



Little Hoover Commission

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Milton Marks
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Gwen Moore
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Angie Papadakis

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Executive Director

COORDINATING THE SPENDING ON DRUG PREVENTION PROGRAMS



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October 30, 1991

The Honorable Pete Wilson
Governor of California

The Honorable David Roberti
President pro Tempore of the Senate
and Members of the Senate

The Honorable Willie L. Brown, Jr.
Speaker of the Assembly
and Members of the Assembly

The Honorable Kenneth L. Maddy
Senate Minority Floor Leader

The Honorable Bill Jones
Assembly Minority Floor Leader

Dear Governor and Members of the Legislature:

When newspapers run a story like a recent one about a three-year-old girl selling crack cocaine, many would like to think it must be a unique, bizarre situation. Even cynical, seen-everything drug experts would hope as much, especially considering the details of the story. As part of running a crack house, the girl negotiated a street sale with undercover police at the direction of her mother and grandmother under detailed instructions from the mother's imprisoned husband. When police went to arrest the offending adults later that evening, they found the little girl alone in the house with three younger siblings, including an infant, less than a month old. The living conditions of the crack house were wretched: no running water, human waste in every room, the toilet backed up and overflowing, the infant lying on a urine-soaked bed, an infestation of roaches, and rotten food everywhere.¹ Clearly, this is one of the more graphic illustrations of the debilitating effects of drug abuse.

But while the case described occurred in Texas, the fact is that California law enforcement officials have their own horror stories that reveal a substantial drug abuse problem in this state, a problem that the Little Hoover Commission has long been aware of. In response to the threat of drug abuse, all levels of government have rejoined with substantial amounts of funding and a multitude of programs directed at drug abuse prevention, intervention, treatment and recovery.

So abundant were the programs and the entities administering them, that in 1988 the Little Hoover Commission conducted a study on the coordination of programs and their funding. The Commission found that administrative authority, funding and responsibility for drug programs was fragmented among several state departments and that, as a result, there was a lack of coordination and control over the use of funding and resources for drug programs which undermined the success of the State's anti-drug efforts.² Chief among the Commission's recommendations was that the State establish a master plan for addressing

drug abuse in California and that the 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.³

In following up on its previous report, the Commission held a public hearing on April 25, 1991^a and conducted interviews with state and local officials. In this letter report, the Commission concludes that the State now has a viable master plan and has adequately coordinated its efforts in the fight to prevent drug abuse. In addition, however, the Commission finds that the State needs a mechanism by which it can evaluate the success of its efforts and that other governmental entities need to further coordinate funding for prevention programs.

Background

In October 1985, the California Attorney General convened his 26-member Commission on the Prevention of Drug & Alcohol Abuse to examine youth prevention strategies and programs within California and to provide recommendations for their improvement. In May 1986, the commission issued an alarming report on the seriousness and pervasiveness of the drug problem, citing research studies and polls that revealed that use and abuse of drugs and alcohol by children were epidemic in our schools, on the streets, and in neighborhoods of every community in California.⁴ Incredibly, more than 50 percent of 11th grade students at that time reported having tried alcohol by the age of 11 or younger; 20 percent of 11th grade students drank beer once a week or more often; 13 percent of the 11th graders used marijuana once a week or more; and 7 percent used it once a day or more often.^{5b} The Commission further found that drug and alcohol abuse cuts across both sexes, all economic classes and all racial and ethnic groups.⁶

The societal costs of drug and alcohol use includes a vast array of considerations, such as treatment, mortality, reduced productivity, lost employment, motor vehicle accidents, crime, social welfare programs, AIDS, and Fetal Alcohol Syndrome. The Attorney General's commission referred to a report by a Harvard medical economist that estimated that alcohol alone costs the nation \$80 billion a year in deaths, injuries, accidents, disease and hospital treatment.⁷ The commission also cited studies that showed that for every dollar collected in alcohol taxes, it costs \$10 in damages, and it quoted the National Research Council as estimating that 150,000 people die every year from alcohol-related causes.⁸ More recently in its *California Master Plan to Reduce Drug and Alcohol Abuse: 1991*, the State Department of Alcohol and Drug Programs estimated the annual cost of these problems to California is \$14.4 billion: \$8.6 billion for alcohol use and \$5.8 billion for drug use. The estimate is based on a recent U.S. Department of Health and Human Services national study.⁹

