

MK.00
Alcohol and Drug Abuse Administration
Department of Health and Mental Hygiene

Operating Budget Data

(\$ in Thousands)

| | FY 00 | FY 01 | FY 02 | | % Change |
|--------------------|----------------------|-----------------------|-------------------------|----------------------|--------------------------|
| | <u>Actual</u> | <u>Working</u> | <u>Allowance</u> | <u>Change</u> | <u>Prior Year</u> |
| General Fund | \$43,990 | \$50,158 | \$72,153 | \$21,994 | 43.9% |
| Special Fund | 267 | 18,806 | 18,780 | (26) | (0.1%) |
| Federal Fund | <u>30,157</u> | <u>30,919</u> | <u>30,951</u> | <u>33</u> | <u>0.1%</u> |
| Total Funds | \$74,414 | \$99,883 | \$121,884 | \$22,001 | 22.0% |

- Almost all of the increase is the result of additional treatment funds to support the implementation of Substance Abuse Treatment Outcomes Partnership grants, Integration of Child Welfare and Substance Abuse Treatment (HB 7) grants, regional grants, salary upgrades of addictions counselors, expansion of the treatment to work program, and enhancement of information systems.

Personnel Data

| | FY 00 | FY 01 | FY 02 | |
|------------------------|----------------------|-----------------------|-------------------------|----------------------|
| | <u>Actual</u> | <u>Working</u> | <u>Allowance</u> | <u>Change</u> |
| Regular Positions | 53.00 | 54.00 | 54.00 | 0.00 |
| Contractual FTEs | <u>27.40</u> | <u>23.80</u> | <u>21.20</u> | <u>(2.60)</u> |
| Total Personnel | 80.40 | 77.80 | 75.20 | (2.60) |

Vacancy Data: Regular

| | | |
|---------------------------------|------|-------|
| Budgeted Turnover: FY 02 | 3.26 | 6.04% |
| Positions Vacant as of 12/31/00 | 3.00 | 5.56% |

- Although the allowance shows the same number of regular positions and a decrease in contractual personnel, the Alcohol and Drug Abuse Administration (ADAA) is actually expecting an increase in positions. The administration plans to use new funding to hire several administrative positions, especially in the area of information technology. These new positions would either be contractual or transferred PINs from other parts of the Department of Health and Mental Hygiene (DHMH).

Note: Numbers may not sum to total due to rounding.

For further information contact: Robyn S. Elliott

Phone: (410) 946-5530

Analysis in Brief

Issues

Understanding the Treatment System May Require a Full Committee Review: The treatment system is complex because it involves many State agencies. **The Department of Legislative Services (DLS) recommends committee narrative that states the committees intent to review all State agencies' requests for treatment-related funding in full committee hearings.**

Problems with Compliance to the Synar Amendment Threatens Block Grant Funds: ADAA is in danger of losing block grant funds if it does not meet the federal requirement for reducing youth access to tobacco. **DLS recommends budget bill language that expresses the General Assembly's intent that ADAA work toward meeting Synar requirements.**

Expansion Initiatives Depend on Building Capacity: The expansion of treatment services is not linked directly to a capital grants program under DHMH for community-based providers. **DLS recommends budget bill language that expresses the General Assembly's intent that the operating budget and capital grants program be linked.**

New Federal Grant Supports Maryland Substance Abuse Prevention Initiative: The Governor's Office on Crime Control and Prevention (GOCCP) received a federal grant to develop an integrated prevention strategy. **DLS has recommended committee narrative to the subcommittees that review GOCCP's budget. The narrative requests a report on the integrated strategy.**

Treatment System Is Inefficient Because of Outdated Case Management System: The treatment system is inefficient because most case management functions are not automated. **DLS recommends that the DHMH discuss this issue.**

Executive and Legislative Branches Study Treatment over the 2000 Interim: The Lieutenant Governor's Drug Treatment Task Force recently issued six recommendations in its final report on reforming and expanding the treatment system. The recommendations include establishing a Drug and Alcohol Treatment Council to coordinate State agencies. To assist the legislature in making any decisions on treatment, DLS has published a report on the structure of the treatment system.

MK.00 - DHMH - Alcohol and Drug Abuse Administration

Recommended Actions

| | <u>Funds</u> |
|--|--------------|
| 1. Adopt narrative declaring the budget committees intent to hold full committee hearings on substance abuse treatment programs in the next budget cycle. | |
| 2. Reduce expansion funds for regions with greatest needs because there are expected implementation delays. | \$ 2,500,000 |
| 3. Reduce funds for salary increases because the estimate is less than the amount in the allowance. | 200,000 |
| 4. Reduce funding for addictions counselor upgrades because 12 months of funding is not justified. Counselors do not have to meet higher educational and training standards until October 1, 2001, which is the statutory deadline for counselors to obtain certification. | 1,450,000 |
| 5. Reduce funds for information system enhancements because a draft of the spending plan only accounts for a \$1.35 million out of \$2.0 million in the allowance. | 650,000 |
| 6. Reduce funding for lead abatement training because the program is expected to experience implementation delays. | 325,000 |
| 7. Add budget bill language that declares the General Assembly's intent on the following four issues: | |
| ● the use of salary enhancements for addictions personnel; | |
| ● the development of long-term outcome measures; | |
| ● the meeting of the requirements of the federal Synar amendment; and | |
| ● coordination of expansion of treatment services with the capital grants program. | |

The language also restricts funds in the following areas until reports are submitted:

- \$2.5 million for regions with the greatest needs;
- \$1.35 million for enhancing information systems; and
- \$0.3 million for Employment in Recovery Program.

MK.00 - DHMH - Alcohol and Drug Abuse Administration

The language also requires reports on the following:

- the integration of child welfare and substance abuse treatment; and
- a breakdown of proposed spending for substance abuse treatment in the Governor's Budget Books.

Total Reductions **\$ 5,125,000**

Updates

Budget Committees Have Released New Funding for Treatment in Fiscal 2001: The budget committees released most of the \$18.5 million in Cigarette Restitution Funds because the department submitted a satisfactory plan on expanding treatment. One million dollars remains on hold until the department can provide a long-term plan for enhancing information systems.

MK.00
Alcohol and Drug Abuse Administration
Department of Health and Mental Hygiene

Operating Budget Analysis

Program Description

The Alcohol and Drug Abuse Administration (ADAA) consists of two programs: Addictions Administration and Addictions Treatment Services. The Addictions Administration promotes, develops, and establishes unified programs for treatment and rehabilitation, training, prevention, research, and control in the field of alcohol and drug abuse, in cooperation with other similar federal, State, local, and private agencies. The mission of this administration is to plan and develop services to prevent harmful involvement with alcohol and other drugs and to treat the illness of chemical addiction in the State of Maryland.

