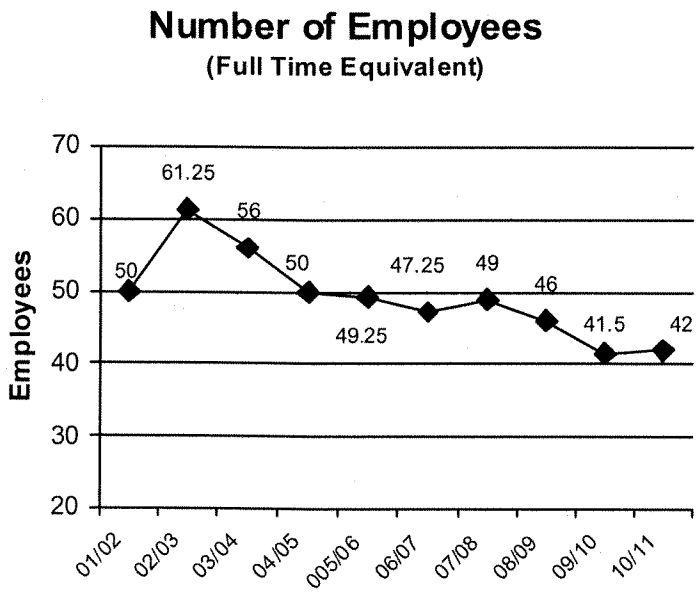
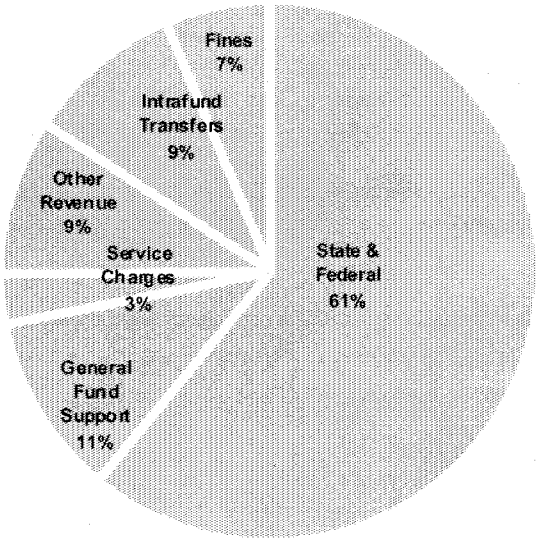
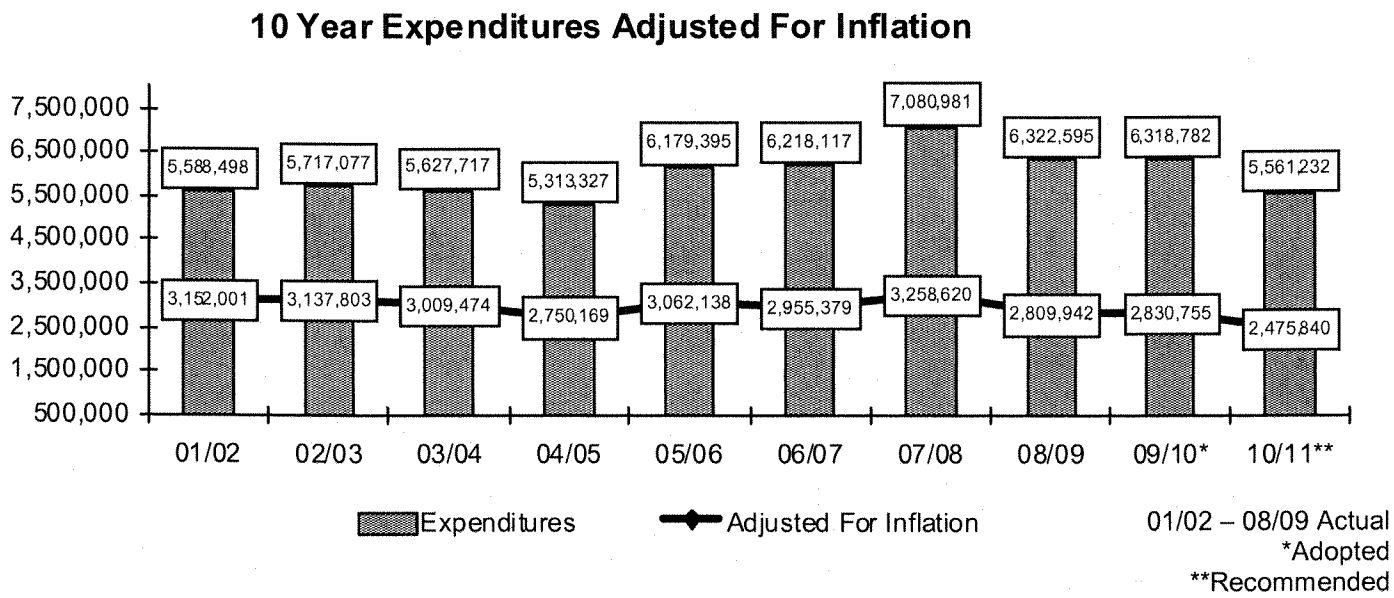
MISSION STATEMENT

