

Maryland State Drug and Alcohol Abuse Council

Report to
Governor Robert L. Ehrlich, Jr.

September 9, 2005



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Drug and Alcohol Abuse
Council



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The new State Drug and Alcohol Abuse Council consists of key state cabinet department secretaries, judges, legislators, and citizens. It was charged with coordinating the planning and delivery of state substance abuse services and the development of a two-year plan establishing service priorities and strategies in Maryland. Created through Executive Order 01.01.2004.42.

The Maryland State Drug and Alcohol Abuse Council wish to recognize all those who contributed to the September 9, 2005 Report to Governor Robert L. Ehrlich, Jr.

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Introduction

For over thirty five years - through a multitude of task forces, boards, commissions and councils – Maryland has striven to understand and respond to the impact of substance abuse on the political, social, and economic structures of the state. Over these decades, the focus has bounced from intensive law enforcement and punishment to prevention and early intervention to *ad hoc* efforts to increase treatment resources. Throughout this period, however, the general principles guiding the state’s substance abuse policies were simple and unchanging – prevent the spread of substance abuse through early intervention, reduce the incidence of substance abuse related problems, and provide effective treatment for the abusers and their families.

We have reached the point where we no longer need to debate the virtues of early intervention and treatment over the old “lock them up and throw away the key” philosophy. The members of the State Council have hundreds of years of accumulated experience in the public health and criminal justice fields. The Council recognized that recommendations from past Commissions and Task Forces were never placed in the context of overall policy objectives and priorities with a standardized method of measuring existing outcomes and determining which policies or programs achieved the desired results.

We know that treatment works. Data collected and analyzed by the Alcohol and Drug Abuse Administration (ADAA) shows that in some cases people completing ADAA-funded programs reduced their primary substance use by 93 percent. In Baltimore, completing an ADAA-funded program results in a 25% greater likelihood of becoming employed within one year with significantly higher wages than those who did not complete treatment. Arrest rates in the city for offenses including theft, burglary, and robbery were 55% lower for those completing treatment compared with those who did not complete treatment.¹ Using

this data, a new set of concepts and practices that constitutes our way of viewing the reality of funding and implementing substance abuse services in our communities is long overdue.

Governor Robert L. Ehrlich, Jr. took the first steps towards developing a new approach in October 2003 when he asked senior Administration officials to meet and examine new approaches to these very old problems. Based on their work, Governor Ehrlich introduced and promoted enactment of landmark legislation in the 2004 session of the General Assembly. A key element of the new law established a locally-based coordinated structure for planning and implementing prevention, intervention, and treatment services. Recognizing that the overwhelming percentage of state general funds used for these services flows from the Alcohol and Drug Abuse Administration to each of the state’s political subdivisions, the legislation created a Drug and Alcohol Abuse Council in each jurisdiction.

The statutory empowerment of a local group consisting of all the major players across the spectrum of substance abuse service demands, and providers in every county was a key part of this new approach. As a matter of state law, the plans, strategies, and priorities of each county for meeting the services needs of the general public, and the criminal justice system will be set out in a comprehensive county plan developed by the local Council. Equally important are the requirements that the plan include a survey of all federal, state, local, and private funds used for these services, and that applications from county agencies for state funds for evaluation, prevention, or treatment services must be considered by the local Council.

On July 20, 2005, Governor Ehrlich announced the formation of the Maryland State Drug and Alcohol Abuse Council. Establishing the Council was the next step in a comprehensive strategy to coordinate substance abuse prevention, intervention, and treatment services.

¹ Detailed data on substance abuse prevention, intervention and treatment services can be found in ADAA’s Outlook & Outcomes 2004 Annual Report. The Council deliberately does not attempt to duplicate in this report, statistical and outcome data presented in that document. The full report can be downloaded at www.maryland-adaa.org.

I. CONTEXT

The work of the State Council has been conducted in the context of the long struggle in this country to understand the nature of substance abuse addiction and how government should respond to effectively reduce the number of addicted citizens. The Council recognizes the significant impact of co-occurring mental health illnesses on the issues presented in this report. As these issues are being reviewed by the Taskforce on the Needs of Persons with Co-occurring Mental Health and Substance Use Disorders, they will not be specifically discussed in this report.² This Taskforce is in effect until December 31, 2005.

An Understanding of Addiction

The Harrison Act of 1914 criminalized drug possession, distribution, and manufacturing, which effectively criminalized addiction and launched drug control as the national policy. By placing responsibility for controlling addiction in the criminal justice system, the unintended consequence was to effectively disenfranchise and distance the health professions from the problem of addiction. This approach persisted for over 50 years but has gradually been replaced by a more treatment-oriented philosophy that gathered momentum with the introduction of office based opiate addiction treatment in 2002. Thirty years of empirical research now provides a better understanding of the problem of addiction.

Substance addiction is a disorder with biological, psychological, and social manifestations. Conceptually, treatment has evolved from an acute response/episodic formulation to one more consistent with the

management of chronic medical conditions. An apt, though not perfect, analogy, is that addiction treatment is more consistent with the long-term medical management of diabetes, hypertension, and asthma than it is to the surgical removal of an appendix.³

Research has also established that time in treatment is related to good outcomes.⁴ Good outcomes include: a decrease in substance use, an increase in employment and a decrease in criminality. Unfortunately, it is also true that retention in treatment is a significant problem. Nationwide dropout rates from outpatient care range from 40 to 60 percent of all admissions. However, individuals who stay in treatment the longest are those with some external motivation. The National Institute on Drug Abuse, summarizing the research, reports that for individuals in outpatient care, the maximum gains begin to accrue at 90 days. Further, research shows that individuals completing treatment retain those gains in the long term.⁵ Thus, for a state or jurisdiction interested in mitigating the social and health problems of addictions, there should be a keen interest in using the encounters with social systems, particularly judicial systems, as an opportunity to engage and retain individuals in treatment.

Managing Treatment as a Matter of Policy

Maryland has demonstrated that encounters with the criminal or juvenile justice systems can be used to facilitate entry into treatment.⁶ There are several examples of the simultaneous management of judicial system control and treatment. Drug courts and graduated sanctions for probationers are promising recent developments. Drug courts are for a select and relatively limited number of offenders, while graduated sanctions are a strategy to manage judicial system

² The Task Force will develop creative ways to provide efficient and thorough services to those who suffer from co-occurring mental illness and substance abuse disorders. It will recommend how to fund these services, how and where to provide residence for those suffering from this combination of disorders, and how the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration can implement a training program for mental health and addiction counselors. Finally, the Task Force will recommend necessary legislation to implement its recommendations.

³ This has implications for the method of funding addiction treatment services. It argues for a prospective, payment system rather than an acute care model based on per visit reimbursement. The Council hopes to explore this issue in future sessions.

⁴ See, NIDA. (1999). Principles of Drug Addiction Treatment, A Research-Based Guide for a complete discussion of the topics in this section at www.nida.gov/PODAT/PODAT1.html

⁵ See, ADAA (2005). Outlook and Outcomes; UMD (2003), TOPPS II, Long Term Drug Treatment Outcomes in Maryland on www.maryland-adaa.org

⁶ This is highly variable across the state and subject to the distribution of resources as well as preferences of local courts. Many jurisdictions now have jail-based addiction treatment units, some have drug treatment courts. Referral agreements with local Department of Juvenile Services and Division of Parole and Probation offices exist in many counties.

control and treatment with a larger group. They are not mutually exclusive approaches and rationally exploit the research findings that time in treatment is related to good outcome. These approaches build on the fact that individuals staying in treatment the longest are those with external pressure exerted through the judicial system controls. The limited number of Drug Courts or graduated sanctions programs is not due to the merit of the strategy to meld social controls and treatment. Rather, it is a reflection of the disconnect between law, policy, programs and planning.

We consistently miss opportunities to manage services across multiple systems to “add value” to these service encounters.

Accidental vs. Intentional Systems of Care

A recent joint committee report to the House Appropriations and Senate Budget and Taxation Committees noted that approximately 49% of the FY 04 allocation to jurisdictions for addiction treatment and prevention services is characterized as an “historic” allocation.⁷ The rationale for these distributions has long since faded, but is more than likely to have been as simple as the convergence of opportunity, local interest, and availability of facilities or individual initiative. In other words, there was no plan. Funds were available and programs or jurisdictions were proposed for state budget allocations on an *ad hoc*, idiosyncratic basis. The results were and are incomplete systems of care, and in some cases collections of geographically-clustered programs providing essentially the same services. These systems often provided only limited access for clients involved in the justice system. They are more appropriately termed “accidental” systems of care. On the other hand, intentional systems of care plan, estimate need, model the systems of services needed in the jurisdiction, and include as part of the “client mix” those social systems (or institutions) where addicted individuals appear. Absent an overall plan for substance abuse treatment and care, accidental systems abound and haphazardly intersect with the justice systems. The recent increase of persons abusing

multiple drugs has added an additional challenge to the process, challenging historic practice models, funding streams and specific programs initiatives had been concentrated on a single drug of abuse.

The disconnect between the substance abuse system and other core social institutions in Maryland appears not only in policy and planning but in information management. Here is an area where great gains can be made.

Managing Information

Beginning in 1995, the HIDTA Automated Tracking System (HATS) has been developed and deployed as a technology system to exchange relevant information across both treatment and justice systems.⁸ The Alcohol and Drug Abuse Administration now mandates the use of HATS by all state licensed treatment providers. This was a crucial step in ensuring consistent data upon which accountability can be measured and policy decisions can be made. The Drug Treatment Court Commission also mandates the use of the HATS system for all new drug courts. This system is also currently in use to jointly manage graduated sanctions and treatment in selected Division of Parole and Probation offices. In selected jurisdictions specific HATS modules have been used in child welfare and juvenile justice programs. Expanded use of the HATS system should be encouraged because of its potential for uniform data usable by all state agencies that fund substance abuse treatment services for their clients. Development of “free standing” information systems by separate agencies or departments should be discouraged, especially in light of the fact that the HATS system requires no licensing fees and is governmentally owned and operated.

The value of a competent, easy to access information system cannot be overstated. Providing client, program and system level data manages day to day care of individuals in both the treatment and justice systems, guides the use of joint strategies (such as graduated sanctions/structured responses), and is essential for

⁷ See, 2003 Joint Chairmen’s Report, ADAA. Available on line at www.maryland-adaa.org

⁸ HATS is the information system used by the treatment system, and directed for use in drug courts. HATS was initially developed through the Baltimore-Washington HIDTA and is now a project of the University of Maryland, Bureau of Governmental Research

planning and efficient use of resources. Separate and unlinked agency specific information systems can handicap the effort at improving outcomes and promoting accountability. In addition, they are simply unaffordable.

Unify Policy and Practice

The implicit policy and explicit practice of regarding individuals as exclusively criminal justice, juvenile justice, or substance abuse clients wrongly assigns responsibility to the system that first affixes an administrative label to that person. The reality is that an individual with an addictive disorder typically appears as a client in multiple social systems.⁹ Administratively labeling the individual by the system he or she appears (e.g., “Parole and Probation client”, “Juvenile Services client”, “Social Services client”, “Health Department patient”) unintentionally limits the responsibility of the “other” systems for planning, budgeting and structuring operations for that individual’s care.

Such limitations have resulted in a “silo” approach that has failed to take systematic advantage of the human and fiscal resources that could be provided by the other agencies serving the client could provide. This is not the usual argument that if everyone only cooperates, collaborates, and coordinates everything will turn out fine. The argument is to proactively *unify policy and practice on the legislative, planning, funding and operational levels to produce a more effective and efficient integration of addiction treatment and justice systems.*

Overall, this approach will improve the quality of Maryland’s substance abuse system for all citizens.

II. GOVERNOR’S SUBSTANCE ABUSE INITIATIVES

Governor Ehrlich’s “multi-front” approach to the impact of substance abuse on the state’s citizens, its economy and its public safety seeks to provide

a more effective and efficient fit between state and local substance abuse treatment programs, plan for the needs of both the criminal justice system and the general public, and provide re-entry support and services for newly released offenders.

The governor’s initiative includes;

- Comprehensive substance abuse treatment legislation proposed to the 2004 General Assembly and enacted with wide bipartisan support;
- The RESTART plan under the direction of the Department of Public Safety and Correctional Services to provide pre-release and post-release programming for offenders; and
- The new State Drug and Alcohol Abuse Council that is empowered to develop strategies and priorities for state substance abuse services and coordinate those efforts with local subdivisions.

The 2004 Comprehensive Substance Abuse Treatment and Diversion Law

The legislation proposed by Governor Ehrlich and enacted by the General Assembly (Chapters 237 and 238, Laws of Maryland 2004) had wide bipartisan support. The law encompassed diversion from prosecution for low-level non-violent offenders and linkages to treatment systems for courts to use in sentencing decisions in non-violent cases. It also included improved procedures to promote compliance with treatment ordered as a condition of probation. The law created local drug and alcohol abuse councils empowered to develop a local substance abuse plan that identifies priorities and strategies for providing substance abuse prevention, intervention and treatment services.

The law’s new diversion from prosecution structure was designed to ensure that prosecutors had access to substance abuse evaluations performed under

⁹ The broader social system definition earlier referenced applies. A typical addicted individual receiving treatment in the public system tends to simultaneously be served by at least one other social system: e.g., criminal justice, juvenile justice, public health, income maintenance, social welfare, or education.

Alcohol and Drug Abuse Administration (ADAA) regulations prior to making diversion decisions for eligible non-violent offenders. The evaluations would include a determination of the offender's amenability to treatment and identification of an appropriate treatment program.

Data collection and evaluation of these programs are facilitated by the recordation of these diversions in limited-access sections of the state's criminal justice information system. Successful completion of treatment directed as part of the diversion allows offenders to expunge their records.

Unless indigent, the diverted offender pays a \$150 court cost to the newly created Maryland Substance Abuse Fund. The Fund is being administered by ADAA and is used to defray local government costs for their Councils and provides an additional source of money for treatment services.

With the cooperation of the Maryland Judicial Committee on Mental Health, Addictions, and Alcoholism, Governor Ehrlich included in the legislation a revision of provisions in the Health-General Article dealing with access to evaluation and treatment services by the criminal justice system. Specifically, Sections 8-505 through 8-507 of that Article were amended to require that court-ordered evaluations of defendants be conducted under ADAA standards and that recommendations for treatment include an identified appropriate program with estimated date of admission. Commitment for treatment of offenders already serving sentences in correctional facilities would occur only under supervision of public safety authorities.

The procedures for drug and alcohol evaluations and court referral to treatment programs include specific directions regarding the contents of evaluations, transportation for defendants from correctional facilities and supervision of offenders committed for treatment. Courts retain their existing discretion to grant or refuse requests for treatment under these sections.

The RESTART Plan

The second part of the governor's initiative focuses on the treatment and life skills needs of state prison

inmates. The RESTART (Reentry Enforcement Services Targeting Addiction, Rehabilitation, and Treatment) plan, led by Department of Public Safety and Correctional Services Secretary Mary Ann Saar, provides addictions treatment services, pre-release educational and vocational programming, as well as post-release services. The plan includes local partnerships to provide housing, employment, substance abuse treatment, healthcare, and life skills education to offenders returning to their communities.

