the quantity of the substance involved when measuring the danger to society if the suspect is released.

Reported Progress

The Judicial Council reports that courts do consider the quantity of a controlled substance when determining bail for persons suspected of a crime involving those substances. The bail will generally be higher if a substantial quantity of the substance is involved.

Section 11998.1(i)(10)

All parolees and persons on probation with a criminal history that involves drug or alcohol abuse have conditions of parole or probation that prohibit drug and alcohol abuse.

Reported Progress

The Department of Corrections reports that, before a parolee's release on parole, an examination is conducted to reveal whether a substance abuse history is evident. If such evidence is found, the parolee is required to abstain from drug and alcohol use. Parolees are monitored for adherence to this requirement through random urinalysis. During the parole period, the parole agent can initiate testing if it is believed to be appropriate.

The Department of the Youth Authority reported that the Youthful Offender Parole Board had, for several years, consistently prohibited drug and alcohol abuse as a condition of parole for all parolees with a criminal history that involves drug and alcohol abuse. In addition, these parolees are required to submit to urine testing as directed by their parole agents.

Section 11998.1(i)(11)

The Judicial Council has provided training on drug and alcohol abuse for the judges.

Reported Progress

The Judicial Council reports that it has provided substantial education of judges concerning drug and alcohol abuse since the master plan legislation went into effect in 1989. Some of this training involved the Criminal Law Institute, Family Law Institute, Juvenile Courts Institute, and Judicial College.

Section 11998.1(i)(12)

The courts, when sentencing offenders convicted of selling drugs, consider "street value" of the drugs involved in the underlying crime.

Reported Progress

The Judicial Council reports that courts generally do consider the street value of drugs involved in the underlying crime when sentencing offenders convicted of selling drugs. The council says that, although most sales are of small quantities of lesser value, defendants will usually be sentenced to state prison when the street value is higher than normal.

APPENDIX B

**THE HEALTH AND SAFETY CODE GOALS
STATE AGENCIES HAVE PARTIALLY ACHIEVED**

Section 11998.1(a)(1)

Drug and alcohol abuse education has been included within the mandatory curriculum in kindergarten and grades 1 through 12, inclusive, in every public school in California.

Reported Progress

Based on a status report entitled "Alcohol, Tobacco, and Other Drug Use Prevention Program in California Schools," dated October 1991, the California Department of Education reported the percentages of districts providing drug and alcohol instruction to students, although the report does not indicate if the curriculum is mandatory. The report provided the following percentages:

<u>Grade Level</u>	<u>Percentage of Districts</u>
K-3	87
4	90
5	92
6	89
7	82
8	74
9	56
10-12	66
Any grade level	99

Section 11998.1(a)(9)

The California State University and the University of California have evaluated and, if feasible, established educational programs and degrees in the area of drug and alcohol abuse.

Reported Progress

The University of California reports that it offers certificate programs in alcohol and drug studies through its extension programs, as well as conferences, seminars, and courses that address multiple aspects of drug and alcohol use, abuse, and research. The University of California also includes drug and alcohol subjects in undergraduate and graduate coursework in its schools and departments of education, social work, public health, nursing, medicine, psychology, and

biological sciences for teachers in credential programs. It does not, however, offer a degree in alcohol or drug studies.

The California State University (CSU) reports that it provides instruction in drug and alcohol abuse as a component of academic degrees in health sciences, counseling, and psychology. In addition, CSU reports that special certificates in drug and alcohol abuse education may be earned at certain campuses. It does not, however, currently offer a degree program in drug and alcohol abuse. CSU reports that it will bring this matter to the attention of its faculty and academic administrators so they can consider the possibility of offering such a degree program.

Section 11998.1(a)(12)

Drug and alcohol abuse training has been imposed as a condition for teacher credentialing and license renewal, and knowledge on the issue is measured on the California Basic Education Skills Test [CBEST].