Finally, the Attorney General's commission made 48 recommendations to prevent drug and alcohol use and abuse among our children and youth. The recommendations were directed at the media, religious and voluntary organizations, schools, the private sector and public employers, health officials, and law enforcement and regulatory agencies, and called

^a Please see **Appendix** for a list of persons who provided testimony for the hearing.

^b A more recent survey sponsored by the Attorney General's Office for 1989-90 showed that students reported having reduced their use of alcohol and other drugs. This apparent reduction in drug use may be the result of drug prevention efforts, but such a correlation cannot be determined until a longitudinal study is performed.

for major changes in the planning for prevention, funding of programs and program evaluation.¹⁰ Months after the release of the commission's report, the federal Anti-Drug Abuse Act of 1986 was drafted. Many of the commission's ideas, recommendations and strategies were strongly reflected in the federal legislation, primarily in the Drug-Free Schools and Communities Act portion that provides major funding for K-12 drug education. Also after the commission's report was published, the U.S. Department of Education released *Schools Without Drugs*, a publication that mirrored the philosophies and strategies of the commission.¹¹

One of the recommendations stemming from the Attorney General's commission was that the Governor should appoint an interagency, intergovernmental council on drug and alcohol abuse prevention to plan, coordinate and promote prevention programs.¹² In February 1988, Governor George Deukmejian established the Governor's Policy Council on Drug and Alcohol Abuse (GPC) by Executive Order D-70-88. The GPC was established to develop a unified and integrated strategy aimed at combatting the complicated array of problems posed by licit and illicit drugs. Each year, the GPC prepares and submits to the Governor an integrated plan for alcohol and drug abuse enforcement, treatment and prevention programs and services. The GPC also ensures the effective implementation of these programs, along with the cost-effective expenditure of state and federal funds.¹³

The GPC is chaired by the director of the Department of Alcohol and Drug Programs, who is responsible for coordinating the statewide activities in the war on drugs, and for ensuring that California's anti-drug programs and policies are non-duplicative, well-planned and coordinated.¹⁴ The GPC utilizes the expertise of 15 different state agencies to coordinate California's drug control activities. Specifically, the agency heads and/or directors of the following agencies constitute the GPC:

- Department of Alcohol and Drug Programs
- Department of Justice
- Department of Education
- California National Guard
- Office of Criminal Justice Planning
- Department of California Highway Patrol
- Department of Corrections
- Department of Youth Authority
- Department of Alcoholic Beverage Control
- Office of Traffic Safety
- Department of Commerce
- Secretary for Child Development and Education^c
- Health and Welfare Agency^c
- Department of Health Services^c
- Department of Mental Health^c

In addition to dealing directly with the state agencies, the GPC uses committees to drive the system. The committees include members of the GPC as well as ex officio representation as needed. It is the objective of the various committees to prioritize, investigate, evaluate and report on relevant issues to the entire GPC for action. The

^c These agencies were added to the GPC by Governor Pete Wilson on August 29, 1991 through Executive Order W-16-91.

committee process includes field hearings; expert testimony; briefings or presentations by federal, state or local government representatives; presentations by private sector or citizens' groups; and roundtable discussions attended by GPC members and various local agencies. The committee system is the principal ingredient to the GPC's success because it allows local governments and communities throughout California the opportunity to participate in the development of a statewide drug control strategy.¹⁵ Currently, there are five committees within the GPC: prevention, treatment, criminal justice, southwest border states, and research.