The Addictions Treatment Services program is decentralized and integrates programming with local health department operations. Addictions treatment is funded through grants to private, nonprofit agencies or to local health departments. Maryland's community-based addictions treatment programs include: (1) primary and emergency care; (2) intermediate care facilities; (3) halfway houses and long-term programs; (4) outpatient care; and (5) prevention programs. The mission of the ADAA is to maintain a statewide, integrated service delivery system through a variety of treatment and prevention modalities which provide financial and geographic access to all Marylanders who need help with drug and alcohol addiction.

Governor's Proposed Budget

The fiscal 2002 allowance includes a \$22 million, or 22%, increase over the fiscal 2001 working appropriation, as shown in **Exhibit 1**. Only \$0.1 million is attributable to salary and benefit enhancements for existing personnel; the remainder is the result of initiatives to expand and enhance treatment services. Close to 100% of these new monies come from the general fund.

Substance Abuse Treatment Outcomes Partnership Grants -- \$4 Million

With Chapter 675, Acts of 2000 the General Assembly established the Substance Abuse Treatment Outcomes Partnership (STOP) program. As stipulated in the legislation, the Governor included \$4 million in the fiscal 2002 allowance. The statute directs the Governor to increase the proposed budget to \$8 million in fiscal 2003 and \$12 million in fiscal 2004. Any budgeted monies may not be used to supplant existing funding.

Exhibit 1

**Governor's Proposed Budget
Alcohol and Drug Abuse Administration
(\$ in Thousands)**

| How Much It Grows: | General Fund | Special Fund | Federal Fund | Total |
|----------------------------|-------------------------|-------------------------|-------------------------|--------------|
| 2001 Working Appropriation | \$50,158 | \$18,806 | \$30,919 | \$99,883 |
| 2002 Governor's Allowance | 72,153 | 18,780 | 30,951 | 121,884 |
| Amount Change | \$21,994 | (\$26) | \$33 | \$22,001 |
| Percent Change | 43.9% | (0.1%) | 0.1% | 22.0% |

Where It Goes:

| | |
|---|-----------------|
| Personnel Expenses | \$153 |
| Increments, fiscal 2001 increase phase-in, and other | \$107 |
| Contractual positions decrease, although ADAA may increase positions in information technology using new programmatic funding | (119) |
| Fiscal 2002 general salary increase | 51 |
| Fringe benefits adjustment | 75 |
| Employee and retiree health insurance rate change | 39 |
| Programmatic Expenses | 21,848 |
| Salary enhancements for additions counselors in local health departments and community based providers | 7,294 |
| Expansion grants to regions with greatest treatment needs | 5,000 |
| Substance Abuse Outcomes Partnership Grants, as established by Chapter 675, Acts of 2000 | 4,000 |
| Integration of Child Welfare and Substance Abuse Treatment, as mandated by Chapter 551, Acts of 2000 | 4,000 |
| Enhancing information systems to improve collection and analysis of long-term outcome indicators | 1,000 |
| Expansion of Treatment to Work Program for lead abatement | 475 |
| Growth in federal funds | 150 |
| Other | (71) |
| Total | \$22,001 |

Note: Numbers may not sum to total due to rounding.

MK.00 - DHMH - Alcohol and Drug Abuse Administration

ADAA will award funds through a competitive grant process, and any jurisdiction will be eligible to apply. By issuing emergency regulations in February 2001, ADAA established the following guidelines for grant applications:

- the jurisdiction should provide 50% of the funding needed. The match can include direct funding or in-kind contributions. A jurisdiction that demonstrates financial hardship may contribute less than 50%;
- the jurisdiction should maximize the use of resources through the use of excess capacity in existing facilities; and
- regions should consider applying together because it may be more efficient to pool resources.

With a grant application deadline of April 30, 2001, ADAA expects to award funds in the beginning of fiscal 2002. Award decisions will be made in consultation with the Lieutenant Governor's Drug Treatment Task Force. **The Department of Legislative Services (DLS) recommends that ADAA comment upon how it plans to select recipients of STOP grants.**

Integration of Child Welfare and Substance Abuse Treatment -- \$4 Million

The General Assembly passed the Integration of Child Welfare and Substance Abuse Treatment Act during the 2000 session. Known as HB 7, this Act establishes a program to provide at-risk parents with treatment services. An at-risk parent is defined as a parent with a child in out-of-home placement or at risk of an out-of-home placement.

The program is jointly managed by ADAA and the Department of Human Resources (DHR) because the legislation emphasizes that child welfare and treatment services should be well coordinated. DHR will assume primary responsibility for assessment and case management, while ADAA will award treatment grants to local health departments.

To support HB 7, the fiscal 2002 allowance includes \$4 million in general funds under ADAA and \$2.2 million in federal funds under DHR. Although the legislation mandated that the program be statewide, the funds are only enough for the agencies to establish a few pilot sites. The agencies plan to select those sites through a competitive grant process.

The legislation also requires DHR and DHMH to submit an annual report on the program by December 15. **DLS recommends budget bill language that directs the agencies to address the following items in that annual report:**

- **a description of the pilot sites selected, including the number and type of treatment slots that will be purchased as well as an estimate of the clients to be served;**
- **an assessment of the overlap between the Temporary Cash Assistance (TCA) and HB 7 programs at the pilot sites. Some DHR clients might fall into both categories. Since there could be significant overlap, this information is essential in evaluating the potential budgetary impact of expanding the programs;**

MK.00 - DHMH - Alcohol and Drug Abuse Administration

- **an evaluation of the memorandum of understanding between DHR and DHMH on managing the program. The evaluation should address any improvements that are needed to make the program more effective and efficient; and**
- **an assessment of DHR's resources. The \$2.2 million in the allowance is not actually an increase for DHR. In fact, this amount falls below the \$3.2 million in Temporary Assistance to Needy Families (TANF) that DHR plans to bring into the fiscal 2001 budget through budget amendment. DHR plans to use the \$3.2 million in fiscal 2001 and \$2.2 in fiscal 2002 to fund additions specialists who will manage both TCA and HB 7 clients. It does not make sense that DHR would need less in fiscal 2002.**

Regions with the Greatest Needs -- \$5.0 Million

Most regions cannot meet the demand for treatment, especially for those populations that are not covered by specific initiatives like HB 7. To address these needs, the fiscal 2002 allowance includes \$5.0 million for competitive grants for individual jurisdictions or regions.

