

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

Safer Neighborhoods Workgroup

Minutes for February 25, 2009 Meeting

Present: Gray Barton, David Blumberg, Alberta Brier, Robert Cassidy, Sandi Davis (DPSCS), Paul DeWolfe, George Lipman, Glen Plutschak, Kathleen Rebbert-Franklin, Gale Saler, Susan, Cindy Shockey-smith, Steinberg, Frank Weathersbee

Guest: Kathleen Snavely

- I. Call to Order:** The meeting was called to order at 3:30 p.m.

- II. Approval of Minutes:** The minutes of the January 23 meeting of the Safer Neighborhood Workgroup and the February 3, 2009 teleconference of the Service Delivery Subgroup were approved as written.

- III. Planning and Coordination Workgroup:** The P/C workgroup is asking that each workgroups' recommendations for the strategic plan be given to them by the end of May 2009.

- IV. Data/Information Sharing:** Kathleen Snavely-Lester from the Institute of Governmental Services and Research was present to answer questions about SMART's current and future capabilities in data collection and data sharing. Of particular interest to the group was the ability to have "real-time" information concerning the availability of treatment resources and other wrap-around services. Some points in the discussion were:
 - A. SMART has the capability to make available "real time" information concerning open treatment slots but it is not active now and the accuracy/usefulness will depend on the timeliness of provider data input.
 - B. Such a data system would need to include funded and non-funded providers, and differentiate between adult slots and adolescent treatment slot and between those serving females and those serving males.
 - C. Such a system should not be limited to community-based treatment slots but should also inform on open slots in treatment "behind the walls."
 - D. The new federal Stimulus Package has funds for technology development and the workgroup's recommendations regarding improvements to data sharing may be able to use some of those funds.

- E. BSAS is currently piloting a scheduler module through SMART. This will allow BSAS to monitor where the available intake appointments are in those programs participating.
 - F. The Parole and Probation data system interfaces with SMART. Every time a record is opened in their system, OBC II, a record opens in SMART. However, at this time, only Baltimore City's Parole and Probation's EDR unit is using it for assessment and referral.
 - G. Baltimore City Drug Court is using SMART to capture client contacts, drug testing, and progress reports, and to share this information between treatment and drug court.
 - H. Office of Problem Solving Courts will be using it to have Drug Courts around state export files to aid in data collection. Drug Courts around the state can also share data with one another.
 - I. Such a system needs to be sensitive to confidentiality issues and determine who needs to know what when and at what level of detail.
- V. One Page Summaries of Jurisdictional Plans:** A discussion was held concerning information gleaned from the one-page summaries of each jurisdiction's strategic plan:
- A. Several frequently cited issues regarding services for the criminal justice and juvenile justice population were noted:
 - 1. Improving treatment resources for Parolees and Probationers
 - 2. Establishing/expanding drug courts capacity.
 - 3. Establishing/expanding jail-based treatment program ("behind the walls" and RSAP treatment programs)
 - 4. Improving the quality assessments and appropriate patient placement in adult and juveniles justice systems
 - 5. Transportation
 - 6. Establishing/expanding school-based programs
 - B. Training in providing services for and establishing services for gangs.
 - C. Transportation
 - D. Establishing/expanding school-based programs

VI. Five Concerns List / Additional Comments

- A. Juvenile Services
 - 1. Need to have a better picture of who the children/adolescents are in the DJS systems. There are gaps in identifying, assessing and appropriately placing juveniles.
 - 2. Baltimore County and DJS are piloting a project that has improved assessment and placement. This should be duplicated around the state.

