



A Review of the Kentucky Agency
for Substance Abuse Policy
and the Office of Drug Control Policy

Research Report No. 367

Prepared by

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Foreword

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Robert Sherman
Director

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Summary

Tobacco use and alcohol and other drug abuse have serious health, social, and economic consequences. According to recent reports, tobacco use and alcohol abuse affect more Kentuckians than other types of substance abuse. The trend appears consistent from underage tobacco and alcohol use through adulthood. Kentucky leads the nation in the rate of adult smoking and had the highest rate of youth smoking among 33 states surveyed in 2003. Kentucky also had relatively high rates of underage drinking and youth marijuana and inhalant abuse (Illback 9-13).

Federal and state governments have implemented thousands of prevention, treatment, and law enforcement programs in an attempt to lessen the negative impacts of alcohol, tobacco, and other drugs on communities. Efforts range from public service announcements about underage drinking to criminal sanctions for illegal substance use. Such programs are often housed in a variety of government agencies, including those that deal with mental health, public health, families and children, education, agriculture, transportation, employment, taxation, personnel, public protection, juvenile justice, and criminal justice. Spending public funds as effectively and efficiently as possible is the challenge facing government at all levels.

The societal problems and the governmental challenge ultimately led the General Assembly to create the Kentucky Agency for Substance Abuse Policy (KY-ASAP) in 2000. In the first 4 years, KY-ASAP and its state board produced semiannual reports including policy recommendations, developed an initial statewide strategic plan, created local advisory and coordination boards covering 98 counties, and completed a baseline evaluation of local boards in preparation for ongoing evaluations. KY-ASAP at the state and local levels was working on prevention and treatment issues.

The Statewide Drug Control Assessment Summit in 2004 resulted in the creation of the Office of Drug Control Policy (ODCP). KY-ASAP was redefined as a branch within ODCP and was given responsibility for overseeing the local boards. The KY-ASAP state board underwent a hiatus until 2006.

ODCP experienced considerable turnover, including five executive directors and five KY-ASAP program managers over 4 years. After 2005, only one person remained from the original KY-ASAP staff. Staffing levels dwindled from as high as 14 to 4 today.

Meanwhile, ODCP moved forward on many of the recommendations from the 2004 drug summit report. The office appears to have done a great deal of work with drug task forces and other enforcement matters. ODCP worked to coordinate several important prevention and treatment projects. In 2006, the KY-ASAP state board was reappointed and began to meet regularly. The board made some revisions to the strategic plan in 2006 and recently decided to take an in-depth look at the plan, which had remained very similar to the original 2002 plan.

In 2007, the General Assembly revised the KY-ASAP statute and confirmed the creation of ODCP, which was given oversight of all matters related to reducing the use and abuse of alcohol, tobacco, and other drugs. In practice, KY-ASAP remains the local board branch within ODCP.

The original reasoning for creating a policy, planning, and coordinating agency remains sound. There have been some difficulties with implementation, many of which can be attributed to changes inherent in creating a new agency, to turnover in agency staff and leadership, and to inadequate numbers of staff.

There are 18 recommendations in this report.

Recommendation 2.1

To address staffing limitations, the Office of Drug Control Policy should include in its semiannual report an estimate of the staffing and funding levels required to fulfill all its responsibilities and a prioritized list of responsibilities indicating what might be accomplished with different levels of staffing and resources.

Recommendation 2.2

The Office of Drug Control Policy should maintain standard operating procedures and records adequate to ensure continuity in leadership and staff. The office should use automated tools as much as possible to increase efficiency in management and oversight. The office should use a project management system to manage its strategic planning, implementation planning, and coordination tasks.

After the General Assembly confirmed the transition from KY-ASAP to ODCP, the definition of KY-ASAP was ambiguous, and ODCP and KY-ASAP were jointly responsible for 20 distinct tasks. The scope of the KY-ASAP state board was not clear in the new organization.

Recommendation 2.3

The General Assembly may wish to consider amending KRS 15A.340 and 15A.342 to clarify what the Kentucky Agency for Substance Abuse Policy is, to define its relationship with the Office of Drug Control Policy, and to distinguish their duties.

Recommendation 2.4

The General Assembly may wish to consider clarifying whether the Kentucky Agency for Substance Abuse Policy state board should be responsible for oversight of the Office of Drug Control Policy as a whole or the KY-ASAP branch only and whether the board should oversee all funding of the office.

Recommendation 2.5

Rather than limiting the Kentucky Agency for Substance Abuse Policy state board to overseeing KY-ASAP, the Office of Drug Control Policy should solicit the advice of the board on all of the office's activities; use the board to facilitate coordination in all areas; and request the board to provide knowledge, advice, and consultation on all policy and program issues.

Program Review staff heard from people in and outside state government on the best placement of the agencies. Preferred placements included the Justice and Public Safety Cabinet, the Cabinet for Health and Family Services, and the Office of the Governor. The reasons for placing statewide policy, planning, and coordination agencies in the Office of the Governor appear to be compelling.

Recommendation 2.6

In order to ensure the greatest effectiveness of the Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy, the governor should consider placing the agencies in the Office of the Governor.

Kentucky has long recognized the need for oversight and coordination of the response to substance use and abuse. The General Assembly has enacted broader and more sweeping measures to implement planning and coordination. Because the process has been incremental, the result contains several overlapping and possibly redundant elements. It is important to resolve this issue because there are strong opinions among some agencies and service providers that ODCP and KY-ASAP are redundant and unnecessary. This report concludes that any redundancies can be resolved through ODCP's statutory mandate.

Recommendation 2.7

Under its coordination mandate, the Office of Drug Control Policy should resolve all perceived redundancies with other planning and coordination entities at the state and local levels by coordinating its own and the Kentucky Agency for Substance Abuse Policy's efforts with those of other entities and ensuring that their activities are compatible. For redundancies that cannot be resolved, the office should recommend a resolution as part of its strategic plan and report to the governor and General Assembly.

Just after it was originally created, ODCP was given explicit responsibility to coordinate and oversee all matters related to prevention, treatment, and enforcement. When it was reauthorized in 2006, the executive order did not mention enforcement. That was the language codified in statute in 2007. This report concludes that it is a good practice to include enforcement and that enforcement probably is implied by the statute at the state level. However, the General Assembly may wish to consider the question.

Recommendation 2.8

The General Assembly may wish to consider whether to include enforcement and criminal justice explicitly in the Office of Drug Control Policy's mandate, including that of local boards, and whether to add enforcement and criminal justice representatives to the Kentucky Agency for Substance Abuse Policy state board.

Most of the funding for KY-ASAP is distributed to local boards for their operation and to fund small projects to fill service gaps or enhance services in the county. Because the number of boards has increased and the overall budget for them has decreased, the amount available to each board is small.

Recommendation 2.9

The Office of Drug Control Policy should review the use of the Kentucky Agency for Substance Abuse Policy's funds and any other available funds and determine the most effective means of applying them toward Kentucky's substance use and abuse efforts in the context of the overall strategic plan. The office should provide the funding support necessary for the continuing operation of KY-ASAP local boards. If projects are funded by the boards, the office should implement a process to identify projects that merit continuation. Stable, long-term funding of those projects should be part of the office's strategic plan so that local board funds can be applied to emerging local needs.

Local boards have a responsibility to look at the county's substance-related needs and the available programs and services. They then develop a local strategic plan and assist in coordinating the local response to alcohol, tobacco, and other drugs. An important role is reporting on the effectiveness and efficiency of local programs and making recommendations about how best to fund them. Until this review took place, ODCP officials interpreted the statute differently from the original KY-ASAP officials. This report concludes that the statute requires local boards to include all entities, including state agencies, in their assessment, planning, and recommendations.

Recommendation 3.1

In order to comply with KRS 15A.344 and best practices, the Kentucky Agency for Substance Abuse Policy should require local boards to

- **consider all entities operating locally, including state agencies, in their needs and resources assessments, strategic plans, reports on effectiveness and efficiency, and recommendations for increased or decreased funding;**
- **update their needs and resources assessments and strategic plans reasonably often and to submit the most recent versions to KY-ASAP;**
- **work toward reasonable outcome evaluations of all entities operating locally and to report on them; and**
- **ensure adequate financial accountability for the use of local boards' funds.**

During its first 4 years, KY-ASAP developed local boards covering 98 counties and had 12 more in the formation process. The agency provided extensive training and support, including several field representatives and regional meetings. ODCP has applied limited resources to support of the local boards and currently has less than two full-time positions dedicated to local boards.

Recommendation 3.2

The Kentucky Agency for Substance Abuse Policy should assess local boards' needs and provide responsive training and support. The agency should consider reinstating a system of field consultants and regional networks of local boards. The agency should implement a routine process to compile local boards' ideas and issues for action by the agency and the KY-ASAP state board, with feedback to the local boards.

Local boards and people who work with them reported that sometimes there is difficulty ensuring that all the relevant community leaders are involved and fully engaged. This report suggests ways ODCP and KY-ASAP can help with this problem.

Recommendation 4.1

The Kentucky Agency for Substance Abuse Policy should provide training, consulting, and networking to local boards to assist them in engaging relevant members of the community. The Office of Drug Control Policy should work with state agencies to overcome barriers to local participation and should work with relevant professional organizations to create awareness of local boards and a culture of participation.

ODCP has assisted state agencies with coordinating their efforts and has facilitated some significant initiatives. However, much interagency collaboration has happened without ODCP involvement. To a large extent, ODCP has pursued coordination in a piecemeal or reactive fashion rather than in a planned and organized fashion.

Since the creation of KY-ASAP, it and ODCP have had certain statutory tools to influence other state agencies, such as making binding policy recommendations, certifying whether the agencies have cooperated with KY-ASAP and ODCP, and promulgating administrative regulations. KY-ASAP and ODCP have avoided utilizing these tools in order to maintain good relations with other agencies.

Recommendation 4.2

The Office of Drug Control Policy should develop and implement a detailed action plan to coordinate all state agency substance use and abuse prevention, treatment, and enforcement efforts. The office should attempt to engage these state agencies through incentives and negotiation as much as possible and should exercise its statutory authority prudently. Facilitating the participation of relevant nongovernmental organizations should be part of the coordination plan.

All of ODCP's other responsibilities depend on and support the implementation of a strategic plan to reduce the use and abuse of alcohol, tobacco, and other drugs. A strategic plan requires thorough documentation of the state's needs, a comprehensive map of the public and private resources that can be applied to the response in the state, and clear policy statements. This report found that KY-ASAP had not completed these necessary tasks by the time ODCP was formed. ODCP has made little progress on these tasks since then.

Recommendation 5.1

The Office of Drug Control Policy should maintain a statewide substance use and abuse needs assessment and a prevention, treatment, and enforcement resource map. These should be adequate to determine service gaps, to prioritize and recommend allocation of resources, and to facilitate coordination.

Recommendation 5.2

The Office of Drug Control Policy should compile and maintain a description of Kentucky policies related to substance use and abuse and a description of recommended policies that require legislative or gubernatorial approval. The strategic plan should be based on these policies.

The currently available strategic plan differs little from the original KY-ASAP plan. Both plans fail to meet strategic planning standards. In addition, carrying out a strategic plan requires detailed implementation planning, which appears to be lacking. The plan should include administrative goals: how ODCP will manage the planning and implementation process. The agencies that will be working with ODCP to implement the plan should have specific action plans and written understandings about their responsibilities. Finally, a strategic plan must be updated regularly based on changes in the needs and available resources that result from its own implementation and from outside forces.

Recommendation 5.3

The Office of Drug Control Policy should develop and carry out a comprehensive strategic plan that meets strategic planning standards; that covers prevention, treatment, and enforcement; that includes administration and implementation goals; and that references a specific implementation plan and memorandum of understanding for each relevant agency or organization. The plan should be part of a continuous improvement process that includes assessment, planning, action, evaluation, and reassessment.

KY-ASAP local board strategic plans vary in their comprehensiveness and adherence to standards. This report recommends that local boards attempt to follow the same procedures and guidelines recommended for ODCP.

Recommendation 5.4

The Kentucky Agency for Substance Abuse Policy should require local boards to conduct their needs and resources assessments and strategic planning according to accepted standards; to cover prevention, treatment, and enforcement; to include administration and implementation goals; and to reference a specific action plan and memorandum of understanding for each relevant agency or organization. The strategic plans should be part of a continuous improvement process that includes assessment, planning, action, evaluation, and reassessment.

ODCP and KY-ASAP are required by statute to make recommendations to the General Assembly and the governor and to certify during the budget process the extent to which other agencies have cooperated with ODCP and KY-ASAP. None of the official reports produced under the statute have fully satisfied this requirement. This report recommends ways the office can improve its reporting.

Recommendation 5.5

For the purpose of reporting on the proper organization of state government agencies, the Office of Drug Control Policy should submit an annual list of recommendations for policies, programs, and funding at the state and local levels, along with adequate information to assess the recommendations. For the purpose of status reporting, the Office of Drug Control Policy should submit a consolidated semiannual report summarizing all of its activities, demonstrating progress toward the goals of the strategic plan, and showing how its activities and the strategic plan address each of the office's statutory duties.

Chapter 1

Overview and Background

The use of tobacco and abuse of alcohol and other drugs have serious health, social, and economic consequences. Kentucky has the highest rate of smoking and high rates of underage drinking, marijuana, and inhalant abuse.

The use of tobacco and abuse of alcohol and other drugs have serious health, social, and economic consequences. According to recent reports, tobacco use and alcohol abuse affect more Kentuckians than other types of substance abuse. The trend appears consistent from underage tobacco and alcohol use through adulthood. Kentucky leads the nation in the rate of adult smoking and had the highest rate of youth smoking among 33 states surveyed in 2003. Kentucky also had relatively high rates of underage drinking and youth marijuana and inhalant abuse (Illback 9-13).

Programs to address substance issues are located in many government agencies including mental health, education, personnel, and criminal justice.

Federal and state governments have implemented thousands of prevention, treatment, and law enforcement programs to help lessen the negative impacts of alcohol, tobacco, and other drugs. Efforts range from public service announcements about underage drinking to criminal sanctions for illegal substance use. Such programs are often housed in various government agencies, including those that deal with mental health, public health, families and children, education, agriculture, transportation, employment, taxation, personnel, public protection, juvenile justice, and criminal justice.

Federal and state officials recognized the need to coordinate the response to substance use and abuse.

By the mid-1990s, federal and state officials recognized that their efforts would be more effective if a centralized agency coordinated funding and programs across the various agencies involved. One result was the creation of the Office of National Drug Control Policy. Kentucky appears to have been a frontrunner at the state level by operating the Kentucky Incentives for Prevention project and by adopting the Kentucky Youth Substance Abuse Prevention Strategy in April 1999 (Commonwealth. Office of the Governor). This strategy, along with findings from the Criminal Justice Council's Drug Strategy Committee, formed the basis for the creation of the Kentucky Agency for Substance Abuse Policy (KY-ASAP) the following year.

The General Assembly Created the Kentucky Agency for Substance Abuse Policy in 2000 To Plan and Coordinate Prevention and Treatment

The Kentucky Agency for Substance Abuse Policy (KY-ASAP) was created in 2000 to develop a statewide strategic plan, make policy recommendations, coordinate the efforts of other state agencies, and make recommendations to the governor and General Assembly

The 2000 General Assembly created the Kentucky Agency for Substance Abuse Policy in the Office of the Governor to serve as the planning and coordinating agency for all substance abuse prevention and treatment efforts in the state. KY-ASAP was given the responsibilities of developing a statewide strategic plan, making policy recommendations, coordinating the efforts of other state agencies, and making recommendations to the governor and General Assembly.

Central to the original concept of KY-ASAP was the idea that state policies should take into account the problems and concerns of local communities. To this end, the 2000 legislation mandated that KY-ASAP create a local tobacco addiction and alcohol and substance abuse advisory and coordination board in each county or multicounty area.

KY-ASAP local boards were to assist in planning, coordinating, and advising the local response to substance-related problems.

These local boards were to monitor the status of alcohol, tobacco, and other drug problems, the effectiveness of prevention and treatment efforts, and the availability of resources needed to combat substance use and abuse in their communities. Each board was required to go through a formal process of assessing substance abuse problems in its community and identifying available resources. This process allowed each board to develop a local strategic plan for directing resources effectively and filling identified service gaps.

KY-ASAP was to develop a statewide strategic plan incorporating local knowledge.

Ideally, local boards were to furnish KY-ASAP with their strategic plans, which together would provide the agency a statewide overview. Using this information, KY-ASAP was to develop a statewide strategic plan to help guide the efforts of other state agencies and private service providers to better serve various parts of the state.

A state board was created to advise KY-ASAP and assist with implementing the strategic plan.

The legislation that created KY-ASAP also established a state board to oversee its activities and assist in implementing the strategic plan. The KY-ASAP state board consisted of representatives from 18 of Kentucky's major stakeholders in the prevention and treatment of substance use and abuse. The board represented a source of knowledge and expertise and provided KY-ASAP a direct link to the represented agencies, which was important when KY-ASAP was trying to coordinate policy initiatives or to fill a service gap in a particular part of the state.

In this way, each component of KY-ASAP—the agency, local boards, and the state board—informed and influenced the others. Local boards informed the state agency about problems and concerns and the agency might provide assistance or ask a state board agency to help. The state board influenced the agency by providing expert advice and by staffing task forces. The agency coordinated activities and communicated policy issues to the state and local boards. All agency components worked together on strategic planning and participated in reporting to the governor and General Assembly about policy matters.

By the time a 2003 executive order moved KY-ASAP out of the Office of the Governor, the agency had established 54 local boards covering 98 counties, had created a statewide strategic plan, had established good working relationships with many agencies, and was progressing toward more accountability.

By the time a 2003 executive order (2003-0064) moved the agency from the Office of the Governor to the newly created Justice and Public Safety Cabinet, KY-ASAP had established 54 local boards covering 98 counties, created a statewide strategic plan, established good working relationships with many agencies, and was progressing toward more accountability of substance abuse programs and their administering agencies.

Office of Drug Control Policy Assumes Statewide Policy and Coordination Mandates in 2004 by Executive Order

The 2004 drug control assessment summit recommended the creation of an Office of Drug Control Policy (ODCP). The agency was created by executive order, and KY-ASAP was placed in ODCP.

In February 2004, Governor Ernie Fletcher called for a Statewide Drug Control Assessment Summit and charged its members with “assessing the effectiveness of existing and new local, state and federal substance abuse programs” and making recommendations to improve statewide drug control efforts (Commonwealth. Office of the Lt. Governor 22). One of its recommendations was that Kentucky would benefit from the creation of an Office of Drug Control Policy (ODCP) to address prevention, treatment, and enforcement.

Executive Order 2004-0730, issued in July 2004, created the Office of Drug Control Policy within the Justice and Public Safety Cabinet and placed KY-ASAP in this office. Executive Order 2004-0994, issued in September 2004, gave this new agency authority over “all matters relating to the research of, and the coordination and execution of Drug Control Policy...including, but not limited to, the prevention, enforcement, and treatment related to substance abuse.” The order also gave ODCP authority to “review, approve and coordinate all current projects of any substance abuse program that is conducted by or receives funding through agencies of the executive branch.” ODCP assumed the statewide policy and coordination mandates and assigned KY-ASAP staff to tasks related to local boards.

In 2007, the General Assembly confirmed the reorganization and made ODCP and KY-ASAP jointly responsible for most of KY-ASAP's original duties.

In 2007, the General Assembly confirmed this reorganization and made ODCP and KY-ASAP jointly responsible for most of KY-ASAP's original duties. In practice, KY-ASAP remained the branch of ODCP that manages the local board system.

Five Fundamental Principles

Based on interviews and agency documents, five principles are central to ODCP's mission.

As with any agency responsible for coordinating statewide efforts on a subject as complex as substance use and abuse, there are fundamental philosophies and principles that direct the course irrespective of changes in strategies. This section discusses five principles that Program Review staff identified as central to ODCP's mission based on interviews and agency documents.

1. Efforts To Fight Substance Use and Abuse Must Be Ongoing and Adaptive

1. Efforts to fight substance use and abuse must be ongoing and constantly refined.

There is no ultimate victory over alcohol, tobacco, and other drug problems in our communities. Rather, efforts must be ongoing and constantly refined. Substance use and abuse is one of the most widespread, persistent, and costly problems facing Kentucky today. This led the 2004 Statewide Drug Control Assessment Summit report to conclude that Kentucky's substance abuse problem had reached the level of a "public health epidemic" (Commonwealth. Office of the Lt. Governor 78).

Kentucky spends millions of dollars each year and has more than 30 state agency divisions working to address substance abuse problems. These efforts often are referred to as a "war," but current thinking among substance abuse specialists is that this is a war that cannot be definitively won.

Future changes in substance abuse problems are difficult or impossible to predict, so the state must be prepared to adjust its efforts continually. Tobacco advertising and promotion changes as manufacturers adapt to regulations. The "alcohol without liquid" delivery system recently achieved enough attention that the General Assembly made it illegal in 2008.¹ Internet pharmacies are a growing issue in prescription drug abuse. Methamphetamine went from obscurity to a major problem in just a few years.

The objective is to reduce inappropriate and dangerous substance use as much as possible and to ensure that the level of such use remains low.

For these reasons, ODCP and KY-ASAP envision the fight against substance use and abuse as a long-term commitment to protecting

¹ Alcohol without liquid devices vaporize alcoholic beverages so that the alcohol is inhaled rather than consumed by mouth.

the Commonwealth's citizens from constantly changing threats to their well-being. The objective is to reduce inappropriate and dangerous substance use as much as possible and to ensure that the level of such use remains low.

2. Responses Should Be Coordinated

2. Because substance use and abuse issues involve many, if not all, agencies, the state's response needs to be planned and coordinated. ODCP is responsible for developing a strategic plan to reduce substance use and abuse.

Substance use and abuse issues affect many, if not all, agencies. According to KRS 15A.342, ODCP should "ensure the greatest efficiency in agencies and... ensure that a consistency in philosophy will be applied to all efforts" and should consider "the proper organization of state government agencies that will provide the greatest coordination of services." Kentucky's response should be coordinated based on a comprehensive strategic plan covering state and local, public and private efforts.

The response of local governments and other organizations should be coordinated with the statewide response.

Many local governments and organizations work to prevent and treat substance use and abuse. It is important to ensure that state government and these outside entities work together toward the same goals and that their efforts complement rather than duplicate each other.

Kentucky's prevention, treatment, and enforcement programs have inadequate funding.

Kentucky's prevention and treatment programs have inadequate funding. The Centers for Disease Control and Prevention recommended that Kentucky spend more than \$57 million annually on tobacco use prevention alone (U.S. Department. Centers 75). Although Kentucky does not have an interagency prevention budget, the amount spent on prevention for all substances combined appears to be far less than that amount.² Similarly, the Substance Abuse and Mental Health Services Administration recommended that substance abuse treatment services be available to at least 10 percent of those who need them. The University of Kentucky's Center on Drug and Alcohol Research found that treatment is available for only 7.2 percent in Kentucky (Walker).

Enforcement efforts also have inadequate funding. ODCP staff reported that extending drug task forces to the entire state would require approximately \$1 million more than the task forces currently receive. Meanwhile, the primary source of drug task force funding, the Byrne Justice Assistance Grant program, has

² It is difficult to determine the amount Kentucky spends on all its prevention programs. The largest expenditures are approximately \$9 million by the Division of Mental Health and Substance Abuse, \$5 million in Safe and Drug-Free Schools grants through the Kentucky Department of Education and the Office of the Governor, and \$4 million by the Tobacco Prevention and Cessation Program. Some of the funds for these last two programs are used for purposes other than substance use and abuse prevention.

declined by two-thirds in the past year. This decline jeopardizes the operation of drug task forces, the marijuana eradication strike force, other enforcement efforts, and some prevention programs. ODCP staff indicated that the greatest need is for a stable funding source that does not depend on grants.

Multiple funding sources should be coordinated to make the best use of limited funds.

Funding sources need to be coordinated. Each agency represents at least one funding source and typically includes several more. Some state funding may be restricted to certain purposes, and most federal and foundation grants have strict rules about their use. Planning the efficient and effective use of limited funds across the state is a major challenge.

Reorganization and change in funding sources occur frequently and so need to be managed actively.

Another significant factor is the rate of change in programs and funding sources. One KY-ASAP state board designee stated that it is difficult to keep up with agency reorganizations and with changes in funding sources. Many programs come and go based on the availability of federal or foundation grants. These changes need to be managed actively.

ODCP has a pivotal responsibility in this area. The 2004 Statewide Drug Control Assessment Summit report called for “sustained corrective action, sustained by the entirety of state government” (Commonwealth. Office of the Lt. Governor 15). The report stated that it was necessary to have a systemwide policy in order to prioritize the many programs and that “piecemeal budgeting is wasteful and most ineffective” (16). Such a coordination effort requires a comprehensively planned response, and ODCP is responsible for developing a strategic plan to reduce substance use and abuse.

3. Policies and Programs Should Be Guided by Local Information

3. Policies and programs related to substance use and abuse are applied locally and should be guided by local observations and experiences.

Policies and programs related to substance use and abuse are applied locally and should be guided by local observations and experiences. Community leaders and local service providers see and deal with the effects of substance use and abuse on a daily basis. They know best what the problems are and can see which solutions are and are not working.

In the statutory scheme for ODCP and KY-ASAP, communities have significant input in solving their specific substance use and abuse issues. Communities can establish local representative groups that conduct needs and resources assessments, hold public forums to inform the people and get their feedback, and develop

local plans to address these issues. These KY-ASAP local boards have a significant responsibility to inform ODCP and KY-ASAP of local concerns and problems along with suggestions for improving state policies, programs, and funding.

4. Research-based Prevention and Treatment Approaches Should Be Used

4. Research-based prevention and treatment approaches should be used when possible.

Research-based prevention and treatment approaches should be used when possible. Kentucky law promotes the use of research-based strategies to accomplish the state's goal of reducing substance use and abuse. In prevention and treatment, research-based practices have scientific evidence showing them to be effective. The federal Substance Abuse and Mental Health Services Administration houses the National Registry of Evidence-based Programs and Practices that provides a database of prevention and treatment programs that have been reviewed and rated by independent experts.

5. Tobacco Is a Gateway Drug

5. Tobacco is a gateway drug that increases the likelihood of escalated drug and alcohol abuse.

A recent analysis by the National Center on Addiction and Substance Abuse at Columbia University found that youth who begin smoking before age 12 are almost 5 times more likely to develop an alcohol use disorder, 16 times more likely to become dependent on marijuana, and 7 times more likely to go on to use other illegal drugs than teens that had not smoked. The same study found that teens between the ages of 12 and 17 who used alcohol or illegal drugs were much more likely to be smokers than youth who did not use alcohol or drugs. Consistent with such findings, Kentucky statute requires ODCP and KY-ASAP to "vigorously pursue the philosophy that tobacco in the hands of Kentucky's youth is a drug abuse problem because... tobacco is the most prevalent gateway drug that leads to later and escalated drug and alcohol abuse" (KRS 15A.340(5)).

Description of This Study

This report refers to KY-ASAP in two ways: prior to July 2004 as it was defined in statute, and after July 2004 as the branch of ODCP that managed the local boards. This report refers to ODCP as the agency that houses the KY-ASAP branch and has been responsible for its statutory duties since July 2004.

On October 11, 2007, the Program Review and Investigations Committee instructed staff to review KY-ASAP. Because ODCP is now jointly responsible with and oversees KY-ASAP, staff included both agencies in this review.

This report refers to KY-ASAP in two different ways. Prior to July 2004, it was the agency defined in KRS 12.330 to 12.334 (now

15A.340 to 15A.344). After July 2004, it was the branch within the Office of Drug Control Policy that managed the local boards. This report refers to ODCP as the office that houses the KY-ASAP branch and has been responsible for all KY-ASAP's statutory duties since July 2004.

The study's primary focus was program coordination, policy development, and strategic planning related to prevention and treatment of substance use and abuse.

The study's primary focus was program coordination, policy development, and strategic planning related to prevention and treatment of substance use and abuse. Staff did not attempt to use changes in substance use and abuse in Kentucky as measures of ODCP's performance because many factors outside the agency's control could affect the level of use and abuse. Staff reviewed ODCP, KY-ASAP, the state board, and local boards with three objectives in mind:

- describe the goals and structure of each component,
- describe each component's role at the state and local levels, and
- determine each component's strengths and opportunities for improvement at the state and local levels.

How This Study Was Conducted

Program Review staff interviewed current and former personnel of ODCP, KY-ASAP, and other agencies that deal with substance issues. Outside experts also were consulted. Staff studied articles related to prevention and treatment policies and government organization. Staff inquired about similar agencies in other states. Staff reviewed ODCP and KY-ASAP documents and analyzed information from local boards. To assess effectiveness, staff canvassed personnel from other state agencies about their level of awareness and use of information from ODCP.

Organization of the Report

This report contains five chapters. Chapter 1 provides background, an overview of the study, and major conclusions. Chapter 2 describes in more detail the structure of ODCP and KY-ASAP and how they are designed to operate and includes general findings and recommendations. Chapter 3 describes the agency's responsibility to develop a thorough understanding of substance use and abuse issues in Kentucky and of how government and private agencies are addressing them. Chapter 4 examines how the agency has addressed coordination among the many agencies involved in substance issues. Chapter 5 reviews the agency's mandate to guide Kentucky's substance use and abuse prevention and treatment efforts.

Appendix A is a statutory history and list of statutes and regulations related to substance issues in Kentucky. Appendix B is a partial list of agencies involved in prevention and treatment of substance use and abuse. Appendix C compares the first KY-ASAP strategic plan with the most recent version and includes an example from the Healthy Kentuckians 2010 plan. Appendix D describes development, activities, and finances of KY-ASAP local boards. Appendix E describes the methods used for collecting and analyzing information from local boards and other agencies. Appendix F contains the agency's written response to this report's recommendations.

Major Conclusions

This report has six major conclusions.

This report has six major conclusions.

1. Alcohol, tobacco, and other drugs cause or contribute to problems and costs associated with physical and mental illness, crime, social welfare, unemployment, lost productivity, and other social issues.
2. Kentucky's prevention, treatment, and enforcement efforts are scattered over numerous agencies and have insufficient funds. A planned and coordinated approach is needed urgently to make the most efficient and effective use of limited resources.
3. Local wisdom is of vital importance in helping to set policy and to guide prevention, treatment, and enforcement. Kentucky's local board infrastructure of volunteers may be unique and is worth sustaining and supporting.
4. Many of the ways that the Office of Drug Control Policy and KY-ASAP have not fulfilled their statutory duties can be attributed to changes inherent in creating a new agency, to turnover in agency staff and leadership, and to inadequate numbers of staff.
5. During its first 4 years, KY-ASAP established 54 local boards covering 98 counties, created a statewide strategic plan, established good working relationships with many agencies, and was progressing toward more accountability of substance abuse programs and their administering agencies.
6. Since 2004, ODCP and its KY-ASAP branch have not progressed toward a comprehensive formalized system for planning and coordinating Kentucky's policies and services. However, the agency has performed well in several areas.

ODCP has worked with other agencies to support several legislative initiatives and has assisted with projects such as Recovery Kentucky and the Strategic Prevention Framework. The local board system now covers 113 counties.

ODCP has worked with other agencies to support legislative initiatives over the past few years. These initiatives included pseudoephedrine and methamphetamine laws, the Internet pharmacy law, and obtaining additional funds for drug courts and correctional treatment programs. Other agencies involved included the Office of the Attorney General, the Department of Corrections, and the Administrative Office of the Courts.

ODCP has assisted with important projects such as Recovery Kentucky and the Strategic Prevention Framework State Incentive Grant. In addition, ODCP and KY-ASAP staff have served on oversight and coordinating bodies such as the Strategic Prevention Framework and the Kentucky Youth Safe and Sober programs. ODCP also has directed outside grant funds to initiatives such as the Too Good for Drugs school-based prevention program. After a hiatus in 2004 and 2005, the local board system was reactivated and has expanded to 113 counties.

Chapter 2

Office of Drug Control Policy and KY-ASAP Framework and General Findings

This chapter provides an overview of the Office of Drug Control Policy, including its Kentucky Agency for Substance Abuse Policy branch, the KY-ASAP state board, and the local tobacco addiction and alcohol and substance abuse advisory and coordination boards. The chapter's first section reviews each component of ODCP, including some findings and recommendations specific to each. The chapter concludes with some general findings and recommendations.

Current ODCP and KY-ASAP Framework

The structure of ODCP and KY-ASAP consists of three components designed to function collaboratively on Kentucky's substance use and abuse problems: ODCP and its KY-ASAP branch, the state board, and local boards

The structure of ODCP and KY-ASAP consists of three components designed to work collaboratively on Kentucky's substance use and abuse problems. The components are

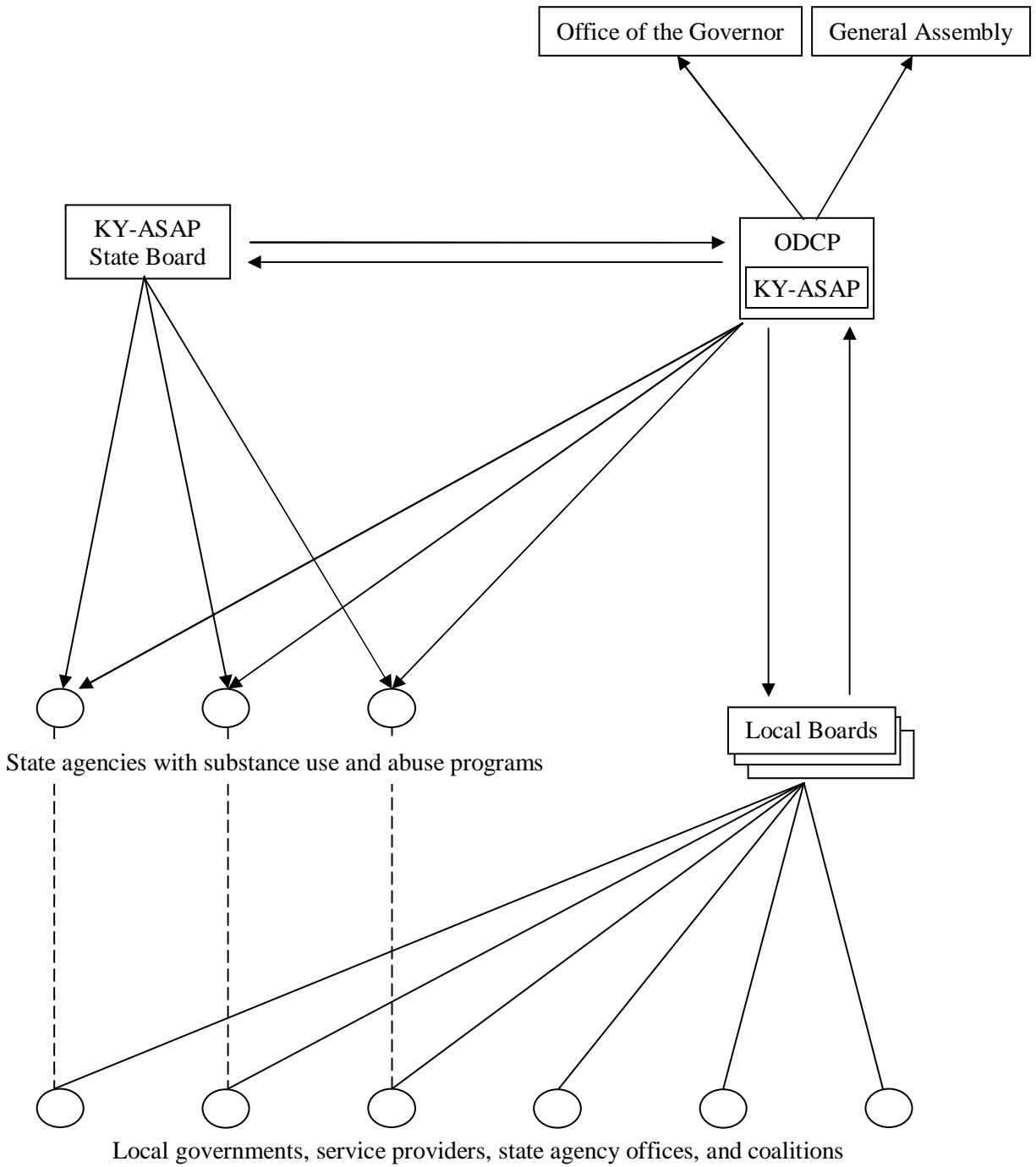
- ODCP and its KY-ASAP branch, defined primarily in KRS 15A.342;
- the KY-ASAP state board defined in KRS 15A.340; and
- the KY-ASAP local boards, defined in KRS 15A.344.

Program Review staff identified in the statutes three core responsibilities of ODCP and its components. These are

- gathering and disseminating information;
- coordinating state and local policies and services; and
- guiding Kentucky's response through policy development, strategic planning, and advice to decision makers.

Figure 2.A illustrates how ODCP and its components interact with many other agencies to achieve Kentucky's substance use and abuse prevention and treatment goals. Each component's organization and purpose are more fully described below.

Figure 2.A
ODCP Operating Framework



Source: Program Review staff.

Duties of ODCP and KY-ASAP

The Office of Drug Control Policy oversees all substance abuse programs conducted by or receiving funding through the executive branch. ODCP is given broad authority for all matters relating to drug control policy in the state.

