The Urgency of Now!
A Five Year Strategic Plan

The Houston/Harris County Office of Drug Policy

The Houston Harris County Office of Drug Policy's 2008 Drug Summit

The Urgency of Now!

On October 28-29, 2008, the City of Houston joined with the Houston Harris County Office of Drug Policy (HHODP) and Rice University's Baker Institute of Public Policy to present a Regional Drug Summit. The Baker Institute has a strong track record of achievement in domestic and foreign policy issues with the goal of bridging the gap between the theory and practice of public policy. The purpose of the summit was to bring key stakeholders together to develop a five-year regional strategic plan to comprehensively address drug abuse and related issues.

Drug-related illness, death, and crime cost the nation approximately $66.9 billion annually, resulting in loss work productivity, unnecessary healthcare, extra law enforcement, auto accidents, and other hazards. In 2000, the total economic costs of illegal drug abuse in Texas were estimated at 9.5 billion. In 2004, Harris County court records show that 10,851 Driving While Intoxicated (DWI) charges against residents-at a rate of 140.8 per 100,000 adults had increased. These facts and many others point to a very serious community-wide problem of substance use/abuse in various forms. In order to adequately address this complex problem, it is evident that all sectors of life including service providers, law enforcement, judicial system, education, treatment, and recovery must come together to create a coherent, systematic plan to drastically reduce issues surrounding drug use/abuse.

Participants created a quality community action plan that was essential for the social and emotional growth of all our citizens and the communities in which they live, work, and learn. The summit demonstrated how our combined efforts—as leaders and elected officials of this city, state, and nation—can create opportunities that build strong, positive relationships and encourage the constituents of Harris County to make healthy life choices. A variety of keynote sessions highlighted strategies for launching and growing a community-wide initiative in the key areas of: law enforcement-courts-criminal justice system, the prevention strategies, treatment capacity-recovery management and care uniform data collection with real time dispersal.

Summit attendees included people who are decision-makers that have the direct authority to influence change from a variety of sectors--all centering on drug use/abuse and related issues. The summit was steeped in the ideology that working collaboratively and with intent, a difference can and will be made that will impact the work that we all do to make Houston-Harris County safe and drug-free.

In an October 28, 2006 article by Jyoti Verma of the Financial Express, David Fagiano Chief Operating Officer of Dale Carnegie Training, in reference to human capital, once said, "People always support the world they help create." Fagiano has seen first hand the difference that innovative human resource management can make to an organization. He believes communication and regular interaction with staff can help companies ride out difficult times. Putting this statement in context of the Houston Harris County Office of Drug Policy's (HHODP) 2008 Drug Summit: The Urgency of Now!, we could modify this statement to say, "People always support the *community* they help create."

There are many ways to incorporate prevention planning into our lives, but creating a safe and productive community requires careful and strategic planning. At the heart of all planning methods is a basic, logical sequence of steps that helps the community move from identifying problems to developing solutions and evaluating results. The first step is to build capacity by identifying and convening key stakeholders to begin the planning process. That was the intent of HHODP as the Summit steering committee convened community leaders representing all segments of the city of Houston/Harris County.

Participants assembled to design and implement a strategic action plan that would systematically address areas of need in four domains: Prevention/Education, Treatment and Recovery, Law Enforcement/Criminal Justice, and Data Collection. The leaders contributing to the development of the strategic plan represented a wide array of city and county organizations and represented a broad sample of individuals and groups that are associated with substance abuse and related issues (see Figure 1).

Attendees representing the diverse population that lives and provides services in Harris County were divided by self-selection into working groups. They were provided the common goal of completing an informal needs assessment, identifying evidence-based strategies, and selecting outcomes related to strategy implementation.

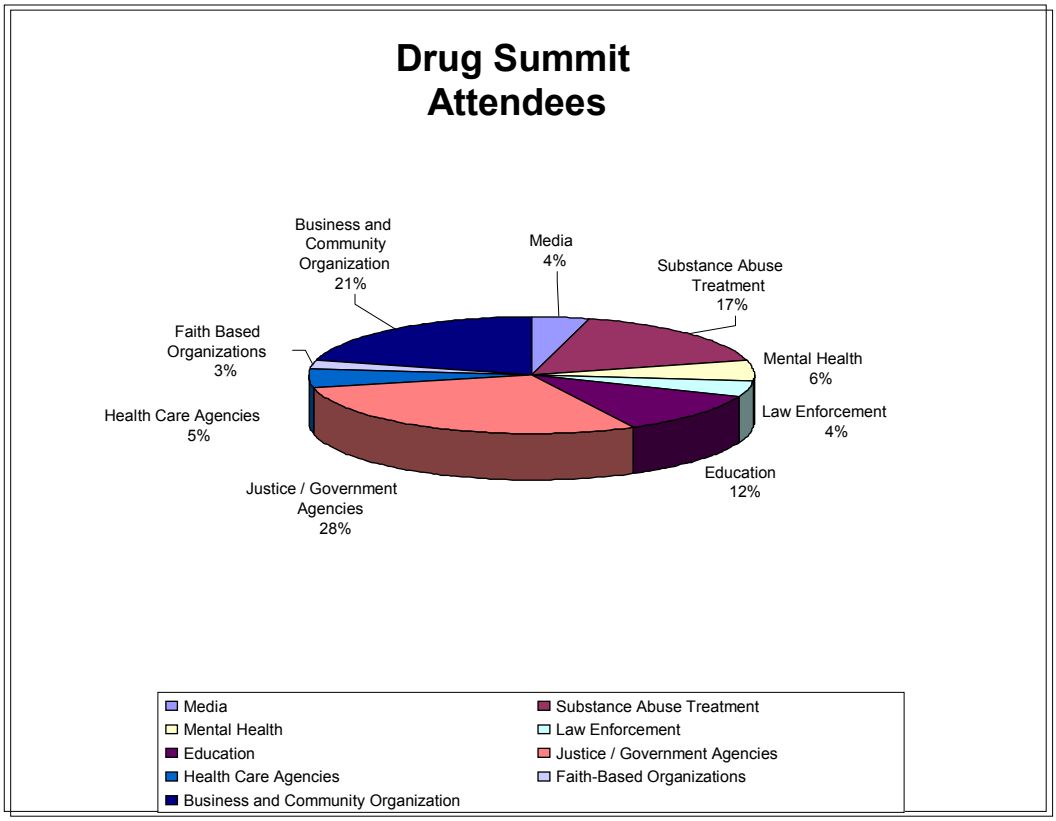


Figure 1: See Attachment 1 A Drug Summit Attendees

Community Substance Data and the Challenges we face

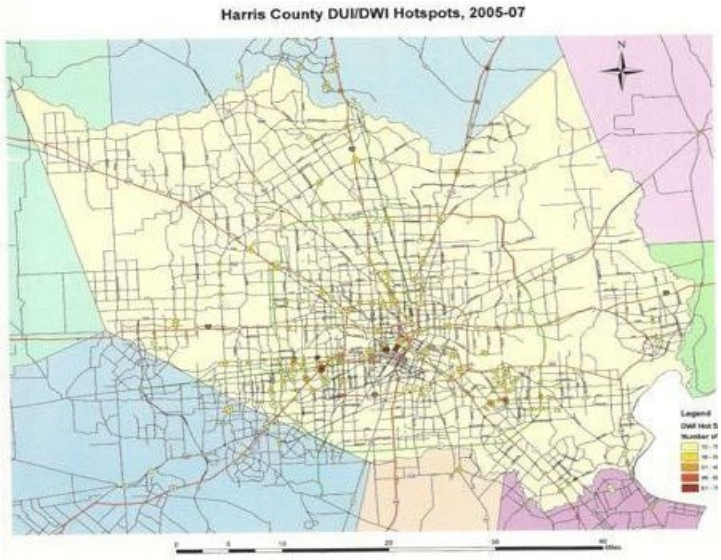
Successful data-sharing and analysis requires attention to personal and professional issues. Central to these efforts is determining the extent to which efforts will be deemed relative, reliable, and sustainable and how they will elicit improvement. The greatest difficulty in this strategic planning process is getting started. To overcome this challenge, representative committees with vested interest in each of the domains worked together on tasks that ranged from short- term, to mid-range, to long-term outcomes. The first step to this process was to use information and data analysis in an effort to build a platform for capacity- building efforts.

In addition to building capacity, a comprehensive assessment takes the guesswork out of where to focus efforts. An assessment provides a complete picture of how "ready" a community is to address its drug problems. Getting the full picture means knowing the extent of drug use, related problems, and risk and protective factors. It also means understanding what resources are available in the community, what gaps exist between needs and resources, and what duplications in services exist.

Profile of Houston/Harris County

Harris County is the largest of the 254 counties in the state of Texas with an estimated 3.8 million residents in an area over 1,728.8 square miles. 27.9% of the population represented youth under the age of 18. Houston is one of Harris County's 41 cities and has a population of about 2.1 million. Approximately 50% of the population is female and 50% is male. Ethic composition of the area is estimated to be 36% Caucasian, 6.7% African American, 39.9% Hispanic and 6.7% Other. Of the residents 25 years or older, 74.6% are high school graduates and 26.9% have a bachelor's degree or higher. 55.3% of Harris County residents are estimated to be homeowners with a median household income of $42,112. 16.2% of resident are estimated to be below the poverty level.

Alcohol and other Drug Related Information



Alcohol-Related Traffic Incidents – Harris County

- 92% of DWI crashes involved alcohol as the predominant drug.
- 82% of drivers involved in these incidents were male
- 88% were Caucasian (White) 11% Black
- 8% were teenagers, 34% were individuals in their 20's, 26% were individuals their 30's
- 81% had a Texas drivers license, 9.4% had no drivers license
- 43% did not have automobile insurance

"While Intoxicated" Crashes: 2005-2007

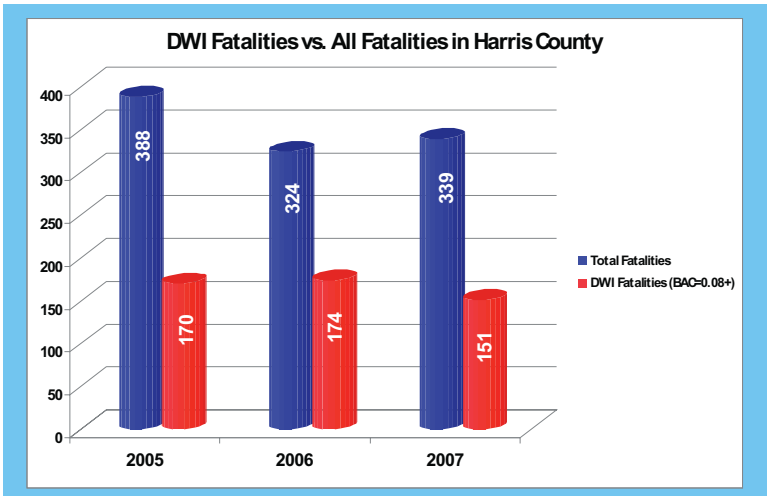


Figure 3: DWI Fatalities 2005-2007
***The National Highway Traffic Safety Administration and HGAC*

DWI Crash Hot Spots:

- 52.6% occurred on local roads (city streets, county roads, tollways, or alleys)
- 46% occurred on state roads (Interstate, US, SH, or FM)
- The top five hot spots were identified as:
  - Intersection of Westpark and Hillcroft
  - US 59 and IH 610
  - US 59 Winsome to Chimney Rock
  - Bellaire and US 59 South
  - IH 45 Downtown (Pierce Elevated)

The National Highway Traffic Safety Administration has identified Harris County as the worst county in the nation in terms of the number of alcohol-related fatalities per capita (see Figures 2 and 3). About 60% of all traffic fatalities are alcohol related in Harris County. The National average is 30%.

