Chapter 5

POLICY AND PROGRAM PRIORITIES

ACHIEVING RESULTS

This Substance Abuse Strategy (Strategy) is built on extensive stakeholder input from formal surveys, focus groups, neighborhood forums, and meetings with city and federal government substance abuse experts. The deliberations of the Strategy Working Groups (Working Groups) and public stakeholder input over two years has resulted in the addition, deletion, and extensive refinement of the Strategy's proposed goals and objectives. Chapter 5 describes current substance abuse programs and presents stakeholder-generated policy ideas and approaches. In some cases, the chapter highlights the tough substance abuse policy challenges that the District must resolve. Among them, the proper balance between law enforcement, treatment, and prevention spending and the effective implementation of the Choice in Drug Treatment legislation.

Chapter 5, along with the inventory of substance abuse-related services and resources in Chapter 3, will serve as a guide for the Working Groups to proceed with "action plans" for Strategy implementation. In the coming months, the Working Groups, with continuing stakeholder input, will formulate action plans for each of the Strategy objectives by logically outlining what activities and outputs should occur, by whom, and by when. Ultimately, the Task Force will use the action plans to hold individual agencies accountable for achieving the articulated Strategy performance targets or desired outcomes for 2010.

REDUCING PREVALENCE AND INCIDENCE OF SUBSTANCE ABUSE

Goal 1: Educate and empower District of Columbia residents to live healthy and drug-free lifestyles.

The prevention Working Group brought together a wide range of individuals and organizations within the prevention community. The Mayor's Youth Substance Abuse Prevention Advisory Committee (MYSAPAC) spearheaded the meetings. Established by mayor's order on August 17, 1999, MYSAPAC is responsible for the quality of prevention programming as well as legislative and budgetary policy for youth. Over the course of many meetings, numerous items were proposed, debated, and refined. Of greatest concern was the need to intervene with youth to prevent the early onset of drug use.

MYSAPAC is not only responsible for spearheading the working group meetings, it is also responsible for advising the mayor and the Department of Health, [including the Addiction Prevention and Recovery Administration (APRA)] on an ongoing basis. MYSAPC advises on the nature and extent of substance abuse, narcotics addiction and drug dependency, quality of prevention and rehabilitation programs, and other drug abuse-related issues as they pertain to District youth. The committee also promotes community interest and involvement in addressing the problems of youth drug abuse through awareness, education, and community-based processes.

Objectives:

Expand prevention activities through the use of coalitions and neighborhood organizations.

Community coalitions and neighborhood organizations play an important role in the prevention of substance abuse in the District. These organizations often work directly with youth and are a valuable source of information and support. By continuing to work with stakeholders and the community, the District will be able to deliver services more effectively and better serve its residents most in need of services.

Increase the effectiveness of prevention activities through the development and strengthening of a planning, implementation, and evaluation infrastructure.

Prevention is most effective when it is tailored to the needs of the community. A comprehensive planning and evaluation infrastructure will allow the District to serve its residents more effectively. A strong infrastructure will enable District government planning to be based upon ongoing consultation with residents as well as data-driven needs assessments. These methods will allow the District to select programs and services that are a good fit with the needs of its residents. Comprehensive needs assessments also help the District to select programs that require less "adaptation" or tailoring to local needs, which in turn increases their likelihood of reducing youth substance abuse.

The District will also increase the accountability of its prevention programming through the continued evaluation of its programs and strategies. This ongoing evaluation process will help District agencies with prevention responsibilities to analyze their efforts and achieve the proper balance between the enforcement of rigorous program standards and the flexibility required in tailoring programs to specific populations and locales.

Furthermore, the District government will utilize focus group testing with varied youth populations to provide feedback on its planned programs, initiatives and products. In addition, the youth advisory groups established by other government and private sector agencies will be used to provide additional guidance in the selection, implementation, and evaluation of prevention programs.

Increase the utilization of appropriate evidence-based prevention programs.

Research has demonstrated that prevention is an effective means of reducing substance abuse and related problems. MYSAPAC is identifying appropriate evidence-based prevention programs, approaches, and strategies to enable District youth to make healthy lifestyle choices. Under the auspices of the State Incentive Grant (SIG) program, a federally funded grant that works to replicate evidence-based drug prevention strategies, the District supports 10 science-based programs at a current cost of $1.8 million. The District funds programs ranging from life skills training, to family strengthening, to individual counseling services. The District also delivers in-home prevention programs aimed at increasing the bonds between parents and children. To further these efforts, APRA will work with other agencies with prevention activities to double the number of appropriate evidence-based programs in the city by fall 2005 and will also continue to support promising programs indigenous to the District.

