

**Substance Abuse Treatment Outcomes Partnership Program (S.T.O.P.) Fund
Alcohol and Drug Abuse Administration
FY2006 Report**

A. Introduction

The Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.) was established by legislation (House Bill 1205) during the 2000 Session of the Maryland General Assembly and is codified as Health General Article §8-6C-01 through §8-6C-04. The intent of this project is to provide funding for the development of new drug treatment services or the addition of new elements of treatment in an existing continuum of care. Funding is limited to local jurisdictions and requires a cash or in-kind match from the funded jurisdiction. A full or partial waiver of the match requirements may be granted by the Administration under specific conditions.

B. Fiscal Report

Subdivision	Award	Local Match	Expenditures	%Match
ALLEGANY	360,553	34,024	360,145	9.44%
ANNE ARUNDEL	568,230	625,042	568,230	110.00%
BALTIMORE COUNTY	500,000	500,000	500,000	100.00%
CALVERT	144,000	0	129,054	0.00%
CARROLL	179,551	85,000	164,105	47.34%
CECIL	102,421	26,779	102,421	26.15%
CHARLES	513,046	0	511,815	0.00%
DORCHESTER	663,935	0	663,935	0.00%
FREDERICK	504,974	257,705	504,974	51.03%
GARRETT	45,000	74,370	45,000	165.27%
HARFORD	311,926	256,180	309,440	82.13%
HOWARD	331,522	221,441	331,522	66.80%
PRINCE GEORGE'S	502,291	356,146	502,291	70.90%
ST. MARY'S	496,866	161,404	496,866	32.48%
SOMERSET	244,014	0	244,014	0.00%
TALBOT	63,427	23,250	63,354	36.66%
WASHINGTON	553,026	31,166	553,026	5.64%
WICOMICO	103,465	47,500	103,465	45.91%
WORCESTER	245,471	245,471	245,471	100.00%
TOTAL	6,433,718	2,945,478	6,399,128	45.78%

C. Local Match Requirements

Under the enabling legislation, the counties are responsible for one-half the cost of approved S.T.O.P. funding. The Department of Health and Mental Hygiene (the Department) is authorized to waive the match requirement under certain conditions described in Health General Article §8-6C-01 through §8-6C-04. In order to make the determination, the Department must consider “the financial hardship of the participating county; prior contributions of funds for substance abuse treatment programs made by the participating county; or other relevant considerations deemed appropriate by the Department.” In making determinations regarding match requirements and requested waivers, the Department (i.e. Alcohol and Drug Abuse Administration) considered the above enumerated factors and made that determination as to each county.

As shown in the Table in Section B, nineteen jurisdictions received awards under S.T.O.P. in FY2006. Of these, four provided at least 100% of the local match requirement (Anne Arundel, Baltimore, Garrett, and Worcester Counties). Another four counties provided 50% or more of the local match requirement. Seven counties provided some but less than 50% of the local match requirement. Four counties (Calvert, Charles, Dorchester and Somerset) requested and received a full waiver of the match requirements. The Alcohol and Drug Abuse Administration (ADAA) issued a request for proposals for S.T.O.P. funding that would result in grant awards. Each jurisdiction responding to the S.T.O.P. solicitation received funding. Those jurisdictions that did not receive S.T.O. P. funding, did not submit a proposal to seek funding. Baltimore City did receive an award for fiscal year 2002. As a result of language contained in the Joint Chairmen's Report - Operating Budget April 2002, Baltimore City would be ineligible for future S.T.O.P. funding as additional funding was made available for substance abuse treatment in Baltimore City by the Governor and General Assembly.

D. Program Level of Care Definitions:

The ASAM Patient Placement Criteria for the treatment of substance –related disorders describes treatment as a continuum marked by five levels of care which are:

Level 0.5: Early Intervention-Services that explore and address any problems or risk factors that appear to be related to the use of alcohol and other drugs and that help the individual to recognize the harmful consequences of inappropriate use by utilizing education strategies and further assessment.

Level I : Outpatient Treatment-An organized therapeutic service in a variety of settings, in which addiction-credentialed treatment staff provide professionally directed evaluation and treatment of substance –related disorders for less than 9 contact hours per week.

