



MONTGOMERY COUNTY, MARYLAND
UPDATED STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE
FY 2012 – FY 2014
January 2012

VISION

A safe, healthy, and productive Montgomery County that is free of addiction and the hazardous use of alcohol and other drugs.

MISSION

To offer an accessible and comprehensive spectrum of evidence-based prevention, intervention, and treatment services to promote recovery and reduce to a minimum the biomedical, psychological, and social complications of alcohol and other drug use.

ANALYSIS OF JURISDICTIONAL NEEDS

Adult Addiction, Substance Abuse Prevention, and Juvenile Justice Services staff along with the Montgomery County Alcohol and Other Drug Abuse Advisory Council analyzed data on utilization rates, program outputs, and client outcomes for the development and update of the Montgomery County local Drug and Alcohol Strategic Plan. The Strategic Plan submitted to the Alcohol and Drug Abuse Administration on a biennial basis, as well as the six-month updates, represents an analytic process that we strive to improve and maintain.

The U.S. Census Bureau State and County 2010 QuickFacts states that 25.1% of Montgomery County's population is under 18 years old and 6.8% are under 5 years old¹. Youth, their parents, and others are the target populations of the Communities Mobilizing for a Change on Alcohol (CMCA) which is known as the Drawing the Line on Underage Age Alcohol Use (DTL) coalition in Montgomery County. The CMCA / DTL provides county-wide services that address substance use; especially alcohol and marijuana use as these are the substances most frequently used by youth in the State as reported in the 2008 Maryland Adolescent Survey. The Dare to Be You Program targets at-risk preschool-age children and educates the ways parents can help prevent or delay substance use. Montgomery County supports the fact that children are less likely to use alcohol when their parents are involved with them and share a close relationship².

Adult admissions to State-Funded Treatment in Montgomery County for FY10 was 2,410.³ Children of parents enrolled in substance abuse treatment need support. Many of the children display behavioral and emotional problems but do not demonstrate symptoms that will meet the criteria for a DSM-IV-R diagnosis and subsequent treatment. The chaotic environments of some of these families can place children at risk for adverse social, emotional, familial, and academic consequences. Studies across the nation demonstrate that parental behavior can increase or decrease risk factors for their children.

Other data used to point to the need for continued funding for prevention programs in Montgomery County include the recent highly publicized traffic fatalities involving County youth under the age of 18 and statistics from the Maryland State Department of Education (MSDE) which report that Montgomery

County had the highest number of alcohol-related suspensions and second highest number of drug-related suspensions in the State during the 2009-2010 school year.⁴

Montgomery County's adult and adolescent substance abuse/dependence treatment services have implemented numerous programs designed to meet the multifaceted needs of the clients served in a way that emphasizes the integration of services within the Department, across programs, and in collaboration with other community agencies and providers (i.e. somatic health, mental health, crisis services, case management, housing, social services, legal system, criminal justice system, victim services, etc.). The implementation of the Comprehensive Continuous Integrated System of Care (CCISC) Model for people with co-occurring disorders, Adult and Juvenile Drug Court Programs, and the Criminal Justice Behavioral Health Initiative are examples of public-private partnerships collaborating to serve the complex needs of people with substance use disorders, in addition to the need for an integrated treatment approach to improve program and client outcomes.

Montgomery County is the most populous jurisdiction in the State of Maryland and has the second highest number of homeless single individuals and families with children in the State⁵. Homeless individuals present with high rates of chronic medical conditions, substance use and mental health disorders, involvement with the criminal justice system, and low rates of employment. These factors have been taken into consideration in the current Drug and Alcohol Strategic Plan.

Sources of the data used in the plan include the State of Maryland Automated Record Tracking system (SMART), the County's Family of Measures Report, Monthly Management Reports submitted by the Addictions Managers, waiting list data, contract monitoring services, on-site visits, centralized intake data, youth drug use surveys, and annual program evaluation reports. This data is also used to determine funding priorities for substance abuse related services during the annual County budgeting process that begins in earnest on or about August 1 of each year and ends in May of the following year.