The three state departments in the GPC that receive the vast majority of funding for drug prevention and that are most responsible for providing funding to local governments, education agencies and community-based organizations are the Department of Alcohol and Drug Programs, the Department of Education and the Office of Criminal Justice Planning. In brief, the duties of the agencies related to drug and alcohol abuse are as follows:

Department of Alcohol and Drug Programs - in partnership with county governments and in cooperation with numerous private and public agencies, organizations, groups and individuals, provides leadership and coordination in the planning, development, implementation and evaluation of a comprehensive statewide alcohol and drug abuse prevention, intervention, detoxification, recovery and treatment services delivery system.¹⁶

Department of Education - provides a variety of services to school districts and county offices of education including: technical assistance with policy development, program planning, implementation and evaluation; securing and distributing funds; piloting demonstration projects; and establishing model curriculum standards.¹⁷

Office of Criminal Justice Planning - provides increased financial and technical assistance to local government, state agencies, local educational agencies and community-based agencies, including: providing grant funding to local criminal justice agencies and community-based organizations; developing and supporting state-of-the-art approaches in the justice system, including crime prevention and victim services programs; providing technical assistance and training to ensure effective program management; conducting conferences and seminars on programs and issues of mutual interest among criminal justice agencies and other public and private organizations; disseminating information on successful program models; conducting research, crime analysis and program evaluation; and developing publications on crime prevention, victimology and victim services for statewide distribution.¹⁸

The table on the following page gives an indication as to the amount of money that will be devoted this fiscal year to drug prevention in California by the state and federal governments through the three state agencies.

**Estimated Resources Devoted to Drug
Prevention by State and Federal Governments
Fiscal Year 1991-92**

| | |
|---|----------------------------|
| <u>Department of Alcohol and Drug Programs</u> | |
| Alcohol Program | \$ 31.6 million |
| Drug Program | 41.5 million |
| Special Project (School-Community Drug Abuse Program) | 0.2 million |
| Pilot Project Combined Services Program | 4.3 million |
| <u>Department of Education</u> | |
| Office of Healthy Kids Healthy California | 47.0 million |
| <u>Office of Criminal Justice Planning</u> | |
| Suppression of Drug Abuse in Schools (including CADPE) | 31.2 million |
| Special Projects (Anti-Drug Abuse)* | <u>37.4 million</u> |
| Total | <u>\$193.2 million</u> |

* Unclear what portion is devoted solely to drug prevention
Source: Governor's Budget, Fiscal Year 1991-92

As the table above shows, spending by the three agencies that provide most of the funding for drug prevention totals approximately \$193 million. In addition to the above three agencies, the Attorney General's Office, through its Crime Prevention Center, annually spends approximately \$350,000 in General Fund money on demand reduction or alcohol and other drug prevention efforts with the following goals in mind:¹⁹

- To provide state leadership and influence public policy that prevents drug and alcohol use among youth.
- To promote public awareness of the drug problem and what can be done about it.
- To encourage community involvement and collaboration in plans to prevent drug and alcohol use among youth.

As indicated earlier, most of the money provided through the State is funneled to local governments, education agencies and community-based organizations. It is through these local entities that the programs actually are administered. Two examples of local programs are the Drug Abuse Resistance Education (DARE) program and the Substance Abuse Narcotics Education (SANE) program. The DARE program was established in 1983 by the Los Angeles Police Department with the cooperation of the Los Angeles Unified School District, and is a series of classroom lessons led by police officers that teach children in grades K-12 how to resist pressure to experiment with drugs and alcohol.²⁰ In 1985, the Los Angeles County Sheriff's Department created the SANE

program, which features drug prevention education for 4th, 5th and 6th grade students. The SANE program uses co-teaching methods wherein a teacher and deputy sheriff share the curriculum teaching responsibility, and it uses customized program models to meet the various communities' needs. Similar to other local entities, the Los Angeles Police Department and the Los Angeles County Sheriff's Department provide funding in addition to the monies given through the State. For example, the SANE program uses a partnership approach with costs being shared with the cities and school districts. Costs are also offset by contributions through the Sheriff's Youth Foundation, Narcotics Forfeiture Funds and various grants.²¹

Findings

Finding #1 - The State Appears To Adequately Coordinate Its Efforts Against Drug And Alcohol Abuse, But It Has Not Yet Evaluated The Success Of Its Efforts.