Level II: Intensive Outpatient-An organized therapeutic service delivered by addiction-credentialed professionals which provides a planned regimen of treatment consisting of regularly scheduled sessions within a structured program, for a minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents.

Level III: Residential /Inpatient Treatment-An organized therapeutic service staffed by addiction-credentialed professionals who provide a planned regimen of care in a 24-hour live-in setting. Such services adhere to defined sets of policies and procedures. They are staffed 24 hours a day.

Level IV: Medically Managed Intensive Inpatient Treatment- An organized therapeutic and medical service that provides a planned regimen of 24- hour medically directed evaluation, care and treatment of mental and substance- related disorders in an acute care inpatient setting. They are staffed by addiction and mental health-credentialed clinicians, physicians, psychiatrists and nurses. Such services are delivered under a defined set of policies and procedures and has permanent facilities that include inpatient beds.

Opioid Maintenance Therapy (OMT) - This service uses pharmacological interventions, including but not limited to methadone and LAAM to provide treatment to opioid – addicted patients. The majority of OMT services are delivered in an outpatient level of care.

E. Program Narratives

Allegheny County Health Department

Funding was continued for staff positions for both adult and adolescent Level I outpatient programs. The Adult program slot provides treatment for 36 adult drug offenders under the supervision of the Division of Parole and Probation serving 72 patients annually. The adolescent program provides treatment for 20 slots servicing 40 patients annually. There are 56 Level I slots funded by STOP funds that provide services for 112 patients annually. In addition, the grant funds 12 Level II, Intensive Outpatient adult drug offenders under supervision of the Division of Parole and Probation providing for services to 48 patients annually and funds 64 slots for Assessment and Case Management services at the Level III.7 adolescent Jackson Unit, which provides services to 255 patients annually.

Anne Arundel County Health Department

Funding was provided to continue services to adult drug offenders under the supervision of the Division of Parole and Probation. These services included Level 0.5, adult early intervention, 12 slots providing for 41 patients; Level I, adult outpatient, 16 slots treating 64 patients; Level II.1 Adult Intensive Outpatient, 1 slot treating 4 patients; and Level III.5 Adult Therapeutic Community treating 8 patients. In addition, there are 495 slots for adult assessment and case management, 50 adolescent juvenile drug court slots and 70 slots for adolescent assessment and case management.

Baltimore County Health Department

Funding was provided for 3 beds for medical detoxification and 28-day residential (Level III.7) at Hilltop Recovery Center on the grounds of Rosewood center. The beds were fully utilized in FY 2006. A total of 87 adult drug offenders under the supervision of the Division of Parole and Probation received 28-day residential treatment. In addition, funding was provided for 32 long-term residential beds (Level III.3) at Gaudenzia treatment center, with 96 adult drug offenders under the supervision of the Division of Parole and Probation served.

Calvert County Health Department

Funding was provided for Level III.1 residential services, 16 adult slots for 16 patients. The services are for adult drug offenders under the supervision of the Division of Parole and Probation. Services were purchased from Calvert County Treatment Facility.

Carroll County Health Department

Funding was continued for the Junction, Inc. rapid intake unit to enable treatment on demand for adolescents. The rapid intake unit completes client assessments and refers patients to the appropriate treatment modality within two weeks of the initial contact, this unit served 120 patients in FY 2006. The grant also funds 8 treatment slots in the Level II.5 Jail Based Program providing services to 20 patients in the general inmate population of the local detention center annually.

Cecil County Health Department

Funding provides for 65 slots for 134 patients of Level I outpatient services for the general inmate population at the Cecil County Detention Center. It also funds the Community Rehabilitation Center in the Cecil County Detention Center.

Charles County Health Department

Funding was renewed to continue 21 Level III.3 residential treatment slots for 63 patients at Jude House. These slots are reserved for adult drug offenders under the supervision of the Division of Parole and Probation. Funding was also continued for Level I –outpatient providing 25 slots for 100 patients in the general inmate population of the local detention center. Funding was also provided for Level II.1 intensive outpatient and partial hospitalization services for inmates in the general population of the local detention center, 10 slots for 35 patients.

Dorchester County Health Department

Funding was provided for 15 Level III.3 long term residential treatment slots for 43 drug offenders under the supervision of the Division of Parole and Probation.