While there is clearly a need for additional treatment, DLS is concerned about the ability of jurisdictions to spend the full \$5.0 million by the end of fiscal 2002. Many jurisdictions are still struggling to spend their portions of the \$18.5 million increase in Cigarette Restitution Funds (CRF) in fiscal 2001. It takes a significant amount of time for jurisdictions to negotiate the procurement process. Some treatment slots, especially for residential services, may not be readily available because treatment centers will have to be expanded or built. **Therefore, DLS is recommending a reduction of \$2.5 million in recognition that it will simply take more time for the treatment system to expand.**

ADAA plans to distribute the new regional funds based on a formula that still needs to be developed. Distributing some funding on a formula basis makes sense because addiction problems are more severe in some areas. **However, DLS recommends restricting regional funding until ADAA has submitted a report on the proposed formula. The budget committees should review this formula because it could set a precedent for the allocation of future expansion funds.** ADAA does not intend to use the formula to redistribute existing funds.

Salary Increases -- \$7.3 Million

The fiscal 2002 allowance includes \$1.3 million for a cost-of-living adjustment (COLA) and \$6 million for salary upgrades of addictions counselors. The COLA covers the annualization of the fiscal 2001 COLA and the fiscal 2002 COLA, as it is also budgeted for State employees. ADAA will use these funds to support personnel in local health department and community-based programs.

Salary upgrades for addictions counselors are justified because Chapter 437, Acts of 1999 mandates that addictions counselors obtain certification from the Board of Professional Counselors by October 1, 2001. To become certified, counselors must meet mandated educational and training requirements. The additional funds will provide an average increase of 12%, which represents an increase of two grades on the State salary scale.

MK.00 - DHMH - Alcohol and Drug Abuse Administration

However, DLS recommends the following recommendations:

- a reduction of \$0.2 million. The estimated annual cost of \$5.8 million is less than the \$6 million in the allowance;
- a reduction of 25% or \$1.45 million because an increase for a full year is not justified. Certification is not required until October 1, 2001; and
- budget bill language that expresses the General Assembly's intent that ADAA require that the remaining \$4.35 million be used for salary increases.

Enhancing Information Systems -- \$1 Million

ADAA must hold programs accountable for the quality of treatment services. However, the administration is limited by inadequate information systems. To enhance ADAA's ability to track long-term outcome measures (see the Managing for Results (MFR) section for more detail), the fiscal 2002 allowance contains an additional \$1 million. When paired with another \$1 million in base funding, there is a total of \$2 million allocated for this purpose in fiscal 2002. These funds will pay for consulting services, enhancement to hardware and software systems, and new positions.

The budget committees are still restricting \$1 million for administrative infrastructure in fiscal 2001. These funds are part of the \$18.5 million in CRF. The funds have not been released because the budget committees are concerned that ADAA has not yet developed an appropriate spending plan. In a letter to the agency, the budget committees requested an Information Technology (IT) Master Plan that addresses these issues:

- **Not Meeting ADAA's Needs:** ADAA plans to enhance its information systems to increase program accountability. However, it is not clear if the current proposal will allow ADAA to accomplish this goal. Given the magnitude of the accountability task, it is quite possible that ADAA would require a more extensive system than is being requested.
- **Impact on Existing Systems:** ADAA's proposal does not provide enough information on how the initiative will effect the existing interagency database, known as HATS. While this database helps track clients across different agencies, only a few providers have access. Expanding access would undoubtedly require a significant investment.
- **Potential Long-term Impact on the Budget:** Without an IT master plan, there is no way to evaluate the long-term impact of the information systems project on ADAA's budget. It is likely that the project could require significant investment in subsequent years.

ADAA is in the final stages of developing its plan. **Since the budget committees have restricted the fiscal 2001 funding until this plan is submitted, DLS recommends applying the same restriction on fiscal 2002 funding for enhancing information systems.**

ADAA recently submitted a draft of the plan to DLS. A preliminary review reveals that the plan only accounts for \$1.35 million of the \$2 million in the fiscal 2002 allowance. **Therefore, DLS recommends reducing the allowance by \$0.65 million.**

MK.00 - DHMH - Alcohol and Drug Abuse Administration

Alcohol and Drug Treatment to Work Pilot Program -- \$0.5 Million

The Alcohol and Drug Treatment to Work Pilot was established by Chapter 469, Acts of 2000. The program will cover the costs of training and salaries for addictions clients who become lead paint abatement workers. To implement the program, ADAA issued emergency regulations this February.

The fiscal 2002 allowance contains a \$475,000 increase over the fiscal 2001 appropriation of \$150,000. No funds have been expended yet in fiscal 2001 because the General Assembly restricted the funds until the administration had submitted a plan. As the plan was not submitted until the end of January, it is still being reviewed. However, a preliminary review of the plan reveals that implementation delays are likely. Since training and placement of lead paint abatement workers is outside of ADAA's expertise, it will take some time for ADAA to establish the program. **Therefore, DLS advises that the full increase will not be needed. If the increase was reduced from \$475,000 to \$150,000, ADAA would be more likely to expend the funds in fiscal 2002. Such a reduction would still allow the appropriation to double from \$150,000 in fiscal 2001 to \$300,000 in fiscal 2002.**

Performance Analysis: Managing for Results

ADAA has a thoughtful MFR plan that reflects the full scope of its operations. As demonstrated in **Exhibit 2**, the measures focus on new initiatives as well as the performance of existing programs.

Population-specific Treatment Measures

In the last couple years, ADAA has embarked on a number of new initiatives to provide services to targeted populations. These initiatives include:

- **Mothers of Drug-affected Babies:** This program, also known as SB 512, is designed to prevent newborns going home with a drug-addicted mother. If a newborn shows signs of being affected by drugs, addictions specialists in the hospital assess the mother for substance abuse problems. Mothers that are identified with problems must go to treatment or risk losing custody. Pilot sites for this project are located in Baltimore City, Prince George's County, Washington County, and the Lower Eastern Shore. The measurements show that ADAA expects a net increase between fiscal 1999 and 2002 in the percentage of addicted mothers who are placed into treatment. This increase reflects ADAA's work with DHR to improve referral mechanisms. Since the beginning of fiscal 2001, ADAA's budget has contained funds for both treatment and the addictions specialists under this program.
- **TCA Clients:** This program seeks to identify and place TCA clients with substance abuse problems into appropriate treatment. Every jurisdiction participates in this program. In those jurisdictions that also participate in the HB 7 pilot, resources may be pooled to serve both TCA and HB 7 clients, since there is significant overlap in the two client populations. Funds for inpatient treatment are in ADAA's budget, while support for addictions specialists is budgeted under DHR.