Due to the recent difficult economic times that the County Council and the Maryland Alcohol and Drug Abuse Administration have had to reduce funding to programs that have shown good outcomes; the County Council, where possible, has maintained funding programs whose federal funding has ended if they have demonstrated positive outcomes.. Some recent examples of this process include the Adult Drug Court Treatment Program, Journeys Intensive Outpatient Treatment Program for Women, and the Journeys Adolescent Outpatient Treatment Program, as well as maintaining capacity from the Avery Road Treatment Center Detox program and the Avery Road Combined Care program. The Adult Drug Court Treatment Program, consistent with national drug court data, continues to demonstrate outstanding program and client outcomes, including client engagement, retention and completion rates, abstinence, employment, housing, and reduced recidivism. Maintaining existing levels of services for this program continues to be a priority.

Based on an analysis of waiting list data, the need for increased treatment slots in the County continues to be a priority. Data provided by the Statewide Epidemiology Workgroup in March 2011 shows Montgomery Co. has the 3rd highest in marijuana and illicit drug use by 12-17 year olds and the highest number of cocaine use by 12-17 year olds in all jurisdictions. The data also shows that in 2009 Montgomery County ranked highest in number of DWI arrests and 3rd highest for AOD related injury and fatal crashes. Admissions to State-Funded Alcohol and Drug Abuse Treatment programs in 2010 by adolescents under 18 show that Montgomery Co. was 4th in alcohol-related admissions, 4th in marijuana related admissions, 2nd in cocaine-related admission, and 2nd in benzodiazepine-related admissions, During 2010 treatment admissions for ages 18-20 are as follows: 3rd in alcohol-related, 3rd in cocaine-related, 3rd in heroin-related, and 3rd in benzodiazepine-related, For ages 21 and older during 2010,

admissions are as follows: 5th in alcohol-related, 5th in marijuana-related, 5th in cocaine-related, 4th in heroin-related, 4th in “other opiates” related, and 4th in benzodiazepine related admissions.⁴

PRIORITIES

1) With the recent reduction our plan is top maintain effective substance prevention strategies, 2) improve practices and demonstrate outcomes that sustain an accessible community-based system of intervention and treatment services and appropriate levels of care for youth and adults, and 3) promote recovery, improve integration of the treatment continuum, and develop strategies to identify and meet emerging community needs.

Given the current economic climate at both the State and local levels, it has become more important to maintain adequate funding to support the service continuum. Because of actions taken by the General Assembly, we have received reductions from ADAA of \$233,000 for FY10 which was increased in FY11 by an additional \$233,000. In FY 12 Montgomery County received an additional \$283,441 reduction to treatment services and \$76,638 reduction in for Substance Abuse Prevention. .

Reductions in County funding for FY12 included the loss of 3 positions (one Therapist II for Intensive Outpatient Services, one Supervisory Therapist for the Adult Drug Court program, and a Social Worker IV from Community Case Management Services. In addition \$130,000 was reduced from the Lawrence Court contract which will necessitate revamping this III.3 Level of Care program to providing some “shelter” beds with the availability of Intensive Outpatient Services and employment counseling which can be reimbursed through Recoverynet and PAC.MA.

GOAL 1: To promote the prevention of substance misuse and its harmful consequences in Montgomery County.

Objective 1: Promote evidence based family education programs which support family members to make good decisions and live healthy life-styles across the life span. A new three year contract was awarded the Family Services Inc. (FSI). FSI will continue to implement the “D.A.R.E. to Be You” (DTBY) program for at least three years starting in FY11.

Objective 2: Work cooperatively and collaborative with key agencies and citizens to create environments that support healthy decisions across the life span. The prevention coordinator is a member of the local Alcohol and Drug Abuse Council and participates on the prevention sub-committee. Also, the prevention coordinator attends the Recovery Oriented System of Care (ROSC)/Change Leadership Team meetings and expects to work with customers, citizens and agency representatives to craft the ROSC plan for Montgomery County.

