

COMMISSION ON CALIFORNIA STATE GOVERNMENT ORGANIZATION AND ECONOMY

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and the Members of the Assembly

The Honorable Kenneth L. Maddy
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The Honorable Patrick Nolan
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Dear Governor and Members of the Legislature:

The Commission on California State Government Organization and Economy, also known as the Little Hoover Commission, has completed a study of the coordination of funding for drug programs in the State of California. This study was performed in response to a request from Assemblywoman Teresa Hughes, Chairwoman of the Assembly Education Committee. Specifically, Assemblywoman Hughes requested this study because she was concerned that the State's efforts to curb drug abuse were being hampered by two major problems. First, she was concerned that there is a lack of coordination at the State and local levels which inhibits the full utilization of limited funding sources. Second, she was concerned that there is no master plan which assigns priorities to programs and provides guidance to the Legislature and the Governor on which programs should be funded and how much should be allocated to them.

In October 1987, the Commission retained the firm of Marquart Policy Analysis Associates to assist it in conducting a study of the coordination of funding available for California's drug abuse prevention, treatment and law enforcement programs. In January 1988, the Commission held a public hearing on this subject in Sacramento. At the public hearing, the Commission received testimony from members of the Legislature, drug abuse program providers, and federal, State and local government officials responsible for administering and funding drug programs. In addition, the Commission's consultant and staff conducted interviews and gathered information from State and local agencies involved with the administration of drug programs. The study examined problems relating to the coordination of the State's drug programs. It did not examine the State's alcohol programs.

The State of California will spend an estimated \$86.4 million in federal and State funds during fiscal year 1987-88 to provide local assistance to community drug programs. At the State level, these funds will be administered by three major departments: the Department of Alcohol and Drug Programs; the State Department of Education; and the Office of Criminal Justice Planning. In addition, various other State departments, including the Attorney General's Office, are involved in anti-drug programs.

The Commission found that existing State law addresses the need for coordination of funding and other resources available for drug programs by designating the Department of Alcohol and Drug Programs as the State agency responsible for coordinating the State's response to drug abuse problems. However, in practice, administrative authority, funding and responsibility for drug programs is fragmented among several State departments. As a result, there is a lack of coordination and control over the use of funding and resources for drug programs which undermines the success of the State's anti-drug efforts.

The remainder of this letter provides background information on the State departments involved in the administration and funding of drug programs and the services that these agencies provide. It also presents the Commission's findings and recommendations regarding the State's coordination of drug programs.

BACKGROUND

There are three major State departments that play major roles in funding local drug programs throughout the State of California. These include:

- o Department of Alcohol and Drug Programs (DADP) -- in partnership with county governments and in cooperation with numerous private and public agencies, community groups, and individuals, DADP is responsible for providing leadership and coordination in planning, development, funding, implementation and evaluation of comprehensive Statewide drug abuse prevention and treatment programs;
- o State Department of Education (SDE) -- provides a variety of services to school districts and county offices of education in the area of drug and alcohol abuse prevention, including: technical assistance with policy development, program planning, implementation and evaluation; securing and distributing funds; piloting demonstration projects; and establishing model curriculum standards;
- o Office of Criminal Justice Planning (OCJP) -- provides financial and technical assistance to local law enforcement agencies, the courts, and school districts regarding anti-drug abuse prevention, education, and prosecution activities. In addition, it conducts activities to foster cooperation and coordination among local criminal justice agencies on anti-drug abuse issues.

Exhibit I presents a summary of the estimated expenditures by DADP, SDE, and OCJP in fiscal year 1987/88 for local assistance to drug programs.

EXHIBIT I

LOCAL ASSISTANCE TO DRUG PROGRAMS
STATE AND FEDERAL FUNDS
Fiscal Year 1987-88
(Dollars in Thousands)

<u>Department/ Program</u>	<u>Amount</u>	<u>Allocation Method</u>	<u>Types of Recipient Agencies</u>	<u>Anti-Drug Abuse Strategy</u>
ALCOHOL AND DRUG PROGRAMS				
Prevention	\$18,885	Historical allocation plus cost of living allowance	County Drug Programs	Prevention
Treatment	<u>44,519</u>	Same	Same	Treatment
ADP Subtotal	63,404			
OFFICE OF CRIMINAL JUSTICE PLANNING				
Federal Anti- Drug Abuse	11,278	Competitive	Local Law Enforcement Agencies and Courts	Law Enforcement
Suppression of Drug Abuse in Schools	<u>1,929</u>	Competitive	School Districts and Local Law Enforcement Agencies	Prevention
OCJP Subtotal	13,207			
EDUCATION				
Federal Anti- Drug Abuse	<u>9,827</u>	Per capita	School Districts	Prevention
TOTAL	<u>\$86,438</u>			

Source: Governor's Budget for Fiscal Year 1988-89

Exhibit I shows these three State departments will spend a combined total of approximately \$86.4 million in State and federal funds during fiscal year 1987-88 on local assistance to drug programs. These will be utilized to fund activities in support of:

- o Prevention - school-based education that is sequential and age-appropriate, counseling, work site/adult programs to provide information regarding health risks associated with drug abuse;
- o Treatment - residential and outpatient programs in hospitals and other facilities, providing services to drug-abusing individuals or intervention programs to assist high-risk and/or drug-using individuals; and
- o Law Enforcement - prosecution of violators of drug-related State laws.

