

III. TECHNICAL ISSUES

Drug control funding data presented in the volume incorporate several modifications from prior years. These adjustments are principally a result of ongoing reviews of methodologies employed by each agency for calculating their drug control budgets. This section summarizes key changes to the presentation of agency data for the *FY 2003 Budget Summary*.

Health and Human Services

Administration for Children and Families

In June 2001, the Administration for Children and Families (ACF) requested a change in its drug methodology. This request was a result of findings in the Inspector General's report concerning ACF's *FY 1999 Annual Accounting of Drug Control Funds*. In the report, the Inspector General indicated that the methodologies used for estimating obligations under the Abandoned Infants Assistance (AIA) program and the Head Start program needed to be revised to reflect a more realistic estimate of drug abuse prevention and treatment activities. Based on a thorough review of this request, ONDCP approved the proposed change in drug methodology in August 2001. Using the new methodology, the drug control resources reported for ACF increased by approximately \$20 million. Listed below are the justifications for the change to the methodologies for AIA and Head Start:

- **Abandoned Infants Assistance Program.** The revised methodology reduces the drug-related portion of this program from 100 percent to 82 percent, based on the professional judgment of ACF program staff who determined that the revised figure more accurately represents the portion of funds that support specific drug-related program activities provided by the AIA programs.
- **Head Start Program.** The revised methodology completely changes the basis by which estimates of drug-related resources are calculated. Previously, ACF scored as drug funding 100 percent of the program budget for Family Service Centers, a component of the Head Start program. Now, ACF scores one percent of the salaries and benefits associated with local Head Start grantee staff. Head Start grantee staff interview families applying for enrollment in the program. Drug abuse is one of many issues that may be identified through this process, and in those cases referrals may be made to support groups or treatment centers in the community. ACF Head Start program staff estimate that in their professional judgment, approximately one percent of grantee staff workload relates to drug abuse prevention and treatment activities.

Centers for Disease Control and Prevention

During this budget cycle, CDC modified the methodology used to estimate the amount of funding that supports HIV counseling and drug-related HIV prevention activities. Previously, CDC relied primarily on professional judgment to determine the amount of funding dedicated to drug-related activities. As a result of the development of a new reporting system described below, CDC now has annually updated information on which to base the calculation.

In an effort to provide more complete data on how HIV funds appropriated to CDC are spent, including how funding tracks with the CDC National HIV Prevention Plan, CDC developed an ancillary reporting system. Developed as a compliment to the new FY 2002 budget structure, this ancillary reporting system is a “bottom-up” system in which the CDC project officer reports target information for each project on an annual basis. Specifically, this ancillary reporting system provides information on how HIV funds are allocated by race/ethnicity, gender, risk category, special population(s), and age. The source of this information includes state and local health departments, surveillance data, census information, and information on the profile of the HIV/AIDS epidemic. Given these sources, CDC drug funding estimates may change from year-to-year in response to changes in the targeting of resources to address the epidemic. In fact, the expectation is that changes will occur each year, as resources follow the epidemic and the strategic plan.

National Institutes of Health (National Institute on Alcohol Abuse and Alcoholism (NIAAA))

The estimated drug resources displayed in this document for NIAAA reflect a slight modification to its drug budget methodology that reduces the amount of drug funding reported by the projects that focus on mother’s alcohol use/misuse or Fetal Alcohol Syndrome. Using the new methodology, the drug control resources reported for NIAAA decreased by approximately \$5 million.

Department of Transportation – Federal Aviation Administration

As displayed in this volume, the Federal Aviation Administration’s (FAA) drug control budget methodology has been changed to exclude the Civil Aviation Registry from the drug control budget. The reporting criteria and assumptions have changed over time. Specifically, the Civil Aviation Registry does not have a direct role in drug interdiction. Therefore, for fiscal year 2001, the revised methodology has resulted in a scorekeeping adjustment of approximately \$4.6 million from the amount reported in last year’s *Budget Summary*. Adjustments have also been made to the historical data series for all fiscal years in which FAA reported drug funding.

Department of the Treasury

Bureau of Alcohol, Tobacco, and Firearms

ATF drug budget estimates are notably modified from prior years. A number of factors have had an impact on the reported drug-related resources. Current statistical case data from ATF’s new National Field Office Case Information System (NFOCIS) has replaced the historically relied upon case statistics. A portion of the reported levels may be attributable to improved accuracy in the case information system. Also, the current data would suggest a shift in ATF’s case demographics. In the future, drug control estimates will be updated annually using ATF’s NFOCIS.

Customs Service

In a departure from the methodology that ONDCP approved in February 2001, the Office of Training has been excluded from Customs drug control estimates. Customs determined that the mission support of the Office of Training, while vital to the Customs Service, was not entirely drug-related. The effect of this change is to decrease reported drug enforcement resources by approximately \$14 million in fiscal years 2001 through 2003.

Secret Service

The adjustment to Secret Service's budget statistics is a result of the change in the percentage of staff hours expended in support of drug-related activities for Investigative Operations. The percentage used last year had not been updated based on current operations in several years. Starting with FY 2001, the estimated percentage will be based upon an annual analysis of base investigative staff hours expended; therefore, this percentage will fluctuate annually. The percentages used for Support Operations and Protective Operations have not changed.

Department of Justice

Community Oriented Policing Services (COPS)

COPS has historically applied a 33 percent drug-related methodology to all of its programs, except for two programs that are earmarked as 100 percent drug-related. However, in recent years, COPS's programs have shifted from hiring initiatives and expanded to include more training and technical assistance and prevention efforts. In reviewing COPS drug-control methodology, and in attempting to reflect more accurately COPS drug-control contributions, the following adjustments have resulted in an \$11.9 million reduction to the FY 2003 drug control budget:

- **Police Integrity Initiative:** This program, introduced in FY 2001, promotes police integrity, appropriate use of police authority, and community policing through training and technical assistance to local law enforcement and communities. In 2003, the program will continue these efforts and focus on racial and ethnic profiling prevention strategies. In reviewing COPS drug control methodology, COPS determined that the Police Integrity Initiative does not contribute to drug-control efforts. This program will no longer be scored as drug-related.
- **Community Policing Development:** This program has historically supported COPS's programs by providing training and technical assistance to law enforcement and community members on the philosophy and practice of community policing. Funding in prior years established and supported the network of Regional Community Policing Institutes and the Community Policing Consortium, both of which have been, and continue to be, vehicles in delivering and developing training and technical assistance across the nation. In addition, this funding supports research and evaluation of community policing issues, best practices, and the impact of the COPS programs and initiatives. The COPS Community Policing Development program dedicates very little funding specifically to support drug-control

efforts. Projects funded from this program vary from year-to-year. However, COPS may fund conferences or evaluations that support its drug-control efforts. Given these factors, after reviewing the Office's drug-control methodology, the Community Policing Development program is now estimated to contribute 2.5 percent of total funding to drug-control efforts.

Court Services and Offender Supervision Agency for the District of Columbia

The methodology used this year to estimate the D.C. Pretrial Services Agency's (PSA) drug control resources reflects a change from last year. The drug methodology used last year to estimate drug control resources reported the costs of drug treatment and other related activities, based upon the percentage of defendants testing positive for drug use or admitting to recent drug use at the time of arrest. Based on an analysis of each operating unit within the PSA, drug resources are now estimated based upon a sum of the prorated shares of drug-related activities performed by each operating unit. This includes: 100 percent of all units directly related to drug testing or treatment; 50 percent of units providing social service activities; and 42 percent of all supervision units (based on the number of persons who test positive for drugs at the time of arrest.)