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

Financial Summary	2009-10 Budget	2009-10 Projected	2010-11 Requested	2010-11 Recommended	Change From 2009-10
Revenues	$ 4,821,415	$ 4,310,829	$ 4,261,602	$ 4,432,102	$ (389,313)
Salary and Benefits	3,800,469	3,755,669	3,820,241	3,813,970	13,501
Services and Supplies	1,855,419	1,845,179	1,699,232	1,747,262	(108,157)
Other Charges	662,894	20,000	0	0	(662,894)
**Gross Expenditures	$ 6,318,782	$ 5,620,848	$ 5,519,473	$ 5,561,232	$ (757,550)
Less Intrafund Transfers	663,195	518,303	524,039	524,039	(139,156)
**Net Expenditures	$ 5,655,587	$ 5,102,545	$ 4,995,434	$ 5,037,193	$ (618,394)
General Fund Support (G.F.S.)	$ 834,172	$ 791,716	$ 733,832	$ 605,091	$ (229,081)







SERVICE PROGRAMS

Treatment

Through regional centers located in Atascadero, San Luis Obispo and Arroyo Grande, outpatient drug-free treatment programs provide individual, family and group counseling for community members seeking treatment for 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. These voluntary and court-ordered treatment services vary in intensity based on individual need and can last up to one year. Aftercare services and drug testing services are provided as well.

Total Expenditures: $3,780,314 Total Staffing (FTE): 28.55

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 Friday Night Live Program whose youth development activities reach 4th through 12th grade students in schools throughout San Luis Obispo County; and the support of community coalitions, such as the DUI Task Force, which utilize environmental and evidence-based strategies to reduce access to and increase public knowledge about substance use and abuse.

Total Expenditures: $1,780,918 Total Staffing (FTE): 13.45

DEPARTMENT COMMENTS

Key Accomplishments in FY 2009-10

Excellence in Customer Service

- During Fiscal Year 2009-10 the Division consolidated treatment intake paperwork in order to minimize client time spent on paperwork, allowing Drug and Alcohol Specialists more time for client assessments, and ensuring that consistent information is provided to both the client and staff. This customer service improvement was applauded Statewide and was shared with many other providers.

- Co-occurring task force was formed with members of both Drug and Alcohol Services and Mental Health services. The goal of the task force was to identify current services provided to clients with both a mental health diagnosis and a substance abuse disorder. The task force was chaired by the Division Manager of drug and Alcohol Services. The recommendations of the task force were approved by both the Drug and Alcohol Advisory Board and the Mental Health Board. Implementation will begin this year with the goal of providing integrated services to this population.

Continuous Internal Business Improvements

- In accordance with best practices for treatment, the Division improved client length of stay which enhances the effectiveness of service as clients who stay in treatment longer typically show greater improvement. For Fiscal Year 2009-10, the current length of stay for treatment clients in San Luis Obispo County is 101 days.

Proactive Finance

- The Division maintained its entrepreneurial spirit in Fiscal Year 2009-10 and applied for and was awarded $ 550,000 in new multi-year grants and contracts to expand dependency drug court, parole treatment and a variety of prevention programs.