Frederick County Health Department

Continuing STOP funding supported 65 adolescent treatment slots in Level I Outpatient services providing treatment services to 260 patients annually. In addition, funding was available for 45 slots in the Level II.1 Jail Based Services program providing services to 135 inmates in the general population of the local detention center.

Garrett County Health Department

The grant funded 20 slots for adolescent intervention services in cooperation with the board of education. A total of 69 patients were served.

Harford County Health Department

Funding was awarded for the community re-entry program (“RAP”) for drug offenders under the supervision of the Division of Parole and Probation. The RAP program provided 147 slots for Level I group and individual therapy to 280 clients in FY 2006. STOP funding provided staff support to both the adult and adolescent drug offenders under the supervision of the Division of Parole and Probation, and staffing support to the Medication Assisted Treatment program.

Howard County Health Department

Continuing STOP funding was awarded for 15 beds in the Howard House, a halfway house for drug offending men under the supervision of the Division of Parole and Probation, with 25 clients receiving treatment.

Prince George's Health Department

Funding provided 50 Level 1 adolescent outpatient slots for 100 patients, as well as 100 Opioid Maintenance Treatment slots for 175 patients.

Saint Mary's County Commissioners

Funding was provided for 12 slots for women and their children receiving temporary cash assistance at the Compass Halfway House Level III.I. Funding was also used for psychiatric services and psychotropic medication for women residing at the Marcey House Level III.1 halfway house.

Somerset County Health Department

Funding supports the jail treatment program in the Somerset County Detention Center. It also funds two counselors who provide anger management classes to all patients in the jail treatment program as well as patients in the outpatient program. In FY 2006, 478 patients were provided anger management education. An adolescent counselor is funded by STOP funding.

Talbot County Health Department

Funding supported 30 Level I outpatient treatment slots for 41 patients to receive screening, assessment, case management, and aftercare for addicted offenders in the general inmate population at the Talbot County Detention Center.

Washington County Health Department

The grant funded 8 slots in the Level III.3 Long Term Residential Services for Women and Children receiving temporary cash assistance at the Cameo House. This allowed 8 women to receive services along with their children.

Wicomico County Health Department

Funding supported Level 1 outpatient services, 45 slots for 145 patients in the general inmate population of the Wicomico County Detention Center as well as case management services upon release from the detention center.

Worcester County Health Department

In FY 2006, STOP funding supported psychiatric consultation services for co-occurring patients, assessment services and case management services for juveniles involved in the criminal justice system as well as treatment services for the general inmate population at the Worcester County Detention Center. In FY 2006, 35 Level I adult jail based slots provided services for 139 adult patients. The 25 adolescent level II IOP slots provided services for 69 adolescents. In addition, 107 patients received psychiatric evaluations and 49 patients received TELEMED services with 68 follow-up sessions provided.

F. Evaluation of the Results of Funded Partnerships Using Performance and Outcome Indicators

With few exceptions, patients in counties and levels of care that were supported with STOP funding had comparable or better outcomes than other patients. For Level I criminal justice or treatment-referred adults, higher percentages of patients discharged in STOP-funded counties completed treatment, stopped using substances and were retained in treatment 90 days or more. The increase in employment in STOP counties was lower than in non-STOP; however, a significantly higher percentage of STOP-county patients were already employed at admission. Similarly, in Level II.1, STOP-county patients had slightly higher treatment completion rates and decreases in percentage using. Again, the employment increase was not as great as in the comparison group, but STOP-county patients were more than three times more likely to be working at admission.

In Level III.3, STOP counties had a higher treatment completion rate and comparable increases in employment and decreases in percentage using. However, the average length of stay in Level III.3 was about 40 days lower for STOP counties than for others.

Detention center based services were funded in eight counties. The overall treatment completion rates for Levels I and II.1 were substantially lower than for detention center-based services in other counties; however, just two counties, Wicomico and Worcester, were responsible for the deficit. Employment and Level I retention outcomes, on the other hand, were excellent. Level II.1 completers in STOP counties were also more likely to enter another level of care within 30 days of discharge.

In OMT treatment, the completion rate for STOP counties was low, but this is an inadequate outcome measure for OMT treatment. Notably, STOP county OMT completers stayed in treatment about 75 percent longer on average than non-STOP county OMT completers; they stopped using at a higher rate, and their increase in employment was more than double.

