

Maryland

UNIFORM APPLICATION FY 2007

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 08/26/2004 - Expires 08/31/2007

(generated on 10-11-2006 8.49.31 AM)

Center for Substance Abuse Treatment
Division of State and Community Assistance

Introduction:

The SAPT Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane. Rockville. MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0080.

Form 1

State: Maryland

DUNS Number: 134104855

Uniform Application for FY 2007 Substance Abuse Prevention and Treatment Block Grant

I. STATE AGENCY TO BE THE GRANTEE FOR THE BLOCK GRANT

Agency Name: Department of Health and Mental Hygiene

Organizational Unit: Alcohol and Drug Abuse Administration

Mailing Address: 55 Wade Avenue

City: Catonsville

Zip: 21228

II. CONTACT PERSON FOR THE GRANTEE FOR THE BLOCK GRANT

Name: Peter F. Luongo, PhD, Director

Agency Name: Alcohol and Drug Abuse Administration

Mailing Address: 55 Wade Avenue

City: Catonsville

Zip Code: 21228

Telephone: (410) 402-8600

FAX: (410) 402-8601

E-MAIL:

III. STATE EXPENDITURE PERIOD

From: 7/1/2004

To: 6/30/2005

IV. DATE SUBMITTED

Date:

Original

Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: Steve Bocian

Telephone: (410) 402-8570

E-MAIL: bocians@dhmh.state.md.us

FAX: (410) 402-8607

Form 2 (Table of Contents)

State:
Maryland

Form 1	pg. 3
Form 2	pg. 4
Form 3	pg. 5
Goal #1: Continuum of Substance Abuse Treatment Services	pg. 15
Goal #2: 20% for Primary Prevention	pg. 19
Attachment A	pg. 23
Goal #3: Pregnant Women Services	pg. 25
Attachment B: Programs for Women	pg. 29
Attachment B: Programs for Women (contd.)	pg. 31
Attachment C: Programs for IVDU	pg. 33
Attachment D: Program Compliance Monitoring	pg. 37
Goal #4: IVDU Services	pg. 40
Goal #5: TB Services	pg. 44
Goal #6: HIV Services	pg. 48
Attachment E: TB and Early Intervention Svcs	pg. 52
Goal #7: Development of Group Homes	pg. 55
Attachment F: Group Home Entities	pg. 59
Goal #8: Tobacco Products	pg. 61
Goal #9: Pregnant Women Preferences	pg. 63
Attachment G: Capacity Management	pg. 67
Goal #10: Process for Referring	pg. 69
Goal #11: Continuing Education	pg. 73
Goal #12: Coordinate Services	pg. 77
Goal #13: Assessment of Need	pg. 81
Goal #14: Hypodermic Needle Program	pg. 85
Goal #15: Independent Peer Review	pg. 89
Attachment H: Independent Peer Review	pg. 93
Goal #16: Disclosure of Patient Records	pg. 96
Goal #17: Charitable Choice	pg. 100
Attachment I	pg. 104
Attachment J	pg. 107
Attachment J: Waivers	pg. 108
Description of Calculations	pg. 110
Form 4	pg. 112
Form 4a	pg. 113
Form 4b	pg. 114
Form 6	pg. 115

Provider Address	pg. 118
Form 6a	pg. 119
Form 7a	pg. 122
Form 7b	pg. 125
SSA (MOE Table I)	pg. 127
TB (MOE Table II)	pg. 128
HIV (MOE Table III)	pg. 129
Womens (MOE TABLE IV)	pg. 130
How allotments were used	pg. 131
1. Planning	pg. 132
Planning Checklist	pg. 136
Form 8	pg. 137
Form 9	pg. 144
Form 11	pg. 146
Form 11a	pg. 147
Form 11b	pg. 148
Form 12	pg. 149
Purchase Services	pg. 150
PPM Checklist	pg. 152
How your State determined the estimates for Form 8 and Form	pg. 153
Form T1	pg. 155
Form T2	pg. 161
Form T3	pg. 167
Form T4	pg. 173
Form T5	pg. 179
Form T6	pg. 185
Form T7	pg. 191
Form P1	pg. 192
Form P2	pg. 193
Form P3	pg. 199
Form P4	pg. 200
INSERT OVERALL NARRATIVE (See P Forms Instructions).	pg. 201
Appendix A - Additional Supporting Documents (Optional)	pg. 203

UNIFORM APPLICATION FOR FY 2007 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT Funding Agreements/Certifications as Required by the Public Health Service (PHS) Act	
<i>The PHS Act, as amended, requires the chief executive officer (or an authorized designee) of the applicant organization to certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute.</i>	
We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.	
I.	Formula Grants to States, Section 1921
Grant funds will be expended “only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities” as authorized.	
II.	Certain Allocations, Section 1922
<ul style="list-style-type: none"> • Allocations Regarding Primary Prevention Programs, Section 1922(a) • Allocations Regarding Women, Section 1922(b) 	
III.	Intravenous Drug Abuse, Section 1923
<ul style="list-style-type: none"> • Capacity of Treatment Programs, Section 1923(a) • Outreach Regarding Intravenous Substance Abuse, Section 1923(b) 	
IV.	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924
V.	Group Homes for Recovering Substance Abusers, Section 1925
Optional beginning FY 2001 and subsequent fiscal years. Territories as described in Section 1925(c) are exempt.	
The State “has established, and is providing for the ongoing operation of a revolving fund” in accordance with Section 1925 of the PHS Act, as amended. This requirement is now optional.	
VI.	State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18, Section 1926:
<ul style="list-style-type: none"> • The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1). • The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1). • The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2). 	
VII.	Treatment Services for Pregnant Women, Section 1927
The State “...will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant.”	
VIII.	Additional Agreements, Section 1928
<ul style="list-style-type: none"> • Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a) • Continuing Education, Section 1928(b) • Coordination of Various Activities and Services, Section 1928(c) • Waiver of Requirement, Section 1928(d) 	

IX. Submission to Secretary of Statewide Assessment of Needs, Section 1929
X. Maintenance of Effort Regarding State Expenditures, Section 1930
With respect to the principal agency of a State, the State “will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.”
XI. Restrictions on Expenditure of Grant, Section 1931
XII. Application for Grant; Approval of State Plan, Section 1932
XIII. Opportunity for Public Comment on State Plans, Section 1941
The plan required under Section 1932 will be made “public in such a manner as to facilitate comment from any person (including any Federal person or any other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.
XIV. Requirement of Reports and Audits by States, Section 1942
XV. Additional Requirements, Section 1943
XVI. Prohibitions Regarding Receipt of Funds, Section 1946
XVII. Nondiscrimination, Section 1947
XVIII. Services Provided By Nongovernmental Organizations, Section 1955
I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.
State: Maryland
Name of Chief Executive Officer or Designee: S. Anthony McCann
Signature of CEO or Designee:
Title: Secretary, Maryland Department of Health and Mental Hygiene
If signed by a designee, a copy of the designation must be attached

<p>1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION</p> <p>The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:</p> <ul style="list-style-type: none"> (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. <p>Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.</p> <p>The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.</p>	<p>2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS</p> <p>The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:</p> <ul style="list-style-type: none"> (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dis-pensing, possession or use of a controlled substance is prohibited in the grantee’s work-place and specifying the actions that will be taken against employees for violation of such prohibition; (b) Establishing an ongoing drug-free awareness program to inform employees about – <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace; (2) The grantee’s policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will – <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
--	---

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under signed, to any

person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

<p>5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE</p> <p>Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children’s services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.</p> <p>Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.</p>	<p>By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.</p> <p>The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.</p> <p>The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.</p>	
<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p>	<p>TITLE</p> <p>Secretary, DHMH</p>	
<p>APPLICANT ORGANIZATION</p> <p>ADAA, Maryland Department of Health and Mental Hygiene</p>		<p>DATE SUBMITTED</p>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ Congressional District, if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10.a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)	

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Reporting Entity:

Page

of

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Secretary, DHMH	
APPLICANT ORGANIZATION ADAA, Maryland Department of Health and Mental Hygiene		DATE SUBMITTED

Maryland

Goal #1: Continuum of Substance Abuse Treatment Services

GOAL # 1. The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

The Administration provided SAPT funding to maintain a continuum of substance abuse treatment services that met the need for the services identified by the State of Maryland in the amount of \$22,579,369. The State of Maryland's continuum of care offered various levels of treatment, where individuals move from one level to another, based on their individual need. The levels of treatment were based on the American Society of Addiction Medicine-Patient Placement Criteria, II or II-Revised (ASAM PPC II or II-R) and included outpatient, intensive outpatient, residential including halfway house, therapeutic community, extended care, immediate care, medication assistance and detoxification services within various levels. 64,202 treatment episodes were provided within these modalities. Sixty-six percent of these service episodes were provided to male patients and 34% to female patients.

Activities and allocation of service delivery units were in line with Administration parameters, based on historical, program specific and patient data. The Administration's Substance Abuse Management Information System (SAMIS) gathered demographic, as well as capacity and utilization data, in monitoring the treatment delivery system throughout the State of Maryland.

The Administration continues to provide SAPT level funding to maintain a continuum of substance abuse treatment services that meet the need for the services identified by the State of Maryland. The State of Maryland's continuum of care offers various levels of treatment, where individuals move from one level to another, based on their individual need. The levels of treatment are based on the American Society of Addiction Medicine-Patient Placement Criteria II-Revised (ASAM PPC II-R) and include outpatient, intensive outpatient, residential including halfway house, therapeutic community, extended care, immediate care, medication assistance and detoxification services within various modalities.

Activities and allocation of service delivery units were in line with Administration parameters, based on historical, program specific, and patient data. The Administration's Substance Abuse Management Information System (SAMIS) gathers demographic, as well as capacity and utilization data, in monitoring the treatment delivery system throughout the State of Maryland.

The Administration plans to continue to provide SAPT level funding in maintaining a continuum of substance abuse treatment services that meet the need for the services identified by the State of Maryland.

Maryland

Goal #2: 20% for Primary Prevention

GOAL # 2. An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Primary prevention services on a statewide basis were supported by \$6,451,248 of FFY 2004 SAPT Block Grant funds. This amount represents 20% of the total SAPT allocation. An estimated 291,853 residents throughout the State of Maryland participated in prevention activities in Fiscal Year 2004 and over 152,312 youth were reached through prevention projects. SAPT Block Grant funds enabled the Administration to support the Prevention Coordinators network. This statewide network utilized a community development model as its primary method of planning and implementing prevention services and for involving the residents within the State of Maryland in prevention goals and strategies. Through this community development model, 648 community-based prevention programs were developed, 303 of which focus on youth and other at risk groups. The Administration maintained 573 community programs statewide. Additionally, SAPT funds were awarded to six subdivisions to target high-risk youth. A total of 2325 children and families were served at 29 sites throughout these subdivisions. The Homeless Demonstration Grant provided a continuum of ATOD prevention activities for approximately 213 participants in Baltimore City. Activities include an after school program, a health education program for adolescents and pregnant teens, a preschool program, respite care for children whose mothers are in treatment for substance abuse, parenting groups and a mentoring program for school-aged children.

In FFY 2004, the Administration continued to fund four strategically located ATOD Prevention Centers in the western, central, eastern and southern regions of the State. These Centers are located at Frostburg State University, Towson University, the University of Maryland Eastern Shore and Bowie State University. A total of 488 events/activities that reached 56,458 individuals were sponsored by the College Prevention Centers.

Utilizing SAPT Block Grant funds, the Administration's FFY 2004 prevention effort represented a comprehensive approach in which a variety of strategies were employed to prevent alcohol, tobacco and other drug use. These strategies included information dissemination, education, use alternatives, problem identification and referral, community-based process and environmental improvements.

A minimum of 20% of the SAPT Block Grant funds continues to support primary prevention activities. An estimated 250,000 Maryland residents have or will participate in these activities. SAPT Block Grant funds enabled the Administration to support the Prevention Coordinators network. This statewide network utilizes a community development model as its primary method of planning and implementing prevention services and for involving the residents throughout the State of Maryland in prevention goals and strategies. Through this community development model, 479 community-based prevention programs are maintained. These programs expect to provide in excess of 3,000 prevention activities.

Additionally, SAPT Block Grant funds continue to support six high-risk youth programs. 3112 participants are expected to be served regionally throughout the State of Maryland. Each of the Pre-school programs use SAMHSA model programs targeted for the age group. Family management skills and child development education are central to the curriculums utilized.

Four university campuses, regionally placed throughout the State of Maryland, continue to maintain Prevention Centers. At a cost of \$457,263 these centers expect to reach an estimated 42,018 participants. College students, faculty and staff actively participate in the program development, social norming, mentoring, classroom instruction, and campus-wide events.

Utilizing SAPT Block Grant funds, the Administration's FFY 2006 prevention efforts represent a comprehensive approach in which a variety of strategies and activities are employed to prevent ATOD use. Strategies include information dissemination, education, use alternatives, problem identification and referral, community-based processes and environmental improvements.

The Administration's prevention goal is to utilize not less than 20% of the SAPT Block Grant funds to develop, implement, and oversee ATOD prevention programs and strategies. Direction and technical assistance is provided to the Prevention Network through communication, education, program development, coordination, cooperation, funding and advocacy. A community development model is used as one of the mechanisms for the Maryland prevention system. This model promotes the development of a system where all elements of the community have the capability to address ATOD prevention needs. Legislation in 2004 created a State Drug and Alcohol Council as well as Local Drug and Alcohol Councils located in every jurisdiction. These Councils will enhance the current system and create an environment of agency and community interaction in the process.

Objective: To develop, implement, maintain and evaluate community-based prevention programs that address ATOD issues.

Action: Maintain a statewide network to support various prevention programs and activities with information and materials.

Information Dissemination: Funds are provided to County Prevention Coordinators to establish mini-resource centers and to develop and implement media campaigns.

Attachment A

State:
Maryland

Attachment A: Prevention

Answer the following questions about the current year status of policies, procedures, and legislation in your State. Most of the questions are related to Healthy People 2010 objectives. References to these objectives are provided for each application question. To respond, check the appropriate box or enter numbers on the blanks provided. After you have completed your answers, copy the attachment and submit it with your application.

1. Does your State conduct sobriety checkpoints on major and minor thoroughfares on a periodic basis? (HP 26-25)

Yes No Unknown

2. Does your State conduct or fund prevention/education activities aimed at preschool children? (HP 26-9)

Yes No Unknown

3. Does your State alcohol and drug agency conduct or fund prevention/education activities in every school district aimed at youth grades K-12? (HP 26-9)

SAPT BLOCK GRANT

Yes
 No
 Unknown

OTHER STATE FUNDS

Yes
 No
 Unknown

DRUG FREE SCHOOLS

Yes
 No
 Unknown

4. Does your State have laws making it illegal to consume alcoholic beverages on the campuses of State colleges and universities? (HP 26-11)

Yes No Unknown

5. Does your State conduct prevention/education activities aimed at college students that include: (HP 26-11c)

Education Bureau? Yes No Unknown

Dissemination of materials? Yes No Unknown

Media campaigns? Yes No Unknown

Product pricing strategies? Yes No Unknown

Policy to limit access? Yes No Unknown

6. Does your State now have laws that provide for administrative suspension or revocation of drivers' licenses for those determined to have been driving under the influence of intoxicants? (HP 26-24)

Yes No Unknown

7. Has the State enacted and enforced new policies in the last year to reduce access to alcoholic beverages by minors such as: (HP 26-11c, 12, 23)

Restrictions at recreational and entertainment events at which youth made up a majority of participants/consumers,

Yes No Unknown

New product pricing,

Yes No Unknown

New taxes on alcoholic beverages,

Yes No Unknown

New Laws or enforcement of penalties and license revocation for sale of alcoholic beverages to minors,

Yes No Unknown

Parental responsibility laws for a child's possession and use of alcoholic beverages.

Yes No Unknown

8. Does your State provide training and assistance activities for parents regarding alcohol, tobacco, and other drug use by minors?

