

BALTIMORE COUNTY MARYLAND
STRATEGIC PLAN
July 2013

Vision

A safe and substance abuse-free community

Mission

To expand, strengthen and sustain an integrated prevention, intervention, and treatment system that will result in reductions in the incidence and consequence of substance abuse and related problems in Baltimore County.

Data-Driven Analysis of Needs

Baltimore County has adopted a Recovery-Oriented System of Care (ROSC) model as its “way forward” vis a vis substance abuse. The long-term outcome of this strategy is a reduction in the harmful use of alcohol and drugs and its related social, emotional and behavioral problems for youth, their families. And, as reported previously, in January 2010, the DAAC resolved to focus on prevention and early intervention strategies aimed at reaching youth prior to their entry into the juvenile justice and/or social services systems with added emphasis on intervention with girls at particular risk.

The DAAC recognizes, however, that systemic change—particularly in a large and diverse county—is not easily accomplished. Accordingly, DAAC members agreed that the best and most effective approach to a County-wide ROSC would be to identify a community that would benefit from a comprehensive approach to the problems identified above; and to undertake the pilot test of a model ROSC that would be developed, implemented and evaluated over a period of five years with incremental countywide expansion scheduled to begin in year five.

Data, such as that presented below, convinced DAAC members that the 21222 area should be their initial focus. The community struggles with substance abuse and addiction, juvenile and criminal justice involvement and child abuse/neglect referrals/removals at higher levels than other county communities. For example:

- *From 2005-2010, a 29% increase in admissions for substance abuse treatment occurred for adults, and a 70% increase occurred for adolescents who reside in the 21222 zip code area.*
- *The most recent available data related to the juvenile/criminal justice and child welfare systems from July 1, 2009 to June 30, 2010 reveal that twenty-two percent (22%) of youth adjudicated delinquent and placed on probation due to drug-related (non-alcohol) offenses resided in 21222 zip code. □*
- *Twenty-two and a half percent (22.5%) of adult arrests for drug charges were from Precinct 12 – North Point (21222); this precinct also had highest number of female juvenile and adult arrests for drug charges (36 girls, 265 women) during this same period.*
- *From July 1, 2008 – June 30, 2010: □ Fifteen percent (15%) of the youth (77 children) removed from their families (53 families) by the Baltimore County Department of Social Services due to*

abuse/neglect were from 21222 area; and forty percent (40%) of those families (21 families) had substance abuse issues.

Priorities

Goal I: Develop and enhance system capacity to implement programs and services that meet unmet and emerging needs

Goal II: Strengthen and integrate the components of the system of care

Goal III: Sustain a comprehensive system of prevention, intervention, and treatment services that prevents/delays first time use and provides timely access to intervention and treatment services to reduce the negative consequences of substance abuse

Goals

Goal 1: Develop and enhance system capacity to implement programs and services that meet unmet and emerging needs.

Objectives:

- Continue to assess needs on an ongoing basis
- Prioritize communities and program/service needs
- Improve knowledge and understanding of DAAC agencies/organizations of research-based best practices that can address the needs of target populations

Performance Targets:

- Resource matrix updated by June each year
- *Pathways to Progress* updated each year
- New best practice programs implemented and designated on Resources Matrix

Progress:

July 2012 Update:

The Resource Matrix has been updated and is found at Attachment A. *Pathways to Progress* is in process and will be forthcoming within a month of receipt of requested data from ADAA.

The *One Voice-Dundalk* needs assessment was completed during this reporting period. *One Voice-Dundalk* focus group findings are that:

- Services are not always accessible within the Dundalk community.
- Parents do not know where to turn when their child has a substance abuse problem.
- Treatment is costly and often not in the immediate community of those who seek treatment.
- Education about substance abuse is thought to be key to prevention.
- Individuals in recovery are trusted by other addicts and can be helpful to those seeking treatment.
- Faith based community members are knowledgeable and willing to help.
- People who are addicted want the option to access services through faith-based entities.
- There is a perceived conflict of interest by politicians and liquor establishments.
- Everyone (those who participated) does not expect to agree on the solution. At the least everyone wants to be heard, at the most they want to be helpful and be part of a solution.
- There is a great concern for the Dundalk community and its citizens.
- The criminal justice system is the easiest way to enter treatment and to identify services.
- Parents need help to navigate the system to get help for their child and family.
- Cost is an issue in seeking treatment, as is the location of services.

(See Attachment B for the complete report.)

A majority of respondents to the *One Voice-Dundalk* survey agree that:

- alcohol, marijuana, and prescription drugs are misused and abused in Dundalk
- underage drinking and underage use of prescription drugs are a serious or very serious problem in Dundalk.

(See Attachment C for the complete report.)

Based on these data, *One Voice-Dundalk* members formulated recommendations for helping families in stress:

- Intervene Early
- Establish “One Stop” information link/resource
- Parent support groups
- Parent to Parent support
- Develop advocates/supporters of recovery in the community

During this period, the MSPF Initiative in Dundalk completed a needs assessment focusing on underage drinking in the community. Data supported identification of underage drinking among youth 12-20 as the priority for the initiative. Although binge drinking among underage youth was evident from the data, the ability to gather data on the MSPF-targeted age group for binge drinking (18-25) was limited; thus this priority was not identified as one to address. As well, the data do not support a focus on alcohol-related crashes among youth 16-26 (the third MSPF priority).

Below is an excerpt from the MSPF Needs Assessment Report submitted to ADAA in March 2012 and approved in April 2012. Complete copies of the report are available on request.

“A larger percentage of youth than adults think underage drinking is not a serious problem; at the same time, however, among the respondents **for whom replies were analyzed by age group**, almost *three times* as many youth than adults think underage drinking is a *very serious* problem. And, almost 30 percent of adults who were asked said they “don’t know” whether underage drinking is a problem, while less than 1 percent of youth had no opinion on the issue.

Although 58.3 percent of youth ages 12-18 report never having had beer, wine, or liquor, slightly over 40 percent report drinking in the 30 days prior to responding to the survey, indicating that there is, *indeed*, an underage drinking problem in the target community:

- 58.3 percent report never having had beer, wine or liquor
- 16.2 percent report drinking on 1-2 days
- 5.7 percent report drinking on 3-5 days
- 7.8 percent report drinking on 6-9 days
- 4.2 percent report drinking on 10-19 days, and
- 6.6 percent report drinking on 20 or more day

Among middle school youth who did report consumption of beer, wine or wine coolers, 45 percent said they had first done so at age 11-12; one high school youth reported initial use at age 10, 3 at age 11-12, 3 at age 13-14, and one at age 15-16. And, during the last 30 days, 20 percent of middle school youth said they had consumed beer, wine, wine coolers at least 1-2 times; 100 percent of high schoolers had consumed 1-2 servings of beer, wine, or wine coolers during that time.

Many adults (and youth) think drinking is not a problem because alcohol is a “legal” drug. Moreover, alcohol is easily available to youth. Forty-one percent of (308) youth who were asked about their access to alcohol said it was “very easy” to obtain, and 31.3 percent said it was fairly easy. Less than 20 percent found it fairly or very difficult to obtain alcohol if they wanted it. Alcohol, according to youth, is provided by parents (knowingly or unknowingly), or purchased either by self (with false ID) or others (older siblings, friends, strangers) on their behalf. Beverage retailers assert, nonetheless, that underage purchasers are, in general, unsuccessful in their attempts to obtain alcohol. It is important to mention that 7 percent of the 650 licensed alcohol vendors (retailers, bars, restaurants) are located in Dundalk—the highest percentage of any of Baltimore County’s jurisdictions.

Youth—who report having “nothing to do” in Dundalk—are unsupervised for extended periods of time and are able to drink at home and other places in the community. Parents often provide the drinking venue, thinking that their children are safer drinking under their supervision.

Youth think they should be able to drink by 17 or 18 because they are “mature” enough to do so; and they do not appear to have a lot of information about alcohol and its effects. Some report that wine is more potent than liquor, and that mixing liquor with something makes it “better for you.” Neither youth nor adults in the community appear to understand the consequences of underage drinking to youth health and safety. While car crashes are though (not incorrectly) to have serious consequences, youth do not appreciate the serious risks and harm attendant with alcohol use.

Adults, as well, do not seem to understand the health risks of underage alcohol use, as only 25 percent cited the danger to children's health from underage drinking. And, once youth are involved in alcohol or other drugs, say their parents, it is difficult to figure out where to turn in the community for help. They agree that education is a key to prevention; and expressed a need for a community center, more involvement in the schools, more mentoring programs." (pp. 8-10)

Four Active Parenting programs were conducted during the reporting period: three *Active Parenting Now* and one *Active Parenting of Teens*. Forty-nine parents completed the programs. As well, 69 youth were enrolled in nine *All Stars* programs at PAL Centers; 50 youth completed the program at five centers; four programs were disbanded due to staff turnover and/or lack of participation.

The MSPF Initiative moved forward towards program implementation, completing the afore-mentioned Needs Assessment; convening a community coalition steering committee (which will be a sub-committee of One Voice-Dundalk), and identifying potential coalition members; holding a series of planning meetings; and beginning the process of developing a Strategic Plan.

The *One Voice* Dundalk Recovery Community Center (RCC) opened on February 27th as a result of the partnership between On Our Own and the Bureau of Behavioral Health. The RCC was identified by the core leadership group of *One Voice* Dundalk as a critical component in the development of an active recovery community, one of the community advisory group's objectives. Shortly thereafter, the State offered funds for such a center. The Dundalk center is one of 11 recovery centers throughout the State, and its two Peer Recover Support Specialists (PRSS) are among 48 trained specialists in Maryland. Training was provided by the Connecticut Community for Addiction Recovery's (CCAR) Recovery Coach Academy. The Dundalk center is the first in Baltimore County and a prototype in the County for people who are in (or thinking about) recovery.

The (February 27th) "soft" opening allowed organizers time to assure trained staff and volunteers and address any issues. During the period between this and the official May open, several consumers visited the RCC and received assistance from the PRSS. With the assistance of One Voice, the peer recovery report specialists will develop a cadre of Navigator Parents (individuals who can help other parents navigate the behavioral health system).

The RCC officially opened on Monday May 14, 2012. Hours of operation are from 1:00-7:00 pm on Sundays, Mondays and Wednesdays. The RCC team plans to attend the 4th of July festivities at Heritage Park providing individuals with information about RCC. A third PRSS is currently volunteering at RCC and will become a permanent staff member on July 1st. This additional specialist is part of the RCC expansion. On Our Own has obtained and decorated two more suites, and added two computer stations for consumers. DAAC members suggested that this service/support be posted on schools' web sites; and *One Voice* members were reminded to refrain from using the terms "treatment" or "treatment program" when referring to the RCC and its services. Recovery community center and recovery support services describe the facility and its function accurately.

Now that the RCC is launched, *One Voice-Dundalk* will turn its attention to area schools and the MDS 3 project at Dundalk High School. (It is notable that the MDS 3 coordinator is an MSPF steering committee member, creating additional linkages between/among Dundalk area initiatives.)

One Voice members reviewed the LMB-sponsored Baltimore County Family Navigator Program, a three-part initiative [Information and Referral, Support Groups (located through out Baltimore County and at St. Rita's) and Family Education (Family Academy)]. This program is geared to families with one or more children who have children with intensive mental health needs or developmental disabilities. Navigators help families identify and access resources necessary to address the presenting issues that the family is facing in caring for their child. One Voice members considered the possibility of a Family Navigator experienced in substance abuse recovery services and will investigate funding opportunities.

