

# ST. MARY'S COUNTY, MARYLAND

## Local Drug and Alcohol Abuse Council

### *2016-18 STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE*



Photo: Recovery.org

Submitted by: Maryellen Kraese,  
Substance Abuse & Treatment Coordinator

St. Mary's County Department of Aging &  
Human Services

**July 2015**

## Introduction

In The St. Mary's Local Drug and Alcohol Abuse Council (LDAAC)\* was established in 2006 pursuant to Subtitle 10 of Title 8 of the Health-General Article. Council members represent various local agencies and organizations interested in assisting those in recovery and additionally meet the requirement for membership as stated under the Maryland Code of Maryland Regulations (COMAR).

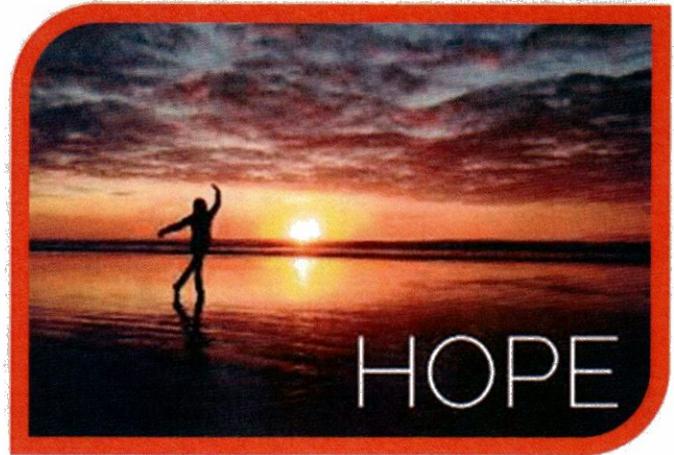
\*See attachment A for a complete list of LDAAC members.

**Our Vision:** A safe and drug free St. Mary's County supportive of recovery.

**Our Mission:** To build on multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals; to enable them to fully engage in the experience of recovery.

The two year, 2016-2018 Strategic Plan consists of local data, community priorities, goals, objectives and performance targets necessary for meeting the substance abuse treatment, recovery and prevention needs for St. Mary's County. The data presented demonstrates the current trends and provides the necessary elements for prioritizing the continuum of care (prevention-treatment-aftercare-recovery support) and ultimately, the strategic framework to determine the most effective implementation of services.

The current level of funding provided by the Maryland Department of Mental Health & Hygiene, Behavioral Health Administration for FY2016 is \$3,746,369, with an increased need in funding expected for FY2017. Funding will be utilized to expand and enhance evidence based, recovery oriented, substance abuse treatment and prevention services for unfunded or underfunded consumers and their families.