Yes No Unknown

9. What is the average age of first use for the following? (HP 26-9 and 27-4) (if available)

	Age 0 - 5	Age 6 - 11	Age 12 - 14	Age 15 - 18
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. What is your State's present legal alcohol concentration tolerance level for: (HP 26-25)

Motor vehicle drivers age 21 and older? .08

Motor vehicle drivers under age 21? .02

11. How many communities in your State have comprehensive, community-wide coalitions for alcohol and other drug abuse prevention (HP 26-3)?

40

12. Has your State enacted statutes to restrict promotion of alcoholic beverages and tobacco that are focused principally on young audiences (HP 26-11 and 26-16)?

Yes No Unknown

Maryland

Goal #3: Pregnant Women Services

GOAL # 3. An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

The Administration expended \$4,121,210 to provide treatment services designed for pregnant women and women with dependent children. These expenditures included support for fourteen (14) gender-specific programs. Please refer to Attachment B and B (cont.) for details. To ensure continued growth and awareness of service availability, the Administration published the Directory of Drug and Alcohol Treatment Services For Women, Infants and Children in Maryland, a comprehensive reference detailing type of patients served and services offered at all gender-specific addictions treatment programs. This directory is distributed to addictions programs, the Department of Human Resources (DHR), local Departments of Social Services (DSS), local hospitals, appropriate private agencies, and health professionals throughout the State of Maryland. Services provided by these gender-specific programs included substance abuse treatment, case management, parenting skills, educational and vocational services, prenatal, post-partum and gynecological health and child care referral services and family therapy.

The State of Maryland moved toward increasing services by expanding residential treatment slots for women identified under Maryland Senate Bill 512 (Drug Affected Newborns) and Maryland House Bill 1160 (Welfare Innovation Act of 2000). Addictions specialists hired in local jurisdictions, as a result of these legislative initiatives, increased the identification and referral of women in need of substance abuse treatment.

The Administration continues to provide categorical funds to support the continuum of treatment services for women, pregnant women, and women with children. Service provision includes but is not limited to substance abuse treatment, case management, parenting skills, educational and vocational services, prenatal, post-partum and gynecological health and child care referral services, and family therapy.

To ensure pregnant women and women with children continue to receive priority admission to treatment programs, the Administration includes this requirement in the conditions of grant awards to local health departments and sub-contractors. Likewise, the Administration's funding commitment continues for the development of specialized gender-specific treatment services for women, pregnant women, and women with dependent children.

The Administration continues support for the development of ancillary services/activities that support gender-specific treatment. The Administration collaborates with the Department of Human Resources on the development of cross training for Department of Social Services personnel and substance abuse professionals.

Objective: To ensure that pregnant women continue to receive priority admission to substance abuse treatment programs.

Action: Include this requirement in the conditions of grant award to local health departments and sub-contractors.

Action: Review SAMIS utilization reports to measure and ensure compliance.

Objective: To continue the development of specialized gender-specific treatment services for women, pregnant women, and women with dependent children.

Action: Provide ongoing funding for gender-specific programs designed to meet the needs of this population.

Objective: To continue the development of ancillary services/activities that support gender-specific treatment.

Action: Collaborate with the Department of Human Resources on the provision of cross-training for Department of Social Services personnel and substance abuse professionals.

Maryland

Attachment B: Programs for Women

Attachment B: Programs for Pregnant Women and Women with Dependent Children
(See 42 U.S.C. 300x-22(b); 45 C.F.R. 96.124(c)(3); and 45 C.F.R. 96.122(f)(1)(viii))

For the fiscal year three years prior (FY 2004) to the fiscal year for which the State is applying for funds:

Refer back to your Substance Abuse Entity Inventory (Form 6). Identify those projects serving pregnant women and women with dependent children and the types of services provided in FY 2004. In a narrative of up to two pages, describe these funded projects.

Since 1990, the Administration maintains a specific policy requiring all programs to give priority admission to pregnant women. Women in need of services are defined as women who are using alcohol or drugs, with priority given to those who are pregnant. Our policy on the admission and retention of pregnant addicts is as follows:

A pregnant addicted female of any age, when pregnancy is confirmed by a valid provider, is to be admitted to and retained in treatment on a priority basis. Such a patient shall not be placed on the waiting list or be subject to involuntary termination. This policy applies to pregnant women who abuse alcohol as well as other drugs.

All programs which serve women incorporate gender-specific groups and activities. Pregnant women may be referred to any program statewide, whether it is a women only or mixed gender program. However, a variety of gender-specific programs have been developed including intensive outpatient, intermediate care, halfway house and therapeutic community services for pregnant women and women with dependent children. These projects are defined as those certified programs, which are designed specifically to treat only women, with or without their children in outpatient or residential settings. The following provides a regional profile of fourteen (14) gender-specific funded projects in FFY 2004.

Pregnant Women and Women with Dependent Children Programs FFY 2004

WESTERN REGION

PROGRAM	LOCATION	LEVEL OF CARE
Gale House	Frederick	Halfway
Massie Women's Unit	Cumberland	ICF
Safe Harbor	Emmitsburg	ICF
Shoemaker Women's Center	Westminister	ICF
W House	Hagerstown	Halfway
Avery House	Rockville	Halfway

SOUTHERN REGION

PROGRAM	LOCATION	LEVEL OF CARE
Children & Parents Program	Forestville	IOP
Chrysalis House	Crownsville	Halfway
Second Genesis Mellwood	Upper Marlboro	Residential
Marcey House	Leonardtwn	Long Term
Anchor at Walden/Sierra	Charlotte Hall	Interm. Care

CENTRAL REGION

PROGRAM	LOCATION	LEVEL OF CARE
AWARE	Baltimore County	Intensive Outpatient

EASTERN SHORE REGION

PROGRAM	LOCATION	LEVEL OF CARE
Center 4 Clean Start	Salisbury	Intensive Outpatient

BALTIMORE CITY

PROGRAM	LOCATION	LEVEL OF CARE
JHH Women's Center	North Broadway	Intensive Outpatient
Nilsson House	Purdue Ave.	Halfway House
Safe House	Randall Street	Halfway House

Maryland

Attachment B: Programs for Women (contd.)

The PHS Act required the State to expend at least 5 percent of the FY 1993 and FY 1994 block grants to increase (relative to FY 1992 and FY 1993, respectively) the availability of treatment services designed for pregnant women and women with dependent children. In the case of a grant for any subsequent fiscal year, the State will expend for such services for such women not less than an amount equal to the amount expended by the State for fiscal year 1994.

In up to four pages, answer the following questions:

1. Identify the name, location (include sub-State planning area), Inventory of Substance Abuse Treatment Services (I-SATS) ID number (formerly the National Facility Register (NFR) number), level of care (refer to definitions in Section II.4), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.
2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FY 2004 block grant and/or State funds?
3. What special methods did the State use to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?
4. What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?
5. What did the State do with FY 2004 block grant and/or State funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

The State of Maryland expended \$4,121,210 within 14 gender-specific programs in FFY 2004 focused on categorically maintaining and enhancing prevention activities and treatment services for pregnant women and women with dependent children. Programs are itemized in the following matrix.

Pregnant Women and Women with Dependent Children Funded Programs FFY2004

PROGRAM	COUNTY	NFR-ID	LEVEL OF CARE	FUNDING	SLOTS
Gale House	Frederick	750432	Halfway House	191,123	12
Massie Unit	Allegany	103145	ICF	167,671	4
Safe Harbor	Frederick	103137	Detox, ICF	242,250	15
Shoemaker	Carroll	103129	Detox, ICF	860,429	44
W House	Washington	101230	Halfway House	215,875	17
Avery House	Montgomery	103392	Halfway House	485,635	10
P.G. Center	Prince Georges	103160	IOP	218,812	125
Marcy House	St. Mary's	101123	Long Term	156,875	6
A.W.A.R.E.	Baltimore	101834	IOP	370,784	40
Chrysalis House	Crownsville	903759	Halfway House	188,121	20
Ctr 4 Clean St.	Worcester	103368	IOP	273,686	34
JHH Women's	Baltimore City	101925	IOP	501,204	85
Nilsson House	Baltimore City	750036	Halfway House	125,531	13
Safe House	Baltimore City	903692	Halfway House	123,214	8

Maryland

Attachment C: Programs for IVDU

Attachment C: Programs for Intravenous Drug Users (IVDUs)
(See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix))

For the fiscal year three years prior (FY 2004) to the fiscal year for which the State is applying for funds:

1. How did the State define IVDUs in need of treatment services?
2. What did the State do to ensure compliance with 42 U.S.C. 300x-23 of the PHS Act as such sections existed after October 1, 1992, in spending FY 2004 SAPT Block Grant funds (See 45 C.F.R. 96.126(a))?
3. What did the State do to ensure compliance with 42 U.S.C. 300x-31(a)(1)(F) of the PHS Act prohibiting the distribution of sterile needles for injection of any illegal drug (See 45 C.F.R. 96.135(a)(6))?
4. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this was done. Please provide a list of all such programs that notified the State during FY 2004 and include the program's I-SATS ID number (See 45 C.F.R. 96.126(a)).
5. 42 U.S.C. 300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days. Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).
6. 42 U.S.C. 300x-23(b) requires any program receiving amounts from the grant to provide treatment for intravenous drug abuse to carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDUs was accomplished (See 45 C.F.R. 96.126(e)).

1. The State of Maryland defines IVDUs in need of services as any intravenous drug abuser who requests drug abuse treatment services. These services may be provided by Medication Assisted Treatment Programs, outpatient drug-free or residential treatment providers. All of our addictions treatment programs are mandated to provide HIV risk-reduction counseling to all patients as an integral part of the intake admission process.

2. The treatment service continuum in Maryland has been not only maintained but expanded by the use of SAPT Block Grant funds. The Administration supported 5564 slots dedicated to opioid maintenance therapy (OMT) services. These services were provided in nine(9) of the jurisdictions: Allegany County, Anne Arundel County, Baltimore City, Baltimore County, Frederick County, Harford County, Montgomery County, Prince George's County and Wicomico County. The treatment continuum in Maryland incorporates the ASAM PPC II-R levels of care. All treatment programs, including programs treating IVDU patients, uses the ADAA sponsored web enabled treatment episode reporting system. To specifically ensure compliance with 42 U.S.C. 300x-22(a)(2) and 300x-23 of the PHS Act the Administration requires each program to report monthly on admission and discharge activities. This information is collected and maintained on the Administration's centralized database and made available to the MIS data analysis section as well as both the Community Services Division and the Compliance Section.

The online application provides reports to the programs for self-monitoring and quality improvement. Reports on program data are available to programs staff at all times and provide instant feedback as to capacity status. In addition, all programs are required to submit a monthly Census and Waiting List (CWL) along with their monthly report on admissions and discharges. MIS staff monitor the CWL submissions and when anomalies appear they notify both Community Services Division and the Compliance Section of the Administration. Programs are called or visited to provide technical assistance to remedy the situation.

3. The state has a drug paraphernalia law, under the Controlled Dangerous Substances section of the Crimes and Punishments Article, Md. Ann. Code art. 27, § 287A . A syringe is a drug paraphernalia under Maryland law and as such the distribution, manufacture or sale of drug use related paraphernalia is prohibited. However, Maryland has adopted syringe access in limited jurisdictions through syringe exchange as a public health measure to prevent HIV and other blood-borne diseases.

To comply with 42 U.S.C. 300x-31(a)(1)(F) and 300x-23 of the PHS Act. ADAA does not fund any syringe exchange programs and all grant proposals from potential sub recipients/sub-contractors, including those for prevention, are reviewed to ensure that distribution of needles is not one of the State activities.

4. Notification of program census throughout the State is accomplished through the submission of a monthly Census and Waiting List (CWL) along with a monthly report on admissions and discharges. This occurs through the ADAA online data collection application. The online application also provides reports to the programs for self-monitoring and quality improvement. Reports on program data are available to programs staff at all times and provide instant feedback as to capacity status.

ADAA MIS staff monitor the CWL submissions and when anomalies appear they notify both Community Services Division and the Compliance Section of the Administration. Programs are called or visited to provide technical assistance to remedy the situation.

The following is a list of programs treating IVDUs and reported a 90% capacity

during FFY 2004.

CLINICID	FACILITY
43	DEAF ADDICTION SERVICES
484	ALLEGANY HALFWAY HOUSE
501	CAMEO HOUSE
100059	ECHO HOUSE
100083	UNIV. OF MD. DRUG TREATMENT
100091	ADDICT REFERRAL & COUNSELING
100141	PRINCE GEORGE'S COUNTY HEALTH DEPT.
100190	REFLECTIVE TREATMENT CENTER
100981	RIGHT TURN BALT. CO. ICF HILLTOP
101003	GAUDENZIA
101022	GAUDENZIA
101123	MARCEY HALFWAY HOUSE
101229	BUILD FELLOWSHIP
101288	AVERY ROAD COMBINED CARE
101296	JHH WILSON, FAITH HOUSES I AND II
101818	AWAKENINGS COUNSELING PROGRAM
101834	AWARE
101891	COUNSELING PLUS, INC.
102097	QUARTERWAY OUTPATIENT
102147	IBR MOBILE HEALTH SERVICES
102188	JUDE HOUSE
102410	HOPE HOUSE EXTENDED
102428	CALVERT DWI
103079	POWELL RECOVERY
103137	SAFE HARBOR
103145	ALLEGANY PREGNANT WOMEN'S SERV
103491	ALLEGANY CTY JAIL SUB. ABUSE
104135	RECOVERY NETWORK
104143	ALLEGANY COUNTY IOP
104150	UNIV. OF MD HARAMBEE TRT. CT
105181	JHH COMMUNITY PSYCHIATRY PRG.
106049	FREDERICK DETENTION CENTER
300014	JUNCTION, INC.
301178	CALVERT NEW LEAF
301293	KENT COUNTY HEALTH DEPARTMENT
300329	SECOND GENESIS
301350	GLENWOOD LIFE COUNSELING CTR.
301400	WASHINGTON CHD - OUTPATIENT
301459	ALLEGANY CHD - MASSIE UNIT
301558	ALLEGANY CHD LOIS E. JACKSON
750036	NILSSON HOUSE
750382	CAROLINE CHD
750424	FREDERICK CHD - OUTPATIENT
750432	GALE HOUSE
750473	CHARLES CHD - OUTPATIENT
750564	CARROLL CHD - OUTPATIENT
750580	SAMARITAN HOUSE
750614	BALTO. COUNTY HEALTH DEPT.
900102	DAYBREAK REHABILITATION
900128	MAN ALIVE
900151	ADAPT CARES (PROJECT ADAPT)
900169	SINAI HOSP. DRUG DEPENDANCY
900185	NEW HOPE TREATMENT CENTER
900193	HARFORD CO. DRUG ABUSE PROGRAM
900227	ALLEGANY CHD OUTPATIENT
900300	WICOMICO CO. TREATMENT PROGRAM
900326	FIRST STEP
900375	CECIL CHD ALCOHOL & DRUG CTR.

900441 HOWARD CHD - OUTPATIENT
901779 WALDEN/SIERRA, INC.
902140 TUERK HOUSE
902280 REALITY HOUSE HALFWAY
902314 AVERY ROAD TREATMENT CENTER
902389 FRIENDSHIP HOUSE - HALFWAY
902546 HUDSON CENTER
902801 TOTAL HEALTH CARE
902967 MONTGOMERY OP ADDIC. SERV.

5. The Administration has issued and implemented a waiting list policy requiring patients be placed on a waiting list if the time between initial contact and admission is longer than 10 days or be referred to another program. Treatment programs in Baltimore City where there is the highest incidence of intravenous drug use, participate in a Central Referral Process which allows them to admit patients on the day of initial contact. In addition, the administration issued and implemented the Pregnant Addict Policy in July 1989, requiring that pregnant addicts receive priority admission at all State certified treatment programs.