Harris County Findings:
Percentage of Young (<=40 years old) and Older (40+ years old) Intoxicated Drivers (BAC > 0.08) in Fatal Crashes (FARS 2007)[I]

Injury Severity	Harris County		Texas		United States	
	Young	Older	Young	Older	Young	Older
Fatal	74%	26%	73%	27%	69%%	31%

Figure 4: Harris County Intoxicated Drivers by Age
***Fatality Analysis Reporting System (FARS): NCSA, http://www-fars.nhtsa.dot.gov/ and HGAC (2005-2007)*

A review of data associated with fatal crashes in Harris County reveals that a higher percentage of young drivers are involved in fatal crashes than other parts of Texas and the nation (see Figure 4).

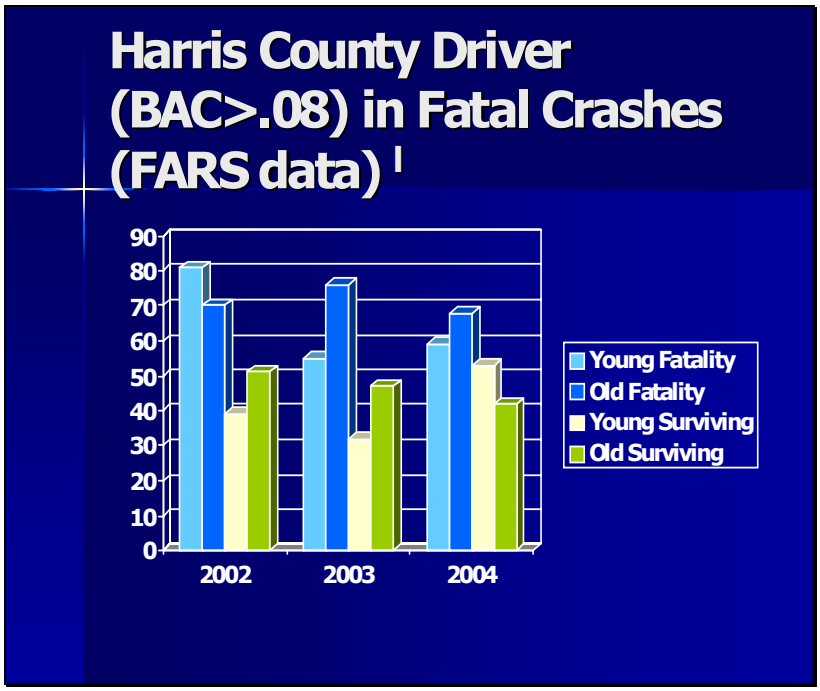


Figure 5: BAC Levels age

Data delineates a trend that drivers over the age of 30 are increasingly involved in alcohol-related fatal traffic accidents. When examining the total crashes, fatal and non-fatal, the relationship between age and increased number of crashes appears to remain constant (see Figure 5). *Young (<30 years old--Older 30+ years old)*

Drug Related Incidents- Harris County

Drug use continues to be a concern in Houston/Harris County with far-reaching implications. Half of jail inmates in 2002 were held for a violent or drug offense, almost unchanged from 1996. Drug offenders, up 37%, represented the largest source of jail population growth between 1996 and 2002. More than two-thirds of the growth in inmates held in local jails for drug law violations was due to an increase in persons charged with drug trafficking. Recent years show there has been an increase in related statistics. (see Figures 6, 7 and 8) Thirty-seven percent of jail inmates were convicted on a new charge; 18% were convicted on prior charges following revocation of probation or parole; 16% were both convicted of a prior charge and awaiting trial on a new charge; and 28% were not convicted. (U.S. Department of Justice, 2007)

Half (50%) of convicted jail inmates were under the influence of drugs or alcohol at the time of the offense, down from 59% in 1996. Three out of every four convicted jail inmates were alcohol or drugs-involved at the time of their current offense. (See current statistics in chart 1) Average sentence length of inmates serving their time in a local jail increased from 22 months in 1996 to 24 months in 2002. Time expected to be served in jail dropped from 10 months in 1996 to 9 months, in 2002.

31% of jail inmates had grown up with a parent or guardian who abused alcohol or drugs. About 12 % had lived in a foster home or institution. 46% had a family member who had been incarcerated. More 50% of the women in jail said they had been physically or sexually abused in the past, compared to more than 10% of the men. (U.S. Department of Justice, 2007)

Number of Substance –Related Arrests, Harris County, 2004

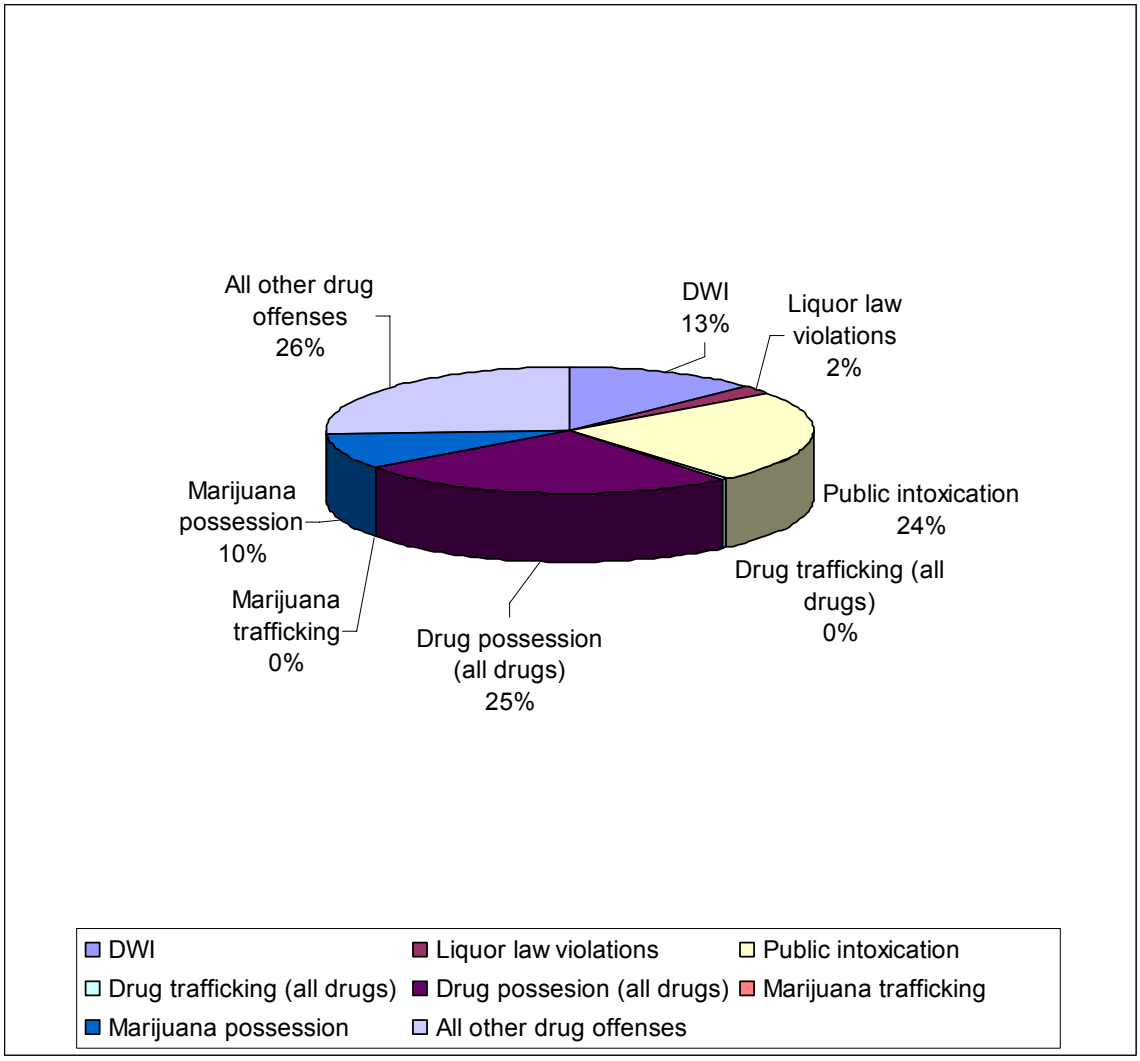


Figure 6: Substance-Related Arrest
**Office of National Drug Control Policy
Houston, Texas; Profile of Drug Indicators
February 2007
ONDCP Drug

STATS for Harris County Community Supervision & Corrections Dept. (Adult Probation) – 2008

% of felony clients with Drug Law Violation		28%
% of felony clients with Intoxication and Alcoholic Beverage Offenses		17%
TOTAL # of felony probationers	~38945	45%

Chart1: Adult Probation Drug Offenses 2008

Goldman, J. & Foland, S. (2008). Harris County Community Supervision & Corrections Department. Office of Research, Planning & Program Development. Houston, TX: Author.

