

Laura Burns Heffner  
Alcohol and Drug Abuse Administration  
55 Wade Avenue  
Catonsville, MD 21228

July 2012

Dear Ms. Heffner:

As noted in our July 2011 report, our primary mission remains unchanged: *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.*

As part of our ongoing monitoring of the goals and objectives laid out in our FY 2010-2012, we conduct a quarterly review of our accomplishments and outcomes through a process of ongoing data collection. These quarterly reports, from all participating agencies, are reviewed at our Quarterly Council meetings. These meetings are used to facilitate greater communication across agency and public private sector partners, and provide the opportunity to resolve issues and plan new strategies for coordinated care. A few key trends and issues began to emerge over the past year. Most critically, with the continuation of the Juvenile Drug Court and a variety of juvenile outreach programs, we continue to see slow but steady progress in redirecting Juvenile drug offenders from the detention system into treatment.

There has been a major change in the county's service delivery system, which is beginning to show improvements in our service coordination for the population of clients with co-occurring disorders. With the Behavioral Health Integration, we have been working to insure that mental health services are fully integrated into our overall system of care, especially for individuals with co-occurring disorders. Following the direction of ADAA, we have initiated a more systemic approach to service delivery, focusing on a **Recovery Oriented System of Care (ROSC)**. Our clients are now being served on a walk- in registration basis, thus expediting entry into receiving treatment, and rather than a process of discharging clients, our new level of care (continuing care) will allow for a continuum for those clients who meet the criteria, allowing for easy re-entry into active treatment to prevent or in the event of a relapse. We are actively engaged in the development of Recovery Community Centers, supported by federal and state policies, and are currently exploring partnerships to implement this effort. We have a new full time staff member to provide care coordination services for clients moving from residential beds to less intensive treatment. We will also be hiring two Peer Support Specialists.

The objectives reflect changes that are in the planning stages, such as increasing use of evidenced based treatment, early intervention and prevention in our community and the development of the Family Recovery Court. The Charles County Family Recovery Court Program continues serving clients. Since the start up of the FRC, 94 parents have been referred with 27 actually entering the program. The Juvenile Drug Court has now met the target of serving at least 25 adolescents and their families during the year due to

collaboration within the team.

One of the measures used to monitor our initiatives in prevention and education has been the data collected on a regular basis by the Maryland State Department of Education, via the MAS, Maryland Adolescent Survey. Since this data is no longer available from MDSE, Charles County Public Schools conducted an online version of the MAS in Dec. of 2010; data was given to CESAR (Center for Substance Abuse Research) for analysis.

Prevention activities have been expanded under the ROSC model, including monitoring and creating “environmental strategies” for a range of risk behaviors. Our focus is on underage drinking.

We are currently implementing our 2010-12 Strategic Plan, as modified in July 2010 as follows:

- Goal 1 focuses on adult populations, including those with special needs and the integration of the care of clients with co-occurring disorders, through the implementation of a coordination of care and a recovery model.
- Goal 2, focuses on reducing substance abuse among adolescents and young adults
- Goal 3 focuses on prevention and early intervention, using the expanded model of environmental strategies.

We have a cohesive, committed Council, and have continued to progress on our goals, in spite of significant fiscal constraints. While some of our planned strategies have had to be postponed or scaled back, we continue to work collaboratively to reduce alcohol and drug abuse in our growing county.

CC. Attachment

## WORKSHEET FOR DATA COLLECTION

**Goal 1: Develop and maintain a continuum of effective and efficient services for adult populations, including those with special needs.**

Data needed	Responsible Party (parties)	Updates/progress/barriers
<b><i>A. Reducing Barriers</i></b>		
Analysis of barriers/ plans for remediation	Health department SA services/Core Service	We continue to working closely together. The primary barriers are target population and funding of programs.
Documentation of written process for cross-referral and coordination	Health department SA services/Core Service	Referrals are currently being made through phone contact, in person and patient consents.
<b><i>B. Co-Occurring Disorders</i></b>		
Written criteria for defining population and outcome measures	Health department SA services/Core Service/ Jude House/committee review	Using a broad definition- clients being treated for both mental health and substance abuse with a diagnostic impression in Axis I or II pending a psychiatric evaluation.
<b><i>C. Jail-based Clients</i></b>		
Number served.	SA/Jail Based treatment team/Prevention services	(Detention Center) 89 served.
<b><i>D. Family Recovery Court</i></b>		
Documentation of beginning of family recovery court	Judge assigned (Honorable Helen I. Harrington); Drug Court Coordinator (Maryellen)	As of October 2010, the Family Recovery Court (FRC) has been operational under a 3 year Federal Grant from the Department of Justice, Office of Juvenile Justice and Delinquency Prevention. The Family Resource Specialist, the designated case manager for the program, has been actively receiving referrals since December 2010 and the first FRC court session was conducted on January 7, 2011. The FRC sessions continue on a twice monthly basis.
Number of parents referred	Problem Court Coordinator	Since the start up of the FRC program, 94 parents have been referred, 67 of those chose not to

		participate. 33 parents were referred during this reporting period, 27 of those chose not to participate.
Number who entered the program		The number of participants who entered the Family Recovery Court since the beginning of the program is 27, of those, 11 were terminated for non compliance with treatment and other program requirements, 3 self terminated and in a non compliant status. The number entering the program in this reporting period is 6.
Number with stays of 90 days or more	Problem Court Coordinator	The total number of all program participants staying in treatment more than 90 days is 19. The number staying in treatment more than 90 days for this reporting period is 9.
Number and percentage successfully completing treatment	Problem Court Coordinator	The overall percentage of all program participants completing treatment is 25 %. The percentage completing treatment during this reporting period is 60%.
Recidivism rates.	Problem Court Coordinator	The recidivism rate for active parents in the FRC is 0%.