Attachment A to this report presents a glossary of drug program terms used in this report.

Although the Attorney General's Office does not allocate funds to local drug programs and is not specifically mandated to interact with other State agencies to promote prevention and reduction of drug use, the Crime Prevention Center in the Department of Justice (DOJ) maintains a high profile in the State's anti-drug abuse activities. The Crime Prevention Center's drug abuse program consists in part of the following voluntary initiatives:

- o Coordinates the activities of the Commission on the Prevention of Drug and Alcohol Abuse which consists of 26 members who are appointed by the Attorney General;
- o Sponsors "The Attorney General's Community Challenge to Prevent Drug Abuse," a series of community action seminars for local drug abuse prevention teams comprised of community leaders;
- o Conducts a Statewide survey of drug and alcohol use among California students in grades 7, 9, and 11. (The first survey of its kind specific to California. It was first conducted in 1986 and will be repeated in 1988);
- o Produces films and videotapes regarding the signs and symptoms of drug use, for viewing by parents and educators; and
- o Provides staff representation on the State Department of Education's Alcohol and Drug Abuse Prevention Education Task Force and other similar advisory groups.

While the Commission's study is concerned primarily with coordination among the major funding agencies, including DADP, SDE, OCJP, and the local counterparts of each of these State agencies, the DOJ's Crime Prevention Center is also of interest due to the number of State-level and community-level coordination activities in which its staff are engaged.

To a lesser degree, the Departments of Mental Health (DMH) and Health Services (DHS) also are involved in funding drug-related community services. During fiscal year 1987-88, for example, DMH will spend approximately \$1.5 million to support two pilot projects (one in Los Angeles County, the other in Contra Costa County) to improve residential treatment services for individuals who are "dual-diagnosed" -- meaning they are substance abusers as well as mentally disabled. Similarly, the Office of AIDS in DHS is spending approximately \$850,000 this year for a street outreach program to educate intravenous-drug users regarding AIDS.

Several other State departments spend unscheduled amounts of money every year on anti-drug programs -- that is, these expenditures are not necessarily budgeted for anti-drug activities by that name in the State Budget. For example, the California Conservation Corps (CCC) provides counseling services and refusal skills development seminars for CCC recruits. These activities are paid for out of the line item in the State Budget called "Contract Services," rather than identified as anti-drug abuse expenditures per se. Similarly, the California Youth Authority (CYA) and California Department of Corrections (CDC) reimburse local parole offices for their purchase of drug abuse treatment services for parolees. These types of expenditures by the CCC, CYA, and CDC are not specifically identified in the State Budget as anti-drug abuse programs.

CURRENT PROVISIONS IN STATE LAW FOR COORDINATING DRUG ABUSE PROGRAMS

Coordination is not a new concern in drug program funding and services, nor is it a new target for legislative reform. At least since 1972, when the local drug program planning process was specified in California's Health and Safety Code, the Governor and Legislature have been trying to improve the coordination of resources available for the prevention and treatment of drug abuse and for the enforcement of State and local laws designed to restrict the supply of illegal drugs.

Health and Safety Code Section 11960 et. seq. established State policy governing coordination of funding for drug programs. The Code specifies that coordination is primarily a local responsibility. Sections directly governing coordination read as follows:

o Section 11960: Legislative Intent

The Legislature recognizes that drug abuse should be treated as a health program, as well as a law enforcement program. The drug abuse problem has significant public impact and must, in addition to law enforcement, be given community, education, social, and health attention if prevention and amelioration is (sic) to be achieved. These approaches should be coordinated into a multiagency and multifaceted program for drug abuse control in the counties of the State.

It is the intent of the Legislature that community drug abuse services shall be organized in the counties for drug abusers through locally administered and locally controlled community drug abuse programs.

o Section 11963: County Administrator

The county drug program administrator shall be appointed by the board of supervisors.

(f) He or she shall be responsible for the ongoing coordination of all public and private drug abuse programs and services in the county.

o Section 11964: Advisory Board

Each county shall have a seven-member advisory board on drug programs; the members shall have a professional interest in, or personal commitment to, alleviating problems related to drug abuse. The advisory board shall coordinate its efforts, where appropriate, with other county advisory boards concerned with drug problems.