One of the recommendations made by the Attorney General's commission as well as by the Little Hoover Commission was that the State should have a master plan for alcohol and drug abuse prevention.²² Chapter 983, Statutes of 1988 set forth the desired long-range goals of a five-year master plan to eliminate alcohol and drug abuse in California, and declared that a comprehensive and cooperative effort must occur at all levels. The law requires the Department of Alcohol and Drug Programs to develop the master plan. Now in its third year, the *California Master Plan to Reduce Drug and Alcohol Abuse* has evolved from a five-year planning process to one that is continuously updated and refined.

In short, counties develop plans by completing a thorough assessment of what services are available, what needs still exist and what programs or approaches are working in their communities. The State compiles the county plans to form the statewide plan. Throughout the development of the plan, efforts are made to ensure that all components are coordinated and non-duplicative. Further, the State uses the plan to assign priorities for funding. As of July 1, 1991, 55^d of the 58 California counties were part of the *California Master Plan*.²³

The *California Master Plan* is based upon the premise that the tremendous amount of social and economic resources committed to drug and alcohol abuse services requires that these services be designed and implemented so that they are effective in addressing identified individual and community needs.²⁴ In reality, the execution of this premise is extremely complex, for it requires the same communities in need of services to be integral participants in the process of setting priorities. The objective of the *California Master Plan* is to promote, among government agencies and the communities they serve, a system of coordinated drug and alcohol service planning that will guide service delivery. Moreover, the *Plan* is intended to foster the involvement of the community in the determination of local service policies. This emphasis reflects an awareness that effective policies that reduce supply and demand of drug and alcohol services require the commitment and involvement of local communities in determining their own priorities. It also recognizes that the needs of one part of the State may differ considerably from those of another, necessitating that governmental policies be tailored to appropriately and effectively address those local needs.²⁵

^d Alpine County, Modoc County and Sierra County are not yet participating in the Plan.

Another of the recommendations put forth by the Attorney General's commission in 1986 was that a drug and alcohol prevention program be established for grades K-12.²⁶ Chapter 92, Statutes of 1989 mandates a Comprehensive Alcohol and Drug Prevention Education (CADPE) component for the Suppression of Drug Abuse in Schools Program administered in a collaborative effort by the Office of Criminal Justice Planning, the Department of Alcohol and Drug Programs and the State Department of Education. The objective of the program is for each county superintendent of schools to coordinate with local law enforcement and district superintendents in implementing CADPE. The ultimate goal is to establish a comprehensive county-wide plan that effectively coordinates law enforcement and education resources for a multidisciplinary approach that will ensure responsiveness to the local issues of youth alcohol and drug abuse.²⁷ Such an approach involves the state agencies working with prevention and intervention specialists and the community to provide coordinated prevention, intervention and suppression activities.

A technical advisory committee was established to assist the three state agencies in developing guidelines for implementing the CADPE program. This committee is supposed to provide input at various phases of the implementation process, and is comprised of representatives from not only the three agencies, but also superintendents of schools, police chiefs, sheriffs, community-based organizations, service providers, curriculum specialists, parents and community leaders.²⁸

Further coordination of efforts has occurred within the Department of Education, where its Office of Healthy Kids Healthy California has taken the lead in building local capacity to operate effective prevention programs, including the CADPE program. The office has established 10 regional centers at selected county offices of education; the mission of the regional centers is to work collaboratively with local schools, agencies and advisory groups to facilitate the delivery of prevention programs and services. The regional centers also provide technical assistance, information exchange, staff development and educational resources to school districts and communities in planning and implementing effective prevention efforts.²⁹

