

Peter Luongo, Ph.D.
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Dear: Dr. Luongo

Pursuant to Senate Bill 194, Subtitle 10 (Local Drug and Alcohol Abuse Councils), the Charles County Board of Commissioners is pleased to submit the attached two-year strategic plan for Charles County for FY 2006-08.

All legislatively mandated members to the Charles County Drug and Alcohol Abuse Council (CCDAC) have been appointed (See Attachment C), and have attended the regular monthly or bi-monthly meetings. We are confident that the attached plan is based on strategies and approaches that meet empirical tests of best practices, and it will be continuously measured for cost efficiency and effectiveness.

By-laws have been approved and the CCDAC will continue meeting at least quarterly to regularly review progress, and to submit progress reports twice yearly.

We respectfully submit this Strategic Plan.

Robert J. Fuller, Chairman
County Commissioner

Dr. C. Devadason, MD, DPH
Health Officer

CC: Laura Burns-Heffner

STRATEGIC PLAN 2006-2008

I. PROCESS

The Charles County Drug and Alcohol Council (CCDAC) was convened on November 23, 2004 and members participated in regular meetings to identify key concerns and issues, prioritize goals and establish measurable, specific, time-bound objectives. The work was further informed through a survey tool administered to direct line staff in public and private county agencies serving the target population. A total of 37 surveys were returned and analyzed. Additionally a focus group was held with members of an AA/NA group, with 24 participants in attendance.

II. ESTIMATED TREATMENT NEED

The latest subdivision data report, FY 2004, provided aggregated information regarding estimated treatment needs in Charles County as well as ADAA FY 2005 funded capacity.¹ The chart below reflects this data, which was used by the CCDAC in the development of this strategic plan.

ESTIMATED TREATMENT NEED:

Adults	6,447
Adolescents	1,924
Total	8,371

FUNDED CAPACITY:

Population	Slots/Beds	Dynamic Capacity
Adults	379	1146
Adolescents	35	100

III. GOALS, OBJECTIVES, PERFORMANCE TARGET AND MEASURES TO ADDRESS PLAN

Vision

The Charles County Drug and Alcohol Abuse Council envisions a community that is safe and healthy, free of the detrimental effects of drugs and alcohol.

Mission

Our mission is to reduce alcohol and other drug abuse and related problems in the community. Further, our mission is to promote and facilitate prevention, outreach, advocacy and coordinated service delivery.

Goals

Goal 1: Educate and assist individuals and families in Charles County to live healthy and drug-free lives.

¹ ADAA Subdivision Data Report, January 2005.

Objectives:

1.1 Utilize evidence-based prevention programs in multiple sites in order to serve a broad population of adults, children and families.

1.2 Monitor changing demographics, substance usage and changes in targeted populations to provide a wide range of prevention activities in a more focused way.

1.3 Research and utilize evidence-based prevention programs specific to targeted populations, such as children whose parents are in drug treatment or incarcerated.

Performance Target: Reduce the overall incidence of first use of substances among youth aged 11-18.

Measure: The number of new users.

Goal 2: Develop and maintain a full continuum with sufficient capacity to meet community needs that is accessible, affordable, effective and efficient, and responsive to the cultures and languages of population served.

Objectives:

2.1 Establish partnerships to expand continuum across all sectors of the county, public and private, including faith-based organizations.

2.2 Promote public awareness of resources, especially those directed toward young children of substance abusing or incarcerated parents and seniors.

2.3 Identify alternative funding mechanisms for the purchase of the most critically needed services for the Charles County population to reduce unmet needs and expand available service continuum.

2.4 Explore alternative program models that are evidence-based and use best practices for intervention, treatment and positive outcomes.

2.5 Collaborate with the State in establishing outcome measures and monitoring programs for effectiveness.

Performance Target: Increase the number of individuals in need who are accessing substance abuse treatment.

Measure: Number of addicted individuals compared to number of available slots.

Goal 3: Develop and maintain a full continuum of services for adolescents that ensures access and affordability in collaboration with child serving agencies.