STOP funds were used to bolster Levels I and II.1 treatment for adolescents in seven counties. Higher percentages of STOP county Level I adolescents stayed in treatment at least 90 days, completed treatment and stopped using substances than Level I adolescents in other counties. In Level II.1, a higher percentage of STOP county adolescents completed treatment, and the percentage using substances was cut in half. Completers of STOP county Level II.1 were significantly more likely than adolescent completers in other counties to enter another level of care within 30 days of discharge.

Allegany County received STOP funding for adolescents in Level III.7. Analysis revealed higher completion rate, greater reduction in percentage using and longer average stay in treatment than other Level III.7 adolescents. Funding was also directed to Baltimore County for Level III.7.D services. Unfortunately, reporting problems prevented thorough analysis of this group for FY 2006, but the problem has been corrected.

Finally, Anne Arundel County received STOP funding for Level III.5 treatment. A higher percentage of County residents than other III.5 discharges completed treatment, and lengths of stay, increases in employment and reductions in percentages using substances were comparable. Details are provided below.

Level I Adults under Parole and Probation Supervision

Three counties, Allegany, Anne Arundel and Harford, received STOP funding targeted at adult Level 1 patients under the supervision of Parole and Probation. During FY 2006, 2,333 Level 1 patients were referred by criminal justice agencies or other treatment providers to ADAA-funded programs in these counties. Of these, the primary substance abuse problems were as follows: alcohol (62.8%); marijuana (19.0%); cocaine (8.7%) and heroin (6.5%).

Of the 2,429 such patients discharged during FY 2006, 1,277 (52.6%) completed treatment successfully compared to 48.3 percent of other ADAA-funded Level 1 adult criminal justice patients. Among the STOP county completers, 75 percent were employed at admission and 83.5 percent were employed at discharge, and increase of 11.3 percent. The increase in employment for the comparison group was 18.9 percent, but they were considerably less likely to be employed at admission (62.0%) Fifty-six percent of the STOP group had used problem substances in the 30 days prior to admission and 2 percent used in the 30 days before discharge, a decrease of 95.6 percent. The decrease for the comparison group was 93.1 percent. Finally, ninety-one percent of the STOP county completers were retained in treatment at least 90 days compared to 87 percent of comparison group completers.

Among the 1,152 STOP non-completers, employment decreased by 4 percent (4 percent increase in the comparison group, albeit with a starting point of 49 percent versus 66 percent for STOP), substance use in the preceding 30 days increased by 20 percent in the STOP groups (24 percent in the comparison group), and 44 percent of STOP non-completers remained in treatment 90 days compared to 38 percent of comparison non-completers.

Level II.1 Adults under Parole and Probation Supervision

Allegany and Anne Arundel also received funding for Level II.1 services to adults under Parole and Probation supervision.. Eighty such patients were admitted in Allegany County and 202 in Anne Arundel. Just over half had alcohol as the primary problem substance; 17 percent had heroin, 16 percent cocaine and 9 percent marijuana.

About half of 297 discharged STOP county Level II.1 patients completed treatment successfully, slightly higher than the 48 percent of comparison county discharges. Employment increased by 4 percent among STOP county completers and percentage using dropped by 85 percent. Employment increased more substantially among completers in non-STOP counties – 87 percent. However, the starting point in these counties was 18 percent, as opposed to the 56 percent employment at admission in the two STOP counties. Percentage using declined a little less in non-STOP counties - 80 percent. A third of completers of Level II.1 in STOP counties were admitted to another level of care within thirty days; 42 percent of completers in non-STOP counties did so.

Level III.1 Adults under Parole and Probation Supervision

STOP funds were directed at Level III.1 adults under Parole and Probation supervision in Calvert, Howard and St. Mary's counties. Calvert had 295 Level III.1 admissions; Howard had 29 and St. Mary's had 56. However, as will become apparent below, the Calvert facility does not operate as a halfway house. The primary substance problems for this group were alcohol (45.5%), cocaine (32.7%), heroin (11.3%) and marijuana (5.8%).