January 2012 Update:

Ongoing Needs Assessment and Community Organizing:

One Voice-Dundalk was formed to provide a lead organization willing to address the needs of the community. (See Attached: *One Voice Flyer*) BBH staff are assisting/guiding the development of the organization. During the reporting period, One Voice-Dundalk membership expanded from 9 to 11 members; of that number, five are in recovery and have been involved in at least one or more of the County's public systems.

The DAAC youth Sub-Committee, whose focus is One Voice-Dundalk, prepared a position paper that supports the implementation of One Voice and illustrates the need to expand the group. In support of early intervention with girls, "Girls-at-Risk" instruments were developed. The instruments were reviewed with school nurses who will be encouraged to use them.

The long-term expectation is that the One Voice-Dundalk model will guide and inform creation of One Voice Baltimore County with sub-committees in each community.

A needs assessment strategy was implemented in Fall 2011. This involved a series of focus groups as well as development and dissemination of a survey. (See Attached: *Copies of the survey and focus group questions*)

Focus Groups

Four focus groups were conducted (for individuals in recovery, parents of adolescents in recovery, individuals in treatment, and representatives of faith-based organizations). Thirty one (31) individuals participated in the four groups: 6 adults in active treatment, 8 adults in recovery, 7 parents (of 8) adolescents in treatment, and 10 adults from the faith-based community. Ages ranged from 19 – 66 years; 65% were female, 35% male; 90% identified as white, 10% black; 33% reported having no insurance coverage with 43% covered by Medicaid and 24% private insurance.

A final report is in progress at this writing; however, several themes were prominent. A few are highlighted here:

- Participants reported on a lack of access to services. Among the structural barriers are prohibitive travel time, lack of driver's license, and poor public transportation. As well, there is a lack of service in Dundalk in the area of housing/shelter (and participants report having to travel to another jurisdiction for these services; and difficulty obtaining services for women, especially those with children
- The community perceives that the County is opposed to faith-based services and supports.
- Parents of adolescents say there is no help available to them early in their child's involvement in substance use; and feel they must wait until "something significant" happens before they can get help.

Community Survey

A survey aimed at the Dundalk community was posted in the *Dundalk Eagle*, on-line—accessible through the First Step website, and distributed at TASC, DSS, and North Point Library. As of early December 2011, 161 surveys were completed and returned. Results, when available will be published in the *Dundalk Eagle*

BBH staff have been speaking with Dundalk community organizations to request they develop strategies and responses to the issues. BBH staff will then function as technical assistance as the strategies are implemented.

New Best Practices Programs Initiated:

MSPF: Baltimore County received official notice of award of the MSPF grant (phase 1) late in the reporting period. Even so, the Prevention Team had been working with members of the Dundalk community and One Voice-Dundalk to lay the groundwork for the community prevention system envisioned in the March 2011 SPF report to ADAA.

In December, a member of the Prevention Team met with One Voice members and shared with them a plan to form a subcommittee of One Voice to focus on underage drinking in Dundalk. This subcommittee will include One Voice members as well as others in the community who have expressed an interest, or are identified as key players, in underage drinking prevention. The subcommittee will take the lead in MSPF strategic planning and activities, with BBH providing guidance and technical assistance.

In response to the MSPF requirement for a community needs assessment prior to development of a Strategic Plan, the Prevention Team planned a series of focus groups and key informant interviews for January 2012, culminating in a Community Conversation in late January or early February. Data from these activities will inform the Strategic Planning process.

Consistent with the DAAC focus on youth, evidence-based parenting and youth enrichment programs were planned during the reporting period.

Youth Programs: All (9) PAL programs are on target to deliver the All Stars program, beginning in January 2012.

Parenting Programs: A letter to parents from G W. Branch, MD, County Health Officer, was widely distributed as was a flyer with additional information. Other outreach efforts were also initiated to stimulate interest in such events. (*See Attached: copies of the letter and flyers*) Although the prime target for the programs is parents/caregivers in Dundalk, the workshops are open to all County residents. Workshops are scheduled to begin in January and February 2012.

It is important to note that *community members (or individuals who work in the target community)* will facilitate all the events/programs. These individuals received training for their role from BBH staff, who will provide technical assistance as needed. This strategy is a prime example of the ongoing effort to strengthen and enrich the community.

June 2011 Update:

Baltimore County DAAC
Strategic Plan Revised
July 2012 Update

DAAC members agreed at their January 2011 meeting to call the Dundalk ROSC pilot the “222 Pilot Program.” Additionally, members identified other departments (beyond those currently participating) that should be involved—at least in an information sharing and supportive way—in this initiative: i.e., Workforce Development, Community Conservation, and Recreation and Parks.

The ROSC advisory group (representing providers and stakeholders) began meeting in September 2010 and, in January 2011, relocated their monthly meeting to Dundalk. The advisory group includes consumers, Dundalk community members, individuals raised in Dundalk, and some individuals in long-term recovery, chose *One Voice – Dundalk* as their group’s name, indicating a tie into the national program, “Voices in Recovery.” It is hoped that each community will eventually have groups like this one, ergo the local community “tag” of Dundalk. Currently, BBH staff are leading the meetings; however, the intention is for community members to assume more leadership responsibilities over time and, eventually, to take on full leadership, with BBH providing technical assistance.

A Fact Sheet for *One Voice – Dundalk* was distributed. The group is developing a flyer to introduce themselves to the Community and will sponsor a community event in September.

A guide to assist in Creation of a guide to assist in identifying girls, ages 10-14, who have high risk factors in their lives, has been created.

Education about girl-specific needs and the above-mentioned guide has begun with school nurses and counselors. School resource officers (SROs) were trained earlier.

The advisory group has identified an evidence-based universal parenting program named Triple P (Positive Parenting Program); and collaboration with partners is underway to actualize this program as an addition to the other evidence-based programs already in place (Active Parenting, Second Step, Functional Family Therapy). As well, other existing programs (MST, a program to identify families with children at risk of child abuse and neglect, a Catholic Charities program that identifies children in kinship care, All Stars for middle school youth) can be incorporated.

Award of a MSPF grant from the MD Alcohol and Drug Abuse Administration will be utilized to support (rather than duplicate) related initiatives, empower community leaders, facilitate linkages among existing programs and provide staff training and technical assistance to ensure effective and efficient operation.

The Local Survey of Resources has been updated and is appended to this report; and *Pathways to Progress* was published in March 2011.

January 2011 Update:

The Resource Matrix was updated in Fall 2010, and reflected moderate changes—primarily reduction in resources available. (Matrix attached)

A draft DAAC report to the Baltimore County Executive was prepared and presented to members at the November 2010 meeting. The report included a brief history of the DAAC, data indicators to support the focus on youth, identification of a target community, an outline of the intended interventions as well as immediate and

intermediate outcomes. The report will be distilled into a brochure that highlights DAAC foci and initiatives over the next several years. Statistical benchmarks from the past three years will be included as a baseline against which immediate and intermediate outcomes can be monitored.

The two pronged strategy described in the draft brochure is as follows

- Using a public health approach, the anticipated prevention outcome is a reduction in admission of youth for alcohol by educating parents with regard to risk and protective factors and de-stigmatizing seeking consultation when issues surface. Education will be universal, so as not to “single out” any parent(s); will be evidence-based; and will be available through a variety of venues (e.g., pediatricians’ waiting rooms and primary care providers, school orientations, etc.).
- Through targeted screening and appropriate referral, the anticipated intervention/treatment outcome is earlier entry of females at risk into treatment and ultimately fewer females in DJS. Identified for this intervention are girls between the ages of 10-14, the age at which a girl is at the highest risk for the onset of substance abuse and delinquent behavior.

During the reporting period, BBH staff with the support of DAAC subcommittee members:

- Developed of a fact sheet and screening tool for girls (Fact Sheet and Screening Tool attached)
- Developed and implemented of training for SROs school nurses, and guidance counselors in use of the tool
- Identified Triple P (the evidence-based Positive Parenting Program) as the prevention program, to be used for the universal education aspect of the strategy.
- Facilitated an agreement between the Bureau of Behavioral Health, the Baltimore County Department of Social Services, and the Baltimore County Local Management Board to actively collaborate on establishing a pilot program in the 21222 area. Reliance on consumer participation and stakeholder buy-in and input will guide its development and implementation.

June 2011 Update:

DAAC members agreed at their January 2011 meeting to call the Dundalk ROSC pilot the “222 Pilot Program.” Additionally, members identified other departments (beyond those currently participating) that should be involved—at least in an information sharing and supportive way—in this initiative: i.e., Workforce Development, Community Conservation, and Recreation and Parks.

The ROSC advisory group (representing providers and stakeholders) began meeting in September 2010 and, in January 2011, relocated their monthly meeting to Dundalk. The advisory group includes consumers, Dundalk community members, individuals raised in Dundalk, and some individuals in long-term recovery, chose *One Voice – Dundalk* as their group’s name, indicating a tie into the national program, “Voices in Recovery.” It is hoped that each community will eventually have groups like this one, ergo the local community “tag” of Dundalk. Currently, BBH staff are leading the meetings; however, the intention is for community members to assume more leadership responsibilities over time and, eventually, to take on full leadership, with BBH providing technical assistance.

A Fact Sheet for *One Voice – Dundalk* was distributed. The group is developing a flyer to introduce themselves to the Community and will sponsor a community event in September.

A guide to assist in Creation of a guide to assist in identifying girls, ages 10-14, who have high risk factors in their lives, has been created.

Education about girl-specific needs and the above-mentioned guide has begun with school nurses and counselors. School resource officers (SROs) were trained earlier.

The advisory group has identified an evidence-based universal parenting program named Triple P (Positive Parenting Program); and collaboration with partners is underway to actualize this program as an addition to the other evidence-based programs already in place (Active Parenting, Second Step, Functional Family Therapy). As well, other existing programs (MST, a program to identify families with children at risk of child abuse and neglect, a Catholic Charities program that identifies children in kinship care, All Stars for middle school youth) can be incorporated.

Award of a MSPF grant from the MD Alcohol and Drug Abuse Administration will be utilized to support (rather than duplicate) related initiatives, empower community leaders, facilitate linkages among existing programs and provide staff training and technical assistance to ensure effective and efficient operation.

The Local Survey of Resources has been updated and is appended to this report; and *Pathways to Progress* was published in March 2011.

January 2011 Update:

The Resource Matrix was updated in Fall 2010, and reflected moderate changes—primarily reduction in resources available. (Matrix attached)

A draft DAAC report to the Baltimore County Executive was prepared and presented to members at the November 2010 meeting. The report included a brief history of the DAAC, data indicators to support the focus on youth, identification of a target community, an outline of the intended interventions as well as immediate and intermediate outcomes. The report will be distilled into a brochure that highlights DAAC foci and initiatives over the next several years. Statistical benchmarks from the past three years will be included as a baseline against which immediate and intermediate outcomes can be monitored.

The two pronged strategy described in the draft brochure is as follows

- Using a public health approach, the anticipated prevention outcome is a reduction in admission of youth for alcohol by educating parents with regard to risk and protective factors and de-stigmatizing seeking consultation when issues surface. Education will be universal, so as not to “single out” any parent(s); will be evidence-based; and will be available through a variety of venues (e.g., pediatricians’ waiting rooms and primary care providers, school orientations, etc.).
- Through targeted screening and appropriate referral, the anticipated intervention/treatment outcome is earlier entry of females at risk into treatment and ultimately fewer females in DJS. Identified for this intervention are girls between the ages of 10-14, the age at which a girl is at the highest risk for the onset of substance abuse and delinquent behavior.