Objectives:

3.1 Collaborate with the public school system to ensure that prevention, early intervention and community-based treatment services are delivered seamlessly between systems, through the increased use of school sites to co-locate a variety of support services and treatment.

3.2 Collaborate with local public and private agencies to coordinate mental health services and other ancillary services needed by youth.

3.3 Identify funding sources to provide evidence-based practice model services to youth involved in the juvenile court system, including a juvenile drug court.

Performance Target: Reduce the number of youths using and/or abusing drugs and alcohol.

Measure: Percentage of youth users in the system receiving appropriate levels of intervention and treatment in the community.

Goal 4: Develop and maintain an accessible community system of intervention and treatment services.

Objectives:

4.1 Coordinate with all involved agencies to identify options for intensive, short term discharge planning and case management for individuals exiting the criminal justice system.

4.2 Coordinate efforts with agencies providing transitional housing, rehabilitation services and employment training to increase access to services for individuals transitioning from the criminal justice system.

4.3 Develop a means to pilot a community resource for screening, alcohol and drug testing and monitoring.

4.4 Develop standard screening, assessment and referral protocols for all public human services and law enforcement agencies.

4.5 Develop collaborative partnerships with public human service and law enforcement agencies to strengthen linkages between all resources and services, particularly in the areas of relapse prevention and aftercare services.

Performance Target: Increase the number of individuals accessing integrated intervention and treatment services in a timely manner.

Measure: Percentage of the adolescent and adult population in need accessing services.

IV. NEXT STEPS

The CCDAC will develop a work plan, with strategies, identified responsibilities, time lines that are associated with each of the above goals, objectives and performance measures. The CCDAC will meet at least quarterly to review the status of progress toward goals, and will submit reports to the Governor's Office twice yearly documenting the County's progress, identifying any barriers and challenges faced, and recommending actions to remove those barriers and increase access to substance abuse prevention, treatment and relapse prevention for Charles County residents.

The Council also intends to review research-based and best-practice models to improve estimates of unmet need, and outcomes for residents.

Charles County Survey of Resources Matrix

1)Entity	2)Primary/ Secondary	3)Program Name	4)Function/ Mission	5)Target Population	6)Category of Service & Activity	7)Funding Source	8)Funding Amount (FY05)
Jude House, Inc.	Primary	Jude House	Provide Long-Term Residential Treatment	Alcohol/Drug Dependent Adults	4-6 month Treatment, 19yrs & up	ADAA/CCHD Fees County United Way	495,527 77,757 21,100 5,729
Department of Health-Charles Co. (DHCC)	Primary	Division of Substance Abuse Treatment & Prevention (SATP)	Provide Outpatient and Intensive Outpatient Substance Abuse Treatment	Alcohol/Drug Abusers/Dependent Adolescents and Adults and their families	Treatment	ADAA: State Federal Fees County	1,114, 807 304,714 157,117 44,906
DHCC Jail Based Residential	Primary	Division of Substance Abuse Treatment & Prevention (SATP)	Provide Treatment, & referral to reduce substance abuse and criminality	Alcohol / Drug Dependent/Abuser Inmates (HIDTA Criteria: Specific to adult drug offenders treatment & aftercare monitoring	Treatment	ADAA:STOP Jail Based STOP Grant HIDTA : Federal	86, 799 75,699
DHCC	Primary	SATP Prevention Program	Prevention of ATOD Abuse	Youth, at risk youth; Families and other adults	Prevention	ADAA Charles Co	111,052 13,037
Lifestyles Inc	Secondary	Positive Action/MPI	Prevention of ATOD Abuse	Youth, at risk youth; Families	Prevention / Intervention	ADAA/ DHCC	60,990
DHCC	Secondary	Division of Health Promotion	Tobacco Prevention and Cessation	Youth and adults	Prevention / Intervention	DHMH DHMH	227,000 36,500
DSS/ DHCC	Secondary	DSS Outreach	Screen, refer and monitor compliance	TCA applicants	Intervention/ Treatment referral	DHR/ADAA	\$53,770
Department of Health Charles Co.	Secondary	Incarcerated Men's Program	AIDS/HIV awareness/testing	Male inmates at high risk for AIDS/HIV	Prevention and Testing	DHMH/AIDS Administration	\$29,000
Department of Health Charles Co.	Secondary	High Risk Women	AIDS/HIV awareness	Female inmates at high risk for AIDS/HIV	Prevention and Testing	DHMH/AIDS Administration	\$10,000
Charles County Sheriff's Office	Secondary	Community Traffic Safety Program	Decrease alcohol and drug related crashes, injuries and fatalities.	Drivers ages 18 to 34	Prevention of impaired driving.	Federal Grant	\$33,000