Providing re-entry services will benefit not only the offenders as they move from prison back to the community, but also the members of the community with whom they come into contact. Individuals are less likely to re-offend when they are better prepared to return to the community. Under RESTART, the Department of Public Safety and Correctional Services will identify offenders who need remedial services such as employment/vocational skills training and substance abuse treatment at the initial stages. These services will be provided in the months just prior to an inmates scheduled release. Inmates will receive pre-release planning with cognitive behavior modification, victim/offender impact classes, anger management and intensive substance abuse counseling. Services would continue after release through community partners to provide housing, employment, treatment, health care, and relationship and family counseling. An innovative component of the discharge plan process is the development of linkages between the inmates and assigned Division of Parole and Probation agents. The goals are to assist the offenders with understanding expectations of the assigned agent and making the hand-off between agencies a smooth one.

Since implementation, approximately 1,300 offenders have been receiving services, ranging from academic education to anger management to cognitive restructuring, at the two pilot sites determined in accordance with General Assembly allowances - the Maryland Correctional Training Center (MCTC) and the Maryland Correctional Institution for Women (MCI-W).

Creation of the State Drug and Alcohol Abuse Council

The new State Drug and Alcohol Abuse Council consists of key state cabinet department secretaries, judges, legislators, and citizens. It was charged with coordinating the planning and delivery of state substance abuse services and the development of a two-year plan establishing service priorities and strategies in Maryland. Created through Executive Order 01.01.2004.42, (Appendix A) the Council was mandated to accomplish the goal of improved interagency and intergovernmental coordination and collaboration in the provision of substance abuse treatment services.

The Council was also tasked with preparing and annually updating a state two-year plan of strategies and priorities for delivery and funding of services. This plan will be coordinated with similar plans submitted by each local subdivision in accordance with the 2004 substance abuse treatment legislation. The state and local plans will help ensure the most effective and efficient system of prevention, intervention and treatment services. The Council will also work closely with the Governor's Grants Office in an effort to maximize funding from sources other than state general funds.

In addition to the Secretary of the Department of Health and Mental Hygiene, the Secretaries of the Departments of Public Safety and Correctional Services, Human Resources, Juvenile Services and Budget and Management are voting members of the Council. They are joined by the State Superintendent of Schools, the Executive Director of the Governor's Office for Children, and the Director of the Governor's Office of Crime Control and Prevention. A District Court judge and a Circuit Court judge represent the judiciary; one Senator and one Delegate represent the General Assembly. The Governor appointed six public members of the Council in addition to Chairman Sonner (see Appendix B for full list of Maryland State Drug and Alcohol Abuse Council members and a list of the members of the three Council workgroups).¹⁰

Non-voting members of the Council include the Directors of the Alcohol and Drug Abuse Administration and Mental Health Administration in the Department of Health and Mental Hygiene and the Assistant Secretary for Treatment Services and Director of the Division of Parole and Probation in the Department of Public Safety and Correctional Services. The Council is empowered by the Executive Order to include other citizens, educators, and specialists on any Council committee or task force.

The Council is divided into three Committees:

- Planning and Coordination
- Safer Neighborhoods
- Healthier Maryland

The tasks of each committee are based on the duties and responsibilities assigned to the Council by the Executive Order. Additional duties or responsibilities can be assigned by Chair once the group has begun its work.

Planning and Coordination

This committee is responsible for drafting the plan for state strategies and priorities for the delivery of prevention, intervention, and treatment services. The state's plan is being developed utilizing the information and recommendations submitted by the Safer Neighborhoods and Healthier Maryland committees.

This committee also reviews the plans submitted by local subdivisions and identify, develop and implement methods by which the strategies and priorities identified in those plans can be coordinated with the state plan.

Safer Neighborhoods

This committee is responsible for identifying, developing, and recommending comprehensive improvements in the delivery of prevention, intervention, and treatment services as part of the criminal and juvenile justice systems. The

¹⁰ Judge Sonner served in the capacity of Chair for a limited time. He resigned from the Chairmanship in January, 2005 to assume a position with the International War Crimes Tribunal in Bosnia. Currently, the Chair is vacant.

committee duties include preparing information and recommendations for inclusion in the state plan and insuring that those recommendations are coordinated with the Governor's criminal and juvenile justice strategies and the criminal and juvenile justice systems.

Healthier Maryland

This committee's focus is on general system improvements in state prevention, intervention, and treatment services delivery. The committee prepares the information and recommendations necessary for the state plan to address systemic improvements and emerging needs in connection with delivery of these services to the general public and special needs populations. In addition, this group focuses on coordination of prevention and intervention needs and services as an important part of the strategy to reduce substance abuse, as well as the impact of substance abuse on the public health system. The work of the Task Force on the Needs of Persons with Co-Occurring Mental Illness and Substance Abuse Disorders is coordinated through this committee, which may propose any additional information or recommendations on this issue for inclusion in the State Two Year Plan.

The new State Council will work closely with the local Drug and Alcohol Abuse Councils established in each subdivision under the 2004 substance abuse treatment legislation. These local Councils are to develop priorities and strategies for their own jurisdiction's two-year substance abuse services plan, which is required under the law to include strategies and priorities for evaluation, treatment, and prevention services for both the general public and the criminal justice system. Each local Council submitted its initial plan to the Alcohol and Drug Abuse Administration in July, 2005 and the plans are currently being reviewed.

The Alcohol and Drug Abuse Administration will continue to provide technical assistance to local Councils, including supplying data from the HATS system to assist in needs assessments and outcome evaluations. Allocations from the Maryland Substance

Abuse Fund, created under the governor's legislation, will in the future help defray the cost of local Council operations.

The full State Council met four times during the year, pursuant to the terms of the Executive Order (see Appendix C for State Council minutes and presentations).

III. PROCESS AND PROGRESS IN THE FIRST YEAR

State budgets are developed and managed by state departments or agencies. Prevention, intervention, and treatment services are provided by a wide range of these governmental units. The Council has found it extremely difficult to identify the fiscal allocations for these services in each departmental budget. The state cannot unify policy and practice in addictions without a process that can bring these disparate budgets together for discussion and analysis.

As the first step in this process, the Council 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 Planning and Coordination Committee led this effort and met six times from November, 2004 through June, 2005 (see Appendix D for minutes of meetings). 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. The results of this work was posted on the Alcohol and Drug Abuse Administration's web page, www.maryland-adaa.org under the State Council banner and are included as Appendix E.

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).

The first state agencies surveyed were those represented on the Planning and Coordination committee. Those included: the Department of Human Resources; the Department of Public Safety and Correctional Services; the Maryland State Department of Education; the Department of Juvenile Services; the Governor's Office on Crime Control and Prevention; and the Department of Health and Mental Hygiene. Each was asked to compile FY05 resources budgeted for prevention, intervention, or treatment of alcohol, tobacco and other drug use and abuse in a matrix format developed by the committee.

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 later this year.

The next level of effort was directed at state departments or agencies not represented on the committee, but which were identified as having resources for prevention, intervention, or treatment services. These included the Departments of: Aging; Housing and Community Development; Transportation; Veterans Affairs; State Police; and the Maryland Highway Safety Office. The committee continues to work with these offices to include their information in the final presentation to the full Council.

The Council cannot find that this process has ever been conducted for substance abuse services funded by state government. It has proven to be a labor intensive, challenging task. Some observations on the process:

- Although significant efforts were made to create common language and definitions used in the survey of resources, there still exists wide variation in interpretations of these definitions from department to department, often even within departments and agencies;

- There appears to be varied methods by which these types of resources are identified internally;
- Actual expenditures may differ from amounts budgeted;
- There often exists an inability to clearly separate resources allocated for substance abuse from other related areas, such as in prevention of juvenile delinquency, treatment of mental illness, or in combined treatment and correctional programs;
- There are resources that exist within one administration or division of a department that may not be integrated with other services within that department;
- State departments may not easily be able to determine what portion of an allocation to a local jurisdiction is actually utilized for substance abuse prevention, intervention, or treatment;
- Some resources reported are transferred from one state entity to another for management and distribution;
- State department surveys of funding allocations varied from survey reports of resources by local jurisdictions.

While the resource survey work was underway the Safer Neighborhoods and Healthier Maryland committees were organizing their work. It became quickly apparent that making recommendations on improving prevention, intervention, and treatment in the justice system, and recommendations for general systemic improvements for these services in the general population was highly dependent on the work being conducted by the Planning and Coordination committee. By agreement of the Council, the work of these committees was suspended until the data from the Planning and Coordination committee was available for their use. Minutes from the Safer Neighborhoods and Healthier Maryland committees are available in Appendix F.

¹¹ At its August 18th, 2005 meeting, the Council was presented with a Robert Wood Johnson Foundation funded study of DWI assessments and treatment services in Maryland conducted by Amelia Arria, Center for Substance Abuse Treatment. This study showed serious systemic issues related to both the assessment process and movement of DWI offenders into treatment. This issue is now on the agenda of the Safer Neighborhoods committee.

IV. NEXT STEPS

The Council's Next Steps will be to :

- Complete the State Survey Of Resources, utilizing ADAAs and Department of Budget and Management technical assistance; Establish a baseline for the total state government effort dedicated to substance abuse services;
- Standardize the results of the state and local surveys of resources, identifying overlapping resources, underserved, or un-served populations;
- Identify priorities as determined by analysis of these standardized results, using all available data;
- Determine if these priorities match existing policy and priorities for utilization of substance abuse resources;
- Identify methods for implementing and standardizing outcome and accountability measurements;
- Examine the resources available for the assessment and treatment of drunk and drugged driving offenders and make appropriate recommendations to this complex, and under diagnosed, challenge to public safety and health;¹¹
- Develop an integrated presentation of substance abuse prevention, intervention, and treatment resources as a foundation for a thematic substance abuse budget tied to clear, measurable policy goals;
- Create a comprehensive two-year Plan, using a framework of goals, objectives, and outcome measurements;
- Develop accountability standards that will allow state policymakers to evaluate strategies and program outcomes.

Appendices

Appendix A.

- o Governor's Executive Order 01.01.2004.42 creating the Maryland State Drug and Alcohol Abuse Council

EXECUTIVE ORDER
01.01.2004.42

Maryland State Drug and Alcohol Abuse Council
(Rescinds Executive Order 01.01.2001.23)

WHEREAS, Drug and alcohol abuse exact an enormous toll on the lives of the citizens of Maryland - affecting not only the abusers but their families and their communities - and result in an estimated \$5.6 billion annual economic cost to the State;

WHEREAS, Drug and alcohol abuse are recognized as significant factors among the causes of criminal activity, yet the successful treatment of a criminal offender who has drug and/or alcohol addictions can reduce recidivism;

WHEREAS, The Maryland Drug and Alcohol Abuse Administration estimates that approximately 289,000 Marylanders are in need of some level of drug and/or alcohol abuse treatment;

WHEREAS, Current substance abuse prevention, intervention and treatment programs are funded and operated by a wide range of State and local agencies, as well as private health care providers, and there is a need to ensure that available resources are efficiently and effectively used to achieve successful results for our citizens;

WHEREAS, Reducing the level and impact of drug and alcohol abuse in our State requires a coordinated and collaborative approach that addresses the needs of the citizens and improves the ability of all levels of government to respond to this problem;

WHEREAS, The Governor proposed, and the General Assembly enacted, Chapters 237 and 238 of the Acts of the General Assembly of Maryland of 2004, which provide for each county to have a local Drug and Alcohol Abuse Council that will develop the plans, strategies, and priorities of the county for meeting the identified needs of the general public and the criminal justice system for alcohol and drug abuse evaluation, prevention, intervention and treatment;

WHEREAS, The Governor proposed, and the General Assembly enacted, the Fiscal Year 2005 State Budget that includes \$85.6 million in State general funds, \$17.2 million in special funds, and \$25.3 million in federal funds for the Maryland Alcohol and Drug Abuse Administration to fund community based programs, as well as \$3 million in additional funding dedicated to the implementation of Chapters 237 and 238 of the Acts of the General Assembly of 2004; and

WHEREAS, There is a need for a State Drug and Alcohol Abuse Council to be appointed which has the mandate and structure to develop similar plans and strategies at the State level, and promote collaboration and coordination by State substance abuse programs with these local Drug and Alcohol Abuse Councils, local health systems and private drug and alcohol abuse service providers.

NOW, THEREFORE, I, ROBERT L. EHRLICH, JR., GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND THE LAWS OF MARYLAND, HEREBY RESCIND EXECUTIVE ORDER 01.01.2001.23 AND PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. Established. There is a Maryland State Drug and Alcohol Abuse Council.

B. Membership and Procedures.

1. Membership.

a. Voting Members. The Council shall be comprised of up to 19 voting members, including:

- i. The Secretary of Health and Mental Hygiene or a designee;
- ii. The Secretary of Public Safety and Correctional Services or a designee;
- iii. The Secretary of Juvenile Services or a designee;
- iv. The Secretary of Human Resources or a designee;
- v. The Secretary of Budget and Management or a designee;
- vi. The State Superintendent of Schools or a designee;
- vii. The Special Secretary of the Governor's Office for Children, Youth and Families or a designee;
- viii. The Executive Director of the Governor's Office of Crime Control and Prevention or a designee;
- ix. One member of the Senate of Maryland, appointed by the President of the Senate;
- x. One member of the Maryland House of Delegates, appointed by the Speaker of the House;
- xi. Two representatives of the Maryland Judiciary, a District Court Judge and a Circuit Court Judge, appointed by the Governor upon nomination of the Chief Judge of the Court of Appeals; and
- xii. Up to seven members with relevant interest or expertise, appointed by the Governor.

b. Non-Voting Members. The Council shall include the following non-voting members:

- i. The Directors of the Alcohol and Drug Abuse Administration and the Mental Hygiene Administration of the Department of Health and Mental Hygiene; and
- ii. The Director of the Division of Parole and Probation and the Assistant Secretary of Treatment Services of the Department of Public Safety and Correctional Services.

c. The Governor shall designate a Chairperson from among the voting members of the Council.

d. Members appointed by the Governor under Section B (1)(a)(xii) of this Executive Order may serve up to 2 consecutive, 3-year terms, with such terms being staggered upon initial appointment. All other members of the Council shall serve so long as they hold the office or designation stipulated in this Executive Order. All members of the Council shall serve at the pleasure of the Governor.

2. Procedures. The following procedures apply to the Council:

- a. Members of the Council may not receive any compensation for their services, but may be reimbursed for reasonable expenses incurred in the performance of their duties, in accordance with the Standard State Travel Regulations, and as provided in the State budget.
- b. A majority of the voting members of the Council shall constitute a quorum for the transaction of any business. The Council may adopt such other procedures as may be necessary to ensure the orderly transaction of business, including the creation of committees or task forces. The Chairperson may, with the consent of the Council, designate additional individuals, including interested citizens, elected officials, educators or specialists with relevant expertise to serve on any committee or task force.
- c. The Council may consult with State agencies to obtain such technical assistance and advice as it

deems necessary to complete its duties. All Executive Department agencies shall cooperate with the Council.

d. The Council shall meet at least four times per year.

