

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M00K02.01 ALCOHOL AND DRUG ABUSE ADMINISTRATION

PROGRAM DESCRIPTION

Alcohol and Drug Abuse Administration (ADAA) is responsible for the establishment and support of a comprehensive alcohol and drug abuse service delivery system. ADAA develops, establishes, regulates and promotes, monitors and supports programs for prevention, treatment and rehabilitation related to the misuse of alcohol and drugs. This program also promotes and conducts substance abuse related education, training, data collection and research.

MISSION

The Alcohol and Drug Abuse Administration is committed to providing access to a quality and effective substance abuse prevention, intervention and treatment service system for the citizens of Maryland.

VISION

The Alcohol and Drug Abuse Administration envisions a future in which we substantially increase the number of Maryland citizens who enjoy a healthy drug free life by:

- Creating communities that possess the protective factors that discourage substance abuse, and
- Providing high quality addictions treatment on request.

KEY GOALS, OBJECTIVES AND PERFORMANCE MEASURES

Goal 1. Provide a comprehensive continuum of accessible treatment services for women with children.

Objective 1.1 By fiscal year 2008 at least 75% of mothers assessed for substance abuse problems delivering newborns exposed to heroin, crack cocaine, or cocaine and living in designated jurisdictions will be placed into substance abuse treatment under the Department of Human Resources' Children in Need of Assistance–Drug-Affected Babies Pilot project.

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Input: Number of mothers delivering drug-affected newborns assessed for substance abuse problems	276	300	300	300
Output: Number of assessed mothers delivering drug-affected newborns placed into treatment programs	222	162	240	240
Outcome: Percent of assessed mothers placed into treatment programs	80%	54%	80%	80%
Quality: Number of mothers placed in treatment programs successfully completing the program	151	46	180	180
Percent of mothers placed in treatment successfully completing the program	68%	28%	75%	75%

Goal 2. Provide an effective length of treatment in the continuum of care.

Objective 2.1 By fiscal year 2008, 62% of the patients in ADAA funded outpatient programs are retained in treatment at least 90 days.

Performance Measures	2005 Actual	2006** Estimated	2007 Estimated	2008 Estimated
ADOLESCENTS				
Output: Number of patients discharged from outpatient services during the fiscal year	3,254	2,609	3,300	3,300
Outcome: Percent of patients retained in treatment at least 90 days	61%	58%	62%	62%
ADULTS				
Output: Number of patients discharged from outpatient services during the fiscal year	17,732	16,633	18,000	18,000
Outcome: Percent of patients retained in treatment at least 90 days	60%	58%	62%	62%

Note: ** During fiscal year 2006 ADAA moved from the HATS database system to a new Web based data collection system (SMART). The change into the new system has resulted in delays beyond the ordinary, thus the figures are not final.

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Objective 2.2 By fiscal year 2008, 60% of the patients in ADAA funded halfway house programs are retained in treatment at least 90 days.

Performance Measures	2005 Actual	2006** Estimated	2007 Estimated	2008 Estimated
<i>ADULTS*</i>				
Output: Number of patients discharged from halfway house programs during the fiscal year	1,216	1,237	1,300	1,300
Outcome: Percent of patients retained in treatment at least 90 days	58%	53%	60%	60%

Note: * Adolescent residential programs are not halfway houses.

Objective 2.3 By fiscal year 2008, 50% of the patients completing ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.

Performance Measures	2005 Actual	2006** Estimated	2007 Estimated	2008 Estimated
<i>ADOLESCENTS</i>				
Output: Number of patients completing intensive outpatient services	88	139	150	150
Outcome: Percent of patients entering another level of treatment within 30 days of discharge	48%	33%	50%	50%
<i>ADULTS</i>				
Output: Number of patients completing intensive outpatient services	1,635	3,154	3,250	3,250
Outcome: Percent of patients entering another level of treatment within 30 days of discharge	43%	37%	50%	50%

Objective 2.4 By fiscal year 2008, 75% of the patients completing ADAA funded detoxification programs enter another level of treatment within 30 days of discharge.