Citizens (Ages 12 or Older) Reporting Drug Use, Houston Area, 2002-2004 Data

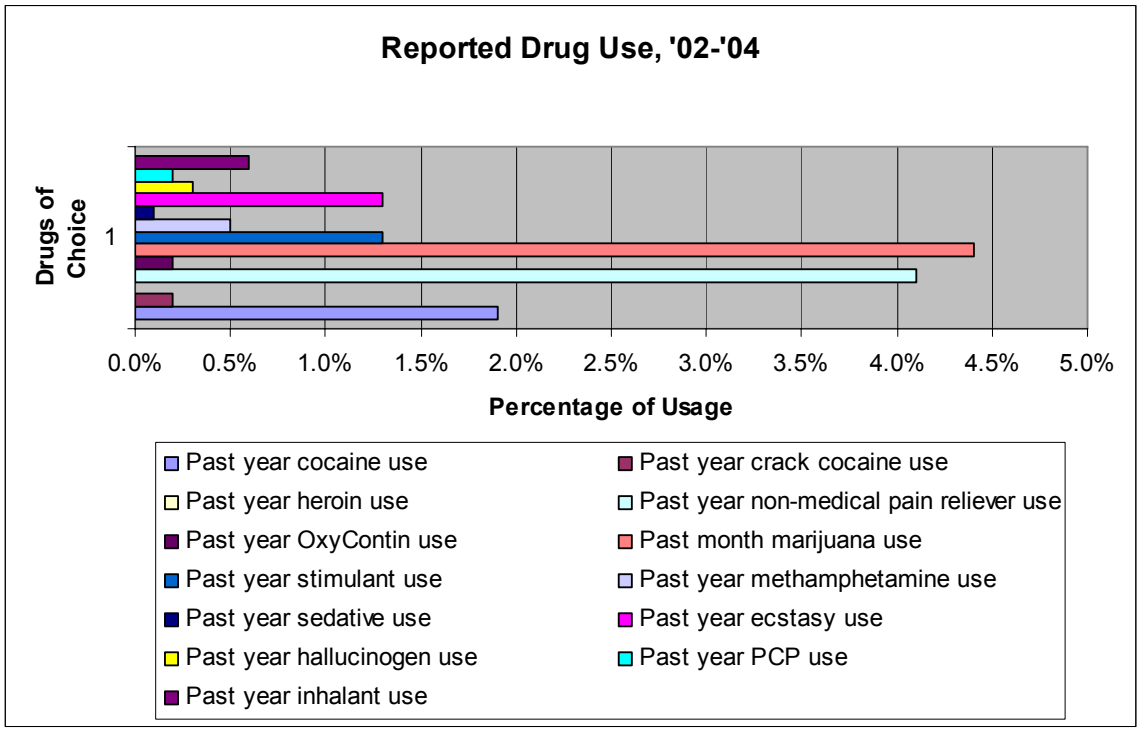


Figure 7: Reported Drug Use, 2002- 2004

**Office of National Drug Control Policy
Houston, Texas; Profile of Drug Indicators
February 2007
ONDCP Drug

Number of Offenders under CJAD supervision, Conviction in Harris County, 2004

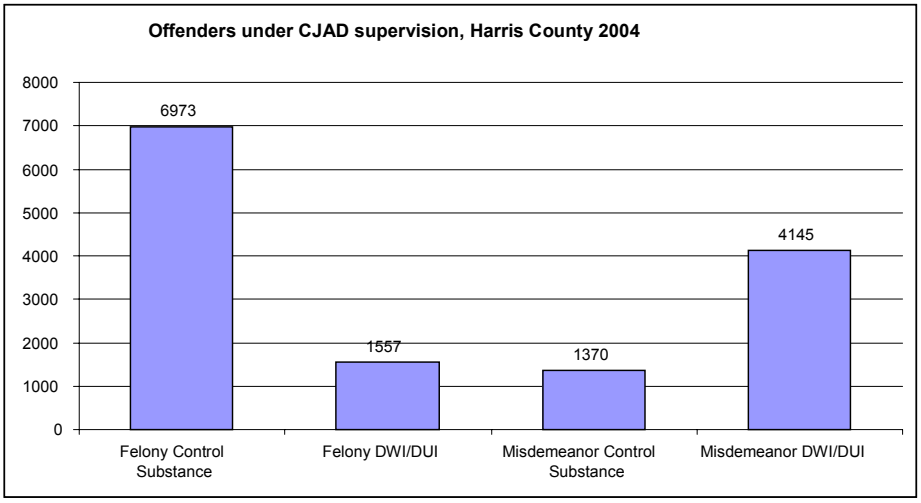


Figure 8: 2004 Offender Convictions

**Office of National Drug Control Policy
Houston, Texas; Profile of Drug Indicators
February 2007
ONDCP Drug

Other Consequences Related to Alcohol Use and Abuse

Annually, more than 100,000 deaths in the U.S. are attributable to excessive alcohol consumption. Causes directly or indirectly related to alcohol deaths include drunk-driving, cancer, stroke, and cirrhosis of the liver, falls, and other adverse effects (see Table 1). Alcohol and other drug abuse cost the Texas economy an estimated $25.9 billion for 2000 – $1,244 for every man, woman, and child in the state. Underage drinking costs the nation almost $60 billion a year — enough to buy every public school student a state-of-the-art computer. In Texas, the cost is more than $5.5 billion a year. Costs include traffic crashes, violent crime, burns, drownings, suicide attempts, fetal alcohol syndrome, alcohol poisoning, and treatments.

Approximately 240,000 to 360,000 of the nation's 12 million current undergraduates will ultimately die from alcohol-related causes — more than the number that will get M.A.s and Ph.D.s combined (Substance Abuse: The Nation's Number One Health Problem, Feb. 2001). According to the Drug Abuse Warning Network (DAWN) data, alcohol-related murder has risen since 2002, with a decrease in suicides, and a dramatic increase in chronic liver disease. The time for action is now. (See Table 1)

Among the 5.3 million convicted offenders under the jurisdiction of corrections agencies in 1996, nearly 2 million, or about 36%, were estimated to have been drinking at the time of the offense. The vast majority, about 1.5 million, of these alcohol-involved offenders were sentenced to supervision in the community: 1.3 million on probation, and more than 200,000 on parole. Alcohol use at the time of the offense was commonly found among those convicted of public-order crimes, a type of offense most highly represented among those on probation and in jail. Among

violent offenders, 41% of probationers, 41% of those in local jails, 38% of those in State prisons, and 20% of those in Federal prisons were estimated to have been drinking when they committed the crime. (U.S. Department of Justice, 2007)

Other Consequences to Alcohol Use and Abuse

Consequence	2002	2003	2004
Homicides	363	380	366
Suicides	387	348	364
Chronic Liver Disease	232	295	310

Table 1: Consequences of Alcohol Use and Abuse
***Drug Abuse Warning Network (DAWN) Data*

Substance Abuse Strategic plan for 2008

In addition to building capacity and assessing the community, it is important to conduct strategic planning in order to select appropriate evidence-based programs, policies and practices, and to connect our community data with the strategies we employ. The Houston Harris County Office of Drug Policy (HHODP) adopted the charge to prepare a strategic plan dealing with four critical domains;

- Prevention
- Treatment
- Law Enforcement
- Data/Communications

HHODP Members of the coalition facilitated two-day summit planning sessions. They were trained to facilitate the process by participating in actual planning exercises conducted for them. The training sessions allowed the facilitators to participate both as a facilitator and summit participant. This provided the members with an opportunity to experience the process first hand and have the opportunity to provide input into the finished plan.

Summit attendees were given an overview of the domains in a literature review format that detailed concerns that acted as an impetus for conversation to begin surrounding issues within a given area. The overviews are included in this plan followed by recommended strategies, and expected outcomes. These sections were completed by participants and logic models were created using this information.

Although this information is an accurate representation of the information collected during the summit, it is important to view this plan as organic. Facts collected and set forth in this document were the most current available at the time of process formulization. Therefore, subsequent data review may result in added information to guide the HHODP committees and subcommittees to goal/objective attainment.

Domain I: Prevention/Education:

Prevention Services within the Houston-Harris County area play an immense role in providing the community with an educational focus that leads to the development of informed decision-making skills. These services are utilized in a myriad of public sector opportunities where the focus is the provision of education to the community, and although these programs address the needs of the greater population, many advocates see a need for improvement. Community stakeholders have visualized an improved prevention service formula that addresses the following areas: (1) cultural sensitivity, (2) ready access to prevention services, (3) prevention services for all ages and (4) Community readiness.

Cultural Sensitivity

Organizations delivering prevention services have recognized that there is a need for the provision and enhancement of social development toward the culturally and linguistically diverse populations. Understanding the role of diversity within these services is known as Cultural Competence. According to Hogan, Gbrilsen, Luna and Gothaus (2003), Cultural Competence is the ability to serve individuals and communities in ways that demonstrate understanding, caring, and valuing of the unique characteristics of those served, including the cultural differences and similarities within, among, and between groups.

The defining aspect of Cultural Competence is that it allows for the idea of effective operation within diverse culture settings through the understanding and respect for the people of any given community. Hogan et al. (2003) states, "Prevention professionals and agencies must work with communities in developing and implementing prevention programs, instead of providing services to community members without seeking their input." Culturally competent programs are able to incorporate community ideas and values into prevention activities and structures that communicate an educational message which speaks and listens to the voice of the people. The objective of this partnership is to increase community participation in such programs and encourage individual involvement and attendance to planned activities geared toward prevention enlightenment.

Ready Access to Prevention

The Drug Demand Reduction Advisory Committee defines Coalitions as "A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug-free community." The use of coalitions as community prevention agents is integral to the building and bridging of community programs. Coalitions gear their focus around cooperation, utilizing this action as a resource for planning and implementation of potential activities that promote prevention messages and creating an accessible outlet for community members that seek this form of education. The collaborative efforts seen within this venue creates a doorway of opportunities for the community that might not normally be open.

The Drug-Free Communities Support Programs (DFC) "promotes a creative community solution, and the dollar-for-dollar match requirement ensures that the community will be invested in the performance and success of the partnerships." (Walters, 4) Recently monies have been set aside for faith-based organizations to address the need of substance abuse in the community. "These organizations offer a unique and compassionate approach to people in need" (Walters and Kucinich, 2008).

Prevention Services for All Ages

"One of the most important aspects of preventing America's youth from using illegal drugs is providing them a safe atmosphere where a culture of abstinence is pre-eminent." (Walter et al.) A multitude of studies have concluded that prevention should begin at an early age. In saying this, the federal government has awarded many school systems with funding geared specifically to prevention education. The belief is that if education regarding substance use, misuse and abuse is provided, then people stand a greater chance of developing more informed decisions.

Prevention training should begin at the earliest stages of school, but should transcend beyond the traditional drug awareness rallies of the elementary setting. Middle schools and high schools share the need for prevention services along with elementary students; however, the secondary level will require more intense lessons rooted from the realities of substance abuse.

Prevention education should not end in the public school system but, should be provided on college campuses throughout the nation. College students tend to be young adults who are making the tough decisions about a myriad of drugs. The misuse of any substances during this time may be curtailed through prevention activities that lead to a greater understanding of self-empowering decision-making skills.

Drug abuse does not solely belong to the young. Recent studies suggest that pills like Viagra have brought about another generation of substance users who desire the effects brought about from the use of the prescription. Informative prevention classes will allow for people of all ages to gain a better understanding of what it truly means to develop a dependency on drugs, including drugs prescribed by a physician.

Community Readiness

Enforcement of Legislation is the responsibility of the community and not just law enforcers such as the PD's and city/ county officials, etc., but that of each community member. "Enforcement also includes activities designed to promote social norms that respect the laws and encourage compliance." (Drug Demand Reduction Advisory Committee, 2003). By the community demonstrating there strong detest of substance abuse in their community, individuals and families will begin to support laws related to drugs in the community.

The ultimate goal of any prevention program will have to employ the "stop use before it starts" message, which will have to be endorsed in the legislation and in the

enforcement of the laws. "Prevention is the most effective and cost-efficient approach to reducing the demand on drugs" (Drug Demand Reduction Advisory Committee, 2003).

In order for prevention to be effective, the entire community must be engaged in addressing the drug conditions, identifying risk factors, developing protective factors, and implementing policies against substance abuse or use in society. "Risk and protective factor-focused prevention is based on a simple premise: To prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing, and then find ways to reduce the risk. At the same time, we must also identify those factors that buffer individuals from the risk factor present in their environment, and then find ways to increase the protection ("Prevention Specialist Training Guide," n.d.) .

The community will need to assess and establish whether they are ready to admit they have substance abuse issues. "Community readiness is the extent to which a community is adequately prepared to implement a drug-abuse prevention program. An effective prevention effort must have the support and commitment of key community stakeholders and the necessary implementation resources to achieve its aim" (Community Anti-Drug Coalitions of America, n.d.).

