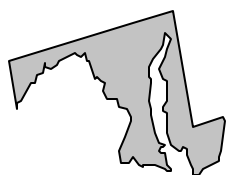


MARYLAND

State SSA Director

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Structure and Function



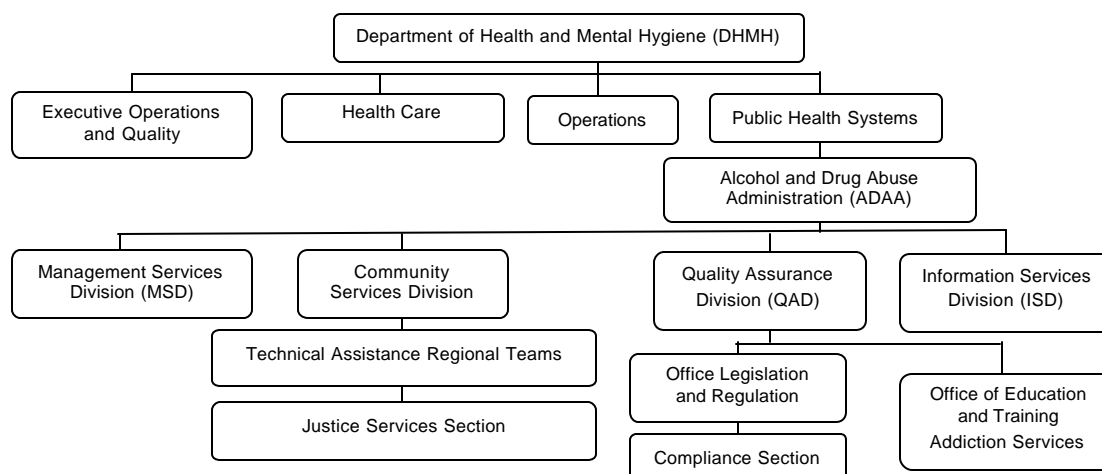
The Alcohol and Drug Abuse Administration (ADAA) is the Single State Agency (SSA) responsible for the planning, development, and funding of services to prevent harmful involvement with alcohol and other drugs and to treat the illness of chemical dependency. ADAA maintains a constant focus on resident needs, responsive programming, and fiscal accountability. Further, ADAA recognizes and supports the role of local government in the development of appropriate substance abuse

prevention, intervention, and addiction treatment activities.

The ADAA is located within the Department of Health and Mental Hygiene (DHMH) and in addition to the Office of Executive Direction comprises four divisions:

- Management Services Division (MSD)—is responsible for the agency budget and the Federal Block Grant application. This unit processes and monitors grant awards, tracks agency expenditures, and offers fiscal assistance to Maryland's 24 jurisdictions. The MSD is responsible for the provision of procurement, contract management, and personnel services for the entire administration.
- Community Services Division (CSD)—liaises prevention and treatment services providers The Justice Services Section is an essential component of this division. Staff are responsible for coordinating court-ordered evaluations and referrals to treatment from the 350 district and circuit court judges.
- Information Services Division (ISD)—collects, maintains, and reports statistical information Quality Assurance Division (QAD)—evaluates effectiveness of the service network. The QAD also responds to legislation regarding alcohol and drug abuse treatment issues during the time the Maryland General Assembly is in session. The Office of Education and Training for Addiction Services (OETAS) delivers training for treatment and prevention clinicians and program management staff.