Reported Progress

The Commission on Teacher Credentialing (commission) reports that the California Education Code requires all candidates for either the multiple subject (elementary) or the single subject (secondary) Professional Teaching Credential in this state to complete a college or university course in health. The code specifies that the content of this health course must include an emphasis on the harmful effects of alcohol and drug abuse. However, the commission states that testing candidates' knowledge of the harmful effects of drug and alcohol abuse as a part of the CBEST is not consistent with the intent of the CBEST and would require a change to the California Education Code. According to the commission, the Legislature added this basic skills test for credential candidates because of a widespread public feeling that teachers did not have sufficient grasp of the basic skills of reading comprehension, composition, and mathematics. The commission did not report whether drug and alcohol abuse training was a condition of license renewal.

Section 11998.1(c)(1)

The State has established a comprehensive media campaign that involves all facets of the drug and alcohol abuse program, including treatment, education, prevention, and intervention that will result in increasing the public's knowledge and awareness of the detrimental effects of alcohol and drug use, reducing the use of alcohol and drugs, and increasing healthy life-style choices.

Reported Progress

The Department of Alcohol and Drug Programs (department) has prepared a concept paper that describes a program called "Partnership For a Drug-Free California" to deliver anti-drug messages through the media. The concept paper contains an action plan that scheduled the implementation of the program to begin in July 1992. As of October 1992, a number of the initial tasks in the action plan had been either started or completed. For example, a steering committee was formed and a slide presentation prepared.

Section 11998.1(c)(2)(A)

The department, on a statewide basis, has assisted the entertainment industry in identifying ways to effectively use the entertainment industry to encourage life-styles free of substance abuse.

Reported Progress

According to a chief deputy director, the department has helped the entertainment industry in two ways to identify methods for effectively using its industry to encourage lifestyles free of substance abuse. First, the department has provided funds to local Friday Night Live organizations, which have on occasion obtained entertainment industry personalities and or groups to perform at Friday Night Live functions. Second, it has invited entertainment industry personalities to participate in other events staged to encourage drug-free lifestyles.

Section 11998.1(c)(2)(B)

The department on a statewide basis has assisted the manufacturers of drug and alcohol products in identifying ways to effectively use product advertising to discourage substance abuse.

Reported Progress

In both 1991 and 1992, a deputy director for the department wrote letters to one alcoholic beverage manufacturer, Anheuser-Busch Companies, commenting on and asking questions about the company's consumer awareness and education efforts. The deputy director also encouraged the company to increase the frequency that it airs commercial messages encouraging responsible alcohol use .

Section 11998.1(c)(2)(C)

The department on a statewide basis has assisted television stations in identifying ways to effectively use television programming to encourage life-styles free of substance abuse.

Reported Progress

A chief deputy director of the department states that its "Partnership For a Drug-Free California" will assist television stations as this goal specifies.

Section 11998.1(c)(3)

A statewide cooperative fund-raising program with recording artists and the entertainment industry has been encouraged to fund drug and alcohol abuse prevention efforts in the State.

Reported Progress

According to a chief deputy director, the department encourages statewide fund raising activities with recording artists and the entertainment industry. The department provides funds to local Friday Night Live organizations which have, on occasion, used recording artists and the entertainment industry to perform at Friday Night Live fund raising functions. Under the authority contained in Sections 11841 and 11987.9 of the Health and Safety Code, revenue collected at such fund raising functions is used for additional alcohol and drug prevention services.

Section 11998.1(d)(3)

The Medical Board of California, the Psychology Examining Committee, the Board of Registered Nursing, and the Board of Behavioral Science Examiners have developed and implemented the guidelines or regulations requiring drug and alcohol abuse training for their licensees, and have developed methods of providing training for those professionals.

Reported Progress

These four agencies license physicians, psychologists, registered nurses, licensed clinical social workers, and marriage, family, and child counselors. State law, since being amended in 1984, has required that all applicants for licensure in these professions have been trained in detecting and treating alcoholism and other chemical substance dependency. However, none of the four agencies reported that they have required alcohol and drug abuse training for their licensees who were not subject to the new requirements in the 1984 amendment. Each agency, though, has reported methods by which their licensees can receive alcohol and drug abuse training.

According to the Medical Board of California, which licenses physicians, the American Association of Medical Colleges establishes the content, curriculum and credits for these subjects. In addition, the board reports that the California Medical Association has certified a number of continuing education courses in chemical dependency for physicians to take.