Exhibit 2

**Program Measurement Data
Alcohol and Drug Abuse Administration
Fiscal 1999 through 2002**

| | <u>Actual 1999</u> | <u>Actual 2000</u> | <u>Est. 2001</u> | <u>Est. 2002</u> | <u>Ann. Chg. 99-00</u> | <u>Ann. Chg. 00-02</u> |
|--|------------------------|------------------------|----------------------|----------------------|--------------------------------|--------------------------------|
| Population-specific Treatment Measures | | | | | | |
| # of mothers delivering drug-affected newborns assessed for substance abuse problems | 239 | 247 | 300 | 300 | 3% | 10% |
| % of mothers delivering drug-affected newborns placed into treatment programs | 14% | 22% | 40% | 45% | 57% | 43% |
| # of qualified TCA clients for inpatient treatment | 81 | 221 | 300 | 372 | 173% | 30% |
| % of TCA clients placed into residential settings | 68% | 90% | 90% | 95% | 47% | 3% |
| % of Employment Recovery Program Clients Employed one year after discharge | * | 75% | 75% | 75% | n/a | 0% |
| # of court-ordered evaluations under Health General Article 8-505 | 260 | 400 | 450 | 500 | 54% | 12% |
| # of addictions personnel trained in co-occurring disorders | * | 120 | 120 | 120 | n/a | 0% |
| Modality- specific Treatment Measures¹ | | | | | | |
| Residential - Programs | 19 | 26 | 33 | 34 | 37% | 14% |
| - Clients | 5,170 | 5,500 | 6,100 | 6,400 | 6% | 8% |
| - Completion rate | 70% | 70% | 70% | 70% | 0% | 0% |
| Outpatient - Programs | 63 | 62 | 65 | 65 | -2% | 2% |
| - Clients | 24,000 | 25,000 | 26,000 | 26,500 | 4% | 3% |
| - Completion rate | 50% | 50% | 50% | 50% | 0% | 0% |
| Methadone - Programs | 17 | 17 | 20 | 20 | 0% | 8% |
| - Clients | 7,000 | 8,300 | 9,100 | 9,200 | 19% | 5% |
| - Completion rate | 50% | 50% | 50% | 50% | 0% | 0% |
| Detoxification - Programs | 0 | 0 | 8 | 8 | n/a | n/a |
| - Clients | 0 | 0 | 4,700 | 4,700 | n/a | n/a |
| - Completion rate | n/a | n/a | 80.00% | 80.00% | n/a | n/a |

¹Modality measures do not include the impact of STOP grants and new regional grants.

Source: Department of Health and Mental Hygiene

MK.00 - DHMH - Alcohol and Drug Abuse Administration

MK.00 - DHMH - Alcohol and Drug Abuse Administration

The MFR indicates that there will be 372 TCA clients who require inpatient treatment. Clients who require outpatient treatment are not included in ADAA's MFR because outpatient treatment is funded through Medicaid. Almost all TCA clients are also clients of the Medicaid managed care organizations.

- **Employment in Recovery Pilot Program:** The three-year pilot program was established by Chapter 137, Acts of 1998. The purpose of the pilot is to provide job training and placement services in three jurisdictions. Although the legislation states that fiscal 2001 is the last year of the pilot, ADAA indicates that it wants to make the program permanent.

While DLS agrees that job placement and training could be an important part of recovery, it is not clear that this particular pilot is successful. DLS questions the validity of the MFR data. ADAA states that 75% of the pilot's clients were employed one year after the program in fiscal 2000. DLS notes that this figure is merely an estimate. It is impossible to calculate the fiscal 2000 success rate because it will take until the end of fiscal 2001 to determine if clients have stayed employed for one year.

DLS advises that State agencies should be required to submit a substantive evaluation of any pilot project before transforming it into a permanent program. Therefore, DLS recommends restricting the \$317,583 for the Employment in Recovery Program until ADAA has submitted an evaluation that includes:

- **an actual count of the number of individuals who have remained employed one-year after discharge;**
 - **a comparison of employment rates in the Employment in Recovery Program to employment rates in other ADAA-funded programs; and**
 - **an assessment of any changes that would be required to make the program more successful.**
- **Court-ordered Evaluations:** The courts sometimes request ADAA, instead of the Division of Parole and Probation, to assess and place criminal justice clients. The MFR demonstrate that the number of court-ordered assessments will have increased from 260 in fiscal 1999 to 500 in fiscal 2002.
 - **Co-occurring Disorders:** As the MFR shows, ADAA is continuing to train addictions counselors in addressing both substance abuse and mental health problems. This training should help address the problem, but the real solution will probably more extensive reform.

Modality-specific Treatment

Tracking Expansion

The measurements for treatment modalities reflect the impact of some expansion funds, although estimates for the impact of the STOP grants and new regional grants have not been included. ADAA will develop measures for these funds after reviewing grant applications from the local jurisdictions. **DLS recommends that ADAA include the full impact of expansion funds in next year's performance measures.**

Tracking Long-term Outcomes

There are some serious concerns about completion rates as performance measures because true success can only be assessed by long-term follow-up of clients. This follow-up could involve monitoring rearrest rates, conviction rates, employment rates, and other quality of life factors. However, it can be prohibitively difficult and expensive to track these measures because of the transient nature of the population.

ADAA has been reluctant to divert treatment dollars to performance studies because the potential expense. With two federal grants, ADAA has established pilot projects to track long-term outcomes. These projects will be helpful in establishing protocols for any larger efforts to measure long-term outcomes.

As mentioned previously, ADAA has proposed to use new funding in fiscal 2001 and 2002 to enhance information systems. The enhancements may eventually allow ADAA to track more long-term outcome measures. However, the fiscal 2001 funds have been restricted because ADAA has not submitted a plan that demonstrates the funds will be used effectively. Accordingly, DLS has also recommended restricting the \$2 million in fiscal 2002.

Although ADAA has taken the initiative in expanding its assessment efforts, the issue of long-term outcomes is so critical that DLS recommends that the committees adopt budget bill language to express support of ADAA's endeavors.