The Office of Drug Control Policy oversees all substance abuse programs conducted by or receiving funding through the executive branch. The statutes give ODCP broad authority for all matters relating to drug control policy in the state, including prevention and treatment. In practice, ODCP also covers enforcement.

Part of ODCP's responsibility is to ensure that all interested parties have the most up-to-date information regarding substance use and abuse. Such information might include data on substance usage patterns; knowledge about new prevention, treatment, and enforcement methods; awareness of programs and services at the state and local levels; available training and technical support; and grant opportunities.

ODCP is responsible for coordinating the activities of all executive branch agencies that deal with substance use and abuse activities. This coordination occurs in the context of strategic planning and state policy.

ODCP also is responsible for coordinating all executive branch activities related to substance use and abuse. In addition, the office must be aware of and help coordinate the efforts of other state government branches; regional and local governmental bodies; and state, regional, and local nongovernmental organizations.

ODCP's coordination efforts occur in the context of strategic planning and existing state policy. ODCP is responsible for developing a strategic plan to implement alcohol, tobacco, and other drug policies as efficiently and effectively as possible in order to reduce the use and abuse of these substances in Kentucky. Because policies may need to change over time, ODCP has the duty to make recommendations to the governor and General Assembly.

ODCP carries out day-to-day duties in all of the functional areas listed above. Through the KY-ASAP branch, ODCP interacts with the state board on a quarterly basis and provides it with staff assistance. ODCP and KY-ASAP also oversee and manage the process of setting up and supporting local boards.

KY-ASAP and later ODCP experienced significant difficulties related to reorganization, turnover, and staffing limitations.

Reorganization, Turnover, and Staffing Limitations Have Caused Problems. KY-ASAP and later ODCP experienced significant difficulties related to reorganization, turnover, and staffing limitations.

The 2004 Statewide Drug Control Assessment Summit report provided the following reasons for creating the Office of Drug Control Policy:

...there was an indisputable need for a coordinating entity that could devote its entire time to understanding the inter-organizational needs and demands of a coordinated drug policy. The Administration would benefit from a single office addressing the relationships between cabinets and departments and how those relationships would effectively and systematically address substance abuse problems faced by the Commonwealth (Commonwealth. Office of the Lt. Gov. 74).

The report of the 2004 Statewide Drug Control Assessment Summit concluded that the state would benefit from the creation of an Office of Drug Control Policy but did not indicate that KY-ASAP already had the statutory mandate to carry out the same mission.

The summit report did not recognize that KY-ASAP already had the statutory mandate to carry out the indicated mission and had been doing so for years. The summit report depicted KY-ASAP as an entity with limited responsibilities by stating that

the Agency for Substance Abuse Policy... administers Champions for a Drug Free Kentucky, funds a number of local boards that pursue prevention programming and coordinates other volunteer efforts. There has been mixed success and each case needs to be evaluated to determine the most effective means possible (102).

This description was incomplete. In addition to the local boards that covered 98 counties, KY-ASAP had produced reports including policy recommendations, had developed a statewide strategic plan, and had completed a baseline evaluation of local boards in preparation for ongoing evaluations. KY-ASAP at the state and local levels was working on treatment and prevention issues. Some local boards included enforcement in their planning and coordination efforts.

The drug summit report did not mention whether KY-ASAP could be expanded to include enforcement, but concluded that an Office of Drug Control Policy was necessary. After ODCP was created, KY-ASAP was redefined in practice, but not in statute, as the branch that manages local boards.

After the creation of ODCP in 2004, there was a complete change of leadership and significant staff turnover. Momentum was lost in many areas as the new organization formed. Institutional memory and early KY-ASAP documents were lost.

The creation of ODCP in 2004 resulted in a complete change of leadership and significant staff turnover. Momentum was lost in many areas as the new organization formed. There was a temporary hiatus in funding and forming local boards and in operating the state board. In late 2005, local board funding resumed, and in 2006, the state board was reappointed and began meeting regularly.

ODCP itself has had five executive directors between 2004 and 2008. Turnover at the top level has hindered some of the executive directors from exercising strong leadership. KY-ASAP has had five program coordinators in the same period. This turnover resulted in some loss of institutional memory and loss of earlier KY-ASAP documents.

An inadequate number of staff positions has limited the office for some time, especially in prevention and treatment. ODCP staffing levels have fallen from a high of around 14 to 4 currently.

Fortunately, after its first few months, ODCP had staff continuity in enforcement, prevention, and treatment at the state level. Even so, an inadequate number of staff positions has limited the office for some time, especially in prevention and treatment.

Just before ODCP was created, KY-ASAP proposed six staff positions, including one to operate Champions for a Drug-Free Kentucky. The proposal also included continuation of six contracted field representatives to support local boards. When ODCP began operation with a broader mandate, its organization chart showed 18 positions, with up to 14 positions filled during the first year. By early 2006, there were 11 filled positions. In January 2008, ODCP had nine positions and all were filled. In 2009, the Champions program moved out of ODCP, and the office has lost several other staff positions. It now has four positions: the executive director, a branch manager, the KY-ASAP program coordinator, and an executive staff advisor. ODCP does not anticipate being able to increase staffing at this time.

Many of the ways that ODCP has not fulfilled its statutory duties can be attributed to changes inherent in creating a new agency, to turnover in office staff and leadership, and to inadequate numbers of staff.

Many of the ways that the Office of Drug Control Policy has not fulfilled its statutory duties can be attributed to changes inherent in creating a new agency, to turnover in office staff and leadership, and to inadequate numbers of staff. ODCP is to be commended for focusing on certain of its responsibilities rather than spreading its resources too thinly. Because staffing was not available to support significant planning and assessment activity, the office's approach of bringing two or three parties together to pursue a common objective might have been the best use of resources. The office also actively supported and oversaw the work of the Division of Mental Health and Substance Abuse to implement the Strategic Prevention Framework pilot projects, which were an important foundational effort.

The recommendations in this report that the office perform all its statutory duties will have to be prioritized. The office cannot carry out all of them with its current level of staffing and resources.

The recommendations in this report that the office perform all its statutory duties will have to be prioritized. The office cannot carry out all of them with its current level of staffing and resources. ODCP should describe the trade-offs to the governor and General Assembly and recommend a priority for its duties.

Recommendation 2.1

Recommendation 2.1 is that ODCP's semiannual report include an estimate of the staffing and funding levels required to fulfill all its responsibilities and a prioritized list indicating what might be accomplished with different levels of staffing and resources.

ODCP needs sound turnover management procedures to guard against the loss of institutional knowledge when staff leave or leadership changes.

Coordination depends largely on personal contacts, which are difficult to transfer to another person. The office should ensure that its efforts are documented fully.

To address staffing limitations, the Office of Drug Control Policy should include in its semiannual report an estimate of the staffing and funding levels required to fulfill all its responsibilities and a prioritized list of responsibilities indicating what might be accomplished with different levels of staffing and resources.

Better Tools for Documentation, Planning, and Coordination Are Needed. ODCP's high turnover in leadership and staff illustrates the need for sound turnover management procedures. Planning for turnover requires documenting what the next person in each position needs to know in order to work effectively. However, ODCP and KY-ASAP have lost much of their institutional memory and do not appear to have kept adequate written descriptions of their standard operating procedures. Program Review staff strongly suggest that the agencies develop well-organized written procedures and keep them up to date.

In addition, to carry out its coordination mandate, ODCP staff must depend largely on personal contacts, which are difficult to hand over to another staff member. ODCP should ensure that its coordination efforts are documented fully so new staff and officials can see what has been done and what needs to be followed up.

Until recently, the operation of ODCP and KY-ASAP has largely been a manual process using basic tools such as spreadsheets and online calendars. More recently, ODCP began using a Web-based system for responses to the annual request for proposals for local board funding. The system uses the Justice and Public Safety Cabinet's Grant Management System. It will be expanded in fiscal year 2009 to include local boards' semiannual reports. At a future time, it may be possible for KY-ASAP to obtain financial and other management reports from the system.

ODCP should consider additional automated tools to assist in managing its statewide coordination and planning process. Developing a comprehensive statewide needs and resources assessment and strategic plan is a major effort. Planning and coordinating its implementation across many state, local, and nongovernmental agencies is complex. With limitations on staffing, it is essential that ODCP take the greatest possible advantage of available tools to increase efficiency and effectiveness.

Program Review staff strongly suggest that ODCP use a high-capacity project management system. A system that includes contact management would increase effectiveness.

Program Review staff strongly suggest that ODCP use a project management system that is capable of handling a plan that involves perhaps hundreds of entities and many hundreds of tasks. Such a system would assist the office in tracking progress, determining when tasks are behind schedule, and reporting on the implementation of the plan. ODCP should look for a system that combines contact management and project management for the greatest effectiveness.

Recommendation 2.2

Recommendation 2.2 is that ODCP should maintain standard procedures and records adequate to ensure continuity in leadership and staff. The office should use automated tools as much as possible and should use a project management system to manage its strategic planning, implementation planning, and coordination tasks.

The Office of Drug Control Policy should maintain standard operating procedures and records adequate to ensure continuity in leadership and staff. The office should use automated tools as much as possible to increase efficiency in management and oversight. The office should use a project management system to manage its strategic planning, implementation planning, and coordination tasks.

Definitions of KY-ASAP and Its Duties Are Ambiguous. When the Office of Drug Control Policy was formed in 2004, KY-ASAP became part of it and was the branch that managed the local board system. This remains the organization in effect today. However, the statute is ambiguous regarding KY-ASAP.

Definitions of KY-ASAP and its duties are ambiguous. Beyond stating its name, KRS 15A.340(1) does not describe KY-ASAP, and there is no indication of a formal relationship with ODCP. KRS 15A.342 makes ODCP and KY-ASAP jointly responsible for 20 distinct tasks but does not indicate how the tasks should be allocated. KRS 15A.344 is clear that KY-ASAP is solely responsible for managing local boards, but KY-ASAP operates under the oversight of ODCP.

KRS 15A.340(1) describes KY-ASAP simply as “the Kentucky Agency for Substance Abuse Policy.” There is no further description of the agency and no indication of a formal relationship with ODCP. The statute simply states that ODCP will oversee the activities described in KRS 15A.340 to 15A.344.

In addition, KRS 15A.342 lists 20 distinct responsibilities and states that “the Office of Drug Control Policy and KY-ASAP shall” carry them out. There is no indication of how the two should divide the labor.

Statute is clear that KY-ASAP is solely responsible for managing the local boards. KRS 15A.344 describes this responsibility and does not mention ODCP. However, KY-ASAP operates under the oversight of ODCP.

Prior to the 2007 statutory changes, KY-ASAP was described as being attached to the Office of the Governor, headed by an executive director experienced in overseeing tobacco and substance abuse programs, having other staff as necessary to conduct its affairs, and administering an endowment. Today there

is no such description, and the duties of ODCP and KY-ASAP are commingled in the statute. In practice, ODCP has assigned itself the statewide policy and coordination tasks and assigned to KY-ASAP the tasks related to KY-ASAP local boards.

Recommendation 2.3

Recommendation 2.3 is that the General Assembly may wish to consider amending KRS 15A.340 and 15A.342 to clarify what KY-ASAP is, define its relationship with ODCP, and distinguish their duties.

The General Assembly may wish to consider amending KRS 15A.340 and 15A.342 to clarify what the Kentucky Agency for Substance Abuse Policy is, to define its relationship with the Office of Drug Control Policy, and to distinguish their duties.

KY-ASAP State Board

The state board, created to oversee the activities of KY-ASAP, is to discuss substance abuse policy issues, make recommendations to the agency, and identify opportunities for collaboration.

The state board was created in KRS 15A.340 to oversee the activities of KY-ASAP. The board was designed to function as a means for bringing together top state agency policy makers to discuss substance abuse policy issues, make recommendations to the agency based on policy discussions, and identify opportunities for collaboration. The board's scope is to oversee and advise the agency. The membership of the board is listed in Table 2.1.

According to statute, the state board is an advisory and oversight body, not a decision-making body for the agency.

At times, it appears that KY-ASAP staff have placed administrative and policy issues before the board for decisions; and some board members told Program Review staff that the state board should be a decision-making body. However, ODCP and KY-ASAP should recognize that the state board is an important advisory resource and not a decision-making or policy-making board according to the statute.

Some issues have arisen regarding KY-ASAP state board membership. Although not expressly prohibited, for some time the same person has served as designee for the Secretary of Health and Family Services and as the representative of the Division of Mental Health and Substance Abuse. This person, or this person's designee, has represented two seats and cast two votes on decisions before the board.

The General Assembly may wish to consider clarifying whether board members and designees may represent more than one entity. ODCP should take action to discourage this practice.

The General Assembly may wish to consider clarifying whether board members and designees may represent more than one entity. In the meantime, ODCP might consider requesting an opinion from the attorney general, and the office should strongly urge state board members and designees to represent only one entity on the board.

Table 2.1
Members of the KY-ASAP State Board and Their Representation

Members Required by Statute	Stakeholder Representation
Kentucky Family Resource Youth Services Coalition	Outside stakeholder, appointed by governor
Kentucky Health Department Association	Outside stakeholder, appointed by governor
Secretary, Cabinet for Health and Family Services	Executive Branch, ex officio
Secretary, Justice and Public Safety Cabinet	Executive Branch, ex officio
Division of Mental Health and Substance Abuse Services	Executive Branch, appointed by governor
Commissioner, Department for Public Health	Executive Branch, ex officio
Executive Director, Office of Alcoholic Beverage Control	Executive Branch, ex officio
Commissioner, Department of Education	Executive Branch, ex officio
Director, Administrative Office of the Courts	Judicial Branch, ex officio
Kentucky Association of Regional Programs	Outside stakeholder, appointed by governor
Kentucky Heart Association	Outside stakeholder, appointed by governor
Kentucky Lung Association	Outside stakeholder, appointed by governor
Kentucky Cancer Society	Outside stakeholder, appointed by governor
Two members representing KY-ASAP local boards	Outside stakeholder, appointed by governor
Two members representing private community-based organizations with experience in programs involving smoking cessation or prevention or alcohol or substance abuse prevention and treatment	Outside stakeholder, appointed by governor

Source: Compiled by Program Review staff from KRS 15A.340.

Two seats on the board are reserved for KY-ASAP local board representatives. Currently, the holder of one of these seats is not a member of a local board. As the concept of local wisdom is stressed by the governing statutes and community-level input is a critical component in planning and policy making, ODCP should take the necessary steps to ensure that the state board includes the required local board members.

The KY-ASAP State Board’s Scope Is Ambiguous. When the General Assembly made ODCP jointly responsible with KY-ASAP for most of the statutory tasks, it did not change the language defining the state board. KRS 15A.340 continued to indicate that the board has oversight of KY-ASAP, not of ODCP.

When the General Assembly made ODCP jointly responsible with KY-ASAP for most of the statutory tasks, it did not change the language defining the state board. KRS15A.340 indicates that the state board has oversight of KY-ASAP, which in practice only manages the local boards. This was not the historical function of the board. According to the statute, ODCP is to administer an endowment and the state board is to oversee it. However, no endowment exists, and the statute does not ask the board to oversee ODCP's other funds.

Because KY-ASAP is a branch of ODCP that in practice manages the local boards, it appears that the statute limits the KY-ASAP state board to overseeing the local board system. This was not the historical function of the board.

In addition, KRS 15A.340(2) makes ODCP responsible for administering an endowment. KRS 15A.340(3)(d)(1) and (2) require the state board to “oversee deposits and expenditures from the endowment” and allow the board to request audits of the endowment. A review of executive branch budgets shows that an endowment was created in 2003, and the entire amount was spent during the biennium.

The board technically cannot perform either of these duties because the endowment does not currently exist. The statute does not ask the board to oversee any of ODCP's other funds. The General Assembly may wish to consider amending sections of the statute relating to the endowment and its oversight to clarify the state board's scope in overseeing ODCP funds.

A state board's value is much greater if it exercises oversight of and provides advice to the larger office regarding all its activities. The General Assembly may wish to consider whether to clarify the scope of the KY-ASAP state board. Meanwhile, ODCP can utilize the board as its oversight and advisory board without a statutory change, and it should do so.

Recommendation 2.4

Recommendation 2.4 is that the General Assembly may wish to consider clarifying whether the state board should be responsible for oversight of ODCP as a whole or the KY-ASAP branch only and whether the board should oversee all funding of the office.

The General Assembly may wish to consider clarifying whether the Kentucky Agency for Substance Abuse Policy state board should be responsible for oversight of the Office of Drug Control Policy as a whole or the KY-ASAP branch only and whether the board should oversee all funding of the office.

Recommendation 2.5

Recommendation 2.5 is that ODCP should solicit the advice of the KY-ASAP state board on all of the office's activities; use the board to facilitate coordination in all areas; and request the board to provide knowledge, advice, and consultation on all policy and program issues.

Rather than limiting the Kentucky Agency for Substance Abuse Policy state board to overseeing KY-ASAP, the Office of Drug Control Policy should solicit the advice of the board on all of the office's activities; use the board to facilitate coordination in all areas; and request the board to provide knowledge, advice, and consultation on all policy and program issues.

KY-ASAP Local Boards

KRS 15A.344 established KY-ASAP local boards. They are responsible for gathering information about local needs, about available programs and services, and about how well those resources are working. They also assist in coordinating resources and develop strategic plans to help guide agencies operating locally.

KRS 15A.344 established “local tobacco addiction and alcohol and substance abuse advisory and coordination boards,” also known as KY-ASAP local boards. Administrative regulations 10 KAR 7:010 and 7:020 set the processes and procedures for the local boards’ operations. The local boards’ statutory mission is to assist in planning, overseeing, and coordinating the implementation of local programs related to smoking cessation and prevention and alcohol and substance abuse prevention, cessation, and treatment.... The board shall assist with the coordination of programs provided by public and private entities (KRS 15A.344(1)).

Local boards have significant responsibilities in all three of the functional areas identified by Program Review staff. They gather information about local needs, about available programs and services, and about how well those resources are working. Local boards assist in coordinating resources. Each develops a strategic plan and uses it to provide policy and implementation advice to agencies operating locally.

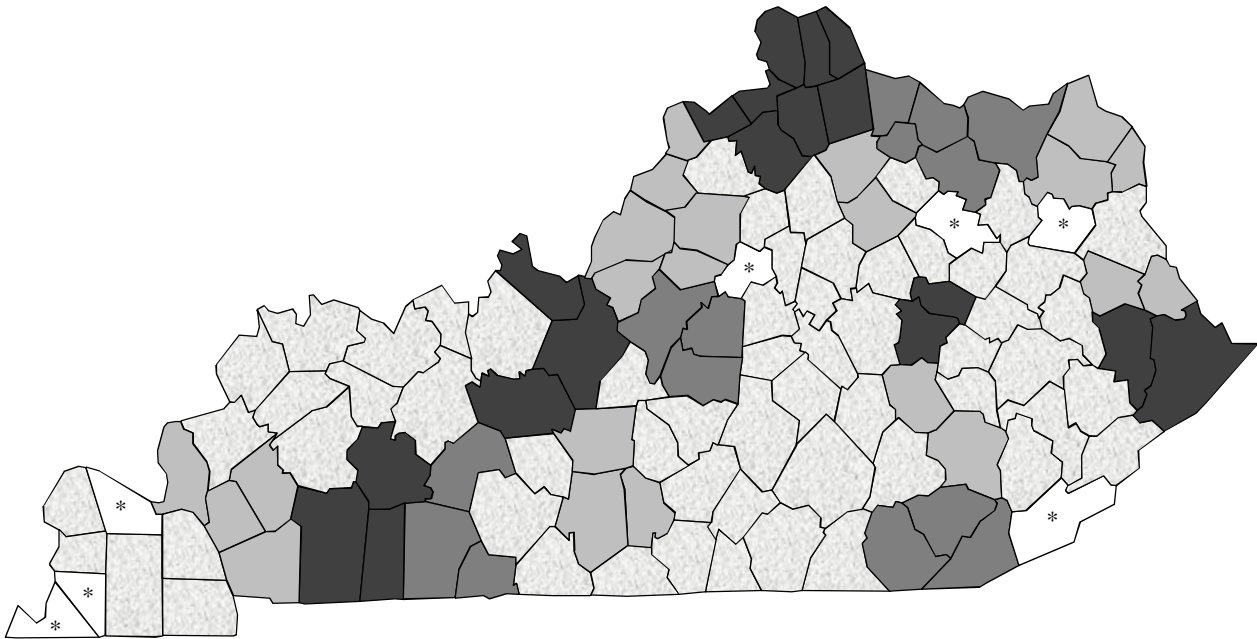
Local boards apply for Tobacco Master Settlement Agreement funding annually.

Local boards apply for Tobacco Master Settlement Agreement funding annually. Maximum board funding levels are based on the total funds available for distribution and on whether the board is a multicounty board. KY-ASAP works with the local boards to ensure their proposals meet agency guidelines. Local boards may use the funds for a variety of purposes. Typically, the boards pay for a part-time or full-time coordinator and a fiscal agent and provide small grants to fill service gaps or support local events and services. Appendix D describes local boards’ operations and the history of their formation.

The statutory goals are to involve all 120 counties in local boards and to encourage multicounty boards. There currently are 75 local boards covering 113 counties.

The statutory goals are to involve all 120 counties in local boards and to encourage counties to collaborate by forming multicounty boards. Currently, there are 75 local boards covering 113 counties, as shown in Figure 2.B. Sixteen are multicounty boards covering 54 counties.

Figure 2.B
KY-ASAP Local Boards



Note: Counties in white and marked with * do not have local boards. Counties with marbled background have single-county boards. Other counties participate in multicounty boards as indicated.
Source: Program Review staff based on a map provided by KY-ASAP.

Local boards have diverse memberships chosen from county leaders, local agency officials, and community residents. More than 1,100 individuals participate in local boards across the state.

Local boards have diverse memberships chosen from county leaders, local agency officials, and community residents, as shown in Table 2.2. The intent is to encourage participation by all relevant sectors of the community. More than 1,100 individuals participate in local boards across the state.¹

¹ Program Review staff estimated this minimum based on 10 KAR 7:010, which states that each board must have at least 15 members.

Table 2.2
Local Board Membership

Permanent Ex Officio Members
County judge executive or designee
Executive director of a community mental health center or designee
Executive director of a health department or designee
Coordinator of a family resource or youth services center
Superintendent of a local school district or designee
Service Region Administrator of the Department for Community Based Services or designee

Nonpermanent Members Selected From the Following Groups
Business leaders
Religious leaders
Judicial system
Law enforcement
Media
Health care
Group with funds to provide alcohol, tobacco, and other drug prevention
Group with funds to provide alcohol, tobacco, and other drug treatment
Local leaders in the area of alcohol, tobacco, and drug prevention
Members of existing health or related strategic planning initiatives
Universities or local colleges that serve the county

Source: 10 KAR 7:010 §3(5) and (6).

Oversight of Local Board Coordinators

KY-ASAP has permitted local boards to hire coordinators; most boards have done so.

KY-ASAP has permitted local boards to hire coordinators. Program Review staff obtained information from 52 local boards about their coordinators and, as shown in Table 2.3, most of the boards have paid coordinators. Of the others, some have volunteer coordinators and some have none. Some of the volunteers are employees of local agencies or coalitions who donate their time to help coordinate the board's activities. Six local boards have shared coordinators, and 11 boards operate without a coordinator. According to KY-ASAP staff, in the absence of a coordinator, the board chair or a representative from the regional prevention center provides necessary coordinating services.

Program Review staff heard concerns about the cost effectiveness of paid coordinators. KY-ASAP should conduct a cost-benefit analysis and advise the boards on the issue.

During interviews, Program Review staff heard concerns about the cost effectiveness of paid coordinators. Coordinators are selected by individual boards based on their specific needs; therefore, they may perform different duties or different amounts of work. Because local self-determination is one of the principles of ODCP, it is important to allow local boards to define the role of their coordinators.

Table 2.3
Status of Coordinators of 52 Local Boards

Status	Number of Boards
No coordinator	11
Full-time volunteer	4
Part-time volunteer	5
Full-time paid	4
Part-time paid	28
Shared (one serves two boards)	6

Source: Compilation of information provided by 52 local boards in their responses to Program Review staff information request.

To help local boards make well-informed decisions about whether or not to hire coordinators, KY-ASAP should conduct a cost-benefit analysis and advise the local boards on this issue. If local boards continue hiring coordinators with KY-ASAP funds, the agency should consider requiring the boards to maintain formal job descriptions and requiring them to conduct performance reviews of their coordinators.

Local Board Codes of Ethics

Executive branch employees are covered by the ethics code in KRS Chapter 11A, but many appointees and volunteers to state boards and commissions are not government employees. KY-ASAP should consider requiring local boards to adopt the model code of ethics recommended by the Executive Branch Ethics Commission.

Executive branch employees are covered by the ethics code in KRS Chapter 11A, but many appointees and volunteers to state boards and commissions are not government employees. To address this situation, the Executive Branch Ethics Commission developed the Model Code of Ethics for State Board and Commission Members in 2004. The model code encourages governmental boards and commissions to take the lead in modeling ethical standards. Implementing such standards increases confidence and faith in the entity, while strengthening its independence (Commonwealth. Executive).

By adopting a code of ethics, local boards can prevent conflicts of interest issues before they arise. Two scenarios for conflict of interest would be that a board member who represents a service provider requests funds from the board or that an entity serving as fiscal agent wishes to apply for board funding.

Ultimately, local board members occupy a position of community trust and service and make decisions regarding public funds. KY-ASAP should consider requiring local boards to adopt the model code of ethics recommended by the Executive Branch Ethics Commission. KY-ASAP state board members already have adopted the code. As a best practice, the local boards should adopt it as well.

General Findings and Recommendations

This section describes four general findings and associated recommendations related to the Office of Drug Control Policy and KY-ASAP. These address

- where the planning and coordination function should be located in state government,
- how the planning and coordination efforts of state government should be organized,
- whether law enforcement and criminal justice should be included with prevention and treatment, and
- what the most effective use is for ODCP funds.

Placement of the Planning and Coordination Function

KY-ASAP originally resided in the Office of the Governor; it now resides in the Justice and Public Safety Cabinet.

KY-ASAP originally resided in the Office of the Governor. In December 2003, it was placed in the Justice and Public Safety Cabinet and later was absorbed into ODCP in that cabinet.

Program Review staff heard opinions from people in and outside state government regarding the best placement of the policy function. Preferred placements included the current cabinet, the Cabinet for Health and Family Services, and the Office of the Governor.

Current literature indicated widespread expert opinion that for collaborative efforts to be successful, the entity must be seen as influential. It should have enough visibility and perceived status to engender cooperation from other state agencies.

Staff's literature review indicated widespread expert opinion that for collaborative efforts to be successful, the entity must be seen as influential. It should have enough visibility and perceived status in the government hierarchy to engender cooperation from other state agencies.

A report funded by the Substance Abuse and Mental Health Services Administration stated that "organizational placement of a state substance abuse agency helps determine the degree of decision-making and policy authority" (Gelber 6). Similarly, a report from Join Together, a program of the Boston University School of Public Health, asserted that

every state should have a strategy that encompasses all the agencies affected by alcohol and drug problems.

Responsibility for state and federal prevention and treatment funds should be held by an entity that reports directly to the governor and has direct access to the state legislature (Rosenbloom 5).

The same report said that "when prevention and treatment are delegated to mid-level state agencies, states cannot successfully prevent or treat drug problems at the population level" (Rosenbloom 5).

Examples of planning and coordination functions at the executive level include the Office of National Drug Control Policy and the Iowa Governor's Office of Drug Control Policy.

Some ODCP staff expressed the opinion that it is politically impractical for the office to carry out certain of its duties while within any cabinet. Others outside ODCP agreed.

Some ODCP staff said that it is politically impractical for the office to carry out some of its duties from within any cabinet. Others outside ODCP agreed. The duty to certify whether agencies in other cabinets have cooperated with ODCP is especially difficult. The duties to recommend improvements in state government organization and to make policy recommendations for agencies outside the cabinet present similar challenges. Program Review staff concur. ODCP and KY-ASAP should be housed in the Office of the Governor for maximum effectiveness as a state entity charged with making policy and resource recommendations to other state agencies and with making reports to the governor and General Assembly about other agencies.

Recommendation 2.6

Recommendation 2.6 is that the governor should consider placing ODCP and KY-ASAP in the Office of the Governor.

In order to ensure the greatest effectiveness of the Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy, the governor should consider placing the agencies in the Office of the Governor.

Organization of the Planning and Coordination Effort

This section discusses the state's efforts to implement comprehensive planning and coordination of all prevention and treatment activities. Over time, the General Assembly has enacted broader and more sweeping measures to implement planning and coordination. Because the process has been incremental, the result contains several overlapping and possibly redundant elements. It is important to resolve this issue because there are strong opinions among some agencies and service providers that ODCP at the state level and KY-ASAP at the local level are unnecessary.

At least four efforts to conduct comprehensive planning and coordination predate or coincide with KY-ASAP and ODCP.

Redundancies at the State Level Are Limited and Can Be Resolved. At least four efforts to conduct comprehensive planning and coordination predate or coincide with KY-ASAP and ODCP. All of them are in the Cabinet for Health and Family Services.²

These are

- the Cabinet for Health and Family Services under KRS 222.211,
- the Division of Mental Health and Substance Abuse,
- the House Bill 843 Commission, and
- the community mental health centers.

In 1994, KRS 222.211 gave what is now the Cabinet for Health and Family Services responsibility to “coordinate matters affecting tobacco addiction and alcohol and other drug abuse in the Commonwealth.” In 2000 and 2007, the statute was revised so that coordination is “in conjunction with the Office of Drug Control Policy and KY-ASAP and in furtherance of [their] strategic plan.”

The Division of Mental Health and Substance Abuse also plays a significant role in statewide planning and coordination. It is the Single State Authority for prevention and treatment in the state, which means it is the only entity that can apply for the Substance Abuse Prevention and Treatment Block Grant, the largest source of federal substance-related money that Kentucky receives. This means that it must prepare a state and local needs assessment and submit it to the federal government. The report must include a detailed explanation of how the grant money will be used to improve the quality and appropriateness of treatment services. The report necessarily requires the division to consider carefully the planning and coordination of services across agencies.

There does not appear to be a conflict or duplication between ODCP and the Cabinet for Health and Family Services or the Division of Mental Health and Substance Abuse.

There does not appear to be a conflict or duplication between ODCP and the cabinet or the division. The responsibility of the cabinet to coordinate services represents an extension of ODCP’s mandate. The cabinet’s and its division’s efforts should be exercised in the context of the ODCP strategic plan.

Attached to the cabinet is the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses. It is better known as the House Bill 843 Commission. The commission has

² The Tobacco Prevention and Cessation Program also develops a strategic plan for tobacco only, as required by the United States Centers for Disease Control and Prevention. That plan does not appear in the list because it does not address other substances.

the responsibility to advise the state regarding prevention and treatment for both mental illness and substance-related issues.

The commission was created at the same time as KY-ASAP, and there always has been disagreement about their responsibilities and whether they are in any way redundant. A 2001 KY-ASAP memorandum indicated an agreement that KY-ASAP would focus its resources on prevention issues and the commission would focus on treatment. KY-ASAP proceeded with its mandate to develop and implement a statewide strategic plan covering both prevention and treatment that would incorporate the treatment work of the commission. The commission was to incorporate the prevention work of KY-ASAP.

There does not appear to be a conflict or duplication between ODCP and the commission. The commission by statute is strictly an advisory body. It has no mandate to coordinate services. Its scope includes prevention but only for youth.³ Its scope does not explicitly include tobacco. Finally, the commission has effectively ceased to function. There have been no meetings since May 2007 and there are no further meetings planned according to cabinet staff.

The community mental health centers have asserted that they have statewide planning authority for substance use and abuse treatment issues based on KRS 210.400, 210.410, and 210.430. Their statutory responsibility extends to making recommendations for treatment services and budgets and to developing working arrangements with other agencies. The statute does not mention or imply any responsibility for prevention planning. However, through contracts with the mental health centers, the cabinet has given them considerable responsibility for facilitating and implementing substance use and abuse prevention activities. Finally, the cabinet has contracted with certain mental health centers to host Prevention Enhancement Sites that provide specialized training and consultation across the state.

There does not appear to be a conflict or duplication between ODCP and the community mental health centers. The centers' responsibilities are focused on the regional and local levels except for prevention enhancement, which is a training and consultation role.

³ See KRS 210.504(4)(c) and 210.509(2)(e).

ODCP has the sole and ultimate responsibility for planning and coordinating substance use and abuse prevention, treatment policy, programs, and services in Kentucky for all populations and for all substances.

The Office of Drug Control Policy has the sole and ultimate responsibility for planning and coordinating substance use and abuse prevention and treatment policy, programs, and services in Kentucky for all populations and for all substances including tobacco.

Any perceived redundancies in Kentucky's planning and coordination efforts at the state level should be resolved. ODCP should harness and coordinate the efforts of all planning agencies as part of its overall policy and coordination authority. ODCP should delegate as many of its responsibilities as possible to other agencies in order to take advantage of other resources. The office should ensure that any delegated work meets suitable standards and is consistent with the policies and goals of ODCP.

For example, if an entity such as the House Bill 843 Commission were to develop a strategic plan, then ODCP should support the work, ensure that it meets appropriate standards, and incorporate the plan into its own master strategic plan. Similarly, if an entity such as the Division of Mental Health and Substance Abuse could facilitate and negotiate coordination with other agencies, ODCP should support its efforts, ensure they meet appropriate standards, and count them toward implementation of the strategic plan.

There is a wide mix of organizations working at the local level. Some local board members expressed concern about possible duplication or redundancy between local boards and others operating locally or regionally.

Potential for Duplication Exists at the Local Level. There is a wide mix of organizations working at the local level to address substance use and abuse prevention and treatment. Local governments, school systems, local offices of state agencies, community mental health centers, coalitions of local citizens, and many others are involved. Many of the participants are volunteers.

Program Review staff conducted interviews addressing the role of local boards and other local efforts. Many respondents expressed concern regarding possible duplication or redundancy between local boards and other entities operating locally or regionally.

For example, Operation UNITE, a drug task force with a comprehensive approach to prevention, treatment, and enforcement, created community coalitions to address prevention and treatment in southeastern Kentucky. Another example is the Champions for a Drug-Free Kentucky program that operates coalitions in 82 counties in Kentucky. Both promote prevention and conduct prevention activities. Often the coalitions include many of the same members as KY-ASAP local boards. In many communities, other local bodies have formed to address substance use and abuse issues from different perspectives. Some are

affiliated with national organizations such as Mothers Against Drunk Driving (MADD), while others are strictly local and may have been formed in response to a local tragedy.

There does not appear to be a conflict or duplication between KY-ASAP local boards and community coalitions and the juvenile delinquency prevention councils.

There does not appear to be a conflict or duplication between KY-ASAP local boards and Operation UNITE or other community coalitions. The local boards operate in an advisory and coordination capacity. They are required to conduct a thorough needs and resources assessment and produce a comprehensive strategic plan. Their operation should be consistent with state policies and the statewide strategic plan. As such, KY-ASAP early on described the local boards as policy boards and distinguished them from coalitions, which are organized around a specific community issue and implement programs to reach targeted populations. Coalition membership is self-selected based on the issue being addressed, and the coalition is only accountable to its membership.

There are eight juvenile delinquency prevention councils covering 11 counties. Substance abuse is one of the two identified priorities for the councils. Some of the membership requirements are the same as KY-ASAP local boards. In many cases, the two entities share members.

There does not appear to be a conflict or duplication between the KY-ASAP local boards and the juvenile delinquency prevention councils. Where the two entities coexist, they appear to work collaboratively to address substance-related issues.

Community mental health centers are the primary providers of substance abuse treatment in the state. Their regional boards of directors represent a cross section of communities in the region. KRS 210.400 gives the boards the responsibility to review and evaluate the centers' services and to recommend additional services and facilities. The regional boards cannot make accurate recommendations without a thorough understanding of the needs and resources in their regions, so there should be such an assessment. The statute also asks the community mental health center regional boards to develop working relationships with other agencies, which is a coordination activity. Although it is limited to the centers' services, it is important because the centers provide most of the treatment services in the state.

In addition, community mental health centers operate the regional prevention centers that are an important part of Kentucky's prevention infrastructure. They have responsibility to promote prevention practices in each region of Kentucky.

There appears to be some potential for duplication between KY-ASAP local boards and the community mental health centers.

There appears to be some potential for duplication between KY-ASAP local boards and community mental health centers. The centers' boards of directors do not have an overall planning mandate but instead focus primarily on treatment services. Regional prevention centers serve to expand the community mental health centers' activities into prevention.

Operating under the House Bill 843 Commission are regional planning councils. The councils have the same mandate at the regional level as the commission has at the state level. They also have the responsibility to develop a regional strategy to increase access to services. Often the councils and KY-ASAP local boards have many of the same members.

There does appear to be a large overlap between KY-ASAP local boards and regional planning councils.

There does appear to be a large overlap between KY-ASAP local boards and regional planning councils. Local boards usually cover smaller areas than do the councils and so may have a closer relationship with local organizations. Local boards also have an explicit duty to assist in coordinating local efforts, while the councils do not. Technically, the councils are not required to address prevention among adults. However, with respect to the planning function, they are very similar.