In 1989, the Board of Psychology, formerly the Psychology Examining Committee, implemented regulations outlining criteria the training course for applicants must meet. For those licensees not affected by the 1984 training requirement, the Board of Psychology's executive officer reports that recently enacted legislation requires all its licensees to complete a specified number of continuing education hours as a requirement of license renewal. The executive officer also states that his board will be requiring that all licensees have updated training in detecting and treating substance abuse in order to renew their licenses.

The Board of Registered Nursing (BRN) reports that it has adopted curriculum guidelines concerning alcohol and drug abuse that schools of nursing must follow. In addition to the alcohol and drug abuse training that the law requires of applicants, the BRN directs alcohol and drug abuse education toward all of its licensees (more than 250,000) in conjunction with its Drug Diversion Program. Since 1987, it has made an estimated 300 educational presentations that focus on the disease of alcoholism and drug dependency. Further, in 1987, 1989, and 1991, the BRN published reports containing information about its diversion program and about chemical dependency. According to the BRN, these reports are mailed to all California licensees.

The Board of Behavioral Science Examiners licenses marriage, family, and child counselors and licenses clinical social workers. According to the executive director of the Board of Behavioral Science Examiners, in 1986, it adopted Title 16 of the California Code of Regulations, which specifies the content of the alcohol and drug abuse training that the law requires of all applicants for licensure.

Section 11998.1(e)(3)

Every public or private athletic team has been encouraged to establish policies forbidding drug and alcohol abuse.

Reported Progress

According to the director of the Department of Alcohol and Drug Programs, his department has contacted three professional athletic teams and encouraged them to establish policies forbidding drug and alcohol abuse.

Section 11998.1(g)(1)

The Department of Alcoholic Beverage Control [ABC] has informed all alcohol retailers of the laws governing liquor sales and has provided training to all personnel selling alcoholic beverages, on identifying and handling minors attempting to purchase alcohol.

Reported Progress

The ABC reported that it has a training program for its more than 60,000 existing retail licensees plus their employees and for the approximately 15,000 persons who apply annually for retail licenses. This training program, called the Licensee Education on Alcohol and Drugs, covers some of the laws relative to alcoholic beverage sales and has a component dealing with the prevention of sales of alcoholic beverages to minors. Between January 1, 1991, and June 30, 1992, the program had trained 14,383 people, 4,380 of whom were licensees. In addition, 3,832 people have attended applicant training sessions. By October 1992, the ABC expected to have a video in English, Spanish, and Korean that it will show to every retail license applicant and that interested individuals may purchase at a nominal cost. In addition to the training program, the ABC reports that its staff informs retailers of the laws during the normal course of business, and it distributes the booklet Questions and Answers Concerning the Alcoholic Beverage Control Act and the Alcoholic Beverage Control Act. The ABC states that "It would be impossible to quantify this information dissemination aspect of our goal."

Section 11998.1(g)(5)

The State Department of Mental Health has staff trained in drug and alcohol abuse prevention who can assist local mental health programs with prevention efforts.

Reported Progress

The Department of Mental Health reports that it has designated one staff person, who is trained in drug and alcohol abuse prevention, to assist in its statewide dual diagnosis effort to provide services for people who are both mentally ill and are chemical abusers. This individual has been working with the Department of Alcohol and Drug Programs to issue a request for application for dual diagnosis programs in local communities. Two million dollars will be available for these programs. In addition, the Department of Mental Health reports that it has distributed booklets on dual diagnosis and substance abuse prevention to counties and constituency groups throughout California.

Section 11998.1(g)(7)

The Department of Corrections and the Department of the Youth Authority have provided drug and alcohol abuse education and prevention services for all inmates, wards, and parolees. Both departments have provided drug and alcohol abuse treatment services for any inmate, ward, or parolee determined to be in need of these services, or who personally requests these services.