C. Purpose. The Council shall have the following objectives:

1. To develop a comprehensive, coordinated and collaborative approach to the use of State and local resources for prevention, intervention and treatment of drug and alcohol abuse among the citizens of the State;
2. To promote the coordinated planning and delivery of State drug and alcohol abuse prevention, intervention, evaluation and treatment resources; and
3. 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.

D. Duties. The Council shall carry out the following duties and responsibilities in meeting its objectives:

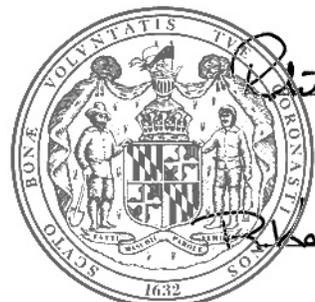
1. Identify, develop and recommend the implementation of comprehensive systemic improvements in alcohol and drug abuse prevention, intervention and treatment services in the State. The Council shall coordinate these improvements with State and local crime prevention and health programs;
2. Prepare and annually update a 2-year plan establishing priorities and strategies for the delivery and funding of State drug and alcohol prevention, intervention and treatment services in coordination with the identified needs of the general public, the Governor's criminal justice strategy, and the criminal justice system. This plan, and all updates, shall be submitted to the Governor and shall include promising practices and programs, recommendations for coordination and collaboration with local and private programs, and emerging needs for State substance abuse prevention, intervention and treatment services. The initial plan shall be submitted to the Governor by August 1, 2005;
3. Review plans submitted by local Drug and Alcohol Abuse Councils, as established under Subtitle 10 of the Health-General Article of the Annotated Code of Maryland, and identify, develop, and implement methods by which the strategies and priorities identified in those plans can be coordinated with the State plan and any updates thereto;
4. Coordinate with the Governor's Grants Office in efforts to seek funds from all appropriate sources for drug and alcohol abuse prevention, intervention and treatment services, advise local Drug and Alcohol Abuse Councils of funding opportunities, and prepare an annual survey of all federal and State funds used for these services; and
5. Receive, review and serve as a repository for studies and evaluations of State and local substance abuse programs and other relevant materials and make such information available to State and local agencies.

E. Staffing. The Office of the Governor shall designate the primary staff support for the Council.

F. Reports.

1. The Council shall provide an interim report to the Governor on its progress no later than December 1, 2004; and
2. The Council shall thereafter report annually to the Governor.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 20th Day of July, 2004.

 *Robert L. Ehrlich, Jr.*
Robert L. Ehrlich, Jr.
Governor

Attest:
R. Karl Aumann
R. Karl Aumann
Secretary of State

Appendix B.

- o Maryland State Drug and Alcohol Abuse Council Members
- o Work Group Membership List

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

Alan R. Friedman, Director

S. Anthony McCann
Secretary of the Department of Health and Mental Hygiene

Mary Ann Saar
Secretary of the Department of Public Safety and Correctional Services

Kenneth C. Montague, Jr.
Secretary of the Department of Juvenile Services

Christopher J. McCabe
Secretary of the Department of Human Resources

Cecilia Januszkiewicz
Secretary of the Department of Budget and Management

Nancy S. Grasmick
State Superintendent of Schools

Arlene Lee
Executive Director, Governor's Office for Children

Alan C. Woods, III
Executive Director, Governor's Office of Crime Control and Prevention

Nathaniel J. McFadden
Senate of Maryland

Pauline H. Menes
Maryland House of Delegates

Judge Robert C. Nalley
Circuit Court for Charles County

Judge George M. Lipman
District Court of Maryland for Baltimore City

Peter F. Luongo
Director, Alcohol and Drug Abuse Administration

Brian M. Hepburn
Director, Mental Hygiene Administration

Judith S. Sachwald
Director, Division of Parole and Probation

Richard B. Rosenblatt
Assistant Secretary for Treatment Services

Six Members of the Public Appointed by the Governor:

Terry T. Brown, Dawn James, Rev. Kenneth J. Burge, Sr., Marvin Redmond, Christina Trenton, Vacancy

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

WORK GROUP MEMBERSHIP

The Council will initially be divided into three Work Groups:

- Planning and Coordination

Council Members:

James C. DiPaula, Jr.
Mary Ann Saar
Kenneth C. Montague, Jr.
Christopher J. McCabe
Alan C. Woods, III
M. Teresa Garland
Nancy S. Grasmick
Peter F. Luongo (Chair)
Terry T. Brown (Vice Chair)
Arlene F. Lee

Citizen Members:

Carlos Hardy (Vice Chair)
William Caltrider

- Safer Neighborhoods

Council Members:

Mary Ann Saar
Kenneth C. Montague, Jr.
Judith S. Sachwald
Richard B. Rosenblatt (Vice Chair)
Alan C. Woods, III (Chair)
Robert C. Nalley
George M. Lipman
Marvin Redmond
Christina Trenton

Citizen Members:

Patricia Jessamy (Vice Chair)
Sue Schenning
John Gunning

- Healthier Maryland

Council Members:

S. Anthony McCann
Kenneth C. Montague, Jr.
Christopher J. McCabe
Nancy S. Grasmick
M. Teresa Garland (Chair)
Peter F. Luongo
Brian M. Hepburn (Vice Chair)
Pauline H. Menes
Rev. Kenneth J. Burge, Sr.
Arlene F. Lee

Citizen Members:

Fran Phillips (Vice Chair)
Beth Miller Ryan

Appendix C.

Maryland State Drug and Alcohol Abuse Council Minutes and Presentations

- o Agenda for September 20, 2004
- o Substance Abuse Policy Development Presentation by Dr. Peter F. Luongo, Alcohol and Drug Abuse Administration
- o “Maryland’s New Substance Abuse Treatment Law” Presentation by Alan Friedman, Governor’s Office
- o “Community Based Prevention, Early Intervention and Family Support Committee: An Overview” Presentation by Mary Beth Stapleton, Governor’s Office of Crime Control and Prevention

- o Agenda for December 13, 2004
- o “Drugs in Maryland-Update: From Research to Action” Presentation by Dr. Eric Wish, Center for Substance Abuse Research, University of Maryland at College Park
- o “Family Centered Substance Abuse Treatment” Presentation by Arlene F. Lee, Council member

- o Agenda for May 2, 2005

- o Agenda for August 11, 2005
- o “Assessment and Treatment of DWI Offenders in Maryland- 1995-2003, Current Findings” Presentation by Amelia Arria, Center for Substance Abuse Research, University of Maryland

AGENDA
MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

SEPTEMBER 20, 2004
2 P.M. – 4 P.M.
GOVERNOR'S RECEPTION ROOM
STATE HOUSE

Welcome and Introduction of the Governor – Chairman Sonner

Remarks by the Governor

CHARTING THE COUNCIL'S COURSE

Opening Remarks by Chairman Sonner
Introduction and Opening Remarks by Members of the Council

THE COUNCIL'S PLAN FOR ACTION

COMPREHENSIVE SYSTEM IMPROVEMENTS

Budgeting for Success – A Systemic Approach
Budget and Management Secretary DiPaula

Substance Abuse Policy Development
ADAA Director Luongo

Implementation of the new Substance Abuse Treatment Law
Council Director Friedman
ADAA Director Luongo
District Court Judge Lipman

Next Steps
Coordination

DEVELOPING THE TWO YEAR PLAN

Identifying Needs
Establishing Priorities
Coordinating Strategies
Emerging Trends and Needs
Coordination with local Drug and Alcohol Abuse Councils
Discussion by the Council

A FUNDING PERSPECTIVE

Strategies for Winning Federal Grants

Governor's Grants Office Director Brenner

The Governor's Office of Crime Control and Prevention – A Key Player

GOCCP Executive Director Woods

Promising Practices in Prevention Grants

Special Secretary for Children, Youth and Families Garland

Update on Pending/Recent Grants

Next Steps

ANNOUNCEMENTS

The Council's Working Schedule

Chairman Sonner

Announcements from Members of the Council

ADJOURNMENT

Drug and Alcohol Council

Meeting – 9/20/2004



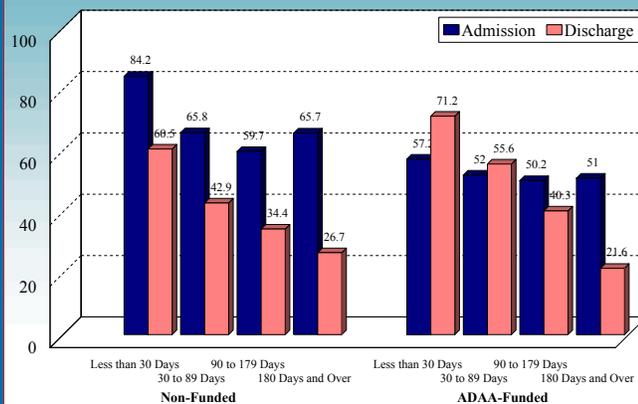
Maryland Alcohol and Drug Abuse Administration

Peter F. Luongo, Ph.D., Director

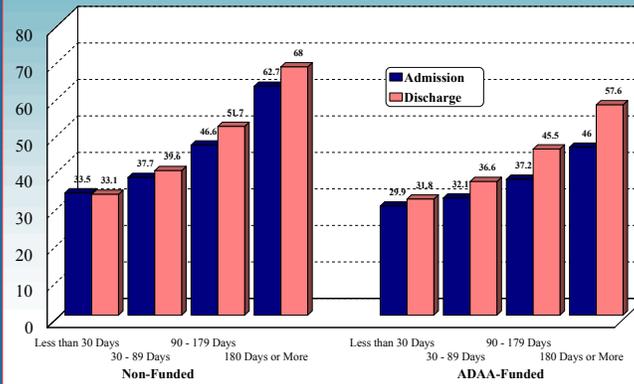
Research/Information Based Practice

- 30 Years of empirical evidence
- Addictions as a chronic not acute medical condition
- Support for **certain** prevention and treatment principles
- Support for a systems perspective
- Information management for patient, program and system level decisions

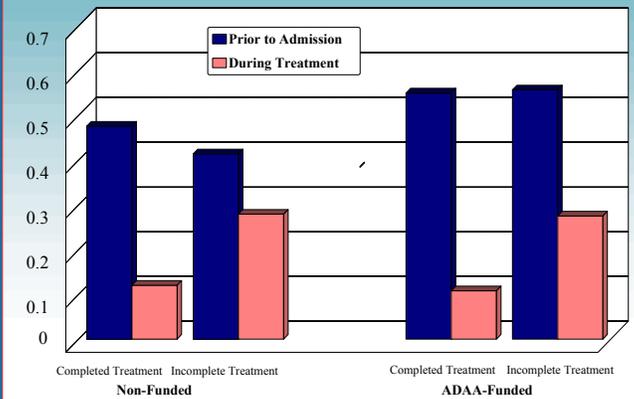
Time in Treatment Reduces Substance Use Reduction in Use of the Primary Substance FY 2003



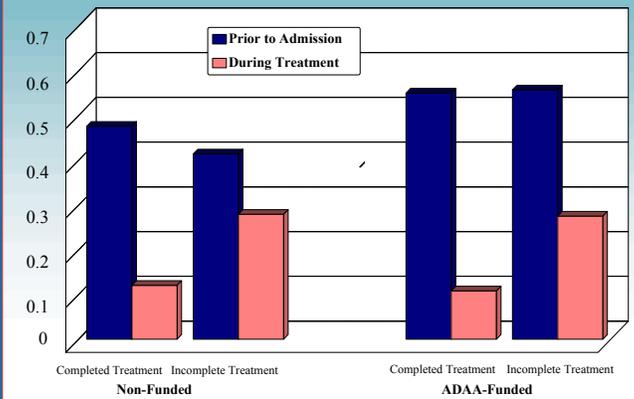
Time in Treatment Increases Employment Changes in Percentage Employed from Admission to Discharge - FY 2003



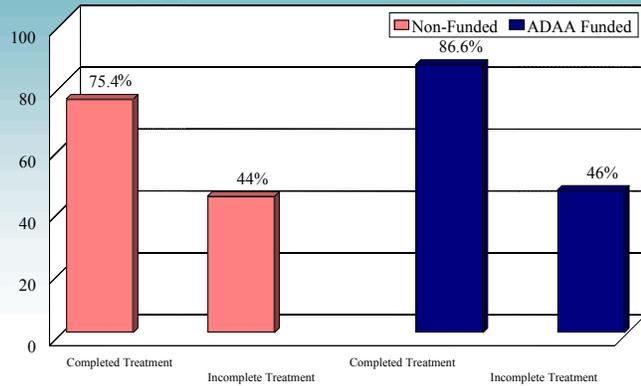
Completion of Treatment Reduces Crime Arrest Rates During the Two Years Prior to Treatment and During Treatment - FY 2003



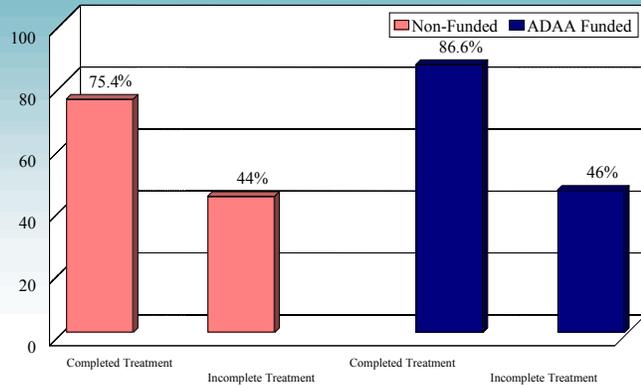
Completion of Treatment Reduces Crime Arrest Rates During the Two Years Prior to Treatment and During Treatment - FY 2003



**Completion of Treatment Reduces Days of Substance Use
Percentage Reduction in Total Monthly Days
of Use of the Primary Substance - FY 2003**

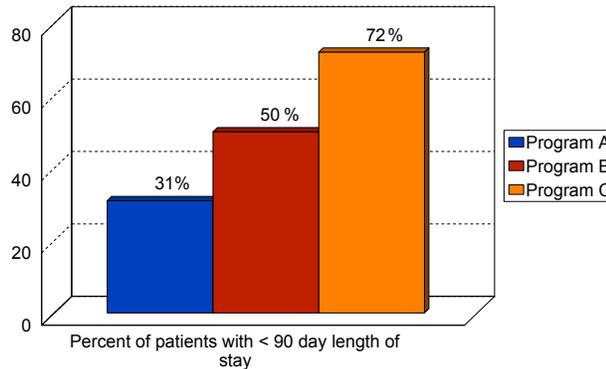


**Completion of Treatment Reduces Days of Substance Use
Percentage Reduction in Total Monthly Days
of Use of the Primary Substance - FY 2003**