Yet another entity through which the coordination of drug prevention programs occurs is the Superintendent of Public Instruction's Committee on Drug, Alcohol and Tobacco Education (DATE). This committee includes representatives from the Department of Alcohol and Drug Programs, the Office of Criminal Justice Planning, the Attorney General's Office, the Department of Health Services, law enforcement, local government, community-based organizations, education agencies, schools, parents and students. Its function is to review the federal Anti-Drug Abuse Schools and Communities funding guidelines, perform research and conduct other school-related activities.³⁰

Now that the State has in place a system of coordinating efforts among the various state and local government entities and community-based organizations, a comprehensive evaluation of these efforts is the next logical step in the fight against drug and alcohol abuse. Such an evaluation would identify, on a statewide basis, which programs and approaches are the most successful and how they can be replicated.

To date, the State has not yet conducted such a study, but it has plans to do so. The Department of Alcohol and Drug Programs has \$500,000 in funds for fiscal year 1991-92 to prepare two Feasibility Study Reports for the purpose of planning and designing an epidemiological and outcome study of California's drug and alcohol abuse programs. The

two feasibility study reports are expected to be completed in early calendar year 1992 and the actual study should begin by late spring of 1992, pending approval by the Governor and the Legislature.³¹

In summary, a great deal of coordination is effected through the *California Master Plan* and the various joint efforts conducted by the state and local government entities and community-based organizations. The *Plan* provides the framework by which state and local agencies can coordinate their efforts and streamline the delivery of services. The joint efforts, such as the Governor's Policy Council and the Superintendent of Public Instruction's Committee on DATE, have resulted in the collaboration and interagency cooperation necessary to ensure an efficient and non-duplicative attack on drug and alcohol abuse. Further, the efforts have resulted in the empowerment of communities, without whose commitment and involvement even the best programs cannot be successful.

The best coordination in the world, however, will not ultimately be effective unless the programs being coordinated are successful and resources are directed appropriately. Thus, it is imperative that the State continue with its plan to accurately evaluate the success of the programs used in the fight against drug and alcohol abuse in California.

Finding #2 - Funding For Drug Abuse Prevention Needs To Be Further Coordinated.

The State has made efforts to coordinate and simplify some of the funding provided to the local level. For example, as part of its coordinating efforts, the Department of Education, in conjunction with the Office of Criminal Justice Planning, developed a consolidated application (the DATE application) for local educational agencies to use in applying for CADPE funds, Drug-Free Schools and Communities funds and Tobacco Use Prevention Education funds. Because the DATE application requires school districts and county offices of education to provide plans as a part of applying for the funds, this consolidation is designed to coordinate categorical program requirements and increase efficiency and effectiveness of program delivery.³²

Barriers to further coordination still exist, however, on at least two levels:

- 1) Special-interest legislation that sets up demonstration projects not covered in the Master Plan; and
- 2) Federal funding that earmarks how money must be spent regardless of what is called for in the State's master plan.

When state legislation establishes and/or funds a pilot project for a drug or alcohol program in a particular part of the State, there is the very real possibility that the program and the people associated with it are not a component of the *California Master Plan*. For example, Chapter 1142, Statutes of 1990 established and funded (\$300,000 per year for three years) three pilot projects aimed at the prevention and nonresidential treatment of alcohol and drug abuse in Asian and Pacific Islander communities.³³ The intention of this law appears to be well-meaning and its objective appears to be a worthy one. But the fact remains that the project was developed outside of the *California Master Plan* and is funded outside of the *Plan*.

If pilot projects are set up and they are not a part of the State's master plan, there will be no community ownership for projects. If the projects do not arise from the community,

there will be no support for the projects once the State discontinues its funding.³⁴ Thus, the projects could be based on sound concepts and prove to be effective but could be unsuccessful in the long-term because they were not a part of the coordinated process encompassed in the State's master plan.