Section 11965 et. seq. establishes the School-Community Primary Prevention Program (SCPPP). It serves as a model for the drug program coordination envisioned in the Code Sections already cited, but with one important variation. Although SDE would need an interagency agreement with DADP to secure funding for schools under the new law, the SCPMP was to be jointly administered by the Departments of Education and Alcohol and Drug Programs. Pertinent sections read as follows:

o Section 11965: Legislative Intent

The continuing problem of drug abuse throughout the State. . .often exists in combination with other problems such as crime and juvenile delinquency. The program necessarily emphasizes a continuing partnership between education agencies, drug abuse agencies, community service agencies, parents, and other members of the community. In order to facilitate this partnership, it is of vital importance that fiscal and management responsibilities be shared equitably by education and drug agencies at both the State and county levels.

This program is intended by the Legislature to delegate primary responsibility for program planning to local school and local drug abuse authorities and their constituents.

o Section 11965.3: Funding Condition

Highest priority for program funding under this article shall be designated to programs which emphasize joint school-community program drug abuse prevention planning and implementation.

o Section 11965.5: Joint Resolution

This article shall affect only those counties in which the board of supervisors and the county board of education have each adopted a resolution electing to apply for available funds and have been awarded funds.

o Section 11966: Planning Process

The planning process requires county drug programs and county offices of education to certify each other's School-Community Primary Prevention

Program plan before each plan is submitted to both the SDE and the DADP.

o Section 11967.5: Funding Plan

SCPPP funds were allocated to the DADP. One-half of the total funds available for SCPPP was to be administered by the State Department of Education through an interagency agreement with DADP. Program funds were to be made available to local communities on a competitive basis.

Effective January 1, 1988, the DADP assumed full administrative responsibility for the School-Community Primary Prevention Program because shared, or coordinated, administrative authority between the DADP and the SDE had been difficult.

FINDING #1 - Existing Requirements and Mechanisms for Coordinating Drug Programs are Frequently Ignored or Underutilized

Existing law addresses the need for the coordination of funding and other resources available for drug programs by designating the Department of Alcohol and Drug Programs as the agency responsible for coordinating the State's response to drug abuse problems. However, administrative authority and responsibility for certain drug programs have been assigned to State departments other than the Department of Alcohol and Drug Programs. As a result, the coordination of funding and resources for drug abuse programs has suffered at the State and local levels.

In 1983, for example, a new law--Chapter 952--added another twist to the coordination of drug program funding by making the Office of Criminal Justice Planning the lead State agency for allocating funds to local groups under the terms and conditions of the "Suppression of Drug Abuse in Schools Program." These awards have been made on a competitive basis to local law enforcement agencies and public schools that had developed joint proposals for drug abuse prevention and drug trafficking suppression programs. Thus, although Health and Safety Code Section 11963 mandated that the county drug program administrator "shall be responsible for the ongoing coordination of all public and private drug abuse programs and services in the county," Penal Code Section 13860 et. seq. dilutes that mandate by restricting the role of county drug program administrators in this new program to having only one county drug program administrator appointed to the State Advisory Committee for the Suppression of Drug Abuse in Schools Program.

Financial and administrative responsibility for drug programs is fragmented in State government in California. The distribution of the funds that California received under the federal Anti-Drug Abuse Act of 1986 provides an additional example of how lack of coordination at the State level undermines the effective use of funds. A portion of these funds earmarked for prevention went to the State Department of Education, while another portion of the funds aimed treatment and some prevention went to the OCJP and the DADP. Using the mechanism of a Section 28 letter (pursuant to Section 28 of the annual Budget Act), the Department of Finance advised the Legislature in November 1987 that SDE would be subventing the prevention money directly to school districts. This subvention path completely by-passed statutorily mandated county planning and coordination processes. If SDE's prevention

funds had gone instead to county offices of education, most county drug programs would already have been involved in joint planning activities, thereby assuring compliance with existing State law. Moreover, the State did not require joint planning by school districts and county drug programs prior to expenditure of the funds.

Very likely, it was simply oversight that SDE did not impose a joint planning requirement and that neither the Governor nor the Legislature intervened to insist that the coordination process provided for in existing law be fully utilized. This example suggests, nevertheless, that the "coordination problem" is less a matter of lacking structure than a problem of lacking the commitment and discipline to adhere to established administrative systems.

The dispersion of the drug effort at the federal level provides additional examples of lack of commitment to, or discipline in, utilization of existing systems for coordination of drug program funding. Several programs in California receive grants directly from a variety of agencies in the federal government; these federal agencies do not so much as notify the accountable State departments, much less coordinate with them.