Reported Progress

The Department of Corrections reports that it has a wide variety of programs that provide education, prevention, and treatment services to many thousands of inmates and parolees. A 1991 survey of its 21 institutions found that more than 10,000 inmates were receiving some type of substance abuse services through almost 190 programs. In 1991, the Department of Corrections housed more than 95,000 inmates and supervised more than 70,000 parolees. However, it did not indicate what proportion of those inmates and parolees needing or requesting treatment services has received those services. It did report that available resources allow it to provide services only for those inmates who want to participate in the department's programs. The Department of Corrections said that it is not fiscally able to provide substance abuse treatment or education services on demand.

The Department of the Youth Authority (youth authority) reports that it provides drug and alcohol abuse education and awareness and prevention materials such as posters and booklets to each institution, camp and parole office for distribution to the general ward and parolee population. The youth authority says that, since the 1989-90 fiscal year, it has attempted to obtain funding for a drug education and awareness curriculum for delivery to each ward and staff person in its organizations. Although these attempts have not been successful, the youth authority says it will continue to seek a funding source for the project. In addition, it reports that it currently has adequate bed space (1600 institutional and 103 residential) to provide treatment services for its wards and parolees who have a history of either alcohol or drug abuse or who have personally requested treatment services. However, a recent study projects that an additional 900 treatment beds will be needed by fiscal year 1995-96.

Section 11998.1(g)(10)

State licensing and program regulations for drug and alcohol abuse treatment programs have been consolidated and administered by one state agency.

Reported Progress

The Department of Alcohol and Drug Programs administers licensing and program regulations that cover the following programs: county alcohol programs, programs for alcohol and drug-impaired drivers, methadone treatment programs, and alcoholism or drug abuse recovery or treatment facilities. However, two other state agencies administer licensing regulations pertaining to facilities that also provide treatment programs for drug and alcohol abuse. As authorized by the Health and Safety Code, the Department of Health Services licenses health facilities, including chemical dependency recovery hospitals.

Also, the Department of Social Services licenses residential facilities for individuals under 18 years old.

Section 11998.1(g)(12)

Every state agency has formalized employee assistance programs that include the treatment of drug and alcohol abuse-related problems.

Reported Progress

All agencies in the executive branch of state government appear to have formal employee assistance programs that provide problem assessment and referral services. Also, most agencies' programs provide a limited number of counseling sessions for various problems including those related to drug and alcohol abuse. A common source for treatment of drug and alcohol abuse problems available to all programs is the employees' health benefits plans, all of which provide some level of treatment for drug and alcohol abuse related problems.

Most state agencies participate in the Department of Personnel Administration's contract with Occupational Health Services, Inc. (OHS), which provides employee assistance program services to eligible employees and dependents with personal or medical-behavioral problems. Under this contract, OHS assesses the nature and severity of employees' and dependents' problems, provides short-term treatment counseling whenever appropriate, develops a treatment and referral plan when necessary, and for cases requiring referral, selects the most appropriate community resource. The number of counseling sessions OHS provides an employee and dependents is limited to three or seven sessions per problem type per year, depending upon the employee's position, bargaining unit, and employer. One source to which OHS and other programs can refer an employee for treatment is the employee's health benefits plan. A summary of the health benefits of each plan (published in 1992 by the California Public Employees Retirement System) shows that each plan provides treatment services under the categories of either mental health or alcohol and drug abuse. However, each of the health plans have various limitations on the amount and type of services they will provide, and some plans require employees to pay a per-visit charge.

The State Bar of California (state bar) has its employee assistance program services provided by Personal Performance Consultants, Inc., which provides the same type of services as those OHS provides under its contract with the State.

All of the remaining state agencies have an internal employee assistance program that uses state agency staff for various program functions. The state agencies having their own internal programs are the State Compensation Insurance Fund, Board of Equalization, Franchise Tax Board, Department of General Services, Department of Social Services, University of California, Hastings College of

Law, California State University, and within the Department of Developmental Services, the seven state developmental centers.

Section 11998.1(g)(14)

The Department of Commerce, in coordination with private industry, encourages the creation of employee alcohol and drug abuse prevention programs in the workplace or provides information to employees on treatment or recovery programs that are available to them.