All addictions treatment programs must, by State regulations, be certified and report to the Administration's online data collection application. The ADAA MIS section gathers demographic, drug use and route of admission on each patient accessing addictions treatment. Through reporting performance outcome measures on each program, length of time in treatment for each patient and an average retention rate across different levels of care and programs, the Administration ensures IVDUs are admitted and retained in treatment as long as possible. In addition, addictions programs are certified by the Department of Health and Mental Hygiene, Office of Health Care Quality on an annual or biannual basis. This certification process includes a thorough review of patient records, clinical and medical policies and procedures, and fiscal and personnel practices. All of these methods combine to ensure that the special needs of IVDUs are met.

6. The Administration's funded programs provide outreach activities within the communities in which they are located. As an adjunct to the outreach activities conducted by every program, the Administration maintains and supports the Central Referral Process in Baltimore City. The primary purpose of this program is to improve access to treatment services.

Maryland

Attachment D: Program Compliance Monitoring

Attachment D: Program Compliance Monitoring
(See 45 C.F.R. 96.122(f)(3)(vii))

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of the PHS Act: 42 U.S.C. 300x-23(a); 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

For the fiscal year two years prior (FY 2005) to the fiscal year for which the State is applying for funds:

In up to three pages provide the following:

- A description of the strategies developed by the State for monitoring compliance with each of the sections identified below:
 1. Notification of Reaching Capacity 42 U.S.C. 300x-23(a) (See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));
 2. Tuberculosis Services 42 U.S.C. 300x-24(a) (See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(viii)); and
 3. Treatment Services for Pregnant Women 42 U.S.C. 300x-27(b) (See 45 C.F.R. 96.131(f) and 45 C.F.R. 96.122(f)(3)(vii)).
- A description of the problems identified and corrective actions taken.

1. Notification of Reaching Capacity

Notification of program census throughout the State is accomplished through the use of the ADAA HATTS data system and the submission of a Census and Waiting List (CWL). Programs use HATTS data system to submit a monthly report on admission and discharge activity. The HATTS data system also provides reports to the programs for self-monitoring and quality improvement. Reports on program data are available to programs staff at all times and provide instant feedback as to capacity status.

ADAA MIS staff monitors and reconciles the CWL submissions against the data in the ADAA information database. When anomalies or inconsistencies appear MIS staff notify both the Community Services Division and the Compliance Section of the Administration. Programs are called or visited to provide technical assistance to remedy the situation.

Because the Administration relies heavily on the data collected from the programs, the Information Services Division provides regular onsite data validation visits where program records are compared with the data reported to the online application for data integrity. This system based on monthly program census submission, is a primary tool by which program capacities of 90% and above are captured and monitored. The Administration has instructed all programs that any individual who requests and is in need of treatment be placed in the appropriate treatment within 10 days or be referred to another certified program.

All addictions treatment programs must, by State regulations, be certified and report to the Administration's online data collection application. The ADAA MIS section gathers demographic, drug use and route of admission on each patient accessing addictions treatment. Through reporting performance outcome measures on each program, length of time in treatment for each patient and an average retention rate across different levels of care and programs, the Administration ensures IVDUs are admitted and retained in treatment as long as possible. In addition, addictions programs are certified by the Department of Health and Mental Hygiene, Office of Health Care Quality on an annual or biannual basis. This certification process includes a thorough review of patient records, clinical and medical policies and procedures, and fiscal and personnel practices. All of these methods combine to ensure that the special needs of IVDUs are met.

2. Tuberculosis

Administration policy mandates tuberculosis services for substance abuse patients. All addiction treatment programs funded by the State shall directly or through arrangements with other public or non-profit entities routinely make available tuberculosis services to the admitted patients. Programs have implemented assessment, education and testing activities. Case management ensures that individuals needing TB services receive them, and treatment requirements are maintained and follow-up evaluations are performed. The Department of Health and Mental Hygiene, Office of Health Care Quality performs the program compliance monitoring function biannually.

3. Treatment Services for Pregnant Women

Since 1990, the Administration maintains a specific policy requiring all programs to give priority admission to pregnant women. Women in need of services are defined as women who are using alcohol or drugs, with priority given to those who are pregnant. Our policy on the admission and retention of pregnant addicts is as follows:

A pregnant addicted female of any age when, pregnancy is confirmed by a valid

provider, is to be admitted to and retained in treatment on a priority basis. Such a patient shall not be placed on the waiting list or be subject to involuntary termination. This policy applies to pregnant women who abuse alcohol as well as other drugs.

A variety of women's programs have been implemented over the past decade. These programs cover the continuum of addiction treatment. Additionally, wraparound services for this population include; child care, transportation, comprehensive prenatal care, pediatric care, GED, vocational assessment and training services, parenting education, treatment and/or referral for mental health issues, etc. Twelve-Step philosophies and community resources are also utilized.

Overall compliance is accomplished through policy development and implementation and technical assistance by Community Services and data collection by the Administration's Substance Abuse Management Information System (SAMIS). Funded providers are also reviewed by the Department of Health and Mental Hygiene 's Office of Health Care Quality biannually.

Maryland

Goal #4: IVDU Services

GOAL # 4. An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004 the Administration, as in prior fiscal years, required all programs receiving funding to submit monthly Client Census Forms to the Substance Abuse Management Information System (SAMIS). It is through this system, in concert with program visits by Treatment Services Section staff, that a program serving intravenous drug users provides notification to the State when it reaches 90% capacity. In FFY 2004, funded programs reported this occurrence through this monitoring system tool. Additionally, each funded program is required to submit a monthly Census and Waiting List Form that is used to monitor program utilization. This requirement is in keeping with the Administration waiting list policy, that not only requires that patients be placed on a waiting list if the time between initial contact and admission is longer than 10 days, but also requires that patients who must wait should be given interim counseling during the waiting period. All funded programs were required to do outreach activities.

In FFY 2006, the Administration continues to have in place a utilization management information system by which capacity levels are measured. The Administration utilizes the SAMIS reporting process to identify patient census for all IVDU programs. All programs receiving state and/or federal funds must submit monthly Census and Waiting List Forms to the SAMIS. This allows an ongoing count of slot availability. In addition, the Community Services Section provides technical assistance to local programs to develop plans in addressing utilization issues.

To further enable admission to treatment for IVDUs within 10 days, the Administration continues to support the Baltimore City's Central Referral Process to ensure methadone treatment admission availability to IVDUs. In addition, the Administration requires that any entity that receives federal funding for treatment services for IVDUs utilize effective outreach models to encourage persons in need of treatment to enter same. The Administration has strengthened the conditions of grant award language with local health departments and sub-contractors. Accordingly, the Administration conducted a statewide Management Conference for publicly funded service providers to include a focus point on this requirement, as well as other SAPT Block Grant fund requirements.

In FFY 2007 the Administration plans to continue to utilize the SMART reporting process to capture and monitor patient census for all IVDU programs. This includes all of the Medication-Assisted Treatment programs in the State of Maryland, as well as, other programs reporting a substantial number of IVDU within their patient population.

Objective: To utilize the SMART reporting process to capture and monitor patient census for all IVDU programs.

Action: Require all programs receiving state and/or federal funds to submit monthly Census and Waiting List Forms to the SMART. In the event that patient census falls below acceptable parameters, the Administration's Community Services Division shall provide on-site technical assistance to remedy the situation.

Objective: To enable admission to treatment for IVDUs within 10 days.

Action: Continue to support the Baltimore City's Central Referral Process to ensure methadone treatment admission availability to IVDUs.

Objective: To require that any entity that receives federal funding for treatment services for IVDUs utilize effective outreach models to encourage persons in need of treatment to enter same.

Action: Include requirement in conditions of grant award and provide opportunities for ongoing education and technical assistance for publicly funded service provider compliance.

Maryland

Goal #5: TB Services

GOAL # 5. An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004, the Administration required tuberculosis skin testing on-site and/or by referral be made available in Medication Assisted, Intermediate Care Facilities and Therapeutic Community programs, as well as referrals for services in outpatient settings. This requirement also stipulated that programs are to note services or referrals in patient records. In meeting this objective, the State of Maryland's Department of Health and Mental Hygiene, Office of Health Care Quality reviewed tuberculosis assessment and referral services for patients during the annual/biannual certification process.

In FFY 2006, the Administration continues to require tuberculosis skin testing on-site and/or by referral be made available in Medication Assisted, Intermediate Care Facilities and Therapeutic Community programs, as well as referrals for services in outpatient settings. In meeting this objective, the State of Maryland's Department of Health and Mental Hygiene, Office of Health Care Quality reviews tuberculosis assessment and referral services for patients during the annual/biannual certification process.

Objective: To require tuberculosis skin testing on-site and/or by referral be made available in Medication Assisted Treatment, Intermediate Care Facilities, Therapeutic Community programs, and referrals for services in outpatient settings.

Action: The State of Maryland's Department of Health and Mental Hygiene, Office of Health Care Quality shall review tuberculosis assessment and referral services for patients during the annual/biannual certification process.

Maryland

Goal #6: HIV Services

GOAL # 6. An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

As a designated state, the State of Maryland expended \$1,284,587 of SAPT Block Grant funds on HIV early intervention services in FFY 2004. Activities included education, assessment and counseling services. As part of this statewide effort, four (4) programs were categorically funded to provide outreach, case management, assessment and referral services. These programs target the geographic areas that have the greatest need, most notably Baltimore City and Prince George's County. Refer to Attachment E for details pertinent to these projects.

In addition, all certified treatment programs were required, by policy, to have in place referral agreements for testing and therapeutic services. Recording of these services in patient records was mandatory. The State of Maryland's Department of Health and Mental Hygiene, Office of Health Care Quality reviewed the availability and referral of services for patients during the annual/biannual certification process.

As a designated state, the State of Maryland continues to categorically expend SAPT Block Grant funds on HIV early intervention services. Activities include education, assessment and counseling services. As in prior years, these programs target geographic areas that have the greatest service need, most notably Baltimore City and Prince George's County.

In addition, all certified treatment programs are required, to conduct risk assessment , reduction and referral for testing and counseling for all patients. Recording of these services in patient records is mandatory. The State of Maryland's Department of Health and Mental Hygiene, Office of Health Care Quality reviews the availability and referral of services for patients during the annual/biannual certification process.

Objective: To assess and maintain categorical projects in geographic areas having the greatest need.

Action: Identify funding and program support for the continuation and enhancement of categorical projects.

Action: Coordinate funding commitments with the State of Maryland's AIDS Administration.

Objective: To ensure the availability of HIV prevention and education services, pre-test counseling, post-test counseling, and risk assessment on-site in all certified treatment programs, with testing and therapeutic services available through referral.

Action: Require, by policy, referral agreements for testing and therapeutic services.

Action: The State of Maryland's Department of Health and Mental Hygiene, Office of Health Care Quality shall review availability and referral of services for patients during the annual/biannual certification process.

Objective: To collaborate with the Maryland AIDS Administration regarding the training and implementation of the HIV rapid testing procedures.

Action: ADAA will identify key staff to collaborate with the AIDS Administration regarding training and implementation of procedures.

Maryland

Attachment E: TB and Early Intervention Svcs

Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV
(See 45 C.F.R. 96.122(f)(1)(x))

For the fiscal year three years prior (FY 2004) to the fiscal year for which the State is applying for funds:

Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a "designated State," provide funds expended (or obligated), for early intervention services for HIV.

Examples of procedures include, but are not limited to:

- development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOA) and Memoranda of Understanding (MOU);
- the role of the single State authority (SSA) for substance abuse prevention and treatment; and
- the role of the single State authority for public health and communicable diseases.

Examples of activities include, but are not limited to:

- the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse;
- the number and geographic locations (include sub-State planning area) of projects delivering early intervention services for HIV;
- the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
- technical assistance.

Tuberculosis (TB)

Administration policy mandates that all funded addictions treatment programs shall directly, or through arrangements with other public or non-profit private entities, routinely make available tuberculosis services for patients admitted for addictions treatment and for their employees. Programs shall provide the following services to patients.

- A. Counseling and Education
- B. TB Risk Assessment and Referral
- C. Identification and Management of TB Suspects
- D. Case Management
- E. Record Keeping

The State of Maryland's Department of Health and Mental Hygiene , Office of Health Care Quality review compliance of TB assessment and referral services during the annual /biannual certification process.

Early Intervention Services for HIV

Prevention and treatment of AOD abuse and HIV disease require a multi-disciplinary approach that relies on the strength of a variety of providers and treatment settings to provide a comprehensive range of effective services. Among substance abusers, specific practices such as needle sharing have been clearly identified as an important HIV risk behavior. Understanding the need to address methods in which we can prevent the spread of HIV/AIDS, the Administration has required all funded providers to provide HIV/AIDS education, assessment and counseling services to their patients.

Additionally and in support of this process, the following targeted projects detailed by region provide categorical early intervention services for HIV.

AIDS Administration Reports

Project: Group Level Intervention
Vendor: Second Genesis
Target Population: Injecting Drug Users
Brief Description: Therapeutic Community provides prevention, education and risk reduction counseling to those enrolled in the program

Project: Group Level Intervention
Vender: Gaudenzia
Target Pop: Injecting Drug Users
Brief Description: This multi disciplinary substance abuse program provides prevention, education and risk reduction services to patients who have engaged in high risk behaviors.

Project: Glenwood: Group Level Intervention
Vender: Glenwood Life Counseling Center
Target Population: Injecting Drug Users who have engaged in high risk behaviors.
Brief Description: This methadone program prevention, intervention and risk reduction group counseling to all GLCC patients. Education, literature, free condoms and HIV testing are provided at the center.

Project: Group Level Intervention

Vendor: recovery in Community

Target Population: Injecting Drug Users

Brief Description: Drug-Free Outpatient program provides HIV/AIDS prevention, education and risk reduction counseling to those enrolled in the program.

Project: Parole and Probation HIV Educator Project

Vendor: Department of Public Safety and Correctional Services, Division of Parole and Probation and University of Maryland, Baltimore County.

Target Population: Parole and Probation agents and parolees and probationers (offenders) especially in Baltimore City.

Brief Description: The project is to increase the capacity of Parole and Probation agents to provide HIV prevention education to parolees and probationers. A standardized AIDS/HIV curriculum has been developed for agents and offenders. An HIV Educator provides technical assistance, prevention, referrals and risk reduction activities for Division of Parole and Probation (DPP) staff, offenders, and their partners.

The total amount for HIV/AIDS early intervention and related services totaled \$1,612,812.

Maryland

Goal #7: Development of Group Homes

GOAL # 7. An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25 and 45 C.F.R. 96.129). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2004 (Compliance): (participation OPTIONAL)

FY 2006 (Progress): (participation OPTIONAL)

FY 2007 (Intended Use): (participation OPTIONAL)

N/A

N/A

N/A

Maryland

Attachment F: Group Home Entities

Attachment F: Group Home Entities and Programs

(See 42 U.S.C. 300x-25; 45 C.F.R. 96.129; and 45 C.F.R. 96.122(f)(1)(vii))

If the State has chosen in Fiscal Year 2004 to participate and continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund then Attachment F must be completed.

Provide a list of all entities that have received loans from the revolving fund during FY 2004 to establish group homes for recovering substance abusers. In a narrative of up to two pages, describe the following:

- the number and amount of loans made available during the applicable fiscal years;
- the amount available in the fund throughout the fiscal year;
- the source of funds used to establish and maintain the revolving fund;
- the loan requirements, application procedures, the number of loans made, the number of repayments, and any repayment problems encountered;
- the private, nonprofit entity selected to manage the fund;
- any written agreement that may exist between the State and the managing entity;
- how the State monitors fund and loan operations; and
- any changes from previous years' operations.

An agreement to continue the provision for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund is optional for States effective with FFY 2002. The Administration continues to view the development of group homes as an integral part of its overall grants management process supporting the service mission of the statewide continuum. However, effective with FFY 2002 the Administration elected to discontinue the dedicated (set-aside) revolving loan fund. The Administration continues to review the provision of substance free living environments as a critical component in sustaining recovery efforts. We will consider other available options that are provided to us to identify funding for this effort. It is the intent of Administration management to also continue to strategically evaluate the service need and available resources for those Maryland citizens in recovery.