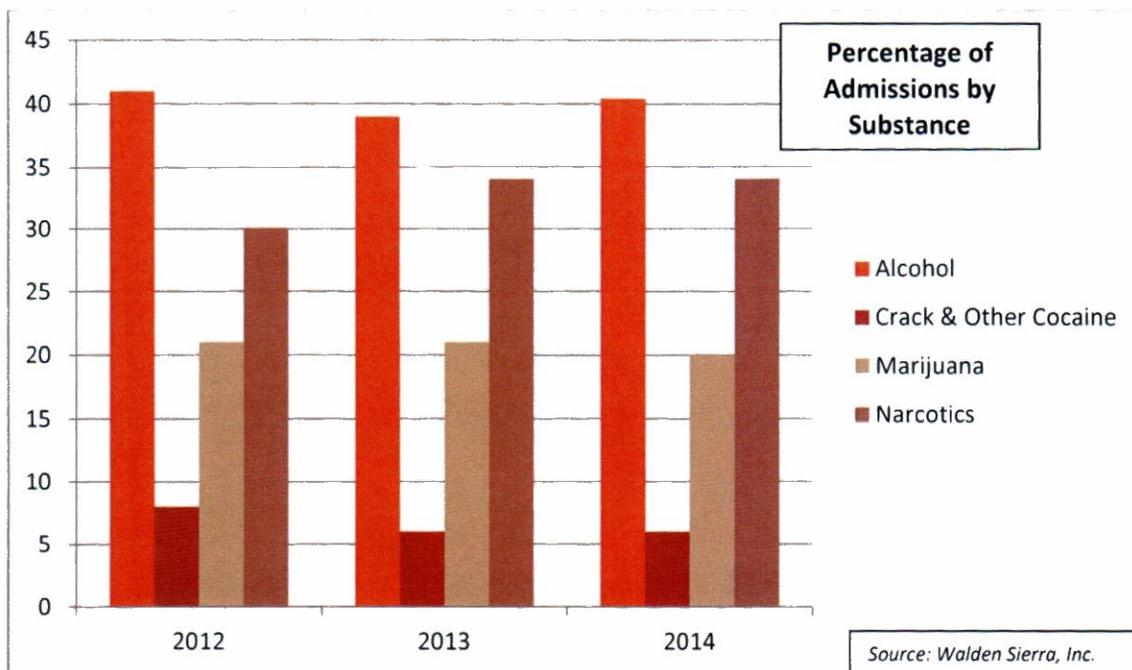
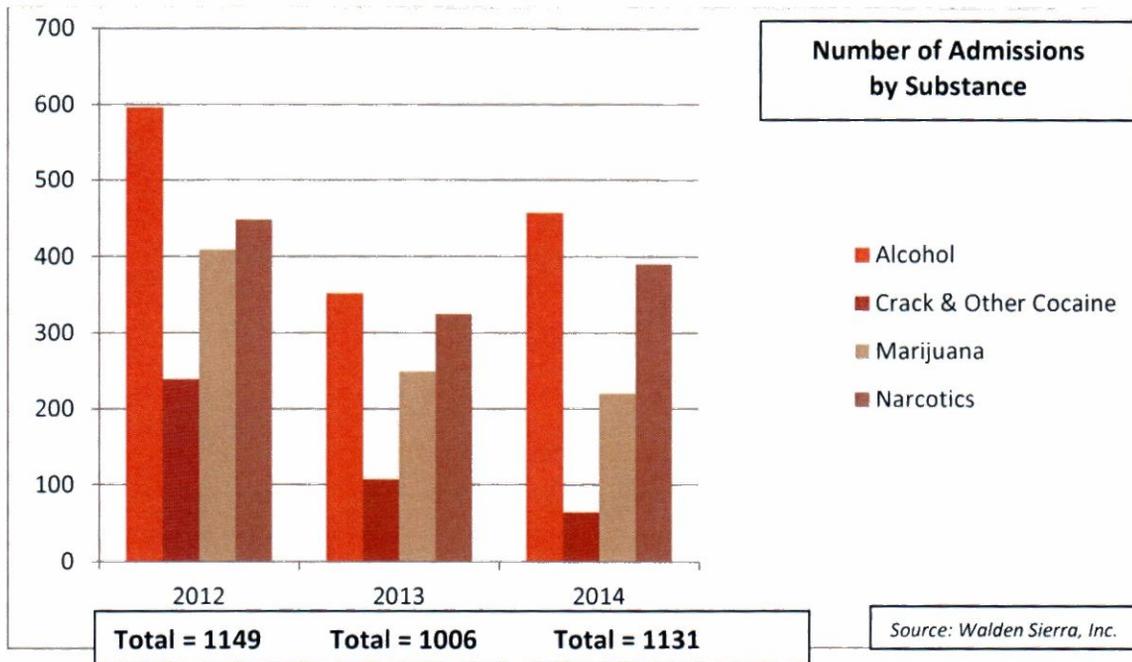
**Contents**

**Introduction .....1**  
**Contents .....2**  
**Data Analysis .....3**  
**Priorities.....8**  
**Goals, Objectives & Performance Targets .....9**  
**Local Survey of Resources Matrix.....Attachment A**  
**LDAAC Members.....Attachment B**

Data Analysis

Admissions to St. Mary's County State-Supported Substance Use Disorder Treatment Programs.