1)Entity	2)Primary/ Secondary	3)Program Name	4)Function/ Mission	5)Target Population	6)Category of Service & Activity	7)Funding Source	8)Funding Amount (FY05)
Charles County Sheriff's Office	Secondary	DARE Program	Prevention of ATOD Use	Elementary and Middle School Aged Students	Prevention	County Government SO Budget/ Community Donations	\$170,000
Charles County Sheriff's Office	Secondary	Teen Court	Prevention of ATOD Use	At risk youth	Prevention/ Intervention	County Government SO Budget/ State Grants	\$120,000
Charles County Sheriff's Office	Secondary	Truth and Consequences	Prevention of ATOD Use	Ninth grade students	Prevention	County Government SO Budget	\$44,000
Charles County Sheriff's Office	Secondary	Juvenile Intervention Officers (SRO)	Prevention of ATOD Use	K-12	Prevention/ Intervention	County Government SO Budget/ State & FED Grants	\$ 900,000
Charles County Sheriff's Office	Secondary	Summer Youth Achievement Program	Prevention of ATOD Use and reduce substance abuse	120 Middle School Aged Students-Summer School	Prevention/ Intervention	County Government SO Budget/ CCPS Budget Community Donations	\$25,000+
Charles County Sheriff's Office	Secondary	Just Say No Camp	Prevention of ATOD Use	Elementary and Middle School Aged Students	Prevention	County Government SO Budget/ Community Donations	\$10,000
Charles County Sheriff's Office	Secondary	Annual Basketball Tournament	Prevention of ATOD Use	Elementary, Middle and High School Aged Students	Prevention	County Government SO Budget/ CCPS Budget State Grants Community Donations	\$10,000+
Charles County Sheriff's Office	Secondary	CSAFE-Community Based Probation	Prevention of ATOD Use and reduce substance abuse	At Risk Youth on Probation	Prevention/ Intervention	County Government SO Budget/ State Grants	20,000+

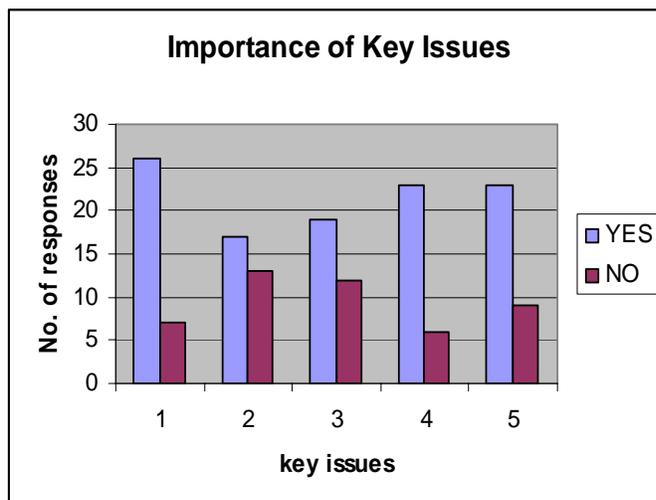
1)Entity	2)Primary/ Secondary	3)Program Name	4)Function/ Mission	5)Target Population	6)Category of Service & Activity	7)Funding Source	8)Funding Amount (FY05)
Human Services Partnership	Secondary	Transition Aged Youth Mental Illness & Substance Abuse	Housing and Independent Living for at-Risk youth	Youth with Mental Health/Substance Abuse needs (17-22)	Intervention Treatment	Mental Hygiene Admin	\$160,000
Board of Education	Secondary	SAFE & Drug Free Schools	Reduce Substance use among youth	K-12	Prevention/ Intervention	Federal*	\$108,444
Board of Education	Secondary	Tobacco Prevention	Reduce use of tobacco products	6-7	Prevention	State	\$7,250
Board of Education	Secondary	Tobacco Restitution	Reduce use of tobacco products among youth	K-12	Prevention/ Intervention	Restitution from tobacco companies	\$35, 076
Juvenile Services	Secondary			Youth	Prevention/ Intervention	State	Information Unavailable
Parole & Probation	Secondary	Intensive Testing Jurisdiction	Testing, Monitoring and Referral	Substance Abusing Offenders (over 18 years of age) on Probation, Parole, & Mandatory Release	Intervention and Testing	State	\$613,056