Program Review staff found that if the local boards carefully adhere to their mandate, there is no redundancy with community groups and coalitions such as UNITE, Champions, MADD, and others. The question of redundancy with other policy and planning entities is less clear.

KY-ASAP local boards are the only bodies responsible for strategic planning, coordination, and assessment of all entities working locally on prevention and treatment for all populations.

KY-ASAP local boards are the only bodies responsible for strategic planning, coordination, and assessment of all entities working locally on prevention and treatment for all populations. However, there is some potential for duplication with the community mental health centers, regional prevention centers, and regional planning councils.

ODCP and KY-ASAP should ensure that local and regional planning and coordination entities work together and divide tasks.

ODCP and KY-ASAP should ensure that local and regional planning and coordinating entities work together and divide their tasks to the extent possible. If any inefficiencies remain, ODCP should recommend a resolution to the governor and General Assembly.

Recommendation 2.7

Recommendation 2.7 is that ODCP should resolve all perceived redundancies with other planning and coordination entities at the state and local levels. For redundancies that cannot be resolved, ODCP should recommend a resolution as part of its strategic plan and report to the governor and General Assembly.

Under its coordination mandate, the Office of Drug Control Policy should resolve all perceived redundancies with other planning and coordination entities at the state and local levels by coordinating its own and the Kentucky Agency for Substance Abuse Policy’s efforts with those of other entities and ensuring that their activities are compatible. For redundancies that cannot be resolved, the office should recommend a resolution as part of its strategic plan and report to the governor and General Assembly.

Including Enforcement in Coordination and Planning

A 2006 executive order removed any mention of enforcement from ODCP’s oversight authority, but, in practice, ODCP continues to view enforcement as an equal component with prevention and treatment.

A 2004 executive order explicitly included law enforcement as part of ODCP’s oversight authority. However, mention of enforcement was removed in the 2006 executive order that was confirmed by the General Assembly in 2007. Even so, ODCP has continued to view enforcement as an equal component with prevention and treatment.

KRS 15A.342 may give ODCP implicit authority over enforcement. However, the statute does not appear to include enforcement in the scope of local boards.

The preamble of KRS 15A.342 gives ODCP oversight of all facets of the state’s drug control policy. This authority covers prevention and treatment of substance abuse but is not limited to them. Therefore, the statute may cover enforcement implicitly at the state level. However, KRS 15A.344 does not mention enforcement as part of the local boards’ scope and does not give local boards the broad oversight that ODCP has.

Similarly, criminal justice may be seen as part of enforcement. Jails, prisons, and other elements of the criminal justice system could be included in the ODCP mission.

Coordinating the efforts of prevention, treatment, and enforcement appears to have potential for significant improvements in efficiency and effectiveness.

Coordinating the efforts of prevention, treatment, and enforcement appears to have potential for significant improvements in efficiency and effectiveness. Operation UNITE has pursued this approach regionally and appears to have had good results. Drug courts and correctional treatment are examples of ways that treatment and criminal justice entities can collaborate.

If enforcement and criminal justice are to be part of ODCP’s mandate, it might help to expand the scope of some parts of KRS 15A.342. Many subsections refer to prevention, cessation, and treatment only. The General Assembly may wish to consider adding enforcement and criminal justice to those subsections. Also, it might be helpful to expand the scope of local boards in KRS 15A.344 and to include enforcement representatives on the KY-ASAP state board in KRS 15A.340.

Recommendation 2.8

Recommendation 2.8 is that the General Assembly may wish to consider whether to include enforcement and criminal justice in ODCP's mandate, including that of local boards, and whether to add enforcement and criminal justice representatives to the KY-ASAP state board.

The General Assembly may wish to consider whether to include enforcement and criminal justice explicitly in the Office of Drug Control Policy's mandate, including that of local boards, and whether to add enforcement and criminal justice representatives to the Kentucky Agency for Substance Abuse Policy state board.

ODCP should continue to include enforcement and criminal justice on an equal basis with prevention and treatment in its planning and coordination activities. The office should consider which subsections under KRS 15A.342 could be applied productively to enforcement and criminal justice and should pursue those.

ODCP should continue to include enforcement and criminal justice on an equal basis in its planning and coordination activities. Creating ad hoc nonvoting KY-ASAP state board seats for additional enforcement and criminal justice representation could be useful.

Creating ad hoc nonvoting KY-ASAP state board seats for additional enforcement and criminal justice representation could be useful. Some of the groups the office might consider include the Department of Corrections, Department of Juvenile Justice, State Police, Office of the Attorney General, Kentucky Sheriffs' Association, and Kentucky Association of Chiefs of Police. ODCP already has invited some of these to state board meetings.

KY-ASAP has encouraged local boards to include enforcement and criminal justice in their planning and coordination process. The agency should continue to do so and should consider ways to increase enforcement representation on local boards.

Effective Use of KY-ASAP Funds

The law does not specifically require KY-ASAP to fund local boards. However, local boards are a mechanism by which ODCP coordinates fund distribution under KRS 15A.342(14).

KRS 15A.340 to 15A.344 do not specifically require KY-ASAP to fund local boards. In addition, the statutes do not appear to require local boards to expend funds to support local programs and services.

However, local boards are a mechanism by which ODCP and KY-ASAP coordinate distribution of funds under KRS 15A.342(14). KY-ASAP has granted the bulk of its funds directly to local boards, which have used the funds for a variety of purposes as described in Appendix D. Purposes include

- issuing mini-grants to fill gaps in local programs or services;
- paying for a full-time or part-time coordinator;
- paying for staff, training, media, or other resources to support community efforts; and
- paying for evaluations of local programs and services.

Funding for each local board has declined considerably since the boards began. ODCP should examine the overall use of funds and consider how much KY-ASAP funding should be channeled to local boards. ODCP should also ensure the most effective and efficient use of all available funds in the context of a strategic plan.

Funding for each local board has declined considerably since the boards began because the total amount of funding has declined and there are more boards. In addition, boards that choose to pay for a coordinator have even less to spend to support local services. This creates an incentive to ensure the funds are being spent most effectively.

Providing resources to the local boards is consistent with the statutes and with the principle of local determination. However, ODCP should examine the overall use of funds and consider the following two issues.

First, how much of KY-ASAP funding should be channeled to and through local boards? ODCP has the flexibility to determine the best way to use KY-ASAP funds and also has the mandate to propose the best way to organize the state's response to substance use and abuse. The office should look at all funding sources, including KY-ASAP funds, in the context of its strategic plan and determine how best to apply them while ensuring the local boards receive the support necessary for their continuing operation.

Second, how should KY-ASAP take advantage of local boards' funding and support of local programs? ODCP and KY-ASAP have the responsibility to ensure the most effective and efficient use of all available funds in the context of a strategic plan. Piecemeal funding of programs and services using local board funds appears to be less efficient than a comprehensive plan for funding. It does not seem advisable for local boards to use their limited funds to support long-term projects. However, the perspective of local boards on their communities' specific needs is crucial. The challenge is finding ways to fund local needs in a sustainable manner.

Recommendation 2.9

Recommendation 2.9 is that ODCP should review its use of KY-ASAP and other funds in the context of the statewide strategic plan. It should provide funding necessary to continue local board operations. The office should implement a process to identify local projects that merit continued funding and should make separate funding for those projects part of its strategic plan.

The Office of Drug Control Policy should review the use of the Kentucky Agency for Substance Abuse Policy's funds and any other available funds and determine the most effective means of applying them toward Kentucky's substance use and abuse efforts in the context of the overall strategic plan. The office should provide the funding support necessary for the continuing operation of KY-ASAP local boards. If projects are funded by the boards, the office should implement a process to identify projects that merit continuation. Stable, long-term funding of those projects should be part of the office's strategic plan so that local board funds can be applied to emerging local needs.

Chapter 3

Gathering and Disseminating Information

One of the three functional areas of ODCP is to collect and disseminate information about substance use and abuse issues.

One of the Office of Drug Control Policy’s three functional areas identified by Program Review staff is to collect and disseminate information about substance use and abuse issues. Knowledge about prevention and treatment methods is important for those attempting to implement them. Information about how policies, plans, and programs are working is crucial to ODCP’s responsibilities of fostering coordination and developing policies and strategic plans. Table 3.1 lists the statutory responsibilities for policy and program intelligence of ODCP, the state board, KY-ASAP, and local boards.

Table 3.1
Policy and Program Information Mandates

Mandate	KRS Section
“Monitor the data and issues related to youth alcohol and tobacco access, smoking cessation and prevention, and substance abuse policies, their impact on state and local programs, and their flexibility to adapt to the needs of local communities and service providers”	15A.342(2)
“Identify existing resources in each community...”	15A.342(4)
Monitor programs related to “public and private, state and local, agencies, organizations, and service providers...”	15A.342(5)
“Act as the referral source of information, utilizing existing information clearinghouse resources..., relating to youth tobacco access, smoking cessation and prevention, and substance abuse prevention, cessation, and treatment programs...” and “...identify gaps in information referral sources”	15A.342(6)
“Search for grant opportunities for existing programs...”	15A.342(7)
“Observe programs from other states”	15A.342(9)
“Assure the availability of training, technical assistance, and consultation to local service providers for programs funded by the Commonwealth...”	15A.342(11)
“Review existing research...”	15A.342(12)
The KY-ASAP state board is to “[r]eceive quarterly reports... regarding KY-ASAP’s activities....”	15A.340(3)(d)3
The KY-ASAP state board is to “[r]ecommend matters for review and analysis by KY-ASAP....”	15A.340(3)(d)6
Local boards are to provide “reports on the effectiveness, efficiency, and efforts of each local program, including recommendations for increased or decreased funding....”	15A.344(2)
“...KY-ASAP shall supply information as necessary to the advisory and coordination board to enable it to carry out its functions.”	15A.344(2)
“An assessment of [local] needs and available services shall be included in the [local board’s long-term community] strategy.”	15A.344(4)(b)

Source: Program Review staff compilation of statutes.

Within the state system, information has to flow up and down as well as across agency boundaries.

Within the state system to address alcohol, tobacco, and other drugs, information has to flow up from the local level and back down from ODCP and other state agencies, as well as across agency boundaries. Local boards provide important feedback to the state about successes and challenges on the ground. KY-ASAP supports local boards with information, training, and consultation. ODCP also provides recommendations and information to the governor and legislature. Across agency lines, sharing information about agency activities and resources is essential for coordination at the state and local levels. Figure 3.A illustrates some of the ways the components of ODCP gather and disseminate information vital to the office's mission.

The Information-gathering Role of Local Boards

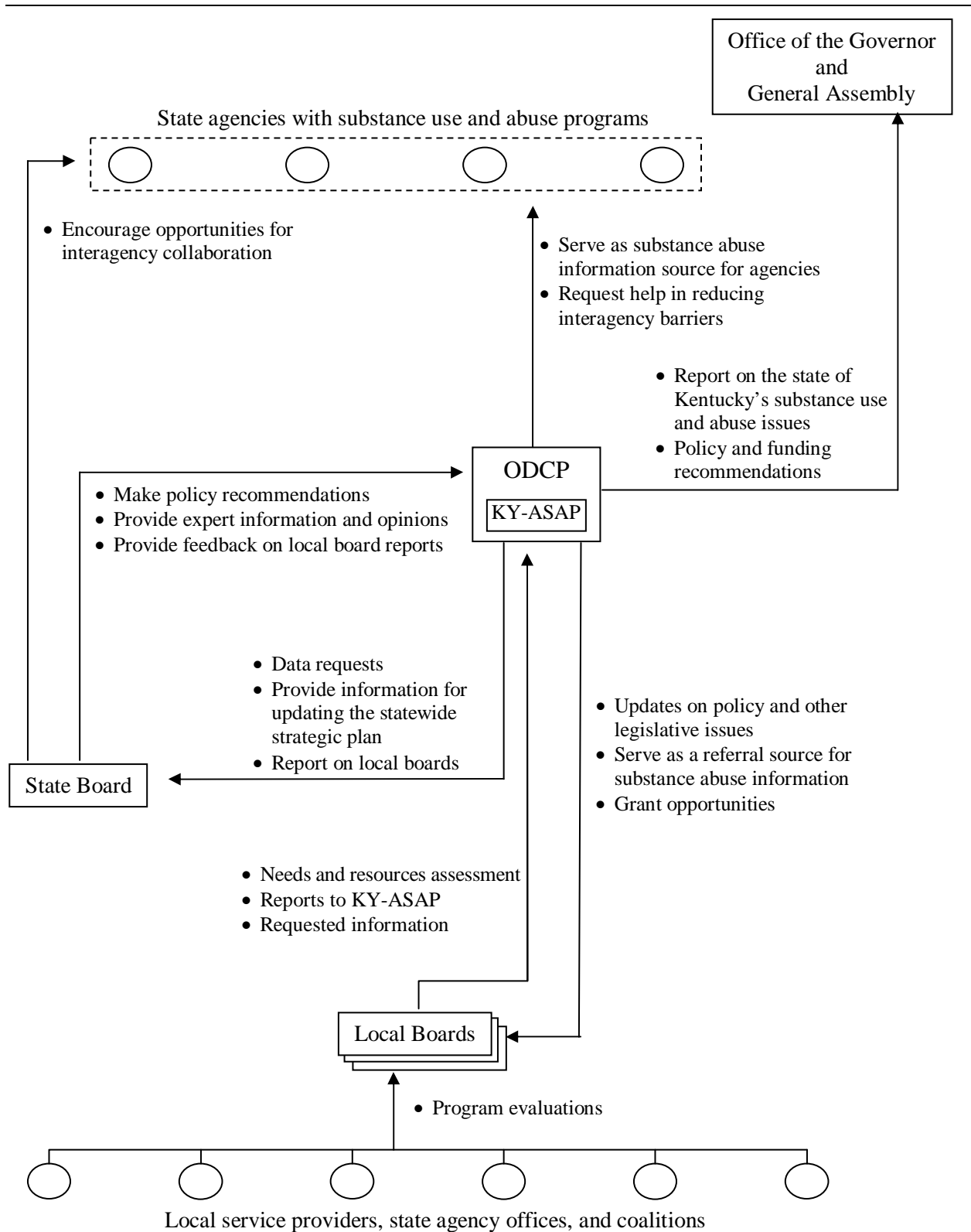
Information provided by the local boards allows the state to update the extent of substance use and abuse in communities across Kentucky.

A February 2005 ODCP newsletter article illustrates the importance of information gathering by local boards. At that time, ODCP proposed to transform KY-ASAP's local boards into the Kentucky Community Drug Assessment Program. The new program's mission was summarized as follows.

The community needs assessment process gives the state a way to update the extent of drug problems in localities across Kentucky and identify and address community-level needs in the context of statewide resources. The process also offers citizens a forum for voicing their concerns. It is important for public policies to be aired in public forums and for agencies to get feedback about how the policies are affecting communities (Commonwealth. Justice. Office. "KY-ASAP").

Although ODCP never implemented the program, this summary was consistent with the information-gathering aspect of the local boards' statutory mission. The reasons for collecting data and feedback remain relevant.

Figure 3.A
ODCP Information-gathering and Dissemination Process



Source: Program Review staff.

ODCP must have up-to-date information about local needs and how local programs and services are working in order to meet its goal of developing a comprehensive strategic plan.

Local Reporting and Program Evaluation

KY-ASAP local boards conduct needs and resources assessments to identify local substance use and abuse problems and to determine what is being done about them. Local boards consider their assessments in conjunction with the statewide strategic plan to develop their own local strategic plans. Each board's plan describes how the community should direct available resources to focus on the most serious problems and how to fill existing gaps. Local boards must then review the progress on their strategic plans, including some assessment of how well each program, service, or intervention is working.

ODCP needs to know what the communities see as their most serious problems and what they recommend as the best use of locally available resources. The office can use these local perspectives to keep the statewide strategic plan up to date.

The primary purpose of the statutory reporting requirement appears to be obtaining information about how all programs and services are performing locally, including those operated or funded by the state.

Local Reporting Requirements Should Be Expanded.

KRS 15A.344 outlines the responsibilities of local boards and frequently refers to local providers, entities, programs, and services. It requires KY-ASAP to request "reasonable reports on the effectiveness, efficiency, and efforts of each local program, including recommendations for increased or decreased funding." Since ODCP formed, KY-ASAP has required local boards to report only about the activities they fund and particularly has not asked local boards to evaluate or make funding recommendations for state agencies operating locally. However, ODCP recently agreed with the following interpretation of the statute.

There are reasons to indicate that the statute's primary purpose is to obtain information about how all programs and services are performing locally, including those operated or funded by the state.

1. "Each local program" means every program or all programs. It is not limited to local boards themselves or to programs funded or otherwise supported by local boards.
2. "Local program" can and should include state-operated and state-funded programs and services operating locally, as well as programs of local governments and nongovernmental entities.
3. "Reports on the effectiveness, efficiency, and efforts" should be viewed in the context of a local strategic plan. Local boards and the state need to know how well all the component programs and services are working.
4. "Recommendations for increased or decreased funding" in the context of a local strategic plan means recommendations for targeting of funds in the community, including those of state-operated and state-funded programs and services.

Program Review staff found support for this interpretation in documents and interviews with former KY-ASAP officials. Additional support comes from the Strategic Prevention Framework, which assumes that strategic planning includes the contribution of state agencies acting locally. It would be a best practice to assess and make funding recommendations for all locally operating programs and services.

ODCP should consider local recommendations in developing its recommendations to state agencies, the governor, and the General Assembly.

Because local entities have no control over state funding, any plans to adjust the way state funds are used must go through the state planning process. KY-ASAP should solicit such recommendations, and ODCP should consider them as it develops its recommendations to state agencies, the governor, and the General Assembly.

Although the law and KY-ASAP regulations do not require local boards to update their strategic plans on a regular basis, responses to a Program Review questionnaire indicate that most local boards have kept them updated.

Updating Local Needs, Resources, and Strategic Plans. Neither KRS 15A.344 nor KY-ASAP regulations require local boards to update their needs and resources assessments or their strategic plans. Nevertheless, KY-ASAP staff stated that they urge local boards to do so. Most local boards that responded to Program Review staff’s questions indicated that they have kept their needs assessments updated to some extent, as shown in Table 3.2. Local boards that have kept their needs assessment updated reported that they have revised their strategic plans accordingly and as needed.

Table 3.2
How Often Local Boards Update Needs Assessments

Frequency of Updates	Number of Boards	Percentage
Once per year	27	47%
Once every 2 to 4 years	22	38%
Once every 5 or more years	3	5%
No response	6	10%
Total	58	100%

Note: 58 out of 75 local boards responded to the information request.

Source: Program Review staff compilation of local boards’ responses to staff information requests.

Nearly one-half of the responding local boards reported updating their needs assessment once a year or as needed or requested. In most cases, local boards suggested that they did so in preparation for their annual budget request to KY-ASAP.

Some boards pointed out that updating the needs assessment depends on the availability of data. KY-ASAP should assist the boards in obtaining better local data.

Some boards noted that their ability to update the needs assessment depends on the availability of data. Data sources referred to by local boards include the Kentucky Incentives for Prevention survey that is available every 2 years and other community surveys that are available every 3 to 4 years. In addition, other surveys and

ongoing focus groups may be initiated by the boards in partnership with other agencies or local universities. KY-ASAP should provide technical or financial assistance to help local boards obtain better data for their needs and resources assessments.

Local boards should provide updated needs assessments and strategic plans regularly.

KY-ASAP staff were unable to provide a written policy that requires local boards to submit updated needs assessments and strategic plans regularly. KY-ASAP staff did state that local boards are frequently reminded of the need to submit updates. Program Review staff looked at a selection of local boards' files but did not find updated versions of these documents. Local boards should provide these important sources of information for statewide planning and for local board oversight.

To help ODCP and KY-ASAP stay informed about how well state policies and programs are working, it is important for local boards to report which programs in their communities are working and which are not.

Local Program Evaluation and Accountability. When implementing their strategic plans, the local boards should do their best to determine what is working and what is not. ODCP needs to know when a community finds a promising practice or has difficulty with a practice that was considered sound, whether the practices are funded by KY-ASAP or not. ODCP also needs to know how well state policies and programs are working in order to decide whether changes are needed at the state level.

Thirty-three of 58 local board respondents said they only assess the effectiveness and efficiency of substance use and abuse programs that they help support with KY-ASAP funds.

Fifty-eight local boards responded to Program Review staff's information requests. Thirty-three reported that they only assess the effectiveness and efficiency of substance use and abuse programs that they help support with KY-ASAP funds. Two boards reported that they have an evaluator who continuously reviews all local programs and reports to the board. The remaining 23 local boards did not answer the question. A review of a selection of local boards' semiannual reports showed that some reported on programs that had not received KY-ASAP funds; however, most boards reported only on the programs that they financially supported.

Local boards should encourage all program and service providers to conduct meaningful evaluations. If the providers do not conduct evaluations, local boards should inform KY-ASAP and, to the extent possible, conduct their own evaluations.

KY-ASAP now requires local boards to submit statements of proposed mini-grant funding for local projects before the boards distribute the funds.

Some local boards provide mini-grants of KY-ASAP funds to local projects. The agency recently requested that these local boards submit a statement of proposed funding prior to disbursement of funds. This allows KY-ASAP to be informed on each local funding recipient's project as well as to easily monitor expenditures for continuing eligibility of a given program.

KY-ASAP does not oversee the agreements between local boards and fund recipients, and local boards do not have uniform reporting and monitoring requirements for the funds they distribute to local projects.

After approving a local board proposal, KY-ASAP does not oversee the agreements between the local board and recipients of KY-ASAP funds. Local boards do not have uniform reporting and monitoring requirements for the funds they distribute to local projects. In their responses to Program Review staff, 53 out of 58 boards stated that they require recipients of funds to report verbally or in writing on the use of KY-ASAP funds and the related program performance. A board's response can fit into more than one of the categories below. Of the 58 local boards responding,

- more than one-half stated that their fiscal agents keep track of the receipts and the use of funding and regularly report to the board,
- 9 stated that their requests for proposal have a built-in evaluation component and include a statement requiring recipients to spend the money in compliance with KY-ASAP guidelines,
- 26 reported that they have signed a contract or a memorandum of understanding with recipients prior to disbursing the funds, and
- 20 reported that they do not have any written contracts with recipients, but 4 of these local boards are either in the process of developing a written agreement or planning to do so.

The time frame for reporting varies from one board to another and is based on the nature of the program funded. Reports are made monthly, quarterly, or semiannually. They also may be submitted upon completion of the funded project, within 30 to 90 days of program completion, or upon request of the local board.

KY-ASAP should ensure that local boards have adequate accountability for projects they fund.

KY-ASAP should ensure that local boards have adequate accountability for projects they fund. The accountability process could differ among the local boards, but each process should ensure the proper use of funds and some demonstration of outcomes.

Local boards vary in the outcome information they require from recipients of KY-ASAP funding.

Local boards also vary in the outcome information they require from those they fund. All local board respondents indicated that they expect funding recipients to report at least one of the following:

- the number of people or additional clients served;
- the number of participants who completed the program;
- the length of the program;
- the number of media reports regarding the program;

- community surveys and focus groups; and
- changes in long-term factors based on the Kentucky Incentives for Prevention school survey, law enforcement data, and other data sources.

Some items listed above are considered program statistics and do not indicate whether the program is working. The number of clients served, the number of participants who completed program, and the length of a program are not outcome measures.

It is necessary to measure some change in attitude, behavior, or awareness in order to determine whether an effort has succeeded.

It is necessary to measure some change in attitude, behavior, or awareness in order to determine whether an effort has succeeded. The number of media reports might be an intermediate outcome measure if the objective is public awareness. Community surveys and focus groups can be useful for measuring changes in awareness and attitudes. Long-term data can be useful to track changes in substance usage levels and consequences such as arrests and substance-related crashes.

A few boards reported that the programs they support are research-based and therefore do not need to be evaluated. The literature is clear that even research-based programs should be evaluated to ensure that the model was followed faithfully and that the expected outcome was achieved.

Recent changes in the reporting requirements of KY-ASAP call for local boards to include documentation of funds received from sources other than KY-ASAP.

Until early FY 2008, local boards had never reported information on or documented funds received from sources other than KY-ASAP. Recent changes in the reporting requirements call for the local boards to include such information in their semiannual reports. Having funds from other sources does not have any impact on the board's annual KY-ASAP budget allocations. Program Review staff commend KY-ASAP for implementing a process to track all funds used by local boards.

ODCP and KY-ASAP should look more closely at whether and how local boards are ensuring outcomes and accounting for the use of their funds.

ODCP and KY-ASAP should look more closely at whether and how local boards are ensuring outcomes and accounting for the use of their funds. One possible tool is a monitoring visit, as used by the Department for Juvenile Justice. The department conducts an annual visit to all programs funded by local Juvenile Delinquency Prevention Councils. Other methods include better reporting of local boards' outcome measures and oversight of agreements with the funded programs.

Recommendation 3.1

Recommendation 3.1 is that KY-ASAP should require local boards to consider all entities operating locally, including state agencies, in assessments, plans, and statutory reports; update their needs and resources assessments and strategic plans and submit the most recent versions; work toward outcome evaluations; and ensure adequate financial accountability.

In order to comply with KRS 15A.344 and best practices, the Kentucky Agency for Substance Abuse Policy should require local boards to

- **consider all entities operating locally, including state agencies, in their needs and resources assessments, strategic plans, reports on effectiveness and efficiency, and recommendations for increased or decreased funding;**
- **update their needs and resources assessments and strategic plans reasonably often and to submit the most recent versions to KY-ASAP;**
- **work toward reasonable outcome evaluations of all entities operating locally and to report on them; and**
- **ensure adequate financial accountability for the use of local boards' funds.**

Local boards have contact with various parts of ODCP and KY-ASAP through informal reports, seats on the state board, and direct communication when problems or concerns arise.

Communication Between Local Boards and KY-ASAP

In addition to formal documents, local boards provide information requested by ODCP and KY-ASAP. Two seats on the state board are reserved for local board representatives. Other local boards sometimes are invited to inform the state board about their successes and concerns.

Local boards also call on KY-ASAP when they encounter barriers to implementing their strategic plans. Sometimes, the agency communicates a local board's problem to the state board, which might recommend a solution or might ask the local office of a member agency to help. In this process, KY-ASAP can assist the local boards, and the agency becomes aware of ways that policies and programs might be improved. ODCP can include this information in recommendations to the governor and General Assembly.

Communication between local boards and KY-ASAP goes both ways. Local boards need consultation and information from the agency for many purposes. For example, boards must meet certain standards for needs and resources assessments, strategic plans, coordination, and reporting. Boards should develop and maintain strong relationships with all relevant agencies operating in the community. These tasks require training and support because local boards operate using volunteers, sometimes assisted by a paid coordinator.

KY-ASAP keeps local boards informed in a variety of ways. For example, the KY-ASAP newsletter allows local boards to share their achievements and to benefit from other boards' experiences. The newsletter has contained information about agency news and activities and legislative initiatives. However, the newsletter was mentioned by very few local boards as an information source.

Local boards reported that they receive information from KY-ASAP regarding

- annual funding allocations and guidance through the application process for funding;
- information about other funding opportunities and connections to funding sources;
- technical assistance, information about training opportunities, and connection to available resources;
- updates on statewide and nationwide substance use and abuse issues and initiatives; and
- the joint Champions for a Drug-Free Kentucky and KY-ASAP conference, which offers training and opportunities for networking among local boards.

Local boards suggested that ODCP and KY-ASAP could improve communication with local boards by regularly informing them about statewide policy issues and legislative actions. Boards also thought they should have greater representation on the state board.

Local board's suggestions for improving communication included the following.

- ODCP and KY-ASAP should regularly keep the local boards informed about statewide policy issues and legislative actions related to alcohol, tobacco, and other drugs.
- There should be a greater representation of the local boards on the state board. This may consist of community-level members who have actual experience in community-level prevention and intervention. Another alternative would be an advisory board made up of representatives of local boards.

In the past, the flow of information among local boards, KY-ASAP, and the state board was more formally handled by dividing the local boards into "clusters." Local boards would send a representative to meetings at which KY-ASAP shared information.

At one time, the flow of information among local boards, the agency, and the state board was more formally handled by dividing the local boards into "clusters." The KY-ASAP cluster system operated from 2003 until 2004. According to documents and former KY-ASAP staff, local boards suggested there should be a way for them to network and to interact with KY-ASAP. In the cluster process, local boards sent representatives to meetings at which KY-ASAP shared information with local boards, local boards networked with each other, and local boards provided ideas and concerns to KY-ASAP. These ideas and concerns were compiled and carried to the state board.

Until 2004, KY-ASAP contracted with area development districts around the state for field representatives to aid local boards. Documentation from this period shows they were active and effective.

In addition, from 2002 until 2004, KY-ASAP provided funds to contract with area development districts around the state for field representatives. The contracts were managed by the Division of Mental Health and Substance Abuse. There were six field representatives assisting local boards in different parts of Kentucky. Some of their responsibilities were to

- provide information to local boards regarding guidelines and resources and any KY-ASAP or legislative changes;
- report to KY-ASAP regarding any barriers or other issues facing local boards, resulting in real-time responsiveness between the agency and local boards;
- coordinate meetings among clusters of local boards;
- facilitate drafting and revising local needs and resources assessments and strategic plans;
- assist local boards to carry out their local strategic plans;
- assist local boards in their relationships with relevant agencies operating in their areas;
- provide or arrange training both to orient new local board members and to enhance the board's capabilities;
- mediate solutions to any conflicts within or among local boards; and
- assist KY-ASAP in evaluating the local boards.

Documents from field representative meetings suggest that they were active and effective. A former KY-ASAP official stated they were instrumental for keeping local boards focused and for facilitating communication within the boards. A former field representative stated the results were excellent.

More recently, some informal networks of coordinators from neighboring local boards have been established.

More recently, some informal networks of coordinators from neighboring KY-ASAP boards have been established. Western Kentucky appears to have a well-functioning network involving 11 local boards that include 13 counties: Ballard, Caldwell, Calloway, Carlisle, Graves, Livingston, Lyon, Marshall, Muhlenberg, Todd, Trigg, Union, and Webster. Local boards in this region indicated that networking via their coordinators has been helpful to their activities and advancement. Some of these boards took the initiative of forming a regional coordinators' group that works together on regional strategies. Established local boards helped newer boards with their organization and formation processes. They all consult on media campaigns and share information via a common e-mail distribution list. The boards' interaction has ranged from regional meetings to joint training opportunities, cost sharing, and roundtable discussions. These boards also have shared details and information regarding their involvement in specific

programs. Some other boards around the state are involved to a lesser extent in similar networking efforts.

Program Review staff estimate that support for local boards has declined from eight to less than two full-time positions since 2004, which has lessened the agency's ability to provide adequate oversight and assistance.

Program Review staff estimate that support of local boards has declined from eight to less than two full-time positions since 2004. Current KY-ASAP staff have worked to handle the day-to-day operations and to assist boards as much as possible. Agency staff also attempt to partner a well-functioning board as a mentor to a board that may have problems. However, it is difficult for agency staff to be fully aware of how all the local boards are doing. It seems that local boards lack adequate oversight and assistance. The following suggestions and recommendation presume adequate funding and staffing.

The system as a whole would benefit from regional networks of local boards. KY-ASAP should consider hiring or contracting with field consultants similar to the former field representatives.

Regional networks of local boards, at one time called clusters, have arisen twice in KY-ASAP history. In both cases, local boards initiated the concept. This suggests that such networking is a promising approach. When the agency organizes and facilitates such meetings, the system as a whole benefits from enhanced communication between the state and local levels.

KY-ASAP should consider hiring or contracting with field consultants similar to the former field representatives. The consultants should be neutral parties who facilitate local board networking, communication, planning, problem-solving, and decision-making processes.

KY-ASAP should solicit ideas from local boards about the kinds of information they most need and the best ways to disseminate it.

KY-ASAP should solicit ideas from local boards on the kinds of information they most need and the best ways to disseminate it. The agency also should solicit ideas on the information and feedback local boards would like to provide to the agency and the state board. The agency should consider implementing the ideas that appear to be most effective.

Some local boards reported that they would like more representation on the KY-ASAP state board. There are currently two seats on the state board reserved for local board representatives, but one of those seats has been held by someone not on a local board. In addition to having direct representation, local boards' concerns should be compiled and presented to the state board, with feedback to local boards regarding the response.

Recommendation 3.2

Recommendation 3.2 is that KY-ASAP should assess local boards' needs and provide responsive training and support. The agency should consider reinstating a system of field consultants and implement a process to compile local boards' ideas for action by the agency.

The Kentucky Agency for Substance Abuse Policy should assess local boards' needs and provide responsive training and support. The agency should consider reinstating a system of field consultants and regional networks of local boards. The agency should implement a routine process to compile local boards' ideas and issues for action by the agency and the KY-ASAP state board, with feedback to the local boards.

The Role of the KY-ASAP State Board in Gathering and Disseminating Information

The KY-ASAP state board has the duty to make recommendations to KY-ASAP regarding ways to accomplish its goals. It also provides an avenue for finding solutions to problems and concerns expressed by local boards.

KY-ASAP state board members represent a rich source of knowledge and experience with which the board may fulfill its duty to make recommendations to KY-ASAP regarding ways to accomplish its goals and issues it should consider. The board provided an important advisory function in the past, especially by forming task forces to address key issues. After a hiatus, it has become more active recently. Program Review staff commend ODCP for utilizing the state board in this way.

Interviews by Program Review staff indicated that on some occasions local boards have reported barriers or issues to KY-ASAP and the information has gone to the state board or to an appropriate member of the board for resolution or advice. At other times, members of the state board have provided expert advice and information to local boards and to KY-ASAP and ODCP staff. This is a commendable function of the state board and should be encouraged as much as possible.

The Role of ODCP in Gathering and Disseminating Information

ODCP is central to the flow of information in the system. The office should receive information from the state board and other state agencies about needs, resources, and issues at the state level. KY-ASAP local boards should provide similar information at the local level.

ODCP is central to the flow of information in the system. The office should receive information from the KY-ASAP state board and other state agencies about needs, resources, and issues at the state level. KY-ASAP local boards should provide information about needs, resources, and issues at the local level. ODCP should

- pass the information from one agency to another when appropriate to find solutions and facilitate coordination;

- use local- and state-level information to develop and implement state policies and to update the statewide strategic plan; and
- make recommendations to the governor and the General Assembly.

Because the focus of this study was program coordination, policy development, and strategic planning, some information-related tasks outlined in the statutes for ODCP will not be covered explicitly in this report. These tasks include ensuring that information about existing programs and services is available, including referral information; monitoring and interpreting the data and issues to improve policymaking and to adapt policies and programs to the needs of communities; maintaining knowledge of the research literature and of practices across the country; and assuring that adequate training to service providers is available.

KY-ASAP appears to be meeting its statutory requirement for reporting to the state board.

KY-ASAP is required to report to the state board. Because KY-ASAP is the branch of ODCP that oversees local boards, it appears that the only requirement is that the branch provide the state board with reports on local board activities. KY-ASAP has been providing detailed reports about the local boards and their operation. This activity appears to meet the statutory requirement for reporting.

ODCP appears to have done a commendable job of identifying grant opportunities and informing and assisting potential recipients.

ODCP appears to have done a commendable job of identifying grant opportunities and informing and assisting potential recipients. For example, the Administrative Office of the Courts indicated that ODCP has been instrumental in finding grants.

The law makes ODCP and KY-ASAP the referral source for information about substance use and abuse issues in Kentucky.

KRS 15A.342(6) makes ODCP and KY-ASAP the referral source for information about substance use and abuse prevention and treatment in Kentucky. It is not clear whether the statute intended to create a resource for prevention and treatment service referrals. It does not appear that KY-ASAP or ODCP have interpreted it that way.

Early KY-ASAP state board task forces identified a need to have uniform and reliable information to measure the level of use and abuse of substances among Kentuckians. The October 2001 KY-ASAP report recommended that the Kentucky Incentives for Prevention (KIP) survey be mandatory in all school systems (Commonwealth. Kentucky 24). The April 2002 report made more recommendations for data collection. In particular, it recommended that the KIP survey and the Kentucky Youth Risk Behavior Survey be used in alternate years as the primary source

of data on youth substance use. It recommended that any other surveys conducted in Kentucky should use certain questions from those surveys so that all data collected would be comparable. These questions were considered “core indicators” (Commonwealth. Kentucky 68-73). There is no indication that these recommendations were implemented.

ODCP has facilitated the development of a data warehouse.

ODCP has facilitated the development of a data warehouse, operated by REACH of Louisville, containing available data about the population of Kentucky and substance use and abuse. Local boards have used this resource to assist in their needs assessments. Local boards reported that some of the data they use are the KIP survey; school alcohol, tobacco, and drug violations; the Administrative Office of the Courts’ records; and the Kentucky Crime Report. Of the 58 local boards responding to information requests, 42 reported that the KIP survey was their primary source of information.

The information currently available is helpful but remains limited. ODCP should have a more comprehensive plan for developing a coordinated data collection system.

The information currently available is helpful but remains limited. It appears that the collection of information across state agencies does not follow a coordinated plan to ensure comparable data. ODCP should have a more comprehensive plan for developing a coordinated data collection system so that state and local planning can be based on reliable and comparable information. Core indicators should be identified and their use should be encouraged. This should be part of the strategic plan.

