

## STATE PREVENTION SYSTEM

### Structure and Organization

On July 1, 1995, the Executive Branch of the government of the State of Montana was reorganized. The Single State Authority, the Alcohol and Drug Abuse Division, became part of a joint mental health and substance abuse division, the Addictive and Mental Disorders Division (AMDD). AMDD is part of a newly organized Department of Public Health and Human Services. There are three Bureaus within AMDD:

- The Operations Bureau
- The Mental Health Managed Care Bureau
- The Chemical Dependency Bureau

Each Bureau Chief reports to the Division Administrator, who in turn reports to the Department Director.

Montana contracts with 30 community-based State-Approved Treatment Programs (SATPs), located throughout the State, that provide a continuum of ATOD services (i.e., prevention, intervention, treatment). In addition, Montana contracts with a community-based organization that provides ATOD and other prevention-related services and directly operates a State hospital program.

State-run alcohol and other drug abuse prevention is located in the Chemical Dependency Bureau, and is staffed with one full-time prevention officer. The prevention unit functions as a clearinghouse for prevention information and materials, current trends, activities, public service announcements, and other media material. The prevention unit recently expanded the inventory of materials and now has an 800 number and bulletin board available to the residents of Montana. The RADAR network is also housed in the prevention unit, and efforts are being made to increase the State's capacity to provide prevention information to community programs and organizations.

Montana has a number of community organizations that mobilize residents around ATOD problem prevention, such as Montana Communities in Action and the Montana Council for Families. The Center for Adolescent Development also works closely with Montana's four community partnership grants. Additionally, the State has developed the Montana Prevention Caucus, representing State agencies and organizations working on a statewide basis in an effort to collaborate and coordinate the provision of prevention services statewide.

AMDD's Advisory Council meets quarterly to review and recommend policy, evaluate project and program activities, and recommend priorities for action and expenditure. The Council is comprised of 23 members representing both chemical dependency issues and mental health issues. Members include professionals in both fields, consumers of Division services, interested parties and community leaders. The members are recommended by the Director and appointed by the Governor.

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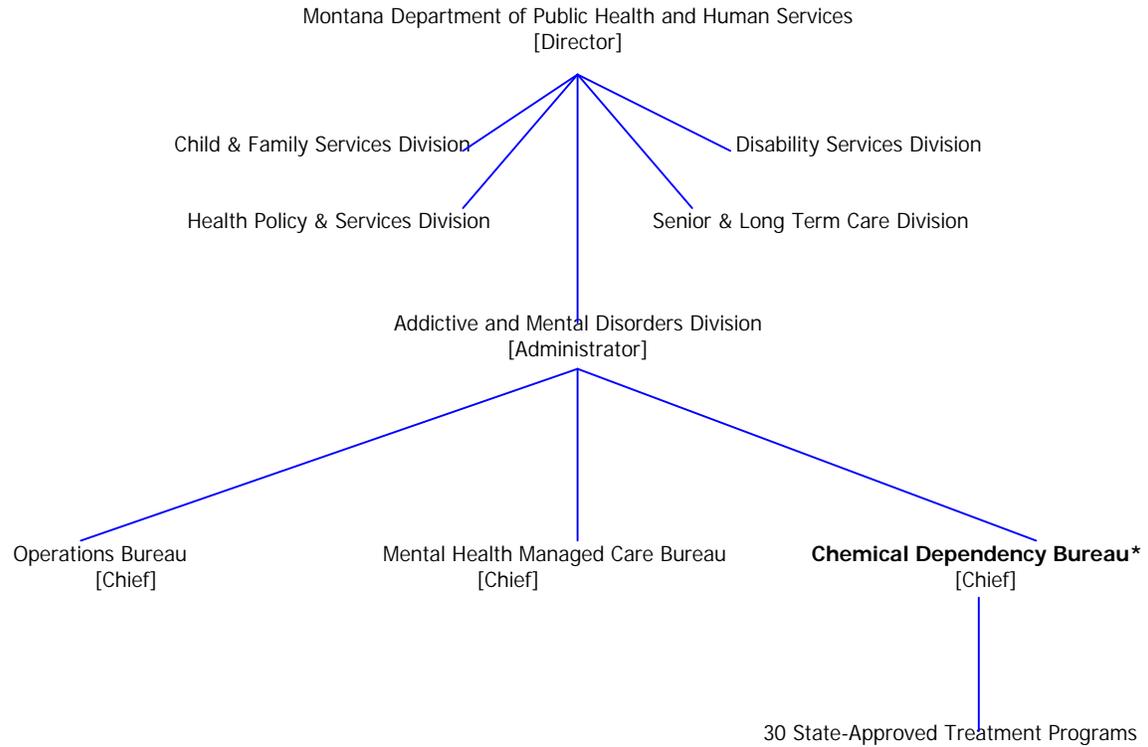
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STATE PREVENTION INVENTORY – MONTANA PROFILE