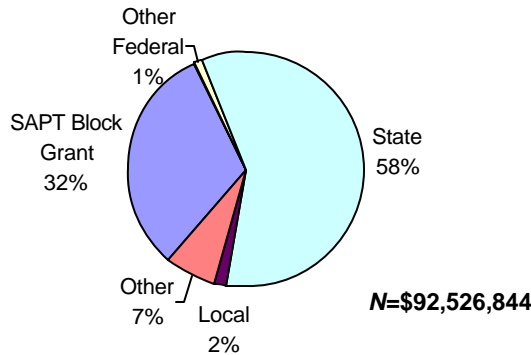
Single State Agency Structure



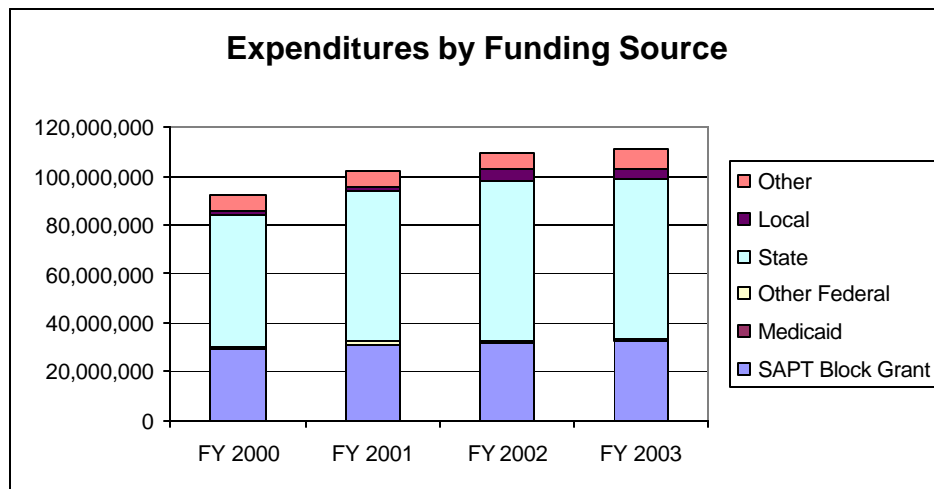
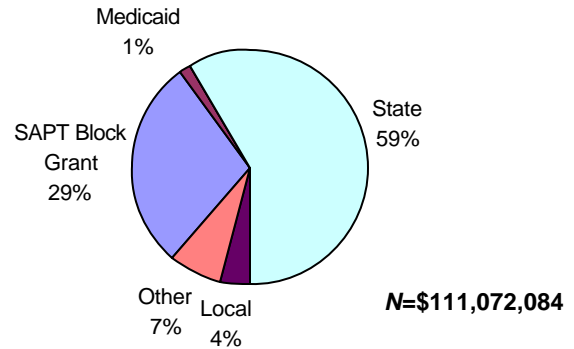
Single State Agency Funding Overview

Maryland's SSA funds totaled over \$111 million in FY 2003, a steady increase from FY 2000. During that time period, State funds accounted for about 60 percent of that total, and Block Grant funds accounted for nearly 30 percent of that total.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	29,389,161	32	31,079,266	30	31,950,492	29	32,114,739	29
Medicaid	115,894	0	115,894	0	211,807	0	1,509,383	1
Other Federal	719,867	1	965,825	1	31,903	0	0	0
State	54,442,086	58	62,293,645	61	65,685,309	60	65,241,515	59
Local	1,445,782	2	1,445,782	1	4,963,862	5	4,328,589	4
Other	6,414,054	7	6,445,154	6	6,330,909	6	7,877,858	7
Total*	92,526,844	100	102,345,566	100	109,174,282	100	111,072,084	100

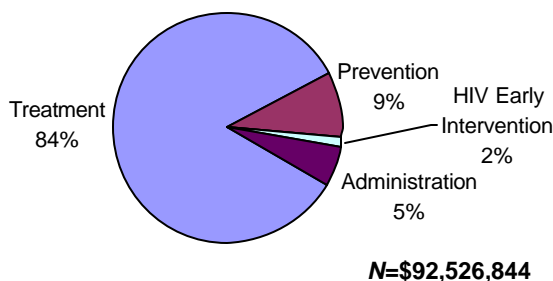
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

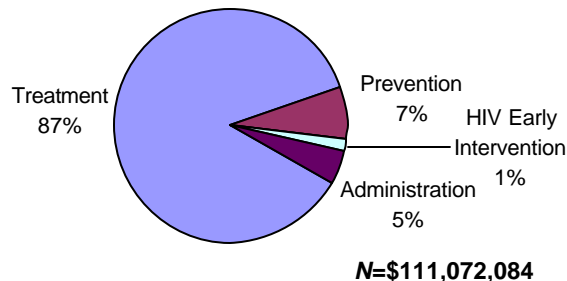
Activities and Expenditures From All Funding Sources

Expenditures for substance abuse treatment services accounted for most (more than 80 percent) of the SSA expenditures since FY 2000. Funding for treatment steadily increased, and funding for prevention declined slightly.