The Kentucky Incentives for Prevention survey is an important source of information. ODCP should make an effort to persuade all school districts to participate in it. The General Assembly may wish to consider mandating that all school districts participate in the survey.

The KIP survey is an important source of information, but it is not available in some school districts, notably in Jefferson County and northern Kentucky. This limits the ability of those communities to measure their substance use and abuse levels, and it limits the state’s ability to get a statewide picture.

ODCP should make a concerted effort to persuade all school districts to participate in KIP, perhaps by targeting funds and local board volunteers to support its administration. The General Assembly may wish to consider mandating that all school districts participate in the KIP survey, taking into account the concerns of the school districts.

Chapter 4

Coordination of Services

Substance use and abuse affect virtually every government agency, even those not directly involved in prevention and treatment. Partly for this reason, many state agencies developed prevention and treatment programs and services. Outside government, many organizations address some aspect of alcohol, tobacco, and other drugs. Over time, state and national leaders recognized that government and private programs often were operating independently with no consideration of overlap, redundancy, or gaps. Coordination has become a fundamental approach to spending state and private funds efficiently.

There are more than 30 Kentucky state agency divisions and numerous local governmental and nongovernmental entities involved in prevention and treatment of substance use and abuse.

More than 30 state agency divisions address substance use and abuse prevention and treatment in Kentucky, and there are even more programs within those divisions. There are many substance-related programs operated by local governments and universities. Numerous nongovernmental organizations are involved at the national, state, and local levels. All current and prospective employers and many families deal with substance use and abuse issues and have an interest in Kentucky's policies and programs. Appendix B lists some of the state agencies and other entities active in prevention and treatment in Kentucky.

The Division of Mental Health and Substance Abuse is the primary provider of prevention and treatment services in Kentucky. It is also designated as the federal Single State Authority for substance use and abuse issues.

The Cabinet for Health and Family Services' Division of Mental Health and Substance Abuse (DMHSA) is the primary provider of prevention and treatment services in Kentucky. DMHSA is designated as the federal Single State Authority for substance use and abuse issues, which means it is the only state agency that can apply for and receive the federal Substance Abuse Prevention and Treatment Block Grant. This grant is the single largest source of prevention and treatment funds received by the state. The division also receives several other grants and state general fund dollars.

DMHSA manages contracts with the community mental health centers, which are the largest providers of substance abuse treatment in the state. The division and the mental health centers operate the regional prevention centers that represent one element of Kentucky's prevention infrastructure.

Many other agencies, including the Department for Public Health and the Department of Corrections, spend significantly on prevention and treatment.

There are many other grants and funding sources other than DMHSA. When a statewide interagency budget was last compiled in 2002, annual statewide spending on prevention and treatment

was \$70 million, of which about \$41 million—59 percent—flowed through the division, and about \$21 million of that was from the block grant (Commonwealth. Kentucky. *Legislative*. April 2002 63-67). Significant amounts were spent for prevention programs through the Department for Public Health and for treatment programs through the Department of Corrections.

The Office of Drug Control Policy has the mandate to coordinate all substance use and abuse programs. Coordination is one of ODCP's three primary responsibilities.

The Office of Drug Control Policy has the mandate to coordinate these and other state and local efforts. Coordination is one of ODCP's three primary responsibilities as identified by Program Review staff from the statutes cited in Table 4.1. Because of the many agencies and personalities involved, coordination of all the programs funded by federal and state dollars is a large task. The challenge of identifying, contacting, and negotiating with local governmental and nongovernmental agencies is even greater. Coordination is necessary to ensure the most efficient and effective efforts to address substance use and abuse issues.

Table 4.1
Program Coordination Mandates

Mandate	KRS Section
Promote the use of evidence-based strategies	15A.340(4)
“...[R]eview, approve, and coordinate all current projects of any substance abuse program which is conducted by or receives funding through agencies of the executive branch...” [This language was added effective June 26, 2007.]	15A.342
“...[E]nsure the greatest efficiency in agencies and... ensure that a consistency in philosophy will be applied to all efforts undertaken by the administration...”	15A.342(3)
“Encourage coordination among public and private, state and local, agencies, organizations, and service providers...”	15A.342(5)
“Coordinate services among local and state agencies, including but not limited to the Justice and Public Safety Cabinet, the Cabinet for Health and Family Services, the Department of Agriculture, the Environmental and Public Protection Cabinet, the Administrative Office of the Courts, and the Education Cabinet”	15A.342(10)
“Establish a mechanism to coordinate the distribution of funds to support any local prevention, treatment, and education program based on the strategic plan...”	15A.342(14)
“Oversee a school-based initiative... to implement” federally recommended programs to prevent tobacco use that “shall involve input by and services from each of the family resource and youth services centers, regional prevention centers, and existing school-based antidrug programs”	15A.342(15)
“Work with community-based organizations to encourage them to work together... These organizations shall be encouraged to partner with district and local health departments and community mental health centers.”	15A.342(16)
“Coordinate media campaigns designed to demonstrate the negative impact of smoking and the increased risk of tobacco addiction, substance abuse, and the development of other disease... KY-ASAP shall work with local media to reach all segments of the community....”	15A.342(17)
“Certify... during the budget request process... the extent to which each entity receiving state funds has cooperated with [ODCP] and KY-ASAP, coordinated with community resources, and vigorously pursued the philosophy of [ODCP] and KY-ASAP”	15A.342(18)
The Cabinet for Health and Family Services “shall, in conjunction with the Office of Drug Control Policy and KY-ASAP and in furtherance of the strategic plan..., coordinate matters affecting tobacco addiction and alcohol and other drug abuse.”	222.221(1)
The KY-ASAP state board is to “[p]rogress toward... implementation of the strategic plan.”	15A.340(3)(d)4.
The KY-ASAP state board is to “[r]ecommend... the most efficient means for using public funds to coordinate... programs of all public agencies and private service providers....”	15A.340(3)(d)5.
Establish local advisory and coordination boards	15A.344(1)
“Each... [local] board shall develop a long-term community strategy.... All county resources, both private and public, for-profit and nonprofit, shall be considered in developing this strategy” and “[e]mployers, local leaders, schools, family resource and youth services centers, health care providers and institutions, economic developers, and other relevant local and regional entities shall be consulted in the development of the strategy.”	15A.344(4) 15A.344(4)(a)

Source: Program Review staff compilation of statutes.

There are several aspects of coordination, such as sharing and targeting resources so they do not overlap. Coordination also includes fostering collaboration and possibly sharing costs and funds among agencies.

There are several aspects of coordination, as shown in Table 4.2. In order for agencies to work together efficiently toward common goals, they should look for and share any unused or underused capacity in staffing, equipment, and facilities. They also have to look at how they are targeting their efforts so that they do not overlap. Coordination also includes fostering collaboration among two or more agencies to accomplish something new or to extend the reach of an existing program. Such collaboration might involve sharing costs or transferring funds.

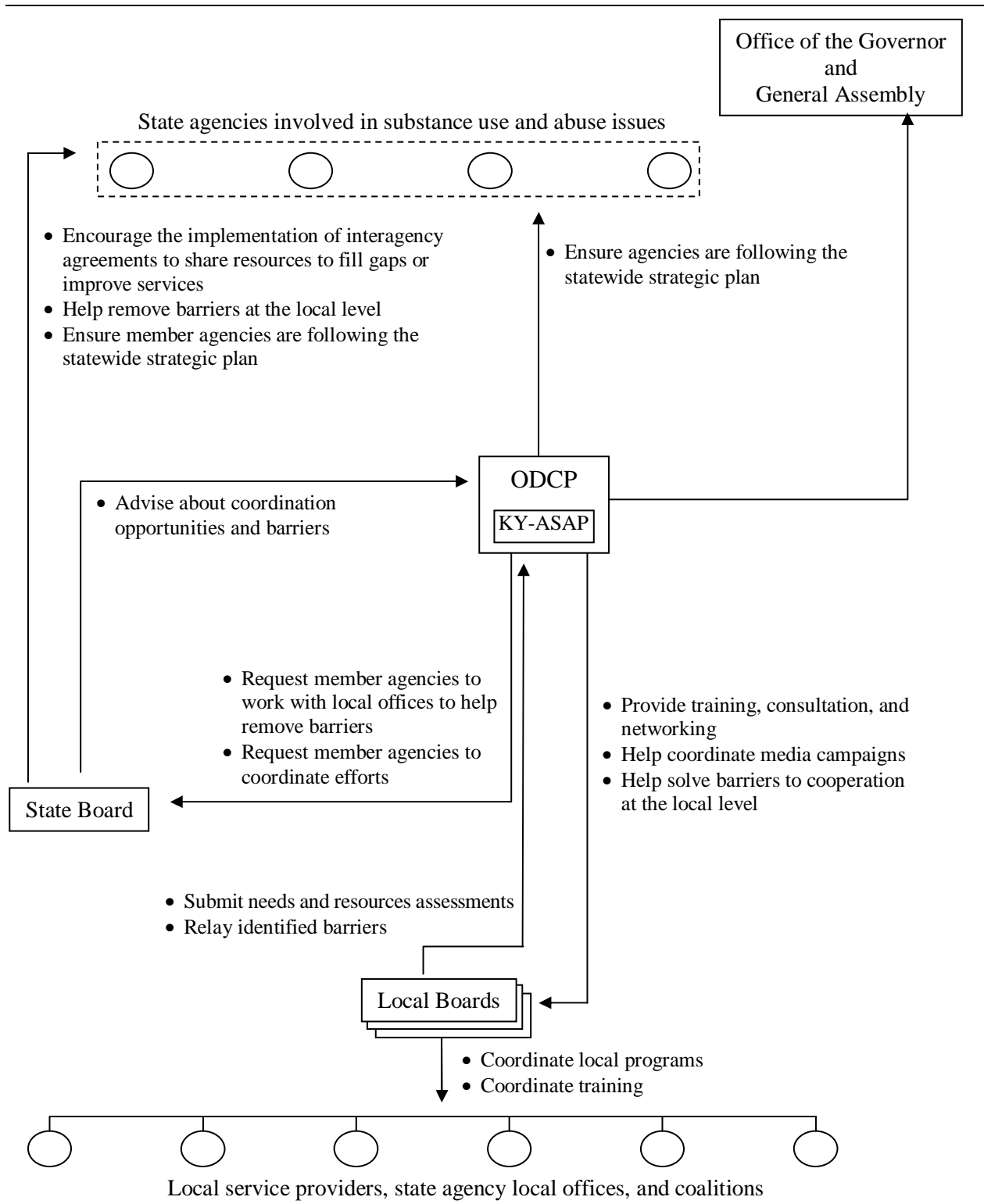
Table 4.2
Aspects of Coordinating Substance Use and Abuse Efforts

Aspect	Description
Staffing	Two or more entities could agree to share staff to fill gaps or improve services across the board.
Funds	Two or more entities could agree to share funds to fill gaps or improve services across the board.
Equipment	Two or more entities could agree to share the use of computers, Internet connections, teleconferencing, and other office equipment.
Facilities	Two or more entities could agree to share facilities to reduce costs or expand their presence to more locations.
Type of client	Two or more entities could agree to focus on different types of clients or target populations. For example, one could focus on elementary schools while the other could focus on middle schools; or one could focus on clients with mental illness along with substance abuse while the other could focus on clients with only substance abuse issues.
Territory	Two or more entities could agree to provide similar services in different geographical areas.
Setting	Two or more entities could agree to focus on different settings. For example, one could focus on schools while the other could focus on community events.
Time	Two or more entities could agree to provide similar services in rotation so that the services occur on an effective schedule and do not overlap.
Expertise	Two or more entities could work together to provide a complete range of services if each has a distinct area of expertise.

Source: Program Review staff.

ODCP's coordination task requires a collective effort among the office, the state board, and the local boards. Figure 4.A illustrates some of those activities.

Figure 4.A
ODCP Coordination Process



Source: Program Review staff.

The Coordinating Role of Local Boards

KRS 15A.344(1) directs that local boards perform advisory and coordination roles and that they assist with the coordination of local programs provided by public and private entities.

KRS 15A.344(1) directs that local boards perform advisory and coordination roles and that they assist with the coordination of local programs provided by public and private entities. In most instances, local boards reported that they interpret this statutory requirement as bringing agencies together so that they collaborate regarding resources, support each other's programs, and share information. Their stated objective is to develop a comprehensive approach to local substance use and abuse prevention and education, treatment, and law enforcement.

Involvement of Local Agencies and the Community

Local boards attempt to engage all relevant community stakeholders by offering them representation on the board and by encouraging them to be actively involved. Yet some local boards expressed concern about the involvement of some local entities.

Local boards attempt to engage all relevant community stakeholders by offering them representation on the board and by encouraging them to be actively involved. Yet 26 of the 61 local boards that responded to Program Review staff's questions on this topic explicitly expressed concern about the involvement of some local entities. Issues raised included

- not having all members regularly attend board meetings or participate consistently in coordination activities;
- difficulty broadening their community support base and engaging groups such as treatment professionals, the faith-based community, and the media; and
- difficulty involving some entities that are designated by regulation for ex officio involvement, such as some community mental health centers, some Department for Community Based Services service regions, and a school district.

KY-ASAP staff also mentioned difficulty engaging some portion of the local community. For example, they noted that some county judge/executives and superintendents did not participate fully. They also indicated that businesses and the media have the least representation on local boards. Finally, KY-ASAP staff reported that board members often send designees who cannot make decisions on behalf of the member they represent.

According to local boards that responded, the degree of local entities' involvement is related to one or more of the following:

- the level of awareness about local substance abuse issues;
- the inconvenience for some board members to regularly attend after-work-hours meetings (board members are volunteers, often with full-time jobs and commitments to other boards and commissions);

- lack of interest in the board’s activities; and
- lack of financial motivation because the local board has limited funds to distribute to other entities.

Local boards that have successfully engaged the community should be encouraged to advise other boards.

Solutions to these barriers can come from many sources. Local boards that have found ways to engage the community should be encouraged to advise other boards. KY-ASAP can provide training, consultation, and networking opportunities for local boards.

ODCP can intervene with state agencies to help remove obstacles to local coordination. The office also can work with professional organizations to create awareness and encourage participation with KY-ASAP local boards.

ODCP can address identified barriers to local participation by encouraging state agencies to remove any obstacles. For example, if a state agency’s policy kept its local office from working on a specific issue, the local board could ask ODCP to work with the state agency to grant an exception to the policy.

ODCP also can work with relevant professional organizations to create among their members an awareness of KY-ASAP local boards and encourage a culture of participation. A few examples are the Kentucky Association of Counties, Kentucky County Judge/Executive Association, Kentucky School Boards Association, Kentucky Association of School Superintendents, and Kentucky Chamber of Commerce.

Recommendation 4.1

Recommendation 4.1 is that KY-ASAP should provide training, consulting, and networking to local boards to assist them in engaging relevant members of the community. ODCP should work with state agencies to overcome barriers to local participation and should work with relevant professional organizations to create awareness of local boards and a culture of participation.

The Kentucky Agency for Substance Abuse Policy should provide training, consulting, and networking to local boards to assist them in engaging relevant members of the community. The Office of Drug Control Policy should work with state agencies to overcome barriers to local participation and should work with relevant professional organizations to create awareness of local boards and a culture of participation.

Coordinating Media Campaigns

ODCP and KY-ASAP are responsible for coordinating media campaigns that focus on tobacco use and its consequences. In the October 2001 KY-ASAP report, the media task force found that there was a lack of paid media within the state and that campaigns needed to be intense enough to ensure impact; otherwise, funds might be spent more efficiently for other purposes.

ODCP and KY-ASAP are responsible for coordinating media campaigns that focus on tobacco use and its consequences. The law does not require the agencies to work on media campaigns for alcohol and other drugs, but they have the flexibility to do so.

In the October 2001 KY-ASAP report, the media task force found, ...there is a surprising lack of paid media within the state for alcohol, tobacco, and other drug issues.... Many of the advertisements seen and heard on broadcast media are

national campaigns. Local paid media campaigns are brief in duration and often not focused enough to build on other community initiatives.... Public service announcements alone have little impact since their placement is limited at best; however, earned media in the form of print or broadcast coverage of events, studies, etc. can tremendously enhance paid media efforts and provide the illusion of greater reach and frequency.... Paid media appears necessary to achieve substantial exposure to targeted populations at optimal times of the day and to ensure sufficient duration (Commonwealth. Kentucky 22-23).

Research generally indicates that a media campaign's effectiveness depends on how often someone sees the message. The same KY-ASAP report pointed out that "it is vital that campaigns are intense enough to ensure impact; otherwise, funds may be used more wisely in other areas" (22).

ODCP's primary statutory media responsibility is to coordinate an effective tobacco prevention media campaign, but it does not appear to have a coordinated approach to do so.

ODCP's primary statutory media responsibility is to coordinate an effective tobacco prevention media campaign, based on the legislative finding that tobacco is the primary gateway drug. Because media outlets are local or regional, and because localized messages can improve effectiveness, KY-ASAP is to work with local media to help carry out this mandate.

However, ODCP does not appear to have a coordinated approach to this mandate. The statewide strategic plan does not address tobacco prevention messages specifically and it does not describe a plan for media campaigns and their evaluation.

KY-ASAP in 2002 to 2003 and ODCP in 2005 and 2008 joined with the Partnership for a Drug-Free America to distribute media spots designed to change attitudes about illicit drugs.

KY-ASAP in 2002 to 2003 and ODCP in 2005 and 2008 joined with the Partnership for a Drug-Free America to distribute media spots designed to change attitudes about illicit drugs. Most of the funds to support the 2008 campaign came from a grant obtained by the Kentucky State Police; the rest were KY-ASAP funds. Some local KY-ASAP boards use paid media along with public service announcements and events coverage. The partnership evaluates the effectiveness of the media campaign. Program Review staff commend ODCP and KY-ASAP for these efforts.

ODCP should work with local boards and organizations to ensure that all media messages in Kentucky about the use of tobacco and its consequences are well coordinated.

Regarding focus, the Partnership ads do not address tobacco use. Only a few local boards appear to be using funds for tobacco prevention media efforts. ODCP should plan and implement a system, within the framework of the statewide strategic plan, to work with local boards and organizations to ensure that all

tobacco-related media messages in Kentucky are coordinated in such a way that

- the messages follow evidence-based or best practices for effective messages,
- the messages are consistent and supportive of each other,
- unnecessary duplication of messages is avoided and gaps in coverage are filled, and
- the messages are demonstrated to be cost effective because they are reaching their target audience often enough for surveys or other data to show they are having an impact.

ODCP and KY-ASAP should focus primarily on tobacco and should address other substances in the media after an effective tobacco media campaign is implemented in a sustainable manner. If ODCP, in consultation with subject-matter experts, determines that a primary focus on tobacco prevention is inappropriate, then the office should propose legislation to change its mandate.

ODCP and KY-ASAP should focus primarily on tobacco and should address other substances in the media after an effective tobacco media campaign is implemented in a sustainable manner. If ODCP, in consultation with subject-matter experts, determines that a primary focus on tobacco prevention is inappropriate, then the office should propose legislation to change its mandate. If there is not enough funding for an effective media campaign, then ODCP should inform the governor and the General Assembly that it would be more useful to spend those funds on other priorities, consistent with Recommendations 2.1 and 5.5 in this report.

ODCP Should Emphasize a Coordinated, School-based Tobacco Use Prevention Program

KRS 15A.342(15) expresses a preference for a specific federal tobacco use prevention model. None of the staff interviewed at ODCP, the Department for Public Health, or the Kentucky Department of Education were familiar with this model. It seems unlikely that it is extensively used in schools, and no one appears to be overseeing its implementation at the state level. ODCP should carry out its responsibility to do so.

Program Review staff were unable to determine whether any schools are implementing the “School Programs to Prevent Tobacco Use” model attributed to the Centers for Disease Control and Prevention by KRS 15A.342(15). It appears that the federal model has been updated and the name changed. None of the staff interviewed at ODCP, the Department for Public Health, or the Kentucky Department of Education were familiar with the previous or current federal model, so it seems unlikely that it is being used extensively. No one appears to be overseeing its implementation at the state level.

The statute expresses a preference for this federal model and perhaps intended it to be used in all schools in conjunction with local health departments, family resource and youth services centers, regional prevention centers, and other agencies. Because the statute elsewhere emphasizes efficiency and effectiveness, it suggests that all school-based tobacco use prevention should be based on this one model rather than on multiple models.

ODCP should carry out its responsibility to oversee a school-based initiative based on the current Centers for Disease Control and Prevention's model. As part of its strategic planning and reporting responsibility, ODCP should determine whether this is the most effective and efficient way to prevent tobacco use and recommend any changes to this section of the statute, consistent with Recommendation 5.5 in this report.

Coordination of State Agencies and Services

ODCP is responsible for coordinating services among local and state agencies and for encouraging coordination generally among all entities involved with substance use and abuse.

The Office of Drug Control Policy is responsible for coordinating services among local and state agencies and for encouraging coordination generally among all entities involved with substance use and abuse. The office is not limited to agencies on the KY-ASAP state board. Coordination should occur as part of the implementation of a statewide strategic plan in pursuit of well-defined state policies. It appears that KRS 15A.342 gives ODCP the authority to impose coordination, but such an approach can create problems.

Coordination by ODCP Is Limited

ODCP has a mixed record on coordination at the state level. Several of the office's major activities have involved coordination, such as assisting with the development of Recovery Kentucky and helping oversee the Strategic Prevention Framework project. Although the office is to be commended for helping to coordinate these programs, the efforts appear to have been reactive rather than part of a comprehensive statewide strategic plan.

The 2007 KY-ASAP annual report included at least 23 examples of state-level interagency coordination. There was no indication in the report that any coordination resulted from a comprehensive plan developed and implemented by ODCP.

The 2007 KY-ASAP annual report included at least 23 examples of state-level interagency coordination. Of these, 21 were from three agencies: the Administrative Office of the Courts, the Division of Mental Health and Substance Abuse, and the Department for Public Health. There was no indication in the report that any coordination resulted from a comprehensive plan. The only indications of ODCP involvement were two drug court initiatives involving grants and legislative funding through ODCP.

Program Review staff's interviews with personnel from state agencies other than ODCP confirmed that much of the coordination that happens is a result of an informal process between agencies. Typically, when one agency has an unmet need, that agency will contact a second agency for assistance. The two

agencies then work out a collaborative arrangement without involving ODCP.

Relevant state agencies expressed different opinions as to their interaction with ODCP and the role ODCP has played in helping them coordinate their efforts with other agencies.

An Administrative Office of the Courts official expressed a positive opinion of ODCP's efforts to help coordinate with other agencies. While some important relationships were developed by the drug courts without ODCP involvement, ODCP did facilitate some of the relationships between drug courts and other agencies and also handled some grants and legislative funding for the drug courts.

A Division of Mental Health and Substance Abuse official explained that the division works closely with KY-ASAP and ODCP as well as with many other agencies. Although the division communicates with ODCP on a fairly regular basis, much of the division's state policy coordination and work efforts have been accomplished without ODCP's involvement.

An official of the Tobacco Prevention and Cessation Program in the Department for Public Health indicated that the program has sought ways to coordinate with other agencies and that ODCP had little involvement in those efforts.

A review of current and past KY-ASAP reports indicated that the Kentucky Department of Education has had minimal involvement with ODCP for the past few years. Staff with the department confirmed there has been little interaction with ODCP. They also stated that the department had withdrawn from the Strategic Prevention Framework project.

Interviews with other state agencies indicate that better planning for coordination on the part of ODCP would help stakeholders understand their roles more fully. Member agencies need to know what is expected of them regarding the strategic plan.

Interviews with staff of other state agencies indicated that better planning for coordination on the part of ODCP would help stakeholders understand their roles more fully. Some agencies reported that they do not know what is expected of them regarding the statewide strategic plan. It was suggested that there should be a more detailed plan indicating what each agency should do to coordinate efforts in advancing the statewide strategic plan.

It appears that most KY-ASAP and ODCP coordination activity has been with KY-ASAP state board members. Although ODCP has worked with some agencies outside the state board, such as the Kentucky Housing Corporation, there are many more state and nongovernmental agencies involved in substance use and abuse issues.

KY-ASAP before 2004 and ODCP since its creation have taken a negotiated approach to developing coordination among state agencies. Program Review staff agree that ODCP and KY-ASAP should facilitate coordination through incentives and negotiation when possible. Yet, ODCP has the statutory authority to promulgate regulations and to certify the degree to which each agency followed its philosophy.

KY-ASAP before 2004 and ODCP since then have taken a negotiated approach to developing coordination among state agencies. Both of them determined that it would be counterproductive to attempt to compel agencies to work together. Program Review staff agree that ODCP and KY-ASAP should facilitate coordination through incentives and negotiation to the extent possible. Even so, ODCP should remember that it has the statutory authority to make binding policy recommendations; to promulgate regulations; and to certify the degree to which each agency has coordinated, cooperated, and followed ODCP's philosophy.

For effective coordination, ODCP has tools at its disposal to create incentives for agencies to work together.

ODCP does have tools at its disposal to create incentives for agencies to work together. Program Review staff developed two possible examples. ODCP should consider these and other ways to create incentives for state agencies to coordinate their efforts in support of the strategic plan.

One example is to develop an interagency resource map showing all the state funds and resources that are applied to substance use and abuse issues. From that map, ODCP could develop a plan to maximize the efficiency of the state's efforts. It might be possible to engage state agencies in helping to develop a plan that could affect their funding and programs.

The other example is to propose an annual or semiannual cabinet-level meeting on substance use and abuse issues. The meeting might engage cabinet secretaries in thinking about how substance use and abuse affect their cabinets and what they can do about it. Such a meeting could include leadership from the courts and perhaps the legislature.

Recommendation 4.2

Recommendation 4.2 is that ODCP should develop and implement a detailed action plan to coordinate all state agency substance use and abuse prevention, treatment, and enforcement efforts. The office should attempt to engage these state agencies through incentives and negotiation as much as possible and should exercise its statutory authority prudently. Facilitating the participation of relevant nongovernmental organizations should be part of the coordination plan.

The Office of Drug Control Policy should develop and implement a detailed action plan to coordinate all state agency substance use and abuse prevention, treatment, and enforcement efforts. The office should attempt to engage these state agencies through incentives and negotiation as much as possible and should exercise its statutory authority prudently. Facilitating the participation of relevant nongovernmental organizations should be part of the coordination plan.

Better Procedures Could Improve Coordination by the KY-ASAP State Board

The KY-ASAP state board has two statutory responsibilities related to coordination: work toward developing and implementing the statewide strategic plan; and advise KY-ASAP about coordination and other issues.

The KY-ASAP state board has two statutory responsibilities related to coordination, listed in Table 4.1: work toward developing and implementing the statewide strategic plan; and advise KY-ASAP about coordination and other issues.

Interviews, documents, and observations indicate that the KY-ASAP state board is not as effective as it could be. Expanding the board's scope to include all of ODCP, as recommended in this report, would be one way to increase the board's effectiveness. This section contains additional findings and suggestions for improvement.

State board members often send designees and sometimes send different designees from meeting to meeting. Designees often do not have decision-making authority for their agencies.

One impediment to the state board's effectiveness is that members often send designees and sometimes send different designees from meeting to meeting. In at least one case, a board member's designee delegated attendance to someone else. Designees often do not have decision-making authority for their agencies. Some designees provide briefings to the board members they represent and some do not.

ODCP should ensure that there is a thorough orientation and ongoing refresher training for state board members and their designees regarding ODCP, KY-ASAP, and the members' responsibilities on the board.

ODCP should ensure that there is a thorough orientation and ongoing refresher training for state board members regarding ODCP, KY-ASAP, and the members' responsibilities on the board. All official board members should be encouraged to participate personally.

If a designee is assigned, this person should be encouraged to go through the same orientation and training before attending a meeting. ODCP should strongly encourage board members

- to designate the same person for all board meetings that the member does not attend,
- not to allow the designee to further delegate the job,
- to delegate some decision-making authority to the designee, and
- to require the designee to brief the board member before and after the meeting.

State board meetings do not provide enough opportunity to consider issues related to interagency coordination at the state level. ODCP staff should consider ways to present issues to board members before each board meeting.

State board meetings currently do not provide enough opportunity to consider issues related to interagency coordination at the state level. One state board designee expressed the opinion that board members need to know what their role is in the strategic plan, what their agencies' preferred outcomes are, and what their agencies need to contribute to the meeting. ODCP staff should consider

using briefing papers or other means to present issues to board members prior to the meeting so they can be prepared to propose and discuss solutions at the meeting.

The state board's history suggests that it has been most effective when work groups have been formed, often consisting of designees of board members. When guided by ODCP or KY-ASAP, these work groups have produced significant results. Currently, the state board has formed a work group to review the strategic plan. ODCP should increase its use of the capabilities of state board members' agencies by creating work groups to assist the development of policy and the further development and implementation of the strategic plan.

Chapter 5

Guiding Kentucky's Response to Substance Use and Abuse

Guiding the state's substance use and abuse response is one of the three responsibilities of ODCP. ODCP must have a well-developed strategic plan and must report regularly to the governor and General Assembly.

Guiding the state's response to substance use and abuse is one of the three responsibilities of ODCP identified by Program Review staff. To do so, ODCP's first major task is to have a statewide strategic plan that has well-defined goals, definitive action statements describing who will do what to reach the goals, and an action plan for every participating agency. The second major task is to make regular reports to the governor and General Assembly about the most effective organization of state government agencies for addressing substance use and abuse issues, the allocation of funds, policy issues that need to be addressed, and the status of the state's efforts.

The law provides ODCP with authority to make binding policy recommendations, to coordinate other agencies' efforts, and to promulgate regulations.

ODCP and KY-ASAP have a statutory mandate to provide guidance, as shown in Table 5.1. The law provides ODCP with authority to make binding policy recommendations, to coordinate other agencies' efforts, and to promulgate regulations. It also requires ODCP to report to the state's policy decision makers on a regular basis.

ODCP, the KY-ASAP state board, and the KY-ASAP local boards all play roles in guiding the state's response to the use and abuse of alcohol, tobacco, and other drugs.

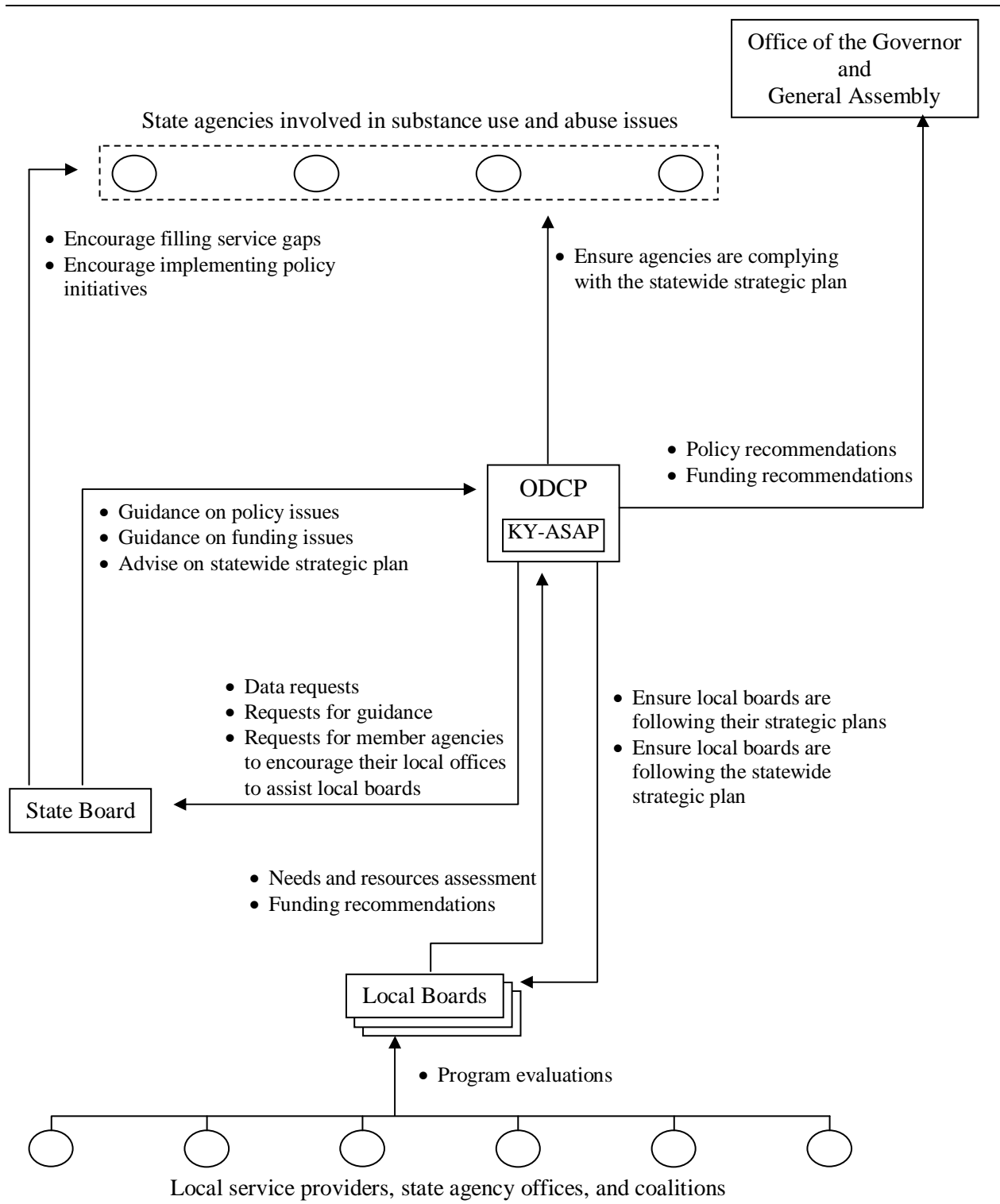
ODCP, the KY-ASAP state board, and the local boards all play roles in guiding the state's response to the use and abuse of alcohol, tobacco, and other drugs. Figure 5.A illustrates the relative roles of these entities.

Table 5.1
Mandates To Guide Kentucky’s Substance Use and Abuse Efforts

Mandate	KRS Section
Promote the use of evidence-based strategies	15A.340(4)
“[V]igorously pursue the philosophy that tobacco in the hands of Kentucky’s youth is a drug abuse problem...”	15A.340(5)
“Develop a strategic plan to reduce the prevalence of smoking and drug and alcohol abuse...”	15A.342(1)
“Monitor the data and issues related to... substance abuse policies...”	15A.342(2)
“Make policy recommendations to be followed... by executive branch agencies...”	15A.342(3)
“Make recommendations to state and local agencies” and to KY-ASAP local boards	15A.342(8)
“Comply with any federal mandate... to the extent authorized by state statute”	15A.342(13)
“Establish a mechanism to coordinate the distribution of funds to support any local prevention, treatment, and education program based on the strategic plan...”	15A.342(14)
“Oversee a school-based initiative... to implement” federally recommended programs to prevent tobacco use	15A.342(15)
“Work with community-based organizations to encourage them to work together to... carry out the strategic plan...”	15A.342(16)
“Certify... during the budget request process... the extent to which each entity receiving state funds has cooperated with the Office of Drug Control Policy and KY-ASAP, coordinated with community resources, and vigorously pursued the philosophy of the Office of Drug Control Policy and KY-ASAP”	15A.342(18)
Promulgate “any administrative regulations necessary to implement” KRS 15A.340-344	15A.342(19)
Report to “the Legislative Research Commission and Governor regarding the proper organization of state government agencies that will provide the greatest coordination of services” and “on the status of the Office of Drug Control Policy and KY-ASAP programs, services, and grants, and on other matters as requested...”	15A.342(20)
The KY-ASAP state board is to “[p]rogress toward development... of the strategic plan.”	15A.340(3)(d)4
The KY-ASAP state board is to “[r]ecommend... the most efficient means for using public funds to coordinate, supplement, and support... programs of all public agencies and private service providers...”	15A.340(3)(d)5
“Each... [local] board shall develop a long-term community strategy....”	15A.344(4)
The Cabinet for Health and Family Services “shall, ...in furtherance of the strategic plan developed in KRS 15A.342, coordinate matters affecting tobacco addiction and alcohol and other drug abuse.”	222.211(1)

Source: Program Review staff compilation of statutes.

Figure 5.A
ODCP Guidance Process



Source: Program Review staff.

State Policy and Strategic Planning

In 2000, the General Assembly gave KY-ASAP responsibility for developing a “strategic plan to reduce the prevalence of smoking and drug and alcohol abuse among both the youth and adult populations in Kentucky.” ODCP assumed that responsibility in 2004 and, since 2007, it has held the responsibility jointly with KY-ASAP.

In 2000, the General Assembly gave KY-ASAP responsibility for developing a “strategic plan to reduce the prevalence of smoking and drug and alcohol abuse among both the youth and adult populations in Kentucky” (KRS 15A.342(1)). KY-ASAP had produced the first strategic plan by September 2002.

Under the 2004 executive orders that created the Office of Drug Control Policy, the responsibility for all drug control matters, including the statutory strategic plan, lay with ODCP. Since June 2007, ODCP has had joint responsibility with KY-ASAP for the plan.