Another barrier to further coordination of funding emanates from restrictions placed on funding by the federal government. When different agencies of the federal government provide funding to the three state agencies that, in turn, pass the monies to local government, the funding is earmarked for specific purposes. For example, the federal Department of Health and Human Services provides the State with Alcohol, Drug Abuse, Mental Health Services (ADMS) funds. A portion of the money goes to the Department of Alcohol and Drug Programs and a portion goes to the Department of Mental Health. Of the money that goes to the Department of Alcohol and Drug Programs, at least 95 percent must be passed through to local governments.³⁵ Of the amount passed through to local governments, the following rules apply:^e

- at least 17.5 percent of the money must be spent on programs directed at intravenous drug users;
- at least 20 percent must be spent on prevention;
- at least 35 percent must be spent on alcohol abuse programs;
- at least 35 percent must be spent on drug abuse programs; and
- 30 percent of the money is discretionary.³⁶

In addition, at least 10 percent of the total amount awarded to California must be spent on women-specific programs.³⁷

Such a categorical system of funding fails to recognize the inherently different needs of individual state and local governments, and results in limited flexibility for those entities to fund their self-determined priorities. It is ludicrous to believe, for example, that the needs of rural Trinity County are the same as urban Los Angeles County. It may be that one community may have such a problem with alcohol abuse that it has determined 90 percent of its effort should be focused in that direction. Under the restrictions placed on federal funding, however, that option is not available.

Another example of restrictive funding is the system of grants provided by the federal Office of Substance Abuse Prevention directly to service providers. These grants do not even pass through a state agency.³⁸ Yet another example is the system of grants provided by the federal Office for Treatment Improvement to local governments on a competitive basis for a host of different purposes, each with its own restrictions, such as:

- the money must be used only for residents of public housing;
- the money must be used only for adolescents in the juvenile justice system;

* The percentages do not add up to 100 percent because dollars can meet requirements in more than one category.

- the money must be used only in target cities, such as Los Angeles;
- the money must be used only for specified, critical populations;
- the money must be used only for non-incarcerated persons within the criminal justice system; and
- the money must be used only for reducing the waiting period that someone has to wait to enter a drug treatment program.³⁹

While the purpose of each of these grants may be laudable, these grants are made without any coordination with the *California Master Plan*. The result is to tie up funds that would otherwise be available to support efforts developed through the *Plan*, and to produce a "patchwork quilt" of programs that are not coordinated.

Recommendations

The Little Hoover Commission strongly urges the State to continue its coordination efforts in the fight against drug and alcohol abuse, to move aggressively in attempting to make changes toward a block grant system of funding, and to establish and utilize a bona fide system of evaluating the success of its efforts in preventing drug and alcohol abuse.

Recommendation #1 - The Governor and the Legislature should support the efforts that go into the development and execution of the *California Master Plan for Reducing Drug and Alcohol Abuse*, and should support the operations of the Governor's Policy Council on Drug and Alcohol Abuse and the Superintendent's Committee on Drug, Alcohol and Tobacco Education.

Even in light of the scarcity of funds available for the myriad programs administered by or funded through the State, the State should make every attempt possible to provide the resources necessary to ensure the success of its fight against drug and alcohol abuse. Given that the *California Master Plan* and the aforementioned joint efforts have proven to be efficient tools in the fight, they should be supported.

Recommendation #2 - The Department of Alcohol and Drug Programs should continue its endeavor to develop and conduct a bona fide study evaluating the State's efforts against drug and alcohol abuse. The Governor and the Legislature, to the extent possible, should support the study.

Without an accurate assessment of the effectiveness of its master plan and the coordination among the various state and local government entities and community-based organization, the State cannot know where to focus its efforts in the future.

Recommendation #3 - The Governor and the Legislature should mandate that state funds can be spent only on drug or alcohol programs or pilot projects that are components of the *California Master Plan for Reducing Drug and Alcohol Abuse*.