Issues

1. Understanding the Treatment System May Require a Full Committee Review

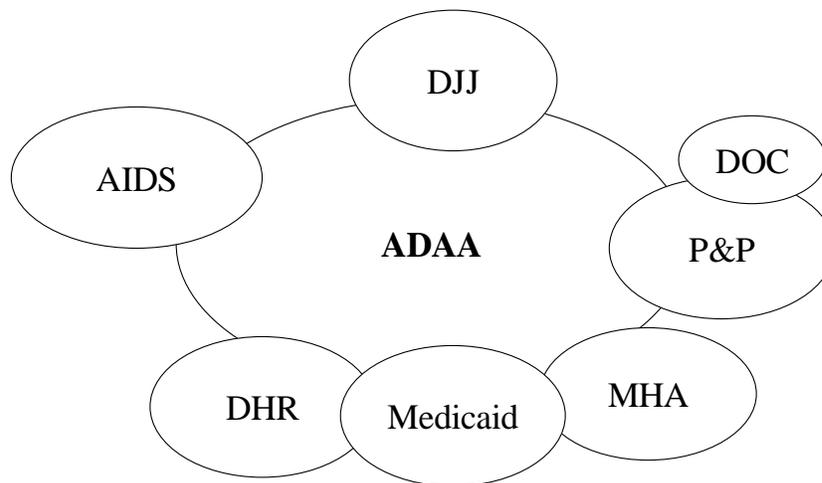
Complexity of the Treatment System

The General Assembly will be faced with making decisions about the funding and structure of the treatment system during this legislative session and beyond. Making these decisions will be difficult because the publicly funded system is so complex. This complexity is largely the result of the number of State agencies involved in treatment.

As shown in **Exhibit 3**, ADAA is at the center of the system because it shares funding and case management responsibilities for most treatment populations with the following: (1) Medicaid in DHMH; (2) Mental Hygiene Administration (MHA) in DHMH; (3) AIDS Administration in DHMH; (4) DHR; (5) the Division of Parole and Probation (P&P) in the Department of Public Safety and Correctional Services (DPSCS); and (6) the Department of Juvenile Justice (DJJ). In addition, the Division of Corrections (DOC) under DPSCS provides treatment services, although it does not significantly overlap with ADAA.

Exhibit 3

State Agencies Structure of the Public-funded Substance Abuse Treatment System



Source: Department of Legislative Services

Lack of Coordination Leads to Problems

The system has never been funded at a level that meets the needs of the population. As a result, there has been a chronic shortage of treatment slots. This problem is sometimes aggravated by lack of coordination at the State and local level. Insufficient coordination is evident in problems such as:

- delays in establishing appropriate protocols for placing TCA clients and mothers of drug-addicted babies into treatment;
- adult criminal justice treatment slots that remain empty;
- juvenile justice clients that are not placed into treatment; and
- no planning to address the need for capital to expand the treatment system.

Some of the coordination problem is the result of the way the system is structured. There is no agency which has ultimate responsibility for making treatment effective. Without a lead agency, the system has evolved in reaction to the most urgent issues. This piecemeal approach has created problems that more planned growth would have avoided.

Addressing the Coordination Issue

The Governor may address the coordination issue by creating the Drug and Alcohol Abuse Council through executive order, as recommended by the Lieutenant Governor's Drug Treatment Task Force. This council could coordinate planning for expansion and reform of the existing system. Although some members of the council would likely be legislators, all members of the budget committees may want to be involved in the ongoing discussion about treatment issues. **Therefore, the budget committees should consider reviewing issues related to substance abuse treatment as full committees as part of the regular budget process. Making substance abuse treatment a full committee item would accomplish the following:**

- **Members would be briefed on the activities of all State agencies involved in treatment. Normally, members only hear information on agencies reviewed by their subcommittees.**
- **By bringing together all State agencies involved in treatment, the budget committees could hold the agencies jointly responsible for building an effective and efficient system.**

To accomplish these tasks, DLS recommends committee narrative that expresses the committees' intent to review the agencies' plans for substance abuse treatment as a full committee item during the 2002 session. To assist the committees in this plan, DLS also recommends budget bill language that requires the Governor to include a breakdown of treatment funding by budget code in the Governor's Budget Books for fiscal 2003.

2. Problems with Compliance to the Synar Amendment Threatens Block Grant Funds

Synar Amendment

In 1996 the federal Department of Health and Human Services finalized rules for tobacco regulation as part of the requirements for the Substance Abuse Prevention and Treatment Block Grant. Under the regulations, any state that is a recipient of funds must do the following:

- have laws that make tobacco sales to minors illegal, including over-the-counter and vending machines; and
- demonstrate the success of enforcement efforts.

ADAA must demonstrate that tobacco laws are being enforced by reducing the number of false buys of tobacco products by youth. Reduction targets are set by the federal government. ADAA missed its initial target in fiscal 2000, but the administration negotiated with the federal government to lower the target to a manageable level. **However, a portion of the federal block grant may be in jeopardy if ADAA misses the target again. For every year that ADAA does not meet the compliance goals, the State could lose 10% of block grant funding up to a maximum of a 40% loss.**

The Challenge of Meeting Synar Requirements

In response to the 2000 *Joint Chairmen's Report*, ADAA issued a report that outlined its difficulties in increasing retailers' compliance with youth tobacco restrictions. The report emphasized that the lack of enforcement authority has resulted in the problems with meeting Synar requirements. However, inadequate resources may also be a cause. ADAA used to receive support from the Comptroller's Office and a Food and Drug Administration (FDA) grant. The Comptroller's Office conducted Synar compliance checks, which were reinforced by similar checks on compliance with FDA regulations. However, these outside resources are no longer available. Therefore, ADAA is relying on a small amount of block grant funds to support its efforts.

The following are some of the options for helping ADAA to meet Synar requirements:

- **Granting Enforcement Authority to DHMH:** Under current statute, local police departments and State police are the only agencies that can enforce tobacco restrictions through fines. This means that ADAA cannot sanction violators when inspectors perform compliance checks. HB 437 of 2001 proposes to address this problem by granting enforcement authority to DHMH. Some contend that this authority is not appropriate.
- **Increased Financial Support for DHMH:** More support could be allocated for enforcement. DHMH has proposed using some of the tobacco program's CRF for enforcement at the State and local levels. Some of the enforcement funds could be directed toward activities related to Synar.

MK.00 - DHMH - Alcohol and Drug Abuse Administration

- **Increased Police Enforcement:** The State Police could encourage local police departments to increase enforcement. It is not clear if additional funds would be needed.

DLS recommends that ADAA comment upon the proposed legislation as well as other avenues to increase compliance with Synar. DLS also recommends budget bill language that states the General Assembly's intent that ADAA meet these targets.

3. Expansion Initiatives Depend on Building Capacity

The treatment system is facing growing pains with funding for expansion in fiscal 2001 and 2002. However, there may be delays because there simply is not enough capacity in the system. Many new treatment slots need to be created.