Strategic Planning Background

A strategic plan has to be founded on or contain

- an up-to-date analysis of the scope of the problems and a description of the resources available to address those problems;
- a clear statement of all the policies that the government seeks to implement;
- a list of goals and objectives with priorities, a time line for their implementation, and measurable outcomes; and
- a sequence of steps that have to be taken to achieve each objective, including a time line and measurable outcomes.

Understanding the scope of the problem and knowing the location and types of resources available to address needs make up a needs and resources assessment, an integral part of strategic planning.

In order to establish effective policies and to meet current policy goals and objectives, it is necessary to understand the scope of the problem and to determine needs. It is necessary also to know the location and types of resources that are available to address the needs. Together these are known as a needs and resources assessment, which is an integral part of strategic planning.

The strategic plan's goals and objectives should reflect current and recommended policies. Goals, objectives, and actions should have dates and clear criteria for completion.

The statement of policies should include both policies currently established by the General Assembly and the governor and policies that are being recommended for their consideration. The strategic plan's goals and objectives should reflect both current and recommended policies. The plan must describe the steps to carry out current policies and the steps to recommend and promote policy changes or additions.

The goals, objectives, and actions need to state clearly when they should be completed and how ODCP and KY-ASAP will know when they are completed. Some objectives will be ongoing because substance use and abuse will continue indefinitely. Those

objectives need to indicate what measurable indicators will be used to determine their status over time. Action steps should assign responsibility to one or more agencies for their completion.

Implementation planning is an important step in carrying out a strategic plan.

Implementation planning is an important step in carrying out a strategic plan. Whether it is a part of the strategic plan or a separate document, the implementation plan should contain detailed action plans for each participating agency.

An effective strategic plan has to exist as part of a continuous improvement process. The assessment and planning process never ends.

An effective strategic plan has to exist as part of a continuous improvement process. Every action taken under a strategic plan must be evaluated. Policies, programs, and services that do not work well should be improved or eliminated. Those that do work well should be continued or expanded. The needs assessment requires continual updating to reflect changes resulting from the state's efforts and from outside forces. The resources assessment also must adapt to state government reorganizations, budget changes, and grants that come and go. The assessment and planning process never ends.

The Strategic Prevention Framework (SPF), under the U.S. Department of Health and Human Services, provides State Incentive Grants to fund prevention projects. The grant has provided Kentucky with significant funds for pilot projects in local prevention planning. SPF promotes a continuous improvement strategic planning and implementation process for prevention activities. In principle, the SPF process can be applied to any strategic planning and implementation activity, including treatment and enforcement.

ODCP's Strategic and Implementation Planning Should Improve

Program Review staff found need for improvement in the planning process. There are three recommendations in this section that address needs and resources assessment, compiling and formulating policy, and strategic and implementation planning.

ODCP's process of needs and resources assessment should be improved.

Needs and Resources Assessment. The federal Center for Substance Abuse Prevention assessed Kentucky's system in 2003 and stated, "The KY-ASAP State plan attempts to integrate all these components but lacks an overall system description and detail about coordination and collaboration" (U.S. Department. Substance 4). Program Review staff found the same conclusion still applies.

SPF has resulted in improved data and analyses regarding the types of substance use and abuse around the state, representing needs. However, it has not yet resulted in a central, comprehensive statewide inventory of prevention resources. These resources include regional prevention centers, local health departments, schools, and many nongovernmental groups.

There is no central, comprehensive inventory of prevention resources, treatment needs and resources, or treatment and recovery programs.

Similarly, there is no central, comprehensive inventory of treatment needs and resources. The University of Kentucky and the Appalachian Regional Commission have made some efforts to estimate the need for treatment. However, these efforts focus on the community mental health centers that provide most of the clinical treatment in the state. There are private providers and less formal approaches such as recovery programs, but so far there is no central statewide inventory of all treatment and recovery programs, particularly outpatient services.

Program Review staff did not examine enforcement resources. It is important that the same kind of work be done to detail the substance abuse capabilities of law enforcement and the criminal justice system across the state. ODCP should include enforcement in the needs and resources assessment process.

A resource map should show all agencies that provide programs or services, the types of programs or services, sources and amounts of funding, capacity, coverage area, what populations are targeted, operating hours, and any other information helpful for determining gaps and coordinating services.

To the extent possible, ODCP should maintain a statewide substance use and abuse needs assessment and a prevention, treatment, and enforcement resource map. The needs assessment should include a cost estimate of statewide substance use and abuse efforts. The map should show all the agencies that provide programs or services, their types of programs or services, their sources and amounts of funding, their capacity, their geographic coverage area, what types of individuals they target, their dates and times of operation, and any other information that would be helpful for determining gaps and coordinating services.

Recommendation 5.1

Recommendation 5.1 is that ODCP should maintain a statewide substance use and abuse needs assessment and a prevention, treatment, and enforcement resource map that is adequate to determine service gaps, to prioritize and recommend allocation of resources, and to facilitate coordination.

The Office of Drug Control Policy should maintain a statewide substance use and abuse needs assessment and a prevention, treatment, and enforcement resource map. These should be adequate to determine service gaps, to prioritize and recommend allocation of resources, and to facilitate coordination.

Compiling and Formulating Policy. The Program Review canvass of agencies indicated that many do not think of the Office of Drug Control Policy as the authoritative source of policy information. Nearly half of the respondents did not mention ODCP but did mention other policy sources such as federal agencies and private organizations.

The October 2001 KY-ASAP report indicated that a Policy and Statutes Task Force was to identify existing policies. Such a list appears never to have been published. The same report included a list of policy recommendations, but it was at the back of the report and had little discussion (Commonwealth. Kentucky. *Legislative*. Oct. 2001).

The 2004 Statewide Drug Control Assessment Summit found that it was essential to have a clearinghouse of future legislative initiatives.

The 2004 Statewide Drug Control Assessment Summit made policy recommendations a centerpiece of its report. One of the summit's main goals was to make recommendations on any necessary modernization, changes, additional legislation or Kentucky Administrative Regulations to effectively address substance abuse and trafficking in the state.

The summit found that "a central clearinghouse on future legislative initiatives relating to drug control policy is essential to effect the policy of the administration" (Commonwealth. Office of the Lt. Governor 16).

By having a list of policy goals for 2006, ODCP's 2005 annual report was an improvement over earlier KY-ASAP reports. However, ODCP has no compilation of the substance use and abuse policies of Kentucky or of policies that might be considered in the future. The existing KY-ASAP strategic plan does not include such a compilation. Like a resource map, a baseline of existing policies is important, and a list of possible future policies provides guideposts for strategic planning.

Recommendation 5.2

Recommendation 5.2 is that ODCP should compile and maintain a description of Kentucky policies related to substance use and abuse and a description of recommended policies that require legislative or gubernatorial approval. The strategic plan should be based on these policies.

The Office of Drug Control Policy should compile and maintain a description of Kentucky policies related to substance use and abuse and a description of recommended policies that require legislative or gubernatorial approval. The strategic plan should be based on these policies.

Strategic and Implementation Planning. ODCP has no overall strategic plan that includes prevention, treatment, and enforcement. Although enforcement is outside the scope of this study, enforcement should be included in the strategic plan to the extent that ODCP has oversight of enforcement activities. Enforcement-related goals could include making enforcement aware of prevention and treatment systems; coordinating enforcement at the state and local levels; and involving prevention, treatment, and enforcement professionals in each others' efforts to the greatest reasonable extent.

The 2004 Drug Control Summit produced a list of many recommended actions. The recommendations by themselves were not a comprehensive strategic plan, but they did represent a significant contribution to goal setting that was absent in previous and subsequent KY-ASAP strategic plans.

The ODCP 2005 annual report is an example of certain aspects of continuous improvement strategic planning.

The ODCP 2005 annual report is an example of certain aspects of continuous improvement strategic planning. The report referred to the 2004 recommendations and explained what had been accomplished. The report also included a list of goals for the next year (Commonwealth. Justice. Office. 2005). The report failed to provide adequate specificity for each goal—who, what, how, and how much—but the exercise of reviewing progress and resetting goals is essential to good strategic planning.

Program Review staff examined the KY-ASAP strategic plans from September 2002 through January 2008, the most recent plan. Appendix C contains a copy of an early strategic plan and a copy of the January 2008 plan, with Program Review commentary. Below is a summary of the key issues:

- The goals should be organized into
 - administrative goals intended to create systems and procedures to support the implementation and
 - policy objectives to implement in the areas of prevention, treatment, and enforcement.
- Policy recommendations and strategies that flow from the philosophy and goals should be detailed.
- The concepts of continuous improvement and regular revision of the strategic plan are not adequately addressed.
- The plan should cover all relevant state agencies, not just members of the KY-ASAP state board.
- Most of the objectives and action items are vague, have no time frame, have no measurable outcome or benchmark, or have no one assigned to carry them out. They fail basic strategic planning standards.

- Some significant action items that have measurable outcomes have not been carried out, such as ensuring that each agency has a management plan tied to the strategic plan.
- The first goal is “to maintain, expand and improve the system for planning, funding and evaluating... strategies while coordinating the activities” of all entities involved. There does not appear to be a formal system for that purpose.
- The plan emphasizes prevention more than treatment. It should place equal emphasis on treatment, including a description of how treatment services will be targeted and evaluated.
- Very little progress is evident in the strategic plans between 2002 and 2008. The two plans remain very similar.

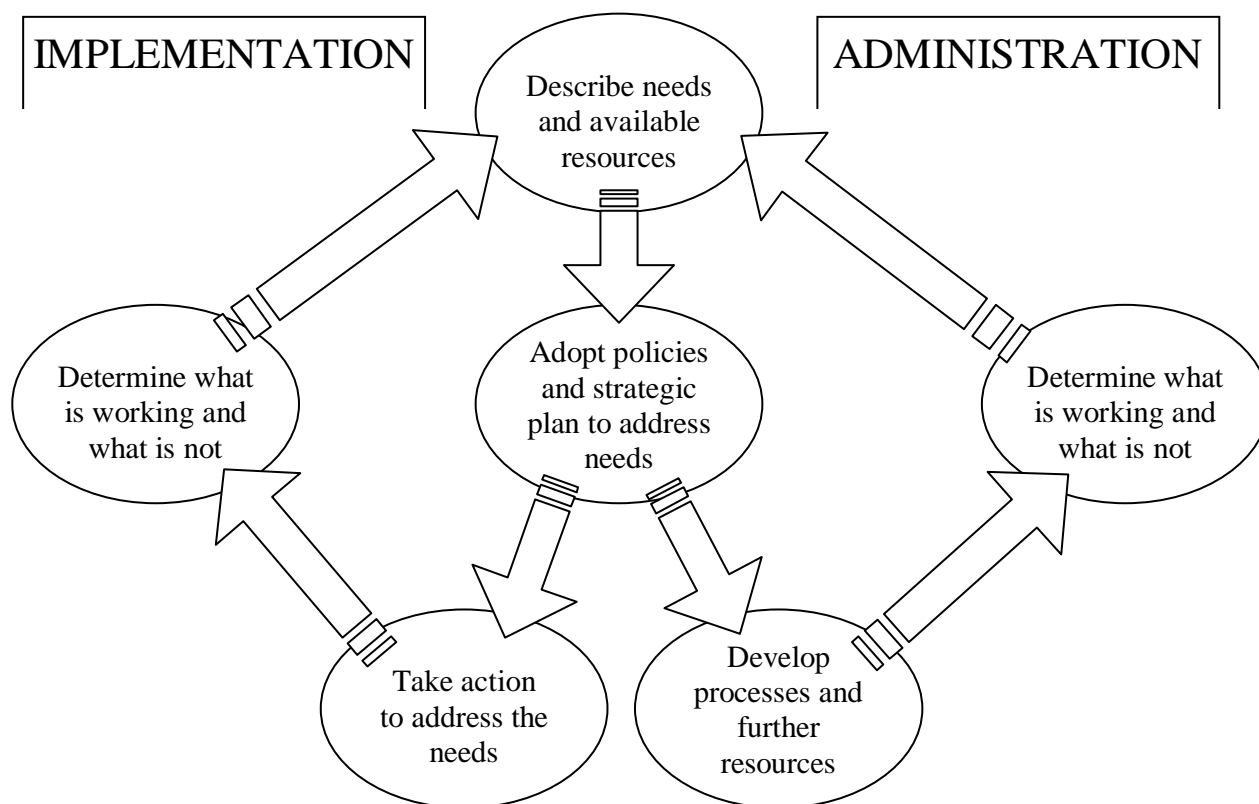
Examination of KY-ASAP records from 2000-2003 shows that two distinct planning tasks facing the agency were

- developing a formal system to conduct the needs and resources assessment and to oversee the strategic plan's implementation and
- identifying policies and planning the most effective ways to implement them.

Examination of KY-ASAP records from 2000-2003 shows that two distinct planning tasks faced the agency. One task was to develop procedures and tools—a formal system—to conduct the needs and resources assessment and to develop a system to oversee the strategic plan's implementation. The other task was to identify policies and to plan the most effective ways to implement them.

Based on ODCP's dual need to build an effective administrative system and to implement substance use and abuse policies, Program Review staff developed the modified continuous improvement strategic planning process example shown in Figure 5.B. During the early stages of planning, much of the activity will occur in the administration loop. During later stages, most of the activity will occur in the implementation loop. Both loops should be active at all times.

Figure 5.B
Example of a Continuous Improvement Strategic Planning Process



Source: Developed by Program Review staff from strategic planning models and agency process.

Because a comprehensive strategic plan requires a needs and resources assessment, the KY-ASAP early on devoted a significant effort to developing administrative tools such as an interagency budget and core data measures. It is understandable that the initial strategic plan focused on the administrative tasks of how to build processes and information resources.

The 2004 Statewide Drug Control Assessment Summit report became the guiding document for ODCP. Unlike the KY-ASAP strategic plans, the report focused on identifying specific policy initiatives to implement. It did not describe the administrative process, but that was not its purpose.

ODCP today faces many of the same challenges as KY-ASAP did in 2003.

However, ODCP did not follow up with a balanced strategic plan describing both administrative and implementation goals. ODCP today faces many of the same challenges as KY-ASAP did in 2003. The primary objective of the current strategic plan should be to create administrative processes and information resources that

will support a different kind of strategic plan in the future. The administrative goals should include

- adopting and following a comprehensive continuous improvement strategic planning standard,
- developing the needs and resources map described earlier, and
- creating a formal process for obtaining and documenting the participation of all relevant agencies in carrying out the strategic plan.

The current strategic plan should go as far as possible to incorporate prevention, treatment, and enforcement goals and strategies already identified for implementation.

At the same time, the current strategic plan should go as far as possible to incorporate prevention, treatment, and enforcement goals and strategies already identified for implementation. These include unmet goals from the 2004 Drug Control Summit report along with the Strategic Prevention Framework, the Substance Abuse Prevention and Treatment block grant plan, the tobacco prevention plan, Healthy Kentuckians 2010, and others.

After building the basic administrative procedures, the next step should be to focus on operating a system that oversees the conduct of planning, funding, implementation, and evaluation in a coordinated manner.

After building the basic administrative procedures, the next step should be to focus on operating a system that oversees the conduct of planning, funding, implementation, and evaluation in a coordinated manner among all state agencies and other organizations involved in substance use and abuse issues. In preparing and evaluating a future strategic plan, it might be helpful for ODCP to ensure that all policies and all its statutory responsibilities are covered.

The KY-ASAP state board made some revisions in 2006 and currently is helping to revise the KY-ASAP strategic plan. The revision was not completed in time for inclusion in this report. Program Review staff suggest that the state board review the early KY-ASAP semiannual reports to understand some of the steps that were taken at that time. The state board also should consider adopting a standard strategic planning process, beginning with a thorough statewide needs and resources assessment.

Many strategic planning models exist, including the Strategic Prevention Framework. Because ODCP already is familiar with this model, the office might choose to meet its strategic planning needs by adapting the framework to include prevention, treatment, and enforcement and to cover both administration and implementation.

A strategic plan should contain an implementation plan that describes detailed responsibilities for those who will carry out each action step.

A strategic plan should contain or have attached an implementation plan that describes the detailed responsibilities of those who will carry out each action step. When the plan requires the coordinated activity of multiple agencies, there should be a written plan and

agreement with each agency involved. Written agreements improve understanding and create continuity when officials and staff change.

Colorado and Florida both require agencies addressing substance use and abuse to sign written agreements with their designated oversight and coordinating agencies.

For example, Colorado and Florida both require agencies addressing substance use and abuse to sign written agreements with their designated oversight and coordinating agencies. In Kentucky, the Strategic Prevention Framework project obtained signed memoranda of agreement with the state agencies involved. The KY-ASAP strategic plan states that each agency should have a management plan tied to certain objectives.

ODCP should develop detailed written implementation plans with each agency and organization involved in substance use and abuse issues and should be aware of how they are carried out.

ODCP indicated that it does not monitor whether or how state agencies are implementing the strategic plan, and it does not require written understandings or agreements with state agencies and other involved entities. ODCP should develop detailed written implementation plans with each agency and organization involved in substance use and abuse issues and should be aware of how they are carried out.

Executive branch agencies appear to be obligated by statute to follow the strategic plan under the oversight of ODCP, but to the extent possible the agreements should be negotiated cooperatively. ODCP also should negotiate agreements where possible with agencies and organizations outside the executive branch that are involved with substance use and abuse issues. If necessary, ODCP should promulgate regulations defining how state agencies should enter into such agreements and carry out the strategic plan.

Recommendation 5.3

Recommendation 5.3 is that ODCP should develop and carry out a comprehensive strategic plan that meets strategic planning standards; covers prevention, treatment and enforcement; includes administration and implementation goals; and references a specific plan and memorandum of understanding. It should be part of a continuous improvement process.

The Office of Drug Control Policy should develop and carry out a comprehensive strategic plan that meets strategic planning standards; that covers prevention, treatment, and enforcement; that includes administration and implementation goals; and that references a specific implementation plan and memorandum of understanding for each relevant agency or organization. The plan should be part of a continuous improvement process that includes assessment, planning, action, evaluation, and reassessment.

The KY-ASAP State Board and Other Agencies Should Assist With Planning

The strategic plan is the responsibility of ODCP, but the KY-ASAP state board has the duty to progress toward development and implementation of the strategic plan.

The strategic plan is the responsibility of ODCP, but the KY-ASAP state board has the duty to “[p]rogress toward development and implementation of the strategic plan” (KRS 15A.340(3)(d)4). Historically, ODCP and KY-ASAP have utilized the board to study strategic issues. Work groups formed of state board member agencies have played a central role in developing policy and revising the strategic plan.

Because the state strategic plan should include agencies outside those represented on the KY-ASAP state board, the strategic planning process must go beyond the board to involve all relevant agencies. Such involvement in the past appears to have been minimal.

ODCP should continue to utilize the capabilities of state board members’ agencies and should invite all other relevant agencies to join work groups to assist the development of policy and the revision and implementation of the strategic plan.

ODCP should continue to utilize the capabilities of state board members’ agencies and should invite all other relevant agencies to join work groups to assist the development of policy and the revision and implementation of the strategic plan, while ODCP remains responsible for the final product.

The Role of Local Boards Is Crucial

ODCP should solicit feedback from local boards regarding how policies and programs are working in the field. It is necessary to have that information in a continuous-improvement strategic planning process, and the local boards are ideally placed to provide it. For example, lack of transportation to treatment facilities seems to be a frequent problem that local boards can identify.

An important role of local boards is to recommend ways that funds could be shifted, including the funding of state agencies and contractors, to improve effectiveness and efficiency.

An important role of local boards is to recommend ways that funds could be shifted, including the funding of state agencies and contractors, to improve effectiveness and efficiency. Local wisdom regarding the effectiveness and efficiency of all agencies is essential to ODCP in developing a plan for targeting funds and services to address substance use and abuse issues.

Outside Experts Are Helpful

ODCP should seek input from experts inside and outside state agencies and consider creating or requesting other agencies to create expert advisory groups on policy and strategy.

ODCP and KY-ASAP have used outside experts for guidance from time to time. Some experts reside in other state agencies. Others come from universities and private organizations. At one time, for example, the Division of Mental Health and Substance Abuse convened an expert panel on prevention issues. Later, the Strategic Prevention Framework project created and utilized an epidemiologic workgroup and an advisory committee.

ODCP should seek input from experts inside and outside state agencies. ODCP should consider creating or requesting other agencies to create expert advisory groups on policy and strategy.

Federal Mandates

Current and former officials and staff of ODCP and KY-ASAP were unaware of any examples of the federal mandates mentioned in KRS 15A.342. It is possible that the statute refers to a number of federal rules related to grants.

Current and former officials and staff of ODCP and KY-ASAP were unaware of any examples of the federal mandates covered by KRS 15A.342(13), which requires compliance “with any federal mandate regarding smoking cessation and prevention and substance abuse.” It is possible that the statute refers to a number of federal rules related to grants.

For example, the Substance Abuse Prevention and Treatment Block Grant requires that at least 20 percent of the funds be spent on prevention. The block grant also has stipulations regarding the amount of state general funds that must be allocated in order to receive the full block grant, called maintenance of effort. States must designate an agency as the Single State Authority for substance abuse prevention and treatment that will apply for and oversee the use of the grant. Noncompliance with the requirement that states control underage access to tobacco is enforced through reductions in the block grant.

Virtually all federal grants contain restrictions. For example, grants from the Centers for Disease Control and Prevention often are limited to state health departments. The Byrne Justice Assistance Grants to the states require a certain amount be passed through to local projects. Safe and Drug-Free Schools grants go through the Kentucky Department of Education to the schools and to the Office of the Governor according to federal rules and formulas.

The agencies that receive grants generally are aware of and compliant with such restrictions. The Division of Mental Health and Substance Abuse has demonstrated vigilance regarding block grant funding, and it seems likely that other agencies receiving grants have taken steps to ensure they receive the greatest funding possible.

ODCP does not have a formal approval, feedback, or oversight process for grants.

An ODCP official stated that the office receives all grant applications prior to submission to the federal government. However, ODCP does not have a formal approval, feedback, or oversight process for grants.

ODCP should exercise oversight to ensure that Kentucky complies with all federal mandates to the extent permitted by Kentucky law.

ODCP should exercise oversight to ensure that Kentucky complies with all federal mandates to the extent permitted by Kentucky law, including at least those related to grants to maximize grant funds. This should be part of the strategic planning process.

Funding Issues

Many agencies need to coordinate their efforts, but funding of these efforts is even more diverse. Most agencies receive funds from multiple sources, including state general funds, state restricted funds, Tobacco Master Settlement Agreement funds, and federal and foundation grants.

ODCP needs to take into account the complexities of funding restrictions when conducting its resources assessment and creating the strategic plan.

ODCP needs to take into account the complexities of funding restrictions when conducting its resources assessment and creating the strategic plan. Federal and state agencies involved in substance use and abuse issues have recognized the fragmented nature of funding. Because funds come from many sources with distinct restrictions, the funding structure often makes it difficult for agencies to collaborate. The literature mentions two kinds of funding collaboration: blending of funds and braiding of funds.

Blending can be understood as sharing. When funds from two sources are blended, they are treated as a single source and cannot be separated for accounting purposes. Blended funds can be used for any purpose that is allowed by both sources of funds. Blending works only when the funding sources have very similar or very broad rules.

Braiding is a more complex way of applying funds from multiple sources to a common project. Often a grant will have strict rules about reporting on the use of its funds. With braiding, the project must assign each expenditure to one of the funding sources, and the expenditure must comply with that source's rules. The accounting process can be prohibitive if there are several funding sources or if the rules for the sources are very restrictive.

Federal grant restrictions probably represent the greatest impediment to sharing funds.

Federal grant restrictions probably represent the greatest impediment to sharing funds. To help alleviate the problems of braiding, Colorado requires all agencies addressing substance use and abuse that receive federal funds to apply for a waiver of restrictions to allow those funds to be blended to the extent possible (State).

There does not appear to have been a concerted effort by ODCP to identify opportunities and mechanisms for blending and braiding funds. However, there have been discussions as part of the Strategic Prevention Framework grant process. The regional prevention centers seem to be aware of the issue.

ODCP should ensure that the strategic plan includes an objective to combine funds to increase collaboration among and efficiency of agencies.

ODCP should ensure that the strategic plan includes an objective to blend and braid funds to increase collaboration among and efficiency of agencies. More generally, the strategic plan should include an objective to review and recommend ways to improve the distribution of all federal, state, and private funds among state agencies and other entities to meet the state's needs. ODCP should oversee the process of carrying out these objectives.

Local Policy and Strategic Planning

KY-ASAP local boards are responsible for conducting a local needs and resources assessment and developing and coordinating the implementation of a local strategic plan. The plan must address substance use and abuse prevention and treatment for all segments of the population.

KY-ASAP local boards are responsible for conducting a local needs and resources assessment and developing and coordinating the implementation of a local strategic plan. The plan must address substance use and abuse prevention and treatment for all segments of the population.

The state and local strategic plans should be complementary. The state plan should incorporate feedback from local boards to ensure that state policies and programs are supportive of local needs. The local plans should describe how state goals and objectives translate into goals and objectives for each unique community.

KRS 15A.344(4) directs that each local board develop a long-term community strategy, including an assessment of the local needs and available services, taking into account all local resources. All relevant local and regional entities should be consulted in the development of the local strategy.

Most of the local strategic plans examined by Program Review staff did not have measurable outcomes or measured only program statistics.

Most of the local strategic plans examined by Program Review staff did not have measurable outcomes, or they measured only program statistics. Local planning should follow strategic planning standards and guidelines set by KY-ASAP. The agency currently is rolling out the Strategic Prevention Framework as the preferred strategic planning tool for local boards. KY-ASAP should ensure that local boards understand their mandate to use this tool to address treatment and enforcement along with prevention. The agency should ensure that local boards incorporate sufficient detail into their planning to

- identify specific policy and program improvements to reduce tobacco use and substance abuse,
- allow KY-ASAP and ODCP to understand any actions needed at the state level to support the local plan,
- specify a time frame and specific outcome measures for each objective or action item,

- create a detailed implementation plan, and
- allow each agency that operates locally to understand the action it needs to take to implement the strategic plan.

KY-ASAP does not require local boards to have written understandings with their members; and agency staff were not aware of any current agreements.

In 2003, a KY-ASAP evaluation asked local board members whether they had written agreements with the board on various topics such as continued representation on the board and sharing of programmatic, evaluation, and budgetary information. The review found that from 38 percent to 57 percent of local board members had written agreements, depending on the topic. KY-ASAP does not require local boards to have written understandings with their members; agency staff were not aware of any current agreements.

Recommendation 5.4

Recommendation 5.4 is that KY-ASAP should require local boards to use accepted planning standards; to cover prevention, treatment and enforcement; to include administration and implementation goals; and to have a specific action plan and memorandum of understanding with each agency. The strategic plans should undergo continuous improvement.

The Kentucky Agency for Substance Abuse Policy should require local boards to conduct their needs and resources assessments and strategic planning according to accepted standards; to cover prevention, treatment, and enforcement; to include administration and implementation goals; and to reference a specific action plan and memorandum of understanding for each relevant agency or organization. The strategic plans should be part of a continuous improvement process that includes assessment, planning, action, evaluation, and reassessment.

Evaluation of Outcomes

Strategic Planning Must Include Evaluation of Program Outcomes

Gathering reliable information about how substance use and abuse policies and practices are working is essential to creating an effective and meaningful strategic plan.

Gathering reliable information about how substance use and abuse policies and practices are working is essential to creating an effective and meaningful strategic plan. Policies and strategic plans need to undergo continuous evaluation and revision based on what is working and what is not.

When KY-ASAP was created, it was required to report on “...devising and implementing an accountability system to be designed to ensure efficiency and efficacy of services and grants...” (Ky Acts 2000 Ch. 536 §26(20)). This clause was removed by the General Assembly in 2007, but it remains an implicit requirement because ODCP must “ensure the greatest efficiency in agencies” (KRS 15A.342(3)). Accountability and efficacy are inextricable parts of efficiency.

The federal Substance Abuse and Mental Health Services Administration developed the National Outcome Measures that states must implement in order to receive grant funds.

The KY-ASAP strategic plan includes goals and objectives to ensure evaluation and accountability.

Kentucky has strong statewide initiatives to measure the substance use and abuse problem and evaluate outcomes. Each has limitations, and there should be a planned effort to improve measurement tools overall.

Outside experts also see evaluation and accountability as crucial. The National Governors Association issued several recommendations in 2002, including to “require state agencies to measure the cost-effectiveness of prevention and treatment programs” and to “require state agencies to report on the short- and long-term effect of prevention and treatment programs” (2). The federal Substance Abuse and Mental Health Services Administration has developed the National Outcome Measures that states must implement in order to receive grant funds.

The KY-ASAP strategic plan includes goals and objectives to ensure evaluation and accountability. ODCP indicated that it interpreted some of them as applying only to local boards, but Program Review staff suggest that they should apply to all state and local and public and private entities involved in substance-related issues.

Unfortunately, there is no simple way to assess the performance of prevention, treatment, and enforcement efforts. If there are changes in the level of use or addiction in a community, it is difficult to say the changes were due to better prevention or better enforcement or even more effective treatment. Directly measuring changes in attitudes or behavior among participants in a program or service gives more precise information but can be expensive. Even direct measurement of the outcomes of treatment may not help determine the most effective treatment approach because that can vary depending on the individual client and therapist. These are the dilemmas that the state, with ODCP’s help, needs to resolve.

Kentucky has some strong statewide initiatives related to measurement of the problem and evaluation of outcomes, including the Kentucky Incentives for Prevention Survey, the Kentucky Youth Risk Behavior Survey, the Kentucky Treatment Outcome Study, and the Criminal Justice Kentucky Treatment Outcome Study. Each has its limitations, and there should be a planned effort to improve measurement tools overall.

From 2001 to 2002, KY-ASAP convened a data task force that made detailed recommendations. In addition, the KY-ASAP strategic plan has included objectives for data collection. As part of the Strategic Prevention Framework project, a data warehouse of available substance-related information was created. However, there has been little movement to coordinate the information-gathering efforts of various state agencies.

ODCP should ensure that state agencies adopt and report on program evaluation and agency accountability measures. KY-ASAP should employ the local boards to encourage evaluation and collect information at the local level.

ODCP should ensure that state agencies adopt and report on program evaluation and agency accountability measures. The office also should encourage other entities at the state and local levels to adopt and report those measures. KY-ASAP should use the local boards to encourage evaluation and to collect information at the local level. State agencies should assist local boards by providing community-level evaluations of their programs and services

Strategic Planning Must Include Self-evaluation

There should be performance standards and measures for evaluating ODCP and KY-ASAP, the state board, and local boards.

A strategic plan should include expectations and performance measures for the agency responsible for the plan. In this case, ODCP should build in its own performance evaluation. There should be performance standards and measures for evaluating ODCP and KY-ASAP, the state board, and local boards.

As long as ODCP sits in the Justice and Public Safety Cabinet, KRS 48.810 also applies. The statute requires cabinets to develop and submit a strategic plan with each biennial budget request. Having expectations and performance built into ODCP's strategic plan should enhance the cabinet's own strategic planning process.

ODCP should judge its performance in part based on progress toward measurable objectives in the strategic plan.

ODCP should judge its performance in part based on progress toward measurable objectives in the strategic plan. Internally, ODCP should have better means to support and track its activities. Externally, there are two important measures that ODCP should consider implementing.

First, the leaders in each state agency with any involvement in substance-related issues should have a basic awareness of the roles of ODCP and KY-ASAP and an understanding of how their agency fits into the overall strategic plan. This awareness and understanding should be consistent from the cabinet level down to departments and divisions. Program Review staff's interviews and canvass of agencies indicated that awareness was inconsistent across and within agencies. There was even less understanding of what each agency was expected to do within an overall strategic plan.

Of those agencies that mentioned ODCP as a source of policy information, most respondents rated the influence of ODCP as important or essential.

Second, the relevant agencies should have a perception that ODCP has made a difference. Program Review staff's canvass of state agencies first asked respondents where they would get information about Kentucky's substance-related policies and asked who initiated coordination with other agencies. About half the respondents mentioned ODCP as a source of policy information,

and of those, most rated the influence of ODCP on policies at the agency as important or essential. There were very few who mentioned ODCP as involved in coordination, but of those who did, most rated the influence of ODCP on coordination as important or essential. The results indicate that ODCP has had an important influence where it has played a role, but it should increase its presence and extend its reach to more agencies.

ODCP should consider requesting regular feedback from all state agencies involved in substance use and abuse issues.

Program Review staff suggest that ODCP consider requesting regular feedback from all state agencies involved in substance use and abuse issues. The request should cover various levels of administration from the cabinet level to the division and should ask about their awareness and perception of ODCP as well as for suggestions for improvement.

KY-ASAP should make communitywide awareness and participation one goal of the local boards.

At the local level, there is a similar need to ensure that all relevant local agencies are aware of the local board and its strategic plan. Local boards also need to know how other agencies have acted to implement recommended policies and actions. Program Review staff suggest that KY-ASAP make community-wide awareness and participation one goal of the local boards.

Reporting to the General Assembly and the Governor

The General Assembly and the governor require reliable information and advice in order to make their decisions about how to structure the state's response to substance use and abuse and what policies and programs to adopt. The General Assembly and the governor also exercise oversight of programs to ensure they are performing effectively and efficiently. That oversight includes ODCP and KY-ASAP as well as the other agencies that carry out substance use and abuse prevention, treatment, and enforcement.

Recognizing this, KY-ASAP originally had the responsibility to report beginning on October 1, 2000, and continuing on a semiannual basis

...regarding the proper organization of state government agencies that will provide the greatest coordination of services, ... devising and implementing an accountability system to be designed to ensure efficiency and efficacy of services and grants, and on other matters as requested (Ky Acts 2000 Ch. 536 §26(20)).

KY-ASAP also had the responsibility to [c]ertify to the Governor and the General Assembly during the budget request process established under KRS Chapter 48 the extent to which each entity receiving state funds has cooperated with KY-ASAP, coordinated with community resources, and vigorously pursued the philosophy of KY-ASAP (Ky Acts 2000 Ch. 536 §26(18)).

ODCP and KY-ASAP must report annually to the Legislative Research Commission and the governor regarding organization of state agencies for the greatest coordination of services, report semiannually on the status of ODCP and KY-ASAP, and report on other matters as requested.

The Office of Drug Control Policy inherited these responsibilities when KY-ASAP was transferred to it by executive order in 2004. In 2007, the General Assembly revised the statute and the reporting requirement effective June 26, 2007. The new reporting requirement states that ODCP and KY-ASAP shall report annually to the Legislative Research Commission and Governor regarding the proper organization of state government agencies that will provide the greatest coordination of services, and report semiannually... on the status of the Office of Drug Control Policy and KY-ASAP programs, services, and grants, and on other matters as requested... (KRS 15A.342(20)).

The certification requirement now mentions ODCP with KY-ASAP but is essentially the same as it was in 2000.

Agency Accountability to Decision Makers

In order to assess the performance of an agency, decision makers need to see goals and objectives from one reporting period to the next, with measurements indicating what was achieved for each objective.

In order to assess the performance of an agency, decision makers need to see goals and objectives from one reporting period to the next, with measurements indicating what was achieved for each objective. Costs should be presented for the agency's activities. To the extent possible, a cost-benefit analysis should be done or return on investment should be estimated.

ODCP should take care to acknowledge the work of other agencies when reporting on its own status and activities. In interviews with Program Review staff, some personnel in other agencies said ODCP had taken undue credit for their agencies' efforts. On any projects coordinated by ODCP and KY-ASAP, other agencies will contribute most of the time and resources. In some cases, ODCP has directed funding from other sources to programs such as drug task forces, drug courts, and school prevention programs, all of which were implemented by other agencies. ODCP oversees the federal Strategic Prevention Framework grant, but the project is administered by the Division of Mental Health and Substance Abuse and carried out by the division and many other agencies. ODCP helps coordinate Recovery Kentucky, which is being implemented by the Kentucky Housing Corporation and the Department for Local Government.

ODCP's 2005 report and other documents have given credit to other agencies for the many initiatives and accomplishments they listed. The documents also included descriptions of the state's substance use and abuse response system. However, ODCP should report on its own contributions in terms of planning and coordination while describing the state's response system separately and in terms of progress toward established objectives.

Providing Advice to Decision Makers

Agencies should be aware of the kinds of information needed for decision making and provide the information in a format that is the most useful for that purpose.

The statute does not lay out a format or approach to advising the General Assembly and the governor. However, agencies should be aware of the kinds of information needed for decision making and provide the information in a format that is the most useful for that purpose.

Some of the information and advice decision makers need are

- descriptions of changes that might be needed in current policies and programs showing the relevant
 - gaps between needs and available resources and
 - objectives of the strategic plan;
- descriptions of new policies and programs that might be beneficial, showing the same justifications;
- reasons for and against each alternative;
- the costs and likely benefits of each alternative; and
- the suggested priority of each alternative and how the priority was determined.

KY-ASAP's and ODCP's Reporting Should Improve

Program Review staff reviewed the official annual and semiannual reports of KY-ASAP and ODCP for this section.

Since April 2003, KY-ASAP and ODCP have not produced reports on the schedule required by statute.

Since April 2003, KY-ASAP and ODCP have not produced reports on the schedule required by statute. ODCP produced one annual report for 2005 and three annual KY-ASAP reports. The ODCP report mentioned KY-ASAP only minimally, and the KY-ASAP reports did not address ODCP activities.