Commitment to Learning and Growth

- As the Division leads the responsibility of administering the MHSA Prevention and Early Intervention (PEI) programs, a great deal of training and skill building was necessary as Specialists transition into work assignments with a broader behavioral health focus, and leadership is charged with creating and nurturing new community partnerships. The Division held a very successful two-day community training on PEI Programs in September, 2009.

Major Focus for FY 2010-11

Excellent Customer Service

- Some clients need a higher level of care which includes a residential component. In Fiscal Year 2010-11 the Division will implement a new grant which increases the number of residential beds available for parents of children.

New Internal Business and Program Improvements

- San Luis Obispo County Drug and Alcohol Services Division was selected as one of twelve locations in the United States to participate in process improvement in the Dependency Drug Court. The Division will seek to increase admissions to the Dependency Drug Court in order to reduce foster care placement time and to reunify families affected by substance use.

Finance

- During Fiscal Year 2010-11 the Division will continue to provide high quality treatment services while implementing a centralized Deferred Entry of Judgment Program. Narrowing the staff responsible for this program will improve the fee collections and consequently the completion rate of clients in this program.

Dedicated Learning and Growth

- The Division is in the process of integrating mental health issues with the substance use disorders in order to provide one-stop, person centered treatment services. The Behavioral Health Department will host eight video training opportunities for staff to focus on co-occurring disorders.

Key Challenges and Strategies for Fiscal Year 2010-11

Reduced Revenues

- Staff continues to be challenged to find a balance between administrative tasks and direct services. Efforts to maintain or replace reduced grants, along with increased state data reporting requirements, have tremendous impact on staff time. A typical grant writing effort absorbs 40-60 hours of direct service per grant application.
- The Division will continue to seek opportunities to replace services being reduced due to sun-setting grants; however, administrative reductions will make it more difficult to search for funding opportunities while remaining timely and accurate in all other administrative functions.

- Due to current economic conditions, clients are finding it more difficult to pay for services at a time when the risk of substance use increases. At the same time state and federal revenues are threatened causing uncertainty around services. The Division will work to stabilize funding sources through leveraging MHSA-PEI, contract, and multi-year grant funding.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for Drug and Alcohol Services is recommended to decrease $229,081 or 27% compared to the FY 2009-10 adopted level. Revenues are budgeted to decrease $389,313 or 8% compared to the FY 2009-10 adopted budget. Total expenditures for this fund center are budgeted to decrease $618,394 or 10%. As in past years, cost savings measures have been incorporated into the Health Agency budget to reduce the need for General Fund support. Accordingly, the following measures are included in the FY 2010-11 recommended budget for Drug and Alcohol Services:

- A General Fund savings of $73,683 created by not budgeting for a FY 2010-11 prevailing wage increase. In the past, divisions of the Health Agency typically budgeted to provide some funding should it be necessary to pay for a prevailing wage increase in a particular year. This was done mainly to ensure that where a program received State and Federal reimbursement revenue, the amount received would be as close to full cost as possible. Over the years reimbursement rates have not kept pace with actual costs and it is no longer necessary for Health Agency programs to budget for a prevailing wage increase. For FY 2010-11 the Health Agency has opted not to budget for this cost. If it is determined that an increase is in order for FY 2010-11, the Health Agency will need to offset the increase in Salary and Benefits with expense savings or unanticipated revenue elsewhere.
- A General Fund savings of $29,269 expected from the use of Voluntary Time Off (VTO) by Drug and Alcohol Services. This is the third year that VTO has been budgeted in order to reduce the need for General Fund support and help avoid potential layoffs. The use of VTO in FY 2010-11 will mean the loss of productive time across various Drug and Alcohol Services programs and may impact the ability to provide timely customer service in those programs.

Revenues are budgeted to decrease $389,313 or 8% compared to the FY 2009-10 adopted budget. The State eliminated Prop 36 funding in FY 2009-10, a loss of $386,523. This is partially offset by a Federal assistant grant (Byrne/JAG), which will expire in March of 2011, for a net reduction of approximately $240,000 in FY 2010-11. The Health Agency estimates that the loss of this funding will result in 25 or 15% fewer clients being seen.

