

Preliminary Proposals to address COORDINATED STATEWIDE LEADERSHIP in Alcohol, Tobacco, and Other Drug Prevention, Treatment, and Control

Prepared for the Children, Families, Health, and Human Services Interim Committee

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Based on over a dozen interviews, I have developed the following preliminary proposals to:

(1) incorporate elements of alcohol, tobacco, and other drug or substance abuse and addiction prevention, treatment, and control into recommendations for a new Chief Prevention Officer, a Board of Prevention, and an assessment fee; and

(2) propose changes to the existing Department of Public Health and Human Services (DPHHS), the Prevention Resource Center, and the Montana Board of Crime Control (MBCC), and repeal of the formal Interagency Coordinating Council on Prevention (ICC).

Any, all, or some of these proposals could be included in a final recommendation. Consultation has not yet occurred with all parties mentioned in this document, and changes should be expected in the proposal and recommendations as additional research is conducted and further consultation received. The purpose of this document is to elicit responses and new proposals.

Decisions that need to be considered in the development of any final recommendations include:

(1) the extent to which the proposal incorporates all of the elements of substance abuse prevention, treatment, and control efforts. The more inclusive of drug control efforts will require more involvement of the Department of Justice.

(2) a decision whether a Chief Prevention Officer position is recommended (this is an evolution of the Task Force "drug czar" recommendation), where the position would be administratively attached, the appropriate title, the responsibilities and authority, etc;

(3) whether a new "Board of Prevention, etc." is formed, what its composition and authority would be (also an evolution of a Task Force recommendation and proposed legislation last session), and what its name would be. This element directly involves decisions about the ICC and could, in the alternative, involve decisions about the MBCC.

(4) decision on a funding mechanism to adequately fund the recommendations. This proposal includes an assessment fee on existing grants and proposals. If one is proposed, how

much is necessary, which programs or grants (i.e., prevention, treatment, drug control) should or can be assessed a fee, and what should the fee support, i.e., the Chief, the Board of Prevention, the PRC, or a combination, must be addressed.

(5) a determination of the formal relationship between the DPHHS, the Prevention Resource Center, the Tobacco Prevention and other programs, and any new proposals for a Chief or a Board of Prevention.

Chief Prevention, Treatment, and Drug Control Officer: NEW

Recommendation: Creation of a Chief Prevention, Treatment, and Drug Control Officer to lead prevention efforts in the state, to coordinate prevention, treatment, and drug control programs between state agencies, and to act as a liaison with the federal and local governments.

Options:

1. Where should the Chief be administratively attached:
 - ▶ DPHHS; or
 - ▶ Governor's Office?
2. Whether to link the Chief directly to the Prevention Resource Center:
 - ▶ Primary staff for the Chief and centralized prevention information.
3. Other considerations are: Where is the most appropriate location of the Tobacco Use Prevention Program? What would the relationship be to the MBCC?
4. Responsibilities could include the following:
 - ▶ Catalog alcohol, tobacco, and other drug prevention and treatment programs and other prevention-related efforts within the DPHHS, including child abuse, fetal alcohol, and suicide prevention and public health and mental health programs that are funded, sponsored, or administered by all divisions within the DPHHS and other education, prevention, intervention (juvenile delinquency, safe and drug-free schools), and treatment (corrections) programs by other state agencies;
 - ▶ Advise the Governor and the Office of Budget and Program Planning (OBPP) on funding and budgets for the DPHHS and other agencies' 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 the DPHHS, MBCC, and other agencies through budget planning and Memoranda of Understanding, etc., that will guide state programs and grant applications. Use science and evidence-based standards and compile best practices.
- ▶ provide guidance to communities, the DPHHS, MBCC, and other state agencies on integration of prevention standards in relevant programs;
- ▶ monitor state programs to increase integration, collaboration, and coordination of prevention, treatment, and drug control efforts and to avoid duplication. Could be a coordinator of centralized evaluation for programs.
- ▶ determine responsibility for Statewide Strategic Planning for prevention; treatment, and drug control strategies within the DPHHS, other state agencies, and to the OBPP for coordination with other agencies;
- ▶ assist the OBPP in coordinating strategic plan elements in the Executive Planning Process statewide;
- ▶ report regularly to legislative interim committees on a strategic plan, budget proposals; and
- ▶ staff the Board of Prevention, etc.

Prevention Resource Center: EXISTING W/CHANGES

Recommendation to strengthen the PRC and to designate it as staff to the Chief Prevention Officer.

Options:

- ▶ Remain under the DPHHS and support efforts of the Chief Prevention Officer.
- ▶ Retain the Administrator of PRC but separate from the VISTA supervisory function to dedicate efforts on prevention integration. Could retain VISTA in the PRC with a designated supervisor.
- ▶ Provide resource and referral for communities, programs, and agencies statewide,

including referral to the DPHHS, Department of Justice, Crime Control Division, or other federal, state, or local programs. Coordinate information into a single website to link to other sources.