Reported Progress

The Department of Commerce's director, special projects, reports that he has made presentations regarding drugs in the workplace to representatives of the public and private sectors. The reported purpose of these presentations is to "encourage businesses to create programs which address drug and alcohol abuse as it affects employees, safety, and productivity." The director's presentation focuses, in part, on the magnitude of the problem of drugs in the workplace and discusses examples of companies with effective drug testing programs and employee assistance programs.

Section 11998.1(h)(4)

Adequate nonresidential and residential services are available statewide for juveniles in need of alcohol or drug abuse services.

Reported Progress

The Department of Alcohol and Drug Programs (department) has listed 23 residential treatment programs, which it certified, that treat adolescents in need of alcohol or drug abuse services. According to a chief deputy director, the department has not determined the adequacy of the existing numbers of residential and nonresidential facilities. Additionally, according to the chief deputy director, the department is planning an epidemiological study to determine the statewide need for such residential and nonresidential facilities.

Section 11998.1(h)(5)

Each provider of alcohol or drug services has been certified by the State.

Reported Progress

The Health and Safety Code authorizes the Department of Alcohol and Drug Programs to grant certification to any alcoholism or drug abuse recovery or treatment program seeking certification. A July 1992 status report by the department's Licensing and Certification Branch listed 778 nonmedical alcoholism and drug abuse recovery or treatment facilities that it had licensed and/or certified. The report also indicated that 577 of these facilities had their drug programs, their alcohol programs, or both certified by the department.

Section 11998.1(i)(3)

The Office of Criminal Justice Planning, the Youth and Adult Correctional Agency, the Department of California Highway Patrol, the Office of Traffic Safety, and the Department of Justice have established a state level drug and alcohol abuse enforcement team that includes representatives from all facets of criminal justice. The lead agency for the enforcement team has been designated by the governor. This team advises the state and assists the local teams.

Reported Progress

According to the chief deputy director, the Governor's Policy Council (policy council) serves as the State Level Drug and Alcohol Abuse Enforcement Team. The policy council was established pursuant to Executive Orders D-70-88 and W-16-91. The Office of Criminal Justice Planning, the Youth and Correctional Agency, (Department of Youth Authority and Department of Corrections), California Highway Patrol, Office of Traffic Safety, and the Department of Justice serve on the policy council. Executive Order W-16-91 requires the director of the Department of Alcohol and Drug Programs to chair the policy council. One function of the policy council is to advise the State regarding drug supply regulation and reduction.

Section 11998.1(i)(9)

All probation and parole officers have received drug and alcohol abuse training, including particular training on drug recognition.

Reported Progress

The Department of Corrections reports that its parole agencies receive eight hours of substance abuse training and will be receiving additional training on a new drug abuse recognition technique. Further, an additional five hours of training on

the dynamics of addiction and alternatives to parole revocation have been approved.

The Department of the Youth Authority reported that it met this goal by providing four hours of refresher training to each parole agent during March 1992. This training focused on recognition of a wide variety of drugs and on increasing the parole agents' awareness of currently popular drugs in each region of the State.

Section 11998.1(i)(13)

Judges have been encouraged to include drug and alcohol abuse treatment and prevention services in sentences for all offenders. Judges are requiring, as a condition of sentencing, drug and alcohol abuse education and treatment services for all persons convicted of driving under the influence of alcohol or drugs.

Reported Progress

The Judicial Council of California reports that judges do include drug and alcohol treatment and prevention services in such sentences, particularly if there has been a history of prior abuse and there appears to be a chance for rehabilitation. Also, drug education and treatment services are generally required for persons convicted of driving under the influence of alcohol or drugs. Because the council reported that education and treatment services are generally required for persons convicted of driving under the influence of alcohol and drugs, rather than required for all such persons, we have concluded that this goal has been only partially achieved.

Section 11998.1(i)(15)

The estimated number of clandestine labs operating in California has decreased by 10 percent per year.

Reported Progress

The Office of the Attorney General points out that, much like other types of covert criminal activity, it is difficult to determine whether the number of clandestine drug laboratories has been reduced by a specific percentage. It surmises, however, that its enforcement programs are reducing the number of clandestine drug laboratories because the seizure of these laboratories has increased dramatically, black market prices have increased, and the availability of chemicals needed to manufacture illegal drugs has decreased. In 1986, 1987, 1988, 1989, 1990, and 1991, the office seized, respectively, 88, 213, 267, 359, 286, and 352 clandestine drug laboratories.