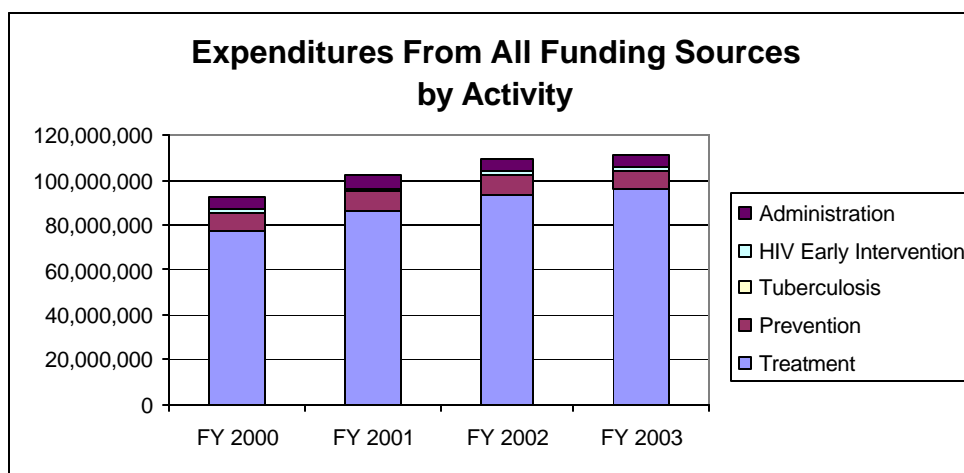
FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Expenditures From All Funding Sources by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	57,887,363	62	65,194,498	64	93,949,918	86	96,230,477	87
Alcohol Treatment	7,200,344	8	7,467,414	7				
Drug Treatment	12,678,250	14	13,868,055	14				
Prevention	8,228,447	9	8,325,961	8	8,751,609	8	7,885,787	7
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,469,458	2	1,553,963	2	1,597,525	1	1,605,737	1
Administration	5,062,982	5	5,935,675	6	4,875,230	4	5,350,083	5
Total*	92,526,844	100	102,345,566	100	109,174,282	100	111,072,084	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

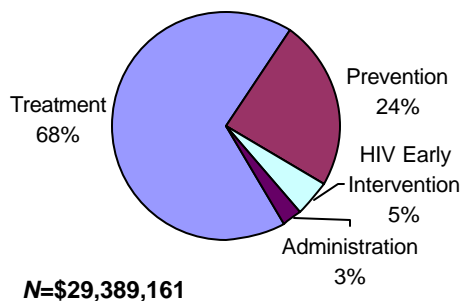
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

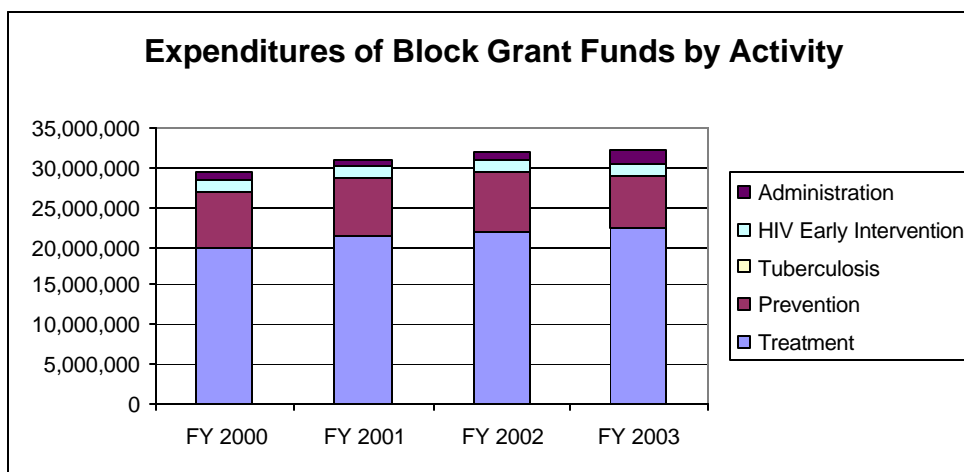
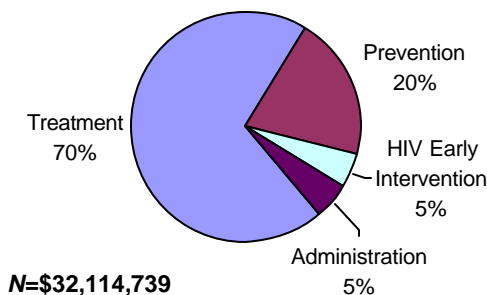
Expenditures of Block Grant Funds

Block Grant expenditures totaled more than \$32 million in FY 2003, a relatively stable total since FY 2000. The majority (70 percent) of dollars in FY 2003 went toward treatment services, followed by prevention services (20 percent).