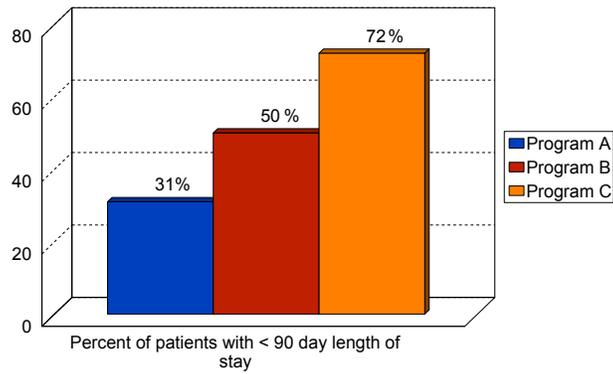
FY 2003 Data for Three Outpatient Programs

Percent of Patients with Length of Treatment Stay of < 90 days



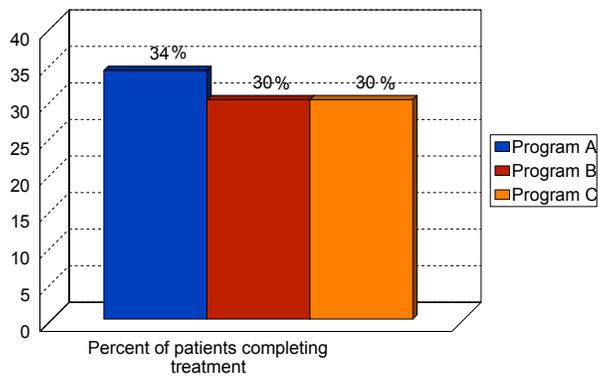
FY 2003 Data for Three Outpatient Programs

Percent of Patients with Length of Treatment Stay of < 90 days



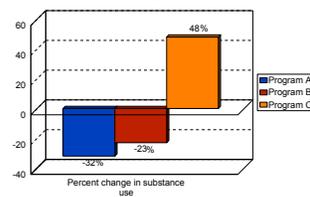
FY 2003 Data for Three Outpatient Programs

Percent of Patients Completing Treatment



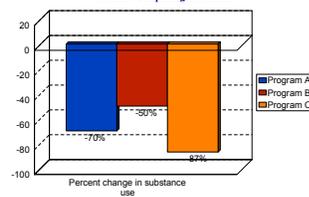
FY 2003 Data for Three Outpatient Programs

Percent Change in Substance Use



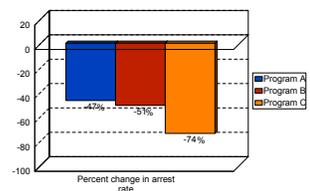
FY 2003 Data for Three Outpatient Programs

Percent Change in Substance Use Patients Completing Treatment



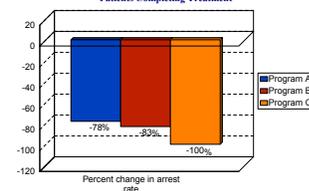
FY 2003 Data for Three Outpatient Programs

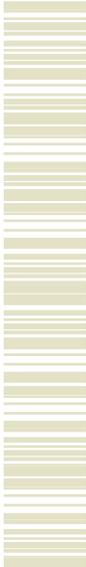
Percent Change in Arrest Rate



FY 2003 Data for Three Outpatient Programs

Percent Change in Arrest Rate Patients Completing Treatment





MARYLAND'S NEW SUBSTANCE ABUSE TREATMENT LAW

IMPROVING THE LINKS BETWEEN
THE CRIMINAL JUSTICE SYSTEM AND
SUBSTANCE ABUSE EVALUATION
AND TREATMENT SERVICES



GOVERNOR EHRLICH'S PARTNERS IN THE LEGISLATIVE PROCESS

- ◆ 55 Delegates from 42 different districts
- ◆ 29 Senators
- ◆ Legislative Black Caucus
- ◆ Maryland Association of Counties
- ◆ Maryland Judicial Conference Committee on Mental Health, Alcoholism and Addiction
- ◆ Justice Policy Institute
- ◆ Maryland Addictions Directors Council



KEY PROVISIONS OF NEW LAW

- ◆ Direct access by courts to state and local health systems providing evaluation and treatment services
- ◆ Expanded use of substance abuse evaluations in parole decisions
- ◆ New “diversion from prosecution” structure for use by State’s Attorneys in non-violent cases

KEY PROVISIONS OF NEW LAW

- ◆ New Maryland Substance Abuse Fund – \$150 court cost for non-violent offenders who receive “stet/nol pros for treatment”
- ◆ Fund will be used to provide assistance to local Drug and Alcohol Abuse Councils

KEY PROVISIONS OF NEW LAW

- ◆ Each subdivision to have a local Drug and Alcohol Abuse Council
 - Develop local plan for substance abuse prevention, intervention and treatment services
 - Consider whether grant requests from county are consistent with local plan
 - Survey all federal, state, local and private funds used for substance abuse service
 - ADAA will provide technical assistance and allocation from Maryland Substance Abuse Fund

KEY PROVISIONS OF NEW LAW

- ◆ Successful completion of treatment ordered as a condition of probation allows defendant to move for probation before judgment
 - Motion need *NOT* be filed within 90 days of sentence
 - Court and State’s Attorney notified of completion by Division of Parole and Probation
 - State’s Attorney may file objection within 30 days of notice – hearing required if objection filed



KEY PROVISIONS OF NEW LAW



- ◆ Court may agree *in advance* that successful completion of treatment will result in entry of probation before judgment
- ◆ Provisions for probation before judgment upon completion of treatment do *NOT* apply to violations of Transportation Article, Section 21-902

Community Based Prevention, Early Intervention and Family Support Committee: An Overview



Maryland State Drug & Alcohol Abuse Council
Monday, September 20, 2004

State Incentive Grant

- September 2000, Maryland was awarded the State Incentive Grant from the Center for Substance Abuse Prevention of the US Department of Health and Human Services. The 3-year award was for \$3 million dollars each year. Maryland proposed to:

State Incentive Grant (continued)

1. Create a State Plan: "Incentive" to Governor to develop a revitalized plan that will make use of all Federal and State Substance Abuse funding streams to provide coordinated and integrated substance abuse prevention services across the State.

State Incentive Grant (continued)

2. Establish a high level statewide comprehensive planning and advisory body to provide policy direction.

Maryland implemented this requirement by creating the Prevention Early Intervention and Family Support Committee of the State Advisory Board for Juvenile Services (SAB). The SAB was already in place as the statewide planning and advisory body for juvenile justice. With the launching of the Youth Strategies Initiative the SIG and the Juvenile Justice funding were consolidated and the SAB was the planning and oversight body for the Initiative.

State Incentive Grant (continued)

3. Enhance state capacity to develop and implement science based prevention efforts (in Maryland through the Youth Strategies Consolidated grant initiative).

Community Based Prevention Early Intervention and Family Support Committee

- Under the leadership of Special Secretary Teresa Garland, The Prevention, Early Intervention and Family Support Committee re convened in October 2003.
- The members of the Sub Cabinet for Children Youth and Families identified key stakeholders from each of the child and family service agencies to be represented on the committee and to assist in developing a comprehensive statewide Prevention plan.

State Agencies and Organizations Represented on the Committee Include:

- ✓ Alcohol and Drug Abuse Administration
- ✓ Johns Hopkins Center for the Prevention of Youth Violence and Central Maryland Regional Safe Communities Center
- ✓ Department of Budget and Management
- ✓ Maryland Highway Safety Office, State Highway Administration
- ✓ Department of Juvenile Services
- ✓ High Intensity Drug Trafficking Area
- ✓ Advocates for Children and Youth
- ✓ Regional Community Safety Centers
- ✓ Center for Substance Abuse Research, University of Maryland

- ✓ Maryland National Guard – Demand Reduction

State Agencies and Organizations represented on the Committee (continued)

- ✓ Maryland Police and Correctional Training Commissions (D.A.R.E.)
- ✓ Maryland State Department of Education
- ✓ Governor's Office of Crime Control and Prevention
- ✓ Governor's Office for Children, Youth & Families
- ✓ Maryland Association of Prevention Professionals and Associates
- ✓ Maryland Center for Health Promotion, Education, & Tobacco Use Prevention
- ✓ Mental Hygiene Administration
- ✓ University of Maryland, Department of Criminology
- ✓ Friends Research

Action Steps

1. The Committee developed a definition of for Substance Abuse and Juvenile Delinquency Prevention
 - **Universal** – Intended for general youth population without identifying those at high risk.
 - **Selective** – At risk for problem behavior by virtue of their inclusion in specific group (example: children of alcoholics).
 - **Indicated** – Youth who are beginning alcohol and drug use, have persistent problem behavior in school, or are in very stages of involvement with DJS.

Action Steps (Continued)

2. The committee reviewed other States' plans
 - Illinois – Identified prevention programs were funded through 11 different State agencies - Recommended developing an infrastructure that would support planning, implementation and evaluation of programming in order to assist local planning
 - Virginia – After an analysis of the system recommended work force development and increasing evidence based programming at the local level

Action Steps (Continued)

3. The Committee designated a work group to conduct a fund analysis of prevention programming:
 - Special Secretary Garland distributed a letter requesting Cabinet Secretaries to identify:
 - a. Programs that fit the prevention definition for substance abuse and juvenile delinquency
 - b. Agency responsible
 - c. Funding source
 - d. Funding amount
 - e. Eligible entity
 - f. Target population/area served
 - g. Types of activities funded

Fund Analysis

- **Agencies submitted formal documents published to allocate funds for the following:**
 - Alcohol and Drug Abuse Administration – Federal Block Grant and Prevention Programming
 - Governor's Office of Crime Control and Prevention (GOCCP) – Youth Strategies Consolidated Grant(includes eight separate State and Federal Funding Streams); % of BYRNE and C-SAFE
 - Maryland State Department of Education – Title V: Part A, Safe and Drug Free Schools and Title IV: Part A, Community Service Grants
 - Governor's Office for Children, Youth and Families Youth Service Bureaus, School Based health Centers, Sub Cabinet After School Fund, Choice

Fund Analysis (continued)

- HIDTA- ONDCP Prevention Initiatives
- Maryland Highway Safety Office – Highway Safety Program
- Department of Juvenile Services – Foster Grant Parent Program
- MD Police and Correctional Training Commissions – DARE
- Department of Health and Mental Hygiene – School Based Tobacco Use Prevention Initiatives
- Maryland National Guard – Demand Reduction Program

Fund Analysis

- A code sheet is being used by the work group to ask:
 - ✓ Are key stakeholders required to develop the proposal?
 - ✓ Are proposals integrated with other state and local plans?
 - ✓ Are programs proposed based on extensive needs assessment and identified gaps in services?
 - ✓ Are objectives linked with Maryland Child Well Being Results and indicators?
 - ✓ Do they require gender responsive programming?
 - ✓ Rigorous evaluation?
 - ✓ Providers receive training?
 - ✓ Providers are certified?
 - ✓ The proposal require certain staff qualifications?
 - ✓ Programs are required to be research based?

Opportunities/Next Steps

- The Community Based Prevention Committee will report to both the State Advisory Board and the newly formed State Drug & Alcohol Abuse Council.
- The Committee will draft formal recommendations based on fund analysis findings to both the SAB and Drug and Alcohol Abuse Council.

Contact Information

- **Mary Beth Stapleton, MSW**
**Substance Abuse Prevention Specialist,
Youth Services Division, GOCCP and
staff for the Community Based
Prevention Committee**
- **410-321-3521 x331**
- **MaryBeth@goccp-state-md.org**

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

AGENDA

**DECEMBER 13, 2004
BALTIMORE, MARYLAND**

I. CALL TO ORDER

II. PRESENTATIONS TO THE COUNCIL

a. “Drugs in Maryland – Update: From Research to Action”

**Dr. Eric Wish
Erin Artigiani
Center for Substance Abuse Research
University of Maryland at College Park**

b. “Family Centered Substance Abuse Treatment”

**Arlene F. Lee, Member of the Council
Joan Gillece, Department of Health and Mental Hygiene**

III. REPORTS FROM COUNCIL WORK GROUPS

a. Planning and Coordination Work Group – Dr. Peter Luongo

b. Safer Neighborhoods Work Group – Alan Woods

c. Healthier Maryland Work Group – M. Teresa Garland

IV. REPORTS FROM LOCAL DRUG AND ALCOHOL ABUSE COUNCILS

V. UPDATE ON 2005 GENERAL ASSEMBLY

VI. ANNOUNCEMENTS

VII. ADJOURNMENT



Drugs in Maryland Update

from Research to Action

December 13, 2004

Eric D. Wish, Ph.D.
Erin Artigiani, M.A.
Center for Substance Abuse Research
University of Maryland, College Park



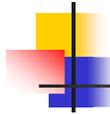
Overview of CESAR

- 1989 Drug and Alcohol Abuse Control Plan
- Interdisciplinary Research Center within the College for Behavioral and Social Sciences
- Primary Components
 - Serve as a clearinghouse of information & respond to info requests in a timely manner
 - Conduct policy-relevant research and evaluation studies
 - Funders include GOCCP, NIH/NIDA, NIJ, CSAT, foundations
 - Disseminate Findings & Inform Policymakers
 - Web pages
 - CESAR Fax
 - DEWS Fax



Current Projects

- College Life Study
- Mother Project
- DWI Scanning
- DWI Project
- State Incentive Grant Systems Change Evaluation
- CSAT Knowledge Application Project
- Maryland Drug Early Warning System (DEWS)



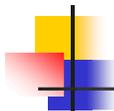
DEWS

- 8 Indicators
- Juvenile OPUS
- DEWS Investigates
- College Surveillance System
- DEWS Talk List Serve
- Policy Briefing



Using the Data

- Setting internal priorities
- Developing a prevention strategy
- Educating staff
- Preparing policy briefings
- Evaluating a program
- Understanding/identifying new trends in population being served



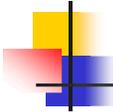
Using the Data: DEWS Reports

- DEWS Investigates Series 1
 - What is Behind the Increase in PCP Use in Prince George's County?
 - What is Behind the Rise in Methadone Deaths in Maryland?
 - OxyContin Abuse in Maryland
 - Warning Signs for Early Marijuana Users Among Maryland's Public School Students
- DEWS Investigates Series 2
 - Adult OPUS (DPP)
 - DJS Prescription Drug Use
 - Methadone 2 (OCME)
 - MAS 2 (MSDE)



Drugs in Maryland 2003

- Problem Areas
- Recommendations for Action
- Guide to Relevant Research Literature



Drugs In Maryland 2004 Current Status

- No alarming new trends
- Still stuck with heroin, cocaine, marijuana
- Ecstasy use is down
- PCP use increased earlier in this decade, but seems to have leveled off
- Should engage in early prevention for methamphetamine
- Need more information on methadone, other opiates, buprenorphine (research currently underway)



Drugs In Maryland 2003 Recommendations

- Expand Drug Courts
- Expand Drug Treatment
- Use Evidence-Based Prevention Programs
- Combat Drug Trafficking and Crime through Law Enforcement and the Criminal Justice System
- Continue to Monitor the Drug Problem
- Develop a State Drug Control Policy Driven by Local Needs

Drugs In Maryland 2004

New Recommendations

- Focus on rural counties for evidence of the abuse of drugs like methamphetamine, OxyContin®, and other prescription drugs
- Explore the potential for the abuse of buprenorphine
- Review current laws/pharmacy practices in Maryland (methamphetamine)
- Provide training for local law enforcement to ensure early identification of meth labs (MSP includes meth as a part of the in-service training)
- Test suspected PCP seizures to identify all ingredients
- Ensure that school staff are provided with info/pamphlets about methamphetamine and PCP
- Ensure availability of educational materials about the proper use of methadone

Some Suggestions about What CESAR do for the Council

- Provide local data to LDAACs
- Prepare policy briefings
- Identify emerging trends and potential problems
- Provide drug specific recommendations
- Support the development and implementation of prevention strategies



Family Centered Substance Abuse Treatment

Presentation for
the Maryland State Drug and Alcohol Abuse Council
by Arlene F. Lee, Member

Family Centered Substance Abuse Treatment

In 1993 the Senate Subcommittee on Children, Family, Drugs, and Alcoholism held a hearing entitled, "A Helping Hand: Promising Approaches for Supporting Families" focused on three approaches:

- home visiting,
- family-centered substance abuse treatment, and
- family resource and support programs.