The District plans to support innovation and flexibility in its substance abuse prevention activities by creating an infrastructure for programs that have not yet been evaluated rigorously enough to be considered evidence-based. The flexibility may better serve the distinct needs of District residents. The District's commitment to innovative programs also includes a commitment to provide additional evaluation expertise to help programs find the right balance between "fidelity" to rigorous

standards and adaptation to specific District populations and locales.

In addition to the evidence-based SIG programs, evidence-based programs have been put in place for at-risk youth and youth in need of peer support. Youth who drop out of school and/or have interfaced with the juvenile justice system are at particular risk for substance abuse and other serious problems. APRA has established peer support services for youth in drug court programs as well as juvenile probation oversight that provides access to prevention, treatment, and intervention education through weekly sessions at the Southeast juvenile probation center. APRA is also piloting several peer-to-peer support initiatives, which have been proven to be an effective form of prevention programming in many communities. Activities include peer-leadership programs, a youth directed Web site, and youth-to-youth communications, such as posters, wallet cards, and other media.

Consistent with evidence-based practices, APRA's Office of Special Populations Services (OSPS) will review and comment on all APRA prevention efforts before solicitation, award, and implementation. This will ensure that funding supports services that are responsive and accessible to the District's at-risk population by addressing ethnic, cultural, language, sexual (i.e., gay, lesbian, bisexual and transgender), and age diversity. Furthermore OSPS will review programs to ensure that the appropriate co-factors are addressed, including but not limited to mental illness, risky sexual behavior, and infectious disease. OSPS will also provide ongoing technical assistance and monitoring of APRA prevention efforts to support continued assurance of service responsiveness to diversity.

Utilize evidence-based environmental strategies to change individual and community norms.

Social marketing has proven effective in influencing individual behavior and societal norms, e.g., designated drivers campaigns. APRA is currently funding two projects: one targeting youth ages 12 to 17 and the second targeting 18 to 24 year-olds with substance abuse prevention messages. APRA will also identify additional media opportunities to educate District youth and other special populations. This could include media campaigns on the benefits of substance free lives or targeted campaigns aimed at preventing pre-natal alcohol use and other unhealthy behavior.

APRA will seek to increase media advocacy of healthy substance-free lifestyles by briefing the media and establishing a media task force. These briefings will provide the media with information on the scope of the District's substance abuse problem, APRA's programs, and costs of substance abuse to the District. To achieve these goals and to better inform the community of its work, APRA has hired a communications professional to provide communications support for its programs and services.

APRA will also continue to monitor the sale of tobacco to minors through the Synar compliance program, to ensure that the rate of non-compliance does not rise above the FY2001 rate of 15 percent. In addition, it will broaden vendor education activities to include the prohibition of sales of alcoholic beverages to people under the age of 21. APRA will also help educate community groups fighting new liquor establishments in "saturated" neighborhoods and will assess existing laws to improve legal age verification in nightclubs and bars.

The Alcoholic Beverage Regulation Administration (ABRA), responsible for the administration and enforcement of the ABRA laws and regulations related to the importation, distribution and sale of alcoholic beverages in the District, takes action against locations selling alcohol to minors. ABRA will communicate with the appropriate Working Groups to identify and adopt national best practices aimed at reducing underage drinking.

Increase the effectiveness of the District's prevention workforce by training youth development and prevention professionals to implement effective prevention strategies.

APRA provides the requisite 100 hours of alcohol, tobacco, and other drug prevention training to staff and grantee organizations. In addition, APRA will fund a week-long prevention institute that will train 50 to 60 people on effective prevention programming, community capacity building, sustainability, and the integration of prevention education within other programming, such as sports and the arts. APRA will also sponsor a series of workshops on key prevention strategies across the continuum of care.

Additionally, the District's interest in peer-to-peer programming is fueled by positive experiences among private sector programs and the opportunity to validate peer programs for District youth. The DC Department of Health and partnering agencies will contract to provide training of teenagers as substance abuse peer counselors in school and communities.

REDUCING THE DISTRICT'S ADDICTED POPULATION

Goal 2: Develop and maintain a continuum of care that is efficient, effective, and accessible to individuals needing substance abuse treatment.

The Treatment Working Group proposed objectives to achieve the target of reducing the number of individuals addicted to substances by 25,000 by 2010. Many of their ideas focused on resources to increase treatment availability, but there was also a keen interest in infrastructure matters. In this regard, the treatment Working Group identified the need for the District's treatment providers to become part of a comprehensive, coordinated treatment system. Many of the treatment providers had never before met collectively to discuss treatment problems and needs and expressed a strong desire to convene an annual treatment summit to discuss system needs and the latest scientific advancements in treatment. They expressed an interest in meeting regularly to improve coordination and collaboration to enable the District to achieve its target of reducing the number of addicts by 25,000.