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	21,802,473	68	22,480,317	70
Alcohol Treatment	7,200,344	24	7,467,414	24				
Drug Treatment	12,678,250	44	13,868,055	45				
Prevention	7,159,942	24	7,257,456	23	7,591,979	24	6,422,948	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,469,458	5	1,553,963	5	1,597,525	5	1,605,737	5
Administration	881,167	3	932,378	3	958,515	3	1,605,737	5
Total*	29,389,161	100	31,079,266	100	31,950,492	100	32,114,739	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

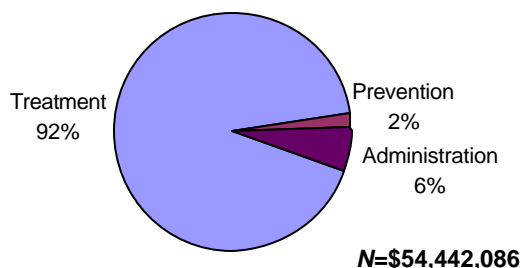
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

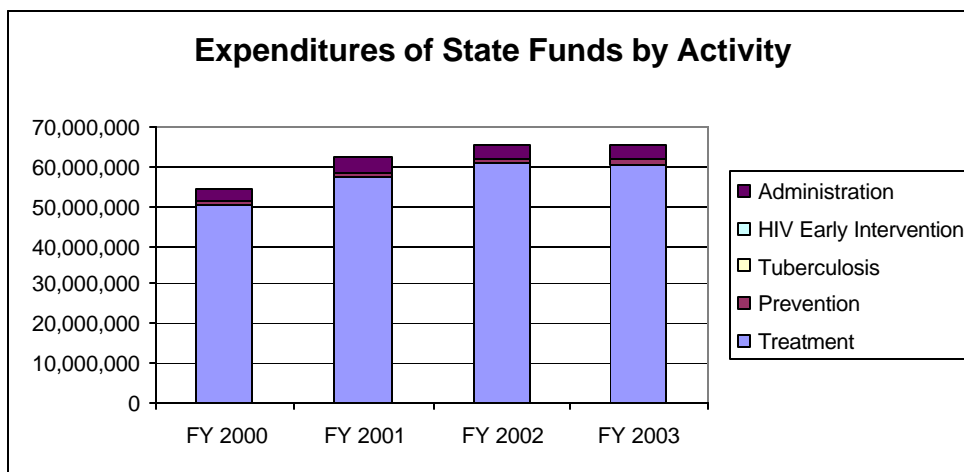
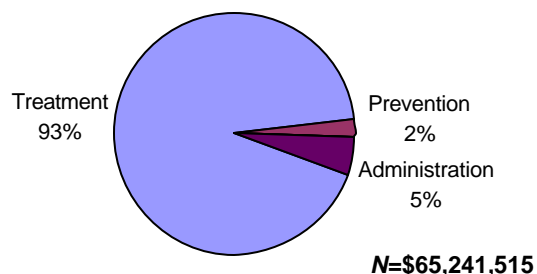
Expenditures of State Funds

Maryland State expenditures on treatment and prevention services increased substantially between FYs 2000 and 2003 (from \$54.4 to \$65.2 million). Nearly all (92 percent) of FY 2003 State funds went toward treatment services, a relatively stable proportion since FY 2000. Only 2 percent of State funds have been spent on prevention since FY 2000.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	50,137,078	92	57,444,213	92	60,959,468	93	60,455,542	93
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	1,068,505	2	1,068,505	2	1,159,630	2	1,462,839	2
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	3,236,503	6	3,780,927	6	3,566,211	5	3,323,134	5
Total*	54,442,086	100	62,293,645	100	65,685,309	100	65,241,515	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Maryland’s ADAA supports a statewide prevention network—the Prevention Coordinators network—that uses a community development model as its primary method of planning and implementing prevention services.

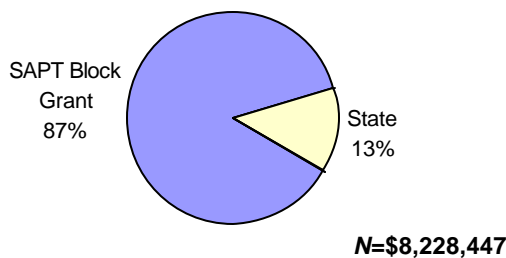
ADAA funds approximately 614 community prevention programs statewide, and SAPT funds are awarded to 6 subdivisions to target high-risk youth at 41 sites throughout these subdivisions. Additionally, the Homeless Demonstration Grant provides a continuum of alcohol, tobacco, and other drug (ATOD) prevention activities for approximately 230 participants in Baltimore. ADAA continues to fund four strategically located College/University ATOD Prevention Centers in the western, central, eastern, and southern regions of the State. These centers have taken leadership roles for all colleges in their respective regions.