Family Centered Substance Abuse Treatment

Families as a Treatment Agent:

The realization of how substance abuse, mental illness and trauma have impacted their families is often the catalyst for mothers to enter into recovery programs. They do not want their children to suffer. Mothers seek out treatment in hopes of maintaining or regaining custody of their children and rebuilding what has been lost in the parent-child relationship.



(From: Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma: A Parenting Curriculum for Women and Children, 2002)

Family Centered Substance Abuse Treatment

Families F.I.R.S.T., Arizona, is an integrated, family-centered substance abuse treatment program for parents involved with the welfare or child welfare systems.

- Community-based agencies provide substance abuse education; outpatient and residential treatment; care coordination; services for children; and aftercare supportive services, such as childcare and transportation, to encourage continued sobriety in the community and the workplace.
- The program is jointly administered by the State Departments of Economic Security and Health Services

Family Centered Substance Abuse Treatment

Prison Nurseries- Child Outcomes:

- 5 States have established prison-based nursery programs- California, New York, Washington, Nebraska, Ohio
- In a study of prison nurseries one group of infants was cared for in a foundling home. The other group lived in a nursery attached to a prison where their mothers were inmates. Within two years of the start of the study over one-third of the foundling home infants had died. The remainder were seriously retarded in walking and talking as well as in their physical growth. This was in marked contrast to the prison babies, who all lived and developed normally. The difference appeared to be the involvement and attention of the parent. (Spitz, 1946)

Family Centered Substance Abuse Treatment

Prison Nurseries- Recidivism:

- Nebraska reported that after three years, nine percent of the participants in the nursery program were re-incarcerated, compared to 33 percent for women who had children while in prison, but had to give them up. The re-incarceration rate for all women at the Nebraska Correctional Center for Women was 17 percent
- New York reported that after three years, 13 percent of the participants in the nursery programs returned to prison, compared to 26 percent of all women inmates.

Family Centered Substance Abuse Treatment

Family Foundations, California



- Operated by the Department of Corrections and allows substance abusing mothers to reside with their children for up to five (5) years while receiving treatment and serving out their sentence.

Family Centered Substance Abuse Treatment

- By allowing parents to receive treatment while maintaining family ties and relationships results in successful completion of treatment and improved outcomes for children.
- It's a win-win! Parents are not separated from with children while also receiving treatment. They aren't forced to choose between treatment and their children.

Tamar's Children: A Collaborative Program Serving Pregnant Women in the Justice System

Joan Gillece, Ph.D.
Mental Hygiene Administration

Phoenix Project

- SAMHSA Jail Diversion Site 1997
- Served women with co-occurring disorders
- Pre and Post-booking diversion
- Mobile Crisis Unit
- Multi-Agency Partnership
- Located in Wicomico County

Conclusions and Impacts

- About 2/3 of women (68%) grew up in families in which one or both parents had active alcohol or substance abuse problems.
- About 24% grew up in families where one or both parents had a serious mental illness.
- Approximately 51% experienced childhood sexual abuse by a family member or someone outside the family prior to age 14.

Conclusions and Impacts - Continued

- About 43% experienced physical abuse by a family member prior to age 14.
- By age 14, 59% reported using alcohol and 44% had begun using marijuana.
- By age 17, 57% had become pregnant.
- By age 18, 74% had experienced their first indications of serious mental illness & 34% had made at least 1 suicide attempt.
- By age 18, 27% had been arrested at least 1 time

TAMAR PROGRAM

- SAMHSA Women and Violence Site
- Only site addressing the needs of incarcerated women
- Provides mental health, substance abuse, and trauma treatment in detention centers
- Began in 3 local detention centers
- Currently serving 14 sites

Tamar's Children- Baltimore City

- Funded under SAMHSA “Build Mentally Healthy Communities” Grant
- Partnership with Baltimore City Mayor’s Office of Children, Youth, and Families
- Designed to serve pregnant and post-partum incarcerated women and their infants
- Provides holistic care

Services in Facility

- In last trimester, women move to off-site facility – St. Ambrose in Park Heights
- Receive mental health, substance abuse, & trauma treatment, parenting supports, case management, and pre & post-natal care
- Participate in the Circle of Security

Circle of Security Intervention

- Group Interventions
- Careful & repeated review of videotapes of mother's interaction with baby.
- Assists in establishing a secure base & attachment
- Increases mother's awareness of events/behaviors

Services in the Community

- Intensive case management to transition into community
- Entitlements
- Housing-HUD's Shelter Plus Care
- Mental health, substance abuse, & trauma treatment
- Peer support group
- Continue with Circle of Security

Funding Sources for Tamar's Children

- SAMHSA - Build Mentally Healthy Communities Grant
- HUD - Shelter Plus Care Grant
- Open Society Institute
- Abell Foundation
- GOCCP - RSAT Funds (DOJ)
- State- In-Kind services
- City- In-Kind services



MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

AGENDA

**MAY 2, 2005
STATE HOUSE
ANNAPOLIS, MARYLAND**

I. CALL TO ORDER

II. ANNOUNCEMENTS

III. PRESENTATIONS TO THE COUNCIL

Implementation of 2004 Substance Abuse Initiative –

1. Baltimore County State’s Attorney’s Diversion Project

Deputy State’s Attorney Sue A. Schenning

**2. Local Drug and Alcohol Abuse Councils – Strategic planning
update**

Dr. Peter F. Luongo

IV. IMPLEMENTATION OF SURVEY OF STATE SUBSTANCE ABUSE RESOURCES

1. Preparation of State survey form

2. Operational definitions

3. Resource matrix

4. Time line for completion of matrix

5. Use of survey in 2005 Annual Report

V. COUNCIL MEETING SCHEDULE AND DEVELOPMENT OF 2005 ANNUAL REPORT

VI. ADJOURNMENT

AGENDA

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

THURSDAY, AUGUST 11, 2005

10:30 A.M.

CALVERT ROOM

STATE HOUSE

I. Review of the State Survey of Resources Matrix

Department of Health and Mental Hygiene

Department of Public Safety and Correctional Services

Department of Juvenile Services

Department of Human Resources

Maryland State Department of Education

Governor's Office of Crime Control and Prevention

Discussion of process for inclusion of Matrix in Council's Report to the Governor

II. Update on planning process in local Drug and Alcohol Abuse Councils]

Discussion of process for integration of plans from local Councils into the Council's Report to the Governor

**III. Presentation of Council's Report to the Governor – September 9, 2005
National/Maryland Recovery Day**

IV. Special Presentation

**Assessment and Treatment of DWI Offenders in Maryland – 1995-2003
Current Findings**

Amelia Arria, PhD

Center for Substance Abuse Research (CESAR)

University of Maryland

V. Announcements/Adjournment

Assessment and Treatment of DWI Offenders in Maryland 1995-2003: *Current Findings*

Prepared by:

Amelia M. Arria, Ph.D.
Center for Substance Abuse Research (CESAR)
University of Maryland
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Submitted to:

Peter F. Luongo, Ph.D.
Director, Maryland Alcohol and Drug Abuse Administration

Acknowledgements: Kevin O'Grady, Ph.D., Peter Smith, B.S., Nadine Connell, M.A., William T. Rusinko, M.A., Vickie Kaneko, Michael Wagner, Ph.D., and Eric D. Wish, Ph.D.

This project was funded by grant #50499 to CESAR from the Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation.

Maryland Statistics

- **Total Fatalities per 100,000 Drivers (% alcohol-related)**
Average U.S.: 14.7 (40% alcohol-related)
Maryland: 18.3 (43% alcohol-related)
- **Total Persons Killed in Alcohol-related Crashes**
Total U.S.: 17,013 people
Maryland: 281 (roughly 5 people/week)

August 11, 2005

Background

- Assessment of DWI offenders in Maryland is not well characterized.
- Anecdotally it was thought that many DWI offenders, even if assessed as "problem drinkers" and ordered to treatment, do not show up to receive treatment services in Maryland.
- Little is known of the treatment experiences of DWI offenders in Maryland.
- This study was a first step in examining the effectiveness of treatment for DWI offenders.
- From earlier studies in Maryland, we know that substance abuse treatment completion is associated with increased employment and reduced arrest.

August 11, 2005

What questions did this study try to answer?



Note on data linking procedures: DWI assessment data was obtained from ADAA for individuals assessed during the period of 1995-2003. Only individuals who had one assessment for their offense were included. DWI data was merged with the ADAA database on individuals receiving substance abuse treatment in Maryland from a certified program.

August 11, 2005

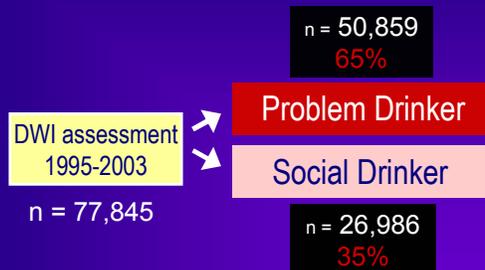
What do we mean by re-assessment?



- In this study, we use assessment as a proxy for arrest and re-arrest for a DWI offense.
- We do not know the exact percentage of DWI offenders who receive an assessment, an estimate is 60-70%.
- Our measure of re-assessment misses some people who were re-arrested for DWI but not re-assessed.

August 11, 2005

First Stage Results: Problem Determination and Treatment Entry



August 11, 2005

How much variability exists in the assessment process of DWI arrestees in Maryland?

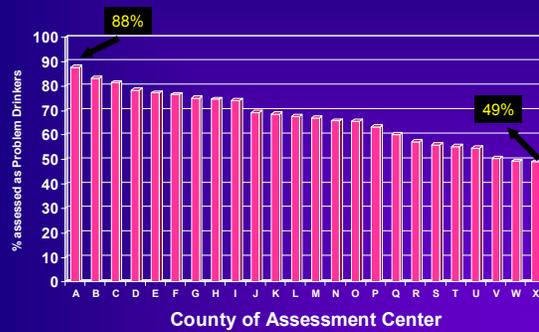
- From interviews conducted with 161 assessment centers, the method for making a "problem drinker" determination varied widely:

*less than 10% of centers used standardized diagnostic criteria;
40% used the Addiction Severity Index
75% used the Michigan Alcoholism Screening Test (MAST),
a brief assessment tool to assess alcoholism
47% used two of these assessment methods*

- The average length of time estimated to conduct an assessment varied from 15 minutes to over 90 minutes.

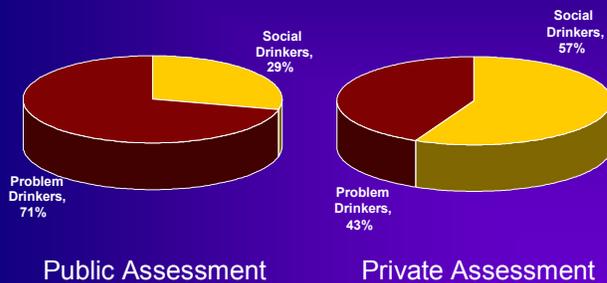
August 11, 2005

County-level variation in assessing individuals as "Problem Drinkers"



August 11, 2005

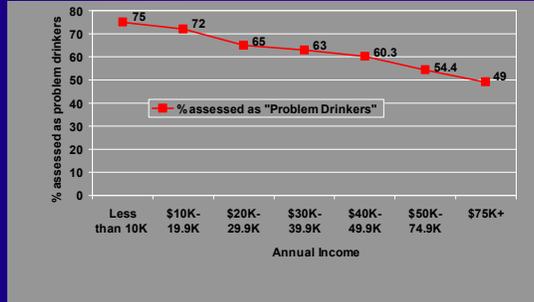
Difference between Public and Private Assessment Centers on the proportion of DWI arrestees assessed as "Problem Drinkers"



August 11, 2005

Problem Drinker Determination and Income Level

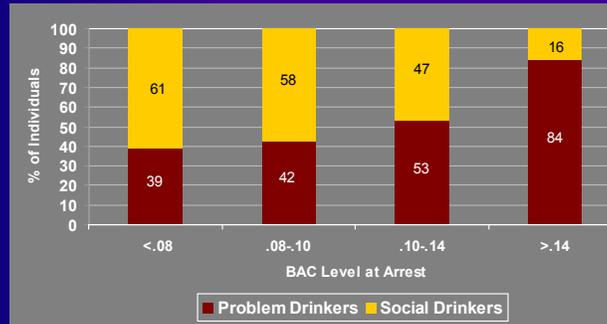
Individuals with lower incomes are significantly more likely to be assessed as Problem Drinkers than individuals with higher incomes



August 11, 2005

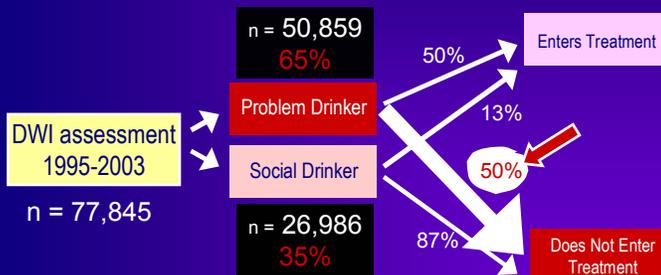
Problem Drinker Determination and BAC Level

Problem Drinkers are significantly more likely to have BAC levels above 0.14 than Social Drinkers, and the average BAC is 0.15 and 0.12, respectively.