Currently, the majority of the District's public treatment services are provided by agencies with which APRA has "fee-for-service" agreements. The remainder are administered by APRA directly. The treatment Working Group concluded, with APRA concurrence, that for APRA to act as a true single state agency (SSA) (the federally recognized authority for coordinating alcohol and other drug abuse programming and services for a state), APRA must stop providing direct services. APRA is making great strides in this area, thereby enhancing its much-needed broader role in developing and managing the treatment *system* rather than managing individual treatment programs.

To advance implementation of efficient and effective treatment services, APRA's Office of Special Population Services (OSPS) will review and comment on all APRA treatment efforts before solicitation, award and implementation. This will ensure that funding supports services that are responsive and accessible to the profile of the District's substance abuse population by addressing ethnic, cultural, language, age, sexual orientation (gay, lesbian, bisexual and transgender) diversity. Additionally, OSPS will ensure that APRA-funded treatment efforts integrate early medical intervention for sexually transmitted disease and other co-occurring diseases. OSPS will also provide ongoing technical assistance and monitoring of APRA's treatment efforts to support continued assurance of service responsiveness to diversity and co-existing disorders including, but not limited to, mental illness, HIV and other infectious diseases.

Objectives:

Increase long-term treatment capacity, especially for youth and women with children.

It is essential that additional treatment capacity become available to enable more District residents to receive treatment. However, APRA's budget has been reduced over the last two years and the DC inspector general in a 2003 report identified, among several other factors, a lack of resources as a major impediment to APRA reaching this goal. The Choice in Drug Treatment Act, passed by the Council of the District of Columbia in FY 2000 had a significant impact on this "treatment gap." The legislation directed APRA to establish a voucher system for treatment, which was implemented on Oct. 1, 2002. Treatment services are now funded on a fee-for-service basis. Although enhancing treatment options, the fee-for-service payment structure often results in a faster depletion of treatment resources because a higher percentage of clients can now choose longer-term, higher-cost residential treatment programs. In addition, APRA must place patients only with providers who have met certification requirements. To date, 23 service providers have been fully or provisionally certified to participate in the Drug Treatment Choice Program.

The success in implementing the Choice in Drug Treatment Act is noteworthy in that certification is a prerequisite for the District to gain Medicaid reimbursement for treatment services provided to Medicaid-eligible clients. With the approval of the Medicaid Rehab Option for Substance Abuse Services, expected in 2003, the District will gain access to much-needed additional revenues. (Two million to 3 million dollars annually in new funds will be realized from billing for services provided to the 20 percent to 30 percent of APRA's total client base that is Medicaid eligible.) In addition, APRA's continual improvement of the Drug Treatment Choice program will place the District in an excellent position to receive funds from the federal government's new treatment voucher program, which is proposed to begin in FY 2004.

In light of these current budget realities, APRA will expand its efforts to lead the District's public health and criminal justice communities' wide range of providers (e.g., clergy, emergency room doctors, judges, attorneys, and employers) to increase their outreach to addicts through "brief interventions." This has been shown to be a powerful way to intervene at a very low cost. Not every individual requires formal treatment to recover. APRA will encourage stricter triage and assignment of clients to appropriate support, including referral to mutual support programs (e.g., Alcoholics Anonymous and Narcotics Anonymous).

The District is also working toward increasing treatment capacity for special populations as follows:

Youth. APRA met a Treatment Choice Act mandate to increase adolescent substance abuse treatment slots with a $2 million set-aside that has doubled adolescent slots from 81 to 160. By the end of December 2003, APRA plans to have an additional 164 treatment slots—creating the capacity to treat 325 adolescents per year. Among a number of other activities APRA is conducting to obtain additional treatment resources, APRA entered into a memorandum of understanding (MOU) with the Youth Services Administration on a grant application to provide treatment services for youth re-entry services. To build a needed continuum of youth treatment services, APRA is contracting for outpatient, detoxification/acute care and residential services.

Homeless and Mental Health. Two populations being targeted for increased treatment capacity are homeless people and individuals with co-occurring disorders. Many homeless individuals have either a substance abuse problem, a mental health disorder, or co-occurring mental health and substance abuse problems. There are many individuals who are not homeless, but who are at risk for homelessness or incarceration because they

have co-occurring substance abuse and mental health disorders.