Recommended Strategies:

There are four distinct areas that participants listed to approach the need for prevention/education: working with parents, school programs, public awareness, and education and training. The anticipated outcomes are a decrease in incarceration, gang activity, and the number of youth being referred to the Juvenile Justice System. Additionally, there is an anticipated decrease/reduction in children using drugs and alcohol with parents, and an increase in youth input and decision-making and school attendance, and a decreased drop out rate as a result of the implementation of summit recommendations. A detail of the recommended strategies and outcomes for this domain are detailed in the following logic mode:

Prevention Logic Model					
Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
1. Community Education	• Conduct a needs and resource assessment • Establish Training Sessions • Write conference grant applications • Create a web cast	• HHODP • Identified Partners (TBD)	• Identify problems/issues by regions • Identify programs available • Host/ Co-host, sponsor annual conferences (Community) • Conduct Town Hall meetings in each quadrant of Houston/Harris County	• Provide education programs to communities in need • Evaluate effectiveness of programs (existing or new)	Reduction in Crime and Substance Abuse An increase in Community Readiness and Involvement
2. Environmental Strategies	• Advocate for the enforcement of laws already in place pertaining to placement of billboards within close proximity of churches, parks, schools, daycares. • Establish Review Committee	• HHODP • Identified Partners (TBD)	• Review and Collect data to the placement of existing billboards, etc.	• Compile a report to be disseminated to local, state and community stake holders to elicit change • Develop policy, establish laws, restricting the use of billboards in certain locations.	Improvement and increased bonding with schools Decrease in number of Youth being referred to Criminal Justice System

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
3. Social Marketing	• Develop various communication channels within the community to raise awareness regarding enforcement issues • Create a media campaign, programs, etc. (produce PSAs, and their media presentations, tag line) • Identify media outlets • Conduct focus groups to assure message is reaching target population (audience) • Create Communication Committee and identify members	• HHODP • Identified Partners (TBD)	• Community committee will meet • Membership recruitment will occur • Identify potential partners • A call for media submissions to encourage participation in the creation of media messages • Select a tag line	• Promote all HHODP activities • Launch phases of media campaign which will demonstrate an increase in the number of media messages	Reduction in Crime and Substance Abuse An increase in Community Readiness and Involvement Improvement and increased bonding with schools Decrease in number of Youth being referred to Criminal Justice System

Domain II: Law Enforcement

Texas has 254 counties and 268 jail facilities with a combined-rated capacity of 71,962. A 9-member Board of Criminal Justice oversees the TX Dept. of Criminal Justice (TDCJ). Texas has approximately 152,661 prison inmates (TDCJ 2007 Statistical Report). Texas has 122 Community Supervision & Corrections Departments (local, judicial agencies) which supervise approximately 431,494 probationers. TDCJ's Parole Division supervises approximately 103,122 parolees ("National Institute of Corrections," n.d.). Houston/Harris County, as the fourth largest city and the third largest county in the United States, is also the largest incarcerator in Texas.

The Criminal Justice System

The criminal justice system (CJS) is comprised of multi-disciplinary agencies operating with prescribed roles and responsibilities defined by case law and legislation, e.g. federal and state statutes and county and city codes. The CJS is composed of law enforcement, prosecution and pre-trial services, adjudication, sentencing and sanctions (courts), incarceration (jail and prison), and community (alternative to incarceration). Responses to crime are primarily a function of State and local governments. Each agency has the primary responsibility of ensuring public safety. (The Justice System, 2004).

Each decade brings with it studies and analyses of practices from decades before. In the 1970's Martinson's "nothing works" turned the United States' criminal justice system and corrections practices upside down. The focus of the CJS agencies became "risk control" by way of increased incarceration. In the two decades since, there has been a radical transformation of the CJS due, specifically, to the impact of substance abuse issues. Many states have been forced to employ a revolving door, wherein the drug offender goes in the front door, and with a lack of bed space, other offenders are released out the back door. The establishment of mandatory minimum sentences for drug-related crimes has produced an increase in court dockets; long-term incarceration sentences for many low-level, non-violent drug-related offenders, and jail and prison overcrowding, resulting in early releases. (Springer, McNeece & Arnold, 2003).

The criminal justice system is the largest referral source for substance abuse treatment. With the limited funding available to corrections agencies it is vital to assess the offender's criminogenic risks and needs to ensure their referrals and interventions are appropriate and effective (Andrews, D.A. and Bonta, J., 2003).

Cross Discipline Collaborations

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS), little is publicized about CJS agencies' proactive involvement within their communities in developing community partnerships to provide alcohol and drug education and prevention programs, as well

as treatment and recovery support services. Texas criminal justice system agencies are extremely active in both the federal and state areas (SAMHSA, 2008).

Both the FBI-Houston and DEA-Houston have agents with a primary focus on developing community initiatives such as Houston's Premier Program for Inner-City Youth - Through education and mentoring, "I Have a Dream", which encourages at-risk youth to dream and empowers them to believe in themselves and succeed. The FBI Houston National Citizens Academy is another Community Relations Program which affords business and community leaders an inside look at Federal law enforcement in general and the FBI family in particular ("FBI Houston Division", n.d.).

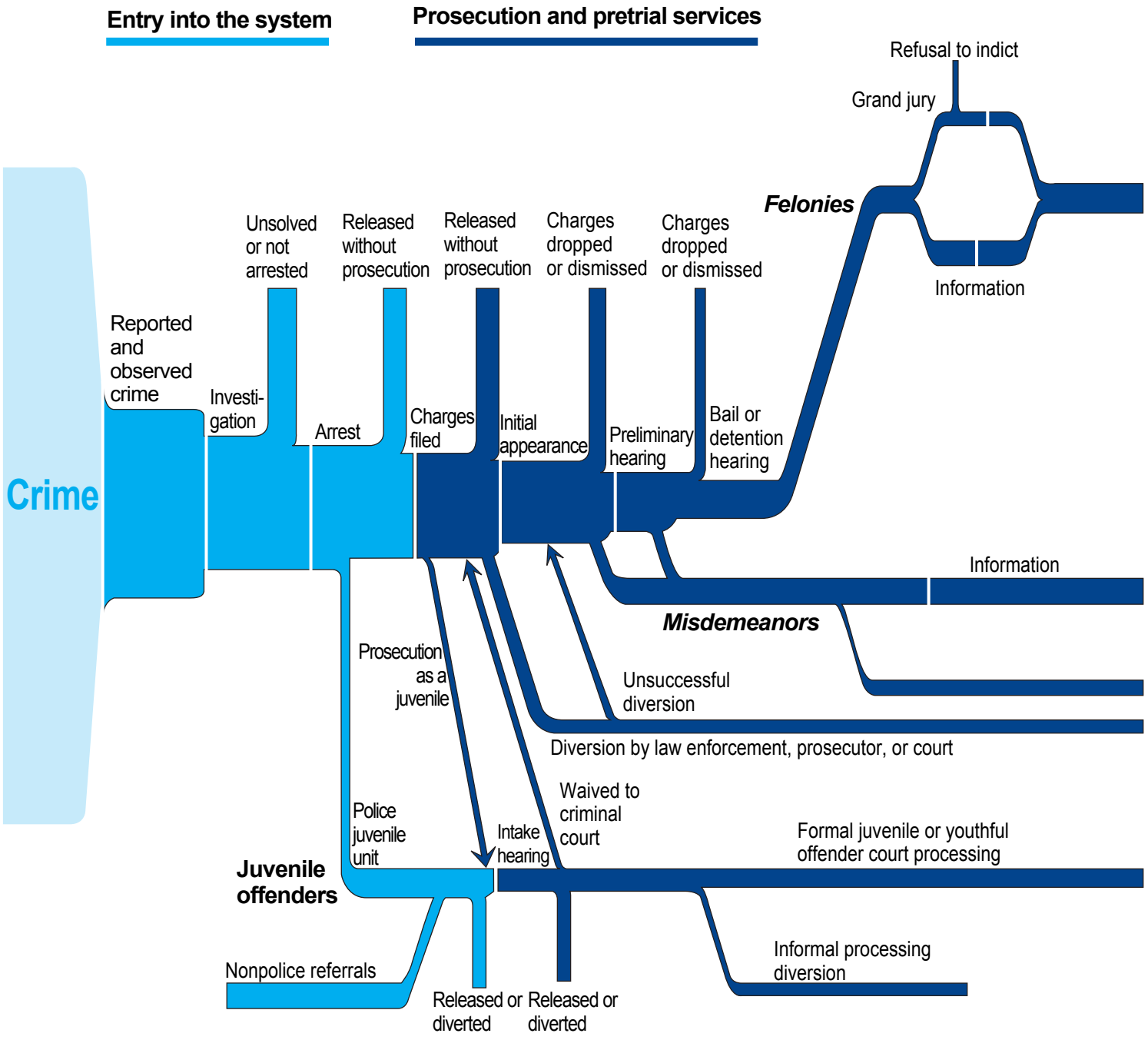
The Drug Enforcement Administration (DEA) has the primary focus of enforcing the nation's federal drug laws, with the understanding that alone they cannot solve America's drug problems. In an effort to support risk reduction efforts, communities across the nation have DEA Special Agents assigned who serve as Demand Reduction Coordinators (DRCs) as a secondary responsibility. These agents work with individuals and community groups (community coalitions, civic leaders, state and local drug prevention organizations, treatment experts and the general public) to provide DEA's unique expertise in the areas of intelligence and enforcement. These collaborative efforts have strengthened drug prevention efforts in communities ("U.S. Drug Enforcement Administration," n.d.).

The Pasadena Police Department, Houston Police Department, Harris County Sheriff's Department, to name a few, have specialized units which focus on crime prevention and cross-discipline collaborations. Many law enforcement agencies are training their line/field officers in mental health and substance abuse identification. Harris County Criminal Courts have implemented Drug Courts, Driving Under the Influence (DUI) Courts and Mental Health Courts in an effort to establish wraparound systems of recovery, which address not only criminal punishment, but also addresses the causal factors such as drug and alcohol abuse and mental health (see Chart 2).

Recommended Strategies:

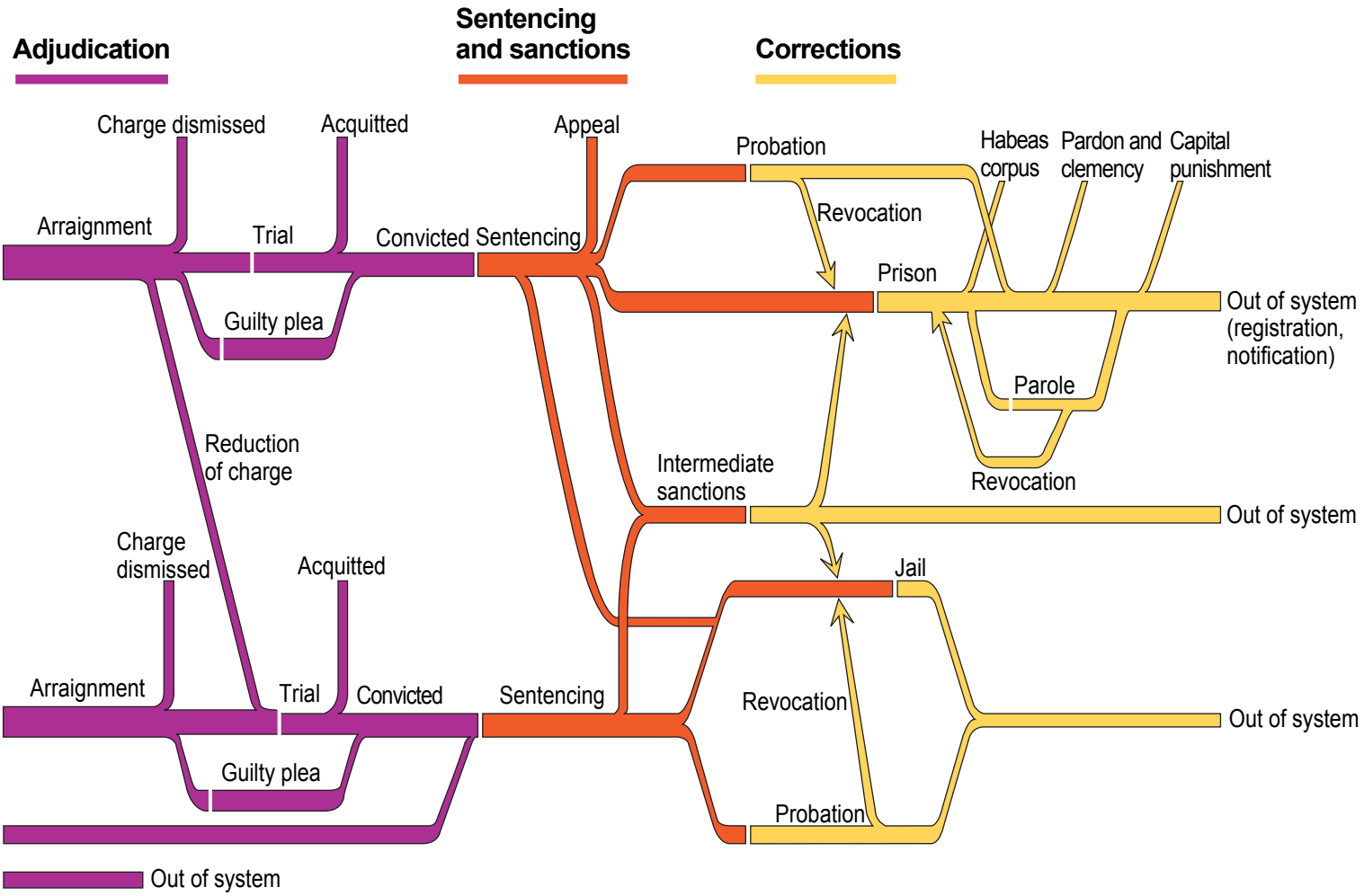
The recommended strategies for this domain are to continue conversations regarding topics, which were not addressed or need expansion, during the drug summit through town hall meetings. Additionally, there is a need to create "drop-in"/'one-stop" community centers for information & service referrals. The creation of Public Service Announcements (PSAs) to honor LE/CJS campaign and give a voice to their efforts was thought to be beneficial. Additionally, the creation of LE/Police in the Park events, as well as the creation of intelligence information to purposefully and intentionally address issues or concerns and mitigate future problems impacting the community, would decrease incarceration, gang activity, and the number of youth being referred to the Juvenile Justice System. Additionally, an increase of interactions between adults and youth within the community would result in healthy role models and increased activities and programs within the community. Complete details of summit participant's conversations in this domain are detailed in the following logic model.