Total expenditures for this fund center are budgeted to decrease $618,394 or 10% compared to the FY 2009-10 adopted budget. Salary and Benefits expenditures are budgeted to increase $13,501 or less than 1%. Service and supplies expenditures are budgeted to decrease $108,157 or 5% compared to the FY 2009-10 adopted budget, largely due to a net decrease of $128,910 in interdepartmental charges and overhead costs. The Other Costs line item declines significantly due to the loss of Pasos de Vida, a residential treatment facility for women and their children, totaling $662,894. This facility was closed after attempting to remediate serious deficiencies uncovered in programmatic and site reviews by both the County and the State.

An overall decrease of .50 FTE is recommended in the Drug and Alcohol Services Position Allocation List (PAL) for FY 2010-11:

- +1.25 Drug & Alcohol Services Specialist due to new grant funding.
- -1.00 Supervising Admin Clerk moved to accounts payable unit in FC 160 – Public Health.
- +0.25 Physician's Assistant converted from temporary help.

GOALS AND PERFORMANCE MEASURES

Division Treatment Goal: 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.

Communitywide Result Link: Healthy Community.

1. Performance Measure: Percentage of clients who report reduced or eliminated drug and/or alcohol use in the 30 days prior to leaving Drug and Alcohol Services (DAS) treatment.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Projected	10-11 Target
82%	82%	87%	85%	85%	85%	86%

What: Decreased or eliminated drug and alcohol use demonstrates the impact of treatment and its subsequent effect on behavior.

Why: Successful recovery involves positive lifestyle changes.

How are we doing? This measure coincided with the implementation of the California Outcomes Measurement System (CalOMS) administered by the California Department of Alcohol and Drug Programs. For the 981 treatment program participants in FY 2008-09, the rate of reduced or eliminated drug and/or alcohol use was 85%. We anticipate maintaining that same rate for FY 2009-10 and increasing the rate to 86% for FY 2010-11. For comparison, the average rate for all California counties for FY 2008-09 was 83% out of a total of 111,161 surveyed participants. State projections for FY 2009-10 are not yet available.

(Data Source: California Outcome Measurement System, CalOMS)

2. Performance Measure: Percentage of treatment clients who state overall satisfaction with Treatment Programs as measured by the client satisfaction survey at the levels of "Very Satisfied" or "Extremely Satisfied".

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Projected	10-11 Target
89%	89%	87%	90%	87%	90%	91%

What: The Division's client satisfaction survey is used to measure program satisfaction with our treatment programs.

Why: Because Drug and Alcohol Services is committed to providing high quality service, client satisfaction is an indication of program quality. The client satisfaction survey allows us to improve our programs based on participant feedback.

How are we doing? Of the treatment clients surveyed in FY 2008-09, 90% indicated overall high satisfaction (Very Satisfied or Extremely Satisfied rating) with their experience at Drug and Alcohol Services. High satisfaction rates were expected to decline to 87% in FY 2009-10 due to anticipated reductions in service levels. Despite reduced resources, the division is focusing increased attention to participant satisfaction and projects a 90% high satisfaction rate for FY 2009-10 and a rate of 91% for FY 2010-11. Making programmatic changes based on what we learn from survey responses is resulting in improvements in client satisfaction. The rate of return for satisfaction surveys was also excellent in FY 2008-09. Of 343 completions during the FY 2008-09 time period, 241 returned surveys for a return rate of 70%. Because satisfaction rates are not part of the statewide CalOMS database, no comparison data is available.

(Data Source: Client Satisfaction Survey)

3. Performance Measure: Percentage of adult treatment participants who stay in treatment for 90 days or longer.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Projected	10-11 Target
N/A	N/A	49%	50%	55%	55%	56%

What: Length of stay is an indicator of successful treatment. The longer the client stays in treatment, the better the results.

Why: Research reported by the National Institute on Drug Abuse reports that an outpatient treatment stay of 90 days is the minimum length of treatment to have any lasting impact. By remaining in treatment longer, efficiency is improved by reducing the cost associated with relapse such as medical, criminal justice and court costs. The costs associated with treatment re-admission are also eliminated.