Prevention Funding and Expenditures

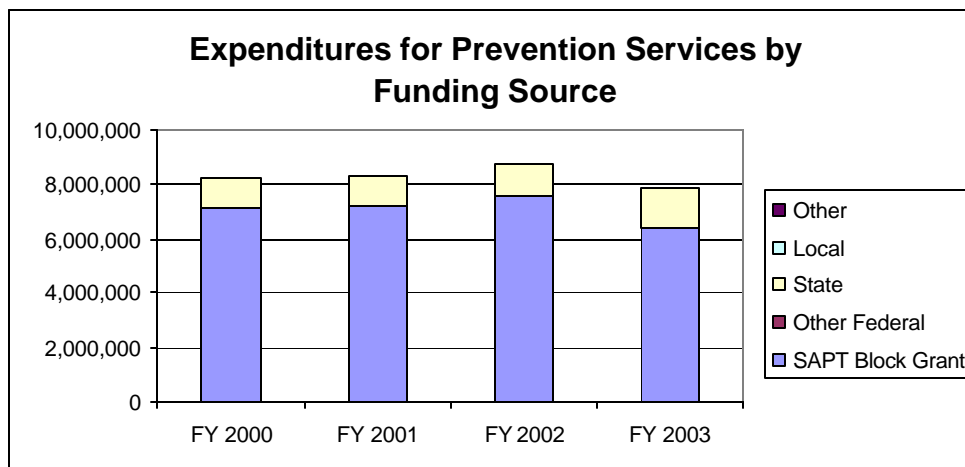
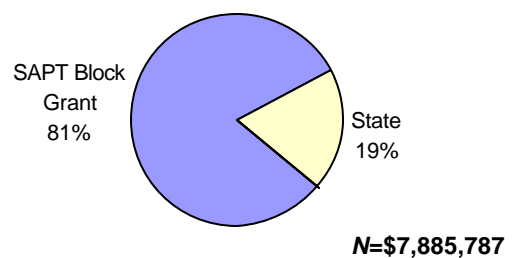
Between FYs 2000 and 2003 prevention funding in Maryland declined from \$8.2 to \$7.9 million. The Block Grant’s proportion of total prevention funds declined from 87 to 81 percent during this time period, and the State’s proportion increased from 13 to 19 percent.

Between FYs 2000 and 2002 Block Grant prevention funds in Maryland ranged from \$1.35 to \$1.40 per capita. In FY 2003 Block Grant expenditures per capita dropped to \$1.17.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	7,159,942	87	7,257,456	87	7,591,979	87	6,422,948	81
Other Federal	0	0	0	0	0	0	0	0
State	1,068,505	13	1,068,505	13	1,159,630	13	1,462,839	19
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	8,228,447	100	8,325,961	100	8,751,609	100	7,885,787	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

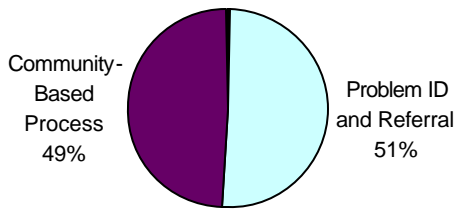
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Regional Alcohol and Drug Abuse Prevention Centers are located on four Maryland university campuses. Dissemination also occurs via health/community fairs, and media campaigns .
Education	Activities include parenting skill-training programs and training for SAMHSA model program implementation, and peer leadership programs for youth.
Alternatives	Strategies include Project Graduation activities and grants for community-based organizations to provide before and afterschool ATOD prevention programs.
Community-Based Processes	Training and technical assistance that implements model programs is provided to prevention coordinators, their staff, and community representatives. Funds also support assistance in the development of ATOD programs and activities .
Environmental	Technical assistance is provided to community groups and organizations on how to develop appropriate legislative and media resources .
Problem Identification and Referral	Funding supports student assistance programs.

Expenditures of Block Grant Fund for Core Strategies

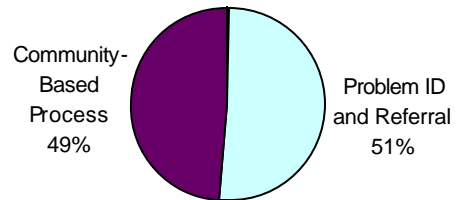
Between FYs 2000 and 2003 total Block Grant funds declined from over \$7.2 to \$6.4 million. Since FY 2000 about half of Block Grant expenditures were directed to community-based processes and about half were directed toward problem identification and referral.