3. There is a problem with the use of POSIT as an assessment tool when it is a screening tool. There is a need for an evidence-based assessment instrument.
- B. Need to get budget people to the table to look at how we spend money. Placing more and more appropriate offenders in substance abuse treatment improves outcomes, is less costly than incarceration, and saves DOC money. This savings should be shifted to ADAA/DHMH for substance abuse treatment to increase availability of treatment slots. The quality of service delivery would also be improved if the departments and administrations whose consumers are substance abusers be held accountable for mutual MFRs.
 - C. There is a need for more “wrap-around” services, in particular for more alternative housing such as half-way houses, Oxford Houses, etc. This is especially true for adolescents as there are few housing alternatives for adolescents when they are released from treatment and returning to their home is not conducive to sustaining recovery.
 - D. A major gap in services to the criminal justice populations are step-down models of care. There needs to be a treatment modality between prison and community to help offender adapt. Likewise, a modality of care between the community and prison when an offender violates parole/probation. Substance abuse is a chronic disease and relapse is to be expected. There needs to be the option of giving offenders additional treatment rather than incarceration if relapse occurs.
 - E. Likewise, offenders need someplace to go if they finish treatment before they finish their sentence. Putting them back in the general population is counterproductive.
 - F. There needs to be more programs based in local detention centers as most offenders are released from local detention centers.
 - G. Drug courts are evidence-based and very successful in reducing recidivism. They are not used in every jurisdiction in Maryland for a variety of reasons: not enough money, too restrictive in who can attend, no support from the judiciary, etc. They are a better alternative to probation with special condition of treatment as there is more monitoring of the offender and constant communication among those involved. This provides more support and incentive for the offender to be compliant with treatment plan.
 - H. Parole
 1. At the time of Parole hearing, an offenders home plan often falls apart and s/he cannot be paroled if there is no place to go. If housing/or, if appropriate, residential treatment were available, the offender could be released. Parole releases could increase by 5% if sufficient housing and/or a continuum of care were available to the offender.
 2. Parole Commission needs more accurate assessments/data that identifies if offender has substance abuse problem and for placement in the appropriate level of care. This would better serve the offender and save money.
 - I. Current Re-entry statistics:
 1. 48% of inmates incarcerated are there for nonviolent crimes.
 2. 90% of parolees are paroled on nonviolent crimes.

3. 137,457 offenders were released from local jails in FY 2008 vs. 14,612 from DOC.
4. Of those inmates released under supervision from the Division of Corrections, 35% are parole and 65% mandatory.
5. Total releases look like this:
 - a. 30.8% released by expiration (no supervision whatsoever)
 - b. 37% for mandatory, 12.9% for parole,
 - c. 16.3% are continued on parole or mandatory at a revocation hearing (they were returned by the agents for revocation but released)
 - d. 2.9% - released by court order at a Modification of Sentence hearing
- J. If there was a full continuum of care with timely access to that care, Judges and Parole Commissioners would have a greater comfort zone of releasing more to community based treatment without fear of jeopardizing public safety.

VII. Recommendations:

A. Gaps Services

1. Transportation to Treatment—large problem in the more rural areas.
2. Regional approach to treatment resources—for example, juvenile residential treatment facility on Eastern Shore
3. Expand jail based treatment programming in DOC and county detention centers
4. Expand Children of Prisoners Programming at DOC and county detention centers
5. Improve screening and assessment of co-occurring disorders in offender population
6. Expand services of co-occurring disorders in offenders to DPP agent staff
7. Identify and treat minors charges with alcohol citations
8. Identify juveniles who need drug treatment earlier in criminal justice process
9. Increase number of Oxford-like houses—half way house for juvenile and adults
10. Incorporate Recovery Oriented Systems of Care (ROSC) principles into ADA policies (i.e. Eliminate closing of cases due to 90 day rule)
11. Incorporate ROSC principles in DOC which would call for half-way back/half-way in facilities
12. Cognitive Treatment Programming at community treatment sites for offender population
13. Intensive Outpatient programming for adults and juveniles in all subdivisions not having same—examine possibility of regional programming as cost saving measure
14. Quick and meaningful sanctions for probation violators and offenders who test positive, miss appointments with TX and DPP (HOPE model)
15. Expand buprenorphine services

16. One common MFR for multiple agencies related to reduced recidivism through effective treatment and community supervision
17. Shared budgets to treat criminal offenders between DOC and ADAA
18. Increase training to reduce stigma of dual diagnosis of juvenile offenders

B. Promising Practices

1. Creation of additional Drug Courts
2. Bring Drug Court caseloads up to scale
3. Reduce restrictions on eligibility for drug courts—consider admission of violent offenders
4. Creation of Re-entry courts for split sentenced offenders who pose more risk to communities
5. Expand school based substance abuse prevention programming
6. Examine treatment/supervision best practices for gang members
7. Expand TEEN courts and increase caseloads

C. Data Sharing

1. Share information between DOC and community treatment
2. Reservation system identifying vacant treatment beds for adults and juveniles—many times there is large waiting lists for treatment while facilities have openings
3. Convene a treatment/criminal justice technology workgroup to address sharing treatment information among agencies consistent with federal law.

VIII. Next Meetings:

- A. **Safer Neighborhoods Workgroup:** March 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

IX. Adjournment: The meeting was adjourned at 5:30 p.m.