Maryland

Goal #8: Tobacco Products

GOAL # 8. An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18 (See 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

- Is the State's FY 2007 Annual Synar Report included with the FY 2007 uniform application?
Yes No
- If No, please indicate when the State plans to submit the report:

mm/dd/2006

Note: The statutory due date is December 31, 2006.

In FFY 2004, the State of Maryland maintained its established law that makes it unlawful for any manufacturer, retailer or distributor of tobacco products to sell or distribute any such products to any individual under 18 years of age. No changes in the law took place.

Enforcement activities took on unique local application of effort and strategy. The State of Maryland strengthened the local activities by providing project funding for the development of a statewide network of control activities. Through this effort, enforcement activities will reduce future youth access and non-compliance inspection rate. The non-compliance rate for 2004 was 12.1%, with 780 outlets inspected. The random unannounced inspections were conducted by Administration staff. The Synar results were made available to the 24 subdivisions in the State of Maryland by posting the report on the Alcohol and Drug Abuse Administration's Website.

The FY2007 Annual Synar Report will be submitted by December 31, 2006.

Maryland

Goal #9: Pregnant Women Preferences

GOAL # 9. An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004, the State of Maryland continued to ensure pregnant women be given preference in admission to treatment. Please refer to Goal # 3 for compliance discussion for FFY 2004.

In FFY 2006, the State of Maryland continued to ensure that pregnant women be given preference in admission to treatment. Please refer to Goal # 3 for progress discussion for FFY 2006.

In FFY 2007, the State of Maryland shall continue to ensure that pregnant women be given preference in admission to treatment. Please refer to Goal # 3 for specific objectives and actions intended to provide continued compliance with the requirement that pregnant women be given preference in admission to treatment.

Maryland

Attachment G: Capacity Management

Attachment G: Capacity Management and Waiting List Systems
(See 45 C.F.R. 96.122(f)(3)(vi))

For the fiscal year two years prior (FY 2005) to the fiscal year for which the State is applying for funds:

In up to five pages, provide a description of the State's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women (See 45 C.F.R. 96.126(c) and 45 C.F.R. 96.131(c), respectively). This report should include information regarding the utilization of these systems. Examples of procedures may include, but not be limited to:

- development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system;
- the role of the Single State Authority (SSA) for substance abuse prevention and treatment;
- the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and
- the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.

Examples of activities may include, but not be limited to:

- how interim services are made available to individuals awaiting admission to treatment;
- the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment; and
- technical assistance.

All addictions treatment programs must, by State regulations, be certified and report to the Administration's online data collection application. The ADAA MIS section gathers program census and wait list data, demographic, drug use and route of admission on each patient accessing addictions treatment. Through reporting incidence data, length of time in treatment for each patient and an average retention rate across different levels of care and programs are computed. The Administration tracks and ensures IV Drug Users (IVDUs) are admitted and retained in treatment as long as possible. Treatment programs are certified by the Department of Health and Mental Hygiene, Office of Health Care Quality on an annual or biannual basis. This certification process includes a thorough review of patient records, clinical and medical policies and procedures, and fiscal and personnel practices. All of these methods combine to ensure that the special needs of IVDUs are met.

The Administration has issued and implemented a waiting list policy requiring patients be placed on a waiting list if the time between initial contact and admission is longer than 10 days or be referred to another program. Programs are encouraged to assist the persons on the wait list in finding another treatment option.

All programs are required to submit a Census and Wait List report with their monthly submission of incidence data to the Administration.

Baltimore City has the highest incidence of intravenous drug and opioid use in Maryland. Most OMT programs are at capacity and maintaining wait lists for this population is undesirable. In FFY 2004 Baltimore City began a pilot program for Opioid Maintenance Therapy programs to begin using an Interim Maintenance protocol. Programs in the pilot, when capacity has been reached can offer the patient the option of entering an Interim Maintenance protocol. Patients come to the treatment program and receive daily doses of opioid maintenance medication for a period of no more than 120 days at which time the patient must be placed into a permanent treatment slot.

In July 1989, the administration issued and implemented the Pregnant Addict Policy; requiring pregnant addicts receive priority admission at all State certified treatment programs. The status of a treatment program's policy of admission of pregnant addict admissions is reviewed at every onsite certification visit.

All complaints from consumers and stakeholders about waiting lists and admission policies are examined by the ADAA Quality Assurance Division, Compliance Section.

Maryland

Goal #10: Process for Referring

GOAL # 10. An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004, the Administration continued to improve the process for referring individuals to the most appropriate treatment modality. The Administration adopted a All substance abuse treatment programs were required to utilize Administration approved assessment tools, which in the case of adults, is the Addictions Severity Index (ASI) and in the case of adolescents, the Problem Oriented Screening Instrument for Teenagers (POSIT). The instruments and training in their application were provided to the field. In FFY 2004 the Administration adopted the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC II or II-R) levels of care system of categorizing its treatment system. All treatment programs have been mandated to use ASAM PPC II or II-R for use in patient level of care placement.

In FFY 2006, the State of Maryland continued to improve the process for referring individuals to the most appropriate level of care. All substance abuse treatment programs are required to utilize Administration approved assessment tools, which in the case of adults, is the Addictions Severity Index (ASI) and in the case of adolescents, the Problem Oriented Screening Instrument for Teenagers (POSIT). The instruments and training in their application are provided to the field through the Administration's online clinical record. The State of Maryland Automated Record Tracking (SMART) application is a web based full clinical record based on the WITS platform. In the application two assessments are provide for the clinician. The ASI and the Treatment Assignment Protocol (TAP). The TAP provides questions based on the ASAM PPC II or II-R criteria and is very useful for determining the appropriate patient level of care placement. The use of the above instruments is included in the Medical Care Programs Regulation. With this in place, all Managed Care Organizations (MCOs) must utilize them. All MCOs and alcohol and drug abuse treatment providers are provided training in use of all of the instruments.

In FFY 2006, the Administration improved its process to evaluate patient outcomes in determining the success of intervention processes through the transition from eSAMIS to SMART. This is a statewide electronic reporting system that begins to provide enhanced levels of program staff training, data validation and program performance measures. The data obtained from this system has provided more valid and reliable measures for case-mix adjustment and treatment outcomes analysis. A by-product is now the ability to identify characteristics of the most successful intervention techniques for different patient types. Building on the work and progress obtained of Maryland's TOPPS II project, post-treatment outcomes shall be assessed through secondary data sources in addition to primary follow-up data collection. The University of Maryland's Center for Substance Abuse Research (CESAR) provided analytical expertise to assist in this objective.

Objective: To increase the capacity and skill levels of the clinical staff within the provider treatment system through the most effective utilization of industry appropriate screening, assessment and placement instruments.

Action: Provide Administration sponsored trainings and technical assistance in best practice and specific application of screening, assessment and placement instruments through the Office on Education and Training for Addiction Services (OETAS).

Action: The State of Maryland's Department of Health and Mental Hygiene, Office of Health Care Quality shall review the appropriate use of patient assessment and placement tools and referral to the most appropriate levels of care during the annual/biannual certification process.

Objective: To improve the provider's ability to evaluate patient outcomes in determining the success of intervention processes.

Action: Proceed with the continued implementation of SMART, a statewide electronic reporting system with enhanced levels of program staff training, data validation and program performance measures.

Action: Promote adjustment of services as indicated by performance measurement results.

Maryland

Goal #11: Continuing Education

GOAL # 11. An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004, The Administration continued to provide education for the employees of facilities that provided prevention activities and treatment services. The Office of Education and Training housed within the Quality Assurance Division of the Administration is responsible for ensuring that continuing education courses are provided that meet the needs of individuals providing addiction services. Student tuition from participants attending training supported the costs associated with the training. An annual training needs assessment yielded input from programs statewide regarding training needs. Training needs around topic areas such as: advance pharmacology, anger management, adolescents, counselor self-care as well as advanced courses in the co-occurring disorders arena have been identified.

In FFY 2004, the ADAA's Office of Education and Training for Addiction Services (OETAS) delivered a total of 65 training events to 1566 participants. Training events included, but were not limited to, the provision of three week long residential sessions at the Salisbury State University, during the months of June, July and August. Additionally, the ADAA hosts a statewide management conference for addiction program managers and prevention coordinators.

In FFY 2006, the Administration continued to provide education for the employees of facilities that provided prevention activities and treatment services. Training fees collected from participants supported training costs. The ADAA's Office of Education and Training for Addiction Services (OETAS) delivered a total of 63 training events to 1722 participants. Over 500 individuals participated in our summer residential program at Salisbury during the months of June, July and August. ADAA hosted the fourth annual management conference and provided a wide variety of courses at our Fall and Spring commuter courses to meet the training needs of our treatment and prevention employees.

Objective: Continue currently available education through the ADAA.

Action: Maintain and refine education available through the Office of Education and Training for Addiction Services (OETAS).

Objective: Allow programs to utilize State/Federal funds to purchase training.

Action: Fund this line item in program budgets.

Objective: Provide ongoing input regarding workforce development needs.

Action: The ADAA in conjunction with the Central East Addiction is completing a statewide survey of workforce development needs. This survey will be used to guide OETAS education and training direction and to assist the administration in determining what workforce actions are required.

Maryland

Goal #12: Coordinate Services

GOAL # 12. An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004, the Administration coordinated a continuum of prevention and treatment services statewide with the provision of other appropriate services. Through participation with other involved State departments, local health departments and healthcare professionals coordination of other activities with treatment services was accomplished.

Examples of this coordination of activities include:

In partnership with the Lt. Governor's Office, the High Intensity Drug Trafficking Area (HIDTA) initiative, the Division of Parole and Probation, local health departments, and other appropriate agencies, the Administration has continued to implement the innovative Break the Cycle initiative. Extensive work has continued in 2001-2002 to implement improvements to the criminal justice and substance abuse treatment systems as identified by the 1997 Task Force on Drug Addicted Offenders. During 2001-2002, major accomplishments have occurred in the areas of on going training and technical assistance to the counties and Baltimore City regarding programmatic implementation and performance issues.

The Administration, the Department of Public Safety and Correctional Services, local corrections and health departments have collaborated to develop a model intensive therapeutic treatment programs that include "behind the walls" treatment, post-release community based aftercare treatment, and close coordination between involved criminal justice and treatment agencies.

The Homeless Initiative provides comprehensive addiction and other auxiliary services needed to assist addicted and at-risk homeless individuals in regaining a stable and productive lifestyle.

In FFY 2006, the Administration continues to coordinate a continuum of prevention and treatment services statewide with the provisions of other appropriate services. Through participation with other involved State departments, local health departments and healthcare professionals coordination of other activities with treatment services continues to be accomplished.

Examples of this coordination of activities include:

The Administration, local corrections and health departments have collaborated to develop intensive therapeutic treatment programs that include "behind the walls" treatment, post-release community based aftercare treatment, and close coordination between involved criminal justice and treatment agencies.

The Homeless Initiative provides comprehensive addiction and other auxiliary services needed to assist addicted and at-risk homeless individuals in regaining a stable and productive lifestyle.

Objective: To continue improving the coordination of prevention and treatment services with the provision of other appropriate services.

Action: Confer with other State departments/agencies, local health departments, education, legislative and community organizations to implement & coordinate programs that include prevention and treatment services.

Action: Participate in various task force, work group, sub-committee and interagency initiatives to ensure integration of AOD treatment and prevention services.

Maryland

Goal #13: Assessment of Need

GOAL # 13. An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004, the Administration continued its needs assessment analysis. Based on data from the Substance Abuse Management Information System (SAMIS), The Outlook and Outcomes FY 2004 Annual Report was produced and distributed statewide. This report and other selected patient-based data and treatment utilization reports provided details of treatment services delivered in every sector of the State, which facilitated informed targeting of resource needs. The Administration continued to improve and enhance its electronic data collection and analysis capabilities with the service provider network, contributing to greater information accuracy and completeness for targeting available resources. The Administration continues to use the truncated Poisson probability distribution to estimate statewide and local need based on analysis of treatment episode data. All certified treatment programs in Maryland, both public and private, are required to report to the Substance Abuse Management Information System (SAMIS), so data represent the full spectrum of treatment in Maryland. Results suggest about 5 percent of Maryland citizens need treatment, including about 30 percent that received treatment in FY 2004. ADAA has used this method to estimate need for each of the 24 Maryland subdivisions, and this information is used for preparation of budget requests, educating policy makers and the public, and allocating available resources to meet need. ADAA also continues to use results from the SAMHSA-funded State Need Assessment Program (STNAP).

The Maryland Alcohol and Drug Abuse Administration (ADAA) did not utilize SAPT Block Grant funds to conduct a Prevention Needs Assessment for FY2005.

Although, the Maryland Alcohol and Drug Abuse Administration (ADAA) did not utilize SAPT Block Grant funds to conduct a Prevention Needs Assessment for FY2005 the ADAA applied for the Strategic Prevention Framework-State Incentive Grant in June, 2004 and was unsuccessful. The Administration has utilized concepts of the Strategic Prevention Framework (SPF) to educate members of the legislatively mandated Local Drug and Alcohol Councils in each of Maryland's 24 jurisdictions. In calendar year 2005, local council members were provided regional trainings that focused on implementing a strategic planning process that used epidemiological data to make informed decisions regarding treatment, intervention and prevention programming needs.

During FFY 2006, the Administration continues to use the truncated Poisson probability distribution to estimate Statewide and local need-based on analysis of treatment episode data. Results suggest that about 5 percent of Maryland citizens need treatment, including about 30 percent that received treatment in FY 2004. Work continued on an internet reporting initiative that shall facilitate patient-based data collection throughout the State, allow for enhanced needs assessment analysis, and promote the development of program performance standards. The ADAA Research Section focuses on developing new data analysis strategies, developing strategic planning and local needs assessment capabilities, and performance measurement. Reports have been developed that examine retention, progression from one level of care to another, reduction in substance use and arrests and improvement in employment and living situation by subdivision and for individual treatment programs. Program personnel are being trained in planning and utilizing data to enhance local treatment systems.

Objective: To continue existing needs assessment analysis as conducted by the Administration.

Action: Compile and generate Outlook and Outcomes reports, treatment utilization reports, grant review objectives reports, subdivision-level performance reports and other patient-based analyses of the treatment network.

Action: Implement conversion of the treatment network to web-based reporting and promote greater use of data by providers for program improvement, needs assessment and effective outreach.

Action: Partner with the Bureau of Government Research (BGR), the Center for Substance Abuse Research (CESAR) to enhance performance measurement and develop resource allocation methodologies.

Action: Train local treatment local council personnel to generate and utilize data to identify gaps in the local treatment network and assess performance.

Maryland

Goal #14: Hypodermic Needle Program

GOAL # 14. An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

As a condition of grant award, all programs were notified that funds that support needle exchange were prohibited. No funds were utilized for that purpose.

As a condition of award, all programs were notified that funds to support needle exchange were prohibited. Local Health Officers sign an acknowledgement by which the jurisdiction accepts the conditions of the award. No funds were utilized for this purpose.

Objective: To ensure continued compliance of SAPT Block Grant fund restriction on use relating to provision of hypodermic needles or syringes.

Action: Notify sub-recipients of funds through grant conditions of award and technical assistance, as needed.

Maryland

Goal #15: Independent Peer Review

GOAL # 15. An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

In FFY 2004, a total of five (5) independent peer reviews of treatment programs were conducted in the State of Maryland. The peer reviews were done to assess and improve the quality and appropriateness of treatment services delivered by funded providers. The five (5) reviews were conducted utilizing the Corrections Program Assessment Inventory (CPAI).

In FFY 2006, the Administration conducted five (5) Independent Peer Reviews which have been conducted in treatment programs in Anne Arundel County, Baltimore City, Baltimore County and Queen Anne County. Reviews have been conducted in an interactive atmosphere in an effort to support and enhance effective quality treatment service delivery by funded providers.

Objective: To provide 5% of SAPT Block Grant funded programs with independent peer reviews that are helpful to the programs.