During the reporting period, BBH staff with the support of DAAC subcommittee members:

Baltimore County DAAC
Strategic Plan Revised
July 2012 Update

- Developed of a fact sheet and screening tool for girls (Fact Sheet and Screening Tool attached)
- Developed and implemented of training for SROs school nurses, and guidance counselors in use of the tool
- Identified Triple P (the evidence-based Positive Parenting Program) as the prevention program, to be used for the universal education aspect of the strategy.
- Facilitated an agreement between the Bureau of Behavioral Health, the Baltimore County Department of Social Services, and the Baltimore County Local Management Board to actively collaborate on establishing a pilot program in the 21222 area. Reliance on consumer participation and stakeholder buy-in and input will guide its development and implementation.

July 2010 Update:

Throughout the reporting period, the DAAC continued to define and refine its focus on identifying and intervening with youth prior to entering the juvenile justice system. Particular emphasis is placed on females who seem to be overlooked—in large part—until they're in jail and present with previously unaddressed substance abuse and related problems. The subcommittee recommended, and the full DAAC concurred, that reaching females by late elementary school or early middle school age is key to the mission.

At its May meeting, the DAAC endorsed the concept of concentrating on a specific area of the County—perhaps Dundalk--where a global parent education program can be launched and followed up with targeted screening and implementation of more in-depth parenting (and other) programming and services. It will be made clear that this initial effort is a pilot test which, as it progresses and expands, can be evaluated and refined and considered for use elsewhere in the County. Subcommittee members were charged with making recommendations to the DAAC with regard to gaps in services, based on mapping out existing services, and how to fill these gaps in the future. Two outcome measures were identified for the next year:

- Parent participation in the global training and
- The number of girls screened by school nurses and School Resource Officers

The subcommittee agreed that its membership should be expanded to include representatives from DSS' Family Based Community Center Practice, the Local Management Board, and the Department of Juvenile Services as these agencies are integral to provision of services to the target populations.

The DAAC strategy going forward will include:

- Collaboration with agencies/organizations (such as those identified above for subcommittee membership) that are already working in this area and piggybacking on their programs.
- Development/dissemination (by Fall 2010) of screening mechanisms/tools to help professionals (and lay persons) who come in contact with females at an early age. The intention is to put in place an easy to use, targeted tool—maximum of five (5) questions—that can be used to identify females in need of more focused attention and an in depth screening and, if appropriate, referral. A screening package will be prepared for presentation to the DAAC at its July 2010 meeting.

- Training for professionals on gender responsive programming. Scheduled for Summer 2010 are training for School Resource Officers and—possibly—training for teachers as part of their mental health training day.
- Utilizing the Behavioral Health Bureau’s Prevention Unit to provide community education; facilitate implementation of evidence-based gender-responsive programming; sponsor parent education programming; etc. A multi-level strategy is being formulated to—ultimately—reach parents who need, but will not necessarily enroll in, such training. Initial contact with parents/caregivers would be brief—perhaps at the time of kindergarten enrollment—and would be designed to enhance awareness of parents/caregivers of risk and protective factors and draw interested parents into more intensive training. The Incredible Years, an evidence-based parenting program is one likely possibility for the intensive phase of this effort.

DAAC members also agreed that, beyond the focus on females at risk, the group can recommend solutions to County issues identified by needs-based data gathered by various organizations. A geo map can be developed to create a snapshot of problems as well as current grassroots efforts now in place that will facilitate solutions. The DAAC could prepare a report for the new County Executive (for presentation in January 2011) that would identify two or three specific actions to address risk factors identified.

January 2010 Update:

During the reporting period, Dr. Branch, Director of the Baltimore County Department of Health and chair of the DAAC, articulated his vision of the role of the DAAC: i.e., to be a vehicle for strategic planning around substance abuse. Dr. Branch also envisions a long-term (i.e., 15-20 year) strategy that targets communities where police, school, DSS, Health Department, and other data reveal a high concentration of children at risk of substance abuse (and related) problems.

Expanding on previous discussions of females in the criminal justice system and youth at high risk, the DAAC subcommittee agreed to recommend to the full membership that it focus on community education: connecting to parents, expanding/enhancing mentoring; and concentrating on elementary age youth who can be tracked over time (through high school, into the community and/or college).

Several parallel tracks of action were identified:

- Parent Education: engage parents; get them to commit to their youth’s treatment
- Community Education: convey that treatment is a good thing – reduce stigma
- Truancy: can be addressed immediately in elementary aged children
- Youth: connection with Parents
- Youth: connection with a long term mentor – if a parent can not be engaged

DAAC members agreed to identify pertinent baseline data that can be organized into a usable format. The Bureau of Behavioral Health will be responsible for gathering these data on target communities. As well, current existing (and effective) services will be enhanced, and a review of comprehensive, community-based programming will be conducted.

July 2009 Update:

The Resource Matrix (attached) was updated in April-May 2009.

A subcommittee formed in Fall 2008 to identify priorities for the DAAC reported that youth services should be a particular focus as many male adolescents reach the Juvenile Justice System with no record of treatment, and females with substance abuse problems are often not identified until they reach the criminal justice system. Subsequently, a workgroup was charged with developing a plan with specific outcomes to address these populations. The workgroup's initial recommendation was to develop a survey to use with female Detention Center inmates in an effort to determine when intervention might have helped to respond to the problems underlying their substance use in an effort to help females at risk avoid the criminal justice system. Rather than develop a survey, the workgroup delegated a BSA staff member to identify an existing instrument.

In response to the request, the staff member reported to the DAAC that a survey specifically pertinent to the questions of interest is not available; however, risk factors for substance use are well-known, and well-researched—and comport with findings of the Detention Center Staff. Thus it seems redundant to survey this population. Instead, the staff member made the following recommendations:

The recommendations for identification of at-risk girls:

- 1) Public health education of parents/caregivers, schools, schools, and communities (including faith-based organizations) regarding the potential effect of risk factors and how and where to seek assistance when concerned.
- 2) Education of pediatricians, PCPs, and emergency room staff regarding risk factors and the role they play in the development of pathways to delinquent/criminal behavior. Screening for substance use, eating disorders and trauma events by pediatricians, PCPs, and emergency room staff. There are screening tools already developed.
- 3) Earlier meaningful intervention by the juvenile justice and social service systems (police, DJS, courts, DSS). Girls who are status offenders need to receive screening that includes substance use, trauma, and mental health with referral for comprehensive assessments and/or appropriate services whenever indicated and follow-up to ensure service connection is made.
- 4) Comprehensive strength-based, needs assessments by treatment providers that include a girl's history of substance use, trauma history (including loss), mental health issues, physical health history and family life narrative.

Recommendations for interventions with at-risk girls:

- 5) Review of current prevention/intervention/treatment programs in Baltimore County to evaluate the degree to which they are gender responsive (Cook Count's GIRLS LINK "Gender Responsive Program Self-Assessment" – National Council on Crime Delinquency provided technical assistance in its development)
- 6) Development and implementation of best practice/EBP services for targeted populations using gender responsive approach by mental health and substance use treatment providers. There is increasing evidence of the efficacy of treatment matching and research outcomes on those approaches and programs that work for specific populations and address specific needs.
- 7) Prevention and early intervention programming youth whose mothers are incarcerated.

DAAC members endorsed the recommendations, and the subcommittee will reconvene over the summer to add detail to their plan. The first step will be to review the "Gender Responsive Program Self-Assessment" (copy attached), and develop a plan for its utilization.

Estimated Dollar amount needed (or received) to accomplish goal

\$90,000 needed

Goal II: Strengthen and integrate the components of the system of care

Objectives:

- Improve system wide information flow through updates/integrated communication strategies/systems
- Establish/improve system wide referral mechanisms through formal and informal agreements and procedures

Performance Targets:

- Number of hits on web site
- Number of listings/comprehensiveness of listings
- Annotated list of programs

Progress:

July 2012 Update:

In addition to meetings held with neighborhood groups and the two Community Conversations, *One Voice-Dundalk members* and BBH staff helped plan and participated in Dunfest, a family event spearheaded by the Dundalk Community Partnership (a DSS initiative) with the support Ports America, BCHD and Johns Hopkins-Bayview. This endeavor—perceived to be consistent with the DAAC strategic plan in terms of integrated and coordinated information flow—required extensive BBH staff, and *One Voice* volunteer, time and effort.

More than 1,000 community residents attended the event. BBH staff took charge of the Wellness Zone, assuring that the issue of substance use and abuse was highlighted. Several booths focused on aspects of the issue: an underage drinking booth, where visitors answered questions about alcohol use, and received prizes for correct responses; a *One Voice* table, visited by more than 200 people, and staffed by Recovery Community Center (RCC) peer specialists; and the Family Talk area which simulated kitchen table discussions. This activity was staffed by the BBH prevention team, visited by 500 event attendees. This activity helped participants learn about and appreciate the importance of family meal times as an opportunity for conversation and, in the longer term, a family health and wellness strategy; and a tobacco cessation table, replete with information about smoking and second-hand smoking facts, and tobacco cessation programs and services in the area.

During the reporting period, *One Voice* members addressed the issue of how to get accurate information out to the community. They acknowledged that information sharing during meetings provides an opportunity for

member information exchange and dissemination, and that other avenues are also available. One suggestion was a centrally located kiosk providing updated information for the community in addition to also providing information in different, well-traveled locations (grocery store, library, etc). As well, the Dundalk *Eagle* published articles on *One Voice* during the reporting period. The first specifically related to the recovery-oriented system of care initiative in Dundalk; the other focused on underage drinking. Feedback from Dunfest participants provided another perspective on information sharing: i.e., community residents derive most of their information about community events from the Dundalk *Eagle*, closely followed by word of mouth from friends and relatives; and the best community resources for youth are the YMCA and the libraries. Finally, Dunfest planners are considering linking with another event (for example the annual Arts Festival) next year.

January 2012 Update:

The annual Candlelight Vigil of Hope was held on December 1, 2011 at Oregon Ridge Park at Hunt Valley. (*See Attached: Vigil flyer*)

One Voice-Dundalk members unanimously agreed that they and the BBH Prevention team should join forces with the DDS Coalition's Dundalk Community Partnership to sponsor and plan a community event for May 12, 2012 at Merritt Park. This outreach event can encompass the objectives of the Partnership, the Prevention team and One Voice, makes the most sense logistically, and is the most cost efficient way to proceed. At this forum, One Voice can be introduced to the community, as can the issue of underage drinking (the MSPF priority).

January 2011 Update:

The Candlelight Vigil was held on November 30 at 7:00 p.m. at Towson University. The timing of the event correlates to the National Drunk and Drugged Driving Prevention Month. It is a strong, somber ceremony that puts you in touch with the impact of alcohol related crashes on families. Cindy Lamb, co-founder of MADD was guest speaker.

July 2010 Update:

The DAAC and the Mental Health Advisory Council are sponsoring a Behavioral Health Summit for Judges so that judges are aware of the clinical advancements in mental health and substance abuse when making their case decisions. DAAC members agreed to identify a judge who can become an advocate. DAAC members discussed additional ways to provide continuing education to judges with regard to evidence based programs and program/service options available for alternative sentencing.

January 2010 Update:

The Annual Safe School Event for Counselors and Teachers was held in the Fall.

July 2009 Update:

The Alcohol and Drug Prevention on Maryland College Campuses Conference was held at Goucher College on January 13, 2009. Participants focused on policy, judicial sanctions and other strategies among Maryland colleges. Seventy people, including college representatives and police, attended.