Furthermore, planning and coordination in the existing system are underutilized processes to the extent that data and plans reported to the State by counties are not used in State level planning. For example, one of the county drug program administrators who testified at our January 1988 hearing stated that an analysis of priorities reported in annual county drug program plans submitted to DADP would have shown a clear need to dedicate more resources to drug abuse prevention and treatment services for intravenous-drug users as part of the State's approach to preventing the spread of AIDS. We were unable to ascertain whether this was so because, when we followed up on the county administrator's statement, we were advised that the department does not aggregate county priorities and that many counties (although required by law to do so) do not indicate program priorities in their annual county plans.

DADP's current year allocation of approximately \$3.5 million in new federal Anti-Drug Abuse Act funds was earmarked based on an internal perception within the department that youth, special populations (women and minorities), and the homeless should be the top three priorities Statewide.

This year, for the first time, the Drug Programs Division in the department is preparing statistical summaries of data reported in county plans for distribution back to county programs. The federal government has not specified data collection and reporting requirements, leaving it up to states to design (and pay for) their own data collection and management information systems for drug programs. Indeed, the Director of the Department of Alcohol and Drug Programs pointed out that federal definitions of drug abuse vary from federal agency to federal agency, as do definitions of services and service recipients. This makes standardized data collection difficult, if not impossible. Because existing State-level data bases and information systems lack standardized definitions and data collection and analysis protocols across all State-administered drug programs, they are inadequate to support planning, program effectiveness evaluation, and resource allocation decision making.

FINDING #2 - The Intense Competition for Drug Program Funding Adversely Affects the Coordination of Drug Programs

Drug program coordination is easy to conceptualize, but difficult to accomplish. There are numerous public and private agencies at the federal, State and local levels, as well as various civic and professional organizations and individuals involved in sponsoring and administering drug programs. Due to the intense competition that currently exists for limited drug program funding, combined with the large number of agencies involved, it is difficult to facilitate the coordination of resources to combat drug abuse.

The Governor and the Legislature have mandated coordination of drug abuse programs. Perhaps because coordination is perceived to be highly desirable from a public management perspective, mandates for coordination are relatively common. It is also true that coordination often is recommended as if it were without cost and sometimes is portrayed as an end, a "program" that can be put into place and thereafter systematically and automatically carried out.

"Coordination" is a deceptively simple term for a complex and demanding set of tasks. For coordination to be successful over the long term, a sustained effort is required as well as compatibility of objectives among multiple agencies and sophisticated interpersonal skills among individual representatives of those agencies. Furthermore, resource management and accountability procedures and systems must be either in place or developed.

In the best of all possible worlds, the object of coordination is to maximize the efficient use of adequate resources. Whether current funding is adequate to support the programs and activities government has authorized in the fight against drug abuse is beyond the scope of this report. It is possible to observe, however, that distribution of new funds through State departments that previously were outside that particular loop results in opening the door to new competitors for old as well as new funds. Achieving coordination in an environment dominated by competition for resources that may be inadequate even if they were perfectly coordinated will be difficult at best.

The incentive to be a player in coordination often is the expectation of a net gain in resources--to become, in other words, a "winner." But the agencies that already control substantial resources have little reason to redirect them away from their own program goals and priorities in the name of promoting improved coordination--especially improved coordination with "new kids on the block." In their own eyes, in doing so they would become "losers."

To complicate matters further, the world of government is not structured to facilitate coordination of resources to combat drug abuse. That the number of State and local agencies in all branches of government involved independently in trying to combat drug abuse is proliferating attests to this fact. Many interagency task forces and coordinating councils have been organized to bring order and consistency to State-level drug programming, suggesting that the existing structure of government was not performing satisfactorily to control the drug abuse problem (see Attachment B - Dimensions of the Drug Abuse Problem in California). The committee structure

in the Legislature also has expanded to accommodate deliberation on drug abuse. Both houses have now created more than one additional select committee to handle some particular aspect of drug abuse, either as a single issue or as a component of other issues.

With specific reference to coordination of funding, it is significant that the fiscal subcommittees of the Legislature, reflecting the format of the Governor's Budget, are structured to appropriate, review and oversee State government expenditures on a departmental basis rather than to provide comprehensive oversight of spending by all departments which may be targeted to a particular societal problem. The budgets for the three major agencies involved in drug programming--the Department of Alcohol and Drug Programs, the State Department of Education, and the Office of Criminal Justice Planning--are heard by three different subcommittees of both the Assembly Ways and Means and Senate Budget and Fiscal Review Committees. While this is a fact, it is not necessarily the case that the Governor's Budget should be compiled differently or that the Legislature should be structured differently. Rather, these traditions and structures may be seen as contributing to the complexity of drug program coordination.