All KY-ASAP and ODCP statutory reports published since 2000 failed to provide the type of information or a format that would be useful to decision makers (Commonwealth. Justice. Office. 2005; Commonwealth. Justice. Office. *Kentucky*; Commonwealth. Justice. Office. *KY-Agency*. 2006, 2007; Commonwealth. Kentucky. *Legislative*. Oct. 2000, Apr. 2001, Oct. 2001, Apr. 2002, Oct. 2002, Apr. 2003). Table 5.2 describes the timing and relevant contents of the reports.

Table 5.2
Summary of KY-ASAP and ODCP Statutory Reports, 2000 to 2007

Report Date and Agency	Advice and Information for Decision Making	Status and Performance of the Agency
Oct. 2000 KY-ASAP	Included brief descriptions of some substance use and abuse activities of various state agencies and a partial interagency budget.	Was the first report. Noted that the agency was involved in developing procedures and gathering information.
April 2001 KY-ASAP	Elaborated on the descriptions of activities of other state agencies. Included a section describing how these agencies coordinate activities and a partial interagency budget.	Described the process for creating the first group of local boards. Did not discuss how KY-ASAP contributed to state agency coordination.
Oct. 2001 KY-ASAP	Expanded the descriptions of activities of other state agencies, limited to KY-ASAP state board members. Included task force reports with recommendations related to media, community-level work, policy and statutes, and strategy. Had no interagency budget.	Described the local board formation process and progress. Described the activity of KY-ASAP task forces.
April 2002 KY-ASAP	Expanded further the descriptions of activities of state board agencies. Included a more extensive but still incomplete interagency budget.	Described briefly KY-ASAP accomplishments. Described the local board formation process, progress, and local strategic plans. Presented detailed recommendations for “core indicators,” ways to measure levels of substance use and abuse and outcomes of programs, to be used by other state agencies.
Oct. 2002 KY-ASAP	Presented the first KY-ASAP strategic plan. Continued extensive descriptions of state board agency activity. Included descriptions of local board activity but no interagency budget.	Included status of local board formation process, progress, outcomes, local strategic plans, and local budget summary. Had no description of KY-ASAP accomplishments.
April 2003 KY-ASAP	Used new format organizing state board agency activity to focus on accountability, outcomes, and cost savings. Had no interagency budget.	Had brief summary of local board formation, progress, and results, but no detailed local board information (plans, budgets) and no description of KY-ASAP accomplishments.
There were no statutory reports produced between April 2003 and November 2005		
Nov. 2005 KY-ASAP	Presented the October 2002 strategic plan verbatim. Used new format of state board agency reports emphasizing how they coordinated with other agencies.	Summarized local board activities. Mentioned briefly 2005 RS SB 63 as an ODCP accomplishment and the Kentucky Treatment Outcome Study as a KY-ASAP accomplishment.
2005 ODCP	Gave specific goals and actions for 2006 and reviewed progress toward 2004 Drug Control Summit recommendations. Reported extensively on status of various substance-related programs.	Described the ODCP role in many areas of substance use and abuse.
2006 KY-ASAP	Included a revision of the strategic plan. Included state board agency reports emphasizing coordination with other agencies, but the Justice and Public Safety Cabinet was not included.	Gave executive summary of activities of local boards and KY-ASAP accomplishments, detailed list of local board activities, financial summary, and copy of state board minutes.
2007 KY-ASAP	Was the same format as 2006. Included nothing to tie activities or progress to the strategic plan.	Was the same format as 2006.

Source: Program Review staff compilation from Commonwealth. Justice. Office. *2005*; Commonwealth. Justice. Office. *Kentucky*; Commonwealth. Justice. Office. *KY-Agency*. 2006, 2007; Commonwealth. Kentucky. *Legislative*. Oct. 2000, Apr. 2001, Oct. 2001, Apr. 2002, Oct. 2002, Apr. 2003.

Three KY-ASAP reports to the Legislative Research Commission (October 2000, April 2001, and April 2002) provided limited information about statewide costs in an interagency budget section. The April 2002 budget was the most extensive, but several agencies failed to submit their funding information.

The October 2001 KY-ASAP report included a list of legislative recommendations from the Policy and Statutes Task Force, but it did not present sufficient information to assess them. The recommendations were relegated to the back of the report and were not mentioned in future reports.

Sections of the KY-ASAP reports by advocacy groups such as the Kentucky Cancer Society, the Kentucky Heart Association, and the Kentucky Lung Association frequently contained recommendations for policy changes, but they were not officially adopted by KY-ASAP or ODCP.

The April 2003 KY-ASAP report introduced a format that had potential for measuring improvements in coordination and efficiency across state agencies.

The April 2003 KY-ASAP report introduced a format that had potential for measuring improvements in coordination and efficiency across state agencies. There were no further reports using this format.

The 2005 ODCP report clearly delineated policy recommendations based on the 2004 drug summit and described progress on those objectives. The report did not include a comprehensive assessment showing how the recommended actions address overall needs and did not provide measurable indicators on many ODCP activities, but it came closest to meeting all the criteria for advising decision makers and providing usable status information.¹

The 2006 and 2007 KY-ASAP annual reports largely reiterated information from prior reports. There was little basis for judging whether the level of coordination or activity of state agencies was fair, good, or exemplary. The 2007 report included at least 23 examples of interagency coordination, but there was no indication that the coordination resulted from a comprehensive plan or from ODCP or KY-ASAP initiatives. The report also did not compare 2007 with 2006 and did not review statewide needs, resources, or progress on the strategic plan.

¹ ODCP also presented a list of policy recommendations to the interim Local Government Committee of the Legislative Research Commission in September 2007. It did not contain the information necessary for considering the recommendations, but it did demonstrate attention to this issue.

Reports should highlight the decisions facing the General Assembly and the governor, along with the information needed to consider the options.

All KY-ASAP reports, except for April 2003, contain detailed descriptions of state board member programs. Much of the detailed information is not necessary for policy and program decision making. Similarly, the detailed descriptions of the activities of local boards are not necessary for that purpose. Rather, the reports should highlight the decisions facing the General Assembly and the governor along with the information for considering the options. Details of state and local activities should be provided in an appendix or supporting document. It might be helpful for individual legislators to receive a summary of the needs and resources assessments, strategic plans, recommendations, and reports of the local boards in their districts.

Program Review staff were unable to find any evidence that either KY-ASAP or ODCP has ever conducted the certification of other agencies as described in KRS 15A.342(18). Former and current officials indicated that they did not attempt to do so because it seemed impractical for either agency to pass judgment on other agencies.

As part of its strategic plan, and as collaboratively as possible, ODCP should develop funding recommendations for all entities receiving state funds for any substance-related purpose. The recommendations should be accompanied by information adequate to assess them.

Nevertheless, the General Assembly did indicate that ODCP and KY-ASAP should be involved in the budget process in order to inform decision makers about the effective use of funds. The budgeting process does not include a separate substance use and abuse budget. Rather, recommendations about funding levels and priorities must be inserted into the budget process across many agencies. As part of its strategic plan, and as collaboratively as possible, ODCP should develop funding recommendations for all entities receiving state funds for any substance-related purpose. The recommendations should be accompanied by information adequate to assess them.

The General Assembly also realized that the most efficient and effective response to alcohol, tobacco, and other drugs might require a realignment or reorganization of programs and services. ODCP and KY-ASAP were given the responsibility to report on “the proper organization of state government agencies that will provide the greatest coordination of services” (KRS 15A.342(20)). In only one instance did a report recommend a change in the organization of state government. The October 2001 report recommended creating a cabinet-level substance abuse agency.

Recommendation 5.5

Recommendation 5.5 is that ODCP should submit an annual list of recommendations for policies, programs, and funding at the state and local levels, along with adequate information to assess the recommendations. ODCP should submit a semiannual report summarizing all its activities, demonstrating progress on the strategic plan, and showing how its activities and the strategic plan address each of the office's statutory duties.

For the purpose of reporting on the proper organization of state government agencies, the Office of Drug Control Policy should submit an annual list of recommendations for policies, programs, and funding at the state and local levels, along with adequate information to assess the recommendations. For the purpose of status reporting, the Office of Drug Control Policy should submit a consolidated semiannual report summarizing all of its activities, demonstrating progress toward the goals of the strategic plan, and showing how its activities and the strategic plan address each of the office's statutory duties.

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Appendix A

Policies, Laws, and Regulations Related to Substance Use and Abuse

Office of Drug Control Policy and KY-ASAP Statutory History

2000 RS SB 315 included the language from 2000 RS SB 293 as a House floor amendment and passed. KY-ASAP was created as an agency within the Office of the Governor.

2003 RS HB 269, the budget bill, allocated funds for KY-ASAP but transferred over half of the tobacco settlement money back to the General Fund and to two specific allocations: Medicaid and Kentucky All Schedule Prescription Electronic Reporting. It also established a KY-ASAP endowment fund with its remaining tobacco settlement allocation.

Executive Order 2003-0064, effective December 16, 2003, created the Justice and Public Safety Cabinet (JPSC) and moved KY-ASAP from the Office of the Governor to the new cabinet.

Executive Order 2004-0730, effective July 9, 2004, recreated JPSC, created the Office of Drug Control Policy (ODCP) within it, and transferred to ODCP all the “personnel, funds, records, files and equipment heretofore assigned to the Kentucky Agency for Substance Abuse Policy.” The order appears to have wording that limits ODCP’s jurisdiction to JPSC, and it does not indicate whether KY-ASAP was to continue to exist. Based on a governor’s powers to reorganize and the General Assembly’s powers to set policy, it seems that all the duties of KY-ASAP would continue to be the responsibility of some executive branch agency, such as ODCP.

Executive Order 2004-0994, effective September 8, 2004, granted ODCP authority over “all matters relating to the research of, and the coordination and execution of Drug Control Policy ... including, but not limited to, the prevention, enforcement, and treatment related to substance abuse.” ODCP also assumed control of all state and federal grants related to drug control. Comparison with Executive Order 2004-0730 suggests that a significant purpose of the new order was to clarify and establish that ODCP had jurisdiction over alcohol, tobacco, and other drug policy and programs across the executive branch. By this action, ODCP clearly became responsible for all KY-ASAP’s statutory activities.

2005 RS HB 267, the budget bill, contained appropriations explicitly for ODCP but did not mention KY-ASAP. Tobacco Master Settlement Agreement funds were appropriated to Justice Administration, and presumably these were to be used for KY-ASAP local boards.

2005 RS SB 49 made changes to bring the statutes into agreement with the executive branch reorganization. As a result, KY-ASAP state board membership was reduced by one to reflect the merger of the Cabinet for Health Services with the Cabinet for Families and Children. However, the other executive changes, including the creation of ODCP in SB 45, were not confirmed.

2006 RS SB 105 corrected the name of one of the cabinets mentioned in KRS 12.332. This was related to reorganization. There appears to have been no legislation introduced in the 2006 Regular Session that would have confirmed the 2004 executive orders establishing JPSC and ODCP and making ODCP responsible for KY-ASAP.

2006 RS HB 380, the budget bill, included several allocations related to ODCP that specified programs not explicitly included in the executive orders creating ODCP. These included drug court funds and drug task force funds. It allocated Tobacco Master Settlement Agreement funds to ODCP, presumably for KY-ASAP local boards.

Executive Orders 2006-0356, 2006-0409, and 2006-0449, effective April 3, April 12, and April 24, 2006, respectively, appointed members to the KY-ASAP state board to serve terms expiring on September 20, 2008. That date coincides with the initial appointment of members to the board in 2000. In most cases, the reason given for the appointment was that the previous member's term had expired; however, those terms expired on September 20, 2004. Others were former members who were reappointed and whose earlier terms also expired in September 2004.

Executive Order 2006-0805, effective July 10, 2006, re-created ODCP and expanded its authority to "review, approve and coordinate all current projects of any substance abuse program that is conducted by or receives funding through agencies of the executive branch." The purview of ODCP over enforcement programs, however, was not mentioned explicitly. The order abolished and re-created the KY-ASAP state board and in doing so organizationally placed the board within JPSC but with administrative support from ODCP.

2007 RS SB 144 enacted the changes made by executive order to ODCP and KY-ASAP. Although Executive Order 2004-0994 included the word "enforcement" as part of ODCP's purview, the bill confirmed Executive Order 2006-0805, which did not use that word. The bill also created an annual reporting requirement and modified the semiannual reporting requirement.

Listing of Selected Kentucky Alcohol, Tobacco, and Other Drug Policies

Kentucky has implemented a number of policies aimed at reducing alcohol, tobacco, and other drug use and abuse. The following table summarizes some of the policies and their corresponding authority.

Sampling of Kentucky Alcohol, Tobacco, and Other Drug Policies

Subject	KRS
Youth possession or use of tobacco (under 18 years)	KRS 438.350
Youth use or possession of alcohol (under 21 years)	KRS 2.015
Controlled substance child endangerment	KRS 218A.1441 to 218A.1444
Prescription drug (controlled substance) abuse; for example, illegal possession, forged prescriptions, doctor shopping	KRS 218A
Driving under the influence	KRS 189A
Public intoxication	KRS 222.202
Sunday sales of alcohol	KRS 244.290
Local option elections for alcohol sales	KRS 242
Alcoholic beverage sales licensing	KRS 243
Drug trafficking in or near schools	KRS 218A.1411
Possession of drug paraphernalia	KRS 218A.500
Inhalation of volatile substances	KRS 217.900
Alcohol advertising restriction near schools	KRS 244.540
Tobacco advertising restriction	KRS 438.047
Smoke-free ordinances	KRS 61.165, 61.167, 67.083, 82.082
Drug testing in workplaces (miners, court security, public employees) and schools	Multiple, KRS Chapter 351; 15.3971; 18A.043; school policies, case law
Social host ordinances	KRS 67.083, 82.082
Keg registration policies	KRS 67.083, 82.082

Source: Program Review staff compilation of statutes and case law.

Kentucky Statutes Related to Alcohol, Tobacco, and Other Drugs

KRS 12.020 includes ODCP as an office within JPSC.

KRS 67.083 grants to fiscal courts the power to regulate alcohol sales. It also requires fiscal courts in all areas of regulation to be consistent with applicable state laws and regulations.

KRS 82.082 requires cities in all areas of regulation to be consistent with applicable state laws and regulations.

KRS 15A.020(3)(e) defines ODCP and its executive director. It also outlines the director's responsibilities and the office's power to promulgate administrative regulations.

KRS 15A.340 defines KY-ASAP and oversight by ODCP. It also defines the KY-ASAP state board.

KRS 15A.342 specifies the duties of ODCP and KY-ASAP. It includes their authority to promulgate administrative regulations.

KRS 15A.344 defines local and regional tobacco addiction and alcohol and substance abuse advisory and coordination boards to be established by KY-ASAP.

KRS Chapter 210 includes the creation and mandates of the regional mental health-mental retardation boards and the community mental health centers.

KRS 210.400 outlines duties of the community mental health-mental retardation boards.

KRS 210.410 authorizes CHFS to make grants to assist in the establishment and operation of regional community mental health and mental retardation programs.

KRS 210.430 stipulates that any program seeking CHFS funding assistance under KRS 210.370 to 210.460 must annually submit its plan, budget, and board membership to the cabinet secretary.

KRS 210.485 includes a requirement that the regional mental health-mental retardation boards submit a list of all providers of court-ordered alcohol and other drug treatment.

KRS 210.500 to 210.509 cover planning for mental health and substance abuse issues and include creation of the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses (House Bill 843 Commission) and regional planning councils.

KRS 210.502 makes the executive director of ODCP a member of the House Bill 843 Commission.

KRS 218A.1446 allows ODCP to specify an electronic recordkeeping system for dispensing certain nonprescription drugs related to the manufacture of methamphetamine.

KRS 222.037 authorizes CFHS to establish pilot projects to prevent smoking and substance abuse among pregnant women.

KRS 222.211 specifies the responsibility of CHFS to coordinate and assure the availability of tobacco use and substance abuse prevention and treatment services. It states that the cabinet must operate under the strategic plan developed by ODCP and KY-ASAP and must comply with ODCP and KY-ASAP recommendations. It gives the cabinet the authority to issue administrative regulations to carry out these responsibilities.

KRS 222.221 authorizes CFHS to contract with public and private entities, to operate facilities, to solicit funds, and to promulgate administrative regulations in order to carry out its responsibilities related to tobacco use and substance abuse prevention and treatment. The funds solicited are placed in a restricted account. The statute also requires the cabinet to publish an annual directory of all alcohol and other drug abuse facilities and services available in Kentucky.

The cabinet shall establish and operate such facilities if public and private resources are not adequate.

KRS 222.231 requires CHFS to license programs with limited exceptions. It authorizes the cabinet to promulgate administrative regulations to establish licensing requirements and standards. It appears to be the source of the cabinet's authority to create the Kentucky Certification Board of Prevention Professionals.

Alcohol Statutes

KRS 2.015 stipulates 21 as the minimum age to purchase alcoholic beverages.

KRS 150.362 prohibits hunting while under the influence of alcohol or controlled substances.

KRS 186.560 deals with revocations of licenses for various reasons including some for driving under the influence (DUI) and fraudulent use of a driver's license to purchase or attempt to purchase alcohol. There is a limited exception to the mandatory revocations that involves enrollment in an alcohol or substance abuse treatment or education program.

KRS 189.530 outlines the open container law and that no person shall provide a vehicle to an intoxicated person to drive.

KRS 189A contains the DUI statutes that deal with prohibitions and penalties relating to DUI of alcohol or other substances. Penalties may include alcohol or substance abuse education or treatment.

KRS 189A.010 prohibits operating a motor vehicle with certain concentrations of alcohol, including a lower blood alcohol level for persons under 21, or while impaired due to the influence of alcohol or other substance. The section also includes penalties and aggravating circumstances.

KRS 189A.040 provides enhanced penalties to include alcohol or substance abuse treatment and education programs based on offender status (the number of DUIs).

KRS 189A.045 requires penalties for failure to enroll in or complete alcohol or drug education or treatment programs. It requires each program to report to the court when an offender successfully completes or fails to attend the program.

KRS 189A.050 requires payment of a service fee as an additional penalty assessed for those convicted under parts of KRS 189A.010. A portion of the receipts funds enforcement of the chapter, supports educational and treatment programs authorized by the chapter, and supports the Department for Public Advocacy.

KRS 189A.070 stipulates time periods for revoking a license for DUI and completing an alcohol or substance abuse treatment or education program before reinstating the license.

KRS 189A.085 provides for possible license plate impoundment, in lieu of ignition interlock device, upon conviction of the second or subsequent DUI offense.

KRS 189A.090 prohibits driving a motor vehicle while a person's license is revoked or suspended for DUI or for driving without a required ignition interlock device.

KRS 189A.104 provides, in DUI cases, that a person can be penalized for refusing to take a breath analysis, blood, or urine test. The penalties may also be enhanced for refusing the tests.

KRS 189A.107 specifies that a person's driver's license may be suspended for refusal to take alcohol or substance tests for driving under the influence.

KRS 189A.110 requires mandatory detention of at least 4 hours upon a test result showing a blood alcohol level above 0.15.

KRS 189A.200 requires pretrial suspension of license when charged with DUI for refusing to take an alcohol concentration or substance test, being a repeat offender, or causing an accident resulting in death or serious injury to another person.

KRS 189A.220 to 189A.250 deal with judicial review of pretrial license suspension with the option of continuing suspension under certain conditions.

KRS 189A.300 indicates that the state provides at least one breath alcohol analysis and simulating machine to each county.

KRS 189A.340 provides that in lieu of license plate impoundment, the court may order installation of an ignition interlock device for the second or subsequent DUI offense.

KRS 189A.345 provides penalties for violations of statutes governing ignition interlock devices.

KRS 211.285 creates the malt beverage educational fund that provides money for education to deter or eliminate underage drinking. The fund is supported by an excise tax on malt beverages.

KRS 214.175 provides that CHFS may conduct anonymous surveys to determine the prevalence of alcohol and drug use during pregnancy.

KRS 214.185 provides that a physician, upon consultation and consent of a minor patient, may make a diagnostic examination for, advise about, prescribe for, and treat venereal disease, pregnancy, alcohol or other drug abuse or addiction without the consent of or notification to the parent, parents, or guardian.

KRS 222.001 to 222.475 contain alcohol and other drug abuse prevention, intervention, and treatment statutes.

KRS 222.201 to 222.204 describe offenses of alcohol intoxication and drinking alcohol in public and the associated penalties.

KRS 222.271 requires treatment records of alcohol and drug abuse patients to be kept confidential.

KRS 222.311 prohibits hospitals from denying patient treatment based on alcohol or other drug abuse.

KRS 222.421 provides that treatment for alcohol or other drug abuse is available to anyone upon request from physicians or treatment providers licensed or approved by the cabinet. Providers may be required to provide a statistical report to CHFS.

KRS 222.430 to 222.437 cover procedures for involuntary treatment and hospitalization for alcohol and other drug abuse and describe patients' rights.

KRS 222.465 requires all licensed treatment facilities to participate in a client outcome study.

KRS 222.475 requires CHFS to provide an annual treatment center evaluation report to the governor and General Assembly.

KRS 222.990 specifies penalties for KRS Chapter 222, including for failure of treatment facilities to report, failure to obtain a license for treatment, and public intoxication.

KRS 241.015 creates and describes the Office of Alcoholic Beverage and Control.

KRS 242.020 to 242.1297 specify local option election procedures and licensing restrictions for sales of alcoholic beverages.

KRS 242.185 provides information regarding ordinances for sales of alcohol by the drink.

KRS Chapter 243 covers various licensing requirements in relation to the manufacture of, sale of, purchase of, transportation of, or trafficking in alcoholic beverages.

KRS 243.480 covers payments in lieu of suspension of licenses (issued under this chapter) and server training in lieu of suspension.

KRS 243.850 requires all licensees, except retailers, to report to the Department of Revenue all trafficking in alcoholic beverages on monthly basis.

KRS 243.502 restricts the possession and use of alcohol vaporizing devices.

KRS 243.884 specifies the wholesale sales tax of 11 percent levied on alcoholic beverages.

KRS 243.895 requires a warning of dangers of drinking alcoholic beverages during pregnancy to be posted by all licensed retail vendors.

KRS 244.070 prohibits the sale of alcoholic beverages to a person who is not providing properly for his or her family.

KRS 244.080 prohibits retail sales to minors, persons under the influence of alcoholic beverages, habitual drunkards, or those known to the seller to have been convicted of a felony or any misdemeanor attributable to the use of alcoholic beverages.

KRS 244.083 requires licensees to display a notice regarding penalties to minors who attempt, in any way, to purchase alcoholic beverages.

KRS 244.085 prohibits minors from possessing, purchasing, or misrepresenting their ages to purchase alcoholic beverages. The statute also prohibits minors from remaining on premises where alcoholic beverages are sold, except under certain circumstances.

KRS 244.090 prohibits a licensee from knowingly employing a person convicted within the preceding 2 years of either a felony or two or more misdemeanor offenses that were attributable to the use of intoxicating beverages, or a person under 20 (with certain exceptions).

KRS 244.165 prohibits an out-of-state seller of alcoholic beverages to sell directly to a Kentucky consumer who is not a licensed wholesaler or distributor. There is an exception for small wineries.

KRS 244.170 prohibits possession of any apparatus used for the unlawful manufacture of alcoholic beverages.

KRS 244.190 stipulates that authorities may seize contraband (defined in KRS 244.180) when the possessor has been charged under KRS Chapter 242 or KRS 243.020. Contraband, except for firearms, is destroyed by court order upon conviction of the defendant.

KRS 244.210 prohibits the sale of nonbeverage alcohol for beverage purposes.

KRS 244.290 limits sales of alcoholic beverages during regular and primary election times and Sundays.

KRS 244.461 allows use of rebate coupons for distilled spirits and wine.

KRS 244.540 prohibits advertising for malt beverages near schools or churches.

KRS 244.550 prohibits fortifying, adulterating, or contaminating malt beverages from what is originally marketed.

KRS 244.650 governs the sale of candies containing alcohol and prohibits their sale to minors.

KRS 244.990 lists penalties for the chapter.

KRS 304.18-130 to 304.18-180 pertain to treatment of alcoholism under Kentucky's insurance code and include the stipulation that alcoholism be considered a disease by all health care carriers.

KRS 309.080 to 309.089 govern alcohol and drug counseling and include requirements for certification, and revocation, suspension, or probation of certificate, plus additional penalties.

KRS 506.120 lists prohibitions related to organized crime, including criminal syndicate trafficking in alcoholic beverages.

Drugs and Controlled Substances Statutes

KRS 15.3971 states in part that court security officers must pass a drug screening test.

KRS 18A.043 requires the secretary of the Personnel Cabinet to implement the Federal Drug-Free Workplace Act for state employees.

KRS 138.870 to 138.889 impose excise taxes on marijuana and controlled substances. Those lawfully engaged in a taxable activity are exempt from the tax imposed by these sections.

KRS 158.154 requires school principals to report to local law enforcement certain acts that have occurred on school property, including possession of a controlled substance.

KRS 217.181 creates the crime of theft of a legend drug and includes penalties.

KRS 217.182 creates crimes of illegal possession and trafficking in legend drugs and includes penalties.

KRS 217.207 creates crimes of theft, criminal possession, trafficking, and unlawful possession of a prescription blank (for legend drugs) and includes penalties.

KRS 217.208 creates the crime of forgery of a prescription (for legend drug) and includes penalties.

KRS 217.209 creates the crime of criminal possession of forged prescription (for legend drug) and includes penalties.

KRS 217.900 defines "volatile substance" and prohibits inhaling or inducing others to inhale the fumes of a volatile substance. This section also prohibits selling, offering to sell, delivering, or giving a volatile substance for the purpose of inhaling.

KRS 218A.010 contains definitions for the chapter relating to controlled substances.

KRS 218A.030 contains criteria for scheduling of controlled substances.

KRS 218A.140 prohibits fraudulently attempting to obtain a prescription for a controlled substance or administering a controlled substance and includes penalties.

KRS 218A.1401 creates the crime of selling of controlled substances to a minor and includes penalties.

KRS 218A.1402 states that anyone who criminally conspires to commit offenses in KRS Chapter 218A is culpable both for the conspiracy and for the underlying offense with the penalties provided in this chapter.

KRS 218A.1403 prohibits advertising other than in professional or trade publications of any controlled substance by its trade, generic, or formulary name and includes penalties.

KRS 218A.1404 prohibits trafficking, possessing, dispensing, prescribing, distributing, or administering any controlled substance except as authorized by law and includes penalties.

KRS 218A.1405 creates the crime of use or investment of any income directly or indirectly derived from trafficking in a controlled substance and includes penalties.

KRS 218A.141 designates additional penalties, relating to costs for disposal or cleanup, for trafficking in controlled substances or marijuana.

KRS 218A.1411 creates the crime of unlawfully trafficking in a controlled substance or a substantially similar substance in or near a school and includes penalties.

KRS 218A.1412 to 218A.1414 define the prohibitions of trafficking controlled substances in first, second, and third degrees and include penalties.

KRS 218A.1415 to 218A.1417 define the prohibitions of possessing controlled substances in first, second, and third degrees and include penalties.

KRS 218A.1418 creates the crime of theft of a controlled substance and includes a penalty.

KRS 218A.1421 to 218A.1423 create the crimes of trafficking, possessing, or cultivating marijuana and include penalties.

KRS 218A.1431 to 218A.1432 define and create the crime of manufacturing methamphetamine and include penalties.

KRS 218A.1437 to 218A.1438 create the crimes of unlawful possession and of distribution of a methamphetamine precursor and include penalties.

KRS 218A.1439 creates the crime of trafficking in or transferring dietary supplements containing ephedrine group alkaloids (with some exceptions) and includes penalties.

KRS 218A.1441 to 218A.1444 create the crimes of controlled substance endangerment to a child in degrees of first through fourth and include penalties.

KRS 218A.202 establishes electronic monitoring system for controlled substances and penalties for illegal use.

KRS 218A.275 provides that a person found guilty of a first offense possession of a controlled substance may be ordered to a treatment and rehabilitation facility. The court has the option of voiding the conviction upon satisfactory completion of treatment by the offender.

KRS 218A.276 provides that a person found guilty of possession of marijuana may be ordered to a treatment and rehabilitation facility. The court has the option of voiding the conviction upon satisfactory completion of treatment by the offender.

KRS 218A.282 creates the crime of forgery of a prescription for a controlled substance and includes penalties.

KRS 218A.284 creates the crime of possession of a forged prescription and includes penalties.

KRS 218A.286 creates the crimes of theft, unlawful possession, and trafficking in prescription blanks and includes penalties.

KRS 218A.350 prohibits the sale, transfer, or possession for sale or transfer of any substance that simulates controlled substances and includes penalties.

KRS 218A.500 defines and creates crimes related to the use of drug paraphernalia and includes penalties.

KRS 218A.991 to 218A.994 list other and additional penalties for crimes described in KRS Chapter 218A, including enhancement of a penalty when in possession of a firearm and including revocation or denial of an operator's license.

KRS 304.13-167 provides for credit to be given in setting rates for workers' compensation insurance for employers who implement a drug-free workplace program.

KRS 351.102 stipulates that applicants for certified miner and initial applicants for other mining certifications must provide proof they are drug and alcohol free. One hour of substance abuse education is required for a permit as a trainee miner.

KRS 351.106 requires initial and continuing substance abuse training and education for certified miners.

KRS 351.120 provides that miners' certificates may be suspended for violation of drug- and alcohol-free status or failure to submit to a drug or alcohol test.

KRS 351.182 to 351.186 specify the process for drug- and alcohol-free testing for miner certification.

KRS 525.100 creates the crime of public intoxication. Alcohol is excluded from this definition unless present in combination with a controlled or other intoxicating substance. The crime of alcohol intoxication is defined in KRS Chapter 222.

Tobacco Statutes

KRS 61.165 and 61.167 specify the smoking policy for government office buildings, postsecondary education institutions, and the state capitol buildings.

KRS 131.600 to 121.630 describe the Tobacco Master Settlement Agreement.

KRS 138.140 levies a state tax and surtax on cigarettes, an excise tax on wholesalers of other tobacco products, and an excise tax on cigarette papers as a part of “a rational tax policy” that “may well serve the public health goal of reducing smoking-related mortality and morbidity and lowering health care costs associated with tobacco-related disease.”

KRS 438.047 prohibits certain billboard advertising of cigarette or tobacco products within 500 feet of schools and includes a penalty.

KRS 438.050 assesses fines for unauthorized smoking on school premises by adults.

KRS 438.300 to 438.350 relate to the sale and distribution of tobacco products to minors. The intent is that these statutes be enforced to ensure the receipt of any federal funds the state may be eligible for relating to the provisions of these laws.

KRS 438.310 prohibits the sale of tobacco products to those under the age of 18 and includes a penalty.

KRS 438.311 stipulates that it is unlawful for persons under the age of 18 to purchase, accept receipt of, or to attempt to purchase or accept receipt of a tobacco product and includes a penalty.

KRS 438.313 prohibits distribution of tobacco products to persons under the age of 18 and includes a penalty.

KRS 438.315 prohibits sales to and purchases by any person under the age of 18 of tobacco products from vending machines and includes a penalty.

KRS 438.317 prohibits the sale or availability of cigarettes packaged in units of less than 20 cigarettes and includes penalties.

KRS 438.325 requires owners of retail establishments selling or distributing tobacco products to notify employees of prohibitions relating to tobacco products sales to minors and includes a penalty.

KRS 438.330 provides that the Office of Alcoholic Beverage Control and the Department of Agriculture will carry out random annual, unannounced inspections of retail establishments that sell or distribute tobacco products to enforce the provisions of this chapter.

KRS 438.350 prohibits the use or possession of tobacco products by persons under the age of 18.

Kentucky Administrative Regulations Related to Alcohol, Tobacco, and Other Drugs

10 KAR 7:010 provides for granting start-up funds for KY-ASAP local boards.

Comment by Program Review staff: This regulation and 10 KAR 7:020 should be revised to change references to KRS Chapter 12 to the appropriate sections of KRS Chapter 15A, place them under Title 500 rather than Title 10, and correct references to the KY-ASAP “executive director” that no longer exists. The enabling legislation for the reorganization did not instruct the reviser of regulations to make any changes.

10 KAR 7:020 provides for granting ongoing funds for local boards.

302 KAR 78.020 stipulates that a driver’s license or nondriver identification card must be used for proof of age to purchase tobacco products and describes the signage retailers must use to warn of the prohibition of tobacco product sales to minors.

804 KAR 13:010 outlines the definition, duties, and procedures of the Office of Alcoholic Beverage Control.

805 KAR 11:001 to 11.020 provide definitions and requirements for applying for certification and for receiving certification as a drug-free workplace with the Office of Mine Safety and Licensing.

906 KAR 1:160 implements the tracking system for certain nonprescription drugs as defined in KRS 218A.1446.

907 KAR 3:110 stipulates the requirements for community mental health center substance abuse prevention and treatment services, including certification of prevention professionals.

908 KAR 1:380 establishes licensing procedures and standards for substance abuse prevention programs.

Comment by Program Review staff: References to statutes are out of date. KRS 194.050 is referenced but does not exist. Executive Order 2004-726 was confirmed by the General Assembly and does not need to be mentioned.

Appendix B

Agencies and Organizations Involved in Substance Use and Abuse Issues

This appendix lists state government agencies that are known to Program Review staff and that have a role in alcohol, tobacco, and other drug use and abuse issues; there may be others. In addition, there is a sampling of frequently mentioned agencies and organizations outside state government. Agencies that hold a seat on the Kentucky Agency for Substance Abuse Policy (KY-ASAP) state board are indicated.

Executive Branch

Justice and Public Safety Cabinet (*KY-ASAP state board*)

Office of Drug Control Policy

KY-ASAP

MethCheck

Grants Management Branch

Law Enforcement Service Fee grants program

Byrne/JAG program

Champions for a Drug-Free Kentucky

Department of Juvenile Justice

Division of Community and Mental Health Services

Division of Program Services

Department for Public Advocacy

Social Worker Pilot Project (Oct. 15, 2006, to Oct. 15, 2007)

Department of Corrections

Prison Treatment Program

Jail Treatment Program

Substance Abuse Branch

Department of Kentucky State Police

Drug Task Force Operations

KSP Operations Division

Criminal Justice Council

Cabinet for Health and Family Services (*KY-ASAP state board*)

Department for Mental Health, Developmental Disabilities and Addiction Services

Division of Mental Health and Substance Abuse Services (*KY-ASAP state board*)

Community Mental Health Centers

Regional Prevention Centers

Kentucky Commission on Services and Supports for Individuals with Mental

Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses (House

Bill 843 Commission)

Structured Prevention Framework State Incentive Grant

Cabinet for Health and Family Services (continued)

- Department for Public Health (*KY-ASAP state board*)
 - Division of Epidemiology and Health Planning
 - Division of Prevention and Quality Improvement
 - Division of Adult and Child Health
 - Tobacco Prevention and Cessation Program
- Department for Family Resource Centers and Volunteer Services
 - Division of Family Resource and Youth Services Centers
- Department for Community Based Services
 - Sobriety Treatment and Recovery Teams (START)
 - Partners in Prevention
- Department for Medicaid Services
- Office of Inspector General
 - Drug Enforcement and Professional Practices Branch
 - Kentucky All Schedule Prescription Electronic Reporting system

Education Cabinet

- Department of Education (*KY-ASAP state board*)
 - Safe and Drug-Free Schools
 - Core content for various curricula
 - 21st Century Community Learning Centers
- Kentucky Center for School Safety
 - Too Good for Drugs
- Department of Workforce Investment
 - Office of Vocational Rehabilitation

Energy and Environment Cabinet

- Department for Natural Resources
 - Office of Mine Safety and Licensing

Labor Cabinet

- Office of Occupational Safety and Health

Personnel Cabinet

- Office of Employee Relations
 - Employee Recognition Branch
 - Employee Assistance Branch
- Department of Employee Insurance
 - Division of Special Programs

Public Protection Cabinet

Department of Public Protection

Department of Alcoholic Beverage Control (*KY-ASAP state board*)

Department of Insurance

Division of Occupations and Professions

Alcohol and Drug Counselor's Board

Administratively attached but independent boards:

Kentucky Board of Nursing

Kentucky Board of Pharmacy

Kentucky Board of Medical Licensure

Transportation Cabinet

Office of Highway Safety

Division of Highway Safety Programs

Governor's Transportation Safety Challenge

Department of Agriculture

Office for Consumer and Environmental Protection

Division of Regulation and Inspection

Department for Local Government

Recovery Kentucky liaison

Appalachian Regional Commission liaison

Judicial Branch

Administrative Office of the Courts (*KY-ASAP state board*)

Drug Courts

Family Drug Courts

Court Designated Workers

Pretrial Services

Sampling of Local Government and Quasi-governmental Agencies

Kentucky Health Departments Association (*KY-ASAP state board*)

Family Resource and Youth Services Coalition of Kentucky (*KY-ASAP state board*)

Kentucky Association of Regional Programs (*KY-ASAP state board*)

Kentucky Housing Corporation

Recovery Kentucky

Kentucky Public Health Association

Kentucky Magistrates and Commissioners Association

Kentucky Association of Counties

Local governments with smoking restrictions

Local government smoking prevention and cessation programs

Local government substance abuse prevention and treatment programs

Sampling of University Programs

University of Kentucky
College of Nursing
Kentucky Tobacco Policy Research Program
Center on Drug and Alcohol Research
Targeted Assessment Program
Drug Endangered Child Program
Kentucky Treatment Outcome Study
Criminal Justice Kentucky Treatment Outcome Study
University of Kentucky and University of Louisville
Kentucky Cancer Program
Eastern Kentucky University
Kentucky School of Alcohol and Other Drug Studies

Sampling of Private Agencies

REACH of Louisville (*KY-ASAP state board*)
American Cancer Society
Kentucky Cancer Society (*KY-ASAP state board*)
American Heart Association
Kentucky Heart Association (*KY-ASAP state board*)
American Lung Association
Kentucky Lung Association (*KY-ASAP state board*)
Christian Appalachian Project (*KY-ASAP state board*)
Prevention Research Institute, Inc.
Kentucky School of Alcohol and Other Drug Studies
National Association of State Drug Abuse Directors
National Prevention Network
Kentucky Prevention Network
National Treatment Network
Big Brothers and Big Sisters
Kentucky Network for Collegiate Substance Abuse Prevention

Sampling of Federal Government Agencies (including joint state-federal)

Office of National Drug Control Policy
Appalachian Regional Commission
Appalachia High Intensity Drug Trafficking Area
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Department of Justice
Office of Community Oriented Policing Services
Drug Enforcement Administration

Appendix C

Review of Strategic Planning

This appendix presents two KY-ASAP strategic plans and example pages from the Healthy Kentuckians 2010 plan for comparison. The KY-ASAP December 2002 plan begins below. The January 2008 plan begins on page 120. The Healthy Kentuckians 2010 example begins on page 129.