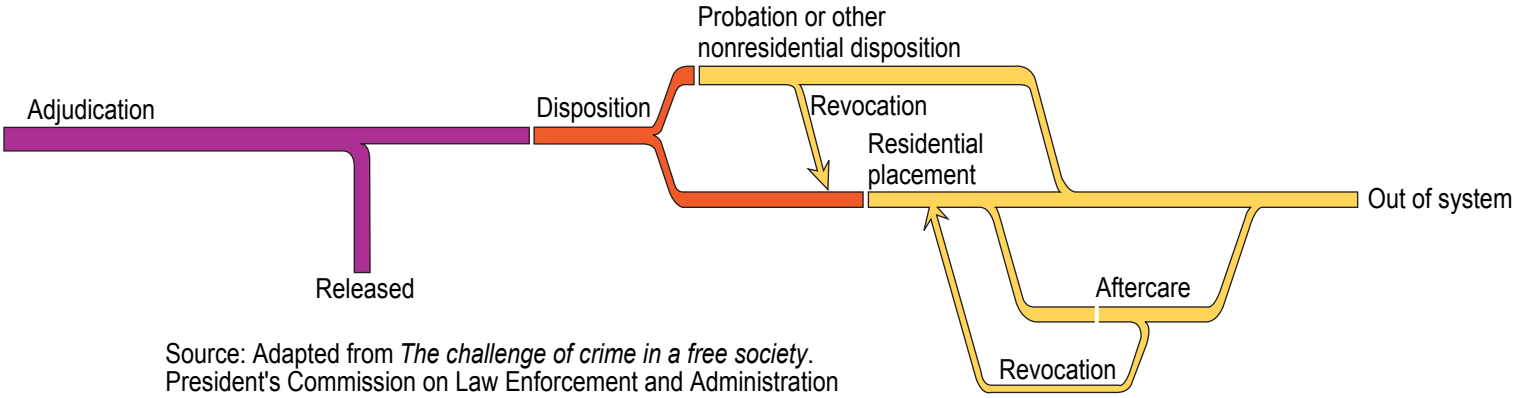
The sequence of events in the criminal justice system.



Note: This chart gives a simplified view of caseflow through the criminal justice system. Procedures vary among jurisdictions. The weights of the lines are not intended to show actual size of caseloads.

Chart 2: Criminal Justice System Flow Chart





Source: Adapted from *The challenge of crime in a free society*. President's Commission on Law Enforcement and Administration of Justice, 1967. This revision, a result of the Symposium on the 30th Anniversary of the President's Commission, was prepared by the Bureau of Justice Statistics in 1997.

Law Enforcement Logic Model

Strategy	Actions	Who will be responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
1. **Create Advisory Panel**	• Identify potential members • Invite potential members to HHODP • Obtain signed MOUs	• Coordinator/ Chair	• Functioning Advisory Panel to HHODP LE/CJS Working Committee		**Reduction in Crime and Substance Abuse**
2. **Create HHODP LE/CJS Steering Committee**	• From the AP Identify members • Report activities' status to HHODP • Keep AP on task and focused • Present signed MOUs	• Coordinator/ Chair	• Functioning LE/CJS HHODP Working Committee		**An increase in Community Readiness and Involvement**
3. **Reduce Recidivism**	• Enhance special needs courts • Write for funding		• Completed grant applications	• Receive funding	
4. **Create positive visibility for LE/CJS in the community**	• Pilot neighborhoods • Create PSAs to honor LE/CJS campaign • Partner with DEA Community STARS • Create LE/Police in the Park events • Advocate at local and state levels for more LEOs on the streets	• HHODP LE/CJS committee & volunteers	• Identify high risk area/s • Elicit LE/CJS participants • Clean up area • Make commitment with DEA • Attend next city & county council/ commissioners meetings	• Maintain cleaned up area/s • Ongoing PSAs • Ongoing Park events	**Decrease in number of Youth being referred to Criminal Justice System**

5. **Increase Inter-agency Communication**	• Create intelligence information to purposefully and intentionally address issues or concerns and mitigate future problems impacting the community • Create a quarterly LE/CJS debrief meeting	• HHODP LE/CJS committee		• Ongoing data collection • Ongoing LE/CJS community meetings	
6. **Increase community involvement**	• Continue conversations regarding topics, which were not addressed or that need expansion, from the drug summit through Town Hall meetings • Create "drop-in"/'one-stop" community centers for information & service referrals	• HHODP LE/CJS committee	• Tap into existing coalitions and community agencies • Tap into multipurpose centers/county centers • Tap into Ryan White & City & County Health Depts.	• Functioning multi-disciplinary community service center	

Domain III: Treatment and Recovery

Houston and Harris County are critically deficient in the array and adequacy of services and supports that are available for persons who need substance abuse treatment and recovery management. As examples:

- Over 780,000 Harris County residents have substance abuse issues (alcohol and/or other drugs).
- Very few residential beds are available for substance abusers with limited means.
- There are only a few detox beds in Harris County, and few publicly funded substance abuse treatment programs in the region.
- More than 1,000 people are turned away monthly for care.
- Individuals who are unable to access appropriate treatment for substance abuse problems end up in emergency rooms and jails.
- Prevention and treatment of substance abuse returns an average of $3-5 per $1 spent, yet millions of dollars in federal matching funds are lost each year because the state of Texas fails to meet matching grant requirements (Adams, February 23, 2007).

In addition to the statistics listed above, new priorities continue to emerge, such as the need for services for older adults and victims of trauma, including returning military and their families. Addressing new priorities places a strain on other areas of need where resources are already scarce. There are a myriad of barriers to accessible, appropriate substance abuse treatment and recovery services that affect the Houston and Harris County communities. Following are brief descriptions of just a few of the issues.

Stigma

All addicted individuals believe, in the beginning, that they can stop using drugs on their own, and most try to stop without treatment. However, most of these attempts result in failure to achieve long-term drug abstinence. Research has shown that long-term use results in significant changes in brain function that persist long after the individual stops using drugs. These drug-induced changes in brain function may have many behavioral consequences, including the compulsion to use drugs despite adverse consequences. *(Principles of drug addiction treatment: a research-based guide, n.d.)*

Stigma is defined as the negative labeling and stereotyping of a group of individuals that is based on some observable trait they share and that leads to discrimination against them by individuals or society at large (Corrigan & Penn, 1999; Link and Phelan, 2001). "Stigma" refers to the negative attitudes toward members of a group;

"discrimination" refers to the behaviors that result from these attitudes. (Institute of Medicine, 2006)

Substance misuse problems are still not widely perceived as a health condition requiring long-term care, but rather as a moral problem that indicates a lack of self-control, or a potential legal problem (Carlson, in Miller & Carroll, 2006).
Social stigma does act as a barrier to change. It is often given as a reason for not seeking help and may contribute to the greater isolation of groups and networks of substance users. Individuals who see themselves as having a stigmatized identity because of their drug use may over identify with peers, making change more difficult. DiClemente suggests that individuals who are more concerned about stigma may benefit from brief interventions that serve to tip their decisional balance and encourage some behavior change. (DiClemente, in Miller & Carroll, 2006)

Local communities need educational services to raise awareness about substance use disorders, the chronic nature of the illness, and the role relapse plays in the recovery process, among other issues. Educational services could also serve as an outreach opportunity where individuals affected by substance abuse, either directly or within their family and social networks, can hear a message of hope and learn about treatment and recovery choices that are available to them.

Research and Evidence-Based Practices

Research findings suggest there are many effective treatments for alcohol, opioid, stimulant, and marijuana dependence. Treatment variables associated with better outcomes include, for example: (a) longer periods of outpatient treatment; (b) reinforcement (via vouchers, removal of legal sanctions, etc.) contingent upon verifiable pro-social behaviors (e.g., negative urines, employment); (c) individual counseling; (d) proper medications (anti-addiction medications and medications for adjunctive psychiatric conditions; (e) supplemental social services for medical, psychiatric, and/or family problems; (f) participating in AA, some other mutual-help group, or aftercare following treatment (McLellan, in Miller & Carroll, 2006).

Introduction of research-based service models and practice guidelines provided by skilled mental health providers offers an opportunity for improving treatment in everyday practice. The Screening, Brief Intervention, Referral and Treatment (SBIRT) model is an excellent example of a highly effective practice that has yet to be diffused into the greater community. The gap between research, program, and practice is wide.

Flaum (2003) defines evidence-based practice(s) as "interventions for which there is consistent scientific evidence showing that they improve client outcomes." In theory, adopting evidence-based practices is desirable; in practice, implementation of evidence-based practices can be extremely challenging. Stigma, lack of awareness of effective treatment, inadequate supply of evidence-based services and trained providers, and benefits/regulations that limit payments for evidence-based practices all impact the use and availability of these services. Further, many of the evidence-based practice models require consumer involvement to evaluate how these models

can accommodate a recovery and resilience philosophy (Commonwealth of Pennsylvania Office of Mental Health and Substance Abuse Services, 2006).

At the service delivery level, implementing evidence-based practices requires an infrastructure, including leadership to address barriers and require implementation, technical assistance to learn about service requirements, and measurement of fidelity to evidence-based practices to support appropriate implementation and ongoing operations.

Even where evidence-based practices are available, implementation is often insufficiently faithful to the original model to achieve desired results. Calling a practice an "evidence-based practice" is not the same as actually implementing such a practice with fidelity, and fidelity to key processes is critical to ensuring positive outcomes. A host of structural and financial barriers hamper the wider dissemination of evidence-based practices, including:

- Fears that evidence-based practices are too expensive and that much vaunted "cost- benefits" will not be realized.
- Consumer disinterest in evidence-based practices that have coercive elements.
- Lack of fidelity to evidence-based practices due to costs of certain staff required for the model, e.g., nurses in Assertive Community Treatment teams (Commonwealth of Pennsylvania Office of Mental Health and Substance Abuse Services, 2006).