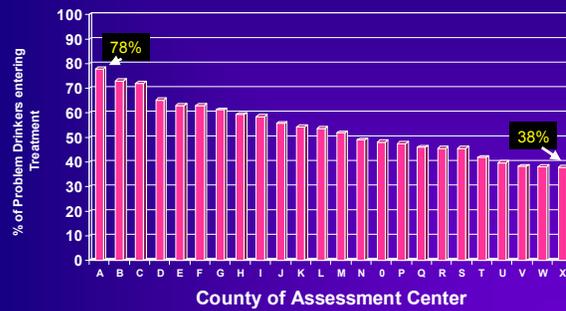
August 11, 2005

Problem Determination and Treatment Entry



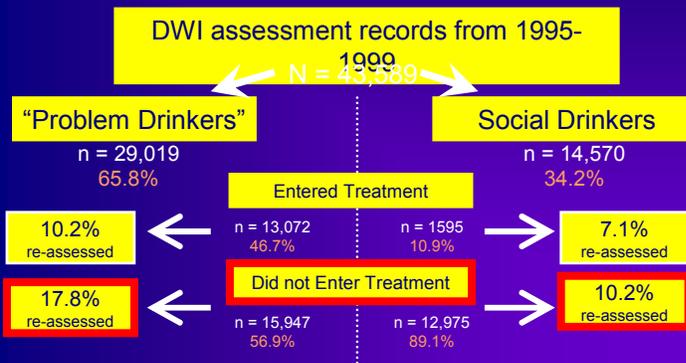
August 11, 2005

County-level variation in the proportion of Problem Drinkers entering treatment



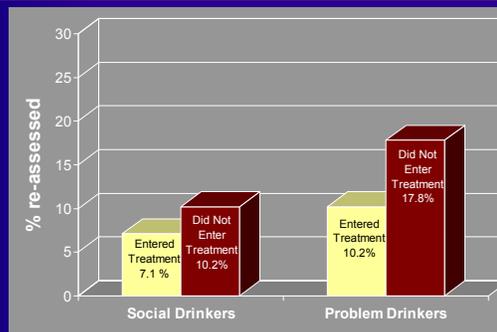
August 11, 2005

Second Stage Results: re-assessment



August 11, 2005

Impact of Treatment on Re-assessment¹



¹re-assessment is measured by a repeat appearance in the assessment database, and is very likely an underestimation of true repeat offending since not all offenders receive assessments.

August 11, 2005

SUMMARY: Findings that have Potential Policy Implications

- Assessment Process for DWI offenders is not highly standardized.
- Problem Drinker Determination varies by county, income level and assessment center funding status.
- Over half of problem drinkers do not enter treatment and the proportion of individuals entering treatment varies by county.
- Treatment completion was significantly associated with a reduced likelihood of re-assessment.
- Administrative data is useful in creating ongoing, sustainable outcomes monitoring systems.

August 11, 2005

Recommendations for System Change

- Standardize assessment process to include diagnostic instruments
- Streamline assessment process to eliminate the time gap between assessment and treatment
- Eliminate the distinction between problem and social drinkers – rather, base the need for treatment on a comprehensive substance abuse assessment and match individuals to appropriate levels of treatment
- Put into place tighter monitoring systems for the assessment and treatment entry process to ensure timely entry into services

August 11, 2005

Recommendations for Future Studies

- Compare problem and social drinkers who were re-assessed on what problem determination was given the second time.
- Investigate reasons for county-level differences in problem determination and treatment entry for DWI offenders.
- Understand more about the characteristics of assessment centers, and the process they use to make problem determinations.
- Estimate the likelihood of treatment for individuals who are re-assessed multiple times.
- Obtain arrest records to more clearly understand re-arrest rather than only re-assessment.

August 11, 2005

Appendix D.

Planning and Coordination Workgroup Minutes

- o Minutes for November 4, 2004
- o Minutes for December 2, 2004
- o Minutes for January 13, 2005
- o Minutes for January 27, 2005
- o Minutes for April 7th, 2005
- o Minutes for June 16th, 2005
- o Minutes for September 1, 2005

**Minutes for Planning and Coordination Sub Committee
of the Maryland State Drug and Alcohol Abuse Council
November 4, 2004**

Attendees:

Sec. Saar, DPSCS; Zarva Taru, Sec. Montague, DJS; Sec. McCabe, DHR; Alan Woods, Director, GOCCP; Lida Parker, CYFS; JoAnne Carter, MSDE; Terry Brown (Vice Chair); Carlos Hardy (Vice Chair); Peter Luongo (Chair) and Laura Burns-Heffner (Staff Assistant).

Opening Comments:

Dr. Luongo began the meeting by describing the task at hand, passing out a description of the Planning and Coordination Work Group membership and responsibilities, and opening discussion.

Discussion:

One of the tasks for this group is to help guide and provide some background materials to the other committees. The committee will describe prevention, intervention, and treatment as a whole system, instead of separating it into separate functions. We need to provide a model on the State level for Local Councils to follow on their level, including the same type of process. Local councils are forming now; ADAA will provide technical assistance to local jurisdictions as needed. ADAA has set the stage for local planning by changing the way that locals request money from a standard yearly request to submission of a planning document requiring jurisdictions to describe interactions with other agencies, using standard language, describing services by level of care, following a systems perspective. ADAA has provided data to the local jurisdictions through the Outcomes and Outlooks publication, including data across the system of care, on offenders, DJS, and CWS referrals. It shows connections between agencies, but not a plan yet for overall system. More specific data pertaining to each jurisdiction is being prepared currently for distribution by ADAA to each jurisdiction.

Reviewed the draft document “State of Maryland Substance Abuse and Juvenile Delinquency Prevention Funding Streams FY 2004” prepared by the Community Based Prevention, Early Intervention and Family Support Committee, Chaired by Special Secretary, Governor’s Office for Children, Youth and Families, M. Teresa Garland. The Matrix is a sample of the type of document we will prepare in our working group, including only the funded items that specifically pertain to prevention, intervention, and treatment of substance abuse. One of the reasons to have a State Plan is to see where funding streams overlap. There are mandated programs that parcel people into discreet categories based on funding stream. We propose to continue the work started by OCYF to describe the statewide resources we have in prevention, intervention and treatment for adolescents and adults, and what we are supposed to be buying with it.

This group will have chance to look at the local council plans. ADAA will write the guidance for the local planning including data and a document on how to prepare the plan for prevention, intervention, and treatment. The guidance will include definitions, only including items specifically designated for SA.

Initial Tasks:

1. ADAA will review definitions used by ONDCP, John Carnevale, OCYF and other States to determine conceptual definitions to be presented and reviewed by the committee in order to determine what funded items count as prevention, intervention, and treatment. May be based on the targeted outcome

or other factors, will designate as direct and indirect. Will determine if and where recovery support service resources fit, and may include definitions for monitoring and evaluation for future use.

2. ADAA will review State budget at DBM to see what budget items are officially designated for substance abuse. Suggest we start with a thematic budget.
3. Design a letter and survey to go to all State Agency Directors which includes criteria and definitions for resources to be included in database. Suggest a format for relational database.
4. Put all funded programs that meet the definitions agreed upon into a relational database grid. The intention is to make it as simple as possible, using straightforward definitions that are really substance abuse related, therefore, easy to identify and define.

Note: requested website for ONDCP National Drug Control Strategy 2004 is www.whitehousedrugpolicy.gov/publications/policy/ndcs04

Next meeting: December 2, 2004, 1-3 @ ADAA

**Minutes for Planning and Coordination Sub Committee of the Maryland State Drug and Alcohol Abuse Council Meeting
December 2nd, 2004**

Attendees:

Dr. Peter Luongo, ADAA.; Mr. Terry Brown, BBH; Mr. Allan Woods & Ms. Linda Hill-Franklin, GOCCP; Mr. William Caltrider, Center for Alcohol and Drug Research and Education; Mr. Carlos Hardy, CPHA; Ms. Zara Tavu, DJS; Sec. M. Teresa Garland & Ms. Lida Parker, CYFS; Mr. Milt McKenna, MSDE; Mr. Bill Dunn, private attorney.

- o Review and Correction of minutes from Nov 4th meeting-

Minutes were reviewed and corrected to include an attendee, William Caltrider, President, Center for Alcohol and Drug Research and Education, and to revise Sec. Saar's affiliation to DPSCS.

- o Presentation by William Caltrider of a CD containing ONDCP strategy, performance measures of effectiveness for 1999, 2000, and 2002 and OMB strategies.
- o Discussion of Interim Activities:

ADAA reviewed materials from ONDCP, John Carnevale, OCYF and other States to help determine conceptual definitions to guide the inclusion of resources in prevention, intervention, and treatment in the State Allocation of Resources Matrix.

The following areas were presented and reviewed by the committee:

- o Discussion of Indirect versus Direct Substance Abuse activities and Primary versus Secondary Substance Abuse agency definitions to be used in the State Allocation of Resources Matrix/Grid (see Attachment 1-Definitions and Descriptions to Guide Inclusion of Agency Allocations for State Allocation of Resources Grid).

There was discussion regarding the need to somehow capture or reflect all of the resources available to the State, including private and Federal, non-block grant dollars, and the role of indirect substance abuse activities such as homeless shelters, criminal justice efforts, etc. For the purposes of the State Allocation of Resources Matrix, only State or Federal Block grant dollars will be included. The overall strategy may reflect other resources based in part on the work of the other two committees. Likewise, there was discussion regarding concern that there would be a duplication of resources reported, and how the public safety plan will intersect with the addiction plan. It was acknowledged that the three subcommittee chairs would have to coordinate efforts to pull together a comprehensive plan.

- o Discussion of Methodology to be used in the State Allocation of Resources Matrix/Grid (see Attachment 2- State Resource Allocation Matrix for Prevention, Intervention, and Treatment-examples of possible methodologies to determine amount of allocation for secondary or shared resources).
- o Reviewed examples for above.
- o Discussed content requirements for State Allocation of Resource Matrix/Grid (see Attachment

3-Potential Areas for Inclusion in State Allocation of Resources Matrix) and survey questions for Agency Directors (see Attachment 4- Instructions for Agency Allocations for Inventory of Substance Abuse Prevention, Intervention and Treatment Programs and Activities).

- o Reminder- Full Council meeting, December 13, 2:30-4:30 at 201 W. Preston Street
- o Next Planning and Coordination meeting, Thursday, January 6th, 2005 at ADAA

Next Tasks:

1. ADAA will review State budget at DBM to see what budget items are officially designated for substance abuse.
2. Review of feedback received by committee members regarding materials presented and discussed 12/2/04.
3. Based on feedback from committee, design a letter, and survey to go to all State Agency Directors which includes criteria and definitions for resources to be included in database.

Attachments

Minutes for Planning and Coordination Sub Committee of the Maryland State Drug and Alcohol Abuse Council Meeting
January 13, 2005

Attendees:

Dr. Peter Luongo, ADAA; Mr. Terry Brown, BBH; Mr. Alan Woods, Ms. Laurie Davidson & Ms. Linda Hill-Franklin, GOCCP; Mr. Carlos Hardy, CPHA; Ms. Zarva Taru, DJS; Ms. Lida Parker, CYFS; Mr. Milt McKenna, MSDE; Ms Kathleen Rebbert-Franklin, Balt. Co. Bureau of Substance Abuse; Ms. Arlene Lee, CWLA; Richard Rosenblatt, DPSCS; Laura Burns-Heffner, ADAA.

- o Introductions and Announcements
 - o Technical Assistance to Local Councils

Dr. Luongo announced that initial materials and formats from local councils have arrived and are being reviewed. ADAA will be holding technical assistance meetings for local councils on February 1st and 3rd. See Attachment I Dr. Luongo has attended several local meetings, and will continue to do so as invited. The Governor's budget will be released on the 19th. Dr. Luongo will schedule a meeting with DBM to review public documents in the attempt to determine substance abuse related budget items for prevention, intervention and treatment. Any committee members are welcome to attend.

- o Report from full Council meeting, December 13, 2:30-4:30 at 201 W. Preston Street, next meeting to be scheduled for March, 05 date TBD
- o Review of feedback received by committee members regarding materials presented and discussed 12/2/04.
- o Continued discussion of definitions to be used in the State Allocation of Resources Matrix/Grid

Additional questions were suggested that would help to define and clarify direct vs. indirect substance abuse services, particularly to help define criminal justice related services. Suggested questions were "would the dollars be spent anyway? In other words, are resources allocated irregardless of the outcome of reducing substance abuse within the population? (If not, that might suggest the service is direct) and what was the intent of the program? Is the intent specific to prevention, intervention, and treatment? Examples were probation officers who have caseloads irregardless of type of client vs. DDMP agents who specifically monitor to prevent the offender from drinking while in the program. More discussion was held about drug court personnel, school health centers, Judy Centers, etc. A suggestion was made to include a folder of items (expenditures) that are borderline, and maybe could be included if the definition was broader. It was felt that it was better to not be over inclusive in the first go around, and to try and make sure all expenditures listed be specifically aimed to decrease underage or illicit use, abuse and/or addiction, but to still have a mechanism to capture the grayer areas. We may do this in several stages, the 1st stage would be just what is on paper in the budget, then a series of interviews may occur which could clarify and capture additional expenditures. We will be using FY05 data for the review and matrix.

- o Review examples for above

Examples were reviewed such as: DDMP, Drug Courts, POs

- o It was agreed that due to the technical assistance seminars the next Planning and Coordination meeting will need to be held in two weeks, on **Thursday, January 27th, 2005 10:00 at ADAA**

**Minutes for Planning and Coordination Sub Committee of the Maryland State Drug and Alcohol Abuse Council Meeting
January 27, 2005**

Attendees:

Dr. Peter Luongo, ADAA; Mr. Terry Brown, BBH; Mr. Alan Woods, Ms. Laurie Davidson, GOCCP; Mr. Carlos Hardy, CPHA; Ms. Zarva Taru, DJS; Ms. Arlene Lee, CWLA; Mr. Richard Rosenblatt, DPSCS; Ms. Laura Burns-Heffner, ADAA.

- Introductions and Announcements
 - Technical Assistance to Local Councils

Initial meetings to be held February 1st and 3rd at ADAA.

- Reviewed minutes from January 13th meeting.

There were no suggested changes to the minutes.

- Reviewed feedback received by committee members regarding materials presented and discussed 1/13/05.
- Finalized definitions to be used in the State Allocation of Resources Matrix/Grid

Definitions were discussed and it was decided that the second question and associated illustrations within the theoretical test section should be deleted as it did not serve to further clarify the definition. There will be some indirect activities that would fall into a gray area, and at the discretion of the Agency Director, may be included in a file of expenditures that may be included in the future. Revised definitions and a decision tree will be piloted with a local jurisdiction and the DHMH as a first test, and also presented as part of the technical assistance to the local jurisdictions.

- Continue to discuss survey questions and content requirements for State Allocation of Resource Matrix/Grid, as necessary

There was discussion as to how to determine the size of the entity to survey, whether it would be the entire State Agency, or divisions within the agency. One suggestion was that the Agency to be surveyed would be defined as the "Unit under Examination" with a footnote as to the unit, program, funding source or expenditure. Categories for the State Allocation of Resource Maitrix/Grid will be reviewed at the next meeting and revised as necessary.

