

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

Safer Neighborhoods Workgroup

Minutes for March 25, 2009 Meeting

Present: Alberta Brier, Robert Cassidy, Paul DeWolfe, Priscilla Griffith (P&P), Bobby Houston, Sue Jenkins (ADAA), Carlito Linton (DPSCS) George Lipman, Kathleen O'Brien, Ruth Ogle (Parole Commission), Glen Plutschak, Gale Saler, Tricia Schupple, Cindy Shockey-smith, Susan Steinberg, Frank Weathersbee

- I. Call to Order:** The meeting was called to order at 3:30 p.m.
- II. Approval of Minutes:** The minutes of the February 25 meeting of the Safer Neighborhood Workgroup were approved as written.
- III. Report to the Council on April 22:** The Executive Director informed the members that the Workgroup would have to report on its progress at the full council meeting in April. The Chair and the Executive Director will get together to write the report and discuss presentation.
- IV. Review of Data in February 23 minutes: The following data was reviewed:**
 - A. 48% of inmates incarcerated are there for nonviolent crimes.
 - B. 90% of parolees are paroled on nonviolent crimes.
 - C. 137,457 offenders were released from local jails in FY 2008 vs. 14,612 from DOC.
 - D. Of those inmates released under supervision from the Division of Corrections, 35% are parole and 65% mandatory.
 - E. Total releases look like this:
 1. 30.8% released by expiration (no supervision whatsoever)
 2. 37% for mandatory, 12.9% for parole,
 3. 16.3% are continued on parole or mandatory at a revocation hearing (they were returned by the agents for revocation but released)
 4. 2.9% - released by court order at a Modification of Sentence hearing
- V. Recommendations:** The "top five concerns" and recommendations from the February 23 minutes were combined and placed on newsprint paper to guide today's discussion:
 - A. **Improve assessment for offenders in DOC:** Many members voiced the need to improve assessment, evaluation and appropriate patient placement at each point in the criminal and juvenile justice process. One issue is the use of self-report instruments in DOC that encourage offenders to deny drug use so as not to delay

their release or be mandated to treatment. Some believe it is an issue as to who does the evaluation and what kind of supporting documents (addiction assessments, PSIs, etc.) the DOC can get before making a decision about the offenders substance abuse treatment needs. Some discussion was held regarding the evaluation of 8-507s. It was noted that clinical workers do the evaluation and it is up to the judge to determine if client has capacity to make use of treatment and is safe to release.

Another aspect of appropriate care is not only placing the individual in the right level of care but providing the right modality of care (i.e., family therapy when indicated) is also a part of a good assessment and care.

- B. **Use of Re-entry Courts:** Re-entry courts help monitor and structure individuals released from prisons. SAMHSA has a model that should be explored. These courts are successful in keeping individuals from going back to prison in other jurisdictions.
- C. **Quick and Immediate Sanctions:** Project Hope, a successful program in Hawaii, that focuses on provides close community supervision and sanctions for violations, has reduced recidivism. Currently, it can take from 90-120 days to get a violation of probation/parole to court. By this time, with no intervention, the individual has increased the frequency of use. This underscores the need for closer supervision through drug courts and/or re-entry courts.
- D. **Common MFRs/Budgets:** A discussion was held on the value of having the multiple agencies that serve substance abusers be accountable for the same MFRs. Budgets from different departments need to be shared so that consumers get the services they need when they come to the attention of any of the social institutions. The money should follow the consumer.
- E. **Adolescents and Stigma:** Adolescents are often not referred to treatment for fear of stigmatizing them as substance abusers and/or individuals with co-occurring disorders.
- F. **Reducing the time between completing treatment and finishing a sentence:** Incarcerated individuals who complete treatment may not have finished their sentence yet. There needs to be some mechanism where they can be released early to continue treatment or serve the rest of their time in a special section. Putting them back into the special population is not productive. There was a discussion about the half-way back model. This model provides residential treatment for individuals as they move from prison to the community. It also provides an opportunity for those individuals who have violated their probation to get more intensive treatment and possibly not be re-incarcerated. It was noted that the State spends a lot of money treating people “behind the wall” and it needs to protect its investment and make sure that there is aftercare available to these individuals.

Montgomery County’s re-entry program was lauded as a promising practice that should be duplicated elsewhere. It is a collaborative effort among the social services in the County. It was suggested that we get more information about that

program. John Jay College was mentioned as a resource for information on re-entry courts. They have best practice tool kits for prisoner re-entry.

