

**DEPARTMENT OF HUMAN RESOURCES  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Report on Progress in Complying with the Provisions of House Bill 7/Senate Bill  
671

*Integration of Child Welfare and Substance Abuse Treatment Services*

**BACKGROUND**

During the 2000 session, the Maryland General Assembly enacted House Bill 7/ Senate Bill 671, *Child Welfare – Integration of Child Welfare and Substance Abuse Treatment Services Act*. These bills required the Department of Human Resources (DHR) and the Department of Health and Mental Hygiene (DHMH) to consult with a broad range of governmental and community representatives and to develop a statewide protocol for integrating child welfare and substance abuse treatment services. The result is a collaborative model of intervention that serves child welfare families through comprehensive assessments of alcohol and other drug (AOD) problems, enhanced coordination of services, and the availability of designated substance abuse treatment slots.

As reported in previous Joint Chairmen Reports, the Secretaries of DHR and DHMH signed a memorandum of understanding (MOU) in September 2001, delineating the responsibilities of each Department, and on October 1, 2001 the HB 7 initiative was implemented in Baltimore City and Prince George's County. DHMH's Alcohol and Drug Abuse Administration (ADAA) used funds for three specific purposes: 1) to hire addictions specialists through its network of local health departments or government agency; 2) to provide cross training to child welfare staff and to addictions specialists; and 3) to contract to purchase substance abuse treatment slots across the continuum of care. Also addressed in the previous reports was Article – Family Law 5-1202, specifically the development of a statewide protocol. This protocol continues to be used by the participating jurisdictions and is reported to be a valuable and workable instrument by the addictions specialists and child welfare divisions which utilize it.

When HB 7 was implemented in FY02, seven addictions specialists and one supervisor were hired in Baltimore City and two addictions specialists were hired in Prince George's County. The Baltimore City Health Department, through Baltimore Substance Abuse Systems, Inc. (BSAS), contracted for 68 substance abuse treatment slots to provide substance abuse treatment services across the continuum for HB 7 clients.

The expansion of HB 7 Statewide is scheduled to occur in the remaining 22 jurisdictions pending the allocation of funds to hire addictions specialists and to obtain additional substance abuse treatment funds. While the FY02 appropriation for HB 7 was \$4 million, the budget was reduced to \$2,330,000 as a result of State cost containment efforts. The funding appropriation remained

the same for FY03. In FY04 and FY05 the funding appropriations were reduced to \$2,322,384. Due to additional cost containment efforts, the final award in FY04 was \$2,251,414. The final award in FY05 was \$2,143,527 due to comply with the one-time-only voluntary reduction. In addition, the number of addictions specialists was reduced from 7 to 5 in Baltimore City and from 2 to 1 ½ in Prince George’s County due to the reduction of dollars and the increased costs of health care, step increases, and COLA increases for the addictions specialists. The number of treatment slots utilized by both participating jurisdictions was also reduced from 68 to 55 due to the decrease in funding.

The General Assembly asked DHR and DHMH to report on their progress in complying with the provisions of this subtitle and to compare the availability of substance abuse treatment slots for at-risk parents and their children relative to actual demand and estimated need. The following report will focus on these specific issues for FY04 and FY05.

**PROJECT UPDATE**

Treatment Slots

In FY04 and FY05, ADAA provided funds to the Baltimore City Health Department, through Baltimore Substance Abuse Systems, Inc. (BSAS), to contract for 55 substance abuse treatment slots to serve 301 clients in both Baltimore City and Prince George’s County, in the following levels of care:

<b>Level of Care</b>	<b>Number of Slots</b>	<b>Number of Clients</b>
Level II.1 A – Intensive Outpatient	7	14
Level II.1 D – Ambulatory Detoxification	1	50
Level III.1 – Halfway House	10	20
Level III.3 – Long Term Residential Care	7	14
Level III.5 – Long Term Therapeutic Community	4	10
Level III.7 – Intermediate Care Facility	7.25	84
Level III.7 D – Inpatient Detoxification	3.75	84
MAT – Medication Assisted Maintenance Treatment	15	25

Baltimore City and Prince George’s County reported the highest demand to be for Intensive Outpatient and Intermediate Care Facility slots. As Tables 1 and 2 on the following page indicate, a total of 184 clients in FY’ 04 and 194 clients in FY’ 05 were placed on waiting lists. Baltimore City placed 175 and 181 clients on waiting lists in each respective year (as part of the HB 7 initiative), and Prince George’s County placed 9 and 13 clients on waiting lists during each year. Of these clients, 36 (19%) were referred to Intensive Outpatient treatment and 51 (28%) were referred to an Intermediate Care Facility. It is evident that additional

substance abuse treatment slots for Intensive Outpatient and Intermediate Care are needed in order to better serve these parents and children.