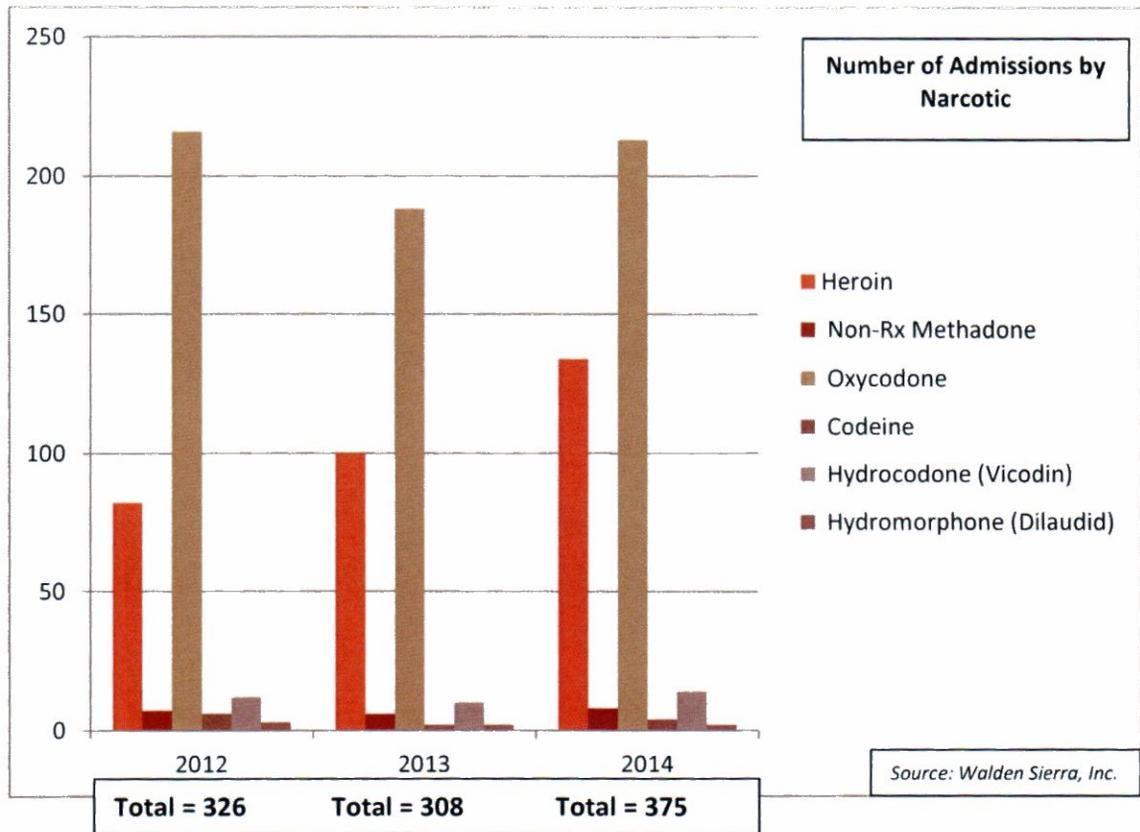
a. Admissions by Substance

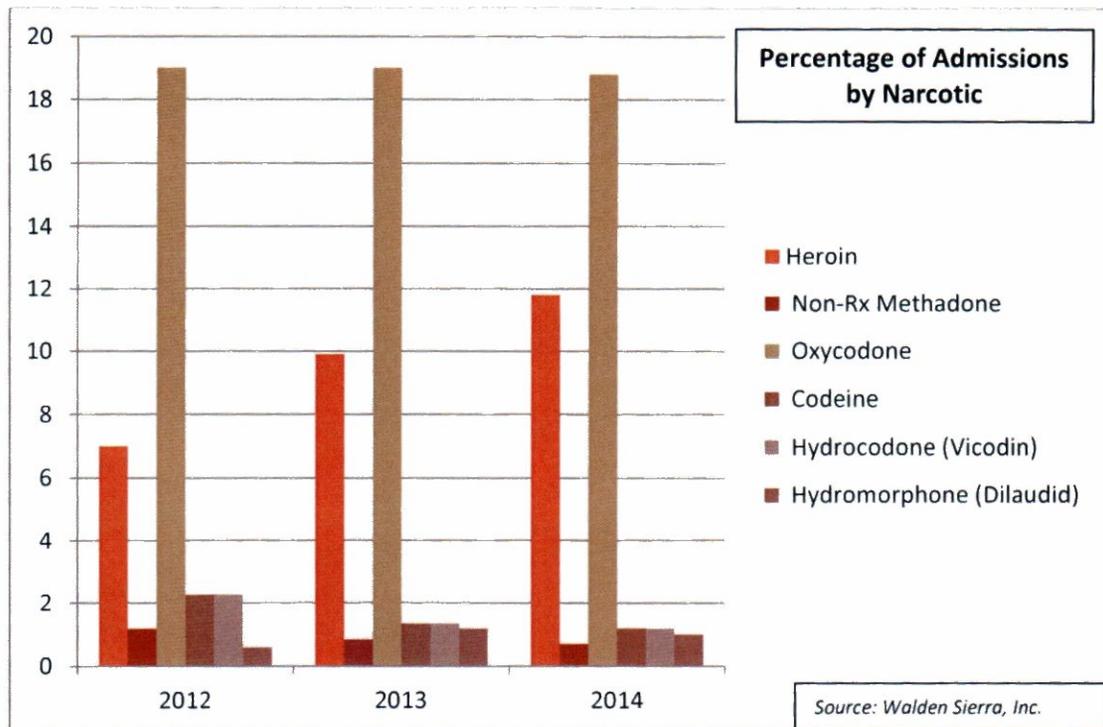


Utilizing the most recent available treatment data for the past three fiscal years, a consistent overall rate in the overall number of admissions to state-supported