**Goal 2: Reduce substance abuse among adolescents (12-17) and young adults (18-24) through the development of an accessible continuum of services delivered in the least restrictive setting.**

<b>Data needed</b>	<b>Responsible Party (parties)</b>	<b>Updates/progress/barriers</b>
<b><i>A. Juvenile Drug Court</i></b>		
Number of referrals	SA/drug court coordinator	8 referrals were received during this reporting period.
Number who enter program	SA/drug court coordinator	6 participants entered the program during this reporting period.
Tracking data: age of first referral	SA/drug court coordinator	The average age of those referred during this reporting period is 15.71 years.
Number of successful completions Tracking data; lengths of stay: number and percentage over 90 days in Rx Number of participants	SA/drug court coordinator	The number of successful completions during this reporting period is 7.  100% of the active participants remained in treatment more than 90 days for this reporting period.

served annually. (Goal: 25/year)		The number of participants served during this 6 month reporting period plus six months prior to the reporting period is 30, which exceeds the annual goal of 25.
<b><i>B. school-based screening</i></b>		
Number of referrals into treatment by school system, JDC, DJS and parents	CCPS, SA, Juv.Services	DJJ-48, JDC-2, Parent -11, School -22
Tracking data of adolescent admissions by referral and discharge.	SA	62 admitted 47 discharged

**GOAL 3: Educate and assist individuals and families in Charles County to live healthy and drug free lives through evidence based prevention and early intervention programs.**

<b>Data needed</b>	<b>Responsible Party (parties)</b>	<b>Updates/progress/barriers</b>
<b><i>A. public education and awareness</i></b>		
Number of participants in community training and awareness programs	HD Prevention staff/coalition	<p><b>Maryland Strategic Prevention Framework (MSPF)</b> awarded to <b>Charles County Substance Abuse Advisory Coalition</b> used for community needs assessment, capacity building and planning so far. Underage drinking 12-20 and binge drinking 18-25 were the two problems identified through the needs assessment.</p> <p><b>Medication Disposal Program:</b> 1,000 flyers were printed through Safe Communities Center (for Coalition) distributed by HD at Transition Dinners</p> <p>The <b>Chemical People of Charles County</b> changed their name to the <b>Charles County Citizens for Substance Free Youth</b>. Sent out 2,300 “Parent Who Host Lose the Most” brochures with Project Graduation letters. Put “Parents Who Host...” information on the “Community Wall in the Mall with other Project Graduation information.</p>

Data needed	Responsible Party (parties)	Updates/progress/barriers
Tracking data on performance measures from Coalition for Drug-free program	HD Prevention staff/coalition	DFC no longer in place; tracking measures were summarized in last report. New tracking measures being formulated for the MSPF to address underage drinking and binge drinking.
<b><i>B. Evidence-based Programs</i></b>		
Inventory current interagency EVP	HD Prevention	11 programs
Evidence of training for implementation of at least two new programs	HD Prevention	We start the new “Inside Out DAD” a program for Incarcerated Fathers July 11, 2012.
Monitor programs in use	HD Prevention	Yes
Track number of participants and completion rates.	HD Prevention	Yes, completion rates for the Second Step Program are at 98%. The Nurturing Program for women in the detention center is approximately 95% due to departures for one reason or another.
<b><i>C. Under-age drinking</i></b>		
Number and percentage of beverage license compliance checks/percent of all in compliance. (Goal- 90% passing checks)	HD Prevention staff/Sheriff’s department	From Jan.1-Mar.31, 2012 a total of 41 checks conducted of which 36 passed, 12 failed. Pass rate 88%.  Apr. thru Jun, 2012- data not available at this time.
Track percentage of 30-day reported use of alcohol, tobacco and marijuana by 12 <sup>th</sup> graders (goal:	MAS data as available	CCPS conducted an online version of the MAS in Dec. of 2010; data was given to CESAR (Center for Substance Abuse Research) for analysis Preliminary report from CESAR (Center for Substance Abuse Research) indicates the

<b>Data needed</b>	<b>Responsible Party (parties)</b>	<b>Updates/progress/barriers</b>
decrease by 3%)		<p>following the 30-day use for 12<sup>th</sup> graders: for alcohol is about 26.5%; for tobacco 12.85%; and for marijuana 28.3%.</p> <p>New indicators will be determined by the Coalition in the fall; with alcohol specific indicators determined through the Maryland Strategic Prevention Framework (MSPF) grant; funding awarded to Charles County to begin sometime after July 1. (most current information)</p>
Percentage of 30 day reported use of alcohol by underage college students. (Goal decrease by 3%)	Community college/coalition	No change in college data other than an analysis of 5-year trend data for CSM show a steady decline in 30-day use of alcohol, tobacco and marijuana from 2005-2010 (3 Core Alcohol and Drug Surveys), and in all cases below that of the reference group. (most current information)