KY-ASAP Strategic Plan December 2002

The first KY-ASAP strategic plan was completed in September 2002. A revision with some minor changes was dated December 2002. The following is the text of the December 2002 plan with the only significant change noted by Program Review staff in brackets (page 117).

Kentucky Agency for Substance Abuse Policy

In the year 2000, the Kentucky Legislature created a new agency—the Kentucky Agency for Substance Abuse Policy, attached to the office of the Governor. KY-ASAP is charged in KRS 12.332 (1) to “Develop a strategic plan to reduce the prevalence of smoking and drug and alcohol abuse among both the youth and adult populations in Kentucky.” The legislature also gave KY-ASAP a broad charge to make policy recommendations related to both the implementation of the strategy as well as the achievement of related outcomes. Specific agency functions are referenced throughout this document. The KY-ASAP Board looks to the Agency to keep alcohol, tobacco and other drug treatment and prevention efforts the focus of the highest level of state government.

Vision

“A Commonwealth of healthy communities, free of the abuse of alcohol, tobacco, and other drugs and related consequences.”

Mission

To promote the implementation of research-based strategies that target Kentucky youth and adults; to pursue the philosophy that tobacco in the hands of Kentucky’s youth is a drug abuse problem and is the most prevalent gateway drug that may lead to later drug and alcohol use; and to support the local tobacco addiction and alcohol and substance abuse advisory and coordination board.

Scope of the Strategy—expanded to include Adults and Treatment

The strategy to be developed by the Kentucky Agency for Substance Abuse Policy is legislatively mandated to address both youth and adult substance abuse, treatment and prevention

needs. The Commonwealth of Kentucky Strategy for Reducing Substance Abuse and Related Problems is the first iteration of that comprehensive strategy.

Involvement and Development of the Strategy

An eighteen (18)-member board was created. This board represents many agencies and organizations that play key roles in programming for substance abuse prevention and treatment, at both the state and local levels. This expanded strategy includes items suggested by Board task forces or grew out of discussion at Board meetings.

The principles written in the 1999 Kentucky Youth Substance Abuse Prevention Strategy are just as relevant today as they have been for the past few years. Therefore the new strategy re-affirms them as the basis for the new Commonwealth of Kentucky Strategy for Reducing Substance Abuse and Related Problems.

Science-based - Accountability

Sensible substance abuse policy is based on scientific findings about which prevention and treatment approaches work best. The Strategy calls for the development of methods for identifying and applying the most effective approaches to reducing substance abuse and related problems. Studies published in peer-reviewed journals are considered the most valid and reliable sources of scientific information. Knowledge about best practices may also be found in research reviews and summaries by government agencies and private foundations dedicated to this endeavor. Efficient mechanisms for analyzing, disseminating, and applying scientific knowledge are key to the success of the Strategy.

Comprehensive and Communication

Successfully reducing problems related to substance abuse in the Commonwealth will involve a multi-faceted approach. The legislative mandate to extend the strategy to encompass adults and treatment recognizes the need for comprehensive efforts. Many factors contribute to the development of substance abuse problems. Unfortunately, there is no one “magic bullet” that will address these complex issues. The Strategy must address both supply and demand, and meet the needs of the general public as well as high-risk groups. Education, public policy initiatives, law enforcement, and a range of treatment modalities are some of the programmatic approaches that must be coordinated in a comprehensive system. The Commonwealth of Kentucky Strategy for Reducing Substance Abuse and Related Problems outlines a “road map” for the first leg of this challenging journey.

Long-term Commitment

The Strategy does not envision efforts to address substance abuse as a “war” that can be definitively won and consequently abandoned, but rather as a long-term commitment to protecting Kentuckians from a constantly evolving threat to their well-being. That is why the Strategy focuses so intently on developing a SYSTEM for addressing these problems - strengthening the groundwork of an infrastructure that is able to identify and be responsive to

Kentucky's substance abuse related needs. Without a systematic approach, responses are likely to be sporadic, reactionary, and probably ineffective. The Strategy rejects quick fixes and commits to the arduous but promising task of system development.

Collaborative—Integrity

The Strategy pursues the legislative intent for many agencies and organizations to work together to build a sound infrastructure for substance abuse prevention and treatment. This can happen only through intensive collaboration. The inclusion of adult and treatment issues only serves to expand the list of needed collaborators. These include not only partnerships among and between those appointed to the KY-ASAP Board, but also among and between the KY-ASAP Local Boards.

KY-ASAP has begun to define some avenues for collaboration, in state and local planning board processes. The Commonwealth of Kentucky Strategy for Reducing Substance Abuse and Related Problems further outlines specific mechanisms for ongoing collaboration.

Four Goals of the Strategy

Building on the recommendations from the Strategy Task Force, Community Task Force, and others, the KY-ASAP State Board developed detailed core values, goals, objectives and activities. Those Core Values are accountability, collaboration, commitment, communication and integrity. The following four goals that incorporate these core values form the basic components of the Strategy:

- To design a system for planning, funding, and evaluating prevention and treatment strategies that coordinates the activities of all the state agencies and organizations involved, and that can be applied to efforts at the local level.
- To utilize researched based findings and best practices as a foundation for effective planning and funding of prevention and treatment strategies.
- To utilize the comprehensive prevention framework and an appropriate continuum of care for treatment.
- Encourage diverse and inclusive involvement and support for prevention and treatment strategies.

The Strategic Plan¹

KY-ASAP is charged in KRS 12.332 (1) to “Develop a strategic plan to reduce the prevalence of smoking and drug and alcohol abuse among both the youth and adult populations in Kentucky.” The legislature also gave KY-ASAP a broad charge to make policy recommendations related to both the implementation of the strategy as well as the achievement of related outcomes. Specific agency functions are referenced throughout this document. The KY-ASAP Board affirms this central role of the Agency to keep alcohol, tobacco and other drug treatment and prevention efforts the focus of the highest level of state government and to strengthen the ability of state and local board members to increase state and local agencies’ accountability, implement best practices and achieve cost savings.

The Commonwealth of Kentucky Strategy for Reducing Substance Abuse and Related Consequences provides a basic outline strengthening a science-based prevention and best practice treatment system in the Commonwealth. The Four Goals of the Strategy will continue to be the focus of state planning efforts and policy decisions for several years to come. Specific action plans related to each of the goals, however, will evolve and change as an effective prevention and treatment-planning infrastructure continue to be strengthened. As the recommendations of this Strategy are implemented, new action plans based on the Strategy are expected to be published.

Goal 1: To design a system for planning, funding, and evaluating prevention and treatment strategies that coordinates the activities of all the state agencies and organizations involved, and that can be applied to efforts at the local level.

Objectives

- 1.1 Create an integrated state level data base collection for alcohol, tobacco and other drug prevention and treatment to support needs assessment and planning at the state and community levels by December 1, 2003.
 - Activity 1.1.1: Distinguish the 18 to 24-age category as a separate category from adults when reporting data on alcohol and tobacco.
 - Activity 1.1.2: Review existing data collection mechanisms, inclusions of but not limited to school and adult surveys, for example: Department of Mental Health and Mental Retardation Client and Event Data Set aggregated data, Department of Public Health aggregated data

¹ Laying the groundwork for the Strategy, the KY-ASAP and the KY-ASAP State Board’s Strategy Task Force took a number of steps to clarify the direction a statewide strategy should take. The Strategy Task Force endorsed Healthy Kentuckians 2010, the 1999 Kentucky Incentives for Prevention (KIP) Project’s Kentucky Youth Substance Abuse Prevention Strategy, and the HB 843 Kentucky Commission on Service and Supports For Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders and Dual Diagnoses report as it relates to substance abuse treatment, as a basic set of objectives to guide the Strategy. Recommendations of the Strategy Task Force were formally adopted by the KY-ASAP State Board. Also, the Commonwealth Coalition-an advisory group representing 30 different agencies and organizations involved in alcohol, tobacco, and other drug prevention-endorsed the state board’s strategy recommendations.

collection, Kentucky Treatment Outcome Services, FOCUS, and social indicators.

Activity 1.1.3: Review ongoing compilation of data conducted by various commissions and councils.

Activity 1.1.4: Determine where mechanisms may overlap or compete.

Activity 1.1.5: Identify data gaps and evaluate strategies to allow the information to be quickly accessed and utilized at the local and state levels.

Activity 1.1.6: The KY-ASAP State Board in conversation with KY-ASAP Local Boards will develop policies for better coordination and enhancement of the data collection.

1.2 Identify needs and gaps in services by January 2004.

Activity 1.2.1: Review existing data collection mechanisms, inclusions of but not limited to school and adult surveys, for example: Department of Mental Health and Mental Retardation Client and Event Data Set aggregated data, Department of Public Health aggregated data collection, Kentucky Treatment Outcome Services, FOCUS, and social indicators.

Activity 1.2.2: Review and update the alcohol, tobacco and other drug indicators for the Healthy Kentuckians 2010 objectives, based on the most up-to-date data available.

Activity 1.2.3: The KY-ASAP State Board will develop an agreed to process for State Board members to assure that each member has a management plan in place that will reduce barriers to services and funds and assures accountability as to expenditures and program success targeted towards meeting validated needs and filling in service gaps.

Activity 1.2.4: Reassess needs and gaps in services on an annual basis.

Activity 1.2.5: Address at least one of the related needs, as determined by the KY-ASAP State Board, using the process outlined in the Principles of Effectiveness and the Prevention Framework.

1.3 Develop standard evaluation procedures of agreed upon outcomes and indicators of success in terms of measurable changes in the abuse of alcohol, tobacco, and other drugs for prevention and treatment strategies.

- Activity 1.3.1: The KY-ASAP State Board will develop an agreed to process for State Board members to assure that each member has a management plan in place that will reduce barriers to services and funds needed to support an evaluation framework which would include agreed upon cross agency core outcomes and indicators of success.
- Activity 1.3.2: The Cabinet for Health Services, Kentucky Department of Education, and KY-ASAP Local Boards will select an alcohol, tobacco and other drug prevention core set of outcomes and indicators, for review by the KY-ASAP State Board and implementation by its members.
- Activity 1.3.3: The Department of Public Health and KY-ASAP Local Boards will select tobacco cessation core set of outcomes and indicators, for review by the KY-ASAP State Board and implementation by its members.
- Activity 1.3.4: The Cabinet for Health Services, HB 843 Commission, and KY-ASAP Local Boards will select alcohol and other drug treatment core sets of outcomes and indicators, for review by KY-ASAP State Board and recommendations to be forwarded to the HB 843 Commission.
- Activity 1.3.5: Develop standard data collection procedures that incorporate the key core indicators for review by the KY-ASAP State Board.
- 1.4 Establish procedures to use existing funds to increase additional resources to support effective prevention and treatment strategies by June 2003.
- Activity 1.4.1: Each organization/agency on the KY-ASAP State Board will assure that each member has a management plan in place that will maximize resources; reviews for best practices and stretches existing dollars as well as encourages local leveraging of existing dollars.
- Activity 1.4.2: Develop policies and procedures to assure that, where applicable, KY-ASAP Board agencies’/organizations’ funds to support for science base prevention strategies.
- Activity 1.4.3: Develop policies and procedures to assure that, where applicable, KY-ASAP Board agencies’/organizations’ funds support best practice treatment strategies.

Activity 1.4.4: Work with other commissions and councils to leverage additional funds to meet unmet needs for alcohol, tobacco, and other drug prevention or treatment services.

Goal 2: To utilize research based findings and best practices as a foundation for effective planning and funding of prevention and treatment strategies.

Objectives

2.1 Provide a mechanism for analyzing and disseminating best practices, and researched based findings of prevention and treatment strategies by November 2004.

Activity 2.1.1: Link the Expert Panel appointed by the Cabinet for Health Services more effectively with KY-ASAP State Board member agencies bridging the gap between research and application as to alcohol, tobacco and other drug prevention and smoking cessation.

Activity 2.1.2: The KY-ASAP State Board will work with state commissions and councils to develop the mechanism for analysis and dissemination of best practices for prevention and treatment.

Activity 2.1.3: The KY-ASAP Agency will survey the need for an expert panel to assist state board members and other agencies to help bridge the gap between research and application for alcohol and other drug treatment.

2.2 Formalize linkages with the Cabinet for Health Services Expert Panel by January 1, 2003.

Activity 2.2.1: Strengthen the link between the Expert Panel and the KY-ASAP strategic planning process by involving the Panel in researching best practices for reaching state prevention goals.

Activity 2.2.2: Link the Expert Panel more effectively with KY-ASAP State Board Member Agencies bridging the gap between research and application. [Program Review staff note: The phrase “of prevention strategies” in the September plan was removed, suggesting that prevention was not the only focus.]

Goal 3: To utilize the comprehensive prevention framework and an appropriate continuum of care for treatment.

Objectives

3.1 Reduce risk factors and increase protective factors. Ongoing.

- Activity 3.1.1: Member agencies/organizations will assist communities to deliver clear and consistent messages regarding the consequences of underage use of alcohol, tobacco, and illicit drugs.
- Activity 3.1.2: Member agencies/organizations will assist communities to deliver clear and consistent messages regarding abuse of alcohol, tobacco, and other drugs.
- 3.2 Encourage policies and practices that reduce both inappropriate access to and abuse of alcohol, tobacco, and other drugs by December 2003.
- Activity 3.2.1: Work closely with the Criminal Justice Council to address the link between alcohol, tobacco, and other drug use and criminal activity.
- Activity 3.2.2: Review the youth prevention framework to see how it may be applied to alcohol, tobacco and other drug prevention efforts for adults. Make revisions if needed.
- Activity 3.2.3: Incorporate HB 843 Commission recommendations as appropriate for improving substance abuse treatment services.
- 3.3 Solicit review and comment on the treatment continuum of care from treatment experts and representatives. Ongoing.
- Activity 3.3.1: To work with the HB 843 Commission to solicit comment and input on the existing continuum of care for treatment.
- 3.4 Develop a structured training plan (or plans on various levels) for education on use of the prevention framework and continuum of care for treatment by April 2003.
- Activity 3.4.1: Update the existing Four Elements of Prevention Training and provide more opportunities for partners to participate.
- Activity 3.4.2: Develop a training plan on the continuum of best practices for substance treatment.
- Goal 4: Encourage diverse and inclusive involvement and support for prevention and treatment strategies.**

Objectives

- 4.1 Increase government/private sector collaborative efforts at both the state and local levels. Ongoing.

- Activity 4.1.1: Work with institutions of higher education and the Workforce Development Cabinet to solicit their involvement in prevention and treatment efforts.
- Activity 4.1.2: Develop linkages with the Department of Agriculture, Department of Transportation, and Department of Local Government that strengthens the work at the state and local levels.
- 4.2 Provide guidance and support for state and local involvement through a network of prevention and treatment professionals. Ongoing.
 - Activity 4.2.1: Work with the existing organized groups of prevention and treatment professionals to facilitate dialogue around prevention and treatment.
 - Activity 4.2.2: Develop training on how to effect policy for state and local boards in shaping environmental change.
- 4.3 Support community coalitions. Ongoing.
 - Activity 4.3.1: Develop a buddy system between lead agencies in local KY-ASAP Boards and non-participatory counties.
 - Activity 4.3.2: Recruit individuals who are familiar with the KY-ASAP process so that they might become motivational speakers in non-participatory counties.

Source: Commonwealth of Kentucky. Kentucky Agency for Substance Abuse Policy. *Strategy for Reducing Substance Abuse and Related Problems*. Dec. 2002

KY-ASAP Strategic Plan January 2008

The most recently published strategic plan is from January 2008. Overall, the strategic plan is too generic. It should include a more specific listing of policy recommendations and initiatives that flow from its goals. Goals should be divided between

- administrative goals intended to create systems and procedures to support the implementation and
- policy objectives to implement in the areas of prevention, treatment, and enforcement.

The plan is reproduced below with comments by Program Review staff in boxes to the left. References to a periodic time frame mean that the item should specify a review on some periodic basis such as quarterly or annually.

KY-ASAP: The Strategic Plan

KY-ASAP is required by KRS 15A.342 (formerly codified as KRS 12.332) (1) to “develop a strategic plan to reduce the prevalence of alcohol, tobacco and other drug use among the youth and adult populations in Kentucky.” The legislature also charged KY-ASAP to make policy recommendations related to both the implementation of the strategy as well as achieve related outcomes. Specific agency functions are referenced throughout this document.

Vision

A Commonwealth of healthy communities free of alcohol, tobacco and other drug use/abuse and related consequences.

Mission

To promote the reduction of alcohol, tobacco and other drug use/abuse through the implementation of comprehensive collaborations and strategies.

Scope of the Strategy

The strategy to be developed by KY-ASAP is legislatively mandated to address youth and adult substance abuse, treatment and prevention needs.

Development of the Strategy

The KY-ASAP state board represents many agencies and organizations that play key roles in programming for substance abuse prevention, treatment and enforcement at state and local levels.

Evidence-based Accountability

Evidence-based substance abuse policy is based on researched findings regarding which prevention and treatment approaches are

most effective. The strategy calls for the development of methods for identifying and applying the most effective approaches to reduce substance abuse and related problems. Efficient mechanisms for analyzing, disseminating and applying evidence-based knowledge are keys to the success of the strategy.

Comprehensive Communication System

Successfully reducing problems related to substance abuse in the Commonwealth involves a multi-faceted approach. The legislative mandate to extend the strategy to encompass youth, adults, prevention and treatment recognizes the need for comprehensive efforts. Many factors contribute to the development of substance abuse problems. The strategy must address both supply and demand and meet the needs of the general public as well as high-risk groups. Education, prevention, public policy initiatives, law enforcement and a range of recovery opportunities are some of the programmatic approaches which must be coordinated into a comprehensive system.

This statement of the nature of the problem is consistent with the views of many experts and with best practices.

Long-term Commitment

The strategy acknowledges substance abuse is a public health issue that must address the chronicity, co-morbidity and relapse dynamic of the illness. The plan focuses on the development of a sustainable infrastructure including prevention, treatment and enforcement that can be evaluated and proven effective. Further, the plan commits to utilizing the Strategic Prevention Framework as the outline for implementing prevention initiatives.

Collaborative Integrity

The strategy suggests many agencies and organizations must work together to build a sound infrastructure for substance abuse prevention and treatment. This can happen only through intensive collaboration. KY-ASAP has begun the needed collaboration to address this concept. The plan further outlines mechanisms for continuing collaboration among state, local and community stakeholders.

Core Values of the Strategy

Building on the recommendations of the 2004 Drug Summit Assessment, the previous KY-ASAP strategic plan and community needs assessments, the strategy has developed core values, goals, objectives and activities. These core values are:

- accountability
- collaboration
- commitment
- communication
- integrity

The goals of the strategic plan incorporate core values from the basic components of the strategy. The state board also endorsed Healthy Kentuckians 2010, Commonwealth Alliance for Substance Abuse Prevention and work of the HB 843 Commission on Service and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders and Dual Diagnoses as a basic set of values to guide the strategy.

The Strategic Plan

There should be an explicit review schedule for statewide needs and resources and for the plan itself. The plan as a whole should include enforcement if ODCP considers enforcement one of its responsibilities.

The KY-ASAP strategic plan provides a basic outline for strengthening an evidence-based prevention and best practice treatment system in the Commonwealth. The four goals will be the focus of state planning efforts and policy decisions for the future. Specific action plans related to each goal, however, will evolve and change as an effective prevention and treatment planning infrastructure continues to strengthen.

There does not appear to be a formal system for planning, funding, and evaluating prevention and treatment strategies nor for coordinating the activities of all state agencies. The goal should be to create such a system.

Goal 1: To maintain, expand and improve the system for planning, funding and evaluating prevention and treatment strategies while coordinating the activities of all state agencies and organizations involved.

This should have some description of how to measure access to the Data Warehouse and a defined work product, for example, a report on access trends.

Objective 1.1 Encourage access to the Data Warehouse to support needs assessment and planning at state and community levels (ongoing)

This should be assigned to someone and have some description of what the review is looking for.

Activity 1.1.1: Review ongoing compilation of data collected by various commissions and councils

This should be assigned to someone and have a time frame and a defined work product.

Activity 1.1.2: Identify data gaps and evaluate strategies to allow the information to be quickly accessed and utilized at local and state levels

This should be assigned to someone and have a time frame.

Activity 1.1.3: Create a plan to publicize/endorse the Data Warehouse for use by other entities and the public

This should be assigned to someone, have a periodic time frame, and have some description of expectations.

Activity 1.1.4: Review work of the Strategic Prevention Framework Epidemiology Workgroup

<p>This should be assigned to someone and have a time frame and a defined work product.</p>	Objective 1.2 Identify needs and gaps in services (ongoing)
<p>This should be assigned to someone and have a periodic time frame and a defined work product.</p>	Activity 1.2.1: Consult with existing contractors and Epidemiology Workgroup to review existing data to determine needs and gaps
<p>This should be assigned to someone and have a periodic time frame. ODCP indicated that no action has been taken.</p>	Activity 1.2.2: Review and update the alcohol, tobacco and other drug indicators for the Healthy Kentuckians 2010 objectives, based on the most up- to-date data available
<p>This should be assigned to someone and have a periodic time frame. It should not be limited to state board members. ODCP indicated that no action has been taken. The 2002 strategic plan included this activity with the next one, making accountability part of each agency's management plan.</p>	Activity 1.2.3: Assure each member of the KYASAP state board has a management plan in place that will reduce barriers to services and funding
<p>This should be assigned to someone and have a periodic time frame and a defined work product. Program Review staff interpret ODCP's mandate to recommend policy related to efficient use of funds and effectiveness for state programs. ODCP disagreed and stated that the activity applied to local boards. ODCP has taken no action related to this item at the state level.</p>	Activity 1.2.4: Assure accountability for expenditures and performance targeted towards meeting needs and filling in service gaps
<p>This should be assigned to someone and have a defined work product.</p>	Activity 1.2.5: Reassess needs and gaps in service on an annual basis

<p>This is an important objective. In the 2002 strategic plan, it included a management plan for each agency to reduce barriers to services and funds needed to support evaluation. This is not redundant with the similar activity in Objective 1.2. There should be a defined work product.</p>	<p>Objective 1.3 Assure effective evaluation procedures of outcomes and performance indicators in terms of measurable changes in the use/abuse of alcohol, tobacco and other drugs for prevention and treatment strategies (ongoing)</p>
<p>Someone should be assigned to oversee this activity. It should have a timeline and defined work product. It should not be limited to state board members.</p>	<p>Activity 1.3.1: KY-ASAP local boards will select a core set of outcomes and indicators, for review by the KY-ASAP state board and implementation by its members</p>
<p>Someone should be assigned to oversee this activity. It should have a timeline and defined work product. It should not be limited to state board members. Tobacco prevention should be considered for inclusion. ODCP indicated that no action has been taken.</p>	<p>Activity 1.3.2: The Department of Public Health and KY-ASAP local boards will select tobacco cessation core set of outcomes and indicators, for review by the KY-ASAP state board and implementation by its members</p>
<p>Someone should be assigned to oversee this activity. It should have a timeline and defined work product. It should apply to prevention and treatment. ODCP indicated that no action has been taken.</p>	<p>Activity 1.3.3: The Cabinet for Health and Family Services and the HB 843 Commission will work collaboratively to share outcome and performance indicators with KY-ASAP state board</p>
<p>Someone should be assigned to oversee this activity. It should have a timeline and defined work product. It should apply to prevention and treatment.</p>	<p>Activity 1.3.4: Assure coordination of evaluation procedures across stakeholders</p>
<p>There should be a periodic time frame and defined work product.</p>	<p>Objective 1.4 Establish procedures to use existing funds to leverage additional resources to support effective prevention and treatment strategies (ongoing)</p>
<p>Someone should be assigned to oversee this activity. There should be a periodic time frame. It should not be limited to state board members. It should apply to prevention and treatment. ODCP indicated that no action has been taken.</p>	<p>Activity 1.4.1: KY-ASAP state board members will assure each member has a management plan in place to maximize resources; review for best practices and stretch existing dollars for substance abuse issues</p>

Someone should be assigned to oversee this activity. There should be a periodic time frame and defined work product. It should not be limited to state board members.

Activity 1.4.2: Assure KY-ASAP board agencies and organizations support evidence-based prevention strategies

Someone should be assigned to oversee this activity. There should be a periodic time frame and defined work product. It should not be limited to state board members. ODCP indicated that no action has been taken.

Activity 1.4.3: Assure KY-ASAP board agencies and/or organizations support best or promising practice treatment strategies

This should be assigned to someone and there should be a periodic time frame and defined work product. ODCP indicated that no action has been taken.

Activity 1.4.4: Work with other commissions, councils and agencies to leverage additional funds to meet unmet needs for alcohol, tobacco and other drug prevention or treatment services

Goal 2 as worded seems largely redundant with activities under Objective 1.4. The objectives under Goal 2, however, are distinct. Goal 2 may need to be reworded. One change in this goal since 2002 is elimination of references to Expert Panels.

Goal 2: To utilize evidence-based findings and best practices as a foundation for effective planning and funding of prevention and treatment strategies.

There should have a periodic time frame and defined work product. Based on the 2002 plan, Program Review staff interpret this as applying to state agencies as well as local boards. ODCP disagreed and stated that the objective applied only to local boards

Objective 2.1 Provide a mechanism for disseminating best and evidence- based strategies for prevention and treatment (ongoing)

Someone should be assigned to oversee this activity. There should be a periodic time frame and defined work product. It should apply to state agencies and local boards. ODCP indicated that no action has been taken.

Activity 2.1.1: The KY-ASAP state board will work with commissions and other councils to develop the mechanism dissemination of best practices information for prevention and treatment

Someone should be assigned to oversee this activity. There should be a periodic time frame and defined work product. ODCP indicated no action has been taken yet pending completion of the SPF project.

Activity 2.1.2: Conduct community forums, utilizing lessons learned by the Strategic Prevention Framework – State Incentive Grant to provide information and education to local communities about substance abuse and related issues

It is unclear for what the framework and continuum are used and by whom. There are no objectives under Goal 3 related to treatment. The 2002 plan included two treatment objectives, but they were not particularly strong. This goal should include a strong treatment component, even if it defers to the 843 Commission.

Goal 3: To utilize the strategic prevention framework and an appropriate continuum of care for treatment.

This is an important objective. It should have a periodic time frame and defined work product.

Objective 3.1 Reduce risk factors and increase protective factors (ongoing)

Someone should be assigned to oversee this activity. There should be a periodic time frame and defined work product. It should be carried out by all relevant state agencies and organizations, not just state board members. In 2002, there were two distinct activities, one regarding underage use, the other regarding abuse. It is important to make sure both underage use and use and abuse across the lifespan are targets.

Activity 3.1.1: Member agencies and organizations will assist communities to deliver clear and consistent messages regarding consequences of youth use/abuse of alcohol, tobacco and other drugs

This should be assigned to someone and there should be a periodic time frame and defined work product.

Activity 3.1.2 Encourage and train local boards to use the SPF process in defining needs and allocating resources for prevention

This is an important objective. It should have a periodic time frame and defined work product.

Objective 3.2 Encourage policies and practices that reduce both inappropriate accesses to and abuse of alcohol, tobacco and other drugs (ongoing)

This activity was present in the 2002 plan under this objective and it remains unclear why it is associated with this objective. It should be associated with a treatment objective (see above). It should indicate what the recommendations are to be incorporated into and it should be assigned to someone and have a time frame. ODCP indicated that no action has been taken.

Activity 3.2.1: Incorporate HB 843 Commission recommendations as appropriate for improving substance abuse treatment services

This should be assigned to someone. There should be a periodic time frame and defined work product.

Activity 3.2.2: Consult with the law enforcement community to support the most effective methods of enforcement of substance abuse

This goal seems broad and vague. It might be better to create a separate goal restated as tailoring methods to the audience or client. This is a separate issue from diverse and inclusive involvement.

Goal 4: Encourage cultural competence, diverse and inclusive involvement in prevention and treatment strategies.

This is an important objective. It should have a periodic time frame and defined work product.

Objective 4.1 Increase government/private sector collaborative efforts at state and local levels (ongoing)

Someone should be assigned to oversee this activity. There should be a periodic time frame and defined work product. It is not clear what is intended. ODCP indicated it refers to developing the substance abuse professional workforce. ODCP indicated working with a subcommittee of the 843 Commission but ODCP does not have a copy of the result.

Activity 4.1.1: Work with institutions of higher education and the Department for Workforce Investment to solicit their involvement in prevention and treatment efforts

Someone should be assigned to oversee this activity. There should be a periodic time frame and defined work product. There needs to be more focus on the private sector. ODCP indicated that no action has been taken regarding Agriculture or Transportation, but extensive activity with Local Government regarding Recovery Kentucky.

Activity 4.1.2: Maintain linkages with the Department of Agriculture, the Transportation Cabinet and the Governor's Office for Local Government that strengthen the work at state and local levels

This is an important objective. It should have a periodic time frame and defined work product.

Objective 4.2 Provide guidance and support for state and local involvement through a network of prevention and treatment professionals (ongoing)

This should be assigned to someone. There should be a periodic time frame and defined work product.

Activity 4.2.1: Work with the existing organized groups of prevention and treatment professionals to facilitate dialogue around prevention and treatment

This is an important objective. It should have a periodic time frame and defined work product. Its activities should be developed to state the kinds of support and how they will be provided.

Objective 4.3 Support community coalitions (ongoing)

This should be assigned to someone. There should be a periodic time frame and defined work product.

Activity 4.3.1: Provide guidance and technical assistance to existing local boards

This should be assigned to someone. There should be a periodic time frame and defined work product. The 2002 plan included activities to connect lead agencies in existing local ASAP boards with their counterparts in nonparticipating counties and to recruit individuals to be motivational speakers in those counties.

Activity 4.3.2: Provide guidance and technical assistance to developing boards

Source: Commonwealth of Kentucky. Office of Drug Control Policy. Kentucky Agency for Substance Abuse Policy. *KY-ASAP: The Strategic Plan*. Jan. 11, 2008. <<http://odcp.ky.gov/NR/rdonlyres/0C6EFE98-9065-4DB4-9680-AB97EC78B9A6/0/StrategicPlan11108.pdf>> (accessed Nov. 10, 2008).

Examples From Healthy Kentuckians 2010

The Healthy Kentuckians 2010 plan provides some examples of measurable outcomes. It has a summary presentation and a more detailed presentation. It lacks sufficient detail in its description of strategies to understand who will carry them out, how they will be carried out, and what the implementation milestones are.

Summary of Objectives for Tobacco	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
3.1. Reduce the proportion of adults (18 and older) who use tobacco products.	Cigarettes 30.8% (1998)	≤25%	27.5% (2004)	Yes	BRFSS
	Cigars 5.5% (1998)	≤4%	5.9% (2001)	No	
	Spit Tobacco 3% (1997)	≤2%	5% (2004)	No	
3.2R. Increase to 58 percent the proportion of cigarette smokers ages 18 and older who smoke every day and stop smoking for a day or more.	47.9% (1998)	≥58%	47.6% (2004)	No	BRFSS
3.3. (DELETED)					
3.4. Reduce cigarette smoking among pregnant women to a prevalence of no more than 17 percent.	24.7% (1997)	≤17%	23.9% (2003)	Yes	Vital Statistics
3.5R. (Developmental) Of new mothers who smoked in the first three months before becoming pregnant, increase the percentage who abstained from using tobacco during pregnancy.	TBD	TBD	TBD	TBD	Vital Statistics
3.6. Reduce the proportion of young people who have smoked cigarettes within the past 30 days.	High School 37% (2000)	≤27%	28% (2004)	Yes	YTS
	Middle School 22% (2000)	≤14%	15% (2004)	Yes	
3.7R. Reduce the proportion of high school youth who smoked a whole cigarette before age 13.	32.5% (1997)	≤22%	29.4% (2003)	Yes	YRBSS
3.8. Increase to 32 percent the proportion of young people in grades 9 to 12 who have never smoked.	26% (2000)	≥32%	31% (2002)	Yes	YTS
3.9R. Increase to 56 percent the proportion of students in high school who smoke who quit for at least a day or more.	60% (2000)	≥62%	55.2% (2004)	No	YTS

Note: BRFSS=Behavioral Risk Factor Surveillance System; YRBSS=Youth Risk Behavior Surveillance System; YTS=National Youth Tobacco Survey

Progress toward Achieving Each HK 2010 Objective

3.1. Reduce the proportion of adults (18 and older) who use tobacco products.

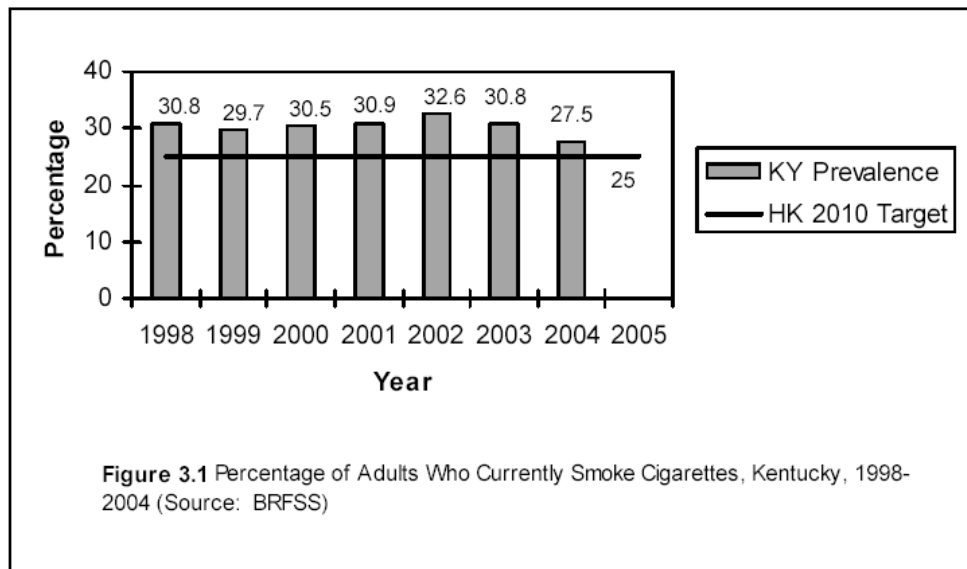
Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Refused and unknown responses are excluded. Questions on cigarette use are asked every year. Questions on other tobacco products use (cigars and spit tobacco) were asked in: 1997 (spit tobacco), 1998 (cigars), 2001 (both products) and 2004 (both products).