substance use disorder treatment programs has been maintained, and a similar consistency in the numbers of the four primary substances shown. Alcohol remains the primary substance of abuse for St. Mary's County admissions, with Narcotics a very close second. St. Mary's County like many areas throughout the country has experienced a dramatic increase in individuals needing and seeking opiate/heroin treatment. The primary substance abuse treatment provider for St. Mary's County served over 450 individuals at the detoxification/residential center in FY 2014. On average, 50 percent of these individuals reported opiate and/or heroin addiction. Many of these individuals presented with both addiction and mental health needs and were in need of medication assisted treatment.

**b. Admissions by Narcotic**





Treatment data shows the consistent use of oxycodone and heroin as the most commonly reported narcotics at admission to state-supported primary substance use disorder treatment program in St. Mary's County. It is interesting to note the number heroin related admissions continue to rise steadily, indicating the increase in the number of users entering treatment.

The most recent treatment data from the primary provider shows that young white males and females especially age 25 and younger, are the overwhelming majority in opiate-related admissions. Treatment centers are not the only facilities feeling the impact of recent increases in opioid related substance abuse. According to the St. Mary's County Data Profile 2014: the Maryland State Health Improvement Plan, St. Mary's County had higher incidence rates of Emergency Department Use per capita for addiction related conditions and mental health related conditions, than the state average. Addictions related visits at St. Mary's ED had 2,018 per 100,000 or 25 percent more than the 1,525 per 100,000 state average. Emergency department visits for mental health were 6,733 per 100,000 or almost double the state average of 3,379 per 100,000.

St. Mary's County substance abuse treatment providers offer a continuum of services based on the American Society of Addiction Medicine (ASAM) levels of care. In FY2015, the County's primary substance abuse treatment provider conducted assessments on 3,935 individuals, including over 100 adolescents. The publicly funded treatment providers have systems in place to verify insurance eligibility of

individuals; and to refer families in need to the appropriate resources. The Council recognizes the need to plan for service continuity in a changing healthcare system that is based on the ability to pay for services not covered by public and private insurance, including residential, aftercare and recovery support services.

St. Mary's County residents have access to long-term residential (III.1), III.3) & (III.5) levels of care. The residential treatment centers maintain a high occupancy rate with the majority of individuals diagnosed with a co-occurring disorder. All programs use a Recovery Oriented System of Care approach with friendly variable length of stay programming supplemented by wrap-around recovery support. For those in need of a higher level of care, (Level III.7D-Clinically Managed Residential Detoxification) beds are available in the continuum of care. The primary provider for inpatient services served over 450 individuals in FY2014.

Community recovery centers are a critical component of the County's Recovery Oriented System of Care and have had a positive impact on those who wish to engage in recovery. In January of 2012, Beacon of Hope Recovery and Wellness Community Center opened for adults in Lexington Park. In February of 2013, The Cove/DFZ (Drug Free Zone) Youth Recovery and Wellness Community Center opened in California, Maryland. Both centers are free and open to the public and are staffed by peer support personnel. Individuals utilizing the centers may be at any stage in the recovery process and practicing any form of recovery, including those connected to harm reduction and abstinence models. The centers provide a range of recreational and wellness activities, social options, a sober environment, and group and individual peer support content. Peer support content includes All Kinds of Recovery, Family and Friends, and SMART Recovery meetings, as well as Wellness Discussions. The centers also host additional recovery group meetings such as AA, NA, Al Anon, DRA, EA and CoDA meeting groups. Peer support staff members trained as recovery coaches offer 1:1 peer support as well as assistance in accessing community resources, including treatment. Recent data provided by the Beacon of Hope reported 1:1 peer support coaching services to an average of 55 adults per month, and 683 unduplicated documented guests in 1 year, with 3,889 visits with an average of 235 participants engaged in peer support facilitated groups per month. The Cove/DFZ had 134 unduplicated, documented youth guests, with 1,181 visits to the center and 2,247 activity or discussion encounters with youth.

The St. Mary's County Detention Center has seen over 275 inmates in FY2013 & FY2014. Many inmates have offended due to substance and alcohol issues. The Jail-Based treatment program is another opportunity to serve the community, offering Level I & II.1 services. With over 60 percent of the inmates participating in Jail-Based treatment services, the need for enhancing and expanding services is essential in assuring inmates a coordinated transition into community-based treatment services.

