MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Safer Neighborhoods Workgroup

Minutes for January 23, 2009 Meeting

Present: Shannon Bowles (DJS), Peter Cohen (ADAA), Sandi Davis (DPSCS), George Lipman, Patrick McGee, Don Napier (GOCCP), Kathleen O'Brien, Glen Plutschak, Gale Saler, Susan Steinberg, Michael Wachs

I. Call to Order: The meeting was alled to order at 1:35 p.m.

II. Selection of Chairperson: Glen Plutschak and Patrick McGee were selected as co-chairs.

III. Adding Members to the Workgroup: Several additional representatives from stakeholders group were suggested as members. These were:

a. Representative from Parole Board
b. Representative from the Public Defender's Office
c. Representative from the State's Attorney's Office
d. Representative from adolescent residential treatment
e. A Juvenile Master
f. Representative from a Juvenile Drug Treatment Court

It was felt that these individuals would add valuable information to the workgroup. Suzan will contact appropriate offices to request representatives.

IV. Work Plan: To begin work on the responsibilities of this workgroup, tasks were assigned and several sub-workgroups developed**.**

a. **Task 2:** Suzan Swanton will:
    i. Write a one-page synopsis of each jurisdiction's plan, highlighting goals and objectives for criminal justice and juvenile justice substance abuse services.
    ii. Contact stakeholder agencies to get information about where they see the gaps in services are. These agencies include DJS, the Judiciary, the wardens, parole and probation, and Juvenile masters.
b. **Tasks 1-3:** Service Delivery and Promising Practices Subgroup: A subgroup consisting of Sandi Davis, Kathleen O'Brien, Glen Plutschak, Gale Saler, Susan Steinberg, and a representative from Parole and Probation will work on tasks 1-3.
c. **Task 4:** Data-Sharing Subgroup: Pat McGee, representative from ADAA, representative from MHA, representative DJS, representative from GOCCP, and Mark Luckner

d. **Tasks 5-7:** Tasks cannot be competed until the work of the sub-workgroups is done.

V. Additional Discussion:

a. Data Sharing:
    i. The need to have accurate and accessible information for clients when they enter into various public service systems (Court system, parole and probation, substance abuse treatment, mental health treatment, etc.) was emphasized. Access to such information, when the agents of those systems need it, would improve the quality of the services to individuals using those services. This includes such things as better sentencing decisions, better patient placement decisions, and availability of community resources in different jurisdictions. At the present time, the basic infrastructure is missing that would allow the people who could use information from multiple data bases to make more data driven, judicious and discriminating decisions.
    ii. The difficulty in trying to mesh all the various data bases being used by agencies that interface with the substance abuser was noted.

b. Task #6: Some discussion was held concerning potential funding mechanisms to implement whatever recommendations the workgroup would make. It was generally felt that improvements in the current way of doing business could be more cost effective. One suggestion was to make several agencies responsible for the same MFRs. Those agencies who serve consumers who are impacted by substance abuse or its consequences should be responsible for the same outcomes. This would encourage the different departments, who currently appear to operate in silos, to work together more closely to achieve the same ends.

VI. 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
b. **Service Delivery and Promising Practices Sub-group:** Conference call February 3, 2009, 1:00 p.m. to 3:00 p.m.
c. **Data Sharing Sub-group:** TBA

VII. Adjournment: The meeting was adjourned at 3:20 p.m.

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 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.

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 then 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 then incarceration if relapse occurs.
E. Likewise, offenders need someplace to go if they finish treatment before they finish there 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 ADAA 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.

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 is 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 ADAA policies**
L. **Explore Evidence-based substance abuse treatment for offenders such as "Thinking for Change" and Moral Reconation 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, ADAA 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.

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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

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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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