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## Organizational Chart



\* State-run prevention activities fall under this Bureau.

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## STATE PREVENTION INVENTORY - MONTANA PROFILE

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### FUNDING AND RESOURCES

Year (FFY)	State Funding	SAPT Funding	20% Set-aside
1993	\$0*	\$2,494,122	\$501,193
1994	0*	2,927,594	594,080
1995	0*	3,376,780	675,356

\* See Endnotes.

#### Allocation of Funds

CSAP Strategy	FFY 1993	FFY 1994	FFY 1995
Information Dissemination	\$50,119	\$83,171	\$114,810
Education	100,239	148,520	128,317
Alternatives	15,036	44,556	81,042
Problem Identification and Referral	310,739	29,704	20,260
Environmental	10,024	2,971	6,757
Community-based Process	15,036	285,158	324,170
Other	0	0	0

Resource Spending**	FFY 1993	FFY 1994	FFY 1995
Planning, Coordination, and Needs Assessment	N/A*	\$34,856	0
Quality Assurance	N/A	2,800	0
Training (post-employment)	N/A	1,500	0
Education (pre-employment)	N/A	0	0
Program Development	N/A	6,500	1,995
Research and Evaluation	N/A	0	0
Information Systems	N/A	880	1,500

\* Not available. The State did not separate expenditures by treatment and prevention for FFY 1993.

\*\* These expenditures fell outside the set-aside.

#### Substate entities receiving set-aside funds for prevention service delivery

- 5 Health Planning Districts
- 30 State-Approved Treatment Programs

#### Average amount of grant/contract:

- FFY 1993 – \$20,048
- FFY 1994 - \$18,549
- FFY 1995 – \$23,055

#### Per-capita 20% set-aside spending (population):

- FFY 1993 - \$0.60
- FFY 1994 - \$0.69
- FFY 1995 - \$0.78

#### Staff/Volunteers designated and supported by set-aside funding and level:

- FFY 1993 -
  - State: N/A\*
  - Regional: N/A
  - Local: N/A
- FFY 1994 -
  - State: N/A
  - Regional: N/A
  - Local: N/A
- FFY 1995 -
  - State: 1 FTE
  - Regional: N/A
  - Local: N/A

\*Not available. The State was unable to provide these data.

### STATE CONTACT

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## PROGRAMS AND SERVICES

### Definition of Prevention:

The State's Addictive and Mental Disorders Division subscribes to the public health model of prevention as being concerned with the interaction of environment, individual, and disease. Montana also subscribes to the social development model and the youth development model. Montana defines prevention as:

The pro-active process of creating and sustaining conditions that address risk and promote the safety, personal responsibility, and well-being of people. Primary prevention programs in the area of alcohol, tobacco, and other drug abuse are aimed at educating individuals and communities on alcohol, tobacco, and other drug abuse and providing for activities to reduce the risk of such abuse. Primary prevention programs shall include strategies which are developed to meet the needs and conditions of both individuals and communities. These programs shall work with other organizations in their community to develop an integrated and comprehensive approach to primary prevention. Primary prevention is part of a conceptual continuum which includes primary prevention, early intervention, treatment, and recovery or rehabilitation. Primary prevention activities and programs are not part of the recommended course of treatment for either substance abuse or clinically defined illness. However, individuals who are being treated for some clinically defined illnesses may benefit from participation in prevention programs. Early intervention and treatment are responses targeted at individuals whose behavior has begun to cause chronic personal and social problems.

### Does the State have prevention plan?

Yes; it is updated every two years.