Performance Measures	2005 Actual	2006** Estimated	2007 Estimated	2008 Estimated
Output: Number of patients completing detoxification services	2,497	1,347	2,500	2,500
Outcome: Percent of patients entering another level of treatment within 30 days of discharge	68%	39%	75%	75%

Goal 3. Provide treatment services that decrease substance use and improve social functioning. **

Objective 3.1 By fiscal year 2008 the number of patients using substances at completion of treatment will be reduced to 75% among adolescents and 72% among adults from the number of patients who were using substances at admission to treatment.

Performance Measures	2005 Actual	2006** Estimated	2007 Estimated	2008 Estimated
<i>ADOLESCENTS</i>				
Input: Number of patients using substances at admission	1,712	1,763	1,800	1,800
Output: Number of patients using substances at completion	667	572	450	450
Outcome: Percent decrease in substance abuse during treatment	61%	68%	75%	75%
<i>ADULTS</i>				
Input: Number of patients using substances at admission	14,554	14,541	15,000	15,000
Output: Number of patients using substances at completion	5,409	4,325	4,200	4,200
Outcome: Percent decrease in substance abuse during treatment	63%	70%	72%	72%

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Objective 3.2 By fiscal year 2008 the number of employed adult patients at completion of treatment will increase to 29% from the number of patients who were employed at admission to treatment.

	2005	2006**	2007	2008
Performance Measures	Actual	Estimated	Estimated	Estimated
Input: Number of patients employed at admission	7,662	8,337	8,500	8,500
Outcome: Number of patients employed at completion of treatment	9,706	10,443	10,965	10,965
Percent increase in employment at completion of treatment	27%	25%	29%	29%

Objective 3.3 By fiscal year 2008 the average arrest rate per patient during treatment will decrease to 75% among adolescents and 80% among adults.

	2005	2006**	2007	2008
Performance Measures	Actual	Estimated	Estimated	Estimated
ADOLESCENTS				
Input: Average arrest rate at admission	0.730	0.900	0.900	0.900
Output: Average arrest rate at discharge	0.276	0.240	0.225	0.225
Outcome: Percent decrease in arrest rate during treatment	62%	73%	75%	75%
ADULTS				
Input: Average arrest rate at admission	0.570	0.693	0.700	0.700
Output: Average arrest rate at discharge	0.143	0.063	0.140	0.140
Outcome: Percent decrease in arrest rate during treatment	75%	91%	80%	80%

Note: ** During fiscal year 2006 ADAA moved from the HATS database system to a new Web based data collection system (SMART). The change into the new system has resulted in delays beyond the ordinary, thus the figures are not final.

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OTHER PERFORMANCE MEASURES

Performance Measures	2005 Actual	2006 Estimated	2007 Estimated	2008 Estimated
Outpatient:				
Completion Rate	45%	55%	55%	55%
Average Length of Stay for Completion Discharges	183	185	185	185
Patients Treated	33,445	34,000	34,500	35,000
Intensive Outpatient:				
Completion Rate	38%	45%	45%	45%
Average Length of Stay for Completion Discharges	131	135	135	135
Patients Treated	6,847	7,000	7,100	7,150
Halfway House:				
Completion Rate	47%	50%	50%	50%
Average Length of Stay for Completion Discharges	182	185	185	185
Patients Treated	1,600	1,700	1,725	1,750
Long Term Residential:				
Completion Rate	60%	60%	60%	60%
Average Length of Stay for Completion Discharges	124	125	125	125
Patients Treated	1,377	1,400	1,425	1,450
Therapeutic Community:				
Completion Rate	62%	65%	65%	65%
Average Length of Stay for Completion Discharges	171	175	175	175
Patients Treated	585	600	625	650
Intensive Care Facility:				
Completion Rate	75%	75%	75%	75%
Average Length of Stay for Completion Discharges	24	30	30	30
Patients Treated	11,201	11,500	11,750	12,000
Methadone:				
Completion Rate	12%	25%	25%	25%
Average Length of Stay for Completion Discharges	940	940	940	940
Patients Treated	8,939	9,000	9,250	9,500
Total Patients Treated	63,994	65,200	66,375	67,500