FY 2000 Block Grant Expenditures by Core Strategy

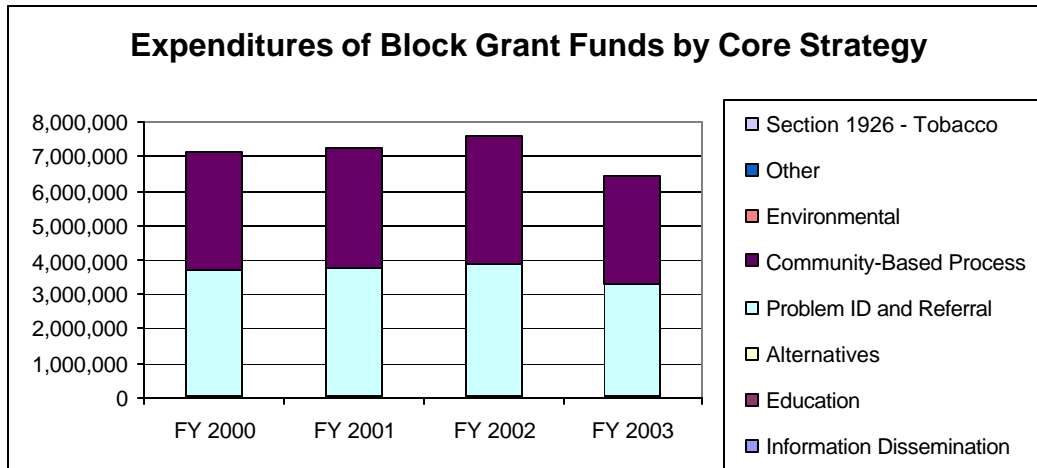


N=\$7,159,942

FY 2003 Block Grant Expenditures by Core Strategy



N=\$6,422,948



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	10,000	0	10,000	0	10,000	0	10,000	0
Education	10,000	0	10,000	0	10,000	0	10,000	0
Alternatives	10,000	0	10,000	0	10,000	0	10,000	0
Problem ID and Referral	3,633,720	51	3,683,452	51	3,854,059	51	3,257,853	51
Community-Based Process	3,491,222	49	3,539,004	49	3,702,920	49	3,130,095	49
Environmental	5,000	0	5,000	0	5,000	0	5,000	0
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	7,159,942	100	7,257,456	100	7,591,979	100	6,422,948	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

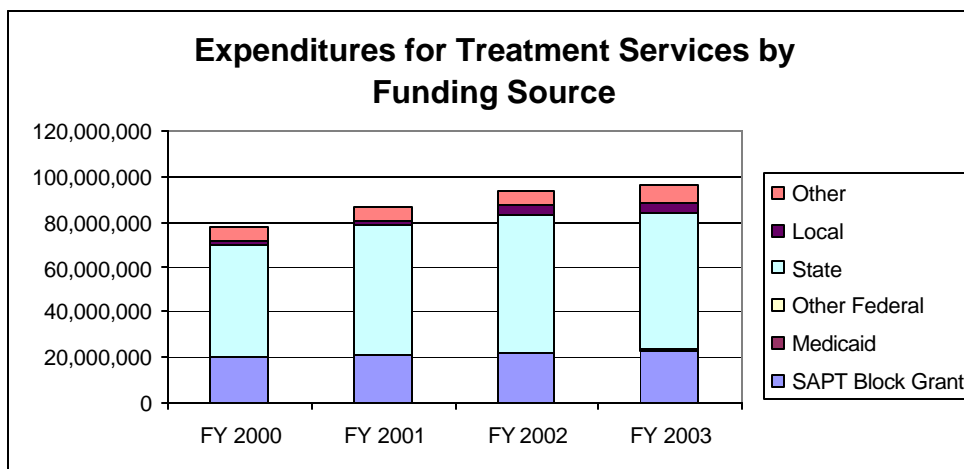
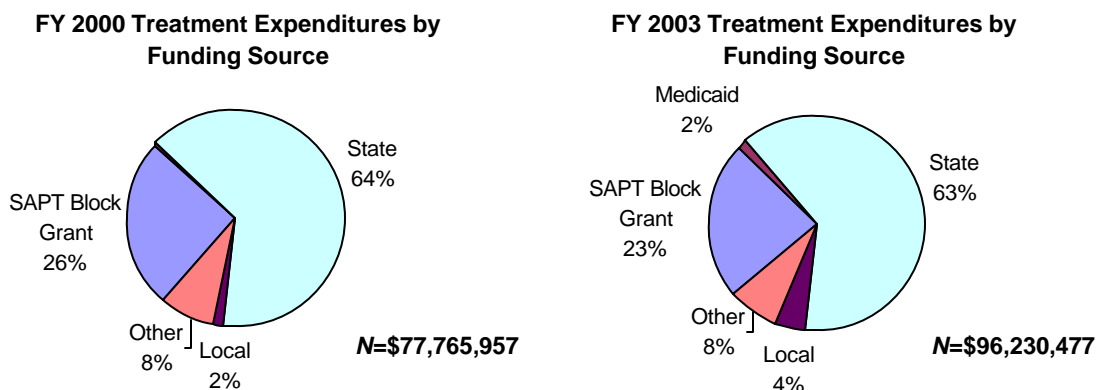
The State of Maryland's continuum of care offers various modalities of treatment, in which individuals move from one modality to another, based on their needs. The modalities include outpatient, intensive outpatient, and residential (including halfway houses, therapeutic communities, extended care, intermediate care, medication assistance, and detoxification services within various modalities). Over 50,000 treatment episodes were provided within these modalities in FY 2002.