The adolescent community in St. Mary's County has not escaped the indulgence in risky or criminal behaviors. As part of the 2013 National Youth Risk Behavior Survey, (YRBS) over 2,100 St. Mary's County High School Students 9<sup>th</sup> through 12<sup>th</sup> grade were asked various questions related to risk behaviors such as substance misuse, suicidal thoughts and dating violence among others. Data reported in the 2013 National Youth

**Risk Behavior Survey are viewed with a 95 percent confidence interval. Similar to other State reporting, statistics that re-enforce the need for adolescent monitoring, prevention, early intervention and treatment:**

- **28 percent of St. Mary's twelfth grade students reported at least one episode of binge drinking (5 or more drinks in a row) in the past 30 days.**
- **19 percent of twelfth graders reported taking a prescription drug such as OxyContin, Percocet or Xanax, without a doctor's prescription one or more times in their life with 5 percent reporting heroin use one or more times in their life.**

**In the effort to identify and proactively reach healthcare and school based professionals who often have the first contact with adults and adolescents at risk for substance misuse, the primary substance abuse treatment provider has facilitated Screening, Brief Intervention, and Referral to Treatment (SBIRT) training for over 20 healthcare professionals and 15 secondary school counselors.**

**To address the alcohol and substance abuse related issues that affect the residents of St. Mary's County, the Council's focus on a full continuum system of quality care for substance abuse treatment services will be the highest priority.**

## Priorities

The St. Mary's County Local Drug and Alcohol Abuse Council, in conjunction with the Maryland Behavioral Health Administration (BHA), share a common commitment to provide the residents of St. Mary's County access to a quality continuum of care for substance abuse treatment & intervention services, and prevention activities. Local treatment providers offer intervention, assessment, and treatment services that are strategically located throughout the County; including Charlotte Hall, California and Lexington Park. The residential programs within the jurisdiction provide regional residential treatment services as well as priority admissions for St. Mary's, Calvert and Charles Counties. The continuum of care will provide appropriate programming and services to individuals suffering from addiction as well as counseling services to the family, including support for families who are impacted by this illness. BHA funded American Society of Addiction Medicine (ASAM) levels of care available include Early Intervention (0.5), Outpatient (I), Intensive Outpatient (II.1), Continuing Care, Clinically Managed Low Intensity Residential Treatment (III.1), Clinically Managed Medium Intensity Residential Treatment (III.3), Clinically Managed High Intensity Residential Treatment (III.5), and residential treatment which includes medically-monitored inpatient treatment (III.7), detoxification services (III.7D). In FY 2012, the County's primary provider has also utilized public dollars to establish two sober (recovery) houses, one for women and one for men. These services are now provided by an independent non-profit organization. The primary treatment provider also operates two recovery centers: the Cove for adolescents and the Beacon adult recovery center.

The Council has established the following service priorities:

**Priority 1:** To ensure that the LDAAC continues to develop a continuum of care by providing nationally accredited service providers integrating evidence-based treatment designed to include recovery support and family support services. All providers will work towards culturally friendly services to include Limited English Proficiency plans for services or referrals to consumers in need. All monitoring will be completed to ensure the requirements for BHA are met.

**Priority 2:** Seek funding for the continued support of SBIRT training for community agencies and medical facilities to screen and navigate family members who are in need of substance abuse treatment and services. Maintain treatment services throughout the criminal justice system including jail based treatment and addressing the issue of non-criminal drug and alcohol citations for youth in school and the community.

**Priority 3:** Focus on quality prevention programs that provide quality, consistent information and skill enhancement to our community. Increased concentration will be placed on garnering community support for the implementation of environmental evidence-based prevention programming that encourages community groups to take responsibility for adolescent and adult prevention efforts.

