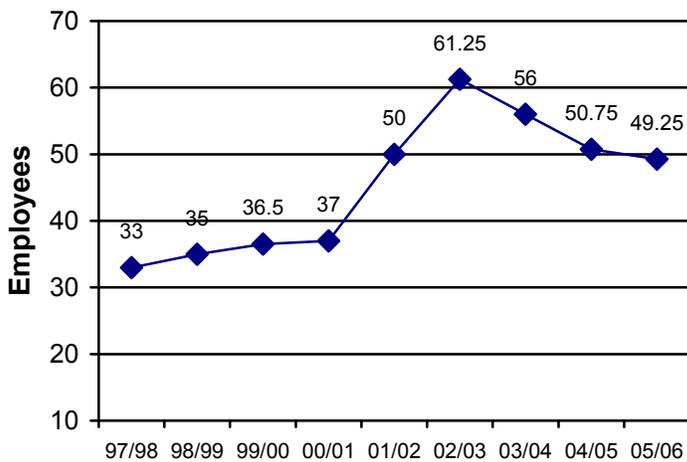


**MISSION STATEMENT**

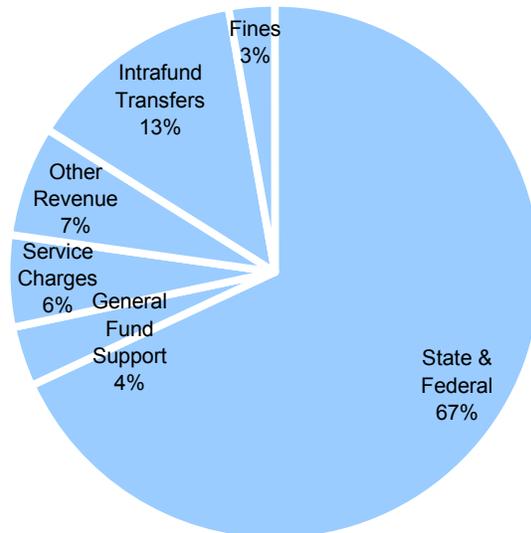
Drug and Alcohol Services promotes safe, healthy, responsible, and informed choices concerning alcohol and other drugs through programs responsive to community needs.

<u>Financial Summary</u>	2003-04	2004-05	2005-06	2005-06	2005-06
	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Revenues	\$ 4,676,262	\$ 4,574,414	\$ 4,782,320	\$ 4,804,472	\$ 4,804,472
Salary and Benefits	3,648,014	3,445,478	3,663,576	3,771,247	3,771,247
Services and Supplies	1,243,129	1,131,275	1,272,671	1,267,925	1,267,925
Other Charges	<u>736,574</u>	<u>736,574</u>	<u>736,574</u>	<u>736,574</u>	<u>736,574</u>
**Gross Expenditures	\$ 5,627,717	\$ 5,313,327	\$ 5,672,821	\$ 5,775,746	\$ 5,775,746
Less Intrafund Transfers	<u>905,281</u>	<u>770,633</u>	<u>736,507</u>	<u>768,507</u>	<u>768,507</u>
**Net Expenditures	\$ 4,722,436	\$ 4,542,694	\$ 4,936,314	\$ 5,007,239	\$ 5,007,239
General Fund Support (G.F.S.)	<u>\$ 46,174</u>	<u>\$ (31,720)</u>	<u>\$ 153,994</u>	<u>\$ 202,767</u>	<u>\$ 202,767</u>

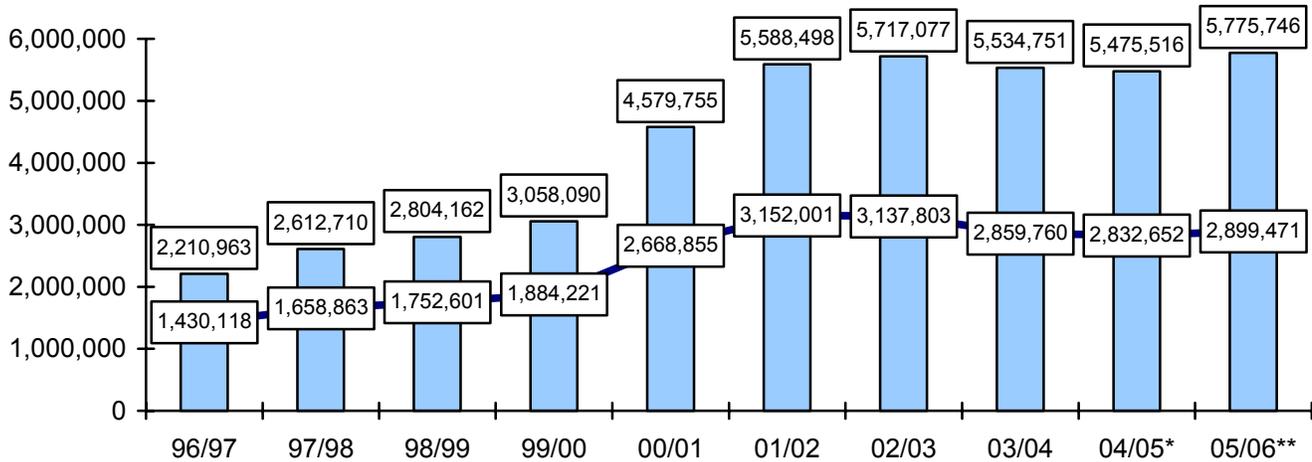
**Number of Employees**  
(Full Time Equivalent)