- G. **The need for wrap around services:** Appropriate **housing** is in short supply for offenders being released from jail and/or both adjudicated and non-adjudicated individuals being released from residential care. This is particularly a problem for juveniles. **Transportation** is also needed to facilitate attendance at treatment and other required appointments.
- H. **Regional Approaches to Treatment and Promising Practices:** With shrinking resources jurisdictions in the same regions should look for opportunities to work with each other to finance and utilize promising practices such as jail based programming, residential care, IOP services, and services for children of prisoners.
- I. **More services for individuals with co-occurring problems**, especially offenders. Some members felt this was the number one priority. It was also emphasized that this was not only co-occurring problems such as substance abuse and mental health disorders, but somatic issues as well.
- J. **Identify and treat minors charges with alcohol citations**
- K. **Incorporate Recovery Oriented Systems of Care (ROSC) principles into ADA policies**
- L. **Explore Evidence-based substance abuse treatment for offenders such as “Thinking for Change” and Moral Reconciliation Therapy for implementation.**
- M. **Data Sharing:** There needs to be a better job done by all agencies in exchanging the appropriate information at the appropriate time, i.e., between the criminal justice system and community-based treatment. The idea of a real time reservation system, or ability to know where there is an open treatment slot/bed in the state, was mentioned again. This would allow for a smoother transition from incarceration to the community and from one level of care to another. The workgroup wants to convene a treatment and criminal justice system workgroup to explore better sharing of data and information.
- N. **Juvenile Education:** For both adjudicated children (with DJS) and non-adjudicated children (in residential treatment) there is a breakdown in funding for their continuing education. MSDE is responsible for each child’s education, if they are 16 or under, or older if they had not previously dropped out of school, regardless of where they are. Often, however, DJS and individual residential treatment programs absorb the cost (when they can) of continuing the child’s education toward a high school diploma. The members felt that MSDE, ADA and DJS need to form a workgroup to not only resolve the problem of who pays for the child’s education, but also determine best practices in providing education to this special population.

VI. Recommendations Rank-Ordered: After discussion the various recommendations, members voted on their top twelve:

RECOMMENDATIONS SAFER NEIGHBORHOODS WORKGROUP		
Score	Type	Recommendation
11	Gap	Improve screening, assessment, evaluation, placement at all points and for all populations in the systems
9	Gap	Expand co-occurring services especially for offenders
9	Gap	Create additional drug courts and increase current drug court caseloads
8	Gap	Examine use of re-entry courts as a best practice in prisoner re-entry
8	Promising Practices	Examine practice of shared budgets and shared MFRs for major stakeholder agencies in order to leverage dollars and improve services
8	Data Sharing	Data/information sharing between DOC and community-based treatment
8	Promising Practices	Have dollars available for all departments that follow clients through systems
7	Gap	Improve assessment and evaluation instruments for treatment services for criminal/juvenile justice system at each point of the process
7	Gap	Reduce time between completing treatment behind the walls and release ---reduce waiting time at all points in the criminal justice system
7	Gap	Increase housing such as half-way houses, recovery houses, oxford-like housing, etc.
6	Gap	Expand jail-based programs
6	Promising Practices	Explore cognitive treatment approaches for offenders such as "Thinking for Change" and Coral Conation Therapy.
6	Gap	Convene treatment/criminal justice technology workgroup to address the sharing of treatment information in a timely manner and consistent with confidentiality regulations.
5	Promising Practices	Expand programming for children of prisoners
5	Gap	Access to IOP for adults and juveniles in all regions
4	Gap	Reduce restrictions on eligibility for drugs courts to open up eligibility
3	Promising Practices	Incorporate ROSC in policy
3	Data Sharing	Create reservation system for vacant treatment beds for adult and juveniles
3	Gap	Transportation
3	Gap	Regional approaches to treatment to increase access to multiple modalities
3	Gap	Increase access to buprenorphine
2	Gap	Expand school-based substance abuse programs
2	Promising Practices	HB 1096
1	Gap	Address issue of minors only being cited with citations
1	Gap	Expand treatment, supervision of gangs
1	Gap	Quick and meaningful sanctions/incentives
1	Gap	Open dialogue between office of public defender
1	Gap	Education for juveniles in treatment or detention
1	Gap	Educate so as to reduce stigma among juveniles of having a co-occurring disorder
0	Gap	Expand teen court

VII. Next Meeting: Safer Neighborhoods Workgroup: Next meeting will be a conference call on April 14, 2009, 8:15 a.m. to 10:30 a.m.

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

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