GOAL	OBJECTIVE	PERFORMANCE TARGET	PERSON/AGENCY RESPONSIBLE
<p>I. Provide easy access to a full continuum of evidence based, culturally friendly, substance abuse treatment services for St. Mary's County residents.</p>	<p>1. Utilizing funding through DHMH, BHA grants, contract with BHA approved licensed, certified and nationally accredited providers to offer substance abuse treatment services.</p>	<p>1) 100% of treatment providers will have completed the BHA required national accreditation process by the BHA deadline date.</p> <p>1a) 100% of the consumers utilizing BHA funded substance abuse treatment services will be offered a customer satisfaction survey.</p>	<p>Contracted Substance Abuse Treatment Providers and the Local Addiction Authority</p> <p>Contracted Substance Abuse Treatment Providers and the Local Addiction Authority</p>
	<p>2. Facilitate convenient, continuing education training for treatment professionals to ensure provider compliance with BHA certification and national accreditation.</p>	<p>2) 100% of clinical staff will receive training in evidence base practices within first year of employment.</p>	<p>Contracted Substance Abuse Treatment Providers and the Local Addiction Authority</p>
	<p>3. Encourage full participation of consumers' family members in treatment continuum (planning, implementation and evaluation services.)</p>	<p>3) 100% of consumers will be offered family supportive services by BHA funded substance abuse treatment providers.</p>	<p>Contracted Substance Abuse Treatment Providers and the Local Addiction Authority</p>
	<p>4. Continue to provide recovery and wellness centers with peer support services to both adult and adolescents in recovery.</p>	<p>4) 100% of consumers utilizing BHA funded substance abuse treatment services will be offered community recovery support services.</p>	<p>Contracted Substance Abuse Treatment Providers and the Local Addiction Authority</p>
	<p>5. Utilizing an LDAAC subcommittee, evaluate the current cultural demographics, focusing on Limited English Proficiency (LEP), to assess the need for additional LEP services and materials.</p>	<p>5) Expand the number of LEP treatment and prevention services, including printed materials, available to consumers.</p>	<p>Local Drug And Alcohol Council (LDAAC).</p>
	<p>6. Actively monitor system changes and develop plans to address community needs accordingly.</p>	<p>6) Using the BHA model for the integration of behavioral health services, work with the local Mental Health team to build a local joint BH team. Request technical assistance as needed.</p>	<p>Local Drug And Alcohol Council (LDAAC) and Local Mental Health Team.</p>

GOAL	OBJECTIVE	PERFORMANCE TARGET	PERSON/AGENCY RESPONSIBLE
<p>II. Identify funding to continue expansion of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach to community agencies and providers.</p>	<ol style="list-style-type: none"> <li>1. Offer SBIRT training and technical assistance to community agencies' staff and local physicians.</li> <li>2. Identify a navigator for each agency and medical group to guide referrals to resources and services.</li> <li>3. Partner with state and local agencies to determine high need, high volume locations for implementation for on-site screeners.</li> </ol>	<ol style="list-style-type: none"> <li>1) At least 3 public agencies and 5 local physicians/Nurse Practitioners/Physician's Assistants, will be trained in SBIRT and have a written organizational protocol for ensuring SBIRT delivery.</li> <li>2) 100% of the public agencies and local physicians trained in SBIRT will have a navigator identified to guide referrals to resources and services.</li> <li>3) At least 2 primary sites will be identified as high volume high-need locations for on-site screeners with an implementation plan complete.</li> </ol>	<p>Contracted Treatment Providers and local community agencies/hospital.</p> <p>Trained agency and medical group leaders.</p> <p>Local Drug And Alcohol Council (LDAAC) and partnering organizations.</p>
<p>III. Expand and enhance the continuum of care for adolescent and adult substance abuse offenders.</p>	<ol style="list-style-type: none"> <li>1. Provide integrated substance abuse treatment options for adolescents and adults referred through the criminal justice system.</li> <li>2. Expand funding support for the Detention Center offender pre-trial/reentry transition planning, training, counseling and case management for treatment and supportive services through grants and collaborative partnerships.</li> <li>3. Partner with local law enforcement, juvenile services and the public school system to address options for non-criminal offenders.</li> </ol>	<ol style="list-style-type: none"> <li>1) 100% of offenders who screen + will be referred for a substance abuse assessment; 100% who are assessed as needing substance abuse treatment will be referred to community or jail based programming.                     <ul style="list-style-type: none"> <li>1a) 100% of identified opiate users exiting detention, will be offered training in the use of Naloxone.</li> </ul> </li> <li>2) Identify funding to support additional pre-trial, offender re-entry and case management services.</li> <li>3) Implement a process for non-criminal alcohol and marijuana citations and/or school-based offenses related to alcohol, drugs or other behaviors, to be screened and referred for substance abuse treatment services.</li> </ol>	<p>Contracted Substance Abuse Treatment Providers, local Law Enforcement, Drug Court Coordinator and the Local Addiction Authority</p> <p>Local Health Dept., local Law Enforcement and Local Addiction Authority</p> <p>Local Drug And Alcohol Council (LDAAC).</p> <p>Local Public School System, local Law Enforcement, Dept. Of Juvenile Services and the Local Addiction Authority</p>