Action: Conduct independent peer reviews and distribute findings to programs for use in ongoing program improvement

Action: Provide peer review findings to Administration Regional Team Managers to offer any technical assistance needed or requested by the programs.

Action: Request feedback from programs that have participated in Peer Review to supply feedback about the experience and make any suggestions for future changes in the process.

Maryland

Attachment H: Independent Peer Review

Attachment H: Independent Peer Review (See 45 C.F.R. 96.122(f)(3)(v))

For the fiscal year two years prior (FY 2005) to the fiscal year for which the State is applying for funds:

In up to three pages provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2005 (See 42 U.S.C. 300x-53(a)(1) and 45 C.F.R. 96.136).

Examples of procedures may include, but not be limited to:

- the role of the single State authority (SSA) for substance abuse prevention activities and treatment services in the development of operational procedures implementing independent peer review;
- the role of the State Medical Director for Substance Abuse Services in the development of such procedures;
- the role of the independent peer reviewers; and
- the role of the entity(ies) reviewed.

Examples of activities may include, but not be limited to:

- the number of entities reviewed during the applicable fiscal year;
- technical assistance made available to the entity(ies) reviewed; and
- technical assistance made available to the reviewers, if applicable.

The Administration continues to tailor its Independent Peer Review process to become more comprehensive and to highlight specific levels of treatment identified as priorities based on internal data and CSAT. In this past fiscal year, the peer reviewer process focused on the criminal justice programs and programs that provided treatment to the criminal justice population. This was accomplished with the cooperation of the High Intensity Drug Trafficking Area Initiative (HIDTA) staff.

The Administration has designed its Independent Peer Review process to be an educational experience intended to provide feedback to addiction treatment programs for the enhancement of the quality of their services to patients. Each year a specific level of treatment will be reviewed based on internal and CSAT data.

During FFY 2004, a total of five (5) independent peer reviews of treatment programs were conducted in the State of Maryland. The Administration continued to collaborate with High Intensity Drug Trafficking Area Initiative (HIDTA) and the University of Maryland's Bureau of Governmental Research in evaluating and developing enhanced procedures to increase the overall effectiveness of the Administration's independent review process. We anticipate maintaining full compliance with the independent peer review requirement. Accordingly, our progress to date indicates a strengthened process as we proceed forward with our FFY 2007 intended use planning.

In addition, the Administration provides information about the Independent Peer Review process to the field of addiction service providers. The areas of review include quality of services, appropriateness of services, efficacy of services and appropriateness of placement.

Role of the Treatment Program Peer Reviewers - IPR Credentialing and procedures

Treatment program peer reviewers are selected from a pool of treatment professionals experienced in the field of addictions. The Administration's Quality Assurance Director reviews all applications and verifies applicants' credentials. The selected reviewers are placed on contract with the Administration for one year.

Specifically, reviewers shall demonstrate experience as a treatment provider and have knowledge and experience with a variety of target groups; i.e., alcohol abuse, other drug abuse, co-occurring disorders, medication assisted treatment, youth, women, inner city/urban, rural, and criminal justice. The reviewer must have knowledge and experience with more than one of the following levels of care; residential, outpatient, intensive outpatient, and culturally specific programs. Experience as a treatment program Clinical Supervisor or Program Director is desired. The reviewer shall be a member of one of the following disciplines: Licensed Clinical Alcohol and Drug Counselor, Social Worker, Psychologist, Registered Nurse, Psychiatrist, or possess a Masters Degree in a Human Service discipline. The reviewer must have at least five (5) years of experience in the AOD field.

The Administration requires programs that receive federal funds to be available for Independent Peer Review if selected. The Peer Review Coordinator selects the program and schedules dates for the site review. During the site review, interviews are conducted with the Program Director, QA/QI Manager, Clinical Supervisor, and program staff. Personnel records and CQI/QA documentation are reviewed. A random sample of recently discharged patient records are examined for the following:

- Quality of the intake process and appropriateness of the admission;
- Quality of the assessment;

Quality and appropriateness of the treatment plan, including referrals;
Quality of the implementation of treatment services; and
Quality and appropriateness of patient discharge.

Subsequently, reviewers and program staff participate in an oral exit interview to discuss the site visit results. The Peer Reviewer prepares a written summary of the peer review visit and submits it to the Administration within three weeks. ADAA maintains a copy in the master file and sends the final report to the treatment program's director. In addition, the Program Director is sent a follow-up questionnaire asking for feedback concerning the experience.

Maryland

Goal #16: Disclosure of Patient Records

GOAL # 16. An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. part 2).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007(Intended Use):

In FFY 2004 the Administration continued to provide counselor training on the subject of Federal Confidentiality Regulations and monitor program's compliance with the regulations.

The Administration's Office of Education and Training for Addictions Services (OETAS) continued to provide patient confidentiality training to providers of addiction services in the State of Maryland. OETAS provided all-day trainings on a variety of treatment related topics throughout the year. During this time period, ten confidentiality workshops were conducted and two-hundred eight Maryland providers received confidentiality training.

In FFY 2005 the Administration continues to monitor programs' compliance with Federal/State confidentiality rules. To ensure that substance abuse treatment programs continue to comply with the federal and state confidentiality regulations the Administration's Treatment Compliance Section, under the direction of the Quality Assurance Division, routinely monitors Maryland's substance abuse treatment programs by conducting random program compliance reviews. The random reviews are conducted by the Section's Treatment Compliance Evaluators (TCE). The TCEs visit programs to review both administrative and clinical areas to determine compliance status. It is expected that each program will be assessed for compliance by the Treatment Compliance Section bi-annually.

All certified substance abuse treatment programs in the State of Maryland must comply with federal and state confidentiality regulations as a condition of their certification. Policy and procedure manuals were checked for provisions regarding this issue through the bi-annual certification process conducted by the Department of Health and Mental Hygiene's Office of Health Care Quality. Patient records were monitored for appropriate and accurate consent forms and patient rights statements that included these protections. The patient's rights statement is provided to the patient upon admission and is required to be prominently displayed in the program. Those programs that were deficient in the area of patient confidentiality were offered technical assistance and problem resolution by the Administration. Any continued deficiencies may result in the substance abuse program losing its certification and its privilege to provide substance abuse services in the State of Maryland.

Objective: To maintain existing training activities through OETAS.

Action: Continue to provide counselor training that includes education regarding Federal Confidentiality Regulations.

Objective: To require programs to consistently apply Federal/State Confidentiality Regulations.

Action: Conduct regularly scheduled compliance reviews/complaint investigations to evaluate compliance with Federal/State confidentiality rules.

Action: Develop systems that will respond to reported breaches in Federal/State confidentiality rules.

Action: Continue to provide technical assistance and problem resolution to substance abuse treatment programs that are deficient in this area.

Maryland

Goal #17: Charitable Choice

GOAL #17. An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations).

FY 2004 (Compliance): Not Applicable

FY 2006 (Progress):

FY 2007 (Intended Use):

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection.

The purpose of Attachment I is to document how your State is complying with these provisions.

N/A

N/A

N/A

Attachment I

State:
Maryland

Attachment I

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection.

The purpose of Attachment I is to document how your State is complying with these provisions.

Attachment I - Charitable Choice

For the fiscal year prior (FY 2006) to the fiscal year for which the State is applying for funds provide a description of the State's procedures and activities undertaken to comply with the provisions.

Notice to Program Beneficiaries - Check all that apply:

- Use model notice provided in final regulations.
- Use notice developed by State (attached copy).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- Enter total number of referrals necessitated by religious objection to other substance abuse providers ('alternative providers'), as define above, made in previous fiscal year. Provide total ONLY; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

Attachment I Footnotes

During FY2005, Maryland did not award SAPT Block Grant funds to recipients or sub-recipients ("program participants") that would be a "religious organization" under the Final Rule. In Maryland, the Alcohol and Drug Abuse Administration (ADAA) awards funds (including SAPT) for substance abuse prevention and treatment services to local health departments or other designated entities of local government. These recipients in turn award to or contract for services with local programs or vendors (sub-recipients).

Under The Code of Maryland Regulations (COMAR), providers must be certified to provide Levels of Care that are consistent with the American Society of Addiction Medicine (ASM) Patient Placement Criteria. A "religious organization" meeting that standard would certainly be eligible for funding; however, to date none have applied for funding. ADAA Regional Technical Assistance Team Leaders have surveyed their respective regions to verify this information.

State:
Maryland

Attachment J

If your State plans to apply for any of the following waivers, check the appropriate box and submit the request for a waiver at the earliest possible date.

- To expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children (See 42 U.S.C. 300x-22(b)(2) and 45 C.F.R. 96.124(d))
- Rural area early intervention services HIV requirements (See 42 U.S.C. 300x-24(b)(5)(B) and 45 C.F.R. 96.128(d))
- Improvement of process for appropriate referrals for treatment, continuing education, or coordination of various activities and services (See 42 U.S.C. 300x-28(d) and 45 C.F.R. 96.132(d))
- Statewide maintenance of effort (MOE) expenditure levels (See 42 U.S.C. 300x-30(c) and 45 C.F.R. 96.134(b))
- Construction/rehabilitation (See 42 U.S.C. 300x-31(c) and 45 C.F.R. 96.135(d))

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as an attachment to the application, if possible. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively. A formal waiver request must be submitted to SAMHSA at some point in time if not included as an attachment to the application.

Maryland

Attachment J: Waivers

Attachment J: Waivers

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as an attachment to the application, if possible. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively. A formal waiver request must be submitted to SAMHSA at some point in time if not included as an attachment to the application.

The State of Maryland does not intend to file any waiver applications for FFY 2007.

Maryland

Description of Calculations

Description of Calculations

In a brief narrative, provide a description of the amounts and methods used to calculate the following: (a) the base for services to pregnant women and women with dependent children as required by 42 U.S.C. 300x-22(b)(1); and, for 1994 and subsequent fiscal years report the Federal and State expenditures for such services; (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. 300x-24(d); and, (c) for designated States, the base and MOE for HIV early intervention services as required by 42 U.S.C. 300x-24(d) (See 45 C.F.R. 96.122(f)(5)(ii)(A)(B)(C)).

Base Development

96.124 - Pregnant Woman and Women With Dependent Children

The State of Maryland's Alcohol and Drug Abuse Administration reviewed those addiction services provisions that were available to pregnant women and women with dependent children. It was determined that for Fiscal Year 1994 those provisions consisted of limited resources in both programming and form with a total Women's Base of \$5,032,564 (Refer to MOE Table IV). As demonstrated in subsequent years, service resources for this target group have continued to grow. Historical trends reflect total expenditures of \$13,228,678 in 2003, \$13,294,821 in 2004 and \$13,294,821 projected in 2005.

96.127 - Tuberculosis Services

The State of Maryland's Alcohol and Drug Abuse Administration has reviewed the epidemiological and disease control programming specifically targeted for tuberculosis services within the State. This activity falls under the Community Health Administration (CHA) which is charged with controlling all communicable diseases in the State of Maryland. Services provided include treatment, as well as preventive measures related to controlling tuberculosis infection. Based on information provide by CHA, the Fiscal Year 1991 and 1992 totals of all State funds spent on tuberculosis services were \$596,143 and \$649,086, respectively. State addiction program directors were polled by the Administration as to incidence and prevalence of tuberculosis within their modalities. It was estimated that 2% of the treatment population received services.

96.128 - HIV Early Intervention Services

The State of Maryland, under Section 1924 (b)(2), is a designated state. Using the definition of early intervention services for HIV, the Administration reviewed its substance abuse treatment sites and determined 1992 base expenditures of \$1,272,808 in calculating the MOE level.

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

State:
Maryland

Dates of State Expenditure Period:
From 7/1/2004 to 6/30/2005

Activity	A. SAPT Block Grant FY 2004 Award (Spent)	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance abuse treatment and rehabilitation	\$22,579,369	\$915,432	\$	\$66,695,346	\$5,396,647	\$7,411,693
2. Primary Prevention	\$6,451,248		\$	\$	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$1,612,812	\$	\$	\$	\$	\$
5. Administration (excluding program/provider level)	\$1,612,812		\$	\$4,529,281	\$	\$477,886
6. Column Total	\$32,256,241	\$915,432	\$	\$71,224,627	\$5,396,647	\$7,889,579

Primary Prevention Expenditures Checklist

State:
Maryland

	Block Grant FY 2004	Other Federal	State	Local	Other
Information Dissemination	\$10,000	\$	\$	\$	\$
Education	\$10,000	\$	\$	\$	\$
Alternatives	\$10,000	\$	\$	\$	\$
Problem Identification & Referral	\$3,272,286	\$	\$	\$	\$
Community-Based Process	\$3,143,962	\$	\$	\$	\$
Environmental	\$5,000	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Section 1926 - Tobacco	\$	\$	\$	\$	\$
TOTAL	\$6,451,248	\$	\$	\$	\$

Resource Development Expenditure Checklist

State:
Maryland

Did your State fund resource development activities from the FY 2004 block grant?

Yes No

	Treatment	Prevention	Additional Combined	Total
Planning, Coordination and Needs Assessment	\$	\$	\$	\$
Quality Assurance	\$	\$	\$	\$
Training (post-employment)	\$84,252	\$53,525	\$	\$137,775
Education (pre-employment)	\$	\$	\$	\$
Program Development	\$	\$	\$	\$
Research and Evaluation	\$	\$	\$	\$
Information Systems	\$	\$	\$	\$
TOTAL	\$84,252	\$53,525	\$	\$137,775

Expenditures on Resource Development Activities are:

Actual Estimated

SUBSTANCE ABUSE ENTITY INVENTORY

State:
Maryland

1. Entity Number	2. National Register (I-SATS) ID	3. Area Served	4. State Funds	FISCAL YEAR 2004			
				5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
101001	900227	Allegany County	\$840,363	\$376,658	\$167,671	\$407,906	\$35,810
102001	100182	Anne Arundel County	\$1,217,070	\$1,739,350	\$188,121	\$339,197	\$106,211
103001	750614	Baltimore County	\$3,193,933	\$1,437,539	\$370,784	\$470,825	\$151,485
104001	902512	Calvert County	\$452,862	\$277,427	\$	\$248,433	\$12,272
105001	750382	Caroline County	\$340,453	\$139,612	\$	\$190,733	\$1,207
106001	750564	Carroll County	\$888,696	\$363,969	\$860,429	\$231,592	\$67,393
107001	900375	Cecil County	\$811,941	\$272,000	\$	\$183,195	\$18,106
108001	750473	Charles County	\$1,097,173	\$307,042	\$	\$301,605	\$7,242
109001	902199	Dorchester County	\$703,754	\$246,578	\$	\$296,080	\$201
110001	750424	Frederick County	\$1,329,543	\$525,754	\$433,373	\$210,545	\$27,360
111001	901209	Garrett County	\$725,673	\$66,706	\$	\$266,892	\$3,020
112001	903817	Hardford County	\$1,058,509	\$288,272	\$	\$213,460	\$25,550

State:
Maryland

				FISCAL YEAR 2004			
1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
113001	900441	Howard County	\$992,074	\$140,310	\$	\$232,502	\$12,272
114001	301293	Kent County	\$1,341,406	\$179,327	\$	\$208,203	\$38,224
115001	902967	Montgomery County	\$2,622,356	\$699,900	\$485,635	\$404,077	\$58,340
116001	300030	Prince Georges County	\$5,230,563	\$1,692,447	\$218,812	\$432,427	\$22,935
117001	750325	Queen Annes County	\$467,408	\$185,391	\$	\$172,993	\$2,816
118001	901779	St Marys County	\$1,638,692	\$353,168	\$156,875	\$210,475	\$13,277
119001	103608	Somerset County	\$494,503	\$102,298	\$	\$325,716	\$5,030
120001	750390	Talbot County	\$514,535	\$184,915	\$	\$211,535	\$2,415
121001	301400	Washington County	\$2,204,710	\$764,893	\$215,875	\$195,538	\$19,515
122001	900300	Wicomico County	\$1,164,084	\$408,227	\$	\$185,957	\$64,175
123001	901845	Worcester County	\$1,287,237	\$1,087,191	\$273,686	\$208,010	\$13,277
130001	100091	Baltimore City	\$26,221,514	\$7,991,033	\$749,949	\$303,352	\$854,788