At the program level, the same phenomenon occurs. For example, we asked all witnesses who testified at our hearing in January: "Which other agencies does your agency interact with in the course of doing business?" The list provided by "Pros for Kids," a prevention program using athletes and celebrities as role models, demonstrates the complexity of the coordination process.

EXHIBIT II

PROS FOR KIDS
COORDINATION ENVIRONMENT

Level of
Government

Agencies Coordinating with Pros for Kids

FEDERAL	Federal Bureau of Investigations			Drug Enforcement Agency	
STATE	Education	Alcohol and Drug Programs	Office of Criminal Justice Planning	Attorney General	
COUNTY	County Offices of Education			County Drug Programs	
LOCAL	City Governments	Service Clubs	Law Enforcement Agencies	School Systems	Substance Abuse Programs
OTHER	California Olympians		NFL Alumni	Professional Sports Franchises	

Source: Testimony submitted by Pros for Kids to the Commission on California State Government Organization and Economy for a public hearing on "Coordination of Funding for Drug Programs," Sacramento, California, January 26, 1988.

As Exhibit II shows, the one thing all of these organizations have in common is that each one has some kind of relationship or interaction with Pros for Kids. Does this mean the activities and resources of these organizations should be coordinated? Pros for Kids would be unlikely to appear by name on any chart that would fit on one page showing the networks of any one of the organizations named above. Indeed, Pros for Kids was not mentioned in any of the other written testimony except that submitted by SDE, which provides funding to and State administrative oversight of Pros for Kids. The Commission on Self-Esteem was mentioned only by SDE although all witnesses mentioned low self-esteem as a risk factor in drug abuse. Should the Commission on Self-Esteem, then, be specified in statute as a mandated player on all task forces and coordinating councils having to do with drug abuse? Who should be included in coordination mechanisms, who should be excluded? The point is: the world is constantly changing. The question is: how should State and local government respond to changes in the world?

In order to sustain a high level of effort, those responsible for implementation must see the process as being potentially beneficial to them or to the groups they represent or serve. From outside the structure of affected organizations, proponents see the benefits of coordination clearly but the demands of coordinating one organization's money, staff, and time with those of even one other organization's, much less of multiple organizations at various levels of government or in the private sector, may

overwhelm administrators at the agency level who have to show progress in meeting their own program goals. This will be especially true if coordination is treated in mandate as if it were costless.

One of the reasons coordination is conceptually appealing is that it allows decision makers the illusion that resources can be divided up in a way that will somehow add up to more all together than the sum of parts--that coordination will "make the budget whole." In truth, however, government-supported services typically are underfunded. Consequently, there is a constant struggle by program administrators to protect program-specific funding by finding someone else to provide services to a person whose problems might conceivably qualify under the definitions and criteria of another program. Individuals "dual-diagnosed" as mentally ill and as substance abusers, for example, challenge local programs to find funding from mental health and alcohol and drug programs to meet their special set of needs. The uncertainty of continued funding for any social or health service program makes coordination in such cases all the more difficult, as each agency fears accepting primary responsibility for providing services to an individual whom it may not be able to afford to serve in subsequent years.

There needs to be a clarification of which State functions are to be coordinated--whether program, for example, or funding. And there needs to be a decision regarding whether the State will attempt to coordinate local priorities. If the State seeks to take on this responsibility, which would mean that local groups and agencies could get funding and program support from Sacramento directly, there is little need and no incentive for participation in local planning and coordination processes. Conversely, to the extent authority and resource allocation are shifted to the county level, local programs and agencies develop a vested interest in working together.

Drug Abuse Prevention as a Special Case of Coordination Complexity

It is at least possible that coordination of drug program funding was perceived to be a problem less often before the recent ascendancy of prevention as a viable and research-based program. Competition for prevention funds is intense, because it is the "Johnny-come-lately" of drug programs. Earlier money went to treatment and law enforcement because models for prevention were lacking. Now, there are plenty of models for prevention programs, but there isn't enough new money to fund them all.

There is considerably less competition, for example, for the opportunity to serve drug abusers by providing their treatment. Indeed, the general consensus is that treatment remains DADP's responsibility, with the possible exceptions of intravenous-drug users with AIDS and individuals with dual-diagnosis of mental illness and substance abuse.

The relatively recent advent of prevention as a funding priority is creating a situation in which coordination problems appear to have reached crisis proportions. The view of many officials within State and local government is that something must be done about it. Drug abuse prevention crosses a different set of jurisdictional, institutional and professional boundaries than treatment does and there is at present a degree of competitiveness to establish "ownership" of drug abuse prevention.

The reconceptualization of drug abuse as one in a syndrome of behaviors rather than as an aberrance that occurs in isolation may be driving the demand for more coordination to achieve a structural realignment in the service delivery system. Drug abuse prevention specifically is recognized as a component of education, public health and crime prevention. In this scenario, more coordination is needed, because the experts in education, public health and crime prevention are located bureaucratically outside the Department of Alcohol and Drug Programs and its local counterparts. Exhibit III depicts this problem.