APPENDIX C

THE HEALTH AND SAFETY CODE GOALS TOWARD WHICH STATE AGENCIES HAVE MADE NO PROGRESS

Section 11998.1(a)(13)

Drug and alcohol abuse knowledge has been established as a component on standardized competency tests as a requirement for graduation.

Comments

The California Department of Education (CDE) reported that, although it is a department goal, competency in drug and alcohol knowledge has not been made a requirement for graduation. The CDE points out that California has two testing instruments: the California Assessment Program, which assesses the quality of education provided, and the California High School Proficiency Exam, which allows persons an opportunity to prove their proficiency in the basic skills and to receive a certificate equal to a high school diploma. However, neither test assesses drug and alcohol abuse knowledge. The CDE states that funds do not exist to revise these tests to satisfy section 11998.1(a)(13), but it intends to submit a budget change proposal to make such revisions.

Section 11998.1(b)(1)

Every community-based social service organization that receives state and local financial assistance has drug and alcohol abuse information available for clients.

Comments

The Department of Social Services (DSS) believes there is some question as to whether this goal applies to itself because it is not specifically named in this statute. However, the DSS stated that it is very willing to comply with this goal to the extent that drug and alcohol counseling to clients is consistent with the primary intent of its contracts with community-based organizations. The DSS requires all private, nonprofit, community-based organizations to have a drug awareness program for employees. This program, the DSS believes, benefits clients but to what extent is not being measured at this time. The DSS did not report whether any of its contracts required community-based social service organizations either to provide counseling services or to make drug and alcohol abuse information available to clients in some other form.

Section 11998.1(e)(2)

Noteworthy and publicly recognized figures and private industry have been encouraged to sponsor fund-raising events for drug and alcohol abuse prevention.

Comments

The director of the Department of Alcohol and Drug Programs stated that the department decided not to utilize state resources to sponsor fund raising or other activities that benefit private sector alcohol and drug abuse programs because using state resources to benefit such programs could constitute a gift of public funds.

Section 11998.1(g)(11)

State treatment funding priorities have been included to specially recognize the multiple diagnosed client who would be eligible for services from more than one state agency.

Comments

According to a chief deputy director, the Department of Alcohol and Drug Programs does not have the statutory authority to establish statewide funding priorities. Funding priorities are determined at the local level. However, the department in collaboration with the Department of Mental Health is implementing Section 11776.5 of the Health and Safety Code to establish five demonstration projects regarding the multiple diagnosed client.

Section 11998.1(g)(13)

The state master plan includes specialized provisions to ensure optimum drug and alcohol abuse service delivery for handicapped and disabled persons.

Comments

According to a chief deputy director of the Department of Alcohol and Drug Programs, although the state master plan did not include specialized provisions to ensure the optimal delivery of services to handicapped and disabled persons, the department has been active in ensuring the delivery of alcohol and drug services to handicapped and disabled persons. The department, in providing funds to counties for alcohol and drug services, requires counties to assure compliance with Section 504 of the Rehabilitation Act of 1973. To assist counties and providers in complying with Section 504, the department has designated a "504" coordinator. Additionally, the department is in the process of implementing the Americans with Disabilities Act, Public Law 101-336. The department first

developed objectives for serving persons with disabilities and allocating funds for this purpose in Fiscal Year 1990-91. Since then and continuing until now, the department has accomplished the following goals:

- A Disability Advisory Committee was established to advise the director on serving this population. Based on a recommendation from this committee, a \$1,000,000 request for proposal has been issued. The purpose of the request for proposal is to provide for the development of demonstration projects that will meet the specialized needs of people with disabilities in alcohol and drug programs in California. The department has also funded a report titled "California Alcohol, Drug and Disability Study." Recommendations contained in this report are currently under review.
- A \$63,000 technical assistance and training contract has been executed to help providers reach out to handicapped and disabled persons.