State:
Maryland

				FISCAL YEAR 2004			
1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
135001	X	Statewide Contracts	\$9,856,294	\$2,749,362	\$	\$	\$49,891
TOTAL	TOTAL	TOTAL	\$66,695,346	\$22,579,369	\$4,121,210	\$6,451,248	\$1,612,812

PROVIDER ADDRESS TABLE

State:
Maryland

Provider ID	Description	Provider Address
135001	Provider 135001	55 Wade Avenue, Catonsville, MD, 21228, (410) 402-8600,

Prevention Strategy Report

State:
Maryland

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Substance Abusers [1]	Brochures [4]	22
	Speaking engagements [6]	25
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	30
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	21
	Education programs for youth groups [14]	13
	Mentors [15]	10
	Drug free dances and parties [21]	15
	Youth/adult leadership activities [22]	23
	Community service activities [24]	16
	Recreation activities [26]	24
	Student Assistance Programs [32]	10
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	10
Community team-building [44]	9	
Pregnant Women/Teens [2]	Brochures [4]	25
	Speaking engagements [6]	27
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	14
	Parenting and family management [11]	20
	Community service activities [24]	10
Violent and Delinquent Behavior [4]	Speaking engagements [6]	19
	Peer leader/helper programs [13]	13
	Mentors [15]	20

Form 6a: Risk - Strategies (...continued)

State:
Maryland

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Violent and Delinquent Behavior [4]	Community team-building [44]	7
Mental Health Problems [5]	Speaking engagements [6]	5
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	13
Economically Disadvantaged [6]	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	15
	Parenting and family management [11]	22
	Education programs for youth groups [14]	18
	Mentors [15]	14
	Youth/adult leadership activities [22]	20
	Community service activities [24]	13
	Recreation activities [26]	24
Physically Disabled [7]	Speaking engagements [6]	3
	Ongoing classroom and/or small group sessions [12]	1
	Youth/adult leadership activities [22]	7
	Recreation activities [26]	6
Already Using Substances [9]	Brochures [4]	17
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	5
	Parenting and family management [11]	11
	Education programs for youth groups [14]	12
Homeless and/or Run away Youth [10]	Peer leader/helper programs [13]	13
Parents [11]	Brochures [4]	31
	Speaking engagements [6]	28

Form 6a: Risk - Strategies (...continued)

State:
Maryland

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Parents [11]	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	12
	Parenting and family management [11]	25
	Peer leader/helper programs [13]	19
	Mentors [15]	14
	Drug free dances and parties [21]	4
	Youth/adult leadership activities [22]	31
	Community service activities [24]	15
	Recreation activities [26]	28
Preschool [12]	Speaking engagements [6]	6
	Parenting and family management [11]	6
	Preschool ATOD prevention programs [16]	6

TREATMENT UTILIZATION MATRIX

State:
Maryland

Dates of State Expenditure Period:
From 7/1/2004 to 6/30/2005 (Same as Form 1)

			Costs Per Person		
Level of Care	A. Number of Admissions	B. Number of Persons Served	C. Mean Cost of Services	D. Median Cost of Services	E. Standard Deviation of Cost
Detoxification (24 hour Care)					
1. Hospital Inpatient			\$0.00	\$0.00	\$0.00
2. Free-standing Residential	3,453	3,153	\$378.00	\$0.00	\$0.00
Rehabilitation / Residential					
3. Hospital Inpatient			\$0.00	\$0.00	\$0.00
4. Short-term (up to 30 days)	6,745	6,246	\$578.00	\$0.00	\$0.00
5. Long-term (over to 30 days)	2,556	2,459	\$1,850.00	\$0.00	\$0.00
Ambulatory (Outpatient)					
6. Outpatient	23,138	21,484	\$303.00	\$0.00	\$0.00
7. Intensive Outpatient	5,005	4,697	\$474.00	\$0.00	\$0.00
8. Detoxification	2,196	1,907	\$137.00	\$0.00	\$0.00
Methadone					
Methadone	2,946	2,752	\$1,592.00	\$0.00	\$0.00

Number Of Persons Served (Unduplicated Count) For Alcohol And Other Drug Use In State-Funded Services By Age, Sex, And Race/Ethnicity

State:
Maryland

AGE GROUP	A. TOTAL	B. White		C. Black		D. Native Hawaiian / Other Pacific Islander		E. Asian		F. American Indian / Alaska Native		G. More than one race reported		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under	4,392	1,709	856	1,274	371			18	5	6	2			109	42	2,992	1,244	124	32
2. 18-24	6,698	3,133	1,301	1,526	414			46	17	9	5			202	45	4,652	1,717	264	65
3. 25-44	18,603	5,695	2,850	6,071	3,215			89	19	50	30			513	71	11,727	6,090	691	95
4. 45-64	6,972	2,001	854	2,739	1,230			15	4	20	5			90	14	4,736	2,080	129	27
5. 65 and over	136	55	19	52	6				1	1				2		108	26	2	
6. Total	36,801	12,593	5,880	11,662	5,236			168	46	86	42			916	172	24,215	11,157	1,210	219
7. Pregnant Women	333		179		147										7		326		6

Did the State base the values reported on Form 7A and 7B from a client-based system(s) with unique client identifiers?

Yes **No**

Numbers of Persons Served who were admitted in a period prior to the 12 month reporting period: 12,597

Form 7b Footnotes

Column G (Asian) includes Pacific Islanders.

Column H (Unknown) includes persons reported as "Other" - primarily Hispanics not reported as White or Black.

Number Of Persons Served (Unduplicated Count) For Alcohol And Other Drug Use In State-Funded Services By Age, Sex, And Race/Ethnicity

State:
Maryland

AGE GROUP	A. TOTAL	B. White		C. Black		D. Native Hawaiian / Other Pacific Islander		E. Asian		F. American Indian / Alaska Native		G. More than one race reported		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under	4,392	1,709	856	1,274	371			18	5	6	2			109	42	2,992	1,244	124	32
2. 18-24	6,698	3,133	1,301	1,526	414			46	17	9	5			202	45	4,652	1,717	264	65
3. 25-44	18,603	5,695	2,850	6,071	3,215			89	19	50	30			513	71	11,727	6,090	691	95
4. 45-64	6,972	2,001	854	2,739	1,230			15	4	20	5			90	14	4,736	2,080	129	27
5. 65 and over	136	55	19	52	6				1	1				2		108	26	2	
6. Total	36,801	12,593	5,880	11,662	5,236			168	46	86	42			916	172	24,215	11,157	1,210	219
7. Pregnant Women	333		179		147										7		326		6

Did the State base the values reported on Form 7A and 7B from a client-based system(s) with unique client identifiers?

Yes **No**

Numbers of Persons Served who were admitted in a period prior to the 12 month reporting period: 12,597

Form 7b Footnotes

Column G (Asian) includes Pacific Islanders.

Column H (Unknown) includes persons reported as "Other" - primarily Hispanics not reported as White or Black.

State:
Maryland

SSA (MOE Table I)

Total Single State Agency (SSA) Expenditures for Substance Abuse (Table I)

PERIOD (A)	EXPENDITURES (B)	B1(2004) + B2(2005) / 2 (C)
SFY 2004 (1)	\$63,608,029	
SFY 2005 (2)	\$64,805,532	\$64,206,781
SFY 2006 (3)	\$65,681,041	

Are the expenditure amounts reported in Columns B "actual" expenditures for the State fiscal years involved?

FY 2004 Yes No

FY 2005 Yes No

FY 2006 Yes No

If estimated expenditures are provided, please indicate when "actual" expenditure data will be submitted to SAMHSA(mm/dd/yyyy):

The MOE for State fiscal year(SFY) 2006 is met if the amount in Box B3 is greater than or equal to the amount in Box C2 assuming the State complied with MOE requirements in these previous years.

The State may request an exclusion of certain non-recurring expenditures for a singular purpose from the calculation of the MOE, provided it meets CSAT approval based on review of the following information:

Did the State have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes No If yes, specify the amount

Did the State include these funds in previous year MOE calculations? Yes No

When did the State submit a request to the SAMHSA Administration to exclude these funds from the MOE calculations(Date)?

TB (MOE Table II)

State:
Maryland

Statewide Non-Federal Expenditures for Tuberculosis Services
to Substance Abusers in Treatment (Table II)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B) (C)	Average of Columns C1 and C2 C1 + C2 / 2 MOE BASE (D)
SFY 1991 (1)	\$596,143	1%	\$5,961	
SFY 1992 (2)	\$649,086	1%	\$6,491	\$6,226

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B)
SFY 2006 (3)	\$835,779	2%	\$16,716

HIV (MOE Table III)

State:
Maryland

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (Table III)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)	Average of Columns A1 and A2 A1 + A2 / 2 MOE BASE (B)
SFY1991 (1)	\$989,864	
SFY1992 (2)	\$1,555,753	\$1,272,809

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)
SFY 2006 (3)	\$3,516,155

* Provided to substance abusers at the site at which they receive substance abuse treatment

Womens (MOE TABLE IV)

State:
Maryland

Expenditures for Services to Pregnant Women and Women with Dependent Children (Table IV)

(MAINTENANCE TABLE)

PERIOD	Total Women's BASE (A)	Total Expenditures (B)
1994	\$5,032,564	
2004		\$13,294,821
2005		\$13,294,821
2006		\$13,294,821

Enter the amount the State plans to expend in FY 2007 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A {1994}): \$13,294,821

State:
Maryland

FY 2004 SAPT BLOCK GRANT

Your annual SAPT Block Grant Award for FY 2004 is reflected on Line 8 of the Notice of Block Grant Award

\$32,256,241

Maryland

1. Planning

1. Planning

This item addresses compliance of the State's planning procedures with several statutory requirements. It requires completion of narratives and a checklist.

These are the statutory requirements:

- 42 U.S.C. 300x-29 requires the State to submit a Statewide assessment of need for both treatment and prevention.
- 42 U.S.C. 300x-51 requires the State to make the State plan public in such a manner as to facilitate public comment from any person during the development of the plan.

In a narrative of up to three pages, describe how your State carries out sub-State area planning and determines which areas have the highest incidence, prevalence, and greatest need. Include a definition of your State's sub-State planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions. If there is a State, regional, or local advisory council, describe their composition and their role in the planning process. Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need. If there is a State Epidemiological Workgroup or a State Epidemiological Outcomes Workgroup, describe its composition and its role in needs assessment, planning, and evaluation processes.

In a narrative of up to two pages, describe the process your State used to facilitate public comment in developing the State's plan and its FY 2007 application for SAPT Block Grant funds.

The legislation proposed by Governor Robert L. Ehrlich and signed into law on May 11, 2004 established a mandate that all twenty-four political subdivisions (23 counties and Baltimore City) in Maryland develop Drug and Alcohol Advisory Councils. The bill also required that certain agency representatives be appointed to each local Advisory Council. All twenty-four jurisdictions complied with the establishment of a Local Council, and presented required membership, structure and progress reports to the ADAA.

The Alcohol and Drug Abuse Administration provided technical assistance to local councils, including providing data to assist in needs assessments and outcome evaluations. Allocations from the Maryland Substance Abuse Fund, created under the Governor's legislation, help defray the cost of local council operations as well as the associated cost of technical assistance from ADAA.

In the first series of seminars, county specific data packages and instruction was provided on accessing additional county specific data. Uniform operational definitions and a decision tree were presented to guide the local council's process for determining the selection of appropriate local resources to be surveyed. The second series demonstrated a standard format for the Local Survey of Resources, and results of the successful pilot of that instrument and process in Queen Anne's County. The third series of seminars focused on the process for development of an initial strategic plan.

The comprehensive plan must include the strategies and priorities of the jurisdiction for meeting the identified needs of the general public and the criminal justice system for alcohol and other drug evaluation, prevention, intervention and treatment services. The plan should also include the mission, principles, goals, and values of each council. Priority and all target populations should also be included and must be in compliance with state and federal block grant requirements. These include pregnant and post-partum women and women with children, persons with HIV, and injecting drug users. Each jurisdiction should also assess the ability of the local treatment system to identify and treat persons with co-occurring mental health and substance abuse disorders. Each council was mandated to submit a comprehensive plan for prevention, intervention and treatment services in their jurisdictions to the Governor or his designee due by July 1, 2005 and every two years thereafter, and report on progress toward implementation of the plans to the Alcohol and Drug Abuse Administration every six months.

All twenty-four jurisdictions prepared and submitted an initial two year strategic plan along with a local survey of prevention, intervention and treatment resources. Feedback was provided by the ADAA Regional Team Leaders acknowledging the plans and providing suggestions or comments regarding implementation. Jurisdictions were then asked to establish priority areas, an action plan including measurable outcomes and connections to targeted outcomes from their initial strategic plan, along with a budget for any new or expanded initiatives. This document served as the required six month update to the initial plan.

By Executive Order, Governor Robert L. Ehrlich established a Maryland State Drug and Alcohol Abuse Council. The objectives of the State Council are to develop a comprehensive, coordinated and collaborative approach to the use of for prevention, intervention and treatment of drug and alcohol abuse among the citizens of the state; to promote the coordinated planning and delivery of state drug and alcohol abuse prevention, intervention, evaluation and treatment resources; and, to promote collaboration and coordination by state substance abuse programs with local Drug and Alcohol Abuse Councils, local health systems and private drug and alcohol abuse service providers.

The Council is charged with identifying, developing and recommending implementation of comprehensive systemic improvements in prevention,

intervention and treatment services, preparing and updating a 2-year plan establishing priorities and strategies for funding and delivery of services, reviewing plans submitted by local Drug and Alcohol Abuse Councils and coordinating with the state plan, coordinating with the Governor's Grants Office to seek funds and advise local councils of funding opportunities, and receiving and reviewing studies and evaluations of state and local substance abuse programs and other relevant materials. An initial report was prepared and delivered to the Governor on September 9th, 2005.

The Council met four times during the year, pursuant to the terms of the Executive Order. During this time, the Planning and Coordination subcommittee met six times from November, 2004 through June, 2005. The committee focused on defining the task, reviewing existing national and local area strategic plans, and developing and approving uniform language and mechanisms for each selected State department or agency to utilize in reporting resources. This committee also conducted an internal State government survey of resources, a process that was mirrored in the twenty four local subdivisions in their local planning process. The survey was designed to identify all State resources, including federal funds, used in the areas of: Prevention (reducing rates of first-time use of illicit substances by adolescents or adults, underage use of alcohol and tobacco), Intervention (identifying and moving individuals to care), and Treatment (reducing rates of substance abuse and addiction in adults or adolescents).

Alcohol and Drug Abuse Administration staff provided technical assistance and guidance during this information collection process. The Department of Budget and Management staff analysts facilitated the collection of fiscal information within departments. Surveys have been collected and are under being reviewed by the committee prior to presentation to the full Council.

In determining areas of high incidence and prevalence along with other indicators of highest need, the State of Maryland employs a multi-faceted monitoring and information gathering system. The first and foremost component of this system is the Administration's Substance Abuse Management Information System (SAMIS). Its purpose is to obtain, process, analyze, report and monitor demographic and other statistical data generated from the state's alcohol and drug abuse treatment services network along with other aspects of AOD problems throughout the State of Maryland. Information from this system is distributed statewide to treatment and prevention programs, interested agencies and the public. This system collects pertinent data contained on approximately 80,000 admission reports, 80,000 discharge reports and 3,600 program-level reports yearly from 150 funded and 220 non-funded treatment programs. Additional data sets and data systems maintained by SAMIS such as the DWI Assessment System, which consists of data containing 20,000 assessment reports annually. Categorical database information is maintained for pregnancy, adolescent, prevention, certification, and capacity/waiting list thereby supplementing SAMIS's capabilities and output. As an adjunct to this statewide data gathering effort, the Administration is in frequent contact with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) in regard to data reporting requirements for the National Survey of Substance Abuse Services (N-SSATS), The Treatment Episode Data Set (TEDS) and the Inventory of Substance Abuse Treatment Services (I-SATS). Information gathered from the Drug Abuse Warning Network (DAWN), The Maryland Adolescent Survey (MAS) and Uniform Crime Reporting System (UCRS) also provides statewide data links, that when incorporated with SAMIS data serves to assess and indicate areas of greatest need. The Administration also documents need through its annual Statewide Outlook and Outcomes Alcohol and Drug Abuse Treatment Report. The Administration's ability in this area has also been enhanced by the results of the State Needs Assessment Grant that was provided through SAMHSA. This study generated regional and statewide projections of the number of Maryland residents in need of treatment.