EXHIBIT III

WAYS OF CONCEPTUALIZING AND ADMINISTERING
DRUG ABUSE PREVENTION PROGRAMS

If Drug Abuse Prevention
Were Exclusively:

It Would Be Administered By:

An education issue

State Department of Education and
local counterparts

A law enforcement/criminal
justice issue

Department of Justice, OCJP, and
local counterparts

A health education issue

Department of Health Services and
Mental Health and local counterparts

A treatment issue

Department of Alcohol and Drug
Programs and local counterparts

As Exhibit III shows, coordination and collaboration are essential to the goal of minimizing drug abuse and yet our institutions are organized with a specialized focus that often frustrates coordination. Along with every specialized focus, there is a proliferation of categorical funding sources, each with different priorities, target populations and requirements.

FINDING #3 - Considerable Barriers Exist Which Hinder the Coordination
of Drug Program Funding

State and local agencies involved with the funding and administration of drug programs operate in a complex environment. The administrative and funding environment in which drug programs operate cuts across various disciplines and creates additional strains that make coordination difficult. As a result, the barriers in the administrative environment cause problems that inhibit the effective use of funds.

Differences in philosophy also can strain coordination. Many criminal justice agencies, for example, are in the process of reconsidering who the criminal justice "client" is. In the traditional model, a social work model, the offender was the client and the system's resources were devoted to rehabilitating offenders. Many criminal justice professionals now believe this approach simply does not work. Consequently, they are challenging the system to share their perception that the clients of the criminal justice system are (1) society, which requires protection from offenders, and (2) the

victims of offenders. In schools and in county drug programs, the social work model is still dominant.

It remains to be seen whether coordination among education, drug program, and law enforcement agencies can be achieved and advanced, given the difference in outlook which currently exists regarding how clients are perceived. In any case, the agency designated as the lead agency for funding and rule-making purposes is likely to prevail where problem definition and program design are concerned. Under those circumstances, the alternative available to the other agencies mandated to cooperate are restricted to either conforming to the rules and preferences of the lead agency or doing whatever is necessary to comply with only the letter of the law.

State and local priorities for drug program and funding decisions are not always a perfect match. Because drug abuse "happens," so to speak, at the local level, the best information available on incidence and trends in drug abuse is likely to come from county drug programs, local law enforcement agencies, and local school system organizations, such as county offices of education, school districts and schools. Currently, the State is not taking full advantage of the availability of information from the local level. As a result, it is difficult to evaluate the impact of anti-drug programs.

There are several reasons why the State is not taking advantage of information on drug abuse available at the local level. The primary reason is that the procedures and systems that would be required to implement a planning process based on locally generated data and priorities are not in place within the concerned State departments. Another reason is that the prevailing philosophy of government in Sacramento is that, when State funds are to be used, the State has a right to specify which expenditures are allowable according to the preferences of the Governor and Legislature. So with one hand, current law gives local agencies nearly complete authority over program development and coordination in their service areas. But with the other--specifically, the budget--State government negates local discretion to a great extent by requiring that local programs meet State-set priorities as a condition of eligibility for funding.

The Governor recently took action to improve coordination among State agencies involved in drug abuse programs. On February 10, 1988, the Governor signed Executive Order No. D-70-88, which created the Governor's Policy Council on Drug and Alcohol Abuse. The Council is chaired by the Director of Alcohol and Drug Programs, the members of the Council include the Directors of the Departments of Corrections, Youth Authority, and Alcoholic Beverage Control, the Directors of the Offices of Criminal Justice Planning and Traffic Safety, the Commissioner of the California Highway Patrol, the Superintendent of Public Instruction, and the Attorney General.

The Council is to prepare an annual integrated plan for alcohol and drug abuse prevention, treatment and enforcement programs and services. By October 1, 1988 and periodically thereafter, the Governor's Policy Council on Drug and Alcohol Abuse shall submit to the Governor, through the Department of Alcohol and Drug Programs, its recommendations and a report setting forth progress made in drug and alcohol abuse prevention, treatment and enforcement.

Politics can motivate coordination, but political concerns also can create barriers to coordination. Given that drug use in California continues to be a major problem, public concern about it is also significant--and mounting. This conundrum creates a climate of competition for "political ownership" of high profile spending and programs to prevent and reduce drug abuse. The competitors include certain of the State's independent Constitutional officers--namely, the Governor, the Superintendent of Public Instruction, and the Attorney General--and individual members of the Legislature. Competition for political ownership partially explains, for example, the departures from the county planning process which have been given the force of law since 1972, when the county process was first established in statute.

