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	Agency Name & Address	Baltimore City Health Department 1001 E. Fayette St. Baltimore Substance Abuse Systems Inc. (bSAS) 1 North Charles Street, Suite 1600	Baltimore Substance Abuse Systems MEMO
	Subject	Council Bill 09-0138R – Informational Hearing – Baltimore Substance Abuse Systems, Inc.	

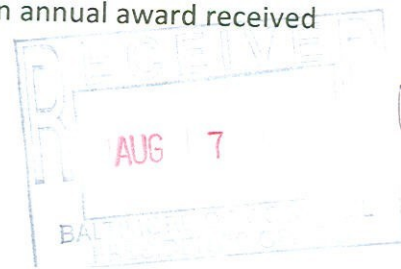
To: President and Members
of the City Council
C/o: 409 City Hall

July 29, 2009

The Baltimore City Health Department and the Baltimore Substance Abuse Systems, Inc. (bSAS) are pleased to have the opportunity to respond to Council Resolution 09-0138R. The purpose of this resolution is to request the President and CEO of Baltimore Substance Abuse Systems to report to the City Council on the administration of the Baltimore's publicly funded treatment system, criteria applied in determining recommendations for funding treatment and prevention programs in Baltimore City, and the process involved in rescinding funding from participating service providers.

Established as a quasi-public agency in 1990, the Baltimore Substance Abuse Systems Inc. (bSAS) serves as the local substance abuse treatment authority for Baltimore City. Currently bSAS operates as a 510(c)(3) non-profit agency and is governed by a 26-member board of directors, with Baltimore City's Interim Health Commissioner serving as chair of the board. Since January 2009, Mr. Gregory Warren, MA, MBA, has served as the organization's President and Chief Operating Officer.

By virtue of its State designation in 2005 as the local treatment authority for Baltimore City, bSAS assumes responsibility for funding, managing and monitoring Baltimore's publicly funded treatment system. This consists of approximately 50 prevention, intervention, treatment and recovery programs operating throughout the city. In fiscal year 2009, bSAS' annual budget exceeded \$50 million dollars (refer to 3), comprised primarily of grant funds received from federal and state sources, private foundations, and an annual award received from Baltimore City.



BSAS' mission focuses on reducing and preventing substance abuse in Baltimore City, with an emphasis on reversing the adverse health and social consequences substance abuse has on Baltimore City residents, families, and communities. Our goal in managing the City's treatment system is to ensure that every resident of Baltimore City, uninsured and under-insured, has ready access to effective, high quality and comprehensive substance abuse treatment services if they need them.

Heroin continues to be the primary drug of abuse in Baltimore City. Many patients admitted to treatment programs self report poly drug use (the abuse of multiple substances) such as using heroin in combination with cocaine, marijuana and alcohol. Heroin and other drug addictions are closely associated with severe health problems, increased violence and crime. They also contribute to the deterioration of whole family systems and communities across our City. Further evidence of the destructive power of addiction on our citizens has been the role that drug addiction has played in seeing Baltimore leading the nation in infant deaths.

It has been widely reported Baltimore has an addicted population approaching upwards of 60,000 individuals. Prohibitive costs have served as a barrier to conducting the level and detail of research necessary to quantify this figure. Absent such a detailed study, through which to quantify unmet treatment need in Baltimore City, one might refer to the 2006 Substance Abuse and Mental Health Services Administration's (SAMHSA) "National Household Survey on Drug Use and Health (formerly known as the National Household Survey on Drug Abuse – NHSDA) in attempting to quantify the prevalence of substance abuse in Baltimore.

The 2006 NHSDA Report released by SAMHSA suggests that, based on survey data, a local jurisdiction could obtain an unscientific snapshot of the prevalence of addiction in its local jurisdiction simply by calculating that between 8-10% of the local population would benefit from increased access to effective treatment. A review of U.S. Census data for Baltimore City places the city's 2008-estimated population at 636,919 residents. In 2008, bSAS provided treatment and in several cases critical wrap-around services to upwards of 19,000 Baltimore City residents. This seems to suggest that bSAS would need to increase its current treatment capacity two-fold simply to address current unmet treatment need.

The current gap between the need for treatment and existing resources has resulted in continued substance use, increased crime, and a greater prevalence of HIV/AIDS. Despite significant gains in reducing crime and increasing the availability of substance abuse treatment over the past ten years, Baltimore City continues to suffer the affects of substance abuse in terms of high rates of crime, HIV, school drop-out, and foster care placements.

Sadly, in some cases, people seeking treatment have been turned away for lack of available treatment slots or other services. In FY08 and the first half of FY09, bSAS received

7,756 calls for substance abuse services (approximately 32 calls per business day). Among the calls, approximately half were requests for treatment and half were requests for information only. Among the callers who requested treatment and were Baltimore City residents, 64% of callers were given treatment appointments at the time of their first call to bSAS and 36% of callers were placed on a waiting list. The average time on the waiting list, for people who bSAS was able to re-contact, was 8 days. These individuals represent only a small portion of people seeking treatment in Baltimore, and the wait time for treatment reported by criminal justice and various human service organizations seeking services for their clients is estimated to be weeks, or even months for certain levels of care.