ADAA obtains state and sub-state estimates of alcohol and drug dependence and abuse and unmet treatment need from SAMHSA's National Survey on Drug Use and Health (NSDUH). ADAA has worked with the SAMHSA Office of Applied Studies (OAS) to plan for sub-state estimates of substance abuse measures for the following regions, dictated somewhat by sample size, which should be available in the coming year:

- Anne Arundel County
- Baltimore City
- Central Maryland - (Baltimore, Howard and Harford counties)
- Rural Maryland - (Calvert, Caroline, Cecil, Charles, Dorchester, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico, and Worcester counties)
- Montgomery County
- Prince George's County
- Western Maryland - (Allegany, Carroll, Garrett, Frederick and Washington counties)

Besides its data systems base, the State system also gathers pertinent information through its Quality and Treatment and Prevention Divisions. Staffs from these prevention and treatment offices serve as the major liaison between the Administration and the AOD treatment and prevention providers throughout the State of Maryland. Information gathered by these offices on abuse trends and targeted populations serve as an important mechanism complementing the sometimes more formalized data collection systems.

The massive amount of information and data contribute to formulation of the local and state alcohol and drug abuse plans. Additional public comment is generated through the state Legislature process and the House of Delegates Committee on Alcohol and Drug.

The local state and local advisory councils, with ADAA support, assure that funded programs serve those areas with the highest prevalence and need. Various process and outcome data reports provide oversight by which the Administration can assure service provision. Providers and local councils will be trained and facilitated in utilizing the electronic data system to generate many of their own pertinent reports.

State:
Maryland

Criteria for Allocating Funds

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2007 Block Grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is 'incidence and prevalence levels', put a '1' in the box beside that option. If two or more criteria are equal, assign them the same number.

- 4 Population levels, Specify formula:
Truncated Poisson Probability Model

- 1 Incidence and prevalence levels
- 2 Problem levels as estimated by alcohol/drug-related crime statistics
- 2 Problem levels as estimated by alcohol/drug-related health statistics
- Problem levels as estimated by social indicator data
- 3 Problem levels as estimated by expert opinion
- Resource levels as determined by (specific method)

- Size of gaps between resources (as measured by)

- and needs (as estimated by)

- Other (specify):

Treatment Needs Assessment Summary Matrix

State:								Calendar Year:					
Maryland								2005					
1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Allegany County	73,999	4,160	225	413	3	1,217	66	537	678	0	4	7	0
Anne Arundel County	508,356	23,971	1,494	4,020	157	6,148	252	2,600	2,488	0	7	13	3
Baltimore County	781,171	39,246	3,164	8,918	749	12,497	963	2,007	4,126	0	6	19	2
Calvert County	86,293	4,901	228	342	12	1,123	59	821	678	0	0	8	4

OMB No. 0930-0080 Approved: 8/26/2004 Expires: 08/31/2007 Page 137 of 203

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
Maryland		2005											
1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Caroline County	31,088	2,581	162	101	0	717	51	164	83	0	6	6	3
Carroll County	166,489	7,542	485	1,362	31	2,193	110	679	612	0	2	3	0
Cecil County	95,536	5,136	305	927	19	1,582	75	830	655	0	2	8	1
Charles County	135,702	7,152	467	314	11	1,533	49	318	813	0	5	5	1

OMB No. 0930-0080 Approved: 8/26/2004 Expires: 08/31/2007 Page 138 of 203

Treatment Needs Assessment Summary Matrix

State: Maryland								Calendar Year: 2005					
1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Dorchester County	31,002	2,407	107	0	0	684	27	225	299	0	6	3	3

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Frederick County	217,456	8,535	489	1,026	87	2,287	99	1,134	1,074	0	0	9	1

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Garrett County	30,043	1,210	0	92	5	313	0	257	194	0	3	0	0

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Hardford County	235,290	13,409	1,439	1,959	193	3,380	292	986	972	0	3	15	2

OMB No. 0930-0080 Approved: 8/26/2004 Expires: 08/31/2007 Page 139 of 203

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
Maryland		2005											
1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Howard County	266,532	7,141	666	873	57	2,800	386	1,194	1,031	0	2	8	4

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Kent County	19,761	2,445	224	98	12	538	35	132	193	0	0	1	0

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Montgomery County	921,631	20,133	873	1,651	168	4,160	71	4,138	2,747	0	1	23	9

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Prince Georges County	841,642	23,295	2,012	2,210	338	5,413	383	1,453	2,722	0	3	47	7

OMB No. 0930-0080 Approved: 8/26/2004 Expires: 08/31/2007 Page 140 of 203

Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
Maryland				2005									
1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Queen Annes County	44,963	2,659	112	197	0	614	1	373	267	0	2	7	0
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
St Marys County	94,950	6,046	552	0	0	1,369	117	811	758	0	2	3	1
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Somerset County	25,764	2,341	80	143	0	577	0	199	158	0	8	24	20
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Talbot County	35,130	2,257	62	138	0	648	17	315	379	0	5	11	2

OMB No. 0930-0080 Approved: 8/26/2004 Expires: 08/31/2007 Page 141 of 203

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
Maryland		2005											
1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Washington County	139,193	8,451	609	931	88	2,190	101	833	817	0	1	21	2

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Wicomico County	88,608	6,172	0	515	0	1,685	0	641	791	0	1	15	3

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Worcester County	48,790	4,224	189	231	4	1,022	32	862	1,339	0	0	8	0

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Baltimore City	641,943	77,674	3,108	27,442	1,934	29,496	1,193	457	27,944	0	0	166	10

Form 8 Footnotes

Estimates of IVDU need for Dorchester and St. Mary's counties could not be generated.

Treatment Needs by Age, Sex, and Race/Ethnicity

State:
Maryland

Substate Planning Area [95]:
State Total

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under	28,680	10,352	4,273	9,881	2,644	0	0	0	0	0	0	0	0	1,249	281	20,474	7,002	1,008	196
2. 18 - 24	58,010	24,925	8,472	11,932	7,876	0	0	561	189	908	67	0	0	2,543	537	37,179	16,399	3,690	742
3. 25 - 44	136,455	47,464	21,058	38,158	20,849	0	0	1,159	228	551	187	0	0	6,137	664	84,274	41,521	9,195	1,465
4. 45 - 64	62,182	20,250	7,258	19,891	13,022	0	0	146	22	279	91	0	0	950	273	39,854	20,231	1,662	435
5. 65 and over	1,846	770	348	660	68	0	0	0	0	0	0	0	0	0	0	1,430	416	0	0
6. Total	287,173	103,761	41,409	80,522	44,459			1,866	439	1,738	345			10,879	1,755	183,211	85,569	15,555	2,838

Form 9 Footnotes

Column E (Asian) includes Pacific Islanders.

Column H (Unknown) includes persons reported as "Other" - primarily Hispanics not reported as White or Black.

Many of the cells with zeroes, in particular the youngest and oldest age groups for Asians and American Indians and the oldest age group for Unknown Race and Hispanics, had insufficient numbers for estimation.

State:
Maryland

INTENDED USE PLAN

(Include ONLY Funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form)

SOURCE OF FUNDS

(24 Month Projection)

Activity (see instructions for using Row 1)	A. FY 2007 SAPT Block Grant	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance abuse treatment and rehabilitation	\$21,680,830	\$2,238,539	\$0	\$132,406,637	\$11,139,243	\$8,920,925
2. Primary Prevention	\$6,376,715		\$0	\$0	\$0	\$0
3. Tuberculosis Services	\$637,672	\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services	\$1,594,179	\$0	\$0	\$0	\$0	\$0
5. Administration (excluding program/provider level)	\$1,594,179		\$0	\$9,879,229	\$0	\$566,784
6. Column Total	\$31,883,575	\$2,238,539	\$	\$142,285,866	\$11,139,243	\$9,487,709

Primary Prevention Planned Expenditures Checklist

State:
Maryland

	Block Grant FY 2007	Other Federal	State	Local	Other
Information Dissemination	\$10,000	\$	\$	\$	\$
Education	\$10,000	\$	\$	\$	\$
Alternatives	\$10,000	\$	\$	\$	\$
Problem Identification & Referral	\$3,234,275	\$	\$	\$	\$
Community-Based Process	\$3,107,440	\$	\$	\$	\$
Environmental	\$5,000	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Section 1926 - Tobacco	\$	\$	\$	\$	\$
TOTAL	\$6,376,715	\$	\$	\$	\$

Planned Expenditures on Resource Development Activities

State:
Maryland

Does your State plan to fund resource development activities with FY 2007 funds?

Yes No

	Treatment	Prevention	Additional Combined	Total
Planning, Coordination and Needs Assessment	\$	\$	\$	\$
Quality Assurance	\$	\$	\$	\$
Training (post-employment)	\$	\$	\$	\$
Education (pre-employment)	\$84,450	\$54,200	\$	\$138,650
Program Development	\$	\$	\$	\$
Research and Evaluation	\$	\$	\$	\$
Information Systems	\$	\$	\$	\$
TOTAL	\$84,450	\$54,200	\$	\$138,650

State:
Maryland

TREATMENT CAPACITY MATRIX

This form contains data covering a 24 month projection for the period during which your principal agency of the State is permitted to spend the FY 2007 block grand award.

Level of Care	A. Number of Admissions	B. Number of Persons Served
Detoxification (24 hour Care)		
1. Hospital Inpatient		
2. Free-standing Residential	6,906	3,153
Rehabilitation / Residential		
3. Hospital Inpatient		
4. Short-term (up to 30 days)	13,490	12,492
5. Long-term (over to 30 days)	5,112	4,918
Ambulatory (Outpatient)		
6. Outpatient	46,276	42,968
7. Intensive Outpatient	10,010	9,394
8. Detoxification	4,392	3,814
Methadone	5,892	5,504

State:
Maryland

Purchasing Services

Methods for Purchasing

This item requires completing two checklists

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FY 2007 block grant award. Indicate the proportion of funding that is expended through the applicable procurement mechanism.

- | | |
|--|-------------------------|
| <input type="checkbox"/> Competitive grants | Percent of Expense: % |
| <input checked="" type="checkbox"/> Competitive contracts | Percent of Expense: 6% |
| <input checked="" type="checkbox"/> Non-competitive grants | Percent of Expense: 49% |
| <input checked="" type="checkbox"/> Non-competitive contracts | Percent of Expense: 19% |
| <input type="checkbox"/> Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services | Percent of Expense: % |
| <input type="checkbox"/> Other | Percent of Expense: % |
| (The total for the above categories should equal 100 percent.) | |
| <input checked="" type="checkbox"/> According to county or regional priorities | Percent of Expense: 26% |

Methods for Determining Prices

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State pays for services. Complete any that apply. In addressing a States allocation of resources through various payment methods, a State may choose to report either the proportion of expenditures or proportion of clients served through these payment methods. Estimated proportions are acceptable.

- | | |
|--|--|
| <input type="checkbox"/> Line item program budget | Percent of Clients Served: %
Percent of Expenditures: % |
| <input type="checkbox"/> Price per slot | Percent of Clients Served: %
Percent of Expenditures: % |
| Rate: | Type of slot: |
| Rate: | Type of slot: |
| Rate: | Type of slot: |
| <input type="checkbox"/> Price per unit of service | Percent of Clients Served: %
Percent of Expenditures: % |
| Unit: | Rate: |
| Unit: | Rate: |
| Unit: | Rate: |

PAGE 2 - Purchasing Services Checklist

Per capita allocation (Formula):

Percent of Clients Served: %
Percent of Expenditures: %

Price per episode of care:

Percent of Clients Served: %
Percent of Expenditures: %

Rate: Diagnostic Group:

Rate: Diagnostic Group:

Rate: Diagnostic Group:

State:
Maryland

Program Performance Monitoring

- On-site inspections
 - (Frequency for treatment:) Quarterly
 - (Frequency for prevention:) Quarterly
- Activity Reports
 - (Frequency for treatment:) Quarterly
 - (Frequency for prevention:) Quarterly
- Management information System
- Patient/participant data reporting system
 - (Frequency for treatment:) Monthly
 - (Frequency for prevention:) Monthly
- Performance Contracts
- Cost reports
- Independent Peer Review
- Licensure standards - programs and facilities
 - (Frequency for treatment:) Annually
 - (Frequency for prevention:) N/A
- Licensure standards - personnel
 - (Frequency for treatment:) Annually
 - (Frequency for prevention:) N/A
- Other (Specify):

Maryland

How your State determined the estimates for Form 8 and Form 9

How your State determined the estimates for Form 8 and Form 9

Under 42 U.S.C. 300x-29 and 45 C.F.R. 96.133, States are required to submit annually a needs assessment. This requirement is not contingent on the receipt of Federal needs assessment resources. States are required to use the best available data. Using up to three pages, explain what methods your State used to estimate the numbers of people in need of substance abuse treatment services, the biases of the data, and how the State intends to improve the reliability and validity of the data. Also indicate the sources and dates or timeframes for the data used in making these estimates reported in both Forms 8 and 9. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7.

The estimates of treatment need presented in Form 09 and the estimates of IVDUs and women in need in Form 08 were generated from treatment data available through the Substance Abuse Management Information System (SAMIS) using the truncated Poisson Probability Model. This is an inexpensive method that uses the numbers of episodes patients have experienced during the year to estimate the truncated portion of the prevalence pool - those in need of treatment who had no treatment episodes during the year. A drawback to using the Poisson model is that it requires some difficult assumptions about the treatment data:

- 1) the probability of treatment admission is the same for the substance users and at all times;
- 2) treatment admissions are randomly distributed over time; and,
- 3) the treatment population is homogenous with respect to factors associated with the likelihood of entering treatment.

However, given its ease of use, the nature of the population and the difficulty in obtaining data on injecting drug users anywhere but in treatment, we believe the estimates are reasonable.

Use of the Poisson Model to estimate treatment need requires availability of a unique identifier in the treatment data. ADAA bases its unique identifier on the last four digits of Social Security Number (SSN) combined with the full date of birth. Certain programming routines in the recently implemented software have contributed to an increase in the percentage of cases missing data on the last four digits of SSN's, which now approaches five percent. Adjustments were made for these missing cases; however, ADAA intends to refine the electronic processes so this problem does not continue to grow. Also, ADAA now requires reporting of full Social Security Numbers, and it is hoped that this will improve the validity and reliability of unique identifiers in the data system.

State:
Maryland

Reporting Period:
From 7/1/2004 To 6/30/2005

FORM T1 - TREATMENT PERFORMANCE MEASURE EMPLOYMENT STATUS (From Admission to Discharge)

Employment Status - Clients employed (full-time or part-time) (prior 30 days) at admission vs. discharge	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of clients employed (full-time and part-time) [numerator]	14,768	17,790	
Total number of clients with non-missing values on employment status [denominator]	45,662	45,662	
Percent of clients employed (full-time and part-time)	32.34%	38.96%	6.62% / 20.46%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

- T1.1**
What is the source of data for this table? (Select all that apply)
- Client Self Report
 Administrative Data Source
 Other: Specify

- T1.2**
How is Admission/Discharge Basis defined? (Select one)
- Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
 Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
 Other: Specify

- T1.3**
How was the discharge data collected? (Select all that apply)
- Not Applicable, data reported on form is collected at time period other than discharge --> Specify:
 In-Treatment data days post admission OR Follow-up data months
Post admission OR discharge
 Other: Specify
- Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
 Discharge data is collected for a sample of all clients who were admitted to treatment
 Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
 Discharge records are NOT completed for some clients who were admitted to treatment
Specify proportion of admitted clients with a discharge record: %

- T1.4**
Was the admission and discharge data linked? (Select all that apply)
- Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID
- No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T1.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Employment Status Data Collection (Form T1)

GOAL To improve the employment status of persons treated in the States substance abuse treatment system.