The Department of Mental Health (DMH) and APRA, informed by a charter signed by the mayor in April 2003, are joining together to help individuals with co-occurring disorders through the implementation of an initiative based on the Comprehensive, Continuous, Integrated System of Care model. This has created new service responses including a program for homeless individuals during hypothermia season and expanded outreach and assessment activities to identify appropriate, long-term treatment and support services for these two populations. In addition, APRA and the Community Partnership for the Prevention of Homelessness will coordinate and cooperate to serve homeless individuals with substance abuse problems. These groups will also work with the Department of Human Services to strategically bring their treatment systems together.

Criminal Justice. With regard to probationers and parolees, the Court Services and Offender Supervision Agency (CSOSA) was established within the executive branch of the federal government by the National Capital Revitalization and Self-Government Improvement Act of 1997 to manage substance abuse treatment services to people in the criminal justice system. CSOSA placed 1,344 offenders in contract treatment in FY 2001. Pre-Trial Services Administration, an independent entity within CSOSA, has the capacity to provide treatment to 1,500 defendants. Although APRA partners with CSOSA to ensure the availability of treatment slots for the criminal justice population, no funding for treatment is provided directly to APRA by CSOSA. CSOSA's direct appropriation from the U.S. Congress for substance abuse treatment services substantially reduces the District's direct financial burden associated with providing treatment to District adults in the criminal justice system. APRA will continue to provide medical detoxification and residential treatment for clients unable to be served by CSOSA, methadone treatment, juvenile detoxification, outpatient abstinence services, and in-take assessments. APRA and CSOSA will continue to coordinate their efforts to ensure that this critical population receives rehabilitation and re-entry services.

Increase the management effectiveness and efficiency of APRA.

To better serve the addicted population with limited resources and to address any deficiencies in APRA's operations, APRA will conduct a thorough assessment of its management practices. To focus these efforts the D.C. Department of Health Director James A. Buford instructed APRA staff in June 2003 to develop a 100-day action plan. The plan, spurred by APRA's goal to transition itself into an effective single state agency, includes the following:

Goal: Achieve full single state agency capability

Objectives:

*Outsource 80 percent of APRA-operated treatment programs.

*Enhance capacity of provider agencies to meet established standards of care under certification requirements.

Goal: Enforce management/operational accountability

Objective:

*Conduct detailed operational review of each major cost component and program activity to identify operating inefficiencies and cost savings for expanding capacity.

Goal: Increase treatment capacity

Objective:

*Identify and evaluate options to grow treatment capacity.

Goal: Improve program efficacy

Objectives:

*Develop and implement evidence-based programs and practices.

*Complete clinical and program assessment of Detoxification and Central Intake.

*Complete employee skills assessment and performance reviews to determine specific training and job development requirements.

Some APRA management issues identified as objectives above are further highlighted as follows:

APRA is currently reviewing the management of its central detoxification facility to ensure that individuals in need of drug treatment are not denied treatment due to insufficient capacity, excessive waiting times, or ineffective processing. It has also requested additional funding for the modernization of its detoxification facility. APRA has hired additional culturally competent bilingual staff to ensure that the needs of the addicted non-English speaking population are met. APRA is also working to increase outreach and transportation for hard-to-reach populations to access detoxification services and the continuum of care.

APRA will continue to enforce compliance with certification standards for all District of Columbia substance abuse treatment programs. This task is not as simple as it sounds. Treatment is a complex and varied network of services tailored to meet the particular needs of an individual. Treatment takes place in hospitals or in long-term residential settings, walk-in clinics, and outpatient counseling centers, and the type of treatment provided will depend on the client's drug use history, previous treatment, social needs, criminal record, economic status, and personality attributes. Having developed standards for treatment, APRA ensures that services offer quality and consistency across programs while maintaining flexibility to meet a client's particular needs.

In the climate of managed care, it is important to define standards that are the basis of licensure of programs. However, meeting such standards should not be an undue burden. APRA will streamline existing standards as well as the certification process to ensure a safe environment for recovery as well as sufficient treatment capacity.

Improve the treatment infrastructure by providing staff development through technical assistance and training.

The expansion of treatment capacity is not enough in and of itself to guarantee results. The expansion of capacity must be accompanied by training, technical assistance, and other means, such as program certification to build and maintain competencies among treatment providers. Training and technical assistance can help to ensure that every service is efficiently and effectively provided. To meet this growing need, the District will assist providers to expand their use of national programs that offer technical assistance and training, such as the Substance Abuse and Mental Health Services Administration's Addiction Technology Transfer Centers.

In addition, APRA will form a committee to review pay scales and provide recommendations on how to attract and retain qualified treatment professionals. The treatment provider community is greatly concerned about its ability to attract and retain professional staff trained in the provision of treatment services. The treatment Working Group noted that pay scales are the source of high turnover rates. Personnel are being lost to higher paying private programs, other social service programs, and to substance abuse treatment programs outside the District. This human resource outflow suggests that public treatment programs in the District are attracting mostly entry-level professionals. This staffing weakness undermines quality improvement in treatment programs because programs tend to lose experienced staff. The

treatment stakeholder Working Group could not quantify the extent of this problem, however. It is essential that the District research its nature and extent.

