

**Law and Justice Interim Committee**  
**December 18, 2009**  
**Talking Points**

Panel #3: Judicial perspective, DUI courts, sentencing alternatives, treatment capacity

The committee members received three informational documents. Those are:

- Program Listing by Counties
  - Service Map
  - FY-09 CDB's budget
1. General Description of AMDD CDB:
    - Responsible for providing alcohol and drug prevention services, treatment and aftercare (continuing care) services.
    - Alcohol and drug services are provided through inpatient and outpatient settings.
    - Direct inpatient services are provided at the 76-bed Montana Chemical Dependency Center (MCDC) in Butte. This is a state program now operated by CDB.
    - Other inpatient, outpatient, and prevention services are provided through contracts with community-based programs around the state.
  2. Talking from the Program Listing:
    - The Bureau is committed to providing AODA services in all 56 counties.
    - CDB contracts with 18 not-for-profit community-based programs that provide direct AODA services in all 56 counties, including ACT.
    - Of those 19 providers six are Native American programs.
    - The programs listed are licensed or what we refer to as "approved" programs by the Quality Assurance Division.
    - The listing also includes the amount of county tax dollars and federal block grant funds each central office receives.
  3. Talking from the Service Map:
    - In addition to OP and ACT programs also provide intensive outpatient (at least 10 hours of treatment per week), inpatient (24 hour care), and transitional living facilities or also known as recovery homes.
    - This gives you a sense of the CD treatment infrastructure and capacity to serve DUI offenders.
  4. Talking from the Budget Sheet:
    - This budget sheet gives the members of the committee a high-end view of the CDB's FY-09 budget. As you can see, contracted CD providers are able to also bill Medicaid for outpatient treatment services.
    - FYI, the 2011 biennium appropriation is \$6.8 million annually for addiction services. Federal block grants provide \$4.9 million and general fund is \$1.8 million each year the 2011 biennium. The general fund supports community group homes for methamphetamine treatment. The 2007 Legislature approved the new programs.

- FYI, of the \$36.88 million total projected 2010 budget expenditure for the alcohol tax, DPHHS receives \$7.57 million or 20.53% of the total.

5. The Chemical Dependency Bureau of the Addictive and Mental Disorders Division/Department of Public Health & Human Services in cooperation with the State Highway Traffic Safety Bureau of the Montana Department of Transportation has sponsored training for ACT Counselors for many years. During the past five years, the CD Bureau, State Highway Traffic Safety, and treatment providers have been discussing the need to update the ACT curriculum as a means to reduce repeat DUI offenses. The current curriculum is not consistently applied across the state, and has not been demonstrated to be particularly effective in changing behavior. Therefore the CD Bureau and MDT's Highway Traffic Safety Bureau have decided to implement a sole state curriculum known as PRIME for Life, which is an evidence-based program and listed on SAMHSA's registry of proven programs.

PRIME For Life was chosen to be the sole state curriculum for four reasons.

- First, it has documented independent research findings. Seven different recidivism studies in six states have been conducted on Pfl showing it "reduces recidivism, positively impacts clients' intentions to change behaviors, increases client recognition of the need for treatment, and contributes to other positive outcomes." Evaluation summaries are available at [www.askpri.org](http://www.askpri.org) or the Bureau could send the research articles to the committee.
- Secondly, its intervention component focuses on self-assessment to help people understand and accept the need for change. For those who already need treatment, the program serves as a pre-treatment educational program and supports abstinence.
- Third, the uniformity of the material and instructor training ensure program fidelity. Using a persuasion-based approach, instructors use a variety of delivery methods, including interactive presentation and small group discussion. Material is presented using a DVD platform with animation, full-motion video clips, and audio clips to enhance the learning experience. Pfl uses an Instructor Development Tool to ensure the course material is uniformly presented. It also has a standardized before and after Program Survey measuring the effectiveness of the curriculum.
- Finally, it is not too costly to implement on a statewide basis. Pfl agrees to work with the Bureau to accommodate to Montana's DUI laws, ACT administrative rules, and unique rural setting. As the sole ACT curriculum in Montana, Prime For Life program staff will provide statewide training twice a year at no charge. Trained instructors receive all Pfl material after successfully completing the training. Participants use workbooks throughout the course to complete a number of individual and group activities. Each ACT client must buy a participant workbook for \$20.00.

We are thankful to the DOT Driver Safety Bureau in their financial support to assist in the training costs (travel, lodging, per diem support-\$35,000) of the 40 current ACT instructors in PRIME for Life.

In summary, the CDB and its contracted providers are able and willing to continue to provide A.C.T. and all levels of treatment services to DUI offenders.

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