**Source of Funds**



**10 Year Expenditures Adjusted For Inflation**



\*Adopted  
\*\*Recommended

**SERVICE PROGRAMS**

Expenditures Adjusted For Inflation

**Treatment**

Through regional centers located in Atascadero, San Luis Obispo and Arroyo Grande, outpatient treatment programs provide individual, family and group counseling for community members seeking recovery from alcohol and other drug problems. Licensed and credentialed staff provide treatment services and all programs are certified by the California Department of Alcohol and Drug Programs. A variety of populations are served, including young children, youth, adults, intravenous drug users, and pregnant and parenting women. Treatment services vary in intensity, based on individual need and can last up to one year. Aftercare services are provided as well as drug testing services.

Total Expenditures: \$3,231,414 Total Staffing (FTE): 30.5

**Prevention**

Prevention activities seek to prevent alcohol and other drug problems before they occur. A primary focus is placed on youth and assisting the community-at-large in the development of an alcohol and other drug-free social environment. Prevention activities include the support of community coalitions such as The Prevention Alliance and 10 community-based Youth Task Forces. Friday Night Live is a prevention program whose youth development activities reach 4<sup>th</sup> through 12<sup>th</sup> grade students in schools throughout San Luis Obispo. The HIV street outreach and educational campaigns promote the awareness of problems associated with drug use and HIV risk.

Total Expenditures: \$1,619,238 Total Staffing (FTE): 16.75

**Support to the Drinking Driver Programs**

Staff time that includes administrative support and staff services for Fund Center 375, the Drinking Driver Programs.

Total Expenditures: \$188,520 Total Staffing (FTE): 2.0

**Pass Through**

Drug and Alcohol Services receives funding directly from the State and forwards it to Pasos de Vida, Life Steps Foundation, Inc. for residential services for women with chemical dependency issues and mental health issues.

Total Expenditures: \$736,574 Total Staffing (FTE): 0

**DEPARTMENT COMMENTS**

The Status Quo Budget submitted by Drug and Alcohol Services maintains a net county cost of \$153,994. The Department has been able to preserve this amount, even though salary projections for Fiscal Year (FY) 2005-06 reflect an increase of more than \$247,132 over salary projections in the FY 2004-05 Adopted Budget. The increase is due mainly to wage increases. Preservation of net county cost was achieved through staff imposed reductions in work hours and voluntary time off, along with cost cutting measures in services and supplies and a favorable county overhead allocation. These measures allow the Department to avoid layoffs, which were necessary in previous years.

In FY 2004-05, the Department was successful in seeking outside funding sources to augment decreases and a flattening in Federal and State funding. This unanticipated revenue allowed Drug & Alcohol Services to provide additional services benefiting the citizens of San Luis Obispo County. Funds from the Office of Traffic Safety allow Drug & Alcohol Services to partner with the County Health Department to provide Driving Under the Influence Prevention and traffic safety education programs at county high schools. The Enforcing Underage Drinking Laws (EUDL) program gives us the opportunity to collaborate with community groups and law enforcement in San Luis Obispo City to support improved strategies and policies to reduce alcohol-related problems. Funding from the California Department of Alcohol and Drug Programs supports establishing a Dependency Drug Court. Through the drug court model, these funds are expended to promote family strength and stability, enhance parental functioning and protect children who would otherwise be endangered by parental substance abuse. Preventive Health Grant funding allowed the department to provide information, education and referral services for Spanish speaking families in remote, rural portions of northern SLO County.