Estimated Dollar amount needed:

\$2,000 needed

Goal III: Sustain a comprehensive system of prevention, intervention, and treatment services that prevents/delays first time use and provides timely access to intervention and treatment services to reduce the negative consequences of substance abuse

Objectives:

- Facilitate continuous evaluation and improvement of programs
- Seek adequate funding to develop, implement, maintain and expand research-based and effective programs
- Build and maintain community support for the comprehensive system of care through a large-scale social marketing campaign(s)

Performance Targets:

- Assessment of data collection status
- Development of evaluation strategies and plans
- Funding requests responded to
- New programs initiated
- Existing programs expanded

Progress:

July 2012 Update:

The budget mark from ADAA (Alcohol and Drug Abuse Administration) revealed significant cuts for FY 2013. However, in response to a query by ADAA with regard to expanding ROSC services, a proposal was submitted for funds to hire a third Peer Specialist for One Voice RCC (an individual has been identified for this position and presently is volunteering) and needed program supplies and materials. The proposal also requested that a second recovery center be developed in a location outside 21222 area, a family navigator position be developed, and six additional Peer Recovery Support specialist be hired and trained to be embedded in local general hospitals and outpatient drug treatment programs.

The RCC opened “officially” in May 2012. A report of this activity is found under Goal I earlier in this report.

January 2012 Update:
Baltimore County DAAC
Strategic Plan Revised
July 2012 Update

The Baltimore County Department of Corrections received a small grant from GOCCP for a woman's program. This will open a 34-hour Social Worker II position and will help relieve some of the BBH Criminal Justice Unit work load.

ADAA approved funding for a Recovery Community Center. With the support of One Voice, BBH is partnering with On Our Own which has operated an existing, consumer-run wellness and recovery center in Dundalk for 16 years. On Our Own is located at 63 Shipping Place, Suite 221 Baltimore, Maryland 21222 and can be contacted at 410-282-1701 and 410-282-2431 (Fax), email address onourownbalto.org. Current hours of operation are: Tuesdays, Thursdays, Fridays and Saturdays 1:00 - 7:00 p.m. The Recovery Community Center will be open on Mondays, Wednesdays and Sundays from 1:00-7:00 p.m. The plan is for the RCC to open on or before March 1, 2012.

June 2011 Update:

The Criminal Re-Entry Initiative (CRI) grant funds two staff members to help people with co-occurring disorders to obtain services and referrals as they leave the Criminal Justice System. They will receive support from one month prior to 6 months after leaving the Detention Center, which will help them obtain entitlements, shelter, employment and family counseling—as well as often overlooked necessities like copies of birth certificates and driver's licenses. Participants must live in Baltimore County at an address that is specific to them, and cannot live in a shelter.

The CRI was officially presented to the public on Monday, March 21st; is being marketed inside the Detention Center; and BBH staff is working with Conmed. A Tobacco Cessation Program was initiated in the Detention Center during the reporting period. DAAC members suggested tracking program data given the link between smoking and other substance abuse issues.

The second START Program for females began in the Detention Center. BBH staff are facilitating a counseling group for 12 women with co-occurring illness and significant trauma histories. This program is a collaborative effort and the women in the program are kept busy attending many different types of group meetings. Participants earn their release five days prior to their stated sentence. A challenge to the program comes from inmates on work release bring contraband into the Detention Center, making it difficult to keep START participants on track. Thus, a future goal for this program is to obtain funding to establish a separate residential program similar to the men's RSAT program, as START participants are housed with those in the Work Release Program.

Funds for substance abuse treatment and prevention have been reduced for FY 2013. Nonetheless, Baltimore County is committed to maintain treatment service levels and to re-direct prevention resources so that staff will conduct global programs and provide training to other organizations so they can deliver direct prevention programs and services.

As mentioned earlier, BBH applied for and received an MSPF grant award.

January 2011 Update:

The County's ROSC will benefit from an Access to Recovery (ACR) grant funded through the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). ATR funds will allow jurisdictions to purchase

both clinical and recovery support services—including transportation and child care—for clients via vouchers. ValueOptions will be the Administrative Services Organization (ASO) for the program.

The Community Reentry Initiative, (CRI), a 30-month initiative sponsored jointly by the Maryland Health Resources Commission and the Baltimore County Detention Center, will provide case management for inmates who have been identified as having co-occurring substance abuse and mental illness. Services will be available, beginning January 2011, to individuals from one month prior to release up to six months post-release to help them obtain needed treatment and other supportive services. The anticipated outcome is a reduction in recidivism.

The Call Center, which helps people connect with services, will expand from mental health only to include substance abuse. Anticipated date of this expansion is Spring 2011.

Estimated dollar amount needed:

\$21,000,000 needed

Attachments:

Local Survey of Resources Matrix 2012-2013

One Voice-Dundalk Survey Results

One Voice-Dundalk Focus Group Results

**BALTIMORE COUNTY DAAC
LOCAL SURVEY OF RESOURCES
FY 2012-2013**

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
Baltimore County Dept. of Health- Bureau of Behavioral Health	Prevention Services	To prevent, delay, and reduce the prevalence and impact of substance abuse on individuals, families and communities.	Baltimore County individuals and families, preschool age and up	<p>Prevention Direct services: Parent education, Evidence based programs including Second Step (pre-school), All Stars (Middle School) and Communities Mobilizing for Change on Alcohol (CMCA), Support and technical assistance for school programs SADD and After Prom, Direct and Indirect: Tobacco Education and Cessation</p> <p>MSPF Initiative-Dundalk</p>	<p>DHMH Alcohol and Drug Abuse Administration (ADAA)</p> <p>DHMH Family Health Administration – Tobacco Use Prevention & Cessation</p> <p>Licensed Beverage Associations –After Prom</p> <p>ADAA SPF</p>	<p>\$408,811</p> <p>\$227,193</p> <p>\$5,600</p> <p>\$69,000</p>
	Adolescent and Family Services	To provide prevention, early intervention, and treatment of substance abuse and related problems.	Baltimore County adolescents and their families	<p>Intervention and Treatment Direct Services: Functional Family Therapy, Prompt Adolescent Substance Abuse Screening (PASS), Adolescent Substance Abuse Intervention Program (ASAIP), ASAIP Alternative Schools Program. Intervention and Treatment Indirect Services: Multi-Systemic Therapy, Brief Strategic Family Therapy, Juvenile Drug Court, Education, Assessment, Outpatient Treatment, Intensive Outpatient Treatment, Residential</p>	<p>ADAA Baltimore County</p> <p>FFT - LMB (Local Management Board) via grants from Department of Social Services and Governor’s Office of Children</p> <p>MST – LMB (via grant from DJS)</p> <p>BSFT – LMB, ADAA, Mental Hygiene</p>	<p>*</p> <p>\$505,496</p> <p>\$500,000</p> <p>\$235,717</p>

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
				Treatment, Crisis Intervention Treatment	Administration (MHA)	
	Adult Services	To provide intervention and treatment services to Baltimore County residents.	Adults (persons over the age of 18)	Intervention and Treatment Services Direct: Information and referral, placement assessments, substance abuse evaluations, CRAFT (Community Reinforcement and Family Training) for families of substance users Indirect: Outpatient treatment, Intensive Outpatient treatment, Residential treatment, Detoxification services both inpatient and outpatient, Medication assisted treatment (methadone and buprenorphine)	ADAA Baltimore County	*
	Criminal Justice Services	To provide consultation, education, assessment, referral, treatment and case management services to clients referred through the criminal justice system.	Adults referred through the criminal justice system	Intervention and Treatment Services Direct: Consultation, education, assessment, referral, case management Indirect: Assessment, referral, case management, outpatient treatment, intensive outpatient treatment, long-term residential and high intensity residential treatment.	ADAA Baltimore County Governor's Office of Crime Control and Prevention	* \$49,316
	Recovery Support	To remove	Individuals seeking	Recovery Community Center with	ADAA (federal)	\$47,658

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
	Services	barriers to recovery	recovery and their families	Peer Recovery Support Specialists	ADAA (block)	\$ 3,888
* Bureau of Behavioral Health General Substance Abuse Treatment services for adult, adolescent, and criminal justice programming is funded through a grant by the Department of Health and Mental Hygiene, Alcohol and Drug Abuse Administration (ADAA) in the total amount of \$6,813,774. Baltimore County Government supplements the programs with funding in the amount of \$2,460,741.						
LMB	Multidimensional Treatment Foster Care (MTFC)	Decrease problem behavior and increase developmentally appropriate normative and prosocial behavior	Adolescents 12-18	Treatment (Direct): Delinquency prevention/intervention, behavior modification, teaching social/life skills, individual therapy, family therapy	DSS and DJS	IRC per diem rate
	Youth Services Bureaus	Delinquency prevention	Children and youth	Treatment: (Direct) delinquency and substance abuse prevention and counseling services	GOC w/ local match	\$489,000
Baltimore County Police Dept.	SRO Program	Education and Outreach	Middle and High School Adolescents	Prevention: (Direct) Education programs on drug/alcohol awareness and consequences through mentoring and classroom instruction	COPS Grants Baltimore County Public Schools	\$8,672 58,000
	D.A.R.E.	Prevention education	6th Grade Students	Prevention: (Direct) Classroom instruction on drug/alcohol education and positive decision-making skills	BCPD training funds	
	Counseling Team/Conflict Resolution	Prevention of substance abuse	M/F 10-18. Participants should have no significant emotional or behavioral problems; school/org. contact and schedule a workshop. Contact Counseling team manager @ @410-887-5823 to schedule a workshop	Prevention: (Direct) Conflict resolution is available to schools or organizations that request a class as part of the CT prevention mission. - Classes range from 1 to 15 hours in length, in school or after school/evenings, other; held anywhere in Baltimore County.		Portion of \$372,611
	Counseling Team/ Counseling Assessments	Assessment	M-/F 8-17 - Only Baltimore County residents	Intervention: (Direct) pre treatment assessments. Outreach is done to area	Baltimore County	Portion of \$372,611

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
			- Referrals accepted - Counseling Team manager @ 410-887-5823	professionals, schools, parents, & BCPD officers. Assessments available by appointment 9AM – 9PM		
	Counseling Team/Ongoing Treatment	Reduction of substance abuse	M/F 8-17 Baltimore County residents - Referrals accepted - Counseling Team manager @ 410-887-5823	Treatment: (Direct) individual, group, and family counseling— substance abuse issues discussed Outreach is done to area professionals, schools, parents, & BCPD officers - Assessments available by appointment 9AM – 9PM	BC	Portion of \$372,611
	Juvenile Offenders In Need of Supervision (JOINS)	Diversion, assessment, referral	M/F 7-17. First time, non-violent misd. crime, Balto. Co. residents, No referrals	Prevention, Intervention: (Direct) Diversion program for first time, non-violent misdemeanants. Assessment and referral to community drug treatment agencies, JOINS offices located in East, Central, and West area offices. Duration 90 days	County and State departmental budgets	\$800,000
Baltimore County Dept. of Corrections	Alternative Sentencing Program/T.A.S.C. Component	T.A.S.C. aims to permanently interrupt the cycle of addiction and encourage positive societal behaviors	All persons with bona fide substance abuse issues except those convicted of crimes of violence, as defined by the Annotated Code and offenders referred as a result of the marijuana diversion program.	Intervention: (Direct) The T.A.S.C. Program provides assessment and supervision to substance abuse dependent individuals who would otherwise burden the criminal justice system with their persistent and associated criminal activity. Through treatment referral and closely supervised community reintegration, T.A.S.C. aims to permanently interrupt the cycle of addiction and encourage positive societal behaviors.	Department of Corrections	\$337,402
	Residential Substance Abuse Treatment	Return 60 chemically dependent male inmates from the Baltimore	Sentenced inmates within the last 12 months of their anticipated release date, have a history of	Treatment: (Direct) a 45-bed modified Therapeutic Community and aftercare program for chemically dependent male inmates sentenced to the Detention Center,	Department of Corrections	\$347,000