Clients

When Child Protective Services staff in the local departments of social services (LDSS) opens a child abuse or neglect case for investigation, the caseworker completes a Preliminary Alcohol and Drug Screen (PADS) form as part of the initial risk and safety assessments. If the caseworker identifies potential AOD problems, the caseworker refers the family member to an addictions specialist who completes a substance abuse assessment and, if needed, links the client with substance abuse treatment.

This report presents tables that describe the number of referrals by child welfare workers to addictions specialists for an AOD assessment; the number of clients assessed; the number of clients referred to substance abuse treatment; the number of clients who entered substance abuse treatment; and the number of clients placed on substance abuse treatment waiting lists. Table 1 pertains to Baltimore City. Table 2 pertains to Prince George’s County.

Table 1 – Baltimore City HB 7 Initiative

	<b>FY’ 04</b>	<b>FY’ 05</b>
Child Welfare clients referred for AOD assessment	709	838
Child Welfare clients who received AOD assessment	511	560
Child Welfare clients referred to substance abuse treatment	420	470
Child Welfare clients who entered substance abuse treatment	245	278
Child Welfare clients placed on waiting list	175	181

As the total number of Child Protective Services (CPS) investigations in Baltimore City rose from 6,152 in FY04 to 6,518 in FY05, so did the number of clients identified with AOD problems. Table 1 indicates that in FY05 CPS caseworkers identified 838 clients with AOD problems, slightly less than one out of every eight families (12.8%), and referred at least one person in the family to an addictions specialist. Two-thirds of the clients (67%) kept their appointment for the substance abuse assessment and of those, 470 (84%) were referred to substance abuse treatment. Of the clients referred to treatment, 278 (59%) entered substance abuse treatment and 181 (39%) were placed on a waiting list. Over the last four years, CPS caseworkers in Baltimore City have steadily improved their ability to identify clients with AOD problems.

Table 2 – Prince George’s County HB 7 Initiative

	<b>FY’ 04</b>	<b>FY’ 05</b>
Child Welfare clients referred for AOD assessment	113	93
Child Welfare clients who received AOD assessment	90	82

Child Welfare clients referred to substance abuse treatment	84	59
Child Welfare clients who entered substance abuse treatment	68	47
Child Welfare clients placed on waiting list	9	13

The number of CPS investigations opened in Prince George’s County rose only slightly between FY’04 and FY’ 05, from 3,353 to 3,440. There was, however, a small decrease in the number of clients identified with AOD problems. Table 2 indicates that in FY’ 05 CPS caseworkers identified 93 clients with AOD problems, approximately 1 out of every 37 families (3%), and referred the client to the addictions specialist. Most of the clients (88%) kept their appointment for the substance abuse assessment. Of those assessed, 59 clients (72%) were referred to substance abuse treatment and 47 clients (80%) entered treatment. Slightly more than one out of five (22%) was placed on a waiting list. The number of families thought to have AOD problems by Prince George’s County CPS caseworkers is low. DHR staff will consult with Prince George’s County administrative staff to ensure that caseworkers are continuing to complete the PADS form and to determine whether additional cross training is needed.

## **Conclusion**

The purpose of this report is to compare the availability of substance abuse treatment slots for at-risk parents and their children relative to actual demand and estimated need. The hiring of addictions specialists to assess child welfare clients has provided more accurate data about actual demand – how many clients need substance abuse treatment and what level of treatment. The addictions specialists are trained to use ASAM Patient Placement Criteria to determine the most appropriate level of treatment needed and the referral to that level of care is made. The purchase of substance abuse treatment slots across the continuum of care has made some appropriate treatment available to HB 7 clients in Baltimore City and Prince George’s County.

Where need and availability do not match, however, are at two levels of care: Level II.1 – Intensive Outpatient and Level III.7 – Intermediate Care. This situation exists primarily in Baltimore City at this time. Because many of these HB 7 clients have multiple, complex needs, they have not been able to attain sobriety in outpatient treatment and need more intensive treatment. Many others have such long histories of substance abuse and failed outpatient treatment attempts that they need several weeks of inpatient care.

Unfortunately, funding for the integration of child welfare and substance abuse treatment services has decreased almost by half between FY’ 02 and FY’ 05 from the initial \$4 million appropriation in FY’ 02 to \$2,322,384 in FY’ 05. Cost containment measures and one-time voluntary reductions have further reduced the final award each year. Treatment dollars have gone down. Cost of providing

treatment has gone up. Rates have risen due to cost of living adjustments, step increases, higher health care costs, and increases in energy and utility costs. The result is that the number of treatment slots has decreased from 68 to 55. For there to be substance abuse treatment available to meet the actual demand, additional funds will be necessary to purchase the needed substance abuse treatment slots.