Furthermore, current demand for treatment by the judiciary, Drug Courts and other criminal justice entities for drug-involved offenders far exceeds Baltimore's existing capacity to fully serve the City's forensic population. The need for additional treatment slots was so great at one point that criminal justice system leaders in Baltimore collaborated for over one year to study the current level of services and identify specific gaps in services for this population. As a result, the bSAS Board of Directors' Criminal Justice Committee and the Baltimore City Criminal Justice Coordinating Council's Substance Abuse Committee jointly released a 2006 report, ***"Gaps in Obtaining Substance Abuse Services within Baltimore City's Criminal Justice System,"*** which outlined the following eight primary gaps in services targeting the City's forensic population:

1. Insufficient co-occurring disorder programs and slots
2. The need for more appropriate and timely treatment episode information for judges
3. The lack of utilization of the data link program with BSAS and the Central Booking Intake Facility (CBIF)
4. The lack of availability of substance abuse treatment slots for all defendants who receive treatment as a condition of their sentence
5. Inadequate number of halfway housing slots
6. Inadequate number of medically assisted treatment slots (including but not limited to methadone and buprenorphine)
7. Inadequate number of substance abuse facilities that accept violent offenders
8. Inadequate number of crisis intervention programs/centers

Another indication of the need for substance abuse treatment among the city's forensic population is the number of people incarcerated at the Baltimore Detention Center (BCDC) who are treated for drug dependence. In 2009, the Division of Pretrial and Detention Services reported that 8,609 or approximately 22% of the 39,781 people committed to BCDC were treated for drug dependence. Among those treated, 6,512 were dependent on opioids and received detoxification or methadone maintenance.

The current funding priorities for Baltimore City's substance abuse treatment system are:

- 1) To reduce heroin addiction
- 2) To increase the supply of effective drug abuse treatment to meet current and future demand for treatment and other wrap-around services from the community in general, criminal justice system, needle exchange, social services and other referral sources.

Five Year "Fiscal-Year" Funding Overview					
Funding Source	FY 06	FY07	FY08	FY09	FY10
State	\$47,226,835 (89.8%)	\$47,816,733 (89.8%)	\$49,990,697 (90.4%)	\$52,065,688 (90.4%)	\$50,531,151 (87.1%)
City	\$1,835,856 (3.5%)	\$1,979,856 (3.5%)	\$2,079,856 (3.8%)	\$2,272,856 (3.9%)	\$2,052,543 (3.5%)
City Pass Through	\$2,596,633 (4.9%)	\$2,378,894 (4.9%)	\$2,378,034 (4.3%)	\$2,378,034 (4.1%)	\$3,276,820 (5.6%)
Federal	\$636,097 (1.2%)	\$607,932 (1.2%)	\$453,380 (0.8%)	\$453,380 (0.8%)	\$1,962,850 (3.4%)
Private Foundations	\$275,945 (0.5%)	\$597,381 (0.5%)	\$397,381 (0.7%)	\$397,381 (0.9%)	\$196,139 (0.3%)
Total Fiscal Year Funding	\$52,571,366 (100%)	\$53,380,796 (100%)	\$55,299,348 (100%)	\$57,567,339 (100%)	\$58,019,503 (100%)

In an attempt to adopt a proactive approach to closing Baltimore City's current unmet treatment need Baltimore Substance Abuse Systems Inc. recently submitted a request for additional State support to expand its current allotment of halfway house slots.

	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>Source</u>					
State	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
City	\$2,052,000	\$2,052,000	\$2,052,000	\$2,052,000	\$2,052,000
Federal					
Total	\$4,052,000	\$4,052,000	\$4,052,000	\$4,052,000	\$4,052,000

Recognizing the national and state fiscal crisis, this request was for \$200,000 additional funding. However the two-year jurisdictional plan (2009-2011), which bSAS recently submitted to the state, suggests Baltimore city's publicly funded treatment system would need to realize an additional \$15 million in new revenue in order for the city's system to reach the much

desired and sought after state of treatment on demand. This level of additional funding could be used to target the following programs and services for expansion:

- **Buprenorphine services - \$3 million**
Would pay for treatment for an 500 additional buprenorphine patients annually
- **Methadone treatment - \$7 million**
Would pay for treatment for an 1,500 additional methadone patients annually
- **Interim methadone services - \$1 million**
Would pay for medication for 500 additional interim patients annually
- **Halfway house treatment - \$3 million**
Would pay for treatment services for an 350 additional patients annually
- **Intermediate residential care - \$1 million**
Would pay for long-term care for an additional 400 patients annually

This informational hearing provides a great opportunity to evaluate the effectiveness of Baltimore City's publicly funded treatment system. It also gives up a much needed opportunity to review how well the local authority has managed the system and more importantly managed and carried out its fiduciary responsibilities as the fiscal agent and steward of public funding. On behalf of both the Baltimore City Health Department and the Baltimore Substance Abuse Systems, we look forward to working with the City Council in this regard and welcome the opportunity to provide more information about Baltimore Substance Abuse Systems, Inc.

Cc: Gregory Warren, bSAS
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