- ▶ Provide technical assistance to communities in grant opportunities, data needs, evaluation, standards, best practices, and promising programs.
- ▶ Develop and maintain a centralized data repository with data administration and technical assistance.
- ▶ Assist the director in statewide strategic planning, grant writing, development of statewide standards and benchmarks, program monitoring, or evaluation.
- ▶ Assist the OBPP in statewide prevention budget development, research, and analysis.
- ▶ Consider incorporating Tobacco Use Prevention Program staff and support of the Tobacco Use Prevention Advisory Council in order to integrate tobacco prevention more directly into the substance abuse prevention continuum.
- ▶ Consider retaining the ICC Working Group in some fashion to support the Prevention Resource Center and continue the group as composed of persons from agencies or programs that are involved in prevention (and potentially assessed the fee).
- ▶ Participate in Addictive and Mental Disorders Division (AMDD) substance abuse treatment planning efforts (5-year plan) and provide support to the Chief Prevention Officer in Statewide Strategic Planning. (Resurrect Statewide Drug and Alcohol Advisory?)

Board of Drug Prevention, Treatment, and Control: NEW

Recommendation: To form a high-level body to provide direction to the Chief Prevention Officer and to state agencies on a strategic plan for substance abuse prevention, treatment, and control.

- ▶ Composed of elected officials, including Governor, Attorney General, and Superintendent of Public Instruction (voting members) and of advisory ex officio members, including Crime Control Division Executive Director and State Court Administrator.
- ▶ Staffed by Chief Prevention Officer with OBPP assistance
- ▶ Supported by Prevention Resource Center and Crime Control Division staffs.

- ▶ Adopt standards for prevention, treatment, and control programs statewide.
- ▶ Direct coordination between prevention, treatment, and control programs within respective agencies.
- ▶ Determine prevention, treatment, and control grants and programs that qualify for assessment of fees to fund activities and staff including Prevention Resource Center, Chief Prevention Officer, and Board of Prevention.
- ▶ Direct an integrated approach to the Executive Planning Process for executive budgets in areas of prevention, treatment, and control.

Assessment Fee on Prevention, Treatment, and Drug Control Grants: NEW

Recommendation: To impose a small assessment fee on designated prevention, treatment, and drug control funds or grants to fund the Chief Prevention Officer, Board, Prevention Resource Center activities.

- ▶ A small percentage will be assessed on certain prevention, juvenile justice, substance abuse grants in state as an administrative or indirect cost unless prohibited by the granting agency.
- ▶ The Board of Prevention will determine whether programs are assessed fees in conjunction with assistance from the OPBB with standards outlined in law.
- ▶ Any program that is assessed the fee should designate a person to participate in a working group to provide input to the Prevention Resource Center, the Chief Prevention Officer, and the Board of Prevention.

Interagency Coordinating Council: EXISTING - Repeal

Recommendation: repeal the current ICC or amend to a limited form (i.e., working group) to advise Chief Prevention Officer and Prevention Resource Center in Strategic Planning. It could continue to be composed of persons from agencies or programs who are involved in alcohol, tobacco, and other drug prevention, treatment, and control (and potentially assessed the fee). The formal ICC could be replaced with a statewide Board of Prevention, etc.

Department of Public Health and Human Services: EXISTING - strengthen coordination

Recommendation: To create a formal mechanism for more coordination between prevention efforts within divisions of the DPHHS.

Options:

- ▶ Consider a new prevention committee (or strengthen participation in a working group) composed of all DPHHS Division Administrators who have any prevention or treatment programs to assess duplication of efforts, to provide integration, and to provide technical assistance to the Board of Prevention and agencies on prevention and treatment standards (i.e., public health, suicide, child abuse, domestic violence, substance abuse, and mental and physical health care programs?).
- ▶ Use a prevention committee as the advisory council for the Board of Prevention on prevention efforts in public health and treatment.

Montana Board of Crime Control: EXISTING

Recommendation: The Montana Board of Crime Control to become a stronger partner in integrated prevention efforts and Statewide Strategic Planning. The MBCC would follow the standards in its granting and evaluation processes and provide a direct link to law enforcement and drug control efforts in the state.

- ▶ Supports efforts of Chief Prevention Officer
- ▶ Executive Director serves on Board of Prevention, etc., in an advisory capacity
- ▶ Responsible for prevention efforts in juvenile justice and drug and crime control efforts statewide and for coordination with Prevention Resource Center and Chief Prevention Officer
- ▶ Use MBCC as advisory council for Board of Prevention on prevention of juvenile delinquency, drug and crime control efforts, and needs statewide. Potentially change membership to include the DPHHS?
- ▶ Responsible for identifying and providing information to the Board of Prevention regarding coordination of treatment and drug control efforts with the Departments of Justice and Corrections, local, state, and federal law enforcement, and the juvenile justice system within the Judiciary.
- ▶ Provide needs assessment from local, state, and federal law enforcement community to

inform Chief Prevention Officer for Statewide Strategic Planning.

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