Survey Responses

Surveys were sent to all Drug and Alcohol Council (DAC) members, who were asked to distribute them to key direct line staff in their agencies. A total of 35 responses were returned, representing private treatment providers, the Departments of Social Services, Health, Division of Parole & Probation, Juvenile Services, Education, the Sheriff's Office and the Detention Center.

The first question listed each of the key priority issues identified by the DAC, and asked that the respondent check those they felt were areas of concern for the population they serve. The chart below depicts the responses received.

As can be noted, the only issue that did not receive a majority of "yes" responses was access to a full continuum of care for adolescents. Given that many of the respondents indicated that they served only adults, this finding is not remarkable. While the definition of a community assessment center, issue number four, was not given, a clear majority favored some form of centralized center for assessments, as well as for a central site for urine testing and monitoring.



Key:

- 1: Access to a full continuum
- 2: Access to full continuum for youth
- 3: Post-jail placement
- 4: Community assessment center
- 5: Full range of prevention services

Respondents were then asked to identify specific concerns or gaps in services for each issue. The following is a summary of the concerns identified for each key issue, and common themes across the responses.

1. Access to a Full Continuum for Adults

- Inpatient facilities, particularly for Detox.
- College based counseling services
- Information about what services are available, user friendly, one source
- Access to medical and psychiatric treatment, and to medications for dually diagnosed clients with no health insurance or money.

- Medical and job placement services, dental, mental health, recovery supports, transportation, life skills, residential placement services
 - Lack of coordination re: services, both for SA and ancillary
 - Follow up appointments while clients are still in treatment
 - Classes on alcohol or alcohol abuse assessment as part of court disposition
 - Lack of services for families
 - Lose clients due to long waiting lists
 - Ability to pay limits access for some
- *Explore partnerships to provide coordinated case management, ancillary and wraparound services for clients.*
 - *Promote community awareness regarding services and supports.*
 - *Identify opportunities for funding expanded services to reduce waiting lists and increase access.*

2. Access to a full Continuum for Adolescents

- School-based services, including assessment and intervention
 - IOP and inpatient services a major unmet need
 - Jail based HIDTA program for teens
 - Services for children of addicts
 - Time on probation too short to engage adolescents
 - Anger management
 - Mental health services
 - Residential services for those with no insurance
 - Services for parents of adolescents
 - Few child and adolescent psychiatrists
 - Sustained funding for existing programs
 - Classes for those with alcohol citations
- *Explore opportunities to better utilize school sites for a variety of support services and treatment.*
 - *Collaborate with HSP to coordinate mental health services for youth, and other ancillary services needed.*

3. Post-Jail Placement

- Housing, including half-way and transitional housing
- Employment training and job placement
- Continued, long term substance abuse treatment, with post-jail residential options available for some
- Coordinated case management and discharge planning for all after-care needs, including step-down programs
- Alternative to jail placements
- Issues of parents of youth needing housing and family preservation services
- Available inpatient bed space for 8.507 offenders
- Increase in education of personnel in jail regarding post-jail options and resources.

