Coordinated Drug Policy Leadership – Talking Points – Draft 3/2/04 for ICC Discussion

Purpose: To properly address the absence of unified state drug policy in Montana, this paper proposes to utilize the MBCC infrastructure to do the following:

- The Board of Crime Control is an existing high-level body to provide long-term statewide strategic planning, and policy development.
- The Board of Crime Control focuses on coordination and performance.
- The Board of Crime Control is the state's designated planning and program development agency for the criminal justice system, and the role and function could be expanded to include the continuum of care from prevention, interventions, treatment, justice and control relative to alcohol, tobacco and other drugs.
- A Governor appointed,18 member board provides financial support, technical assistance and supportive services to state, local, and community-based entities which can provide drug policy leadership.
- Within the MBCC, a Drug Policy Resource Center will be created to assist the board fulfill it's mission.
- Implement the "next steps" outlined in Governor and Attorney General's Task Force on Alcohol, Tobacco and Other Drugs blueprint.
- Supports the work of SJR 11, a joint resolution to request a study of the problems of alcohol and drug abuse of prevention, early intervention and treatment.
- Maximize interagency collaboration to use the significant expertise within specific State agencies;
- Support state and local community planning process for training, technical assistance, and etc.

# Drug Policy Resource Center will be created.

- Cuts-across all of state government.
- Aims to consolidate efforts toward a state-wide vision of having a uniform leadership structure that provides the vehicle for coordination, cooperation, collaboration and integration of resources and efforts,
- Centralizes functions and efficiencies, and reduces duplication of effort.
- Reflects the federal Office on National Drug Control Policy by addressing overarching themes or stopping use before it starts, disrupting the market and healing the American drug users,
- Public safety, demand and supply reduction are woven into the fabric of the structure,
- Directs coordination between prevention, treatment, and control programs state-wide and within respective state agencies, to include adopting standards, evaluation of performance and demonstrated outcomes for prevention, treatment, and control programs, and directing an integrated approach to the Executive Planning Process for executive budgets in the areas of prevention, treatment and control.

#### **Functions of the DPRC:**

- 1) Strategic planning, develop and coordinate policy, within existing policy processes and structures, to address the continuum;
  - Build a rigorous and unified plan that recommends a cross-agency agenda based on and be created and implemented to assess the effectiveness of programs and services in prevention, intervention, treatment, justice and drug control to improve outcomes for youth and adults in Montana.
  - Facilitate a coordinated strategic plan in the Executive Planning Process statewide (to include OBPP);

Coordinated Drug Policy Leadership – Talking Points – Draft 3/2/04 for ICC Discussion 2) Coordinate research so we can fund programs that produce results that help to reduce risk and

Coordinate research so we can fund programs that produce results that help to reduce risk and increase XXX;

- 3) Establish and coordinate existing standards and practice to include finding and elevating models of "what works," through collaboration and coordination with existing agency structures, and help replicate them state-wide
  - Advise the Governor and the Office of Budget and Program Planning (OBPP) on funding and budgets of all state agencies having prevention, treatment, and control programs based on monitoring of standards to provide greater direction toward integration and coordination.
  - Develop prevention, treatment and control standards for adoption by all state agencies through budget planning, Memorandums of Understanding, etc., that will guide state programs and grant applications while using science and evidence-based standards.
  - Compile best practices.
- 4) Resource Development (VISTA, grant writer)

Finding new money

Finding the best home for new money

Improve the current state grant system and research eligibility for federal and non-federal grants to increase it's value to potential grantees, communities. Bring programs to the table with whose mission they are most closely aligned.

- 5) Information Dissemination and Outreach...(Prevention Connection, Hot News, etc.)
  - Provide guidance to communities, state agencies on integration of prevention standards in relevant programs.
  - Provide Community technical assistance:
    - Resource and referral, coordinate information to a single website to link to other resources, and central repository of resources to include data
    - Grant opportunities
    - Evaluation
    - Standards, and best practices and promising approaches
- 6) Evaluation...
  - Create a Resource Mapping Function (programs be required to provide the zip codes or GIS codes for all areas where they are providing services).
  - Implement Grantee-Level Performance Measurement Guidelines
  - Recommends launching a major effort to work with applicants and programs to strengthen the accountability and performance of organizations receiving funds to XXX
  - Monitor state programs to increase integration, collaboration, and coordination of prevention, treatment, and drug control efforts, and to avoid duplication, and to increase performance outcomes (evaluation).

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#### **Interagency Workgroup**

Interagency coordination should be accomplished around XXX; and where issue areas warrant the attention of multiple agencies, we recommend that an interagency group be created to ensure communication, coordination, and collaboration to:

- Reduce/eliminate overlap and duplication of services;
- Focus policies and resources
- Maximize the use of expertise that agencies already have
- Increase collaborative efforts:
- Keep state of Montana messages consistent across agencies and programs;
- Have a unified definition of "best practices;"
- Develop a unified research agenda to identify best practices;
- Encourage the development and use of similar performance measures for similar programs.

## What's Different than keep the existing ICC structure:

Statutory changes to the MBCC amending 2-15-2006 would add three additional members: the Director of the Department of Public Health and Human Services, and the Superintendent of the Office of Public Instruction, and the Director of the Disaster and Emergency Services (DES), or their designees with decision making authority for the agency they represent.

- Under this proposal, repeal of statute 2-15-225, which established the Interagency Coordinating Council (ICC) for State Prevention programs, would occur.
- The current ICC Work Group would remain intact with some expansion to include treatment, justice/drug control policy, but the name would be the state agency work group,
- Report regularly to a legislative interim committee specifically established to address drug control policy on strategic plan progress, budget proposals, and etc.

To meet the objectives of a statewide drug and alcohol policy strategy, the following entities shall cooperate with one another:

- MBCC, with its responsibilities for research, planning, and granting authority,
- Superintendent of Public Instruction, with a supervisory role over the public system of elementary and high schools,
- Department of Public Health and Human Services with responsibilities to administering programs in the prevention, intervention and treatment services, and,
- DES with its responsibilities to Homeland Security, sophisticated intelligence, and law enforcement.

Additionally, the Attorney General, and the Governor through that office's appointing process would remain intact with the MBCC.

## **Additional recommendation** with this proposal:

DPHHS is directed to strengthen coordination and conduct internal strategic planning regarding prevention, intervention and treatment, and this needs to be linked into the larger strategic plan. A formal mechanism will be created for more coordination between prevention, intervention, and treatment within its divisions.

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#### Planning Overview:

- Aligns with what is happening nationally
- Collaborative Process
- Prioritized Appropriately
- Actionable Plan
- Difficult to Develop
- Necessary for Success

### Proposed Funding Ideas and Options (sustainable):

Alcohol Ear Mark Tax – need legislative approval

Dept of Rev license fees/fines/collections – need legislative approval

SAPT Block Grant – currently funds a portion of current strategy via a portion of the PRC program spec staff

Fee Assessment to programs/agencies (ie. 0.05%)

Existing state agency resources for coordination, integration of service/policy

Federal funds – would need to apply for