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
		County Detention Center to the community as sober/clean, law abiding, and productive members of the community.	substance abuse problems and willing to participate.	operated through a contracted vendor (Gaudenzia, Inc.). This is housed in a special housing unit in the Detention Center and includes substance abuse treatment in a residential setting for at least 6 months, re-entry planning and post-release case management as well as aftercare.		
Department of Social Services	Child Welfare Programs including: <ul style="list-style-type: none"> • Child Protective Services • Family Preservation • Foster Care • Adoption 	The primary mission for the Department of Social Services' child welfare program is protection of vulnerable children.	Male & Female, birth to old age	Intervention: (Indirect) DSS investigates allegations of abuse and neglect and, in cases where a child is determined to be at-risk, develops and implements permanency plans that are in the best interests of the child. To accomplish this, the department develops plans for the children and their families that support changes in the family to ensure the child's safety. In cases when parents present alcoholism and/or substance abuse or addiction, the parent(s) case plan includes assessments, monitoring and treatment and, if the parent's medical insurance does not cover the costs, the department pays part or all of the costs.	Federal, State and County	\$17,605
	Foster Care Services – Independent Living Program		Male and female, ages 14-21	Prevention, Intervention: (Indirect) When youth leave the foster care system, between the ages of 18 to 21 years, social workers help clients individually and also provide group sessions related to issues of importance to the participants. Staff estimate that between 5 to 10% of the activity in their caseload of 360 children involves some kind of intervention related to substance abuse or		

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
				alcoholism, thus an approximate 7.5% of personnel costs is related to this.		
	Interagency Family Preservation Program	Family Preservation	Youth at imminent risk of out of home placement and their families	Family Support: (Indirect) In-home family counseling and linkages to community services	DHR	\$580,000
Baltimore County Office of Community Conservation	Delta Sigma Theta	Prevention of substance abuse	M/F school age	Prevention: (Direct) Afterschool program	CDBG	\$60,000
	Friends Research @ Fontana Village	Prevention	M/F school age	Prevention: (Direct) afterschool program	CDBG	\$30,000
	Nehemiah House	shelter	Male adults	Treatment: (Indirect)	ESG CDBG	\$99,250
	Lighthouse	Youth services	M/F school age and families	Prevention, Intervention (Indirect)	CDBG	\$55,000
	First Step		M/F school age and families	Prevention, Intervention and Treatment: (Direct)	CDBG	\$42,500
	Family Crisis Center	advocacy	Women and children	Intervention--Victim Advocacy: (Indirect)		
	Family Crisis Center	shelter	Women and children	Intervention--Emergency Shelter: (Indirect)		
	Family Crisis Center	housing	Women and children	Intervention--Transitional Housing: (Indirect)		
	Health Care for the Homeless	Health care	M/F children and adults	Intervention--Health Care Outreach for homeless persons: (Indirect)		
	Prologue Outreach	outreach	M/F adults	Intervention--Mental Health Outreach: (Indirect)		
	YWCA Emergency Shelter	shelter	Women and children	Intervention--Emergency Shelter: (Indirect)		
	Interrim House	Shelter?	Women and children	Intervention—Transitional Shelter: (Indirect)		
	Interrim Apartments	Shelter?	Women and children	Intervention—Transitional Shelter: (Indirect)		
	I Can—Hannah Moore	shelter	M/F children and adults	Intervention—Transitional Shelter (Indirect)		
	I Can—Lansdowne	Transitional shelter	Women and Children	Intervention—Transitional Shelter: (Indirect)		
	Active Coalition	Shelter	Women and children	Intervention—Transitional		

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
	for Transitional Services (ACTS)			Services: (Indirect)		
	St. Vincent DePaul Day Resource Center	Reduction in substance abuse	Women and children	Intervention—family resources: (Indirect)		
	CAN Overnight Shelter	Shelter	M/F adults and children	Intervention/Treatment--emergency shelter: (Indirect)		
	Turnaround, Inc.	Outreach and education	M/F adults and children	Prevention/Intervention—Outreach and education to domestic violence victims: (Indirect)		
Baltimore County Public Schools (BCPS)	Prevention Education	Prevention of substance use	El-Hi students	Prevention: (Direct) ATOD education from K-12, incorporated into age-appropriate lessons and presented through a variety of media and contexts at all grade levels: Live Your Dreams Program; Say Yes to Wellness. Gang Resistance Education and Training (GREAT); Character Education Initiatives; Second Step Program	N/A	N/A
	Peer Leader Mediation and Mentoring Programs	Prevention of destructive behaviors	El-Hi students	Prevention, Intervention: (Indirect) student training and initiatives to provide skills to students to interact with peers who may be involved in destructive behaviors	N/A	N/A
	Student Support Teams	Provide resources to families to address behaviors that may be indicative of substance use	El-Hi students	Intervention: Students whose behaviors may indicate substance use are referred directly to counseling center for assessment.	N/A	N/A
Circuit Court for Baltimore	Juvenile Drug Court (JDC)	Reducing repetitive delinquent behavior by addressing underlying	non-violent M/F offenders, ages 13-18	Intervention, Treatment: (Indirect) Intensive treatment, case management, and drug testing for adolescent non-violent juvenile offenders.		\$119,300

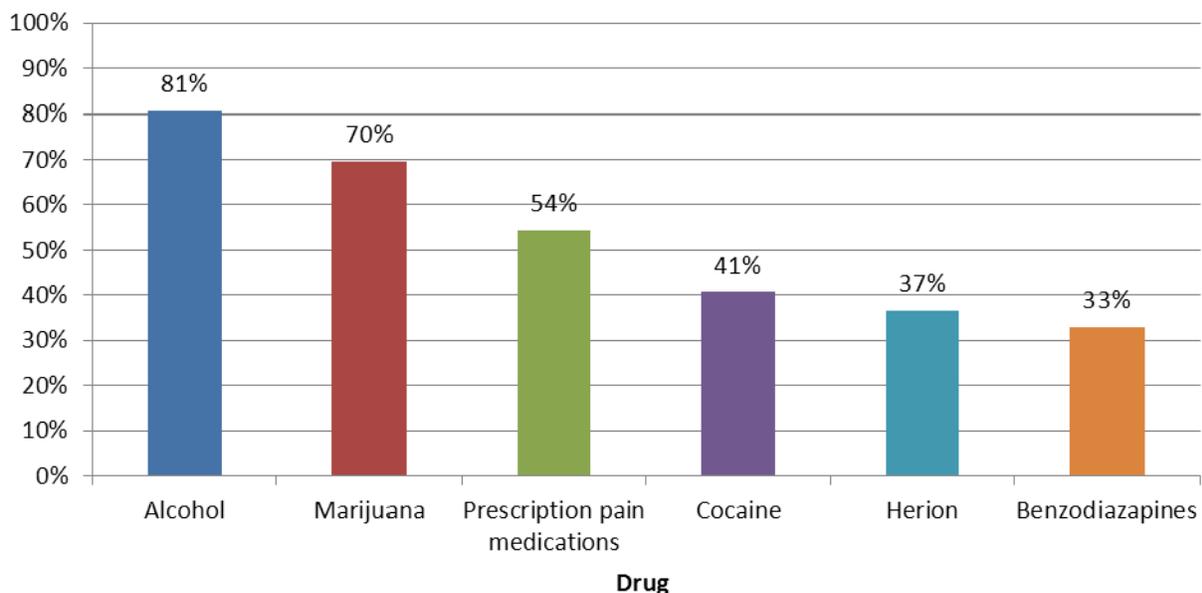
1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service & Activity	6) Funding Source	7) Funding Amount
		substance abuse issues				
	Family Division-Substance Abuse Assessment, Screening and Testing	Assessment, screening, testing	Adults	Intervention, Treatment: (Direct) Provides funds for substance abuse assessments, screening and testing of parents involved in the resolution of domestic cases which often involve matters pertaining to child access issues (custody, visitation) or employment issues (Family Employment and Support Program		\$20,000
	CINA Enhanced Drug Treatment Referral Program (Family Recovery Court)	Assessment, Screening and Referral	Parents of children ages 4 and under	Intervention, Treatment: (Direct) Provides funds for substance abuse assessments, screening and referral. Program objectives are to offer an immediate, comprehensive, systematic approach to working with and treating substance abusing parents who have been removed from the care and custody of their children. Long term treatment and family reunification are the ultimate goals of this project.		\$65,000
First Step	HELPS Coalition	Prevention education	Families	Prevention: (Direct and Indirect) Targeting families in greater Cockeysville area. (HELPS=Health Education Linking Parents and Students)	OJJDP	\$100,000
				Prevention: (Direct and Indirect)	SAMHSA	\$100,000
	Treatment	Intervention and Treatment	M/F school age children and families	Intervention/Treatment: (Direct)	CDBG	\$42,500
Jewish Community Services	Therapy and Prevention Education	Reduction of substance use/ Delaying the onset of drug use. Treatment through individual and group counseling.	Preschool through adult including parents and school staff	Prevention, Intervention, Treatment: (Direct) Outpatient treatment program for adolescents, adults and families suffering from alcohol, drug or other addictions, as well as a comprehensive prevention/education program.	The Associated: Jewish Community Federation of Baltimore; Client fees; program fees	\$450,000

Attachment B: One Voice-Dundalk Survey Results

Demographics of Respondents	
Gender*	
Male	110 (48%)
Female	121 (52%)
Ethnicity**	
American Indian or Native Alaskan	5 (2%)
Asian	1 (>1%)
Black/African American	36 (16%)
Hispanic	3 (1%)
White/Caucasian	174 (77%)
Bi/Multi-Racial	11 (5%)
Age *	
17 or younger	23 (10%)
18-22	40 (17%)
23-29	36 (16%)
30-39	44 (19%)
40-49	31 (13%)
50-59	27 (12%)
60 or older	30 (13%)
*Missing 1 response.	
**Missing 5 responses	

Item 1. What kinds of drugs are most commonly misused or abused by residents of the Dundalk community?

What kinds of drugs are most commonly misused or abused by residents of the Dundalk community?