ADAA requires all programs to give priority admission to pregnant women. Such patients are not allowed to be placed on the waiting list or be subject to involuntary termination. Furthermore, all funded treatment programs in Baltimore, where there is the highest incidence of injection drug use (IDU), participate in a central referral process—a mechanism that allows programs to refer patients on the day of initial contact. ADAA has in place a management information system by which capacity levels are monitored and has instructed all programs that any individual who requests and is in need of treatment be placed in the appropriate treatment within 10 days or be referred to another certified program.

Treatment Funding and Expenditures

Between FYs 2000 and 2003 treatment funding in Maryland increased from \$77.8 to \$96.2 million. State funds accounted for two-thirds of Maryland's funding for treatment and rehabilitation during this time period. The SAPT Block Grant accounted for about one quarter of total treatment funds.

Between FYs 2000 and 2003 Block Grant treatment funds in Maryland increased steadily from \$3.74 to \$4.08 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	19,878,594	26	21,335,469	25	21,802,473	23	22,480,317	23
Medicaid	115,894	0	115,894	0	211,807	0	1,509,383	2
Other Federal	0	0	0	0	0	0	0	0
State	50,137,078	64	57,444,213	66	60,959,468	65	60,455,542	63
Local	1,445,782	2	1,445,782	2	4,963,862	5	4,328,589	4
Other	6,188,609	8	6,188,609	7	6,012,308	6	7,456,646	8
Total*	77,765,957	100	86,529,967	100	93,949,918	100	96,230,477	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Maryland's SAPT Block Grant application indicates that over 56,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=56,114)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	848	2,575	2,523
Long-term residential	587	1,109	1,244
Ambulatory (Outpatient)			
Outpatient (methadone)	536	5,949	2,839
Outpatient (non-methadone)	6,281	11,811	15,907
Intensive outpatient	454	1,876	1,575
Detoxification (outpatient)	0	0	0
Total	8,706	23,320	24,088

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate more than 70,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 24 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 19 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 25 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	14,455	19.3
Alcohol in combination with other drugs	56,194	24.7
Total	70,649	23.6

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 317,000 persons aged 12 and older (7.1 percent of Maryland's population) needed, but did not receive, treatment for alcohol use and 119,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Maryland.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.09	5.19	15.17	6.08
Needing but not receiving treatment for illicit drug use	2.68	4.96	8.62	1.43

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Through the Governor's Cabinet Council on Crime Control and Juvenile Justice an annual crime control and prevention plan is prepared. The council's framework is an extensive committee and task force structure with membership that ensures the input and involvement of citizens, providers, human service professionals, business leaders, local government representatives, and legislators.

ADAA uses the truncated Poisson probability distribution to estimate Statewide and local need based on analysis of treatment episode data. All certified treatment programs in Maryland, both public and private, are required to report to the Substance Abuse Management Information System (SAMIS). Based on data from SAMIS, The Outlook and Outcomes Annual Report is produced and distributed statewide. This report and other selected patient-based data and treatment utilization reports provides details of treatment services delivered in every sector of the State.

Besides SAMIS, Maryland also gathers pertinent information through its program advisor offices. These prevention and treatment offices serve as the major liaison between ADAA and the AOD treatment and prevention providers throughout the State. Information gathered by these offices on abuse trends and targeted populations serve as an important mechanism that compliments the sometimes more formalized data collection systems.

Evaluation

The Treatment Compliance Office is responsible for developing, implementing, and maintaining service improvement strategies that will enhance the quality of addiction treatment services that are provided in Maryland. Two strategies used to meet this goal are compliance reviews and complaint investigations.