Objective 3: Support the efforts of County funding of “Drawing the Line on Underage Substance Use” and the “Keeping it Safe Coalition to Prevent Under 21 Alcohol Use” that follows the model of the evidence-based practice “Communities Mobilizing for Change on Alcohol.”

Objective 4: Sustain, promote, and expand Montgomery County Substance Abuse Prevention Program. Seek grant funding to restore the Strengthening Families Program (SFP) as the contract expires June 30, 2010. There continues to be a need in the community for family education classes targeting at-risk youth ages 12-17. Parents in recovery often speak of a desire to learn how to properly parent and connect as a sober person with their children. Also, SFP aligns with the ROSC in offering supportive services. In

addition, there was a sizeable investment in funds and time in preparing family trainers to deliver this evidence-based family education service and the County wants to continue to capitalize on these well spent funds.

GOAL 1 Performance Target: Delay onset of first substance use and prevent underage alcohol use among youth.

PROGRESS GOAL 1

July 2011 Update

Objective 1: Delivering evidence based family education programs to increase key protective factors that promote resilience within the family and child continues. Montgomery County contracts with Family Services, Inc. (FSI) to implement the D.A.R.E. To Be You (DTBY) program which addresses child and family factors that are linked to reduced later drug and alcohol use. In FY11, DTBY continues to be met with great interest in the community and 68 parents and 67 preschool age children were served.

This program is funded ADAA High Risk Preschool Prevention. ADAA notified all Jurisdictions that funding specifically designated for High Risk Preschool Prevention terminates June 30, 2011. Montgomery County will continue to operate this program in FY12 with other funds available through the grant.

Objective 2: Substance abuse prevention continues work with key prevention groups in the community as well as with the local Alcohol and Other Drug Abuse Council and Recovery Oriented System of Care/Change Leadership groups. The Prevention Coordinator participates in an advisory role to the groups.

Objective 3: Montgomery County continues to contract with the Family Support Center to implement Communities Mobilizing for Change on Alcohol (CMAC) known in Montgomery County as “Drawing the Line” (DTL). Efforts to rebuild a strong coalition continue with four productive coalition meetings held. The coalition is focusing on recent alcohol related car crashes involving teens/young adults and related matters. Enumerated below are FY11, Year to Date Quarter Three (YTD Q3) figures illustrating that all program measure estimates, except one, are exceeded:

Program Measure	Estimate	FY11 YTD Q3 Actual	Program Measure	Estimate	FY11 YTD Q3
Number of organizations participating in DTL coalition	8	42	Number of media events	3	0
Number of trainings events	4	60	Total Clients Served	81	2,182
Number of meetings with local leaders	6	29			

The evidence based Keeping it Safe Coalition on Under 21 Alcohol Use is a county coalition that works to prevent alcohol use among Montgomery County youth. The committee supports the efforts of this coalition including the annual Student PSA Contest, Limousine Training during prom season, public speaking efforts to PTAs and school assemblies, Call for posters on alcohol poisoning, poster contest, Court Watch and other programs. The committee will continue to support these efforts and encourage funding these important prevention efforts. **KIS Partners include:** Montgomery County Public Schools, Montgomery County Police Department, Montgomery County Department of Liquor Control, Kensington

Fire Department, Montgomery County Project Prom/Graduation, Emergency Nurses, MC State's Attorney's Office, Washington Regional Alcohol Program, MADD, and concerned individuals.

Objective 4: In 2009 the Maryland Alcohol and Drug Abuse Administration (ADAA) was awarded funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and implement the Maryland Strategic Prevention Framework (MSPF). By the use of a non-competitive grant application process, ADAA dispersed planning funds to all of the jurisdictions. Montgomery County Prevention applied for and met the requirements for a MSPF jurisdiction assessment and planning grant award of \$10,000. The award provided resources to contract with consultants to assist in developing the comprehensive MSPF Montgomery County Assessment Report submitted to the ADAA in April 2011. The Drawing the Line coalition is a key collaborative partner in this effort.