Develop an accessible, integrated continuum of care containing all the necessary components, including aftercare, for individuals needing substance abuse treatment.

The Working Groups will review the District's current aftercare capacity to ensure that individuals who receive treatment continue to receive necessary follow-up services. APRA and DMH are also developing a case management system to provide a coordinated approach to the delivery of substance abuse treatment in the District. This system will provide a single point of contact for multiple health and social services to assist clients over the entire treatment continuum.

In the area of methadone treatment, there is no continuum in place to transition patients out of methadone and into recovery, i.e., APRA does not have a "step-down" plan to move its methadone clients off of methadone when appropriate. APRA will investigate shifting individuals from methadone treatment to other treatments and necessary aftercare which, in turn, will free up methadone treatment slots.

Develop a District-wide performance accountability system for treatment programs to support continuous quality improvement.

A substantial body of national research has demonstrated treatment's effectiveness using a core set of outcome measures. One prominent national study, the National Treatment Improvement Evaluation Study (NTIES), a five-year congressionally mandated study from 1992 to 1997, used outcome measures in four areas (drug use, crime, employment, and homelessness) as the basis for measuring treatment program performance. It found that treatment was effective in these areas 12 months following treatment:

- Illicit drug use dropped an average of 50 percent;
- Crime as measured by assault and batteries dropped by 78 percent, drug selling by 78 percent, shoplifting by 82 percent, and arrests by 64 percent;
- Homelessness dropped by 43 percent and receipt of welfare income by 11 percent; and
- Employment increased 19 percent.

Continued progress in achieving these positive treatment outcomes requires that programs be held accountable through a performance measurement system. APRA will take the lead to introduce performance accountability in the District. APRA will work with treatment providers to implement a performance measurement system that strengthens program performance and gives treatment providers, policy and program managers, and the public a better understanding of the effectiveness of treatment and mechanisms for its improvement.

A three-year, $3 million project will greatly aid APRA's efforts to move this endeavor forward. APRA's FY 2004 capital budget requests $1 million for automating APRA's patient record system. (Funding is proposed to be continued at that level for the next two fiscal years.) This project will expand upon the federal government's Veterans Administration Computerized Patient Record System that DOH is currently implementing. This project involves expanding an automated patient record system to APRA's Central Intake and Detoxification units, thus creating the infrastructure needed to extend an automated patient record system to community-based providers.

As mentioned earlier, APRA and DMH are also developing an additional management information system to track clients and their involvement with social service providers. The intent is to make APRA and DMH the single point of entry for all clients to ensure

the best and most appropriate placement of individuals into treatment.

REDUCING DRUG-RELATED CRIME

Goal 3: Increase the public's safety and improve treatment access for offenders to ensure fair and effective administration of justice in the District.

The District's Criminal Justice Coordinating Council (CJCC) met to review specific objectives for the criminal justice goal. The criminal justice system has become one of the largest sources of referral to treatment. The CJCC identified a number of problems. One is the lack of a central criminal justice information repository to manage clients who are in need of treatment. This information gap applies to both adults and juveniles. Another problem centered on the lack of sufficient treatment capacity that was addressed in the previous discussion of treatment goal action items.

Objectives:

Reduce the number of open-air drug markets.

Open-air drug markets create disorder and fear in DC neighborhoods. A survey of residents conducted during the summer of 1998 found that, among major crimes, "street drug dealing" ranked first in five of the seven police districts as a "big problem" in city neighborhoods. According to "Facing Facts: Drugs and the Future of Washington, DC," a report published in 1999, more than half of adult Washingtonians have seen or heard about drugs being sold in their respective neighborhoods. The Metropolitan Police Department's (MPD's) anti-drug plan focuses on neighborhoods and recognizes that some neighborhoods suffer from the illegal drug trade more than others.

The linchpin of the focused law enforcement effort is the undercover Narcotics Strike Force (NSF). NSF moves from one hot spot of violence and drug dealing to another, working with the District personnel to disrupt the market by arresting the dealers and deterring buyers from entering the area. After the NSF moves on to another hot spot the Mobile Force--District-focused mission teams--and Police Service Area (PSA) officers continue to saturate the location with uniformed presence to keep the market from starting up again. The NSF began operating in October 2000. In fiscal year 2001, the NSF arrested nearly 2,000 suspects on narcotics-related charges, with more than half of the cases involving felonies and with a high papering rate of 90 percent. The NSF also seized more than $320,000 in cash, 80 weapons and 50 vehicles during this period. Perhaps most importantly, drug-related calls for service declined in specific neighborhoods, indicating that the targeted NSF approach is having a long-term impact as well.