Drug abuse as a social problem complicates sustained coordination, because it is not an isolatable problem. Rather, it fits into patterns of anti-social behavior and syndromes of social and disease-related pathologies. High rates of truancy and dropping out of school, for example, show high correlations with drug abuse among young people. Similarly, the incidence of AIDS is higher among intravenous-drug users than in the general population.

Just as drug abuse cuts across all segments of the population, the response to drug abuse comes from a cross-section of government agencies, businesses, private institutions and the professions. In the abstract, most people are willing to cooperate with each other, but the number of ways that drug abuse causes problems in multiple systems operating under diverse assumptions and public philosophies occasionally produces little more among well-meaning individuals than an agreement to disagree.

In March 1988, the U.S. Government Accounting Office (GAO) issued a report entitled Controlling Drug Abuse: A Status Report. The report included a section detailing drug problems in six American cities. "While drug abuse is a serious national problem," the GAO stated, "it is not the same throughout the country." The fact that two out of those six cities were in California--Los Angeles and San Francisco--indicates similarly that, while drug abuse is a serious Statewide problem, it is not the same throughout the State. Therefore, every effort should be made to allow sufficient flexibility at the local level to use available resources to address locally identified and prioritized problems.

RECOMMENDATIONS

The Commission recognizes that coordination is an ongoing administrative activity that must be integrated into an overall drug program administration. Therefore, the Commission believes that actions need to be taken to continue to improve policy development, provide incentives for drug programs to improve their operations, and to gather additional information on the effectiveness of these programs. Accordingly, the Commission recommends the following:

1. The Governor and the Legislature should establish a master plan for addressing drug abuse in California. Specifically, the master plan should encourage cooperation and coordination by drug program administrators, school districts and law enforcement agencies at the State and local levels and with community-based organizations.

2. The Governor's Policy Council on Drug and Alcohol Abuse should be involved in the development of the goals and priorities established in the State's master plan for drug abuse and should work with State and local officials to identify how programs and services should be delivered to address the State's goals and priorities.
3. The Governor and the Legislature should adopt a flat-rate annual incentive payment of up to \$50,000 be offered to those counties choosing to assign responsibility of coordination of drug program funding from all sources to the county drug program administrator. In these counties, all funds allocated by the State for abuse prevention, treatment and law enforcement would be either allocated directly to the county drug program on the basis of State approval of that county's annual drug program plan or allocated to other community organizations, such as schools and law enforcement agencies, that had obtained the county drug program administrator's approval. To maintain eligibility for the incentive payment, the Board of Supervisors would require the county drug program administrator to perform various coordination functions, including but not limited to the following:
 - o Sponsor regular meetings of representatives of all affected prevention, treatment and law enforcement agencies. The purpose of these meetings will include, but not be limited to:
 - Exchange information on resources;
 - Jointly plan for program development, shared services and case-by-case problem solving; and
 - Provide opportunities for professionals engaged in drug abuse prevention, treatment and law enforcement to develop ongoing working relationships by designing and jointly implementing new projects responsive to local priorities.
 - o Report annually to the Board of Supervisors regarding locally determined spending priorities for drug abuse prevention, treatment and law enforcement, funds available by source and local allocation, and progress toward the goals stated in the previous year's annual county plan.
 - o Provide opportunities for businesses and private organizations such as churches and service clubs to pool resources with tax-supported programs to maximize community resources and effort available to combat drug abuse.
4. The Governor's Policy Council for Drug and Alcohol Abuse should include in its October 1, 1988 report to the Governor standardized definitions of drug abuse prevention, treatment and enforcement programs and services to be adopted by all State agencies that make allocation of funds for drug programs serving the general public.

5. The Department of Alcohol and Drug Programs should prepare standardized data collection forms for use by all programs in receipt of State funds. Information collected through this mechanism should be used to create baseline data on at least but not limited to the following:
 - o Prevalence of illegal drug use--by age cohort, race, gender and drug of abuse;
 - o Drug-related hospital emergency admissions;
 - o Drug-related deaths;
 - o Availability of drugs, by type of drug;
 - o Drug production and trafficking, by type of drug; and
 - o Extent and cost of State drug abuse prevention, treatment and enforcement programs.
6. The Governor's Policy Council on Drug and Alcohol Abuse, using the standardized information called on the forms prepared by the Department of Alcohol and Drug Programs, should prepare an annual report of data aggregated from all programs to enable the Governor and the Legislature to assess the impact of funds allocated for the control of drug abuse.
7. The Governor and the Legislature should study the feasibility of establishing a computerized management information system dedicated to providing up-to-date information to State and local agencies involved in providing drug program services. The information available on this system could include, but not be limited to:
 - o Funding available--source, purpose, amount, eligibility and time frame;
 - o Funding awarded--purpose, amount, time frame, and contact information;
 - o Drug abuse prevention, treatment and law enforcement program evaluation research; and
 - o Legislation and regulation tracking.