The data in Outlook and Outcomes reflect the status of substance abuse treatment, intervention, and prevention programs in Maryland, the services they deliver, and the populations that they serve. Data collected through the tracking of patients who have entered the treatment system provide a rich repository of information on activity and treatment outcomes in the statewide treatment network. The identification of these trends and patterns leads to long-term planning to meet the population needs and to outcome measures that ensure quality treatment and fiscal accountability.

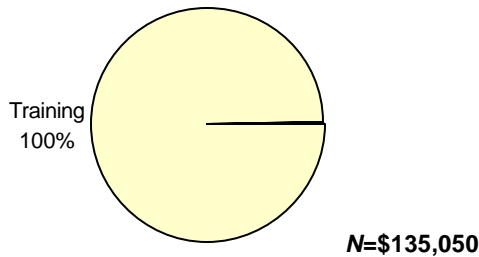
Training and Assistance

The ADAA's Office of Education and Training for Addiction Services (OETAS) delivers training events, including courses approved for prevention certification or recertification. The ADAA sponsors management conferences and regional skill application training for clinical supervisors, prevention coordinators, and program managers.

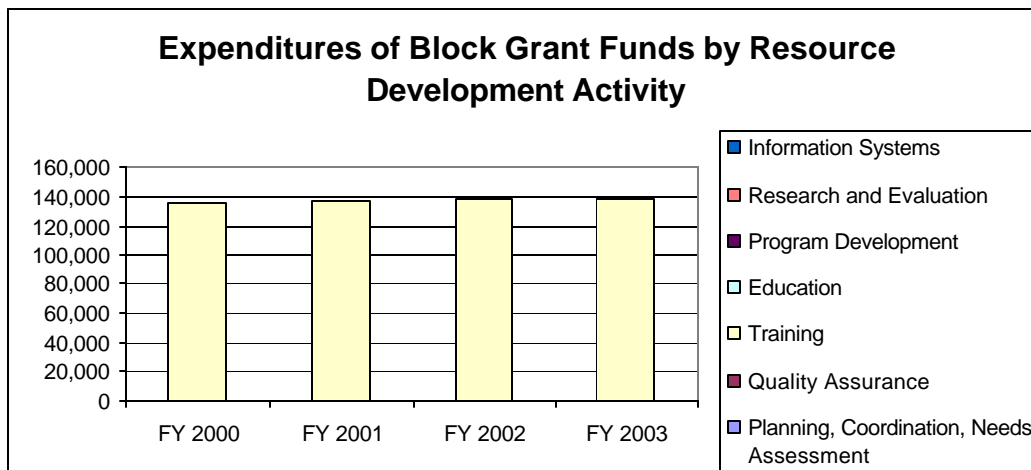
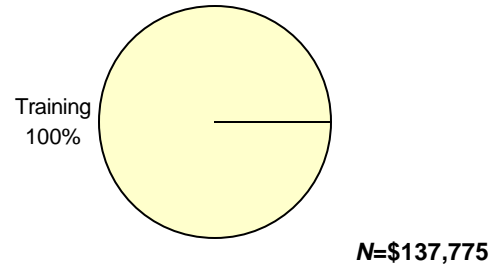
Expenditures of Block Grant Fund for Resource Development Activities

The total dollar amount for resource development activities in Maryland remained relatively stable from FYs 2000 through 2003 at about \$135,000. During this time period, 100 percent of SAPT Block Grant funding for resource development activities went towards training activities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	135,050	100	136,775	100	137,775	100	137,775	100
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	135,050	100	136,775	100	137,775	100	137,775	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary funds for prevention activities in Maryland totaled \$2.8 million in FY 2004. Eight of the 10 awards went to Drug Free Communities grantees totaling \$624,000. The largest single award was for Family Strengthening for \$475,000.

Center for Substance Abuse Prevention Discretionary Awards in Maryland for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	8	623,554
Family Strengthening	1	474,997
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	345,825
HIV/AIDS Cohort 4 Services	2	700,000
Youth Transition into the Workplace	2	300,000
Total	16	2,800,368

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded 10 discretionary grants to Maryland entities totaling \$4.5 million in FY 2004. The largest single award was a CSAT 2004 Earmarks grant. The area receiving the most funds was targeted capacity-HIV/AIDS (at 1.3 million).

Center for Substance Abuse Treatment Discretionary Awards in Maryland for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	649,933
CSAT 2004 Earmarks	1	994,100
DATA Physician Clinical Support System	1	499,681
Effective Adolescent Treatment	1	238,490
Residential SA Treatment	1	250,174
State Data Infrastructure	1	100,000
Targeted Capacity - HIV/AIDS	3	1,315,406
TCE Innovative Treatment	1	500,000
Total	10	4,547,784

SOURCE: www.samhsa.gov