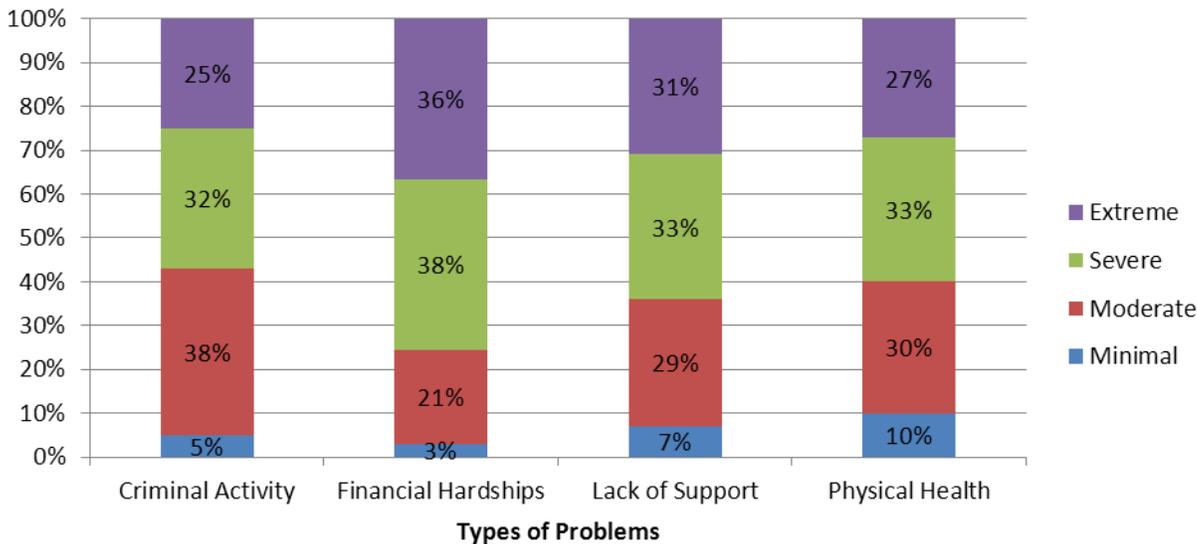
N = 232

Gender, Age, and Race Differences

- Respondents in the age group 17 and younger had 0 people indicate Benzodiazapines as misused or abused.
- **More** Caucasians indicated that Benzodiazapines ($\chi^2(2, N = 227) = 8.69, p = .013$) and Prescription pain medications ($\chi^2(2, N = 227) = 11.32, p = .003$) are misused or abused in the Dundalk community than African Americans.

Item 2. What kinds of problems occur as a result of alcohol/drugs/prescription medication abuse in Dundalk community?

What kinds of problems occur as a result of alcohol/drugs/prescription medication abuse in Dundalk community?



N = 213

Other Responses

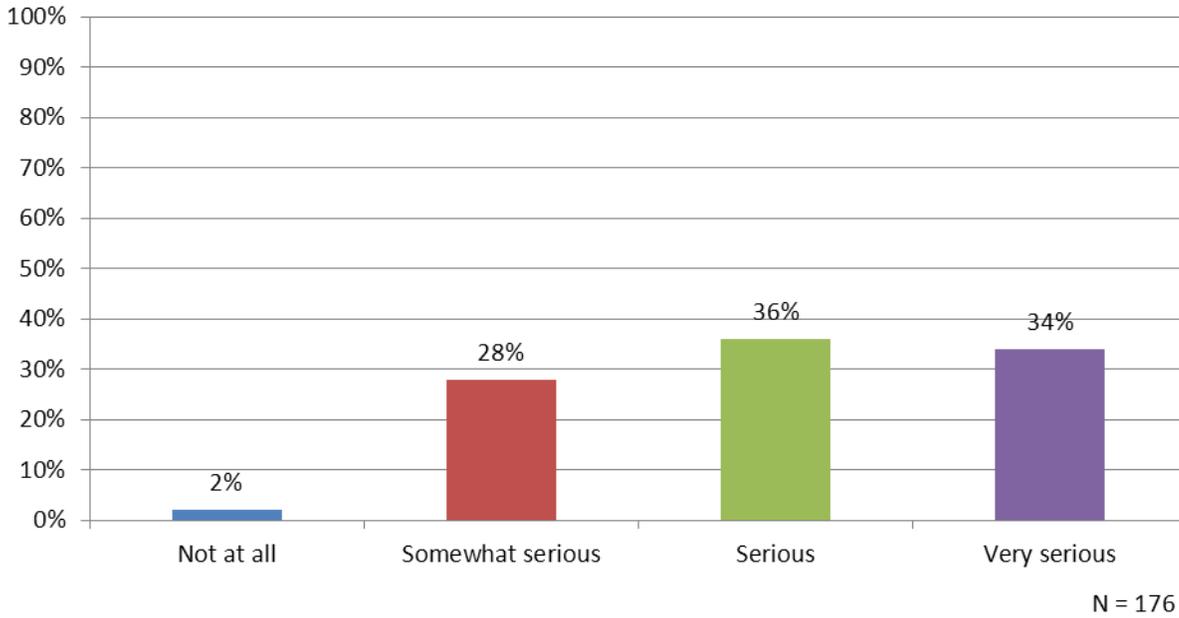
- Affect it has on children, Crazy people, Death, Families are ruined, Issues with employment, Homeless/jobless, Lack of willingness to work, Lazyness, Mental Abuse, No treatment centers/affordable treatment centers, putting innocent people in jeopardy, Stupidity, Suicide, Teen problems w/ family, Teenage-adult maturation, treatment centers are needed methadone clinics, unfriendliness.

Gender, Age, and Race Differences

- There are no gender, age, or race differences in the severity of the problems identified by respondents.

Item 3. How serious a problem is underage drinking in the Dundalk Community?

How serious a problem is underage drinking in the Dundalk Community?

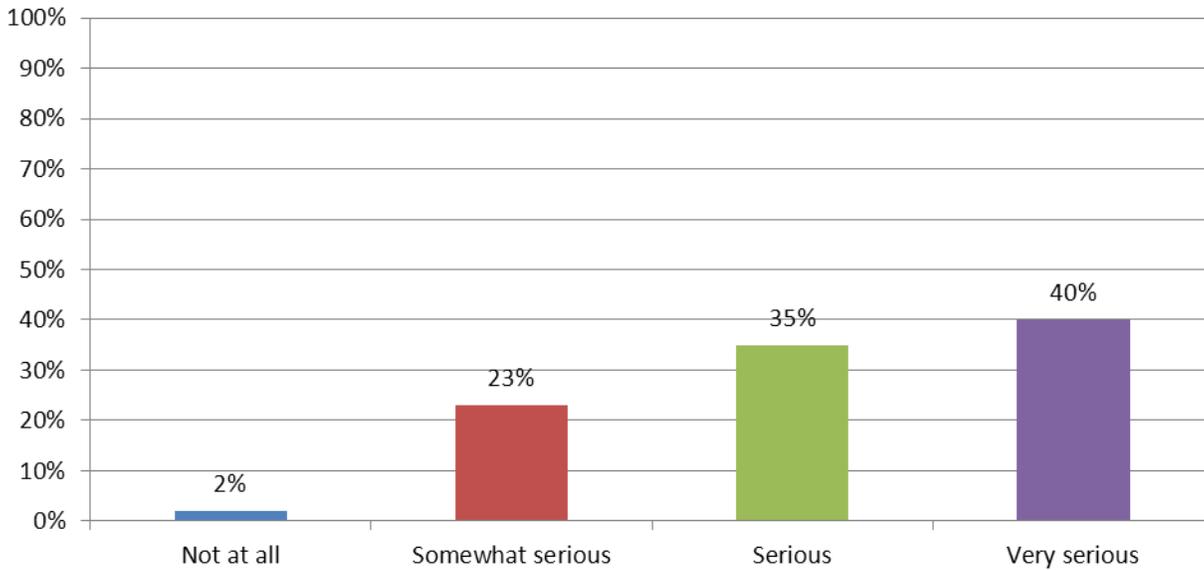


Gender, Age, and Race Differences

- No gender, age, or race/ethnicity differences in the severity rating of underage drinking.

Item 4. How serious a problem is prescription drug abuse by youth in the Dundalk community?

How serious a problem is prescription drug abuse by youth in the Dundalk community?

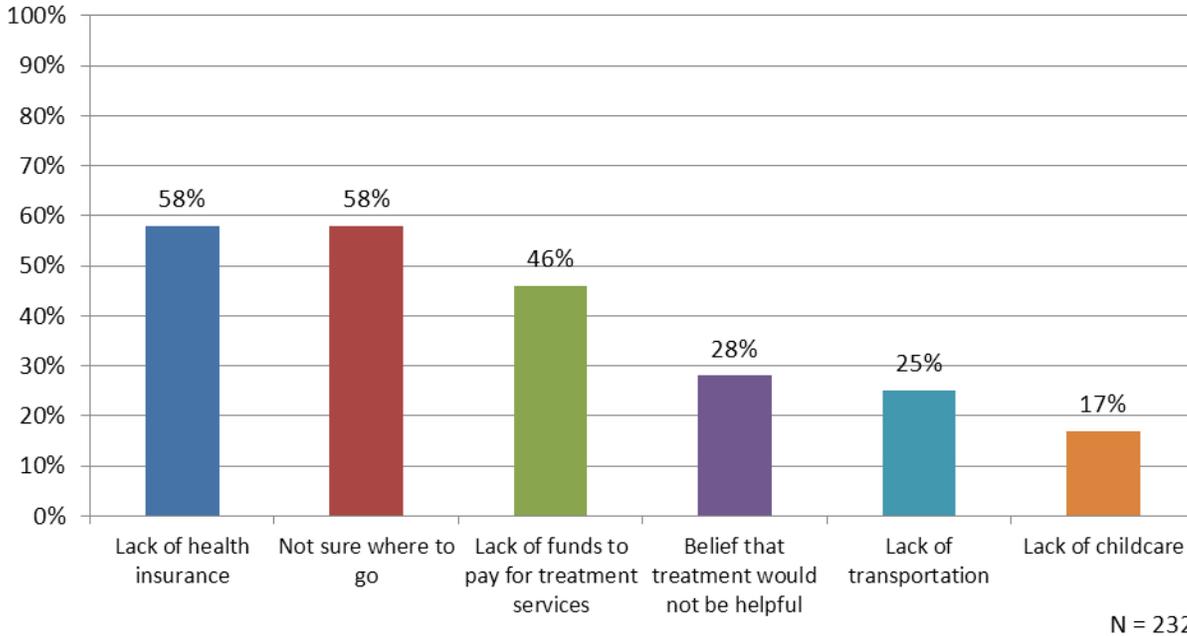


N = 167

- No gender, age, or race/ethnicity differences in the severity rating of prescription drug abuse.

Item 5. What, if anything, makes it difficult for Dundalk residents who have problems with alcohol/drug/prescription drug abuse to get treatment?

What makes it difficult for Dundalk residents who have problems with alcohol/drug/prescription drug abuse to get treatment?