- *Coordinate with all involved agencies to identify options for intensive, short term discharge planning and case management.*
- *Promote awareness of criminal justice personnel at all levels regarding options and resources.*
- *Coordinate with agencies providing transitional housing, rehabilitation services and employment training.*

4. Community Assessment Center

- Use for urine testing on a regular, year-round basis
 - Centralized assessment, to identify most appropriate placements and goals for positive outcomes. This could include ongoing data collection, to identify gaps in services
 - Allows for enhanced communication between agencies
 - Option would be to also use center as evening operation or report center.
 - Enhanced access
 - Could have available space for life skills training, GED or meetings.
 - Initial assessment with no cost would be especially helpful
- *Explore funding options.*
 - *Combine functions of testing with assessment opportunities.*

5. Full range of Prevention Services

- Parenting classes and support groups for parents
 - Full range, from pre-school to seniors
 - Education around new substances available in County, and their effects
 - Strong need to prevent high end services
 - Consider also secondary prevention, including relapse prevention
 - Need to offer prevention education to the general public, and not just targeted priority populations
 - Classes on prevention for seniors, especially around abuse of prescription medications for pain
 - Use community centers for sites for education and awareness activities
- *Collaborate with community partners to expand public awareness of prevention of use and abuse of drugs and alcohol.*
 - *Expand target populations to address changing demographics, especially targeting younger children, college students, parents and seniors.*

6. Additional concerns/issues raised

- Services targeted to increasing number of incarcerated females, especially those with children
- Lack of funding for needs
- Need to focus services to dually diagnosed population
- Need to look at homeless population regarding needs

Charles County Drug and Alcohol Council

Focus Group Responses

Participants: Approximately 20 residents attending AA meeting at Health Department. Some responded to a written survey, which was turned in before they left, and others remained for a focus group discussion.

What services and supports are most helpful to you?

Participants all spoke highly of the services offered by the Charles County Health Department, other local county providers, Jude House, Anchor, and the Calvert County Treatment Facility. A few also mentioned the AA meetings as of great help and peer support.

Many in attendance had benefited from a service continuum available in the county, with initial admission into Anchor, which is very strict, but has licensed nursing staff and a highly structured program. The opportunities to step down to Jude House was noted as very supportive, although some described a waiting list to get into Jude House. The HIDA program run by the Health Department, especially the IOP option, was seen as a real move forward for many, and one described the process as “climbing the ladder toward recovery”. Jude House was seen as a place where consumers could get housing, group therapy, and case management for other needed services, such as GED training, tutoring, and eligibility for benefits support, such as disability benefits. One concern with Anchor is that they do not allow any smoking, even on the grounds, and one consumer stated, “It’s hard enough to break one habit, let alone two”.

The Health Department’s IOP also offers classes in meditation and relaxation, programs found by consumers to be very helpful in reducing their pain.

All felt that the AA/NA meetings were helpful, but some noted that many local residents who attend are only there due to a court order, and they felt that it was counterproductive, since AA should be by choice and personal decision, not a court ordered requirement.

A few participants use the services of DORS and find it helpful, as well as the Domestic Violence Center, and a few mentioned Calvert County Treatment Center as very helpful, although it is slated to close shortly.

What services and supports do you need but cannot receive?

Participants raised concerns regarding the lack of relapse prevention programs, and felt there was a need for more long-term and short term residential treatment programs. Many felt there should never be a waiting list when a consumer is in crisis.

Financial support for treatment as an outpatient, and especially help with the costs of medication was mentioned often, especially for those with no health insurance from their employers and co-occurring disorders, given the high cost of psychotropic medications. The lack of affordable housing in the community continues to be a barrier for recovering consumers.

What improvements would you suggest that outpatient and residential treatment providers in the region could consider?

Many consumers mentioned the lack of trained staff at residential programs, and raised concerns that, especially on night shift, programs were understaffed, and staff was poorly trained, and occasionally insensitive and antagonistic. One consumer mentioned that many former addicts are hired as direct line staff, and “have their own agenda”.

Overall, the primary recommendation by the majority of consumers was to fund more facilities to allow for treatment on demand.

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