County contributions to Drug and Alcohol Services' in the FY 2004-05 Budget allowed us to retain 1.0 FTE youth treatment position and a 0.5 FTE adult treatment specialist. Without this general fund contribution, these positions would have been cut from our budget. Retaining these positions allowed us to maintain long-term adolescent treatment services to approximately 57 youth. Funding a part time adult treatment specialist resulted in continued therapy for addicted mothers and their young children referred to the department's Perinatal substance abuse treatment program as well as parenting classes for Perinatal treatment participants. The position also continued the supervision of counselors and student interns to obtain professional certification and created the opportunity for interns to facilitate early stage recovery groups, thus doubling the department's capacity for that particular service element.

Outcome and indicator data for Drug and Alcohol Services programs were also excellent during FY 2004-05. Results from the first half of FY 2004-05 reveal that 90% of active clients in adult treatment have reduced their drug and alcohol use as determined by the Addiction Severity Index (ASI) measurement of outcomes. Additionally, 90% of treatment participants who had completed their treatment indicated overall satisfaction (Above Average or Excellent rating) with their experience at Drug and Alcohol Services.

#### **COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS**

The recommended budget for Drug and Alcohol Services represents a 31% increase in the level of General Fund Support compared to the current year adopted amount. As noted above, the department did submit a budget that maintained the current year level of General Fund Support. This was achieved as a result of a significant reduction in Countywide overhead charged to the department as well as internal cost-cutting measures.

The Administrative Office recommends that the current year level of General Fund Support be augmented by about \$49,000 to allow the department to fill one Drug and Alcohol Services Specialist position that would otherwise have been eliminated due to lack of funding. The cost of this position will also be offset with approximately \$22,000 in prior year tobacco settlement funds. While the department has been successful in generating new grant revenues to pay for new or expanded services for targeted populations (e.g. children or persons in the criminal justice system), their "core" funding for adult services has been eroding. We are making this recommendation in recognition of the hard work and documented results achieved by the department as a result of going through an organizational effectiveness analysis. Information about these results can be found in fund center 275 – Organizational Effectiveness. As a result of funding this position, the department will be able to increase community access to outpatient services. Average waiting time at walk-in clinics will decrease by 20 minutes and average length of time before being admitted to treatment services will decrease by five days. An additional 40-50 clients will be served, resulting in positive improvement on the Addiction Severity Index.

The recommended budget reflects the elimination of 1.5 FTE vacant positions which the department had been holding in the event that additional revenues become available. While they are not projecting this to be the case for the foreseeable future, the department can request reinstatement of these positions if revenues do become available.

#### **BOARD ADOPTED CHANGES**

None.

**GOALS AND PERFORMANCE MEASURES**

<p><b>Department Treatment Goal:</b> To reduce alcohol and other drug-related problems among program participants who access services in regional clinics that provide efficient, high quality, intensive treatment services to community members desiring recovery from the misuse of alcohol and/or other drugs.</p> <p><b>Community-wide Result Link:</b> A Healthy Community.</p>						
<p><b>1. Performance Measure: Percentage of clients successfully participating in adult treatment services who demonstrate decreased drug and alcohol use. (as measured by the Addiction Severity Index)</b></p>						
00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Projected Results	05-06 Target
New Measure	45% of 657 clients	70% of 776 clients	72% of 623 clients	75% of 670 clients	90% of 670 clients	90% of 650 clients
<p><b>What:</b> Decreased drug and alcohol use demonstrates an impact of treatment and treatment's subsequent effect on behavior.</p> <p><b>Why:</b> Successful recovery involves positive lifestyle changes.</p> <p><b>How are we doing?</b> Initial results from the first half of FY 04-05 reveal that 90% of active clients in adult treatment have reduced their drug and alcohol use as determined by ASI outcomes. (Data Source: Addiction Severity Index and CA State CADDs data submission)</p> <p>(Data Source: Addiction Severity Index and CA State CADDs data submission)</p>						
<p><b>2. Performance Measure: Percentage of adult treatment clients who state overall satisfaction with Treatment Programs as measured by the client satisfaction survey at the levels of Above Average or Excellent.</b></p>						
00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Projected Results	05-06 Target
N/A	N/A	*81% of 776 program participants	82% of 623 program participants	87% of 670 program participants	90% of 670 clients	90% of 650 clients
<p><b>What:</b> The department's client satisfaction survey is used to measure program satisfaction within our treatment programs.</p> <p><b>Why:</b> Client satisfaction is a measure of program effectiveness.</p> <p><b>How are we doing?</b> Initial results from the first half of FY 04-05 reveal that 90% of active clients in adult treatment who had completed their treatment indicated overall satisfaction (Above Average or Excellent rating) with their experience at Drug and Alcohol Services. (Data Source: Client Exit Satisfaction Survey)</p> <p>*These data were calculated using sampled treatment population.</p>						
<p><b>3. Performance Measure: Percentage of Treatment slots filled. (Prop 36, Perinatal, Youth and Family and Adult Services)</b></p>						
00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Projected Results	05-06 Target
New Measure	80% of 391 treatment slots	90% of 593 treatment slots	100% of 477 treatment slots	100% of 477 treatment slots	95% of 547 treatment slots	95% of 547 treatment slots
<p><b>What:</b> Filled treatment slots ensures efficient use of treatment resources.</p> <p><b>Why:</b> Un-used treatment resources is inefficient. The ideal standard for filled treatment slots would be 90% to 95% filled so that clients can access services when they need them.</p> <p><b>How are we doing?</b> In FY 03-04 all treatment slots were completely filled, and we anticipate this trend to continue through FY 04-05 and into FY 05-06. New programs funded by grant revenues have increased treatment slots for FY 04-05 and into FY 05-06. (Data Source: DATAR quarterly basis.)</p>						