MEASURE The change in all clients receiving treatment who reported being employed (including part-time) at discharge.

STATE CONFORMANCE TO INTERIM STANDARD States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission data.

YES NO

State collects discharge data.

YES NO

State collects admission and discharge data on employment that can be reported using TEDS definitions.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)

Source(s):

--	--

DATA ISSUES

Issues:

DATA PLANS IF DATA IS
NOT AVAILABLE

State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Maryland

Reporting Period:
From 7/1/2004 To 6/30/2005

**FORM T2 - TREATMENT PERFORMANCE MEASURE
HOMELESSNESS: Living Status (From Admission to Discharge)**

Homelessness - Clients homeless (prior 30 days) at admission vs. discharge	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of clients homeless [numerator]	3,329	2,105	
Total number of clients with non-missing values on living arrangements [denominator]	45,672	45,672	
Percent of clients homeless	7.29%	4.61%	-2.68% / -36.77%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T2.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T2.2
 How is Admission/Discharge Basis defined? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
 Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
 Other: Specify

T2.3
 How was the discharge data collected? (Select all that apply)

Not Applicable, data reported on form is collected at time period other than discharge --> Specify:
 In-Treatment data days post admission OR Follow-up data months
 Post admission OR discharge
 Other: Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
 Discharge data is collected for a sample of all clients who were admitted to treatment
 Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
 Discharge records are NOT completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T2.4
 Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T2.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Homelessness (Living Status) Data Collection (Form T2)*

GOAL To improve the living conditions of persons treated in the States substance abuse treatment system.

MEASURE The change in all clients receiving treatment who reported being homeless at discharge.

STATE CONFORMANCE TO INTERIM STANDARD States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission data.

YES NO

State collects discharge data.

YES NO

State collects admission and discharge data on living status that can be reported using TEDS definitions.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues:

Empty table area for reporting data issues.

DATA PLANS IF DATA IS
NOT AVAILABLE

State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Maryland

Reporting Period:
From 7/1/2005 To 6/30/2006

**FORM T3 - TREATMENT PERFORMANCE MEASURE
CRIMINAL JUSTICE INVOLVEMENT (From Admission to Discharge)**

Arrests - Clients arrested (any charge) (in prior 30 days) at admission vs. discharge - T3	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of Clients arrested [numerator]	2,070	546	
Total number of clients with non-missing values on arrests [denominator]	25,450	25,450	
Percent of clients arrested	8.13%	2.15%	-5.99% / -73.62%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T3.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T3.2
 How is Admission/Discharge Basis defined? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
 Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
 Other: Specify

T3.3
 How was the discharge data collected? (Select all that apply)

Not Applicable, data reported on form is collected at time period other than discharge --> Specify:
 In-Treatment data days post admission OR Follow-up data months
 Post admission OR discharge
 Other: Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
 Discharge data is collected for a sample of all clients who were admitted to treatment
 Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
 Discharge records are NOT completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T3.4
 Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T3.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Number of Arrests Data Collection (Form T3)

GOAL To reduce the criminal justice involvement of persons treated in the States substance abuse treatment system.

MEASURE The change in persons arrested in the last 30 days at discharge for all clients receiving treatment.

STATE CONFORMANCE TO INTERIM STANDARD States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission data.

YES NO

State collects discharge data.

YES NO

State collects admission and discharge data on criminal justice involvement that can be reported as a Yes/No response.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues: Data elements added July, 1, 2006. Partial data on these elements reported for the period.

DATA PLANS IF DATA IS
NOT AVAILABLE

State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Maryland

Reporting Period:
From 7/1/2004 To 6/30/2005

**FORM T4 - PERFORMANCE MEASURE
CHANGE IN ABSTINENCE - ALCOHOL USE (From Admission to Discharge)**

Alcohol Abstinence - Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge.	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of clients abstinent from alcohol [numerator]	28,662	34,687	
Total number of clients with non-missing values on 'used any alcohol' variable [denominator]	45,688	45,688	
Percent of clients abstinent from alcohol	62.73%	75.92%	13.19% / 21.02%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T4.1
What is the source of data for this table? (Select all that apply)

Client Self Report confirmed by another source.--> If checked, select one confirmation source.
 Client Self Report
 Administrative Data Source
 Other: Specify

Urinalysis, blood test or other biological assay
 Collateral source
 Other: Specify

T4.2
How is Admission/Discharge Basis defined? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
 Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
 Other: Specify

T4.3
How was the discharge data collected? (Select all that apply)

Not Applicable, data reported on form is collected at time period other than discharge --> Specify:
 In-Treatment data days post admission OR Follow-up data months
 Post admission OR discharge
 Other: Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
 Discharge data is collected for a sample of all clients who were admitted to treatment
 Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
 Discharge records are NOT completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T4.4
Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T4.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Alcohol Use Data Collection (Form T4)

- GOAL** To reduce substance abuse to protect the health, safety, and quality of life for all.
- MEASURE** The change of all clients receiving treatment who reported abstinence at discharge.
- STATE CONFORMANCE TO INTERIM STANDARD** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
- State collects admission data.
 YES NO
- State collects discharge data.
 YES NO
- State collects admission and discharge data on alcohol use that can be reported using TEDS definitions.
 YES NO
- State reported data using data other than admission and discharge data.
 YES NO
- State reported data using administrative data.
 YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues:

DATA PLANS IF DATA IS
NOT AVAILABLE

State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Maryland

Reporting Period:
From 7/1/2004 To 6/30/2005

FORM T5 - PERFORMANCE MEASURE
CHANGE IN ABSTINENCE - OTHER DRUG USE (From Admission to Discharge)

Drug Abstinence - Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge.	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of clients abstinent from illegal drugs [numerator]	21,912	26,589	
Total number of clients with non-missing values on 'used any drug' variable [denominator]	45,661	45,661	
Percent of clients abstinent from drugs	47.99%	58.23%	10.24% / 21.34%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T5.1
What is the source of data for this table? (Select all that apply)

Client Self Report confirmed by another source.--> If checked, select one confirmation source.
 Client Self Report
 Administrative Data Source
 Other: Specify

Urinalysis, blood test or other biological assay
 Collateral source
 Other: Specify

T5.2
How is Admission/Discharge Basis defined? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
 Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
 Other: Specify

T5.3
How was the discharge data collected? (Select all that apply)

Not Applicable, data reported on form is collected at time period other than discharge --> Specify:
 In-Treatment data days post admission OR Follow-up data months
 Post admission OR discharge
 Other: Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
 Discharge data is collected for a sample of all clients who were admitted to treatment
 Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
 Discharge records are NOT completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T5.4
Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T5.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Other Drug Use Data Collection (Form T5)

- GOAL** To reduce substance abuse to protect the health, safety, and quality of life for all.
- MEASURE** The change in all clients receiving treatment who reported abstinence at discharge.
- STATE CONFORMANCE TO INTERIM STANDARD** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
- State collects admission data.
 YES NO
- State collects discharge data.
 YES NO
- State collects admission and discharge data on other drug use that can be reported using TEDS definitions.
 YES NO
- State reported data using data other than admission and discharge data.
 YES NO
- State reported data using administrative data.
 YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues:

[Empty table area for data issues]

DATA PLANS IF DATA IS
NOT AVAILABLE

State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Maryland

Reporting Period:	
From	To

FORM T6 - PERFORMANCE MEASURE
CHANGE IN SOCIAL SUPPORT OF RECOVERY (From Admission to Discharge)

Social Support of Recovery - Clients participating in self-help groups, support groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of clients with one or more such activities (AA NA meetings attended, etc.) [numerator]	0	0	
Total number of Admission and Discharge clients with non-missing values on social support activities [denominator]	0	0	
Percent of clients participating in social support activities			0.00% / 0.00%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T6.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T6.2
 How is Admission/Discharge Basis defined? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
 Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
 Other: Specify

T6.3
 How was the discharge data collected? (Select all that apply)

Not Applicable, data reported on form is collected at time period other than discharge --> Specify:
 In-Treatment data days post admission OR Follow-up data months
 Post admission OR discharge
 Other: Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
 Discharge data is collected for a sample of all clients who were admitted to treatment
 Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
 Discharge records are NOT completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T6.4
 Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T6.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Social Support of Recovery Data Collection (Form T6)

GOAL

To improve clients' participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE

The change in all clients receiving treatment who reported participation in one or more social and or recovery support activity at discharge.

STATE CONFORMANCE
TO INTERIM STANDARD

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission and discharge data on social support of recovery that can be reported using definitions provided as follows:

Participation in social support of recovery activities are defined as attending self-help, attending religious/faith affiliated recovery or self help groups, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues:

DATA PLANS IF DATA IS
NOT AVAILABLE

State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Maryland

FORM T7: RETENTION

Length of Stay (in Days) of Clients Completing Treatment

Length of Stay			
LEVEL OF CARE	AVERAGE	MEDIAN	STANDARD DEVIATION
DETOXIFICATION (24 HOUR CARE)			
1. Hospital Inpatient	0	0	0
2. Free-standing Residential	6.98	6	10.66
REHABILITATION / RESIDENTIAL			
3. Hospital Inpatient	0	0	0
4. Short-term (up to 30 days)	20.72	20	20.52
5. Long-term (over 30 days)	116.9	100	96.01
AMBULATORY (OUTPATIENT)			
6. Outpatient	133.2	106	130.79
7. Intensive Outpatient	92.23	61	98.71
8. Detoxification	18.78	4	45.07
9. Methadone			
	735.85	381.5	1063.13

State:
Maryland

Reporting Period:
From 7/1/2004 To 6/30/2005

Prevention Form P1 NUMBER OF PERSONS SERVED

Persons served in Block Grant funded services include all persons served in prevention programs that receive all or part of their funding through the SAPT Block Grant.

AGE	TOTAL	SINGLE SERVICES	RECURRING SERVICES	RACE/ETHNICITY	TOTAL	SINGLE SERVICES	RECURRING SERVICES	GENDER	TOTAL	SINGLE SERVICES	RECURRING SERVICES
0-4	4885	2632	2253	American Indian / Alaska Native	249	240	9	MALE	135779	123098	12681
5-11	47900	37949	9951	Asian	5023	4767	256	FEMALE	156079	137881	18198
12-14	55744	50318	5426	Black / African American	117822	99356	18466				
15-17	43783	39183	4600	Native Hawaiian / Other Pacific Islander	35	26	9				
18-20	50058	46319	3739	White	158542	148021	10521				
21-25	21735	20739	996	More than one Race	0	0	0				
26-44	40005	37255	2750	Unknown	0	0	0				
45-64	24959	23939	1020	Total	281671	252410	29261				
65+	2789	2645	144	Not Hispanic Or Latino	284185	254552	29633				
				Hispanic Or Latino	7673	6427	1246				
Total	291858	260979	30879	Total	291858	260979	30879	Total	291858	260979	30879

State:
Maryland

Reporting Period:
From 7/1/2004 To 6/30/2005

PREVENTION FORM P2 NUMBER OF EVIDENCE-BASED PROGRAMS, PRACTICES, AND POLICIES

Programs include all prevention programs, practices, policies, and strategies
that receive all or part of their funding through the SAPT Block Grant.

1. List NREPP programs or practices below.

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
Across Ages	0	1	0	1
Communities Mobilizing for Change on Alcohol (CMCA)	3	0	0	3
All Stars	6	2	0	8
Creating Lasting Family Connections (CLFC)	8	1	1	10
Dare to Be You	5	3	0	8
Life Skills	8	0	0	8
Positive Action	0	1	0	1
Project Alert	7	5	0	12
Second Step	8	0	0	8
Strengthening Families	4	2	0	6
Subtotal	49	15	1	65

2.List programs or practices from lists recommended by other Federal agencies.

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
-------------------------	-----------------------	-----------------------	-----------------------	-------

3. List peer-reviewed journal-evidenced programs, practices, and policies (attach journal citation).

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
-------------------------	-----------------------	-----------------------	-----------------------	-------

4. List the names of other evidence-based programs, practices, and policies (attach source and type of evidence).

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
-------------------------	-----------------------	-----------------------	-----------------------	-------

5. List the names and sources of other non-evidence-based programs, practices, and policies (attach additional information on the program, practice, or policy).

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
-------------------------	-----------------------	-----------------------	-----------------------	-------

TOTALS

GRAND TOTAL all programs, practices and policies	65
Percent Evidence-Based (sections 1 - 4 above)	100%
Percent Non-Evidence-Based (section 5 above)	0%

State:
Maryland

Reporting Period:
From To

PREVENTION FORM P3 PERCEPTION OF RISK/HARM OF, AND UNFAVORABLE ATTITUDES TOWARD SUBSTANCE USE BY THOSE UNDER AGE 21

For perception of risk/harm, report the number and percent of the State population who responded “slight risk”, “moderate risk” or “great risk” (add the three categories).

For unfavorable attitudes, report the number and percent of the State population who responded “somewhat disapprove” or “strongly disapprove” (add the two categories).

Indicator	Drug	No. of Respondents	Percent of Respondents
Perception of Risk/Harm of Substance Use	Alcohol	0	0
	Cigarettes	0	0
	Marijuana	0	0
Unfavorable Attitudes Toward Substance Use	Alcohol	0	0
	Cigarettes	0	0
	Marijuana	0	0

State:
Maryland

Reporting Period:
From 7/1/2004 To 6/30/2005

PREVENTION FORM P4 USE OF SUBSTANCES DURING THE PAST 30 DAYS

Report the number and percent of the State population who responded
having used at least one or more times in the past 30 days.

Drug		12-17 year olds	18-25 year olds	>26 year olds	Total
Alcohol	N	0	0	0	0
	%	0	0	0	0
Tobacco	N	0	0	0	0
	%	0	0	0	0
Marijuana	N	0	0	0	0
	%	0	0	0	0
Cocaine/Crack	N	0	0	0	0
	%	0	0	0	0
Stimulants	N	0	0	0	0
	%	0	0	0	0
Inhalants	N	0	0	0	0
	%	0	0	0	0
Heroin	N	0	0	0	0
	%	0	0	0	0

Maryland

INSERT OVERALL NARRATIVE:

INSERT OVERALL NARRATIVE:

State applicants should include a discussion of topics relevant to outcome reporting in general. This would include topics mentioned in instructions above as well as any additional information (e.g., data infrastructure needs) that the State deems important.

The Maryland Alcohol and Drug Abuse Administration utilizes the CSAP developed Minimum Data Set (MDS) tool to collect prevention program data on all of its funded providers. The MDS is a web-based client -server data collection system that uses internet technology. With the implementation of the National Outcome Measures (NOMS), the Administration will need to re-assess its data collection and analysis capabilities for prevention services. While we are able to identify and provide basic demographic information i.e. persons served, age, gender, race and ethnicity, other potential data sources for needs assessment and outcome evaluations will have to be considered and implemented ,if we are to be able to demonstrate effective prevention services. Technical assistance regarding the identification of appropriate data resources, survey instruments/tools, computer equipment needs, workforce training and capacity development will be required. Maryland has applied for a SPF-SIG and was not successful. However, the Administration will re-apply. It is our intent to also make application for funds to establish the Maryland Epidemiology Workgroup (MEW) to oversee the collection of data for state and local indicators and to identify community needs and target populations. The MEW will provide the data structure for the Maryland Strategic Prevention Framework.

Maryland

Appendix A - Additional Supporting Documents (Optional)

Appendix A - Additional Supporting Documents (Optional)

No additional documentation is required to complete your application, besides those referenced in other sections. This area is strictly optional. However, if you wish to add extra documents to support your application, please attach it (them) here. If you have multiple documents, please 'zip' them together and attach here.