- Next Planning and Coordination meeting, **March 10, 3:00 to 5:00 pm at ADAA**

Minutes for Planning and Coordination Sub Committee of the Maryland State Drug and Alcohol Abuse Council Meeting
April 7, 2005

Attendees:

Dr. Peter Luongo, ADAA, Chair; Laura Burns-Heffner, ADAA, Staff; Mr. Terry Brown, BBH, Vice Chair; Mr. Carlos Hardy, CPHA, Vice Chair; Mr. Andrew Brecher, DBM; Mr. William Caltrider, CADRE; Ms. Joanne Carter, MSDE; Ms. Ms. Laurie Davidson, GOCCP; Ms. Linda Hill-Franklin, GOCCP; Ms. Kathleen Rebbert-Franklin, BCBSA; Mr. Richard Rosenblatt, DPSCS; Secretary Mary Ann Saar, DPSCS; Ms. Zarva Taru, DJS; Mr. Alan Woods, GOCCP.

o Introductions and Announcements

The full meeting of the Maryland State DAAC is tentatively scheduled for May, during same time as cabinet meeting, TBD, possibly May 2nd or 4th

o Review and Correction of minutes from January 27th meeting

There were no corrections to the minutes from January 27th, 2005.

o Update on Technical Assistance to Local Councils

- o Sessions held Feb 1 & 3, March 14th & 16th**

All power point presentations and materials reviewed in these first sessions have been posted on the ADAA web site under the Local Council banner (on blue bar on left hand side of the screen). www.maryland-adaa.org An outline of the strategic planning process is available under publications (also on blue bar on left hand side of screen). Click on presentations from the ADAA Management conference in October, 2004, and look for the presentation by John Carnevale.

o Queen Anne's County pilot

On February 25th, Dr. Luongo and Laura Burns-Heffner traveled to Queen Anne's County to meet with the local DAAC and prepare a pilot survey of local resources matrix. The operational definitions and survey tool were tested during the process. The process also assisted in establishing other parameters such as: differentiation within law enforcement between P, I & T services and crime control; how to show State funded programs like DJS that are not controlled locally but have funds that are spent locally; determining what type of programs to include within prevention funding. It was determined that regional funding will be reported in the jurisdiction that receives the funding into the budget with each of the jurisdictions that have access to the resources putting a footnote into the matrix indication the resource, therefore, preventing duplicate reporting of the funds.

It has been noted that the survey is not currently designed to capture all available details, just to obtain a first review of the resources. ADAA will rely on local jurisdictions to let us know if there is any additional information needed to be included in another cut.

An initial draft of the Queen Anne's matrix is available under the Local Council banner along with the other materials presented.

o Next TA sessions April 18th & 25th

10 & 2 on 4/18, 1pm on 4/25

The April sessions will feature a dummy strategic plan for a local jurisdiction.

- o **Reviewed revised definition and decision tree document based on local council feedback (revised 2/15)**
- o **Reviewed revised instructions and matrix to be used in the State Survey of Resources Matrix (revised 2/22)**
- o **Final discussion on instructions and content requirements for State Survey of Resources Matrix was held.**

At this point, if the subcommittee member is comfortable with beginning the process for obtaining the information for his/her respective department, it is ok to proceed with the instructions and matrix. The committee member may need to get with the right person from each department to review budget information. We will probably need to have discussions with each department regarding any gray area programs.

- o **Scheduled meeting at the Department of Budget and Management**

Dr. Luongo will brief designated analysts from the DBM on the process. We will start with DBM published documents and then go to each agency for more specific data and confirmation. We want to obtain as much of this data as possible before the next session of the State DAAC. ADAA will create a database so that we can cross tab dollars coming from the state being reported by the local levels. Right now, we want to make sure that all the data is reported on the state level. We know that there will be potential for double reporting so GOCCP in particular will put footnotes as to where the money is going and what it should or could be used for. There was caution expressed not to use the local matrix as an audit tool to ensure dollars are being reported and spent the way the state agency intended. Knowledge and planning about funds that will be ending in a certain time frame would be useful to the local jurisdiction in terms of their strategic plan.

- o **Next Planning and Coordination meeting, June 16th, 1:00pm to 3:00pm at ADAA**

Planning and Coordination Sub Committee Meeting Agenda for June 16, 2005

- Introductions and Announcements -Introduction of Megan Murnane, Policy Intern from Alan Friedman's office and Barry Wilen, Dominion Diagnostics, new subcommittee member.

Attendees:

Richard Rosenblatt, DPSCS; Barry Wilen, dominion diagnostics; Terry Brown, BBH; Kathy Rebbert-Franklin, BCBSA; Megan Murnane, Policy Intern; Laura Burns-Heffner, ADAA; Peter Luongo, ADAA

- Review and Correction of minutes from April 7th meeting-None noted
- Update on Technical Assistance to Local Councils-

Sessions held Feb 1 & 3, March 14th & 16th, April 18th & 25th

Expecting reports by July 1, 2005. Will follow up with any jurisdictions not reporting, and will review all documents here. Will then distribute to the Governor's council. Will go back to the jurisdictions for funding requests prior to the Governor's budget decisions. Priorities should be reflected in the plan and would be able to be go back and make a funding request based on the priorities listed.

- Update on meetings
 - DBM, 4/26/05
 - State DAAC meeting at State House, 5/2/05, Next meeting sometime in July
 - DPSCS, 5/24/05
- Update on status of Agency Survey of Resource Matrix completions

Update on other agency reports- MSDE and DHR, MD dept of VA and DOT
Issue of combined programs- 1st clean pass just SA, next pass more indirect.
Do ADAA, get all info before next council meeting if possible.

- Review of DJS Matrix
f/u on the detention facilities to see if there are other dollars other than ADAA , how many FTE's associated with the dollars.
Check on the detention facilities, how they determined their numbers. What about dollars to buy treatment for kids? Where is that reflected?
Drug courts- need to verify that the reported amount is for the assessment and treatment portion of the court.

- Review of frequently asked questions, additional questions as necessary
- Determination of next Planning and Coordination meeting date at ADAA
Next meeting TBD after the date of the Governor's meeting.

**Planning and Coordination Sub Committee Meeting
Minutes for September 1, 2005**

Attendees: Terry Brown, BBH; Kathy Rebbert-Franklin, BCBSA; Alan Woods, GOCCP; Alan Friedman, Office of the Governor; Zarva Taru; DJS; Andrew Brecher, and Charlene Uhl, DBM; William Caltrider, CADRE; Laura Burns-Heffner, ADAA; Peter Luongo, ADAA

- Introductions and Announcements:
 - Introduction of Charlene Uhl, DHMH analyst for DBM;
 - National Recovery Month reminders;
 - Review of new documents posted to ADAA website;
 - DWI study
 - Outlook and Outcomes, 2004
 - COMAR regulations

- Review of draft materials in preparation of the DAAC Report to the Governor

Next Planning and Coordination meeting at ADAA, date TBD following preparation and delivery of Governor's report

Appendix E.

Planning and Coordination Workgroup Documents

- Definitions and Descriptions to Guide Inclusion of Funds for State Survey of Resources matrix
- Instructions for State Survey of Resources Matrix Inventory of Substance Abuse Prevention, Intervention and Treatment Programs and Activities
- State Survey of Resources Matrix Blank
- State Survey of Resources Matrix Sample

Definitions and Descriptions to Guide Inclusion of Funds For State Survey of Resources Matrix

The purpose of the State Survey of Resources Matrix is to capture **all State resources**, including Federal Block grant dollars, towards 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).

There will be agencies that will be obvious sources for inclusion, based on the stated mission of the organization. There will be other agencies that may have services or programs funded within the larger whole that are designed for prevention, intervention and treatment, (P, I, &T) that should be counted. The following definitions are intended to help classify State agencies as **primary versus secondary**, and then to categorize services/programs within the agency as **direct versus indirect** P, I, &T related expenditures.

Definition of Primary vs. Secondary Focus for P, I, &T

Primary Focus

The mission of the agency is primarily related to reduction of first time illicit use, alcohol or drug abuse or addiction.

Secondary Focus

The mission of the agency is not primarily related to reduction of first time illicit use, alcohol or drug abuse or addiction.

Description and Questions to Determine Direct vs. Indirect Activities for P, I, &T

A question to use to determine whether a program is a **Direct Activity** may be:

What is the intent (mission) of the program? Is it consistent with the brief descriptions of P, I, &T listed above? If so, then it is a **Direct Activity**. If not, it may be an indirect activity that could have a positive effect on reducing rates of initiation, use or abuse, but was not designed specifically for that purpose, and therefore, would not be counted.

Clear examples of **Direct Activities** generally found within an entity with a **Primary Focus** on P, I, &T would be:

- Drug and Alcohol Prevention Programs;
- Addiction Assessment Centers;
- Addiction Treatment services;
- Recovery Support Services (provided within the context of a treatment program, such as transitional housing, transportation, GED class, etc.)

The following examples are of **Direct Activities** within an entity with a **Secondary Focus**:

- Substance abuse programming within a detention center;
- Addiction specialists providing assessment and referral of child welfare clients;
- An addiction counselor within the Health Department providing services to HIV positive clients.

Indirect Activities

We are **not** trying to identify the **overall cost** of substance abuse to the State of Maryland i.e., the medical, social or legal expenditures resulting from the problems of substance abuse; or **indirect costs** incurred providing services to a recipient of, or associated with, providing P, I, &T. Increasing or decreasing the provision of indirect services/activities would not have a **direct** impact on the rates of first-time use of illicit substances, substance abuse and addiction, although some are **value adding** activities that maximize the investment in P, I, &T services.

Examples of **Indirect Activities** **not** to be counted would be:

- Prevention and treatment of HIV/AIDS related to intravenous drug use;
- Shelter for the homeless with substance abuse problems, as shelters alone would not directly reduce substance abuse;
- Foster care for children of drug-addicted parents;
- Criminal Justice or “Control” costs such as percent of police time used related to possession or distribution of narcotics, increased crime and related court costs, inmate housing of drug offenders, parole and probation supervision costs, etc.

An additional question to ask in determining indirect costs may be:

Are resources allocated without regard to the outcome of reducing initiation or substance abuse/addiction within the population? In other words, would the dollars be spent anyway? (If so, that would suggest the service is an indirect cost). For example:

- Would Maryland have probation officers monitoring all offenders regardless of type of offense? Would a detention center provide a counselor irregardless of the type of offenders needing counseling, **or** is the counselor specific to reducing substance abuse among inmates (which would be a direct activity).

State Survey of Resources Matrix Decision Tree

Level One Decision: Primary vs. Secondary Agency

Question 1: Does the State agency have a primary or secondary focus related to reduction of first time illicit use, alcohol or drug abuse or addiction?

Primary Focus

The mission of the agency is primarily related to reduction of first time illicit use, alcohol or drug abuse or addiction.

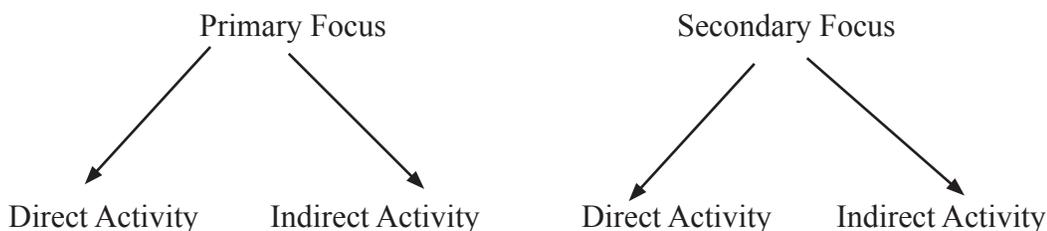
Secondary Focus

The mission of the agency is not primarily related to reduction of first time illicit use, alcohol or drug abuse or addiction.

Level Two Decision: Direct vs. Indirect Activity

Question 2: What is the intent (mission) of the program? Is it consistent with the brief descriptions of prevention, intervention, and treatment listed above? If so, then it is a **Direct Activity**. If not, it may be an indirect activity that could have a positive effect on reducing rates of initiation, use or abuse, but was not designed specifically for that purpose, and therefore, would not be counted.

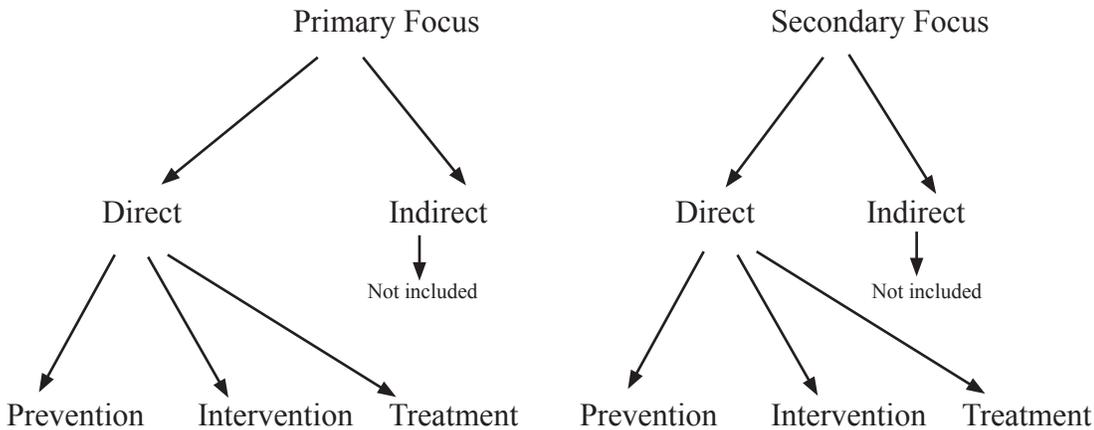
Question 3: Are resources allocated irregardless of the outcome of reducing substance initiation, use or abuse/addiction within the population? In other words, would the dollars be spent anyway? If so, that would suggest the service is an **Indirect Cost**.



Level Three Decision: Prevention, Intervention, or Treatment

Question 4: Which category of service would the activity best meet, based on the following definitions?

- **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).



State Survey of Resources Matrix Blank

1) State Agency	2) Primary/Secondary	3) Program Name	4) Function/Mission	5) Target Population	6) Category of Service and Activity	7) Funding Source	8) Funding amount (FY05)

State Survey of Resources Matrix Sample

1) State Agency	2) Primary/Secondary	3) Program Name	4) Function/Mission	5) Target Population	6) Category of Service and Activity	7) Funding Source	8) Funding amount (FY05)
Governor's Office of Crime Control and Prevention	Secondary	State Incentive Grant	(ask Alan for description)	School Age youth –focus on 12-17 year olds	Prevention Underage Drinking Prevention Parenting Programs Social Marketing Campaigns	US Department of Health and Human Services -Center for Substance Abuse Prevention	\$2,828,461

Appendix F.