**4. Performance Measure: Percentage of Treatment staff who meet professional counseling certification standards set by CA State Department of Alcohol and Drug Programs.** (this is a new measure for 05-06)

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Projected Results	05-06 Target
n/a	n/a	n/a	n/a	n/a	n/a	80% of all Treatment Staff

**What:** Certification is a measure of professional competency.

**Why:** Certification is a statewide effort to ensure quality of treatment services and to protect the health and safety of treatment program recipients.

**How are we doing?** DAS is engaged in assessment and training of treatment staff to ensure high professional standards of service delivery and to maintain compliance with certification requirements. The current minimum certification requirement is that 30% of treatment staff be certified.

**Department Prevention Goal:** To prevent alcohol and other drug problems by providing high quality training and education services to assist the community in the development of healthy alternatives to substance abuse.

**Community-wide Result Link:** A Healthy Community.

**5. Performance Measure: Percentage of the County's population reached through a minimum of 12 prevention awareness events.**

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Projected Results	05-06 Target
10% (23,236 individuals)	10% (24,459 individuals)	10.5% (27,322 individuals)	12% (32,280 Individuals)	11% (equates to approx. 28,600 individuals)	11.9% (equates to approx. 31,000 individuals)	12% (equates to approx. 31,200 individuals)

**What:** Number of Prevention events and the attendance records from those events indicate the accessibility and the assistance provided to the community at large. Events include the "Safe and Sober Summer" campaign, Red Ribbon Week events, Winter Holiday DUI Prevention campaigns and Community Forums on Binge Drinking Prevention.

**Why:** Consistency and continuity of prevention messages over time is a "best practice".

**How are we doing?** During the first half of FY 04-05, 15,488 individuals (*CA Prevention Activities Prevention System Report, 2004*) were recipients of county-wide prevention services. Projected over the entire year, this amount to 13.4% of 260,000 total county residents. During the past year, youth continued to become increasingly involved in developing and promoting community-based prevention efforts, with an emphasis on youth asset development, community development projects, and a teen voice in policy development. Our community-based prevention activities have increased our collaborative partnerships with county schools, local community youth task forces, citizens groups and electronic and print media. (Data Source: Prevention Activities Data System).

**6. Performance Measure: Percentage of Friday Night Live participants who demonstrate a reduction in risk factors and/or an increase in protective factors resulting in reduced substance abuse.**

00-01 Actual Results	01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Adopted	04-05 Projected Results	05-06 Target
80% of 1,719 Participants	80% of 2,612 Participants	80% of 2,902 Participants	90% of 3,500 Participants	95% of 3,500 Participants	95% of 3,500 Participants	95% of 3,500 Participants

**What:** Participants demonstrate (as measured by focus group outcomes and surveys) improvements in school attendance, problem-solving skills, family environment, school grades, community/family bonding, choice of peer group and reduced or eliminated drug use.

**Why:** Research by Hawkins/Catalano demonstrates that decreases in standardized risk factors or increases in standardized protective factors results in reduced risk of substance abuse. Risk Factors include: being unaware of risks of drug use, exhibiting low levels of parent/youth communication, truant behavior, and choosing of problem peer groups. Protective Factors include: improved school attendance, high levels of developmental assets, good grades, school/community/youth bonding, and disapproval of drug use.

**How are we doing?** Consistently during the first half of FY 04-05, 95% of participants showed improvements in risk behavior. Thus, grades, reduced truancy, in-class behavior and school/community/youth bonding all improve significantly. Also reported risk behavior associated with alcohol, tobacco or other drugs also decreased.