GOAL	OBJECTIVE	PERFORMANCE TARGET	PERSON/AGENCY RESPONSIBLE
<p><b>IV. Educate and empower St. Mary's County residents to lead healthy lifestyles, free of alcohol and drug abuse.</b></p>	<p><b>1. Facilitate evidence-based prevention programs for children and their parents.</b></p> <p><b>2. Recruit youth for representation on the Communities Mobilizing for Change on Alcohol (CMCA) and the Community Alcohol Coalitions (CAC) to assist with adolescent prevention and intervention strategies.</b></p> <p><b>3. Utilizing media campaigns, educational summits and public event forums, continue community outreach efforts.</b></p> <p><b>4. Expand capacity within the community to implement evidenced-based environmental programs.</b></p> <p><b>5. Utilizing the 2015 Qualitative Needs Assessment and Youth Surveys, explore additional opportunities for pro-social and wellness activities for youth.</b></p>	<p><b>1) Outreach efforts will include 3 high school orientations, 3 Freshmen orientations and offer at least 2 evidence based courses for middle and high school parents.</b></p> <p><b>1a) Technical assistance and training for 19 Pre K programs in the public school system to enhance and implement evidence based pre k prevention programs.</b></p> <p><b>2) At least 2 Youth representatives from St. Mary's County will be recruited and actively participate in the CMCA &amp; CAC.</b></p> <p><b>3) At least 2 alcohol and opiate prevention media campaigns will be implemented during the next 2 fiscal years.</b></p> <p><b>3a) At least 2-3 parent and youth led drug free summits will be conducted during the next 2 fiscal years.</b></p> <p><b>3b) Naloxone training will be offered to community groups and private citizens as needed.</b></p> <p><b>4) Continue to work with community stakeholders to coordinate multiple coalition efforts to gather data to assist with identifying and prioritizing local prevention efforts; i.e.: mobilize community resources and implement an a la carte menu of evidence-based strategies and activities in a process consistent with the five step SPF process.</b></p> <p><b>5) A Youth focus group consisting of at least 5 middle school students and 5 high school students will identify at least 3 pro social and/or wellness activates based on the data from the Youth survey and needs assessment.</b></p>	<p><b>Prevention Specialist &amp; contracted providers</b></p> <p><b>Prevention Specialist &amp; contracted providers</b></p> <p><b>CMCA &amp; CAC contracted provider and the local Public School System</b></p> <p><b>Dept. Of Aging &amp; Human Services, local Health Dept. &amp; CMCA &amp; CAC contracted provider</b></p> <p><b>Local Drug And Alcohol Council (LDAAC).</b></p> <p><b>Local Health Dept.</b></p> <p><b>Local Health Dept., Healthy St. Mary's Partnership, and the Behavioral Health Action Team.</b></p> <p><b>CMCA &amp; CAC contracted provider, the local Public School System and the Youth Recovery Support provider.</b></p>

ATTACHMENT A

**ST. MARY'S COUNTY, MARYLAND**  
**Local Survey of Resources Matrix**  
**FY16-18**

<b>Entity</b>	<b>Activity type (prevention, intervention, treatment or recovery support)</b>	<b>Funding Source (Federal, State, Local or Private)</b>	<b>Funding amount available for (FY16)</b>
Communities Mobilizing for Change on Alcohol (CMCA)	Prevention	Federal	\$39,750.00
Dept. of Aging & Human Services Prevention Specialist	Prevention Training & Technical Assistance	Federal	\$25,476
Dept. of Aging & Human Services Teen Court Program	Intervention	Local	\$43,250
Dept. of Aging & Human Services Prevention Educator	Prevention Parenting Programs	Federal	\$21,384
Drug Court	Treatment Residential	State	\$50,000
Drug Court	Treatment Outpatient	State	\$13,000
Health Department	Prevention – Opioid Misuse	Federal	\$45,000
Health Department	Tobacco Prevention	State – Cigarette Restitution Funds	\$131,255
Health Department	Prevention - Treatment	Local	\$100,000
Outlook Recovery	Methadone Treatment Services	Private	\$0
St. Mary's County Public Schools	Prevention Positive Behavioral Interventions and Supports	Local	\$2,000
St. Mary's County Public Schools	Prevention Student Drug Summit	TBD	TBD