Safer Neighborhoods Workgroup Minutes

- Minutes for November 23, 2004
- Minutes for January 11, 2005
- Minutes for May 3, 2005
- Minutes for July 26, 2005

State Alcohol and Drug Abuse Council

Safer Neighborhoods Sub-Committee

Tuesday, November 23, 2004, 10 a.m.-12 Noon

Governor's Office of Crime Control and Prevention
300 East Joppa Road, Baltimore, Maryland

Meeting Minutes

Attendees: Alan Woods, III, GOCCP and Sub-Committee Chairman; Secretary Kenneth Montague, DJS; Patricia Jessamy, SAO; Christina Trenton, The Who House; Marvin Redman; Alan Friedman, State Drug and Alcohol Council; Honorable George Lipman; Patrick McGee, DPSCS and proxy for Judith Sachwald, DPSCS; Sue Schenning, Baltimore County SAO; Honorable Robert Nalley; Richard Rosenblatt, DPSCS

Staff: Linda Hill-Franklin, GOCCP

Meeting called to order at 10:08 a.m.

Alan Woods, III opened the meeting by welcoming all members to the first meeting of the Safer Neighborhoods Sub-committee. Mr. Woods announced that sub-committee vice-chairs are Patricia Jessamy and Richard Rosenblatt.

The purpose of the meeting was to identify the mission and role of the sub-committee

House Bill 295 establishes the State Drug and Alcohol Council and subs equated three (3) committees under its direction:

- Policy and Planning Sub-Committee;
- Healthier Maryland Sub-Committee; and the
- Safer Neighborhoods Sub-Committee

The mission of the Safer Neighborhoods sub-committee is to assist the State Drug and Alcohol Council in achieving its goals by advancing the identification of treatment options at the state and local levels along a resource continuum throughout the criminal justice system. To this end, the Sub-committee focuses on coerced treatment clients received through the criminal justice system resulting from in-custody status; whereby the State is the service provider, or probation/parole status; whereby community resources are utilized for treatment services.

The Sub-committee needs to provide the State Drug and Alcohol Council with current resource data, identify strategies to advance treatment opportunities in the criminal justice system, as well as undertake other and related charges to advance treatment policy.

The Sub-committee generally agreed that the first step should be to ascertain what the State; as opposed to the local and private agencies, is doing regarding:

- A. Treatment delivery;
- B. Treatment referrals (i.e.: source of referral, incarcerated or otherwise, testing and assessments); and
- C. Prevention services

Ms. Jessamy suggested use of a flowchart structure as a template to assist Local Drug and Alcohol Councils (LDAC) in defining and analyzing local issues; likened to charts used to identify points of contact in the criminal justice system. This suggestion was adopted by general agreement and will be discussed at the State Drug and Alcohol Council meeting on December 13, 2004.

Sub-committee goals will include:

1. Define system flow and identify gaps in service (e.g.: waiting lists);
2. Define questions to be answered by the Local Drug and Alcohol Councils (LDAC) regarding treatment and intervention;
3. Research State data regarding current treatment practices, including what type of data is gathered, stored, where and how often; and
3. Analyze submitted surveys from LDAC.

Next steps for the sub-committee are as follows:

December 2004

- Develop and Deploy State Agency Needs Assessment Survey
- Identify state service opportunities along a resource continuum (flowchart)
- Present preliminary Safer Neighborhoods sub-committee work plan to State Drug and Alcohol Council

January 2005

- Develop and Deploy Local Agency Needs Assessment Survey
- Develop statewide plan to align state and local treatment efforts and resources

The next meeting date of the Safer Neighborhood Sub-committee is January 11, 2005 at 10:00 a.m.

Meeting adjourned at 12:10 p.m.

State Alcohol and Drug Abuse Council

Safer Neighborhoods Sub-Committee

Tuesday, January 11, 2005, 10 a.m.-12 Noon

Governor's Office of Crime Control and Prevention

300 East Joppa Road, Baltimore, Maryland

Meeting Minutes

Attendees: Alan Woods, III, GOCCP and Sub-Committee Chairman; Zarva Taru, DJS and proxy for Secretary Kenneth Montague, DJS; Patricia Jessamy, SAO; Christina Trenton, W House; James Flynn, Jude House and proxy for Marvin Redmond, Jude House; Honorable George Lipman; Judith Sachwald, DPP of DPSCS; Sue Schenning, Baltimore County SAO; Honorable Robert Nalley; Richard Rosenblatt, DPSCS

Staff: Linda Hill-Franklin, GOCCP

Meeting called to order at 10:02 a.m.

The Chair opened the meeting by welcoming all members to the second meeting of the Safer Neighborhoods Sub-committee. Mr. Woods motioned for an adoption of the November 2004 meeting minutes; full committee confirmed adoption.

The purpose of the meeting was to re-examine committee tasks and timelines.

The Chair stated that the census of the Planning and Coordination sub-committee to the State Drug and Alcohol Council is that the Safer Neighborhoods sub-committee must focus on state related inquiries in the development of a catalog of available services and funding from which local jurisdictions may participate. This sub-committee must emphasize and re-focus on state issues so as to not discriminantly or indiscriminately interfere with tasks and processes occurring at the local level. Direction provided by the Planning and Coordination sub-committee is to focus on the (a) development and deployment of a state agency needs assessment survey, and (b) to identify state service opportunities along a resource continuum (flowchart).

Discussion ensued regarding a need to catalog (i.e. inventory) state funding sources, mandates and requirements placed on funds, and program services resulting from the distribution of these funds in order to accurately assess opportunities available at the state level. This task is to be divided into two phases:

1. To identify the funding streams available to state entities for awards
2. To identify services rendered at points within the system

There were two models discussed (appendices models A and B) as to how to proceed along this course, a **funds specific model**; pictorially presented in MODEL A whereby the subcommittee would identify state funding streams then overlay this model with a **points in the system model**; similar to MODEL B, representing continuum milestones where funds are applied to provide services or referral options. Both models are necessary for this committee's analysis of current services available at the state level. A combined use of these models take into account a comprehensive analysis of the current services continuum as well as provides a foundation for future assessments of gaps in services at both the state and local levels. Moreover, the state will be able to chronologically trace the flow of allocation specific funds and program services through the criminal justice system. Most specifically, the committee will be able to subdivide state, local and federal funding streams so as to determine the totality of the state's contributions. The sub-committee was in agreement that it is not feasible to pursue its tasks with respect to the creation of a thematic state budget for drug and alcohol treatment without surveying each state agency and an inclusion of local input, using a survey model, to ascertain the current level and operational use of funds. Sub-

committee consensus is that a definable allocation, program by program, must be identified in order to accurately determine the status of state support for drug and alcohol treatment. For example, DPSCS may receive an allocation from DHMH for treatment slots at BSAS. Without the capture of agency specific and program specific data it would not be possible to determine support provided by and or attributable to state resources.

The Chair suggested that this sub-committee must answer the question of where and how funds are being spent by creating a chart that identifies funding sources and agencies. The next step for the subcommittee is to define probing questions for these agencies. Further, the state should lead by example whereby state agencies successfully inventory existing services and are in a position to report out to local jurisdictions about available resources. In addition, the sub-committee will further define terminology used in its materials as having been 'primary' or 'incidental' to service provision. For example, is a personnel primary to the function and ability of a program to render services? For purposes of this sub-committee, only 'primary' functions, roles and services will be the focus of the sub-committee's efforts. However, all 'incidental' information will be noted and traceable for any future purpose. An outcome of such analysis is to identify resources and best practices to pass on to the locals. Therefore, it is imperative to give much consideration to potential later questions to ask local jurisdictions. A metaphorical example was offered regarding the relationship between state and local entities citing the state as a wholesaler of available services and localities as shoppers. The duty of this sub-committee is to assist local entities in developing shopping lists by placing items in the warehouse by creating a list of available funding opportunities and services from which localities may select.

Next steps for the sub-committee are as follows:

January 2004

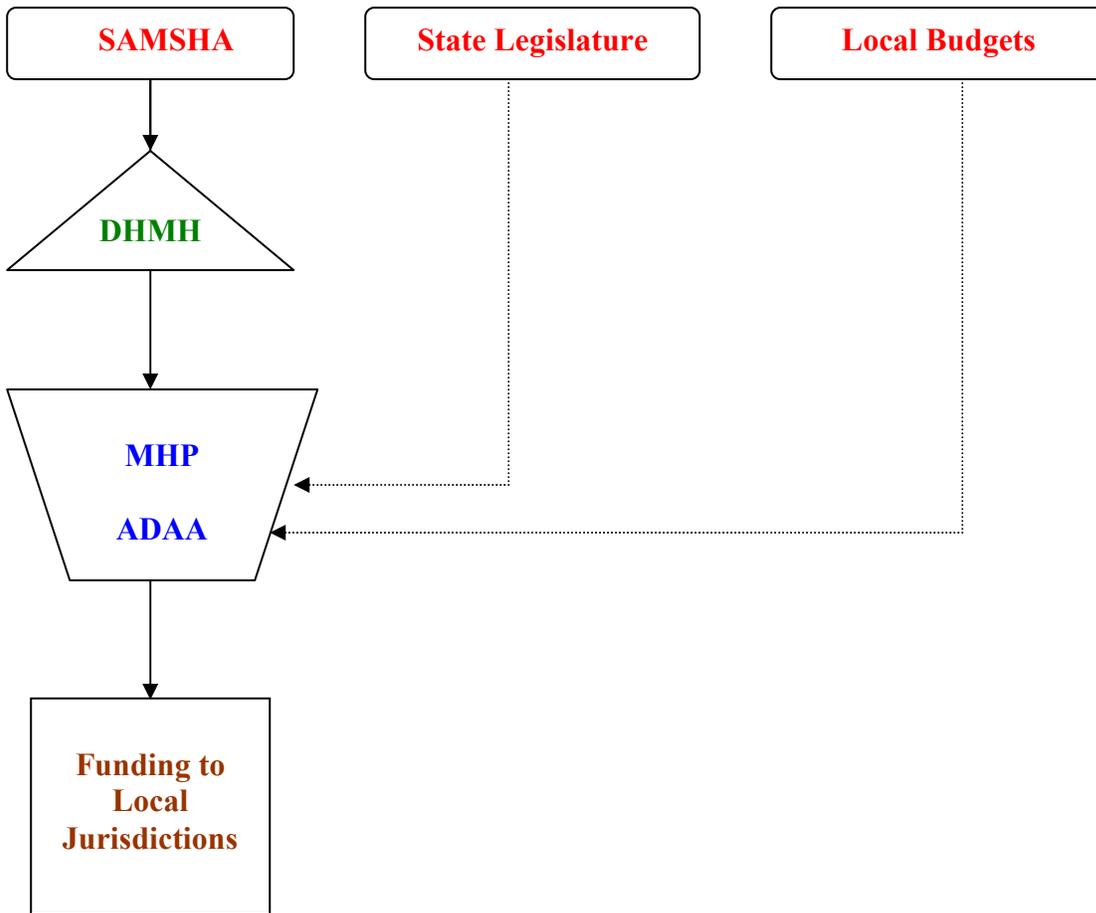
- Develop and Deploy State Agency Needs Assessment Survey
 - a) Develop Glossary of Terms/Definitions
 - b) Further define 'primary' and 'incidental' activity
 - c) Develop list of state agencies and associated drug and alcohol treatment programs
 - d) Develop list of state use funding sources
- Identify state service opportunities along a resource continuum (flowchart)

The next meeting date of the Safer Neighborhood Sub-committee is February 24, 2005 at 10:00 a.m.

Meeting adjourned at 12:26 p.m.

APPENDICES

MODEL A



State Alcohol and Drug Abuse Council

Safer Neighborhoods Sub-Committee

Tuesday, May 3, 2005, 10 a.m.-12 Noon

Governor's Office of Crime Control and Prevention
300 East Joppa Road, Baltimore, Maryland

Meeting Minutes

Attendees: Alan Woods, III, GOCCP and Sub-Committee Chairman; Zarva Taru, DJS and proxy for Secretary Kenneth Montague, DJS; Shonte Drake SAO and proxy for Patricia Jessamy, SAO; Christina Trenton, W House; James Flynn, Jude House and proxy for Marvin Redmond, Jude House; Honorable George Lipman; Judith Sachwald, DPP of DPSCS; Sue Schenning, Baltimore County SAO; Honorable Robert Nalley; Richard Rosenblatt, DPSCS

Staff: Linda Hill-Franklin, GOCCP

Meeting called to order at 10:08 a.m.

The Chair welcomed sub-committee members to the third meeting of the Safer Neighborhoods Sub-committee. Mr. Woods motioned for an adoption of the January 2005 meeting minutes; full committee confirmed adoption.

The purpose of the meeting was to further discuss a proposed survey by the Safer Neighborhoods Sub-committee of treatment programs available to the criminal justice system.

The Chair re-emphasized that the census of the Planning and Coordination sub-committee to the State Drug and Alcohol Council is that the Safer Neighborhoods sub-committee must focus on state related inquiries in the development of a catalog of available services and funding from which local jurisdictions may participate.

This sub-committee was informed that the Planning and Coordination Sub-committee wish to emphasize a focus on state issues and discussion ensued regarding how best to categorize data received from local jurisdictions. The committee re-visited the idea of dividing the task into two phases:

1. To identify the funding streams available to state entities for awards
2. To identify services rendered at points within the system

The Chair will seek additional guidance from the Planning and Coordination Sub-committee regarding next steps for the next Safer Neighborhoods Sub-committee meeting.

The next meeting date of the Safer Neighborhood Sub-committee is will be announced.

Meeting adjourned at 12:00 p.m.

State Alcohol and Drug Abuse Council
Safer Neighborhoods Subcommittee

Tues, July 26, 2005, 10 a.m.

Meeting Notes

Attendees: Alan C. Woods III, GOCCP, and Subcommittee Chairman; Richard Rosenblatt, DPSCS; Sue Schenning, Baltimore County SAO; Judge Robert Nally, Baltimore City Circuit Court; Christina Trenton, W House, Patricia Jessamy, Baltimore City State's Attorney; Pat McGee for Judith Sachwald, DPP; **GOCCP Staff:** Renee Markle, GOCCP

The meeting began at 10 a.m.

Information is still being gathered for the substance abuse resource survey.

The DPSCS survey was distributed to the group for their information.

Availability of slots for treatment on demand was discussed as a major problem.

The following issues were identified as possible issues for study:

- Process & Assessment Instruments
- Selection of Target Population (Policy Decisions – no casual users, no lifers)
- Treatment on Demand vs. Coerced Treatment
- Best Practices
- Meth & Buprenorphine in Jails
- Information flow and cooperation between criminal justice and treatment – cross training.
- Prevention

It was suggested they “parrot” the language from the Council’s Executive Order, but be more specific, a little broader than a mission statement, and adapted to the criminal justice population, targeting areas that appear appropriate for them to study. This would be presented to the Planning and Coordination Committee for review.

Rosenblatt and Sue Schenning volunteered to draft some language for the Subcommittee’s review.

The meeting adjourned at 11:45 a.m.