Adding outpatient treatment slots is relatively easy because programs can extend hours or add a few rooms. Creating residential treatment is far more difficult. In some cases, a provider will need to renovate or build a new structure. These providers will have to seek capital funds and obtain community approval.

DHMH's Community Mental Health Facilities Program does provide some capital funding through grants to treatment providers. However, decisions about capital grants are not tied directly to ADAA's expansion initiatives. Linking the capital and operating programs would assist ADAA in building treatment capacity. **Therefore, DLS recommends budget bill language that directs DHMH to build stronger ties between ADAA and the Community Mental Health Facilities Program.**

4. New Federal Grant Supports Maryland Substance Abuse Prevention Initiative

Much of the discussion about substance abuse has centered on treatment, but substantial resources are devoted to prevention efforts. ADAA alone devotes 20%, or close to \$6 million, of its federal block grant to treatment. More prevention funding is budgeted under other State agencies, including the Governor's Office on Crime Control and Prevention (GOCCP) and the Maryland State Department of Education (MSDE).

There is a need for better coordination of prevention efforts. To meet this need, GOCCP recently received a \$2.8 million grant from the U.S. Department of Health and Human Services to establish the Maryland Substance Abuse Prevention Initiative. The initiative will support the development of a statewide youth prevention strategy based on the available research.

The initiative will be directed by an advisory board that includes representatives from GOCCP, DHMH, MSDE, DJJ, and the Office for Children, Youth, and Families. The advisory board may make recommendations that substantially change how agencies use their funding.

DLS has recommended committee narrative to the subcommittees that review GOCCP's budget. The narrative requires GOCCP to report on the progress in developing a comprehensive prevention plan. As budget decisions are made, DLS plans to keep the health subcommittees apprised of the status of the proposed committee narrative. In the meantime, DLS recommends that ADAA comment upon the need for a coordinated strategy and the potential impact of GOCCP's initiative.

5. Treatment System Is Inefficient Because of Outdated Case Management System

The treatment system is inefficient because most case management functions are not automated at the local level. Case managers largely rely on forms or telephone calls to monitor treatment. This outdated system wastes tremendous time and energy. In an ideal world, there would be an information system that would allow local agencies and treatment providers to accomplish the following:

- identify which treatment providers have vacancies so clients may be placed;
- monitor a clients' compliance with the treatment plan. This ability is especially crucial in outpatient treatment where clients find many reasons not to attend;
- track urinalysis results. This ability is critical for criminal justice programs, such as Break the Cycle; and
- monitor a client's participation in other State programs.

Some of these problems could be addressed by the HATS system, which was designed to link State agencies, local agencies, and treatment providers. While HATS does provide some case management information, it is too limited to be used for all case management functions. One of the primary problems is that it cannot provide real-time data.

A substantial investment would be needed to fully utilize HATS as a case management tool. The system would undoubtedly require costly software and hardware modifications. The system would also have to be installed at all local agencies and treatment providers. Currently, only 19 jurisdictions have HATS installed at their primary treatment agency. Treatment agencies include local health departments, local departments of social services, and parole and probation offices.

Although there is no funding to automate the case management system in the fiscal 2002 allowance, ADAA should discuss this issue. The inefficiency of the current system will hamper the effectiveness of expansion efforts.

6. Executive and Legislative Branches Study Treatment over the 2000 Interim

The substance abuse treatment system was the topic of much discussion by the executive and legislative branches during the 2000 interim. The work accomplished will provide a framework for decisions on reforming and expanding the treatment system.

Lieutenant Governor's Drug Treatment Task Force

As mandated by legislation, the Lieutenant Governor's Drug Treatment Task Force examined how to improve the availability and effectiveness of treatment. The task force made these six recommendations in its final reports:

- ***Increase Public and Private Funding of Treatment by \$300 Million over the Next Ten Years:*** This estimate is based on a model developed by the task force, ADAA, and the Center for Substance Abuse Research at the University of Maryland;
- ***Work Toward Parity of Drug and Alcohol Treatment Services Covered by Private Insurance:*** While this is already required by statute, the task force recommends examining how the law can be fully implemented;
- ***Improve Medicaid Coverage of Treatment by Implementing Recommendations Made by the Medicaid Drug Treatment Work Group:*** There has been a reduction in the provision of treatment services since the implementation of managed care. There are a number of recommended actions that could address this problem.
- ***Increase Salaries for All Public Drug and Alcohol Treatment Personnel:*** Low salaries have created recruitment and retention problems. These problems have affected the quality of care.
- ***Implement a Statewide Performance Measurement System:*** Treatment programs should be evaluated annually to improve the quality of services.
- ***Create a Drug and Alcohol Council to Coordinate Drug and Alcohol Activities and Treatment Funding:*** The council would improve coordination of services for diverse treatment populations. If implemented, DLS notes that the council would likely steer implementation of some of the task force recommendations.

The DLS Report -- *Substance Abuse Treatment: Understanding the Publicly Funded System*

In response to legislators' concerns, DLS studied how the treatment system is structured. The results of this study were published in January 2001 in a report entitled *Substance Abuse Treatment: Understanding the Publicly Funded System*. The report contains the following:

MK.00 - DHMH - Alcohol and Drug Abuse Administration

- ***Profile of State Agencies:*** For each State agency involved in treatment, there is an overview of the budget, a description of which populations are served, and a synopsis on how treatment is managed;
- ***Profile of the Treatment Path of Different Populations:*** Individuals seeking treatment usually interact with multiple agencies. It is not uncommon for an individual to enter the system through one agency, receive funding from a second agency, and be case managed by a third agency. To capture the experiences of treatment clients, the report traces the treatment path, from point of entry to case management, of different treatment populations. These populations include clients of public health, social services, and criminal justice agencies; and
- ***"Top Ten" Issues:*** The report contains background information of some of the most pertinent issues with the treatment system. Many of DLS' budget analyses contain recommendations about these issues.