Cigarettes

Baseline: 30.8 percent in 1998

HK 2010 Target: 25.0 percent

Mid-Decade Status: 27.5 percent in 2004

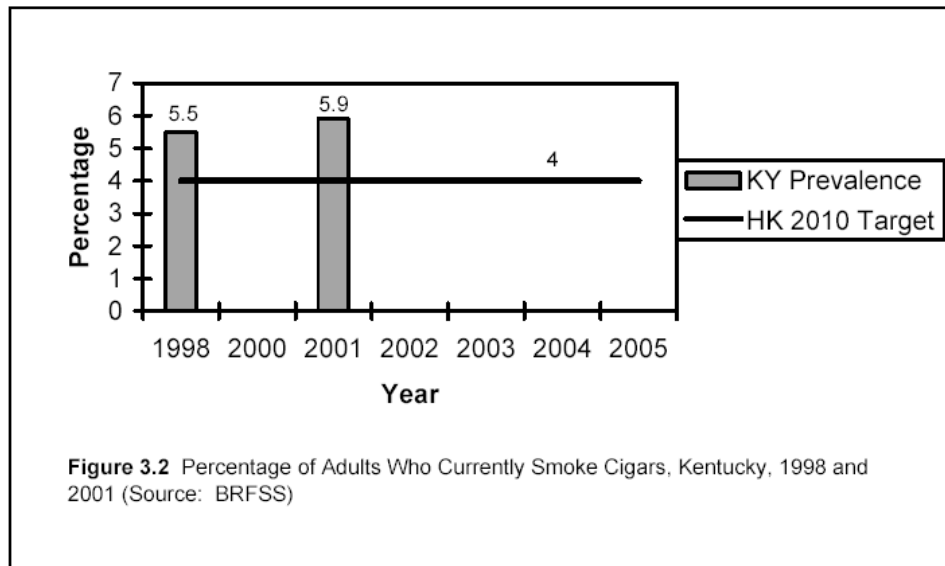


Cigars

Baseline: 5.5 percent in 1998

HK 2010 Target: 4 percent

Mid-Decade Status: 5.9 percent in 2001

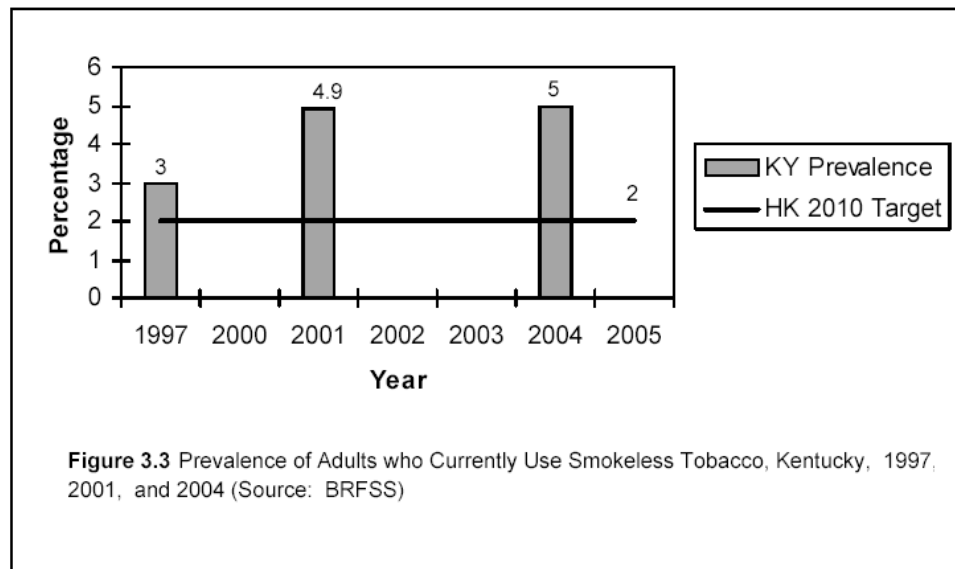


Smokeless Tobacco

Baseline: 3 percent in 1997

HK 2010 Target: 2 percent

Mid-Decade Status: 5 percent in 2004



Data Needs: Data on current cigar and smokeless tobacco prevalence among adults are needed on a more regular basis (two-year).

Strategies to Achieve Objective:

- Promote the use of evidence-based cessation programs
- Promote the accessibility and availability of tobacco cessation programs through advertising and marketing strategies
- Tailor tobacco cessation to special populations (e.g. African Americans, Hispanics, low-income)
- Promote provider education and providers' use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination

Source: Commonwealth of Kentucky. Cabinet for Health and Family Services. Department for Public Health. *Healthy Kentuckians 2010 Mid-Decade Review*. March 2006. < <http://chfs.ky.gov/NR/rdonlyres/2413CE9E-6FA9-43DD-805F-665CD299FEFC/0/MidDecadeReview1.pdf> > (accessed Nov. 10, 2008) 35-37, 60.

Appendix D

Establishment, Resources, and Activities of KY-ASAP Local Boards

Establishment

The following table provides the year each local board was established and the number of counties included in each. Multicounty boards from which one or more counties left the board are noted. Boards were created in four rounds, which also is indicated in the table.

Establishment of Local Boards

Board	Year Established	Counties Covered	Round Established
BKW (Bell, Knox, Whitley)	2001	3	1
Boyle	2001	1	1
Bridge of Partnership (McLean and Ohio, later split)	2001	2	1
Buffalo Trace (Fleming, Lewis, Mason, Bracken, Robertson)	2001	5	1
Calloway	2001	1	1
Central Kentucky (Taylor)	2001	1	1
GMH (Grayson, Meade, Hardin)	2001	3	1
Heartland Trail (Marion, Nelson, Washington)	2001	3	1
Lake Cumberland (Adair, Pulaski, Wayne, Cumberland; later split)	2001	4	1
Lee	2001	1	1
Northern Kentucky (Campbell, Boone, Grant, Gallatin, Pendleton, Kenton, Carroll, Owen)	2001	8	1
Region 6 (Bullitt, Jefferson, Henry, Oldham, Shelby, Spencer, Trimble) (Henry later became a single-county board)	2001	7	1
Tri-County (Boyd, Carter, Greenup)	2001	3	1
Warren	2002	1	1
Allen	2002	1	2
Blackpatch Council (Caldwell, Livingston, Lyon, Trigg)	2002	4	2
Bourbon/Harrison	2002	2	2
BLS (Butler, Logan, Simpson)	2002	3	2
Crittenden	2002	1	2
Daviess	2002	1	2
Fayette	2002	1	2
Floyd/Pike	2002	2	2
Garrard	2002	1	2
Johnson/Martin	2002	2	2
Lincoln	2002	1	2

Continued on next page

Board	Year Established	Counties Covered	Round Established
Madison	2002	1	2
Magoffin	2002	1	2
Mercer	2002	1	2
Monroe	2002	1	2
Nicholas	2002	1	2
Pennyryle (Christian, Muhlenberg, Todd)	2002	3	2
Rowan	2002	1	2
South Central (Green)	2002	1	2
Clay/Jackson	2003	2	2
BHM (Barren, Hart, Metcalfe)	2003	3	3
Casey	2003	1	3
Clark	2003	1	3
Clinton	2003	1	3
Edmonson	2003	1	3
Estill/Powell	2003	2	3
Franklin	2003	1	3
Henderson	2003	1	3
Hopkins	2003	1	3
Knott	2003	1	3
Letcher/Owsley (later split)	2003	2	3
Marshall	2003	1	3
McCreary	2003	1	3
Menifee	2003	1	3
Montgomery	2003	1	3
Morgan	2003	1	3
Scott	2003	1	3
Union	2003	1	3
Webster	2003	1	3
Woodford	2003	1	3
Ballard	2005	1	4
Breathitt	2005	1	4
Breckinridge	2005	1	4
Carlisle	2005	1	4
Graves	2005	1	4
Hancock	2005	1	4
Jessamine	2005	1	4
LaRue	2005	1	4
Laurel	2005	1	4
Leslie	2005	1	4

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Board	Year Established	Counties Covered	Round Established
Rockcastle	2005	1	4
Russell	2005	1	4
Lawrence	2007	1	
Perry	2007	1	
Wolfe	2007	1	

Source: Program Review staff compilation of information provided by KY-ASAP staff.

When KY-ASAP was in the Office of the Governor, local boards were created in three rounds over the years 2001 to 2003. During this period, 54 local boards were created, of which 19 were multicounty boards.

KY-ASAP was transferred to ODCP in the Justice and Public Safety Cabinet, on January 26, 2004. Subsequently, 15 new single-county boards were created, of which 12 had applied for designation before January 26, 2004; 3 multicounty boards divided to become 8 single-county boards; one county left a multicounty board to form its own board.

There are now 16 multicounty boards, down from a high of 19. The statute encourages multicounty boards. KY-ASAP staff explained that reasons that multicounty boards divide included differences in opinion among members about representation and allocation of funding.

KY-ASAP staff reported that whenever a multicounty board is in the verge of a split, KY-ASAP has attempted to resolve differences among counties. If a split is unavoidable, counties work on dividing the available funding and the items they had purchased as a unit. The newly separated boards do not receive the start-up funding that is normally granted to new local boards.

Currently, there are 75 local boards that cover 113 counties. Anderson, Bath, Elliott, Harlan, Hickman, Fulton, and McCracken Counties do not have local boards. Two of these counties have expressed interest in forming boards.

Resources

Start-up Funding and Annual Allocations

Most funding for local boards has come from the Tobacco Master Settlement Agreement Fund and is routed through ODCP. Local boards are allocated start-up funding when they are initially created. The amount of the award depends on whether a board is a single- or a multicounty board. Awards are set by 10 KAR 7:010. Depending on the availability of funds, awards are \$50,000 for a single-county board; \$110,000 for a two-county board; \$175,000 for a multicounty board; and \$200,000 for a multicounty board covering an area with a total population of at least 250,000.

Start-up funding is disbursed to each local board in two lump-sum payments. The first payment is made upon establishment of the board after more than one-half of its members are appointed. The second payment is made after assessment and review by ODCP and KY-ASAP of the

board's use of funding from the first payment and implementation of its community strategic plan and after all the board's members are appointed. New local boards that result from splitting of existing multicounty boards are not eligible for start-up funding.

Depending on the availability of funds, local boards may apply annually for ongoing funding. Funding applications are due May 1 of the prior fiscal year. The application package includes a summary of activities the board has accomplished and how funding was used during the latest reporting period, an outline of the initiatives the board is planning to take toward the continued implementation of the local strategic plan, and a budget estimate for undertaking those initiatives.

Applications for funding are evaluated by ODCP and KY-ASAP based on the following criteria:

- compliance with ODCP and KY-ASAP requirements;
- conformity to applicable statutes and regulations;
- relevance of the proposed expenditures to the local needs and strategic plan, as well as to KY-ASAP's mission;
- performance of the local board;
- fiscal responsibility for the use of funding previously allocated; and
- effectiveness of the local boards in their respective communities.

Previous use of funds accounts for 50 percent of the score when ODCP and KY-ASAP evaluate a request. A local board's award is based in part on how well it has documented its needs and how the award will help address those needs. Disbursement is made in two equal payments that are tied to the completion and filing of the semiannual reports.

According to ODCP and KY-ASAP staff, KY-ASAP expenditures were frozen in fiscal year 2005, the year of the agency's transfer from the Office of the Governor to the Justice and Public Safety Cabinet. As a result of the freeze, no allocations were made to the local boards that year. ODCP and KY-ASAP staff reported that after the appointment of a new executive director in February 2005, ODCP created a new process for the allocation of funds. Beginning in late 2005, \$3.05 million of carryover funds from FY 2005 and FY 2006 was distributed to local boards.

In fiscal years 2007, 2008, and 2009, the amount of ongoing funding awarded to local boards was approximately \$1.8 million each year. In FY 2007 and FY 2008, funding was awarded to 65 boards. In FY 2009, funding was awarded to 70 boards. Remaining boards have had funding carried over from the previous year or had not spent all their start-up funding.

Funding for Capacity Building

In June 2005, ODCP and KY-ASAP authorized a one-time Tobacco Master Settlement Agreement Fund allocation to nine communities to help them address readiness issues and therefore be eligible for the Strategic Prevention Framework State Incentive Grant. The eligible counties were determined during the grant assessment process as having low resources but high levels of abuse of specific drugs. The capacity-building project spans March 2007 to March 2009.

In order to receive funding, selected local boards were required to submit applications explaining how their communities will address substance use and abuse issues and provide a budget estimate and narratives on how funds will be spent. To facilitate the process, ODCP developed a partnership with the Division of Mental Health and Substance Abuse to offer training and guidance to local boards on proposal writing and the use of the Strategic Prevention Framework.

Upon approval of funding applications, ODCP issued contracts with individual boards, labeled hot spot funding. These agreements are separate from those signed between KY-ASAP and local boards regarding the annual fund allocations. The following table shows the selected communities, the target substance, and amount awarded.

Hot Spot Funding

Board (County)	Target Substance	Amount Awarded	Amount Disbursed as of May 9, 2008	Balance
Northern Kentucky (Gallatin)	Tobacco	\$25,000	\$10,000	\$15,000
Leslie	Tobacco	\$28,500	\$10,000	\$18,500
Breathitt	Tobacco	\$9,023	\$9,023	\$0
Perry	Tobacco	\$15,000	\$10,000	\$5,000
Heartland Trail (Nelson)	Alcohol	\$9,150	\$9,150	\$0
Black Patch Council (Lyon)	Alcohol	\$44,966	\$24,609	\$20,357
Black Patch Council (Lyon)	Inhalant	\$44,998	\$32,342	\$12,656
Laurel	Methamphetamine	\$45,000	\$20,000	\$25,000
Henry	Underage Drinking	\$27,657	11,149	\$16,508
Total		\$249,294	\$136,273	\$113,021

Source: Information provided by KY-ASAP staff.

Among the communities initially considered, only one county was denied State Incentive Grant funding due to its failure to meet the community readiness requirement.

Other Funding Opportunities

In addition to the KY-ASAP funds, other funding opportunities, including federal and private, have been available to most local boards. The boards may apply for grants either individually or jointly with other local coalitions or programs. Federal funds include the Strategic Prevention Framework State Incentive Grant, the Drug-Free Communities Grant, Substance Abuse and Mental Health Services Administration Grants, Department of Education Grants, and Center for Substance Abuse Prevention Grants. Private funding is available in the form of donations through some private entities.

In-kind Donations

In-kind donations to local boards include office space, office equipment and supplies, and services. Free services are provided by fiscal agents for 38 local boards and by coordinators for 9 boards.

Operations

Focus of Activities

Local boards' scope covers prevention and education, treatment, and law enforcement. The focus of their activities and support is dependent on their local needs. The following table shows the number of boards by area of focus.

Areas of Focus for 47 Local Boards

Program Area	Boards
Prevention/Education	29
Treatment	2
Prevention/Education, Treatment	11
Treatment, Law Enforcement	1
Prevention/Education, Treatment, Law Enforcement	4
Total	47

Note: Forty-seven boards answered the question about the board's area of focus.
Source: Program Review staff compilation of the local boards' responses to LRC information requests.

Expenditures by Program Area

Until recently, KY-ASAP staff did not keep electronic records of local boards' aggregate financial data. The table below covers the period February 1, 2008-June 30, 2008, and fiscal year 2002, for which information also was available.¹ The percentage of funding allocated to prevention programs decreased to 62 percent, but prevention remains the largest area of focus for the local boards.

Percentages of Local Boards' Expenditures Per Program Area

Program Area	Fiscal Year 2002	Feb. 1, 2008-June 30, 2008
Prevention	82%	62%
Treatment	18%	29%
Law enforcement	0%	8%
Total	100%	100%

Note: For fiscal year 2002, the analysis covers the 24 local boards that existed at the time. For Feb.1-June 30, 2008, 54 of 75 boards are covered.

Source: Program Review staff compilation of information provided by KY-ASAP staff.

Other expenditures include administrative costs, which consist mainly of the administrative fees paid to the boards' fiscal agents. According to KY-ASAP staff, fees for administrative services are negotiated between the fiscal agent and the board. Early KY-ASAP policy stated that fiscal agents should charge no more than 10 percent of board funding for their services. The fees

¹ Program Review staff requested budgetary information from the local boards for the past 5 years. Typical responses were not thorough or consistent enough to be used for this report.

actually charged vary from no cost, in-kind donations to more than 10 percent, as shown in the following table. Agency staff explained that the excess fee may cover the local board’s use of items such as facility, supplies, and copiers.

Fees for Administrative Services as Percentages of Local Boards’ Funding

Fee	Number of Boards
No fee	38
Less than 6%	13
6% to 10%	18
More than 10%	4
Total	73

Note: KY-ASAP staff did not provide information for two local boards.

Source: Program Review staff compilation of information provided by KY-ASAP staff.

Fiscal agents charging a fee higher than 10 percent are the local health departments in Marshall County (14.2 percent) and Franklin County (28.2 percent), the local board of education in Edmonson County (20 percent), and Corbin Independent Schools for the Bell/Knox/Whitley multicounty board (13.3 percent). KY-ASAP has recently urged the Marshall and Franklin local boards to replace their fiscal agents. Marshall County has done so and Franklin County is in the process of selecting a new fiscal agent.

Semiannual Reports

Local boards are required by 10 KAR 7:010(8) to report to ODCP and KY-ASAP semiannually. Funding disbursement to local boards is contingent on submission of these reports. A copy of each report is to be forwarded to the state board and included in the KY-ASAP annual report to the Legislative Research Commission and the governor.

A review of some semiannual reports suggests that the local boards report on

- their adherence to the philosophy of KY-ASAP as an advisory and coordinating board,
- the progress made by the board toward the implementation of its strategic plan since the latest report,
- the successes that the board achieved since the last reporting period, and
- a certification by the board that meetings were held as required and business conducted with the required quorum.

Local boards also report on their revenues by source and their expenditures by category and program area. Recent changes to the reporting requirements request the local boards to report obligated funds as expenditures and to include in their reports funding and revenues other than funds from KY-ASAP. The latter information is requested for informational purposes only and does not affect the amount of funding received through KY-ASAP.

Appendix E

Research Methods

Data Collected From KY-ASAP Local Boards

Program Review staff sent two information requests to the local boards by e-mail through KY-ASAP. The first request included questions on the local programs, the available local financial and human resources, the involvement of the boards' members and their participation in the boards' activities, the needs assessment and planning, the boards' main activities and areas of focus, and the boards' relationships with Office of Drug Control Policy (ODCP) and KY-ASAP staff in terms of information flow. The request also included a 5-year budget spreadsheet that the boards were asked to complete.

Sixty-one of 75 local boards responded to the first request of information, but some did not answer all questions. In most cases, the replies to the budgetary questions were either inconsistent or partial and therefore did not allow for an analysis to be used in this report.

The second e-mail request included questions on networking opportunities among boards, funding of local programs, monitoring the use of KY-ASAP funds, reporting and accountability for the use of those funds, assessing the effectiveness of all local substance-related programs, updating needs assessments and strategic plans, coordinating local programs, and describing the types of services received from ODCP and KY-ASAP staff.

Fifty-eight of 75 local boards replied to the second set of questions, but some did not answer all questions.

To supplement this information, staff reviewed financial information and local boards' documents obtained from KY-ASAP staff, including but not limited to some of the semiannual reports, requests for proposals and requests for proposals review forms, and contracts between KY-ASAP and local boards' fiscal agents.

Canvass of Agencies Involved in Prevention and Treatment

Program Review staff conducted a confidential canvass of agencies that are involved in some way in prevention or treatment of substance use and abuse. This was not a true survey for several reasons, including that

- the agency staff were not selected randomly or uniformly,
- the agencies and staff within them were not at comparable administrative levels, and
- some of the agencies were not part of state government.

The canvass was conducted to gather information about the level of awareness other agencies had of ODCP and KY-ASAP. It also attempted to gather information about the impact of ODCP and KY-ASAP on other agencies' policies, practices, and coordination.

Three groups of individuals were selected, and their responses were combined.

Program Review staff developed a list of agencies that might be involved in prevention or treatment. Staff presented this list to ODCP personnel and asked them to list all the individuals they had contacted at each listed agency on prevention and treatment matters since April 2007. ODCP personnel were encouraged to include agencies that were not on the prepared list, and they did so. Program Review staff combined the lists of names and obtained e-mail addresses for as many of them as possible. This constituted the largest group of names.

For agencies for which ODCP did not indicate any contacts, Program Review staff used agency Web sites and contacted agencies to identify individuals who might have been involved in prevention or treatment activities since April 2007. Staff added those names to the list.

After the canvass began, some respondents indicated that they were not the appropriate persons to ask, were not at the agency during the target time frame, or their work involved only enforcement. They were removed from the canvass. Some gave contact information for an alternate person. Program Review staff added those alternates to the list.

The canvass was conducted in a baseline stage and a prompted stage. In both cases, each recipient was asked to respond to questions from the perspective of the agency at which he or she worked since April 2007. In some cases, a respondent may have worked at two agencies during that time. Those respondents received an e-mail with two sections, one for each agency.

The baseline stage e-mail did not mention ODCP or KY-ASAP. It consisted of two open-ended questions asking about the source of policy and practice information used by the agency and the initiator of coordination between the agency and other agencies. The objective was to get a sense of how well known ODCP and KY-ASAP were across state agencies by counting the number of times they were mentioned without prompting. See the figure below for a typical baseline e-mail.

Baseline Canvass E-mail

Greetings!

This message from Kentucky legislative staff is for «FirstName» «LastName». We are compiling information about Kentucky's *alcohol, tobacco, and other drug* prevention and treatment policies and programs.

You have received this message because our information indicates that at some time since April 2007 you worked for or with the following agencies that provided programs or services or were otherwise involved in prevention or treatment:

- «Agency1»

If our information is incorrect, there is no need to answer any of the questions below. Please just reply and let us know.

Please note: We are trying to get a sense of how substance abuse policy is disseminated within state government. Also, we are trying to understand how coordination between agencies happens. Your unique perspective is important to our understanding.

Please answer based on your own experience and recollection. Your response, your name, and your agency will be confidential. Your reply will be combined with other responses and no person will be identified.

Based on your experience at «Agency1» since April 2007, please respond to the following questions about *alcohol, tobacco, and other drug* prevention and treatment:

1. **Policy:** While at «Agency1», if you wanted to know what Kentucky's policy or recommended practice is on a prevention and treatment issue, to what agency, person, or document would you turn for guidance?

Please list up to 3 most important sources of policy information.

Sources of Kentucky Policies and Practices

2. **Coordination:** Please list the most significant ways «Agency1» coordinated with other agencies on prevention and treatment programs or services since April 2007. For each one, please mention the person or agency that suggested or initiated the collaboration.

Please list up to 3 most significant examples.

Collaborating Agencies Initiating Person or Agency

The prompted stage of the canvass consisted of four questions, each with four possible responses. The first two questions asked how frequently the respondent had had contact with ODCP or KY-ASAP state staff and how frequently the respondent had used information from the ODCP or KY-ASAP Web site or documents. If the respondent indicated any contact or use of information, two additional questions asked the respondent to rate the impact of ODCP or KY-ASAP on policy and coordination at the respondent's agency. The figure below shows a typical e-mail from this stage.

Prompted Canvass E-mail

Greetings!

This message from Kentucky legislative staff is for «FirstName» «LastName».

Thank you for your previous response to our inquiry about Kentucky's *alcohol, tobacco, and other drug* prevention and treatment policies and programs.

We would like you to answer a few additional questions about your experience with Kentucky's Office of Drug Control Policy (ODCP) and the Kentucky Agency for Substance Abuse Policy (KY-ASAP). Please respond only for the ODCP and KY-ASAP state office, not for local boards.

Please note: Your unique perspective is important to our understanding. Please answer based on your own experience and recollection. Your response, your name, and your agency will be confidential. Your reply will be combined with other responses and no person will be identified.

Based on your experience at «Agency1» since April 2007, please respond to the following questions:

1. Since April 2007 while at «Agency1», please describe your verbal or e-mail contact with ODCP or KY-ASAP state staff (place an 'X' next to one):

No contact
 Minimal contact
 Occasional contact
 Frequent contact

2. Since April 2007 while at «Agency1», please describe your use of information from the ODCP or KY-ASAP Web site or other documents (place an 'X' next to one):

No use of information
 Minimal use of information
 Occasional use of information
 Frequent use of information

If you answered both #1 'No contact' and #2 'No use of information,' please stop here and send your reply.

Based on your experience, please rate the impact of ODCP and KY-ASAP on aspects of the *alcohol, tobacco, and other drug* prevention and treatment prevention and treatment programs or services since April 2007.

3. **Policy:** In adopting policies and practices for prevention or treatment programs or services at «Agency1», please rate the influence of ODCP or KY-ASAP (place an 'X' next to one):

_____ Essential
_____ Important
_____ Minor impact
_____ No impact

4. **Coordination:** Considering all prevention or treatment programs at «Agency1» since April 2007 that involved coordination or collaboration with another agency, please rate how important ODCP or KY-ASAP was in creating or facilitating the relationship (place an 'X' next to one):

_____ Not applicable to any programs at this agency
_____ Essential
_____ Important
_____ Minor impact
_____ No impact

The baseline stage began on September 9, 2008, and lasted until September 22, 2008. A clarification was sent based on feedback from the initial respondents and the form of the baseline e-mail was finalized as shown. Two reminders were sent to those who did not respond.

Shortly after a response was received, the respondent was sent the prompted e-mail. The prompted stage began on September 9, 2008, and ran concurrently with the baseline stage until September 22, 2008.

Those who had not responded to the baseline e-mail by noon on September 22, 2008, were considered nonresponders on the baseline. No further baseline responses were accepted. However, these baseline nonresponders did receive a modified copy of the prompted e-mail in order to maximize the amount of information gathered. The modified e-mail simply changed the second line to

We are sorry we did not get your response to our earlier inquiry about Kentucky's alcohol, tobacco, and other drug prevention and treatment policies and programs. Please ignore the earlier request.

One reminder was sent to those who did not respond to the prompted e-mail. The prompted stage ran until October 2, 2008. No responses were received after that time.

After removals and additions, 123 persons were included in the baseline canvass. Of these, 78 provided at least partially usable responses for a response rate of 63.4 percent.

The baseline canvass question responses were categorized by reviewing the answers for the presence of ODCP, KY-ASAP, or any of their staff. A respondent had to provide a usable answer to at least one question to be counted.

The same 123 persons were included in the prompted canvass, and 87 responded with at least partially usable answers for a response rate of 70.7 percent.

Appendix F

Response From the Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy

Recommendation 2.1

- To address staffing limitations, the Office of Drug Control Policy should include in its semi-annual report an estimate of the staffing and funding level required to fulfill all its responsibilities and a prioritized list of responsibilities indicating what might be accomplished with different levels of staffing and resources.

Response 2.1

- The Office of Drug Control Policy concurs with this Recommendation and further recommends the General Assembly consider revising KRS 15A.342(20) to consolidate reporting requirements to one annual report.

Recommendation 2.2

- The Office of Drug Control Policy should maintain standard operating procedures and records adequate to ensure continuity in leadership and staff. The agency should utilize automated tools as much as possible to increase efficiency in management and oversight. The agency should utilize a project management system to manage its strategic planning, implementation planning, and coordination tasks.

Response 2.2

- The Office of Drug Control Policy and KY-ASAP concur with Recommendation 2.2. However, ODCP/KY-ASAP would note that current funding, staffing and resources create barriers in implementing this type of system. As funding and resources become available the ODCP & KY-ASAP will attempt to implement the system suggested by Recommendation 2.2.

Recommendation 2.3

- The General Assembly may wish to consider amending the statute to clarify what Kentucky Agency for Substance Abuse Policy is, to define its relationship with the Office of Drug Control Policy, and to distinguish their duties.

Response 2.3

- The Office of Drug Control Policy and KY-ASAP concur with Recommendation 2.3. However, with a small co-mingled staff, the reality is that both ODCP and KY-ASAP staff share the responsibility of statewide policy and coordination tasks.

Recommendation 2.4

- The General Assembly may wish to consider clarifying whether the Kentucky Agency for Substance Abuse Policy state board should be responsible for oversight of the Office of Drug Control Policy as a whole or the KY-ASAP branch only and whether the board should oversee all agency funding.

Response 2.4

- KY-ASAP is responsible to the State Board as its advising entity. The ODCP receives oversight and funding from the Secretary of the Justice and Public Safety Cabinet and its Executive Staff.

Recommendation 2.5

- Rather than limiting the Kentucky Agency for Substance Abuse Policy state board to overseeing KY-ASAP, the Office of Drug Control Policy should solicit the advice of the board on all of the office's activities; use the board to facilitate coordination in all areas; and request the board to provide knowledge, advice, and consultation on all policy and program issues.

Response 2.5

- ODCP currently uses the State Board for program advice on issues related to KY-ASAP only. As stated in Response 2.4, the ODCP has, and should, take its direction from the Office of the Justice and Public Safety Cabinet Secretary. However, ODCP will seek advice and counsel of the state board on matters of public policy on substance abuse issues.

Recommendation 2.6

- In order to ensure the greatest effectiveness of the Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy, the governor should consider placing the agencies in the Office of the Governor.

Response 2.6

- ODCP has performed well and its mission has been served adequately in the Justice and Public Safety Cabinet, Recommendation 2.6 however may merit further study.

Recommendation 2.7

- Under its coordination mandate, the Office of Drug Control Policy should resolve all perceived redundancies with other planning and coordination entities at the state and local levels by coordinating its own and the Kentucky Agency for Substance Abuse Policy's efforts with those other entities and ensuring that their activities are compatible. For redundancies that cannot be resolved, the office should recommend a resolution as part of its strategic plan and report to the governor and General Assembly.

Response 2.7

- ODCP will continue to seek out situations where redundancies occur and strive to remove them. However, very few conflicts of this nature have arisen over the past four years.

Recommendation 2.8

- The General Assembly may wish to consider whether to include enforcement and criminal justice explicitly in the Office of Drug Control Policy's mandate, including that of local boards, and whether to add enforcement and criminal justice representatives to the Kentucky Agency for Substance Abuse Policy state board.

Response 2.8

- ODCP and KY-ASAP agree that law enforcement representation on the state board would enhance the state board membership.
- ODCP has remained very involved with law enforcement in that most agencies in the Commonwealth involved in proactive drug enforcement receive funding from the Justice Cabinet.

Recommendation 2.9

- The Office of Drug Control Policy should review its use of the Kentucky Agency for Substance Abuse Policy's funds and any other available funds and determine the most effective means of applying them toward Kentucky's substance use and abuse efforts in the context of the overall strategic plan. The agency should provide the funding support necessary, for the continuing operation of KY-ASAP local boards. If projects are funded by the boards, the agency should implement a process to identify projects that merit continuation. Stable, long-term funding of those projects should be part of the agency's strategic plan so that local board funds can be applied to emerging local needs.

Response 2.9

- The ODCP has no discretionary funds budgeted, although some expenditures that affect the entire state have been made, i.e. Partnership for a Drug-Free Kentucky.

- In regard to KY-ASAP funds, ODCP has interpreted that the main purpose of these funds is to provide resources for local boards to help fund prevention, treatment and enforcement efforts at community level.

Recommendation 3.1

- In order to comply with the statute and best practices, the Kentucky Office of Substance Abuse Policy should require local boards to
 - to consider all entities operating locally, including state agencies, in their needs and resources assessments, strategic plans, reports on effectiveness and efficiency, and recommendations for increased or decreased funding;
 - update their needs and resources assessments and strategic plans reasonably often and to submit the most recent versions to KY-ASAP;
 - work toward reasonable outcome evaluations of all entities operating locally and to report on them; and
 - ensure adequate financial accountability for the use of local boards' funds.

Response 3.1

- In its directions to local boards, KY-ASAP will reiterate the necessity to integrate the bulleted items included in Recommendation 3.1 as part of the local boards' responsibilities.

Recommendation 3.2

- The Kentucky Agency for Substance Abuse Policy should assess local boards' needs and provide responsive training and support. The agency should consider reinstating a system of field consultants and regional networks of local boards. The agency should implement a routine process to compile local boards' ideas and issues for action by the agency and the KY-ASAP state board, with feedback to the local boards.

Response 3.2

- KY-ASAP currently responds to all local boards needs and has provided training and support when asked. KY-ASAP corresponds with local boards via e-mail, telephone, etc. on a daily basis.
- ODCP supports the concept of a system of field consultants but current resources prohibit this idea from becoming a reality. ODCP's position is that a system of field reps could be beneficial in assisting local communities with development and on-going evaluation of their needs & resource assessments as well as their strategic planning instruments.

Recommendation 4.1

- The Kentucky Agency for Substance Abuse Policy should provide training, consultation, and networking to local boards to assist them in engaging relevant members of the community. The Office of Drug Control Policy should work with state agencies to overcome barriers to

local participation and should work with relevant professional organizations to create awareness of local boards and a culture of participation.

Response 4.1

- The Office of Drug Control Policy and KY-ASAP concur with Recommendation 4.1. KY-ASAP currently provides networking opportunities to local boards in various ways including – board to board mentoring, sharing of best practices, quarterly newsletter, and others. ODCP continually strives to promote awareness; however, current resources and staffing create limitations to its ability to reach out to community leaders in the manner suggested in Recommendation 4.1. ODCP will continue to strive to improve its performance in this area.

Recommendation 4.2

- The Office of Drug Control Policy should develop a detailed action plan to coordinate all state agency substance use and abuse prevention, treatment, and enforcement efforts. The agency should attempt to engage these state agencies through incentives and negotiation as much as possible and should exercise its statutory authority prudently. Facilitating the participation of relevant nongovernmental organizations should be part of the coordination plan.

Response 4.2

- As of this date, ODCP has not found it necessary to use its statutory authority in order to coordinate and collaborate with other agencies. Because its mission is to serve as a leader and catalyst for improving the health and safety of all Kentuckians by promoting strategic approaches and collaboration to reduce drug use and related crime, ODCP continually seeks opportunities to collaborate and be apart of important and proactive issues.
- In fact some of ODCP's/KY-ASAP's collaborative efforts include, but are not limited to:
- Legislative initiatives including Senate Bill 63, Drugged Driving Bill, Strengthening Drug Tax, Meth Clean-up Bill, Multi-Jurisdictional Drug Task Forces, Electronic Monitoring of Pseudoephedrine Sales.
- Narcotics Officers Training Conferences
- KY School Board Association (East KY Schools), KY Center for School Safety, KY Youth Safe and Sober - Underage Drinking Initiative, Governor's Task Force on Campus Safety
- Inhalant Abuse Initiative
- KY Child Now, PRIDE Youth National Conference Steering Committee
- Commonwealth Alliance for Substance Abuse Prevention (SPF-SIG), Synar Inter-Agency Group, Tobacco Prevention and Cessation Program Strategic Planning Workgroup
- Kentucky Prevention Network, Kentucky College Network

Recommendation 5.1

- The Office of Drug Control Policy should maintain a statewide substance use and abuse needs assessment and a prevention, treatment, and enforcement resource map. These should

be adequate to determine service gaps, prioritize and recommend allocation of resources, and facilitate coordination.

Response 5.1

- ODCP has consistently maintained a map of drug enforcement resources as well as a KY-ASAP local board coverage map. Additionally, the Division of Mental Health and Substance Abuse maintains a map of treatment facilities which will be linked from the ODCP website. Additionally, ODCP has been constant in its plans to fill gaps of underserved areas of treatment and enforcement. ODCP concurs that a prevention map would be useful and agrees with this recommendation.

Recommendation 5.2

- The Office of Drug Control Policy should compile and maintain a description of Kentucky policies related to substance use and abuse and a description of recommended policies that require legislative or gubernatorial approval. These descriptions may be part of the strategic plan and the strategic plan should be based on them.

Response 5.2

- ODCP has recently met with and discussed with the Long-Term Policy Research Center (LTPC) the possibility of a year long study to help determine a 5 to 10 year legislative plan to address substance abuse. This recommendation is supported by the Justice and Public Safety Cabinet and has been recommended as a possible study topic for the LTPC. This approach, coupled with a strategic plan, has the potential to develop a long term approach to Kentucky's substance abuse issues.

Recommendation 5.3

- The Office of Drug Control Policy should develop and carry out a comprehensive strategic plan that meets strategic planning standards; that covers prevention, treatment, and enforcement; that includes administration and implementation goals; and that references a specific implementation plan and memorandum of understanding for each relevant agency or organization. The plan should be part of a continuous improvement process that includes assessment, planning, action, evaluation, and reassessment.

Response 5.3

- As stated in Response 5.2, ODCP hopes to enlist the services of the Long-Term Policy Research Center to conduct a long term study that will address Recommendation 5.3.

Recommendation 5.4

- The Kentucky Agency for Substance Abuse Policy should require local boards to conduct their needs and resources assessments and strategic planning according to accepted

standards; to cover prevention, treatment, and enforcement; to include administration and implementation goals; and to reference a specific action plan and memorandum of understanding for each relevant agency or organization. The strategic plans should be part of a continuous improvement process that includes assessment, planning, action, evaluation, and reassessment.

Response 5.4

- Each KY-ASAP local board is required to do a needs and resources assessment and strategic plan prior to receiving initial funding. Although KY-ASAP encourages local boards to update plans implementation is complicated by the fact that local boards are almost entirely comprised of community volunteers. KY-ASAP will continue to stress the assessment, planning, action, evaluation, and reassessment components of Recommendation 5.4.

Recommendation 5.5

- For the purpose of reporting on the proper organization of state government, the Office of Drug Control Policy should submit an annual list of recommendations for policies, programs, and funding at the state and local levels, along with adequate information to assess the recommendations. For the purpose of status reporting, the Office of Drug Control Policy should submit a consolidated semiannual report summarizing all of its activities, demonstrating progress toward the goals of the strategic plan, and showing how its activities and the strategic plan address each of the agency's statutory duties.

Response 5.5

- Recommendations for policy, programming and funding at the state level are made to the executive staff of the Justice & Public Safety Cabinet. When funds existed to create reports to the General Assembly one was produced. Should funds and staffing return to adequate levels that process will continue. KY-ASAP currently files an annual report.
- Recommendation 5.5 further suggests submittal of a semi-annual report. As recommended in Response 2.1, ODCP further recommends the General Assembly consider consolidating the reporting requirements in 15A.342(20) into one annual report.
- ODCP/KY-ASAP will strive to fulfill its reporting obligations.