Seventy-eight percent of 357 STOP county Level III.1 adult criminal justice or treatment-referred discharges completed treatment successfully compared to 42 percent of 930 other county Level III.1 discharges; however, only 12 percent of STOP county completion discharges stayed 90 days while 92 percent of comparison completers stayed at least 90 days. This apparent discrepancy is entirely due to inclusion of the Calvert DWI facility, which, while a certified halfway house, has practices and outcomes much more in sync with Level III.7. Excluding the Calvert facility brings the completion rate down to 44 percent and the retention rate for completers up to 89 percent.

STOP county Level III.1 completers increased employment 14 percent from 47 percent employed at admission. Again, the Calvert facility is distorting these figures; among comparison Level III.1 completers, employment increased more than twelve-fold from the 5.4 percent employed at admission, and nine-fold among non-completers. Excluding Calvert, employment increased nearly five-fold for STOP county completers and seven-fold for non-completers. Only regarding the use of problem substances was the STOP county outcome similar to the comparison outcome – among completers the percentage using problem substances dropped by 90 percent for STOP and by 93 percent for other Level III.1 completers.

Level III.3 Adults under Parole and Probation Supervision

Four counties received STOP funding for adults under Parole and Probation supervision admitted to Level III.3, long-term residential. The counties and numbers of FY 2006 Level III.3 admissions were Baltimore Co. (85), Charles (105), Dorchester (0) and Washington (6). Of the 196 admissions, 35 percent had primary substance problems of alcohol, 32 percent heroin and 26 percent cocaine.

Of 184 STOP county Level III.3 discharges, 54 percent completed successfully compared to 41 percent of 204 non-STOP county Level III.3 discharges. Among the STOP completers employment went from 13 percent to 75 percent during treatment, a nearly five-fold increase, while non-completers went from 8 percent employment to 38 percent. In non-STOP counties, employment went from 17 to 45 percent for completers and from 1 to 10 percent for non-completers. Percentages using problem substances went from 26 percent to 1 percent among STOP completers and from 37 to 30 percent among non-completers. Non-STOP county completers decreased use from 50 to 11 percent while non-completers fell from 35 to 23 percent. Stop county completers remained in treatment an average of 128 days, 40 days fewer than the average non-STOP county completer. Average length of stay for non-completers was 74 days for STOP and 71 days for non-STOP.

Detention-Center–Based Levels I and II.1

The following counties received STOP funding for detention center-based treatment, with the numbers of FY 2006 jail-based admissions in parentheses: Carroll (89), Cecil (75), Charles (107), Frederick (224), Somerset (25), Talbot (30), Wicomico (118) and Worcester (106). Of the total (774), the primary substance abuse problems were alcohol (35.8%), cocaine (31.9%), marijuana (16.1%) and heroin (12.7%).

Of the 381 STOP county jail-based Level 1 discharges, 37 percent completed treatment, and 35 percent of 317 Level II.1 discharges completed treatment. These figures are significantly worse than those for jail-based discharges from other counties – 57 percent of Level 1 and 74 percent of Level II.1 discharges completed treatment. However, the problem is concentrated in particular counties. Only 23 percent of Wicomico and 11 percent of Worcester Level 1 jail-based

discharges completed treatment successfully. Excluding those two counties produces a 59 percent completion rate. Worcester also affects the completion figures for Level II.1 – only 1 of 20 discharges completed successfully. However, only one of the five STOP counties with Level II.1 jail-based discharges had more than half of its discharges completing – Charles (60.0%). STOP county Level II.1 completers were slightly more likely than other detention center-based completers to enter another level of care 30 days after discharge – 36 as opposed to 34 percent.

On other measures STOP county jail-based outcomes were more positive. Employment increased 200 percent among Level I completers and by a factor of 17 among Level II.1 completers, although admission employment figures were very low – only 5 Level I and one Level II.1 admissions were employed. With respect to retention, 60 percent of Level I jail-based STOP county discharged completers spent at least 90 days in treatment, while 42 percent of comparison county Level I jail-based completers stayed 90 days.

Level OMT

STOP funding for OMT services went to two counties, Harford, where 5 OMT patients were admitted, and Prince George's, where 48 were admitted. Notably, 8 additional Harford and 45 additional Prince George's patients were active in treatment the entire year. Eighty-three percent had primary problems with heroin; 9 percent alcohol.