The County funded the Under 21 Grant Program continues to dwindle; from approximately \$50,000 in FY09 to \$19,110 in FY11. In FY 11, 16 programs received awards up to \$1000, compared to 35-40 awards up to \$1500 in previous years. Programs receiving funds are required to offer a substance abuse prevention education component. Decreased funding impacts the quality and quantity of some out-of-school time activities and increases the number of at-risk youth engaging in unsupervised/unstructured activities after school. Planned efforts to revitalize the Under 21 Grant funds through the Montgomery County Strategic Prevention Plan process are on hold. ADAA instructed that MSPF funds are to be utilized to implement evidenced-based environmental prevention strategies. Under 21 Grants are not evidence-based programs. Another revenue resource will be explored.

Objective 5: The school system should institute and sustain school-based prevention and intervention programs and activities for students K-12.

Elimination of the State Grants portion of the Safe and Drug-Free Schools and Communities (SDFSC) program in Montgomery County.

The SDFSC program is the only source of federal funding for school-based drug and violence prevention that directly targets youth in grades K-12. Funding of \$441,000 was cut for this program that provides essential services such as; K-12 drug and violence prevention programming, social skills training, peer mediation, student assistance, parent education and school and community partnerships. We fear these cuts are a huge mistake and would reverse years of progress in reducing youth drug use and violence. The result will be an increase in the number of youth who use drugs, commit crime, drop out of school and have trouble finding good jobs. This will cost all of us much more than what we are currently spending on prevention programs. (http://www.cadca.org/files/SampleOp_Ed.pdf). Montgomery County Public Schools should initiate and sustain science-based alcohol and other drug use prevention and intervention activities and programs, pre-K through 12, for all students.

On-going funding is needed to meet and maintain the Objectives in Goal #1:

Current ADAA funding for Montgomery County Substance Abuse Prevention for FY12 is \$288,680, a reduction of \$76,638. In FY12, the Maryland Strategic Framework Grant was due to expire, however \$33,475 was added which will support the continued effort to implement the framework that was developed in FY11.

GOAL 2: Improve practices and demonstrate outcomes that sustain an accessible community-based system of intervention and treatment services and appropriate levels of care for youth and adults.

Objective 1: Continuously improve practices that enhance client recovery through engagement and treatment retention by developing a centralized information system that monitors patient flow through the continuum of care from the point of screening, assessment, referral and treatment within both the adolescent and adult continuum of substance abuse/dependence treatment services.

Objective 2: Continuously improve program completion rates by working with directly operated and contract programs to improve client engagement and retention, completion rates should increase.

Objective 3: Enhance and expand data availability and analysis for the AODAAC/LDAAC from county data and the State of Maryland Automated Record Tracking (SMART) systems.

GOAL 2 Performance Target: Maintain the percentage of adults and adolescents who engage in outpatient treatment at 60% or greater. Increase the percentage of adults and adolescents who remain in treatment for at least 90 days to meet ADAA target of 65%. Maintain the percentage of adolescents and adults who complete treatment at 50% or greater.

PROGRESS GOAL #2

July 2011 Update

Objective 1: The County changed the contract process for Adult Level I Outpatient treatment services to Open Solicitation which began in the Fall, 2009. This has supported the expansion of the number of Level I service providers thereby increasing geographic accessibility for clients. The Department has worked to support the efforts of these providers to increase their billing capability for MA and PAC thereby increasing service access and system capacity for clients in the County and reduced the fixed price contracting cost that we had for Level I contracts in previous years. Retention rates for FY11 for Level I outpatient programs, both adult and youth, increased from previous years and exceeded the target measure designated by the State.

Objective 2: Meetings with contract providers are scheduled regularly to review admission and discharge procedures and facilitate transfer to other levels of care when additional treatment is recommended.

Objective 3: Regular meetings are held with IGSR and HHS-IT staff to trouble shoot and resolve problems experienced by staff with implementation and full operation of the SMART system. There has been a steady decrease in system freezes, kick outs, and lost data; steady progress has been made on-going issues and struggles with SMART and smooth operation of the Drug Testing Management System (DTMS) for the urine testing, results, reports, continue to be problematic. Accessibility and increased use of SMART data and reports is still a work in progress.