**ATTACHMENT A**

St. Mary's County Public Schools	Prevention Red Ribbon Week	N/A	\$0
St. Mary's County Public Schools	Treatment Screening, Brief Intervention, and Referral to Treatment (SBIRT)	N/A	\$0
St. Mary's County Public Schools	Prevention Safety and Security Festivals	TBD	TBD
St. Mary's County Public Schools	D.A.R.E Prevention	Local	\$0
St. Mary's County Public Schools	Second Step Prevention	N/A	\$0
St. Mary's County Public Schools	Skillstreaming Prevention	N/A	\$0
St. Mary's County Public Schools	Check and Connect Prevention	N/A	\$0
Step N2 Recovery	Treatment Drug Court Outpatient Adolescent & Adult	State	\$54,622
Walden Sierra, Inc.	Treatment/MAT Outpatient	State	\$581,616
Walden Sierra, Inc.	Treatment Detention Center	State	\$76,952
Walden Sierra, Inc.	Treatment Inpatient	State	\$127,359
Walden Sierra, Inc.	Treatment DSS/TCA	State	\$53,918
Walden Sierra, Inc.	Treatment Inpatient	State	\$714,623
Walden Sierra, Inc.	Treatment Inpatient	State	\$544,866.00

**ATTACHMENT A**

<b>Walden Sierra, Inc.</b>	<b>Treatment Outpatient</b>	<b>State</b>	<b>\$13,414.00</b>
<b>Walden Sierra, Inc.</b>	<b>Recovery Beacon- Adults</b>	<b>State</b>	<b>\$290,808.00</b>
<b>Walden Sierra, Inc.</b>	<b>Recovery Cove- Adolescents</b>	<b>State</b>	<b>\$313,448.00</b>
<b>Walden Sierra, Inc.</b>	<b>Recovery Continuing Care</b>	<b>State</b>	<b>\$54,222.00</b>
<b>Walden Sierra, Inc.</b>	<b>Treatment Anchor</b>	<b>Federal</b>	<b>\$631,104.00</b>
<b>Walden Sierra, Inc.</b>	<b>Treatment Jail Based Women's IOP</b>	<b>Local Health Dept.</b>	<b>\$0</b>



LDAAC Membership Update								
09/01/14								
Agency	Date Contacted	Member Designation	Mandated/Appointed	Member Name/Title	Member Address	Member Phone#		
SMC District Court	8/28/2014	Admin Judge/Dist Ct./designee	Mandated	Judge Christy Chesser	23110 Leonard Hall Drive, P.O. Box 1509 Leonardtown, MD 20650	301-880-2727		
Service Recipient Addiction Tx	8/28/2014	At least one recipient of addictions treatment services	Appointed	Gloria Daniels		301-247-0160		
Substance Abuse Providers	8/28/2014, 9/3/14	At least 2 substance Abuse Providers (one with experience with serving co-occurring)	Appointed	Dr. Kathleen O'Brien, Director	Walden Sierra, 30007 Business Center Drive, Charlotte Hall MD 20622	301-997-1300 ext.803		
			Alternate	Gary Lynch, COO	Walden Sierra, 30007 Business Center Drive, Charlotte Hall MD 20622	301-997-1300		
			Appointed	Susan Bonell	Certified Counselors, 24930 Three Notch Road, Hollywood, MD 20636	301-373-4215		
			Appointed	Jason David	Outlook Recovery LLC 21030 Point Lookout Road Unit #10 Callaway, MD 20620	Office Outlook Recovery: 240-237-8325, Outlook Outpatient Services: 240-237-8418; Personal Cell 301-401-2047		
Substance Abuse Prevention		One Substance abuse prevention provider	Appointed	Maryellen Kraese, Substance Abuse Coordinator				
Substance Abuse Issues affecting SMC	8/28/2014	One individual with knowledge and active in SA issues in SMC	Appointed	Lori Werrell	St. Mary's Hospital Healthcare Connections, P.O. Box 527, Leonardtown, MD 20650	301-475-6195		
			Alternate	Kendall Hiser	St. Mary's Hospital Healthcare Connections, P.O. Box 527, Leonardtown, MD 20650	240-434-7659		
Detention Center SMC	8/28/2014	Superintendent, Warden or Director	Appointed	Capt. Michael Merican	41880 Baldrige St. Leonardtown, MD 20560	301-475-4200 ext. 3200		
Other Individual with SA knowledge in SMC	8/28/2014	Civic Orgs, COC, Health Care Prof. Orgs, Clergy	Appointed	Lanny Lancaster	Three Oaks Center P.O. Box 776, Lexington PK, MD 20653	301-863-9535 ext. 103		