Recommended Actions

1. Adopt the following narrative:

Substance Abuse Treatment Requires a Full Committee Hearing: The committees are concerned about problems that have arisen because of the lack of State agency coordination in the substance abuse treatment system. Therefore, the committees intend to hold an annual full committee hearing to review all State agencies' funding requests for programs that are related to substance abuse treatment.

| | <u>Amount Reduction</u> | <u>Position Reduction</u> |
|--|-----------------------------|-------------------------------|
| 2. Reduce expansion funds for regions with greatest needs because there are expected implementation delays. Local jurisdictions still need time to absorb additional funds added to the budget in fiscal 2001. | \$ 2,500,000 | GF |
| 3. Reduce funds for salary increases because the estimate is less than the amount in the allowance. | 200,000 | GF |
| 4. Reduce funding for addictions counselor upgrades because 12 months of funding is not justified. Counselors do not have to meet higher educational and training standards until October 1, 2001, which is the statutory deadline for counselors to obtain certification. | 1,450,000 | GF |
| 5. Reduce funds for information system enhancements because a draft of the spending plan only accounts for a \$1.35 million out of \$2.0 million in the allowance. | 650,000 | GF |
| 6. Reduce funding for lead abatement training because the program is expected to experience implementation delays. | 325,000 | GF |
| 7. Add the following language: | | |

SECTION XX. AND BE IT FURTHER ENACTED, that the General Assembly is committed to working with the executive branch to create an efficient and effective substance abuse treatment system. This commitment is based on the belief that a well-designed treatment system can address many of the societal and personal problems created by substance abuse. Therefore, the General Assembly declares its intent on the issues outlined in subsections (1) through (4):

- (1) The Department of Health and Mental Hygiene (DHMH) shall require treatment providers to use funding for salary enhancements to increase compensation for addictions counselors;
- (2) In conjunction with all State agencies involved with treatment issues, DHMH shall develop

MK.00 - DHMH - Alcohol and Drug Abuse Administration

long-term outcome measures to evaluate the performance of treatment providers;

- (3) DHMH shall meet the requirements of the federal Synar amendment to protect funding under the Substance Abuse Prevention and Treatment Block Grant; and
- (4) DHMH shall coordinate expansion of treatment services with capital grant awards under the Community Mental Health Facilities Program.

To create a well-designed system, the General Assembly needs to ensure that plans to expand and reform the treatment system are implemented appropriately. Therefore, the requirements in subsections (5) through (8) must be met:

- (5) DHMH may not expend \$2,500,000 in general funds under budget code MK02.02 for grants to expand treatment services in the regions with the greatest needs until the department has submitted a report outlining the formula that will be used to allocate funds. The budget committees shall have 45 days to review and comment upon the report;
- (6) DHMH may not expend \$350,000 in general funds and \$1,000,000 in Cigarette Restitution Funds under budget code MK02.02 for enhancing information systems until the department has submitted a plan. The budget committees shall have 45 days to review and comment on the plan. The plan should address the following issues:
 - (a) if funding is adequate to meet the information systems needs of the Alcohol and Drug Abuse Administration (ADAA);
 - (b) the impact of any enhancements on existing information systems in ADAA; and
 - (c) an estimate of funding requirements for ADAA information systems in future fiscal years.
- (7) DHMH may not expend \$317,583 in general funds under budget code MK02.02 until the department has submitted an evaluation of the Employment in Recovery program. The evaluation should include the following:
 - (a) an actual count of the number of individuals who have remained employed one-year after discharge;
 - (b) a comparison of employment rates in the Employment in Recovery Program to employment rates in other ADAA-funded programs; and
 - (c) an assessment of any changes that would be required to make the program more successful.

MK.00 - DHMH - Alcohol and Drug Abuse Administration

- (8) DHMH and the Department of Human Resources (DHR) shall include the following items in the December 15, 2001, report that is required by Chapter 551, Acts of 2000 on the Integration of Child Welfare and Substance Abuse Treatment Services:
- (a) a description of the pilot sites selected, including the number and type of treatment slots that will be purchased as well as an estimate of the clients to be served;
 - (b) an assessment of the overlap between the child welfare program and the Temporary Cash Assistance Program. Since there could be significant overlap in the programs, this information is essential in evaluating the potential fiscal impact of expanding the programs;
 - (c) an evaluation of memorandum of understanding between DHR and DHMH on managing the program. The evaluation should address an improvements that are needed to make the program more effective and efficient; and
 - (d) an assessment to determine if DHR has budgeted sufficient resources to support the program.
- (9) Beginning with the fiscal 2003 allowance, the Department of Budget and Management shall include an outline of all proposed funding for programs related to substance abuse treatment in the Governor's Budget Books. For each agency, the outline shall break down the funding by fund source and budget code.

Explanation: The General Assembly is committed to working with the executive branch to build an effective and efficient treatment system. Therefore, the budget bill language states the legislature's intent on the use of salary enhancements for addictions counselors, the development of long-term outcome measures, the meeting of the requirements of the federal Synar amendment, and the coordination of expansion of treatment services with the capital grants program.

To ensure new funding is spent appropriately, the language restricts funds for expansion grants for regions with greatest needs and enhancing information systems until satisfactory plans are submitted. The language also restricts funds for the Employment in Recovery Program until a substantive evaluation is submitted. The language also requires that a legislatively mandated report on the integration of child welfare and substance abuse treatment address certain issues and that the Department of Budget and Management include a breakdown of proposed spending for substance abuse treatment in the Governor's Budget Books.

| Information Request | Authors | Due Date |
|--|----------------|--------------------------------------|
| Report on formula to distribute expansion funds to the regions with greatest needs | DHMH | Before \$2.5 million can be expended |

MK.00 - DHMH - Alcohol and Drug Abuse Administration

| | | |
|---|-------------------------------------|---|
| Report on plans to enhance ADAA's information systems | DHMH | Before \$1.35 million can be expended |
| Evaluation on the Employment in Recovery program | DHMH | Before \$317,583 can be expended |
| Report on Integration of Child Welfare and Substance Abuse | DHMH and DHR | December 15, 2001, as mandated by Chapter 551, Acts of 2000 |
| Breakdown of proposed State spending on programs related to substance abuse treatment | Department of Budget and Management | With future editions of the Governor's Budget Books |
| Total General Fund Reductions | | \$ 5,125,000 |

Updates

1. Budget Committees Have Released New Funding for Treatment in Fiscal 2001

The fiscal 2001 budget contains an additional \$18.5 million in CRF for substance abuse treatment services. During last session, the committees were concerned that the funds would not be spent appropriately because the administration was not able to provide a concrete spending plan. As a result, the General Assembly approved budget bill language that restricted the new funding until ADAA had submitted a spending plan. Submitted in September 2000, ADAA's spending plan outlined the following activities:

- \$17.2 million for treatment services, especially in the areas of detoxification and residential treatment;
- \$1.03 million for information technology; and
- \$0.27 million for enhancing program accountability.