On-Going funding is needed to meet maintain the Objectives in Goal #2:

Maintain the current level of funding and encourage IGSR to get the DTMS component working to an adequate level of functionality.

GOAL 3: Promote recovery, improve integration of the treatment continuum, and develop strategies to identify and meet emerging community needs.

Objective 1: Increased capacity in adolescent outpatient substance abuse/dependence treatment programs is needed, but in the current budget environment in the county and the state, it is unclear as to how additional treatment capacity can be attained.

Objective 2: Expand access to behavioral health assessment and treatment services to children of criminal offenders. This population is at a very high risk of substance abuse/dependence and future delinquent/criminal activity.

Objective 3: Increase access to intensive outpatient treatment, and support an increase in treatment slots for the Journeys Adolescent Substance Abuse Treatment Program. Increase intensive outpatient treatment capacity by exploring expansion to a second site in the up-county region. Sustain the increase in utilization of Journeys through the Juvenile Drug Court.

Objective 4: Promote best practices by increasing family involvement in adolescent outpatient treatment.

Objective 5: Empirical evidence supports improved patient outcomes with the addition of medications to psychosocial therapies for alcohol and drug use disorders. Buprenorphine is a mixed agonist at the opiate receptor that reduces drug craving and discourages continued opiate use. It also facilitates opiate detoxification. The State is funding \$34,160 for buprenorphine treatment in Montgomery County for FY12; currently there are thirteen clients being treated with buprenorphine in County programs. This Objective is to:

- a. Increase the evidence-based use of medications in the overall treatment of alcohol and other drug dependence.
- b. Improve access to buprenorphine as a therapeutic alternative to methadone treatment.

Objective 6: Montgomery County, Carroll County and a few other jurisdictions in the state have begun pilot programs with Alkermes on the use of Vivitrol to assist with the treatment of alcohol addiction. These initial Pilot Projects have shown very positive results. Since Vivitrol has also been found effective for the treatment of opiate addicts, Montgomery County has begun to expand its use. Because of the significant cost per dose it would be extremely helpful if state funding comparable to the buprenorphine initiative was made available for jurisdictions to support and encourage its use.

Objective 7: Maintain adequate funding to support Level I outpatient and Level II.1 Intensive Outpatient services for clients who are not Medicaid or PAC eligible.

Objective 8: Maintain adequate funding for Vivitrol and other pharmacotherapy treatments.

GOAL 3 Performance Target: Reduce the number of individuals and/or families who are unable to access treatment services by maintaining adequate capacity, providing supportive services, and ensure statewide equity in funding based on population in need. Train behavioral health staff to provide alternative therapies that enhance the quality of client care.

PROGRESS GOAL #3

July 2011 Update

Objective 1: A Level I treatment provider for adolescents was selected through a formal solicitation process. Efforts to secure grant funding are continuing. A small amount of grant funding combined with some shifted County funding in FY11 should allow for services to be available in the Silver Spring area for a limited number of adolescents.

Objective 2: Coordination of behavioral health assessments and referral services with the Montgomery County Pre-Release Center are continuing. A number of children of offenders have been served during the year. However, this effort and the number of children of offenders assessed have been limited because of a significant increase in police, DJS AND school referrals to SASCA and staff resources have not been available to increase efforts with the Pre-Release Center.

Objective 3: The need for additional adolescent IOP treatment slots remains significant. The waiting list continues to grow. Efforts to expand the number of slots and expand access to treatment through increasing the availability of transportation have not been successful due to a lack of funding.

Objective 4: Family involvement, including both family counseling and outreach to families, has increased in both the Level I and IOP programs. However, these services need to continue to expand so that all families can receive services. Family counseling has expanded in the Journeys IOP during the year. The Journeys IOP opened an outpatient mental health clinic at the same site to better meet the needs of adolescents who have co-occurring substance abuse and mental health disorders.