### Total Number served:

- FFY 1993 – N/A\*
- FFY 1994 – N/A
- FFY 1995 – 125,000

### Target populations for prevention services:

- Persons already using substances
- Low-income individuals
- Youth

\*Until FFY 1995, Montana did not have an automated data system for prevention. The State tracked prevention by units of service provided – not individuals served – until that year as well.

### Programs funded:

Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Information dissemination	N/A*	N/A	N/A	Conferences; RADAR center
Education	N/A	N/A	N/A	Trainings; workshops; Red Ribbon campaigns
Alternatives	N/A	N/A	N/A	Kids Count

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## STATE PREVENTION INVENTORY – MONTANA PROFILE

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Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Problem identification and referral	N/A	N/A	N/A	Center for Adolescent Development
Community-based process	N/A	N/A	N/A	Montana Children's Alliance; Montana Communities in Action
Environmental	N/A	N/A	N/A	Advocates For Montana's Children

\*Data not available from State.

## DATA COLLECTION ACTIVITIES

### Results currently available on prevention programs funded by the 20% set-aside (including needs assessments and data collection):

According to the State's FFY 1996 Block Grant Application, "all State-approved programs are required to develop measurable prevention goals. These goals [are to] include activities to meet objectives in working with local and regional systems, providing direct educational services and participation in age-appropriate activities." In addition, these measurable goals are to be monitored by the State agency on a quarterly basis.

With Executive Branch reorganization, the Montana State government has been moving toward outcome-based programming. Montana has identified three areas for programmatic focus:

- Increasing the age of onset
- Decreasing frequency of use
- Decreasing high-risk behaviors associated with use

AMDD is in the process of adopting new contracting standards and programming initiatives to support the move to outcome-based accountability.

Montana was awarded a Prevention Needs Assessment contract from the Center for Substance Abuse Prevention (CSAP) in the fall of 1997. This three-year contract will utilize the risk and protective factor model, the implementation of which will allow the development of a data-driven system of program planning and evaluation.

In addition, the State began implementing the "results mapping" evaluation strategy to improve program accountability in the fall of 1997. The State projects that three years will be required to move this strategy to full implementation.

## SUPPORT SERVICES

### Training and Technical Assistance:

No training/technical assistance activities were funded by the prevention set-aside. Recent CSAP-funded activities are described in the Endnotes.

### Certification Activities:

As of October 1998, certification was not offered for prevention professionals in Montana. Certified dependency counselors can receive credit toward re-certification by participating in prevention-related trainings funded by the 20% set-aside.

### Endnotes

Montana has taken advantage of CSAP-funded training and technical assistance to develop the structure of the Interagency Coordinating Council (ICC) for Prevention Programs.\* The State is in the process of developing a State prevention capacity-building system that will rely on outside expertise, an endeavor the State hopes CSAP will fund. The Single State Authority had a Capacity Building Training in the fall of 1997 which led to the formulation of these current plans. This serves as a follow-up to the Prevention Technical Assistance Site Visit which took place in 1994. As a result of the 1994 site visit, the State agency implemented the major recommendations made, which included:

- Changing the planning process
- Identifying a lead prevention person
- Developing standards

As a result of the most recent Technical Assistance site visit (Fall 1997), Montana is planning to develop a Prevention Academy, which would work with local communities to implement local risk and protective factors, community development, youth development, cross-cultural issues, and program evaluation. The State is considering the "quality circle" model as one example of what can be implemented.

With regard to State expenditures for primary AOD prevention, a general fund from the Attorney General's Office was used to underwrite a statewide Drug Awareness and Resistance Education (DARE) Coordinator position in State fiscal year 1995 (July 1, 1994 – June 30, 1995). This fund was approximately \$40,000-45,000.

\*The ICC was established by the Montana State legislature in 1993, for the purpose of providing a balanced approach to prevention service delivery, recognizing the relationship between prevention, intervention, and treatment. The membership consists of elected officials (Attorney General, State Superintendent of Public Instruction) and appointed officials (e.g., Director of the Department of Corrections, Coordinator of the Office of Indian Affairs, two Governor-chosen persons representing community prevention programs). Funding for the ICC draws upon State grants and a member assessment fee; no Federal funds are used.