Other Responses

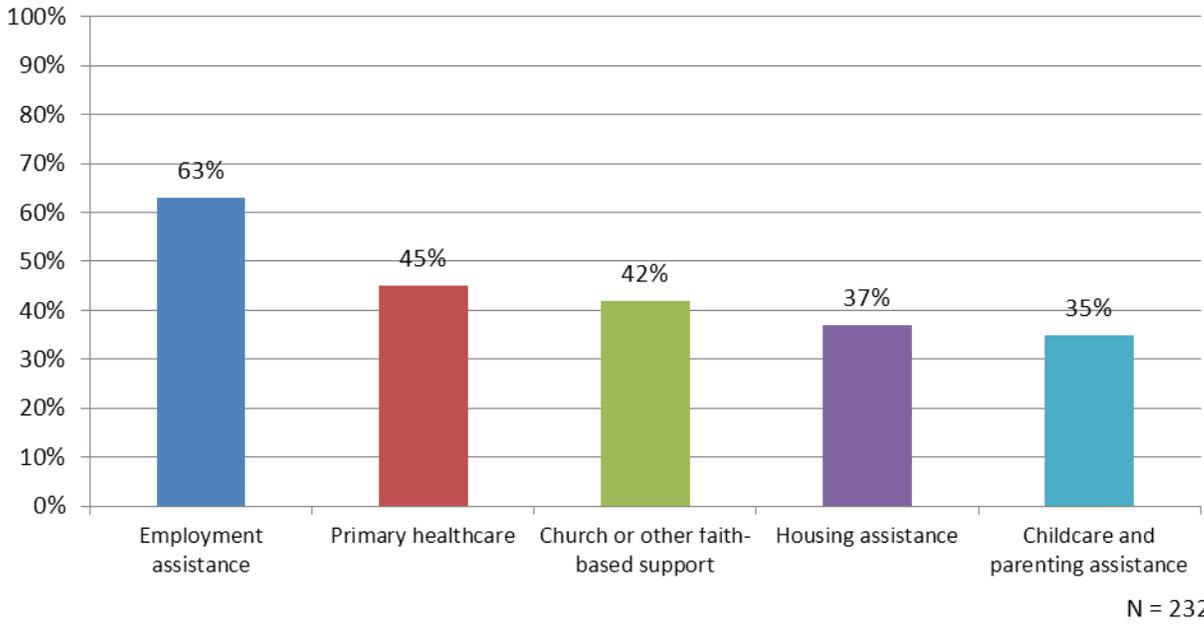
- Don't want help (6), Lack of nuclear family/support system (2), Denial of addiction, Enjoy the drug, Incarcerated without the help of rehabilitation, No consequences for behavior, Themselves, They are hurt so they want to get high

Gender, Age, and Race Differences

- **More** women think that "Belief that treatment would not be helpful" is barrier to treatment than do men, $\chi^2(1, N = 231) = 6.19, p = .013$.
- **More** women think that "Lack of transportation" is barrier to treatment than do men, $\chi^2(1, N = 231) = 9.85, p = .002$.
- **More** women think that "Lack of Childcare" is barrier to treatment than do men, $\chi^2(1, N = 231) = 4.34, p = .037$.
- **Fewer** respondents who were 17 and younger viewed "Lack of health insurance" as a barrier to treatment, and **more** respondents between the ages 50-59 viewed "Lack of health insurance" as a barrier to treatment, $\chi^2(6, N = 231) = 12.90, p = .045$.
- **More** respondents between the ages 30-39 viewed "Lack of transportation" as a barrier to treatment, $\chi^2(6, N = 231) = 14.53, p = .024$.

Item 6. What types of services, other than alcohol/drug treatment, do you think would help people who have alcohol/drug/prescription medication problems?

What types of services, other than alcohol/drug treatment, do you think would help people who have alcohol/drug/prescription medication problems?



Other Response

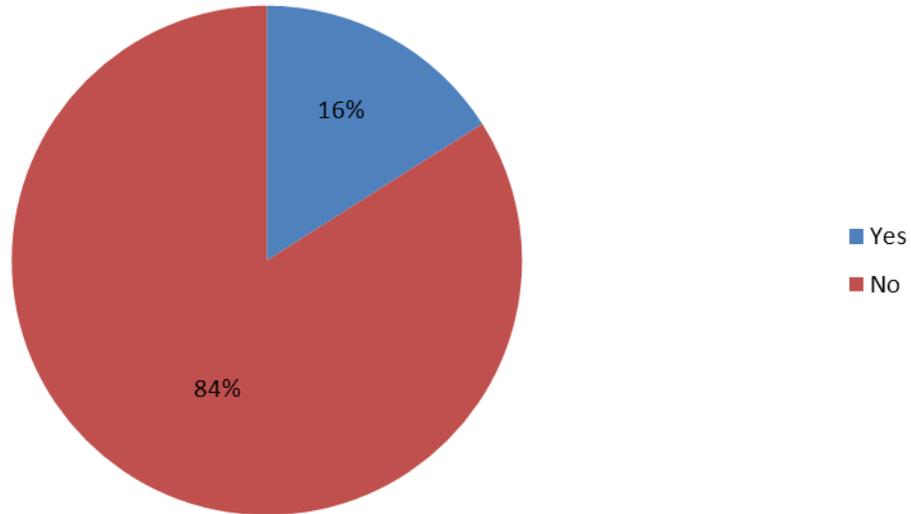
- Social support (4), Counseling/Therapy (3), Information/Education (2), 12 Step program (2), Behavior modification, Groups, Medical assistance for treatment, Stop making it, Transportation to NA meetings.

Gender, Age, and Race Differences

- **More** women report “Childcare and parenting assistance” as a helpful service for those getting treatment, $\chi^2 (1, N = 231) = 4.29, p = .038$.
- **More** women report “Primary healthcare” as a helpful service for those getting treatment $\chi^2 (1, N = 231) = 4.42, p = .036$.

Item 7. Do you know of any specific programs or services for children to prevent them from using tobacco, alcohol or other drugs?

Do you know of any specific programs or services for children to prevent them from using tobacco, alcohol or other drugs?



N=219

Other Responses

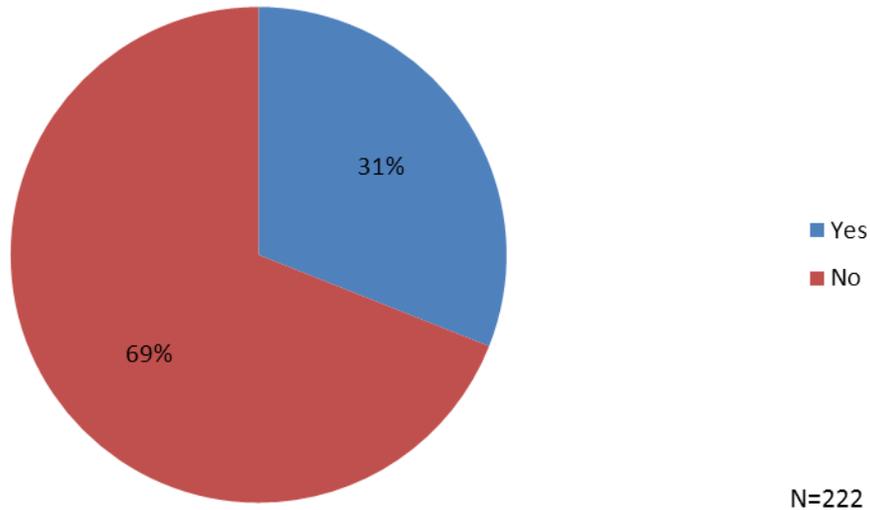
- DARE (11), EPIC/EPOCH (3), AA/NA (3), SADD (2), MADD, Alateen, Youth for Christ, Campus Life, Civil air patrol, Johns Hopkins Bayview, Palcenter, Scared Straight, Church health groups

Gender, Age, and Race Differences

- There were no differences in response to this question based on gender, age or race differences.

Item 8. Do you know of programs that provide alcohol/drug abuse treatment services in Dundalk?

Do you know of programs that provide alcohol/drug abuse treatment services in Dundalk?



Other Responses

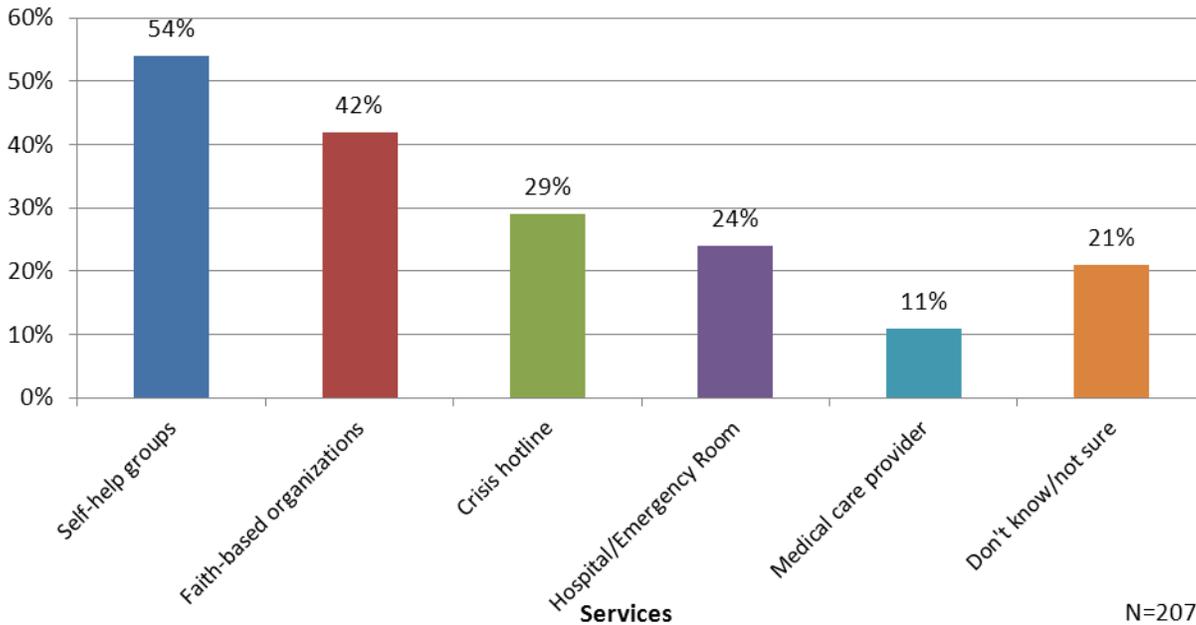
- EPOCH (18), Twelve Step Programs (13), Merritt Park Baptist Church/Dr. Wright (7), Churches-Generic (5), Johns Hopkins Bayview (4), BD Health (4), Keypoint (3), TASK (2), Alanon, Partners in recovery, Calvary Baptist addictions program, Heroin Kills, Yorkway Church

Gender, Age, and Race Differences

- **Less** respondents between the ages of 40-49 indicated that they knew of alcohol/drug abuse services than other age groups $\chi^2(6, N = 221) = 14.89, p = .021$.
- **More** Caucasian respondents indicated that they knew of alcohol/drug abuse services than other age groups $\chi^2(2, N = 218) = 7.49, p = .024$.

Item 9. What services are available in Dundalk to someone who wants help but DOES NOT want formal alcohol/drug abuse treatment? Please list the names of any specific services that you know are available to Dundalk residents.

What services are available in Dundalk to someone who wants help?