How are we doing? Although the threshold length of stay rate for FY 2008-09 was expected to reach 54%, the actual rate achieved was 50%. The CA average statewide was 49%. Preliminary length of stay rates for SLO County in FY 2009-10 are 55%, based on first quarter results. Of the 333 adult treatment participants discharged during the first quarter of FY 2009-10, 55% or 183 participants remained in treatment for 90 days or longer. Because length of stay is an indicator of treatment success, Drug and Alcohol Services continues to implement treatment strategies designed to improve and lengthen clients' commitment to remaining in treatment. This has resulted in incremental improvement between FY 2007-08 and FY 2008-09 and should also be reflected in FY 2009-10 and FY 2010-11 results.

(Data Source: California Outcome Measurement System, CalOMS)

4. Performance Measure: Actual client treatment fees collected as a percentage of client treatment fees budgeted. (New performance measure in FY 2010-11.)

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Projected	10-11 Target
New Measure	New Measure	80%	86%	New Measure	87%	100%

What: The budget for Drug and Alcohol Services includes revenue specific to the collection of client treatment fees. Client fees are tracked monthly and compared to the annual target to determine the effectiveness of the Division's collection practices.

Why: Client fees are an important source of revenue for the division. Additionally, efficient budgeting practices require accurate forecasting of client revenues.

How are we doing? In FY 2008-09, the treatment programs collected 86% of their budgeted target. The rate of collection for FY 2009-10 is projected to be 87%. The short-fall compared to budget in FY 2009-10 can be partially attributed to a weak economy and the elimination of the Minor Accountability Program for which fees were anticipated. Because fee collection rates are not part of the statewide CalOMS database, no comparison data is available for this performance measure.

(Data Source: Quarterly Dashboard Data Report)

Division Prevention Goal: To reduce alcohol and other drug-related problems by providing high quality evidence based prevention strategies in the community.

Communitywide Result Link: Healthy Community.

5. Performance Measure: Percentage of the County's population reached through DAS Prevention services.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Projected	10-11 Target
17%	13%	11%	15%	10%	10%	11%

What: The percentage of the County's population reached through Drug and Alcohol Services Prevention campaigns and activities, which engage community members by providing education and information about alcohol and other drugs along with positive alternatives to alcohol and drug use.

Why: The Office of National Drug Control Policy has stated that prevention services are considered an industry best practice in reducing the risk factors associated with drug and alcohol use.

How are we doing? During FY 2008-09, 37,500 county residents were reached through countywide information, education and interventions provided by Prevention services, campaigns and activities. This amounts to 14% of the county's population of 269,000. Drug and Alcohol Services' ability to provide Prevention services is highly reliant on, and fluctuates with, the amount of grant funding available for Prevention services. The division's ability to reach large percentages of the County's population was maintained as a result of targeted public events and consistent media coverage. The State recently instituted the CalOMS data measurement system for County prevention providers. Although, no comparison data for population percentage and service quantities is currently available, it is anticipated that in future year's comparison data with other counties will be accessible.

(Data Source: California Outcomes Measurement System -- Prevention)

Formerly Performance Measure #5: Percentage of youth participants in prevention programs who demonstrate a reduction in risk factors and/or an increase in protective factors. (This performance measure has been deleted from FC 162 – Drug & Alcohol Services and moved to FC 165 - Mental Health Services Act beginning in FY 2010-11)

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Projected	10-11 Target
95%	95%	95%	97%	95%	95%	Deleted

What: Youth participants in Drug and Alcohol Services (DAS) prevention programs demonstrate improvements in school attendance, problem-solving skills, family environment, school grades, community/family bonding, choice of peer group, awareness of drug risks, and reduced or eliminated drug use. Improvements are measured by administering tests to the participants when they begin participating in DAS' services and again when they finish with services.

Why: The California Department of Alcohol and Drug Programs utilizes research by Hawkins and Catalano, which demonstrates that decreases in standardized risk factors, or increases in standardized protective factors result 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? Although this measure is still appropriate for FC 162 - Drug and Alcohol, it has been moved to FC 165 - Mental Health Services Act because it reflects the increase in youth Prevention and Early Intervention (PEI) activities conducted as part of the Mental Health Services Act. As part of the PEI initiative, staff prevention efforts are being coordinated between the two fund centers.

(Data Source: Drug and Alcohol Services Focus Group and Outcomes Surveys)