Objective 5: Funding of \$34,160 has been appropriated by ADAA for buprenorphine treatment services. Additional funding to support expansion of the Vivitrol would support the delivery of services to additional clients who are appropriate and could benefit from this approach.

Objective 6: Montgomery County FY11 funding for acudetox services was eliminated. Addiction treatment staff have continued to provide auricular acudetox services to clients in the Outpatient Addiction Services (OAS) under the voluntary supervision of David Wurzel of The Chi Farm.

- 13 therapists have received training and 7 have been certified to provide Acudetox services.
- 156 OAS clients received acudetox services in FY11.
- For FY12, it is estimated that approximately 150 OAS clients will receive acudetox services as this program is gradually discontinued.

Formatted: Bulleted + Level: 1 + Aligned at: 0.5" + Tab after: 0.75" + Indent at: 0.75"

Objective 7: In the 2009 and 10 legislative sessions, the General Assembly transferred funds to Medicaid (MA) and Primary Adult Care (PAC) in order to access federal MA matching dollars for Level I and Level II.1 outpatient treatment services. This has resulted in reductions in the Adult Addiction Services budgets for FY10, 11, and 12; in addition Montgomery County has also progressively cut funding for positions and contracts which has resulted in decreased capacity across the continuum. Without additional resources more and more clients will be turned away from services.

Objective 8: Maintain current level of funding.

GOAL 4: Implement a Recovery Oriented System of Care Model in Montgomery County

Objective 1: Develop a plan for our community to expand resources to support individuals and families seeking recovery. The Montgomery County ROSC Change Leadership Team (CLT) has been meeting on a regular basis to plan implementation of the various ROSC components for Montgomery County.

Objective 2: Continue to expand the continuum of support services that covers the life span.

Objective 3: Involve people in recovery, family members, employers and others in the community who are interested or could support these developments

GOAL 4 Performance Target: Develop and mobilize a network of formal and informal services to sustain long term recovery support for individuals and families impacted by substance use disorders.

PROGRESS GOAL #4

July 2011 Update

Objective 1: The CLT will continue to meet to plan for and implement the full continuum of ROSC services. A brochure has been created and some of the supplemental year end ADAA funding was allocated for ROSC P. R materials. Dorothy Moore and Catherine McAlpine have been co-facilitators of the CLT.

Objective 2: Dr. McAlpine has been and will continue to be the lead for Montgomery County for ROSC. Montgomery County will continue to collaborate with IGSR to provide training in Continuing Care and SMART modules. Linda Lochner will take over for Kathy Lunsford to work with the OAS-IOP staff re the Continuing Care components of ROSC.

GOAL 4 Performance Target: The City of Gaithersburg, Maryland Treatment Centers and Adventist Behavioral Health will continue to collaborate with the CLT on providing community education and outreach for families and other impacted by the surge in opiate abuse by youth and young adults. Specifics have not been defined.

July 2011 Update:

On-going funding and support is needed to maintain and achieve the objectives in Goal #4:

CITATIONS

ANALYSIS OF JURISDICTIONAL NEEDS

¹ U.S. Census Bureau, State and County QuickFacts, <http://quickfacts.census.gov/qfd/states/24/24031.html>

2006 Maryland Statistical Handbook, MD Dept. of Planning, May 2007, pg. 11

² Leadership to Keep Children Alcohol Free, <http://www.alcoholfreechildren.org/en/stats/family.cfm>

³ ADAA Adolescent & Adult Outlook & Outcomes 2010 Annual Reports – http://www.maryland-adaa.org/content_documents/OandO/adol030911.pdf
http://www.maryland-adaa.org/content_documents/OandO/FY10OandO.pdf

⁴ Statewide Epidemiology Workgroup – March 15, 2011.
http://www.maryland-adaa.org/content_documents/MSPF/SEOW031411.ppt

⁵ National Alliance to End Homelessness, Research Reports on Homelessness, Homelessness Counts, January 2007, Pages 26-27. <http://www.endhomelessness.org/content/general/detail/1440>