Other Responses

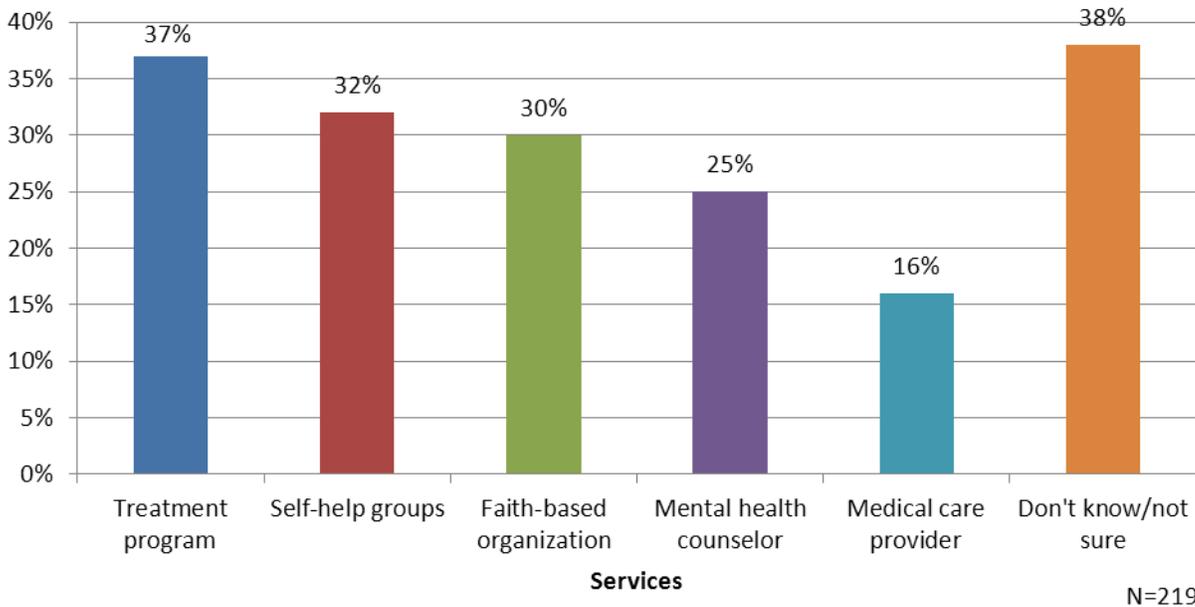
- Johns Hopkins Bayview (2), Twelve steps programs, Dr. Wright Merritt Baptist Church, Eastern Assembly of God, Family support, New Rebows over the Rainbow, The Church of Jesus Christ of Later Day Saints

Gender, Age, and Race Differences

- **More** women indicated that “Medical care provides” was service available to someone who wants help $\chi^2 (1, N = 231) = 4.75, p = .029$.
- **Less** respondents between the ages of 40-49 indicated that “Church or Faith-based organizations” were a place for someone to get help services for alcohol/drug abuse than other age groups $\chi^2 (6, N = 231) = 14.08, p = .029$.

Item 10. Please identify any specific places that you know a family member can go for support in dealing with loved one's alcohol/drug problem.

Places a family member can go for support in dealing with loved one's alcohol/drug problem



Other Responses

- EPOCH (4), Johns Hopkins Bayview (3), Twelve steps programs (2), Dr. Wright/Merritt Baptist Church, Eastern Assembly of God, CAM, Dr. Michael Hayes, Glenwood Lifecenter, The Church of Jesus Christ of Later Day Saints, Institution of Higher Learning Community Service Programs, Mountain Manor, Nannone, RUI reformers anonymous, CR celebrate recovery.

Gender, Age, and Race Differences

- **More** respondents between the ages of 30-39 indicated that “Family treatment program” was a place for a family to get help services for alcohol/drug abuse than other age groups, $\chi^2(6, N = 227) = 13.01, p = .043$.
- **Less** African-American respondents indicated that “Self-help groups” were a place for a family to get help services for alcohol/drug abuse than other age groups, $\chi^2(2, N = 227) = 9.72, p = .008$.

ONE VOICE DUNDALK



Mission: Creation of a healthier community for residents to live, work and play by helping individuals and families find their path to recovery from alcohol/drug abuse and addiction.

- Decreased stigmatization for individuals and families struggling with alcoholism/drug addiction in their lives
- Increased focus on the early identification of harmful involvement with alcohol, drugs and prescription medications
- Increased access to treatment and recovery services
- Development of a network of recovery supports in the community
- Reduction in underage drinking and adolescent involvement with drugs and prescription medications

ONE VOICE

Organizes neighborhoods
Networks with stakeholders
Encourages wellness

Values recovery
Offers outreach
Includes everyone
Capitalizes on strengths
Establishes healthy communities

Baltimore County Focus Groups On Substance Abuse

Sponsored through a partnership between

Baltimore County Department of Health
Bureau of Behavioral Health

and

One Voice Dundalk

Summary Report

February 1, 2012

Prepared by
Stephanie Eckhart
JumpStart Concepts, Inc.

Overview

Purpose:

To obtain the thoughts and opinions of Dundalk area residents (adults in drug treatment, adults in active recovery, parents of minors in drug treatment, adults representing the faith-based community) regarding the presence of alcohol and drug abuse as well as the available recovery resources and supports within the Dundalk community.

Process:

In November and December of 2011, a total of four (4) focus groups were held to seek the needs of the community as they relate to substance abuse treatment and prevention. The four groups represented four different stakeholders, namely:

Adults in Drug Treatment – six (6) participants

Adults in Active Recovery – eight (8) participants

Parents of Minors in Drug Treatment – seven (7) adults representing eight (8) adolescents

Adults Representing Faith Based Communities – ten (10) participants

- Recruitment of participants was achieved through Baltimore County Department of Health, Bureau of Behavioral Health and One Voice Dundalk.
- A stipend for participating was provided through a gift card in the amount of \$5.00.
- Prior to asking questions, it was agreed by all to reserve comments on personal advocacy needs. Participants were assured contact would be made if they needed specific assistance with services and/or advocacy needs. It was further agreed that all comments were to be from the participants' frame of reference and comments would not be anonymous.
- Ground rules were agreed upon.
- Each group had their own set of questions provided by Baltimore County Department of Health, Bureau of Behavioral Health and One Voice Dundalk
(See pp. 34 – 37)
- The discussion questions (see appendix) were designed in partnership with BBH personnel and One Voice Dundalk members.
- In addition to the discussion questions, respondents were encouraged to complete written response to questions related to ACCESS, VOICE, EMPOWERMENT, SYSTEM of CARE and FAMILY/SOCIAL LIFE. It was explained and understood this was not required to participate, simply another way for the respondents to provide feedback. The written responses are included in this report. (see pp. 29-32)
- Each question related to a theme and this report is summarized in that manner.
- This report is submitted without formal recommendations as it is the understanding of the preparer that One Voice Dundalk members will review the material and develop recommendations as well as a plan of action in response to the information provided.
- If there are questions or concerns after reading this material, please contact Stephanie Eckhart of JumpStart Concepts at 410.628.7527 or by email mdjumpstart@aol.com

Demographics

DUNDALK	Adults in Drug Treatment	Adults in Active Recovery	Parents of minors in drug treatment		Adults representing Faith Based Communities	TOTAL RESPONDENTS
Respondents	6	8	7	8	10	31
Age range of respondents	19-42	37-55	38-66		55-65	
Age range of children represented by parents	na	na		14-17	na	
Gender						
Male	4	2	2	3	3	11
Female	2	6	5	5	7	20
Race						
White/Caucasian	4	8	6	6	10	28
Black/African American	2	0	1	2	0	3
Insurance						*
Private Insurance	2	1	2	2		5
Medicaid	0	6	3	4		9
None	4	1	2	2		7
DUNDALK						
DUNDALK	Adults in Treatment	Adults in Recovery	Parents of minors in treatment		Adults representing Faith Based Communities	TOTAL RESPONDENTS
Respondents	19%	26%	23%	8 minors	32%	31= 100%
Age range of respondents	19-42	37-55	38-66		55-65	
Age range of children represented by parents	na	na		14-17	na	
GENDER						
Male	67%	25%	29%	3	30%	35%
Female	33%	75%	71%	5	70%	65%
RACE						
White/Caucasian	67%	100%	86%	6	100%	90%
Black/African American	33%		14%	2	0	10%
TYPE OF INSURANCE						*
Private Insurance	33%	13%	29%	2	na	24%
Medicaid		75%	43%	4	na	43%
None	67%	13%	29%	2	na	33%
* Faith-Based group not in calculation for type of insurance						

Summary of Findings

ACCESS/TREATMENT:

Adults in drug treatment focused on the cost, location and the seemingly low number of providers who could serve them. *Adults in active recovery* seemed to focus on the challenge of access to treatment through faith based providers. There was much discussion about the need to connect to their spirituality which was identified as a critical component of their recovery.

The focus of *parents of minors in drug treatment* was in the inability to access treatment.

Adults representing the faith based community had much information about how to access services as well as acquiring information that may result in getting services.

Overall, the responses could indicate that unless a person is arrested there isn't a clear understanding of where to get help should someone need to access treatment. In addition, it was noticed that many individuals knew of resources and were interested in assisting other attendees in knowing where to get help.

ACCESS/PREVENTION:

Adults representing the faith based community seemed to be aware of services that could be accessed immediately. *The other three groups* focused on the need for educational resources, specifically about the addictive nature of prescription drugs. These groups also mentioned the need for community members to help in educating children.

Adults in active recovery, parents of minors in drug treatment and adults representing the faith based community expressed a perception that local government officials are not in concert with the prevention/treatment needs of the those dealing with substance abuse.

Parents of minors in drug treatment expressed concern over the lack of support from the community. And expressed a need for a community center, more involvement at school, big brothers, etc.

VOICE

Adults in drug treatment, adults in active recovery and parents of minors in drug treatment expressed that in general no one asks them what they need. The expressed opinion from all three of the groups was that when someone asks and gets a response, the need is not fulfilled. *Adults in active recovery* seemed to have the strongest 'voice' in terms of understanding the issues facing them as well as understanding the current culture of the community.

Summary of Findings - continued

VOICE/ACCESS:

The overall comments related to all members of the community to be vested in the support of those who are struggling with substance abuse issues. In speaking more about needs, it was suggested there should be a centralized service to enable one point of access. *Parents of minor in drug treatment* again related the need for help through community groups. *Adults representing the faith based community* expressed

dismay over what seemed to be the lack of authority parents have over their kids and several respondents expressed they believed parents need to be teaching their children to not use drugs. Conversely, *the Parents of minor in drug treatment* expressed they were overwhelmed with what to do and believed people blamed them for their kids' substance abuse problems. It was expressed by *Parents of minor in drug treatment*, they feel judged and at risk for being arrested for not controlling their child, etc.

Adults representing the faith based community had much information and they also believed they had solutions to many of the challenges accessing treatment.

Adults in active recovery spoke in depth about the location of services they need – identifying a need that these services be located in the Dundalk community.

VOICE/EMPOWERMENT

The parents of minors in drug treatment seemed the least empowered in that many of the respondents expressed they had no idea how to handle their child's substance abuse issues. They did not feel there was help for their child or them.

Adults in drug treatment were all receiving treatment from EPOCH and were satisfied that they were getting help and education about how to handle the trouble they were in due to their substance abuse.

EMPOWERMENT

Adults in active recovery expressed a strong sense of empowerment. They were knowledgeable about their need for support, their addiction and about what services are helpful, not helpful, not available, etc. They were also willing to help and believe supporting others ultimately supports their sobriety. *Parents of minors in drug treatment* were the least empowered. They expressed a great deal of negative experiences in trying to get help.

AWARENESS

Parent of minors in drug treatment seemed to believe they were aware of abuse problems. *Adults representing the faith-based community* also believed they were aware of the problems and that there were solutions at hand that should be looked at by the community.

FOCUS GROUP FINDINGS

- A. Services are not always accessible within the Dundalk community.
- B. Parents do not know where to turn when their child has a substance abuse problem.
- C. Treatment is costly and often not in the immediate community of those who seek treatment.
- D. Education about substance abuse is thought to be key to prevention.

- E. Individuals in recovery are trusted by other addicts and can be helpful to those seeking treatment.
- F. Faith based community members are knowledgeable and willing to help.
- G. People who are addicted want the option to access services through faith-based entities.
- H. There is a perceived conflict of interest by politicians and liquor establishments.
- I. Everyone (those who participated) does not expect to agree on the solution. At the least everyone wants to be heard, at the most they want to be helpful and be part of a solution.
- J. There is a great concern for the Dundalk community and its citizens.
- K. The criminal justice system is the easiest way to enter treatment and to identify services.
- L. Parents need help to navigate the system to get help for their child and family.
- M. Cost is an issue in seeking treatment, as is the location of services.