Services for the Uninsured and the Underinsured

- Of Harris County's 3.5 million residents, 1.1 million (31.4%) are uninsured.
- An additional 500,000 residents are underinsured, meaning that their plan is not adequate to meet their health care needs.
- 25% of Harris County's children are uninsured.
- 51.7% of Harris County's Hispanic population – the fastest growing ethnic group in the region – is uninsured.
- The vast majority of Harris County's uninsured are working people and their dependents; 43% of those have annual family incomes below $43,000.
- The fastest growing segment of uninsured in Harris County is the middle class, those with annual family incomes exceeding $50,000 (Adams, 2007).

Despite Houston's world-class medical center and globally renowned physicians, our underinsured residents are frequently unable to access the most basic of health care services. Limited access to outpatient preventive, primary and specialty care, fragmented public health delivery system, and an unacceptably high and growing number of underinsured residents obtaining non-urgent care from Houston/Harris

County's emergency rooms has weakened our area's already fragile health care safety-net (Adams, 2007).

Disparity between the insured and underinsured remains a negative mark on addiction treatment. It has been well documented that people with insurance are usually able to access treatment services in the private sector, whereas underinsured drug-dependent individuals have limited access to the most basic treatment. Nationally, inadequate funding has led to a longstanding shortage of publicly funded treatment. Data support the need for varying program services based on an individual's insurance status. Research indicates, for example, that Medicaid/Medicare and underinsured patients are more likely to have addictions to illegal drugs, whereas patients with private insurance are more likely to have alcohol addiction (Open Society Institute, 2007).

Expansion of publicly-funded treatment options would increase opportunities for all individuals suffering from addiction. Regardless of insurance status, individuals will be able to receive necessary treatment that could make a significant difference in recovery outcomes.

Advocacy

By hiding recovery, the most harmful myth about addiction disease has been sustained—that it is hopeless. Without the example of recovering people, it is easy for the public to continue to think that victims of addiction disease are moral degenerates—that those who recover are the morally enlightened exceptions. "We are the lucky ones, the ones who got well. It is our responsibility to change the terms of the debate for the sake of those who still suffer" (Senator Harold Hughes, cited in White, 2006, *Let's Go Make Some History*, p. 98).

William L. White has written extensively on the subject of recovery advocacy. There is, in fact, a grassroots recovery advocacy movement which is growing rapidly. Per White, "A qualitative shift is occurring in the conceptual foundation and design of behavioral health services. . . . Grassroots advocacy movements and a growing body of longitudinal research are challenging mental health and addiction treatment service providers to re-focus their services toward the goal and process of long-term recovery. . . . Recovery advocacy provides a means through which people in recovery can confront stigma and its resulting social and institutional obstacles to recovery and shape service systems that reflect their own aspirations and needs." (WL White, Recovery from Addiction and from Mental Illness: Shared and Contrasting Lessons, 2003)

Examples of goals established for grassroots recovery-advocacy organizations (for example, Faces and Voices of Recovery; Connecticut Community for Addiction Recovery, etc.) include:

- portraying alcoholism and addictions as problems for which there are viable and varied recovery solutions

- providing living role-models that illustrate the diversity of recovery solutions
- countering public attempts to stigmatize those with substance problems
- enhancing the variety, availability, and quality of local/regional treatment and recovery support services
- removing environmental barriers to recovery, including the promotion of laws and social policies that reduce alcohol and other drug problems and support recovery for those afflicted (White, 2000).

There is an immense need for advocacy related to substance abuse issues. As an example only, community advocates could implement activities that promote awareness about emerging trends such as the misuse of prescription medications. Current data suggest that many people are unaware of the dangers of prescription drugs because (1) they mistakenly believe that prescription drugs are safer to use than illicit street drugs; (2) they can obtain these drugs easily from friends and family, or online, and (3) most are not aware of the potentially serious side effects of using prescription drugs non-medically (Walters, 2008).

Beyond Acute Models of Addiction Treatment

At one time, addiction treatment was based on an acute model focused on brief bio-psychosocial stabilization. Addiction is now understood as a chronic disorder that in many cases necessitates a recovery-management model of care which emphasizes sustained recovery support. A number of recent legislative, policy, advocacy, and service trends support this philosophical shift, both for mental health and substance use disorders. Funding advocacy for recovery-focused services at the state level here in Texas has also begun to emerge. In preparation for the 81st Texas Legislative Session, the Texas Association of Substance Abuse Programs (ASAP) initially advocated for the introduction of exceptional item funding to support not only prevention and treatment, but also *recovery management*.

Recovery management centers on factors needed to sustain long-term recovery: sustained post-stabilization monitoring, stage appropriate recovery education and coaching, assertive linkage to local communities of recovery, and early re-intervention when needed. In an article entitled *"Recovery Management: What if we <u>really</u> believed that addiction was a chronic disorder?"* William L. White suggests a number of conceptual and institutional barriers to widespread diffusion of the recovery management model, including:

- Resistance to shifting from an acute bio-psychosocial model of intervention to a chronic model of care;
- Logistical concerns about the ability to integrate professional- with peer-based recovery support services;
- Fiscal and regulatory systems that do not support sustained recovery management systems;
- Lack of science-based knowledge of the long-term recovery process; and,
- Provider agencies whose organizational structure and high staff turnover hinder long-term relationships between the agency and its community, and

between front-line professionals and the individuals and families affected by substance use disorders.

Additional challenges for the Houston-Harris County area include the fact that there is no coordinated public system for behavioral health care that includes addiction services. Local mental health advocacy organizations exist, but these do not have strong substance abuse advocacy components, nor is there a local stand-alone substance abuse advocacy organization. The recovery-oriented-systems-of-care paradigm applies both to mental health and addiction disorders, but to date has not been a uniting factor. Individuals who have co-occurring disorders are particularly affected by the dearth of cross-competent behavioral health providers.

A number of providers in the Houston-Harris County area have developed proposals to provide recovery case management services in the past, to no funding avail. The coordinated, collaborative effort of state agencies and the local public and private sectors will likely offer the greatest chance of success in designing a regional system and service array that most closely fit the needs of the person in recovery. The Center for Substance Abuse Treatment (CSAT) compiled a summary of seven Regional Recovery Meetings held between April 2007 and January 2008, in which CSAT focused on recovery-oriented system change. Based on the input from stakeholders, CSAT compiled a list of recommendations, as follows:

- Pursue efforts where early successes can be achieved.
- Promote accomplishments to motivate additional change activities.
- Use all tools available to the State, such as peer-to-peer services and case management.
- Conduct process, evaluation, and performance measurement at the beginning of the implementation process, make changes based on these analyses, and enhance monitoring of contracts for increased accountability.
- Involve clients and families at the state, provider, and community levels and use financing and other incentives to leverage systems change.
- Develop job descriptions and standards, enhance recruitment and training efforts, provide competitive pay, and create a code of ethics.
- Invest in a skilled grant writer.
- Conduct ongoing stigma reduction efforts.
- Use managed care technologies to accomplish public sector goals and share the vision of systems change with other States and communities.

There is debate in the literature among providers and others about the definition of recovery, whether it devalues professionals and treatment, and a host of other concerns. The following quote sums these up well: “recovery is old news; recovery-oriented care is implemented only through the addition of new resources; recovery-oriented care is neither reimbursable nor evidence based; and recovery-oriented care increases providers’ exposure to risk and liability” (Davidson et al., 2006, p. 640). To counter these beliefs, the literature describes social inclusion and self-determination

as the underlying values of recovery. Further, if there is understanding that behavioral health disorders are "condition[s] that many people can learn to live with … choice and self-determination become inevitable rather than optional" (Davidson et al., 2006, p. 643).

Research on consumer-run recovery services is underway. Comparison of recovery in physical illness to that in mental illness and substance abuse suggests that people will accommodate to their illness or disability and have this be only one dimension of the personhood, while taking advantage of treatment and rehabilitative services.

Recommended strategies:

Participants felt that it was vital to identify funders, create a needs assessment, and map existing services in order to develop treatment options that allow families with children to remain together. This would result in decreased incarceration, gang activity, and the number of youth being referred to the Juvenile Justice System. It was also deemed important to increase community involvement in the drug conversation and community planning by providers and resources. As a result, a decrease/reduction in children using drugs and alcohol with parents would be evidenced. The following logic model delineates the summit participant's plans.

Treatment Logic Model					
Strategy	**Actions**	Who will be Responsible?	**Short-Term Outcomes One year**	**Intermediate Outcomes 1 to 3 years**	**Long-Term Outcomes 3 to 5 years**
1. Increase collaborative funding for treatment service by bringing more private/ corporate donations into the greater Houston area	• Community Meet and Greet/ informational seminar with local private and corporate foundation representatives and local treatment providers • Treatment providers submit applications based on results of informational seminar • Identify competent providers	• Coordination: HHDOP Treatment Committee • Meeting Set-Up: United Way	• Community leaders and funders are educated on the current status of chemical dependency in the Houston/Harris County area. • Community leaders and funders are educated on how chemical dependency relates with their foundation funding objectives	• Offer private/ corporate funders an oversight board to review applications • Provide bench-marks to funders for successful treatment programs • Provide technical assistance to applicants in an effort to help them write successful applications • Increase number of successfully funded applications • Increase in number of treatment beds, enhanced services, expansion of SBIRT	**Reduction in Crime and Substance Abuse** **An increase in Community Readiness and Involvement** **Increase number of youth and adults access to treatment programs**

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
2. Increase community- based services geographically with emphasizes on underserved areas and underserved populations	• Identify funders • Create a needs assessment and • Map existing services • Develop treatment options that allow families with children to remain together	• HHDOP Treatment Committee	• Expansion of relationships between funders and providers • Complete mapping process and distribute to stakeholders • Identify strategies that work with specific communities	• Gaps identified and funded, with new services initiated • Collaborate with community for additional resources • Create satellite treatment centers at city multipurpose/ health centers • Create satellite treatment centers at county health centers • Establish increased availability of services in geo- underserved areas, as seen by offices locations serving # of clients per year • Establish additional detox beds. Additional treatment services for families are available. • Turn foreclosed or abandoned homes or properties into affordable residential treatment centers	**Reduction in Crime and Substance Abuse** **An increase in Community Readiness and Involvement** **Increase number of youth and adults access to treatment programs**

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
3. Increase Government funding in the greater Houston/Harris County area for treatment services	• Educate populous of availability of Medicaid coverage • To mobilize community providers to apply for federal and state funding • Ensure that there is a coordinated approach to applying for government funding	HHODP	• Apply for funding through DSHS which will meet the needs of the treatment community and include funding for long term case management/ follow-up • Sub-committee within HHODP Treatment committee formed to collaborate on public funding opportunities	• Teach service providers to bill for Medicaid • Increase local, state, and federal dollars through Targeted Capacity Expansion grants or other appropriate funding for treatment in Greater Houston area • Create a liaison between the community and federal/state agencies to educate people that treatment funding is available through Medicaid and other sources	**Reduction in Crime and Substance Abuse** **An increase in Community Readiness and Involvement** **Increase number of youth and adults access to treatment programs**