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STRATEGIES AND DISCUSSION OF PROGRAM PERFORMANCE

- Goal 1.** Provide a comprehensive continuum of accessible treatment services for women with children.
- Objective 1.1** By Fiscal Year 2008, at least 75% of mothers assessed for substance abuse problems delivering newborns exposed to heroin, crack cocaine, or cocaine and living in designated jurisdictions will be placed into substance abuse treatment under the Department of Human Resources' Children in Need of Assistance–Drug-Affected Babies Pilot project.
- Strategy 1.1.1** The ADAA in collaboration with the Maryland Department of Human Resources/Social Services Administration is pursuing an increase in the number of participating birthing hospitals in Baltimore City from four to eight.
- Program Performance:** The ADAA, in collaboration with Maryland Department of Human Resources/Social Services Administration and Baltimore Substance Abuse Systems, Inc., has begun utilizing three funded Addictions Specialists positions in Baltimore City to serve four participating birthing hospitals.
- Goal 2** Provide an effective length of treatment in the continuum of care.
- Objective 2.1** By Fiscal Year 2008, 62% of the patients in ADAA funded outpatient programs are retained in treatment at least 90 days.
- Strategy 2.1.1** Continue as a performance measure for funded providers that time in treatment must be a minimum of 90 days. SAMIS data obtained from ADAA's online patient tracking system will be utilized along with field visits performed in conjunction with ADAA compliance unit to audit program performance.
- Objective 2.2** By Fiscal Year 2008, 60% of the patients in ADAA funded halfway house programs are retained in treatment at least 90 days.
- Strategy 2.2.1** Continue as a performance measure for funded providers that time in treatment must be a minimum of 90 days. SAMIS data obtained from ADAA's online patient tracking system will be utilized along with field visits performed in conjunction with ADAA compliance unit to audit program performance.
- Objective 2.3** By Fiscal Year 2008, 50% of the patients completing ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
- Strategy 2.3.1** Continue as a performance measure for funded providers that patients must enter another level of treatment at completion of intensive outpatient program. SAMIS data obtained from ADAA's online patient tracking system will be utilized along with field visits performed in conjunction with ADAA compliance unit to audit program performance.
- Objective 2.4** By Fiscal Year 2008, 75% of the patients completing ADAA funded detoxification programs enter another level of treatment within 30 days of discharge.
- Strategy 2.4.1** Continue as a performance measure that patients admitted and discharged from detoxification services are transferred to another level of care per ASAM PPC-2 criteria. SAMIS data obtained from ADAA's online patient tracking system will be utilized along with field visits performed in conjunction with ADAA compliance unit to audit program performance.
- Program Performance:** In FY 2006 the ADAA required funded programs to include in their grant submissions at least a 90 day retention in treatment performance measure. The progress of performance measures is monitored via e-SAMIS in conjunction with data validation audit visits by Information Services staff. The ADAA will continue to work towards accomplishing its' retention goals by FY 2008.
- Goal 3** Provide treatment services that decrease substance use and improve social functioning.
- Objective 3.1** By Fiscal Year 2008, the number of patients using substances at completion of treatment will be reduced to 85% among adolescents and 68% among adults from the number of patients who were using substances at admission to treatment.
- Strategy 3.1.1** The ADAA has assigned regional interdisciplinary teams to each jurisdiction to provide technical assistance to decision makers and providers regarding planning and implementation of services within their substance abuse system.

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STRATEGIES AND DISCUSSION OF PROGRAM PERFORMANCE

Objective 3.2 By Fiscal Year 2008, the number of employed adult patients at completion of treatment will increase to 29% from the number of patients who were employed at admission to treatment.

Strategy 3.2.1 The ADAA has assigned regional interdisciplinary teams to each jurisdiction to provide technical assistance to decision makers and providers regarding planning and implementation of services within their substance abuse system.

Objective 3.3 By Fiscal Year 2008, the average arrest rate per patient during treatment will decrease to 65% among adolescents and 75% among adults.

Strategy 3.3.1 The ADAA has assigned regional interdisciplinary teams to each jurisdiction to provide technical assistance to decision makers and providers regarding planning and implementation of services within their substance abuse system.

Program Performance In FY 2006 the ADAA, utilized interdisciplinary technical assistance teams to help providers in funded programs to improve treatment outcomes. The Administration, through its utilization of the e-SAMIS online patient tracking system, has monitored program performance by collecting data regarding outcome performance measures.