In fiscal year 2003, the NSF has worked with the Homicide Investigation Unit to gain information on homicides and reduce the violence associated with drug dealing. The NSF has focused on police service areas (PSAs) with the highest level of violence. In these PSAs, buy/bust operations, surveillance, and other operations are used to identify and arrest the major players contributing to drug dealing and violence.

The MPD has also begun using the Anti-Loitering/Drug Free Zone law. This law, among other things, provides that the chief of police may declare any public area a drug free zone for a period not to exceed 120 consecutive hours. The factors that the chief of police will consider in declaring a drug free zone include the number of arrests for the possession or distribution of illegal drugs, number of homicides related to possession or distribution of drugs, evidence that shows that illegal drugs are being sold and distributed on the public space, and any other verifiable information that the chief of police may ascertain that threatens the health or safety of people living in the area.

There are at least two drug free zones declared every week by the chief of police. Based on a limited review of the information, drug dealing is severely curtailed during the time that a drug free zone is declared.

Form community-police partnerships to enhance neighborhood problem solving.

Many residents of beleaguered neighborhoods are fearful for their physical safety and do not confront the drug dealers who may be using their property. This creates a social environment that appears to tolerate alcohol and drug use and permit open-air drug dealing. The problem is exacerbated by poor physical conditions (e.g., vacant buildings, abandoned autos, trash, graffiti, and poor lighting) that attract and conceal drug dealing. Especially in neighborhoods where the problem has become completely entrenched, residents do not trust the police to protect them from the retribution of drug dealers. Yet cooperation between police and residents is necessary for reclaiming the neighborhood and sustaining success.

Focused law enforcement, such as the NSF and the drug free zones are just first steps in MPD's comprehensive neighborhood-based anti-drug plan. They establish at least a temporary reprieve from the drugs and violence, and help build trust among residents for the second essential step—a neighborhood partnership approach that builds a problem-solving collaborative among police, community, and other agencies. In 2002, the MPD launched the Capital Community Partnership Project (CCPP) to continue the transition of six targeted open-air drug markets into first-rate Capital Communities. The project was originally designed to broaden community involvement, build community capacity, and initiate long-term prevention efforts in each of the six areas. Since its inception, the geographic focus of the project has broadened and it has been renamed as simply the Community Partnership Project. In addition, in 2003 the Community Partnership Project is working closely with Neighborhood Services to facilitate collaboration among community residents, community-based organizations, police officers, and other agencies. The cooperative effort will also support training and technical assistance and document best practices.

In addition, MPD is the lead agency in Operation Fight Back. Operation Fight Back uses the agencies participating in the Neighborhood Services Core Teams to address the physical disorder in neighborhoods plagued by crime.

Strengthen the ability of law enforcement to anticipate and respond to drug-related crime.

The MPD's Policing for Prevention program consists of three approaches—focused law enforcement, neighborhood partnerships, and systemic prevention. The last approach consists of the police working with other government services, churches, and social services, to help individuals, families, and communities build a resistance to crime and violence. Interventions address the health, social, educational, and economic conditions of people and their environment. The systemic prevention approach is necessary because law enforcement efforts, and even community policing efforts, are not sufficient to solve crime problems that emerge from the entrenched social and economic poverty in many communities.

One of the MPD's systemic prevention efforts is overseen by the Office of Youth Violence Prevention, which was established in 2000 to work with high-risk youth. The target population is young people between the ages of 14 and 24, who are in danger of being a victim or the perpetrator of violence—often drug-related violence. The Youth Violence Intervention Team works with parole and probation agencies to target these high-risk youth for joint supervision and social services, such as job skills, education, and counseling. The Youth Violence Prevention Office has also sponsored citywide athletic activities, life skill classes, and other activities for these high-risk youth. The office works in conjunction with schools, clergy, and

grassroots groups, such as the Community Partnership and the Alliance of Concerned Black Men, that are dedicated to keeping young people away from gangs and drugs, with the ultimate aim of reducing youth violence.

A recent example of this type of work was the establishment of the Gang Intervention Partnership in Columbia Heights. The MPD, U.S. Attorney's Office, Corporation Counsel, CSOSA, schools, and community-based organizations joined together to intervene and stop gang violence in Columbia Heights. The goals of this partnership include arrest and prosecution of violent offenders, mediation and conflict resolution, and sharing of information. This approach represents the best of "policing for prevention" in action.

Support the expansion of drug courts.