If the State truly wants to approach the fight against drug and alcohol abuse in a coordinated fashion, it must avoid setting up a "patchwork quilt" system of individual,

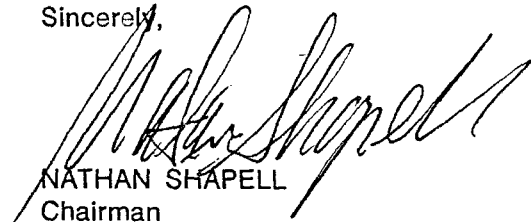
independent programs and must ensure that all efforts are applied through the existing, efficient, organized framework, the *California Master Plan*.

Recommendation #4 - The Governor and the Legislature should aggressively lobby the federal government to remove or loosen existing restrictions that are required as a part of federal funding for reducing drug and alcohol abuse.

The Governor and the Legislature should push for more block grant funding that allows the State and local governments the greatest flexibility for achieving the goals set out in the *California Master Plan*.

In conclusion, a great deal of coordination is effected through the *California Master Plan* and the various joint efforts conducted by the state and local government entities and community-based organizations. Not even this coordination can ensure effectiveness, however, unless the programs being coordinated are successful and resources are directed appropriately. Therefore, it is crucial that the State accurately evaluate the success of the programs used in the fight against drug and alcohol abuse in California, and that the State work to ensure that all funding is coordinated and supports only those programs included in the *California Master Plan*.

Sincerely,

A handwritten signature in black ink, appearing to read "Nathan Shapell", written in a cursive style. The signature is positioned above the printed name and title.

NATHAN SHAPELL
Chairman

APPENDIX

PERSONS PROVIDING TESTIMONY FOR APRIL 25, 1991 PUBLIC HEARING ON COORDINATION OF CALIFORNIA'S DRUG PROGRAMS

City of Los Angeles

Joy Picus, Councilwoman

State Office of Criminal Justice Planning

G. Albert Howenstein, Jr., Director

State Department of Alcohol and Drug Programs

Andrew M. Mecca, Director

Office of Healthy Kids Healthy California, State Department of Education

Robert A. Ryan, Administrator
Rick Phillips, Director of Capital Region Healthy Kids Center

Crime Prevention Unit, State Attorney General's Office

Kathryn Jett, Senior Consultant

Los Angeles Police Department's DARE Program

Deputy Chief Glenn A. Levant
Commander Walter W. Mitchell

Los Angeles County Sheriff's Department's SANE Program

Captain Judith A. Lewis

ENDNOTES

1. "Startled Police Find Girl, 3, Running Texas Crack House," J. Michael Kennedy, Los Angeles Times, September 13, 1991, p. A1.
2. Letter report (#89) by the Little Hoover Commission, June 3, 1988.
3. *Ibid.*
4. "Attorney General John K. Van de Kamp's Commission on the Prevention of Drug & Alcohol Abuse, Final Report," May 1986, Executive Summary, p. 3.
5. *Ibid.*, referencing "A Statewide Survey of Drug and Alcohol Use Among California Students In Grades 7, 9, and 11, Report to Attorney General John K. Van de Kamp," Rodney Skager, Ph. D., May 1986.
6. *Ibid.*
7. "California Master Plan to Reduce Drug and Alcohol Abuse: 1991," State Department of Alcohol and Drug Programs, January 1991, p. 9.
8. "Attorney General John K. Van de Kamp's Commission on the Prevention of Drug & Alcohol Abuse, Final Report," May 1986, Executive Summary, p. 3.
9. "California Master Plan to Reduce Drug and Alcohol Abuse: 1991," State Department of Alcohol and Drug Programs, January 1991, p. 9.
10. "Attorney General John K. Van de Kamp's Commission on the Prevention of Drug & Alcohol Abuse, Final Report," May 1986, Executive Summary, pp. 6 - 11.
11. Interview with Kathryn Jett, Senior Consultant, Crime Prevention Unit, State Attorney General's Office, April 4, 1991.
12. "Attorney General John K. Van de Kamp's Commission on the Prevention of Drug & Alcohol Abuse, Final Report," May 1986, Executive Summary, p. 9.
13. Self-titled document issued by the Governor's Policy Council on Drug and Alcohol Abuse.
14. *Ibid.*
15. *Ibid.*
16. "Governor's Budget, 1991-92," California Governor's Office, p. HW 29.
17. Derived from testimony by Mr. Robert A. Ryan, Administrator of the State Department of Education's Office of Healthy Kids Healthy California, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.
18. Testimony submitted by Mr. G. Albert Howenstein, Jr., Director of the State Office of Criminal Justice Planning, to the Little Hoover Commission for its public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.