Among the models that the State may wish to consider for the computerized system are the following: (1) the on-line intelligence and decision support (OLIADS) system currently being developed by Intellibanc (on contract with the California State World Trade Commission) to provide international market research to California exporters; and (2) "Handsnet," an electronic network recently created in California for use by social service agencies serving the homeless and poor.

ATTACHMENT A

GLOSSARY OF DRUG PROGRAM TERMS

Detoxification: A period of planned withdrawal from drug dependency, supported by a prescribed medication (such as methadone) and supplemented with counseling and supportive services.

Drug Free: Any modality which does not use chemical agents or medications as a primary part of treatment. This includes detoxification, or withdrawal, without medication. Temporary medication such as tranquilizers may be prescribed for the relief of symptoms, but the primary method of treatment is counseling.

Federal Anti-Drug Abuse Act of 1986: Contained appropriations to states based on a per capita formula for purposes of improving drug abuse prevention education in schools and other community programs and to strengthen law enforcement practices designed to restrict the availability of illicit drugs.

Inpatient Treatment: Clients reside in the treatment facility, generally a hospital.

Medical/Psychiatric Services: Includes physical examinations, health care services, and psychological testing to assess intelligence, personality, vocational interest, and aspects of functional ability.

Methadone Maintenance: A modality which exceeds 21 days, during which time methadone or L-Alpha-Acetyl-Methadol (LAAM) is prescribed to aid clients to achieve stabilization. Counseling and other supportive services also are offered.

Outpatient Treatment: Clients of outpatient treatment reside outside the facility. Treatment may or may not include medication. Clients receive counseling and supportive services.

Prevention: Educational programs designed to make individuals aware of the dangers to health posed by using drugs. Some prevention programs are designed to reach "high-risk" populations such as children of drug-using parents or school drop-outs. The Office of Criminal Justice Planning recently has begun organizing work-site prevention education programs to inform adults of the health effects of drug abuse.

Residential Treatment: Clients reside in halfway houses and therapeutic communities. Treatment may or may not include medication. Clients receive counseling and supportive services.

Suppression of Drug Abuse in Schools Program: This program was established by Chapter 952/Statutes of 1983 to encourage and strengthen coordination between law enforcement agencies and school districts. It is designed to provide financial and technical assistance to reduce drug abuse and drug trafficking in California schools. Each project is expected to provide a wide range of educational, treatment, and law enforcement services to students, faculty, parents, and community groups.

ATTACHMENT B

DIMENSIONS OF THE DRUG ABUSE PROBLEM IN CALIFORNIA

Fact Sheet

- o Drug-related adult arrests recently increased by 62.9 percent over a four-year period: from a total of 110,895 in 1979-80 to 180,609 in 1983-84. Over the same period, the proportion of adult drug-violation arrests to total adult arrests rose from 8.3 percent to 12.1 percent--an increase of 45.8 percent.
- o The number of juvenile drug arrests declined over that same period by 26.5 percent; from 261,211 in 1979-80 to 191,999 in 1983-84. The proportion of juvenile drug arrests to total juvenile arrests rose, however, from 9.1 percent in 1979-80 to 11.7 percent in 1983-84--an increase of 28.6 percent.
- o The first statewide survey of alcohol, drug, and inhalant use among California's adolescent population was completed in 1986; it found proportionately higher drug and alcohol use among junior high and high school students in rural areas than in cities. By the 11th grade, more students in all areas are smoking marijuana than tobacco cigarettes.
- o By the senior year, 17.6 percent of all California high school students have tried cocaine; 42.1 percent have tried marijuana and 7.4 percent smoke marijuana at least once a day.
- o During 1986-87, 58,964 clients were admitted to California's 249 drug treatment programs. Of that total, 51.7 percent were white, 30.7 percent Hispanic, and 15.1 percent were black. More than eight thousand of total admissions were of clients under the age of 21; this represents 13.6 percent of the total. The largest age cohort (28,104, or 47.7 percent of all admissions) was the 25-34 year old group. The "drug of abuse" for all clients breaks out as follows:

<u>Category</u>	<u>Number</u>	<u>Percent</u>
Heroin	32,301	54.8
Cocaine	12,066	20.5
Amphetamines	4,499	7.6
Marijuana/Hashish	4,321	7.3
PCP	3,508	5.9
All Other	2,269	3.9
Totals	<u>58,964</u>	<u>100.0</u>

Sources: Department of Alcohol and Drug Programs, Drug Abuse Trend Report, 1979-80 through 1984-85; and California Attorney General, A Statewide Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, and 11 (May 1986).