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
4. Legislative Advocacy	• Educate legislature about the impact of substance abuse on the community that substance abuse is a public health issue and not a moral issue • To formulate an agenda that focuses attention on specific items • Organize so that we know what's going on legislatively • Clear and consistent message for advocates and other stakeholders • To get the healthcare professionals on board with • Depoliticize substance abuse treatment	• HHODP • Association for Substance Abuse Providers (ASAP) • Texas Association of Addiction Professionals (TAAP) • Local legislative representative • One Voice	• Provide training on how to be an effective advocate • To communicate that substance abuse is the number one problem in the United States • Frame a consistent message • Form a local advocacy group for addiction disorders (like MHA for mental health)	• Increase Medicaid coverage of substance abuse services • Change Medicaid rule so that LCDCs can bill for services • Reduce the stigma of substance abuse • Detoxification component in residential services • Advocacy group established and effective	**Reduction in Crime and Substance Abuse** **An increase in Community Readiness and Involvement** **Increase number of youth and adults access to treatment programs**

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
5. Collaboration with healthcare field	• Promote increase co- locations for health/ behavioral services	• HHODP	• FQHCs have expanded behavioral health component • Local hospitals/clinics supportive of including SBIRT within their facilities	• Select clinics in outlying geographic areas will offer IOP services • SBIRT implemented in local clinics, ERs, etc. • Reduction of stigma as substance abuse addiction recognized as a medical disorder	**Reduction in Crime and Substance Abuse** **An increase in Community Readiness and Involvement**
6. Engage the whole community in resolving the plight of substance abuse	• Increase community awareness • Educate community on 40 developmental assets, risk and protective factors, and other models that support healthy development	• HHODP • Local media partners	• Develop a speaker's bureau • Talking points and PowerPoint presentation have been developed	• Established presence in the community (measured by requests for speakers) • Reduction in stigma and increasing the availability of community resources	
7. Create a recovery oriented system of care that utilizes long term case management for recovery long term support	• Identify programs throughout U.S. that have successfully implemented ROSC. • Promote recovery communities. • Advocate for peer recovery support services.	• HHODP	• Identify and report steps to enhance current service delivery system.	• Conference on Recovery-Oriented Systems of Care held. • Reduction of relapse and recidivism	**Increase number of youth and adults access to treatment programs**

Domain IV: Data/Communication

Enhanced data collection and sharing is required to meet the needs of local entities to facilitate a homogeneous network of pertinent information that lead to a heightened response to criminal activity, drug trends and enlightened views on how to respond to these matters.

Research indicates that data sharing technology is currently available to law enforcement entities at the governmental level due to September 11, 2001. Acts of terrorism and the threat to homeland security has brought about the need to share information that is vital to the nation's welfare.

In saying this, it has been determined that data sharing allows for the depiction of criminal activity and trends that can be readily recognized through the development of governmental common knowledge. Technological advances have made this possible, identifying a myriad of security intelligence that stems from sensitive data such as case reports to incarceration history that detail behaviors enacted by criminals in an effort to generate a working sketch of those who threaten the welfare of every citizen.

Local law enforcement agencies have technologies in place to record criminal activity within their jurisdiction and, although data collection is occurring in local areas across the nation, data sharing among these agencies remain elusive. There is a need to create a local network of intelligence that may be shared to ensure an enhanced law enforcement experience that is positive and rewarding to those who serve and to those who are in need of the service.

The Texas Data Exchange (TDEx) is a system that compiles law enforcement incident records and other non-intelligence criminal justice information into a central state repository of sharing across jurisdictional lines. The information is available for law enforcement and criminal justice purposes. The greatest value of TDEx is being realized in the wealth of information it brings to criminal investigations. Data pertaining to incidents, suspects, booking and incarceration records, and other law enforcement activity is provided by approximately 200 contributing Texas sources. (TDEx. Texas Department of Public Safety)

The Texas Department of Public Safety (TXDPS) is working toward expanding the quantity of contributing agencies; however, this requires development of customized software tools ("adapters") which function to gather and standardize the agencies' crime incident and other data and submit it to the TDEx application.
The adapters developed under TDEx Contract will allow for authorized regional and national integration of this same data without the burden of additional costs to contribute the data to those other systems (Texas Data Exchange, Texas Department of Public Safety).

The capability to share data is available, but the effort must be made to implement such devices. Local agencies are making great efforts to provide preparedness plans in the event of hazardous situations; however, this endeavor will be enhanced with the sharing of local law enforcement data that is sure to provide pertinent information.

The need to share has become a topic of discussion in an effort to bring dialogue that is beneficial and productive for all stakeholders. The goal of sharing data bridges local law enforcement agencies with the endeavor to decrease criminal activity.

According to the article *Data Sharing between HPD, Precinct 6 Still an Issue* posted by Douglas Pritt, September 26, 2007, Chronicle.com statistical sharing is still an issue. Pritt states, "The County does not share information with the City, and the City does not share information with the County. The county keeps their crime stats, and the city keeps their crime stats."

Pritt also asks, "Is the City of Houston in Harris County? Yes it is. Now, that's the best way I can explain it. Now, if y'all want this to change … You need to talk to somebody rather than the guys in blue. We're in 100 percent agreement. I've got city radios; they've got county radios; we can talk to each other on the radio, but when you file an offense report, was that filed with the City or was it filed with the County?" (Pritt, 2007)

In our current age of high mobility and increasing availability of technology, criminals are able to take advantage of the fact that limited information sharing between law enforcement jurisdictions reduces the likelihood of getting caught (Information Sharing and Collaboration Policies within Government Agencies). Local Texas agencies may be able to facilitate the structuring of such a network through the development of sharing technology known as Texas Data Exchange (TDEx). This technology is available through the Texas Department of Public Safety Crime Records Service (CRS) and will allow for the implementation of local agency data collection and sharing.

Public Health and Data Collection

Operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the United States Department of Health and Human Services, the Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners. DAWN underwent a redesign in 2003 that expanded the network beyond drug abuse. New DAWN helps communities and member facilities identify emerging problems, improve patient care, and manage resources. The New DAWN is a public health surveillance system that monitors drug-related hospital emergency department visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the United States ("New DAWN", n.d.).

New DAWN is the product of a comprehensive evaluation of options, guided by two questions: "Who are Dawn's users?" and "What information do they need?" The expansion began in November 1997 when SAMHSA convened a panel of experts for advice on the future of DAWN. The network had previously been operating continuously since 1972 with very little change; the result was that it had not kept up with changes in the health care system, changes in the population, or changes in

patterns of drug use. The panel agreed that the network needed major improvements to serve its users better. SAMHSA responded with a two-year evaluation of design alternatives (“New DAWN”, n.d.).

Undergoing critical assessment and methodology field-tests, the DAWN re-design focused on five key components: is data collected from the right settings, from the right patients, and does the network collect the right data? Additionally, how can the network collect data more efficiently and deliver information more effectively? The result was a comprehensive set of recommendations for the overhaul of the network. Westat, a private research corporation, manages the New DAWN on the agency’s behalf (“New DAWN”, n.d.).

The White House Office of National Drug Control Policy (ONDCP) uses DAWN to assess progress and pinpoint problems in controlling drug abuse in the United States, and is an essential component of their 25-Cities Initiative aimed at developing coordinated local efforts to understand and respond to drug abuse. The Food and Drug Administration (FDA) has also relied on DAWN for many years to assess the abuse potential of prescription drugs. The FDA currently uses data from New DAWN for post-marketing surveillance and to identify adverse reactions and other health consequences of prescription drugs (“New DAWN”, n.d.).

New DAWN is also used to identify emerging drug abuse problems, new populations affected, and the need for prevention and treatment services. SAMHSA regulates Buprenorphine, a new treatment for opiate addiction, and uses the network to monitor emergency department visits associated with this treatment. The network also focuses particular attention on drug use as a local public health problem. For example, emergency department visits associated with underage drinking, adverse reactions to new medications, accidental poisonings of young children, and the misuse of prescription drugs are monitored under the new system (“New DAWN”, n.d.).

New DAWN data is used by a variety of diverse audiences in government and the private sector for public health planning, policy, and program development, obtaining grant support to address local drug-related problems, and to improve patient care and management of resources in participating hospitals. The network provides a picture of the impact of drug use, misuse, and abuse on metropolitan areas and across the Nation (“New DAWN”, n.d.).

Recommended strategies:

The recommended strategies to address the concerns of this domain are to build relationships between schools and churches, examine existing ordinances and analyze barriers to compliance, and increase shared information among agencies, courts, and healthcare agencies. An increase in community involvement in the drug conversation, as well as collaborative community planning by providers and resources, are expected as a result of the strategic plan. Ultimately, an increase in funding through economic opportunity and development of private funding will occur. The strategies that were discussed are included in the following logic model.

Data/ Communication Logic Model					
Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
1. Collaboration between stakeholders (law enforcement, schools, parole and probation, MH treatment providers, consumers) 2. Political mobilization/ Community ownership 3. Establish centralized case management treatment accessible through the criminal justice system and other referral agencies 4. Lack of accountability/Willingness to take ownership and get involved in addressing issues affecting the community 5. Lack of recognition of the significance of substance abuse problems in schools and lack of education on the issues, resulting in a lack of data to attract funding/resources	• Build relationships between school and churches • Develop relationship with specific groups and identify their needs • Mentors, ad campaigns, and partnerships and alliances • Equal time for partnership for drug free American or other message • Examine existing ordinances and analyze barriers to compliance • Need to share information among agencies, courts and healthcare • Investigate what top ranked states in the nation do with respect to behavioral health/mental issues and model a program after them • Make age appropriate curriculum research of what age drugs and alcohol knowledge begins • Establish measures to evaluate outcomes per Evidence Bases protocols	• Academia • law enforcement • Private healthcare Provider • Public Healthcare Providers • Criminal Justice • Community Stake Holders(religious, non-profit) • Behavior Health • Industry/Business	• Identify responsible persons within each identified area • Develop (close) working relationships between identified organization "commitments" • Identify other successful community interventions/programs that are applicable to our community • Revisit and identify past unsuccessful interventions to prevent repeating mistakes from the past.	• Establish agreements between different organizations on how information will be used. • Identify data elements of importance to the community • Establish different levels of information per needs of organizations and community • Establish a community-wide report card on substance abuse issues/community health every two years • Effectively using data to generate information that will drive policy development from the community	An increase in Community Readiness and Involvement Increase community organizations chances of funding Increase data collaboration /access between community organizations

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Mid-Range Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
6. Increase funding and advocacy for services 7. Collaboration between stakeholders (law enforcement, schools, parole and probation, MH treatment providers, consumers) 8. Political Mobilization/ Community ownership for effective interventions 9. Obtain Funds to establish centralized case management and treatment, accessible through the criminal justice system and other referral agencies 10. The greater community should be made aware of the cost of Substance Abuse and it's impact on the communities economic health. 11. Lack of recognition of the significance of substance abuse problems in schools and lack of education on the issues, resulting in a lack of funding/resources	• Build relationships between school and churches • Develop relationship with specific groups and identify their needs • Mentors, ad campaigns, and partnerships and alliances • Examine existing funding sources • Need to share information among agencies, courts and healthcare • Investigate and compare other states cost for treatment and access to services • Establish measure to evaluate outcomes per Evidence Bases protocols	• Academia • law enforcement • Private healthcare Provider • Public Healthcare Providers • Criminal Justice • Community Stake Holders(religious, non-profit) • Behavior Health • Industry/Business	• Identify responsible persons within each identified area to establish a need for services • Develop relationships to coordinate a unified approach to increase chances of enhanced funding • Identify funding sources. • Revisit and identify past unsuccessful grant submissions and collaborative efforts to prevent repeating mistakes from the past.	• Use data collected to enhance political clout. • Increased funding opportunities through effective lobbying at state and federal level • Establish different levels of information per needs for funding of organizations, community, and political leaders • Establish a community wide financial report card to ensure funds are used effectively. • Effectively using funding that will drive policy development to increase funding opportunities.	An increase in Community Readiness and Involvement Increase community organizations chances of funding Increase data collaboration /access between community organizations