Since ADAA had gone through a rigorous process to determine how treatment funding could fill gaps in the continuum of care, the budget committees approved most of the spending plan. However, the committees decided to continue holding \$1 million for information technology because ADAA had not documented a long-term plan. To date, ADAA has not submitted the information technology plan that the committees need to release the funds (see the earlier discussion of the status of restricted funds in the Governor's Proposed Budget section).

Current and Prior Year Budgets

**Current and Prior Year Budgets
Alcohol and Drug Abuse Administration
(\$ in Thousands)**

| | <u>General Fund</u> | <u>Special Fund</u> | <u>Federal Fund</u> | <u>Reimb. Fund</u> | <u>Total</u> |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|---------------------|
| Fiscal 2000 | | | | | |
| Legislative Appropriation | \$43,936 | \$435 | \$29,980 | \$0 | \$74,351 |
| Deficiency Appropriation | 0 | 0 | 0 | 0 | 0 |
| Budget Amendments | 54 | 9 | 757 | 0 | 820 |
| Reversions and Cancellations | 0 | (177) | (580) | 0 | (757) |
| Actual Expenditures | \$43,990 | \$267 | \$30,157 | \$0 | \$74,414 |
| Fiscal 2001 | | | | | |
| Legislative Appropriation | \$50,158 | \$18,806 | \$30,919 | \$0 | \$99,883 |
| Budget Amendments | 0 | 0 | 0 | 0 | 0 |
| Working Appropriation | \$50,158 | \$18,806 | \$30,919 | \$0 | \$99,883 |

Note: Numbers may not sum to total due to rounding.

Fiscal 2000

The general fund appropriation increased by \$54,000 as a result of a transfer of funds to cover the implementation of the new pay plan and deferred compensation. The special fund appropriation increased by \$9,000 because of an amendment to bring in funds from the prior year grant account. About \$177,000

MK.00 - DHMH - Alcohol and Drug Abuse Administration

in special funds was cancelled because not all fees for training were expended. The federal fund appropriation increased by \$757,000 as a result of a higher block grant award. Close to \$581,000 was cancelled because of delays in spending funds for outcome studies.

**Object/Fund Difference Report
DHMH - Alcohol and Drug Abuse Administration**

| <u>Object/Fund</u> | <u>FY00 Actual</u> | <u>FY01</u> | | <u>FY02 Allowance</u> | <u>FY01 - FY02 Amount Change</u> | <u>Percent Change</u> |
|-----------------------------|------------------------|----------------------------------|--------------------------|---------------------------|--------------------------------------|---------------------------|
| | | <u>Working Appropriation</u> | <u>Fixed Charges</u> | | | |
| Positions | | | | | | |
| 01 Regular | 53.00 | 54.00 | | 54.00 | 0 | 0% |
| 02 Contractual | 27.40 | 23.80 | | 21.20 | (2.60) | (10.9%) |
| Total Positions | 80.40 | 77.80 | | 75.20 | (2.60) | (3.3%) |
| Objects | | | | | | |
| 01 Salaries and Wages | \$ 2,729,266 | \$ 2,808,911 | | \$ 3,042,688 | \$ 233,777 | 8.3% |
| 02 Technical & Spec Fees | 544,858 | 626,460 | | 507,862 | (118,598) | (18.9%) |
| 03 Communication | 29,545 | 38,747 | | 31,488 | (7,259) | (18.7%) |
| 04 Travel | 94,128 | 74,084 | | 88,069 | 13,985 | 18.9% |
| 07 Motor Vehicles | 41,633 | 6,536 | | 5,761 | (775) | (11.9%) |
| 08 Contractual Services | 70,657,797 | 96,020,317 | | 117,922,913 | 21,902,596 | 22.8% |
| 09 Supplies & Materials | 30,438 | 33,327 | | 29,814 | (3,513) | (10.5%) |
| 10 Equip - Replacement | 58 | 25,969 | | 37,488 | 11,519 | 44.4% |
| 11 Equip - Additional | 58,701 | 16,651 | | 0 | (16,651) | (100.0%) |
| 12 Grants, Subsidies, Contr | 200,000 | 200,000 | | 200,000 | 0 | 0% |
| 13 Fixed Charges | 27,235 | 32,065 | | 17,686 | (14,379) | (44.8%) |
| Total Objects | \$ 74,413,659 | \$ 99,883,067 | | \$ 121,883,769 | \$ 22,000,702 | 22.0% |
| Funds | | | | | | |
| 01 General Fund | \$ 43,990,029 | \$ 50,158,230 | | \$ 72,152,662 | \$ 21,994,432 | 43.9% |
| 03 Special Fund | 266,783 | 18,806,142 | | 18,779,792 | (26,350) | (0.1%) |
| 05 Federal Fund | 30,156,847 | 30,918,695 | | 30,951,315 | 32,620 | 0.1% |
| Total Funds | \$ 74,413,659 | \$ 99,883,067 | | \$ 121,883,769 | \$ 22,000,702 | 22.0% |

Note: Full-time and contractual positions and salaries are reflected for operating budget programs only.

Fiscal Summary
DHMH - Alcohol and Drug Abuse Administration

| <u>Unit/Program</u> | FY00 | FY01 | FY01 | FY00 - FY01 | FY02 | FY01 - FY02 |
|----------------------------------|----------------------|----------------------------------|------------------------------|-----------------|-----------------------|-----------------|
| | <u>Actual</u> | <u>Legislative Appropriation</u> | <u>Working Appropriation</u> | <u>% Change</u> | <u>Allowance</u> | <u>% Change</u> |
| 01 Program Direction | \$ 4,180,904 | \$ 4,151,725 | \$ 4,151,725 | (0.7%) | \$ 5,359,687 | 29.1% |
| 02 Addictions Treatment Services | 70,232,755 | 95,731,342 | 95,731,342 | 36.3% | 116,524,082 | 21.7% |
| Total Expenditures | \$ 74,413,659 | \$ 99,883,067 | \$ 99,883,067 | 34.2% | \$ 121,883,769 | 22.0% |
| General Fund | \$ 43,990,029 | \$ 50,158,230 | \$ 50,158,230 | 14.0% | \$ 72,152,662 | 43.9% |
| Special Fund | 266,783 | 18,806,142 | 18,806,142 | 6949.2% | 18,779,792 | (0.1%) |
| Federal Fund | 30,156,847 | 30,918,695 | 30,918,695 | 2.5% | 30,951,315 | 0.1% |
| Total Appropriations | \$ 74,413,659 | \$ 99,883,067 | \$ 99,883,067 | 34.2% | \$ 121,883,769 | 22.0% |

MK.00 - DHMH - Alcohol and Drug Abuse Administration