Many adults and children entering into the child welfare and criminal justice systems are users and abusers of alcohol and other drugs. The effects can impair parenting skills and threaten the safety of children in our community. Research has demonstrated that substance abuse is never a stand-alone issue, but rather is linked with delinquency, family violence, welfare reform, and mental health.

Drug courts are an effective, accountable mechanism to simultaneously address many of these issues. The CJCC's Substance Abuse and Mental Health Workgroup will work to identify national best practices for potential replication in the District. Special attention will be given to the research on effectiveness of criminal justice oversight through the implementation of drug courts in addressing treatment access, referral and service delivery. According to the CJCC there is a great need for expansion of these courts, and its exploration of best practices will support the expansion of effective drug courts in DC.

An example of a drug court is the family drug court, which is a court that has jurisdiction over a family unit. It involves a collaborative effort in which the court and practitioners of treatment and child welfare work together to conduct comprehensive needs assessments and build workable case plans that give clients a viable chance to achieve sobriety, become responsible adults, and hold families together. The family drug court represents a shift in court thinking to effectively address the needs of families to ensure the safety and well being of the children and family unit as a whole.

Through a partnership between the Office of the Deputy Mayor for Children, Youth, Families, and Elders and the Family Court, APRA is collaborating with the Child and Family Services Agency (CFSA), the Departments of Mental Health and Human Services, and other critical stakeholders to support the implementation of the new Family Treatment Court based on best practices. This one-year pilot program began in May 2003 to provide services to 36 women and their families. To implement the pilot, CFSA and APRA signed an MOU that transfers $1.4 million from CFSA to APRA to ensure that appropriate treatment and aftercare capacity is available for these families.

Improve case management of defendants/offenders and their transition back into the community, including re-entry support services.

A truly effective and fair criminal justice system requires comprehensive case management. Effective case management, in turn, requires intra- and interagency collaborative case management techniques to facilitate problem-solving and assure that comprehensive client services are provided.

Currently, there is no single information system available to criminal justice stakeholders in the District. In addition, there is no clearinghouse of available treatment programs or data-tracking system to capture treatment outcomes.

A working subgroup has been established by the CJCC to devise a plan for such an information management system. The working subgroup will focus on how the system should be established and

implemented, and the costs associated with District-wide implementation. This working subgroup will report to the Task Force on its progress and will make recommendations on how best to implement the system, at what cost, and over what time period. APRA will coordinate with this working group to ensure that the information systems that are developed for the criminal justice system and APRA clients are coordinated where necessary and appropriate.

Develop law enforcement and prosecutorial opportunities to divert non-violent youth to alternative community-based interventions.

Juvenile delinquency is one of the nation's and the District's most threatening social problems. Many of the cases involving youth in the criminal justice system are directly related to substance abuse issues. The lack of community-based services and opportunities for youth, particularly the lack of substance abuse treatment services for youth, has been cited as a major barrier to addressing youth violence and substance abuse issues.

Establishing adolescent prevention and treatment alternatives as diversion opportunities for youth, as well as educational and recreational support services, will serve to deter further involvement in the juvenile justice system and decrease the recidivism rate of youth entering into the system. APRA will partner with DMH to create alternatives that can best serve non-violent youth with substance abuse problems.

IMPROVING COORDINATION IN THE GREATER METROPOLITAN AREA

Goal 4: Encourage a coordinated and focused regional response to the problem of substance abuse.

The District recognizes that the drug-related activities of the federal and other adjacent governments are inextricably linked to those of its own. To avoid working at cross-purposes, substance abuse policymakers throughout the region must make every effort to coordinate and cooperate as they develop and enforce policies and laws. The Washington, DC, area includes 17 local governments surrounding the nation's capital as well as Maryland and Virginia legislatures, the U.S. Senate and the U.S. House of Representatives. The District will work closely with regional planning groups, such as the Metropolitan Washington Council of Governments (COG), in an effort to develop a sound regional response to the issue of substance abuse.

Objectives:

Promote regional resource sharing and opportunities for joint initiatives through partnerships among federal, state, county, and District drug control agencies.

The District will work closely with federal agencies as well as with COG in the following three areas to provide a focus for the sharing of resources, programming, and information:

- *Target substance abuse-related crime and violence across the region through law enforcement partnerships across jurisdictions.*

The District will coordinate with COG's Public Safety Committee that includes every police chief in the region. They will propose possible collaborative efforts to address substance abuse-related crime and violence, including open-air drug markets and drug use on college and university campuses throughout the area.

- *Encourage the implementation of science-based prevention and treatment practices throughout the region.*

The District will work with both the Substance Abuse and Mental Health Services Administration and COG's Prevention and Treatment Subcommittees to host a Best Prevention and Treatment Practices conference. The conference mission will be to disseminate best practices to behavioral health

professionals, program providers, and policymakers throughout the Washington area.

