

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

Safer Neighborhoods Workgroup Service Delivery Subgroup

Minutes for February 3, 2009 Conference Call

Present: Bob Cassidy (Jackson Unit), Sandi Davis (DPSCS), Kathleen O'Brien, Glen Plutschak, Cindy Shockley-Smith (Jackson Unit), David Blumberg (Parole Commissioner), Susan Steinberg (DHMH, Office of Forensic Services)

- I. **Call to Order:** The meeting was called to order at 1:00 p.m.

- II. Discussion was guided by the list of service delivery issues generated by several stakeholder groups (Adolescent Residential Care Providers, Juvenile Drug Treatment Court, Parole Board, Parole and Probation, Maryland Correctional Administrators Association, etc.)
 - a. **Adolescent Care Provider:**
 - There are often so many stakeholders involved with the juvenile, each with their own agenda, that often entry into treatment is delayed. This needs to be addressed to try and expedite treatment entry for the adolescent. A coordination committee with stakeholder representatives may be able to reduce the delay time.
 - Many stakeholders don't believe an adolescent can have a substance abuse problem and so they attribute problem behaviors to other issues. There is reluctance to labeling the adolescent with a substance abuse disorder because of the stigma attached. This attitude can cause the adolescent to be placed in an inappropriate type and level of care.
 - Transportation is always a problem. Currently, DJS's transportation resources are stretched thin, causing delays in treatment entry and empty beds in residential units.
 - Some times there are inappropriate referrals, with dual diagnoses individuals with profound psychological problems being referred to substance abuse residential care units not equipped to help them.
 - Good evaluation mechanism used by all involved stakeholders would allow for appropriate referral and placement, and enhance recovery.
 - Some of the problems of the limited number of residential adolescent substance abuse treatment units are being overcome by teleconferencing. Jackson Unit is partnering with Mid-Shore Mental Health Systems to allow for teleconferences between families on the eastern shore and their adolescents and counselors in the Jackson Unit (Allegany County).

 - b. **Juvenile drug treatment court**
 - Finding placement for adolescents when they leave residential care is a problem. It is neither always possible nor appropriate for the adolescent to

return home, and there is a shortage of half-way houses for adolescents 18 years and younger. It was noted that 18 year olds may be accepted in some adult half-way house.

- DJS/informal probation is 90 days. Sometimes individual cases may be closed by DJS before the adolescent has completed treatment. This gives the adolescent the option of leaving care before it is completed.
- ADAA's policy of discharging patients after 30 days of no contact is a barrier to continuity of care and is not in keeping with the principles of a recovery-oriented system of care. This policy is currently a requirement of block grant funding.
- Alcohol citations remain a civil issue and more leverage is needed to reduce underage drinking.

c. Parole Board

- There is a lack of services, in particular in-patient residential.
- There needs to be work done on stigma and the "not in my backyard" syndrome. This would allow for more housing and treatment to be cited in the community where parolees live.
- Immediate and effective sanctions for missing treatment appointments need to be instituted.
- Funding is needed to provide more adequate and affordable treatment services.
- Treatment services need to be affordable, recognizing that offenders often have to pay child support, restitution, etc.
- Self-report screenings such as at TCU's assessment and the ASI often indicate that the offender does not need treatment when, in fact, they do.
- Better communication with treatment providers is needed.
- Someone being released should have to go to parole and probation office and treatment on the same day. There should be no gap between release and treatment admission.

d. Criminal justice worker

- Information in the parolees' prison record should follow him/her to the community to allow for appropriate interventions and services.
- There is a need to have a database that would allow all stakeholders to know, in real time, where/when a treatment bed will be available.
- We need to explore ways to insure we are using the resources we have effectively and efficiently

e. Parole and probation

- Dearth of available dual diagnosis beds available
- Treatment for individuals who are developmentally disabled including those suffering from traumatic brain injury.
- Treatment that is directed to the cognitive needs of the forensic population, in other words treatment that employs the best practices for this group.
- Treatment that uses sound case management including aftercare planning.

- We are still plagued by poor retention in treatment-need to explore ways that supervision and treatment can work together to solve this problem.
- Shortage of buprenorphine treatment slots.

f. **Maryland correctional Administrators' Association.**

- Additional funds for Treatment/Treatment Readiness for jails to include case management upon release
- Additional 8-507 beds to decrease current wait.
- Increased housing options upon release including true co-occurring beds, half-way housing, other transitional beds.
- Standardized screening for substance abuse/mental health for use in the jails.
- Trauma Specific programs and training for all jails for both males and females.

III. Some Promising Practices to Explore

- a. Teleconferencing capabilities
- b. Use of a Mental Health Forensic Coordinator. Montgomery County Detention Center and the Mid-Shore Mental Health Systems have each applied for a grant to hire a coordinator. Mid-Shore Mental Health Systems' grant will support a coordinator for Dorchester, Talbot, Caroline, Queen Anne and Kent County courts.
- c. Seeking Safety – evidence-based, manualized treatment of trauma in substance abusers. (www.seekingsafety.org)
- d. Policy giving violent offenders who are addicted treatment priority.
- e. Sharing information about inmates (such as the results of the Addiction Severity Index) when they are released and
- f. Expansion of Drug Courts
- g. Dorchester County's Protocol for coordinating community services for prisoner re-entry. (National Institute of Justice: Program Focus, April 1999 (<http://www.ojp.usdoj.gov/nij>).
- h. HOPE (Hawaii's Opportunity Probation with Enforcement)- a high-intensity supervision program to reduce probation violations by drug offenders. http://www.courts.state.hi.us/page_server/SpecialProjects/HOPE/6EC40FB677DBA4BE1102D7ECD9E.html

IV. Next Meetings:

- a. **Safer Neighborhoods Workgroup:** February 25, 2009, 3:30 p.m. to 5:30 p.m., at the Judiciary Education and Conference Center, Conference Room #2, Office of Problem Solving Courts, 2011-D Commerce Park Drive, Annapolis, Maryland. Phone: 410-260-3615

V. Adjournment: The meeting was adjourned at 2:55 p.m.

Due to problems with the conference call technology neither Gale Saler, Patricia Schupple (MCAA), nor Nicole Birkhead (ADAA) were able to join the conference call.