



Children, Families, Health, and Human Services Interim Committee

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58th Montana Legislature

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April 16, 2004

To: Committee Members

From: Susan Byorth Fox, Research Analyst

Re: Coordinated Statewide Leadership Proposal Status

In October of 2003, the Committee prioritized "Coordinated Statewide Leadership" as its first issue to tackle in the area of alcohol, tobacco, and other drug. The Committee identified some issues related to establishing coordinated statewide leadership:

1. understanding the Interagency Coordinating Council on Prevention (ICC)
2. lack of funding for infrastructure, coordination required funding authority
3. ineffective unified budget
4. needs definition in scope
5. need commitment from state agencies
6. avoid duplication, need to coordinate functions
7. must use evidence-based approaches
8. infrastructure must include data gathering and a database

The Committee then identified the need for a "body" to accomplish budgeting and integration of programs towards the ultimate goal of helping children become healthy adults. The Committee identified the fact that a "body" needed a designated leader.

For the January 2004 meeting, staff prepared "Preliminary Proposals to Address Coordinated Statewide Leadership in Alcohol, Tobacco, and Other Drug Prevention, Treatment, and Control". The proposals were preliminary in nature as all parties had not been consulted. These proposals were reviewed by the committee and found to be more ambitious than the committee desired.

The Committee's comments for additional or refined proposals included:

- ▶ keeping any proposal small
- ▶ looking at existing funding sources such as tobacco money or existing federal grants
- ▶ keeping a proposal towards prevention and treatment
- ▶ creating a chief prevention officer, but using existing programs, such as an individual or committee
- ▶ prevention officer should be appointed by the Governor
- ▶ using data systems between agencies in a compatible way to explore low-cost solutions

The Committee had received information on a draft proposal from Roland Mena and Vicki Turner to consider using the Montana Board of Crime Control (MBCC) for Coordinated Drug Policy Leadership. The proposal included adding members to the Board of Crime Control, repealing the ICC, transferring the Prevention Resource Center (PRC) over as a Drug Policy Resource Center. This proposal would require additional funding to implement (see attached).

The Committee also received encouragement for staff to work with Department of Public Health and Human Services (DPHHS) Division Administrators on a proposal to coordinate prevention programs.

Since the last meeting, staff has consulted with the MBCC, the ICC, and the DPHHS Division Directors on both the preliminary proposals and the MBCC proposal. The results from these meetings include:

- ▶ Interest , but no commitment either way from the MBCC. If the Committee wants a commitment or more information, it should formally request it. The presiding officer has asked to speak to the Committee to address his concerns.
- ▶ The ICC members expressed resistance to the repeal and moving of the functions of the ICC to the MBCC as it would not encompass all types of prevention efforts in the state and may not allow or discourage participation from some prevention groups.
- ▶ The DPHHS Division Administrators received the information, but as yet have not responded with any new proposals. There has been discussion that the public health system sees prevention as one of its major areas and wonders if there is duplication of efforts.
- ▶ There were concerns that by moving the ICC/PRC to the MBCC, it would focus mainly on substance use and abuse and other aspects of prevention such as public health would not be integrated any longer.

In addition, Vicki Turner who has administered the ICC has been informed that the VISTA program will no longer subsidize the efforts of the ICC. The ICC is then left without any administrative support.

The **basic issues** are:

1. Additional funding or a redirect of current resources for any major change is necessary. Does the committee want to pursue either or both of these solutions? If yes, then it warrants preparing bill drafts for either or both proposals. If not, then any proposal will need to be smaller and streamlined and would require the Committee to limit the scope .
2. Is the Committee interested in all general prevention and treatment programs or only in those involving substance abuse? The answer to this question will assist the Committee in deciding to pursue a MBCC proposal or an ICC proposal. MBCC already has delinquency prevention, funds drug task forces and can more easily incorporate substance abuse prevention in general than other more public health-related prevention efforts. The ICC is currently housed with the Addictive and Mental Disorders Division and could be narrowed to only substance abuse prevention, but as

it is currently housed under DPHHS has more potential to coordinate all prevention efforts, starting in DPHHS and expanding to other agencies as it does now.

3. The Committee sought appointment of a prevention leader by the Governor. Either existing entity could be amended to include this recommendation. The members of the MBCC are appointed by the Governor and are statutorily required to "be representative of state and local law enforcement and criminal justice agencies, including agencies directly related to the prevention and control of juvenile delinquency..." (2-15-2006, MCA). The ICC is interagency in its statutory construct already, includes many directors who are appointed by the Governor, and is administratively attached to the Governor's Office (2-15-225, MCA).

The **options** that I would ask the Committee to consider include to:

1. Request that the Governor or the Department of Public Health and Human Services provide information on the administration's plans for the administrative support of the ICC and the Prevention Resource Center, including the VISTA program.
2. Pursue the Board of Crime Control proposal by requesting a bill draft to be prepared and asking the Board to formally respond at our June 10 meeting. This would provide the presiding officer an opportunity to address the Committee.
3. Pursue a proposal to address the issues faced by the ICC and use the existing structure of the ICC to provide greater statewide coordination and leadership in prevention and treatment. The ICC has a meeting scheduled at the end of May that the ICC is willing to use as a working session with the ICC members to craft a proposal to strengthen their efforts and address the Committee's concerns. The Committee could request a bill draft for comment at the next meeting.

We will cover this discussion on Thursday afternoon. Attached to this memo is the most recent Coordinated Drug Policy Leadership (MBCC) proposal, proposed budget figures that would be applicable to either an MBCC or ICC proposal, and a research report on "Tobacco, Alcohol, and Gambling Taxes." Additional funding information will be available for the discussion on April 29.