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Mid-Range Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
12. Collaboration between stakeholders (law enforcement, schools, parole and probation, MH treatment providers, consumers) 13. Establish centralized data management system 14. Willingness to take ownership and get involved in addressing data issues 15. educate the community on how to use data to generate information for it's benefit	• Build relationships between all data sources in the community • Develop relationship with specific groups and identify their data needs • Analyze barriers to data acquisition. • Need to share data among agencies, courts and healthcare • Establish measure to evaluate outcomes per Evidence Bases protocols	• Academia • law enforcement • Private healthcare • Provider • Public Healthcare Providers • Criminal Justice • Community Stake Holders(religious, non-profit) • Behavior Health • Industry/Business	• Identify responsible persons within each identified area • Develop (close) working relationships between identified organization "commitments" for data sharing • Identify other successful data • Sharing collaboration (do not reinvent use what has proven to be successful) • Start to identify differences in data definitions (how we collect and identify data)	• Establish agreements between different organizations on how data/information will be used. • Identify data elements of importance to the community and stakeholders • Establish different levels of access to data/information per needs of organizations and community • Establish a community wide report on Substance Abuse trends for the community on a yearly basis • Effectively using data to generate information that will drive policy development from the community • Establish a standard for data collection • Increase data collaborations/access between community organizations • Establish a data warehouse for the community	**An increase in Community Readiness and Involvement** **Increase community organizations chances of funding** **Increase data collaboration /access between community organizations**

Conclusion

Substance use, misuse and abuse has become America's premier domestic problem costing more than a billion dollars per year in healthcare, housing, lost productivity, criminal justice and legal costs, behavioral modification, attitudinal changes, and much more. In Harris County, there are a number of resources available to help bridge the service gaps. Very few either do not know help exists, or are unable to access these resources because they lack the financial resources to ensure quality treatment.

The intent of the Houston-Harris County Regional Drug Summit was to design and implement a strategic action plan to help those who cannot help themselves. The development of a five-year action plan that crosses several different disciplines and calls upon elected, civic, religious, business leaders, and many more for complete and total implementation is necessary and outlined in the preceding document.

The Goal of HHODP is to continue to build upon the foundation and successes of the previous drug summit held nearly ten years ago when it was decided to lay tracks to make this community a model for aggressively addressing the drug problem. As a result of previous efforts, the Houston Harris County region received several designations, beginning in 2002, with the announcement that this region would become a Drug Abuse Warning Network site geared toward collecting valuable research information on drug abuse emergency room episodes. In 2003, Harris County opened the first of three highly successful drug Courts, via the SUCCESS THROUGH ADDICTION RECOVERY, and they have expanded to include DWI courts as well.

In 2004, Houston/ Harris County was once again designated a site for the Robert Wood Johnson Foundation's Demand Treatment Initiative, in which area physicians' and other healthcare professionals were sought to query and inform patients about available substance abuse services. Demand Treatment also was designed to make area political leaders aware of the stigma associated with persons in recovery. The sometimes discriminatory practices prohibited some from a second chance in life.

In addition, the Screening Brief Intervention and referral to Treatment grant funded program led to better identification of substance use disorders with patients of the Harris County Hospital District. Many other anti-drug coalitions and initiatives are on-going within Houston/Harris County borders; many are grant funded at various levels with the help of local, state and federal governments. HHODP continues to pledge its support, and serve alongside to help enhance the quality of life for all who live here.

Appendices

Appendix A: 2008 Drug Summit Participants

Media:

- ABC 13 News
- Univision Radio
- KPRC 2, NBC News
- CW 39, News
- Partnership for a Drug-Free America

Substance Abuse Treatment:

- Substance Abuse and Mental Health Services Administration
- Texas DSHS Mental Health and Substance Abuse Services
- Cheyenne Center
- Bay Area Council on Alcohol and Drug Abuse
- Texas Department of Assistive and Rehabilitative Services
- Odyssey House
- Turning Point
- Memorial Hermann Prevention and Recovery Center
- Phoenix House
- Palmer Drug Abuse Program
- Substance Dependence and Vocational Rehabilitation VA Medical Center
- Fort Bend Regional Council On Substance Abuse
- Extended After Care
- Houston Substance Abuse Professional Services PLLC
- Star Drug Counseling
- Santa Maria Hostel, Inc.
- Riverside General Hospital
- Council on Alcohol and Drugs Houston
- Cenikor Foundation Inc.
- Volunteers of America, Houston Chapter

Mental Health:

- Department of Behavioral Health and Mental Retardation Services, Philadelphia, Pennsylvania
- Beal Counseling Associates
- Devereux
- The Women's Center
- IntraCare Behavioral Health
- Youth Advocate Programs
- For the Children Consulting

Law Enforcement:

- Drug Court-Dallas Texas
- Justice Concepts, Inc.
- Harris County Sheriffs Office
- Friendswood Police Department

- Houston Police Department

Education:

- Sam Houston State University
- Rice University
- Houston Independent School District
- Baylor College of Medicine
- James A. Baker III Institute, Rice University
- ABC Education Consultants
- Houston ISD Safe and Drug-Free Schools and Communities
- Galena Park Independent School District
- Friendswood Independent School District
- Lee College
- Texas Association of Partners in Education
- Houston Community College
- Region IV Education Service Center
- Research and Educational Services

Justice / Government Agencies:

- Correctional Management Institute of Texas
- Houston-Harris County Office of Drug Policy
- Houston Field Office Intelligence Manager
- City of Houston
- Harris County
- United States 18th Congressional District
- Office of National Drug Control Policy
- Aide to State Representative Hubert Vo
- Harris County Courthouse
- Harris County Pretrial Services
- Council of Governments
- Mayors Public Safety and Homeland Security
- United States Probation Office
- Drug Enforcement Administration
- Harris County Protective Services for Children and Adults
- Texas Youth Commission
- Presiding Judge 338th District
- Presiding Judge 339th District
- Judge 184th District Court
- Councilmember District B
- Presiding Judge 228th District
- Houston BAR Association
- Interim Harris County District Attorney
- Governor Rick Perry's Office
- Harris County Juvenile Probation Department
- Harris County Community Supervision and Corrections Department
- Office of Harris County Judge Ed Emmett

- Harris County Criminal Lawyers Association
- Community Liaison for Harris County Commissioner Sylvia R. Garcia's Office
- Federal Bureau of Investigation
- Office of State Senator Mario Gallegos Jr.
- Representative of Senator John Whitmire
- Kegan State Jail
- Justice Concepts, Inc.
- US Department of Labor Occupational Safety and Health Administration

Health Care Agencies:

- National Smart Health Care Services, Inc.
- Advance Health
- University of Texas Medical Branch
- AIDS Foundation-Houston
- Harris County Health Care Alliance
- DAPA/Medical Labs

Faith Based Organizations:

- Ministers Against Crime
- Grace Community Church
- Families Under Urban and Social Attack, Inc.

Business and Community Organizations:

- Drug Abuse Warning Network
- Community Anti-Drug Coalitions of America
- Mother Against Drunk Driving
- Friendswood Alliance for Youth and Adults
- The Association for Advancement of Mexican Americans, Inc.
- Eagle Enterprises
- Pasadena Refining Systems, Inc.
- Spring Branch North Super Neighborhood
- Harris County Management Services Group
- Families Against Mandatory Minimums
- Shape Community Center
- El Paso Corporation
- Advancing Knowledge in Healthcare, AKH, Inc.
- Houston Chapter Texas Association of Addiction Professionals
- Coalition of the Homeless of Houston-Harris County
- Spirit Lodge and the Right Step
- Super-neighborhoods/ Clinton Park Tri Community
- Harris County-Community Supervisions and Corrections Dept.
- Houston VET Center
- Path to Independence Communities
- Center for Success and Independence
- YMCA
- West Gulf Maritime Association
- Pasadena Refining System, Inc.

- Houston Crackdown

Appendix B: 2008 Drug Summit Glossary of Acronyms

AP	Active Participant
ASAP	Association for Substance Abuse Providers
CJAD	Community Justice Assistance Division
CJS	Criminal Justice System
CSAP	Center for Substance Abuse Prevention
CSAT	Center or Substance Abuse Treatment
DAWN	Drug Abuse Warning Network
DEA	Drug Enforcement Administration
DFC	Drug-Free Communities
DRCs	Drug Reduction Coordinators
DSHS	Texas Department of State and Health Services
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
ER	Emergency Room
FARS	Fatality Analysis Report System
FQHC	Federal Qualified Health Center
HGAC	Houston-Galveston Area Council
HHOPD	Houston/Harris County office of Drug Policy
ID	Identification
LCDC	Licensed Chemical Dependency Counselor
LE	Law Enforcement
LEOs	Law Enforcement Officers
MH	Mental Health
MHA	Mental Health America
MOU	Memorandum of Understanding
NIDA	National Institute of Drug Abuse
PSA	Public Service Announcement
ROSC	Recovery Oriented System of Care
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
STARS	DEA and Houston Crackdown sponsored Community Stars recognition program
TAAP	Texas Association of Addiction Professionals
TBD	To Be Determined
TDCJ	Texas Department of Criminal Justice
TDEx	Texas Data Exchange
UCR	Uniform Crime Report

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ADDITIONAL RESOURCES

Substance Abuse Prevention: The Intersection of Science and Practice
Authors: Julie Hogan, Kristen Reed Gabrielsen, Nora Luna, and Denise Grothaus
IBSN: 0-205-34162-4
www.ablongman.com

Substance Abuse Specialist Training (SAPST): April 2006
CSAP's Southwest CAPT, Southwest Prevention Center, University of Oklahoma

Reducing Underage Drinking: A Collective Responsibility
National Research Council Institute of Medicine
Editors: Richard J. Bonnie and Mary Ellen O'Connell
IBSN: 0-309-08935-2
The National Academic Press
500 Fifth Street, NW
Lockbox 285
Washington, DC 20055
www.nap.edu

CADCA (Community Anti Drug Coalitions of America)
National Community Anti Drug Coalition Institute, www.coalitioninstitute.org
Coalition Institutes Primer Series
http://www.coalitioninstitute.org/Coalition_Resources/PrimerSeriesHome.asp

Includes the following:

Assessment Primer: Analyzing the Community, Identifying Problems, and Setting Goals
http://www.coalitioninstitute.org/SPF_Elements/Assessment/AssessmentPrimer-final-08-09-2006.pdf

Evaluation Primer: Setting the Context for A Drug-Free Communities Coalition Evaluation
http://www.coalitioninstitute.org/Evaluation-Research/EvaluationPrimer-2005.pdf

Capacity Primer: Building Membership, Structure, Leadership and Cultural Competence
http://www.coalitioninstitute.org/SPF_Elements/Capacity/Capacity%20Primer-Final-07-31-2006.pdf

Planning Primer: Developing a Theory of Change, Logic Models, and Strategic and Action Plans
http://www.coalitioninstitute.org/SPF_Elements/Planning/PlanningPrimer-01-2007.pdf

Implementation Primer: Putting Your Plan Into Action
http://www.coalitioninstitute.org/SPF_Elements/Implementation/ImplementationPrimer--05-2007.pdf

Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan
http://www.coalitioninstitute.org/SPF_Elements/CulturalCompetence/CulturalCompetencePrimer-07-2007.pdf

Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities
http://www.coalitioninstitute.org/SPF_Elements/Sustainability/SustainabilityPrimer-07-2007.pdf