19. *Derived from testimony by Kathryn Jett, Senior Consultant for the Attorney General's Office's Crime Prevention Unit, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.*
20. *Derived from testimony by Deputy Chief Glenn A. Levant and Commander Walter W. Mitchell, Los Angeles Police Department, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.*
21. *Derived from testimony by Captain Judith A. Lewis, Los Angeles Sheriff's Department, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.*
22. *"Attorney General John K. Van de Kamp's Commission on the Prevention of Drug & Alcohol Abuse, Final Report," May 1986, p. 106; and letter report (#89) by the Little Hoover Commission, June 3, 1988.*
23. *Testimony by Mr. Andrew M. Mecca, Director of the State Department of Alcohol and Drug Programs, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.*
24. *"California Master Plan to Reduce Drug and Alcohol Abuse: 1991," State Department of Alcohol and Drug Programs, January 1991, p. 1.*
25. *Ibid., pp. 1 and 2.*
26. *"Attorney General John K. Van de Kamp's Commission on the Prevention of Drug & Alcohol Abuse, Final Report," May 1986, p. 7.*
27. *"Program History, Comprehensive Alcohol and Drug Prevention Education (CADPE)," State Office of Criminal Justice Planning.*
28. *Ibid.*
29. *Derived from testimony by Mr. Robert A. Ryan, Administrator, and Mr. Rick Phillips, Director of Capital Region Healthy Kids Center, of the State Department of Education's Office of Healthy Kids Healthy California, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.*
30. *"California Master Plan to Reduce Drug and Alcohol Abuse: 1991," State Department of Alcohol and Drug Programs, January 1991, p. 61.*
31. *Telephone discussion with Desiree Wilson, Budget Officer, State Department of Alcohol and Drug Programs, on September 27, 1991.*
32. *Derived from testimony by Mr. Robert A. Ryan, Administrator of the State Department of Education's Office of Healthy Kids Healthy California, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.*
33. *California Health and Safety Code Section 11756.5.*
34. *Derived from testimony by Mr. Andrew M. Mecca, Director of the State Department of Alcohol and Drug Programs, at the Little Hoover Commission's public hearing on Drug Program Coordination, Los Angeles, April 25, 1991.*
35. *Telephone discussion with Desiree Wilson, Budget Officer, State Department of Alcohol and Drug Programs, on September 27, 1991.*

36. *Ibid.*

37. *Ibid.*

38. *Ibid.*

39. *Ibid.*

LITTLE HOOVER COMMISSION FACT SHEET

The Little Hoover Commission, formally known as the Commission on California State Government Organization and Economy, is an independent state watchdog agency that was created in 1962. The Commission's mission is to investigate state government operations and through reports and recommendations promote efficiency, economy and improved service.

By statute, the Commission is a balanced bipartisan board composed of five citizen members appointed by the Governor, four citizen members appointed by the Legislature, two Senators and two Assembly members.

The Commission holds hearings once a month on topics that come to its attention from citizens, legislators and other sources. But the hearings are only a small part of a long and thorough process:

- * Two or three months of preliminary investigations and preparations come before a hearing is conducted.
- * Hearings are constructed in such a way to explore identified issues and raise new areas for investigation.
- * Two to six months of intensive fieldwork is undertaken before a report, including findings and recommendations, is written, adopted and released.
- * Legislation to implement recommendations is sponsored and lobbied through the legislative system.
- * New hearings are held and progress reports issued in the years following the initial report until the Commission's recommendations have been assimilated.

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