- *Facilitate the ongoing collection and dissemination of regional drug use data, including youth alcohol, drug, and tobacco use.*

Strategy stakeholders throughout the region expressed a need for current information on drug use from a metropolitan-area perspective. Such information would assist in the detection of emerging drug trends and the determination of needs. The District will work with the federal government's Office of National Drug Control Policy and COG to discuss the development and implementation of a drug use "pulse check" survey for the metropolitan Washington area.

Foster the adoption of consistent and mutually supportive anti-substance abuse laws and policies across jurisdictions.

The District will work in partnership with local organizations, both non-profit and university based, to study the similarities and differences among anti-substance abuse laws across the region. Anti-substance abuse laws and policies will be recorded and analyzed across city, county, state, and college campus boundaries to determine what changes and adjustments are required to produce a region–wide united front against substance abuse. Particular attention will be paid to laws and policies designed to restrict the use of alcohol and tobacco by youth. APRA will report the findings of its partnership effort, including recommendations for legislative action, to the Task Force within nine months.

Identify and remove barriers to treatment across jurisdictions.

Treatment referrals are impeded for a variety of reasons throughout the region. In some cases, medical personnel are simply not aware of the resources and programs that are available to treat substance abusers, including those with co-occurring disorders. Eligibility for programs can depend on age, place of residence, third-party payment options, involvement with the criminal justice system, health status, and a range of other factors.

The CJCC and APRA will work with regional planning groups, including COG's Substance Abuse Treatment Committee, to identify and resolve specific barriers to treatment access, referral, and service delivery.

Two populations that can benefit the most from being aware of treatment options and how to access them are criminal justice personnel and those working in area hospitals, emergency clinics, and outpatient settings. Accordingly, the CJCC will work with Washington area planning groups to host a regional conference during 2004 to:

- *Educate judges, probation officers and other criminal justice personnel about treatment referral and treatment options; and*
- *Educate medical providers throughout the area about treatment referral and treatment options.*

TRACKING PERFORMANCE

The Task Force, at the mayor's request, has determined performance measures by which to track the Strategy's progress toward the achievement of three results by 2010. The first result is the reduction in the number of individuals addicted to drugs and alcohol by 25,000 from an estimated baseline of 60,000. The second result is a reduction in social costs by $300 million from an estimated baseline of $1.2 billion. And the third desirable result is a reduction in youth drug use measured by two variables: changes in prevalence (reductions by an amount for certain categories of drugs and alcohol) and incidence (reductions in first-time use).

Estimating Social Cost of Substance Abuse: At this time, the District does not have a means to estimate changes in the social costs of substance abuse. The estimate of social costs in the District of Columbia of $1.2 billion used in this Strategy was estimated by Drug Strategies, which extrapolated it from a 1995 national estimate of social costs. For purposes of performance measurement, the

District needs to develop an independent, valid methodology.

The Task Force directs APRA, with support from other District Agencies, to take the lead for developing a biennial estimate of social costs in the District and to report biennially to it for purposes of tracking the Strategy's progress. The first social cost estimate is due in spring 2005.

Counting the Number of Addicted Individuals: The Task Force estimates that approximately 60,000 District residents are addicted to alcohol and other drugs and has established the performance goal of reducing this number by 25,000 by 2010. The estimate of 60,000 is based in part on the 2000 DC Household Survey on Substance Abuse (Household Survey), which reports nearly 40,000 individuals addicted to alcohol and drugs. The Household Survey undercounts addicts because it excludes places such as treatment facilities, shelters, college dormitories, nursing and assisted living facilities, and does not sample the homeless. Methodologies exist that provide population-based (rather than household-based) estimates of the addict population.

The Task Force directs APRA, with support from other District agencies, to develop recommendations on how to improve estimates of the number of individuals addicted to substances. APRA should consider alternative methodologies and develop cost estimates for each for consideration by the Task Force. The new estimate of the number of addicts is expected in spring 2005.

Monitoring Youth Drug Use: This Strategy has identified youth drug, alcohol, and tobacco use as policy targets for 2010. Two areas are proposed for each of these drug categories: reductions in first-time use (initiation) and prevalence (30-day or past month use). The Task Force believes that by monitoring the 12 to 17 age cohort through the DC Household Survey the District will acquire the information it requires to determine the success of its programs targeting youth. The Task Force directs APRA, with support from other District Agencies, to develop recommendations by fall 2003 on how the District may conduct biennial surveys of drug use. These recommendations are to include estimates of the cost of conducting the survey. The first estimate is planned for fall 2004.