Of the 70 STOP county OMT discharges, 8 (11.4%) completed treatment, staying in treatment nearly three years on average. In the rest of the state, 18 percent of ADAA-funded OMT discharges completed treatment, but the average length of stay was only 1 $\frac{2}{3}$ years. Non-completers stayed about two months longer on average. STOP non-completers stayed over two years on average. Among STOP county OMT discharges, employment increased by 32 percent. Percentage using was reduced significantly for completers, but only slightly for non-completers. In non-STOP counties employment increased 13 percent during OMT treatment, while percentage using fell only 28 percent among completers and just slightly among non-completers.

Levels I and II.1 Adolescents

Adolescent treatment was the target of STOP funding provided to Allegany, Carroll, Frederick, Garrett, Prince George's, Somerset, and Worcester counties. STOP counties admitted 705 adolescents to Level I and 65 to Level II.1 during FY 2006. Sixty-eight percent had primary substance problems of marijuana, 21 percent alcohol. About 60 percent had both alcohol and marijuana problems. Allegany admitted 114 adolescents to Level I and none to III.1, Carroll admitted 104 and 21, Frederick 134 and 20, Garrett 48 and 0, Prince George's 159 and 0, Somerset 56 and 0, and Worcester 90 and 24.

Of the 624 STOP county Level I adolescent discharges 50 percent completed treatment successfully compared to 43 percent of non-STOP county Level I adolescents; of the 62 Level II.1 discharges 32 percent completed treatment successfully compared to 28 percent of non-STOP.. Seventy-three percent of the STOP county Level I completers stayed in treatment at least 90 days, and 44 percent of the non-completers stayed that long. In non-STOP counties, higher percentages of adolescents remained in Level I 90 days or more – 80 percent of completers and 45 percent of non-completers. Completers of STOP county Level I who were using problem substances in the preceding 30 days fell by 93 percent, while use by completers of Level II.1 was halved. In non-STOP counties the reductions were 92 percent and 66 percent respectively. Completers of Level II.1 in STOP counties were significantly more likely than

adolescent completers of II.1 in other counties to enter another level of care within 30 days of discharge – 70 as opposed to 17 percent.

Levels III.7 and III.7.D

STOP funding was directed at Level III.7 (short-term residential) for adolescents in Allegany County and Level III.7.D in Baltimore County. Of 219 adolescent patients admitted to Level III.7 in Allegany County during FY 2006, 74 percent had primary problems of marijuana and 11 percent with alcohol. Forty-six percent had both marijuana and alcohol problems.

Of 218 Level III.7 adolescent discharges, 161 (73.9%) completed treatment successfully. Percentage using was reduced by 99 percent among completers and 91 percent among non-completers. Of 331 Level III.7 adolescent discharges in other subdivisions, 238 (71.9%) completed treatment successfully. Percentage using was reduced by 62 percent among completers and 31 percent among non-completers. On average, Allegany adolescent Level III.7 discharges spent 47 days in treatment while others spent 31 days in treatment.

There were only 3 admissions to Level III.7.D recorded in Baltimore County during FY 2006, all of whom had primary problems with cocaine. Of 9 reported discharges, 5 (55.6%) completed treatment. Further investigation revealed there was a reporting deficiency with regard to these cases - the program funded to deliver these services frequently neglected to check the detox services box, making it impossible to distinguish these cases from Level III.7. There were 645 Level III.7 discharges in Baltimore County, of which 441 (68.4%) completed treatment successfully.

Level III.5

Funds for therapeutic community slots were provided to Anne Arundel County. Of 37 Anne Arundel County residents admitted to Level III.5, 30 percent had cocaine, 27 percent had heroin and 52 percent were evenly split between alcohol and marijuana as the primary problem.

Of 39 Level III.5 discharges from Anne Arundel County, 20 (51.3%) completed treatment. Of the 196 other discharges from ADAA-funded III.5, only 41 percent completed successfully. On average, STOP patients stayed 126 days, one day longer than non-STOP patients. Employment increased nearly five-fold among STOP county completers and percentage using decreased 62 percent. Among non-STOP county completers, employment increased nearly six-fold and percentage using dropped 90 percent.

G. Conclusion

This funding has made it possible for counties to provide a more balanced and effective approach to the State's variety of substance abuse needs and populations. Different geographic areas in the State are being served according to special needs specified by the county and the region as required by the Partnership funding. The State of Maryland has benefited from the implementation of this legislated funding source.