

***Talbot County Drug and Alcohol Abuse Council***  
***2012-2014 Plan***  
***Drug and Alcohol Prevention, Intervention, and Treatment***

**Vision:** A safe and drug free Talbot County

**Mission:** To reduce the incidence and prevalence of alcohol and drug abuse and its consequences to affected individuals, their families, and all Talbot County residents.

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**Goal 1: Reduce the incidence and prevalence of alcohol and other drug abuse and its consequences to affected individuals, their families, and all Talbot County residents**

The rates of substance abuse among youth in Talbot County are among the highest in the state. The 2007 *Maryland Adolescent Survey (MAS)* conducted by the Maryland State Department of Education shows that youth in Talbot county drink at much higher rates than in the state; for instance, 33.5 percent of Talbot 10<sup>th</sup> graders and 53.3 percent of 12<sup>th</sup> graders report consuming beer or wine coolers in the last 30 days, compared to 27.8 and 42.2 percent in the state. The extent of binge drinking in Talbot County corresponds with the high rates of alcohol usage; 11.0 percent of 8<sup>th</sup> graders, 23.9 percent of 10<sup>th</sup> graders, and 47.9 percent of 12<sup>th</sup> graders report consuming five or more drinks on one occasion during the last 30 days.

The rate of adolescent admissions to Maryland alcohol and addictions treatment programs for Talbot County youth is the second highest in the state (source: Maryland Alcohol and Addictions Program: Outlook and Outcomes).

**Objective 1:** Utilize evidence-based environmental strategies to change societal acceptance, norms and expectations surrounding underage drinking and other drug abuse.

**Performance Target:**

- Number of drug-free events publicized in the community
- Number of juvenile arrests for underage drinking and other drugs - note that decreased police staffing (elimination of sworn personnel by Council) will decrease number of arrests that can be made. MSP staff reductions as well.
- Improvement in data on the number of 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders who use alcohol and other drugs

**Objective 2:** Decrease availability of alcohol and other drugs by implementing policies and laws to decrease youth access to alcohol and other drugs and/or provide consequences for delinquent behavior.

**Performance Target:**

- Record of new policies or laws
- Increase in number of agencies involved in implementing new policies or laws

**Objective 3:** To support innovative programs to prevent and combat underage drinking and other drugs. Involve the youth of the community in both the problems and solutions.

**Performance Target:**

- Records of peer leadership/Youth Coalition activities
- Increase in number of youth participants
- Improvement in data on the number of 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders who use alcohol and other drugs.

**Objective 4:** Retaining a Teen Court program and Coordinator to provide an alternative disposition for up to 60 juveniles per year who have committed a delinquent act, have committed a minor offense or have been charged with a misdemeanor, and are otherwise eligible for diversion. Also, expose youthful offenders to an educational and realistic experience in a courtroom environment.

**Performance Target:**

- A recidivism rate of less than 13%.
- Increase in percent of youth completing their sanctions.
- Maintaining or increasing percentage of parents surveyed who felt that their child learned a valuable lesson from participating in Teen Court.

Note that reduced police staffing could affect this goal – fewer police officers, fewer arrests, etc.

**Objective 5:** Educate parents and the general public about the detrimental effects of alcohol and other drugs on the developing brain.

**Performance Target:**

- Number of articles, editorials, public advertisements educating the public on the dangers of underage drinking and other drugs.
- Improvement in data on the number of 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders who use alcohol and other drugs.

**Objective 6:** Obtain updated statistics on substance abuse in Talbot County and outcomes of implemented strategies.

**Performance Target:**

- Annual surveys and evaluations

**Estimated Dollar Amount needed to achieve goal:** Obtained initial SPF grant

## **January 2012 Update:**

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**Objective #1** The Sherriff's Department have had a further reduction of police personnel, and are more pessimistic through this loss of resource/performance that the target number/goals for persons entering into programs may actually be much less that previously indicated. They note that absent the police arrest process, the voluntary numbers of applicants/admissions may not meet the projected goals. The percent of applicants/admissions that are generated by the police vs. voluntary would be of interest. What source do most of these people come from? Their perspective indicates that the police agencies are the prime driver for these candidates.

**Objective #2** The County Council has enacted Liquor Code reforms which include an "accommodation formula" that must be met before the Liquor Board is allowed to issue new "off-Sale Licenses.

**Objective #3** – The Talbot County Youth Coalition continues to sponsor Youth events and programs and saw an increase level of participation at the end of 2011. Work continues on new SPF initiatives.

## **Goal 2: Enhancement of Talbot Circuit Problem Solving Court (CPSC)**

Our goal for 2010-2012 included the establishment of a Problem Solving Court to enhance public safety through close and frequent court-monitored substance abuse/mental health treatment coupled with responsive community supervision. A key feature was access to appropriate levels of treatment including in-patient.

## **July 2012 Update**

Our goal for 2013 includes further enhancement of the CPSC through the creation of the State's first Re-Entry Court program. The proposed re-entry program is the "next step" for the county's drug court programs, designed to complement the existing programs by providing a "system of offender accountability and support services" to offenders eligible for parole or mandatory release. The goal of the re-entry program is to ensure a safer, more successful transition from incarceration to our community by devising a program of graduated sanctions and incentives to influence productive adjustment. The members of the re-entry program will develop a personal aftercare and community supervision program for each eligible offender who participates. Participants will initially be placed in dedicated housing in the county's detention center, where intensive therapeutic treatment and counseling (including cognitive and behavioral therapies, health and mental health care) will be provided. The participant will gradually be re-integrated into the community on work-release and later, once

housing is secured, supervised release. Once placed on community supervised release, the participant will continue out-patient addiction and mental health therapy, if needed, and appear before the court for regular reviews. The re-entry program is anticipated to require an average of 18 months of participation.

### **January 2012 Update:**

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The Problem Solving Court is making progress on, but continues to develop another key feature of this goal: the imposition of swift and certain sanctions balanced with effective contingency management principles

Another key feature of this goal was the imposition of swift and certain sanctions balanced with effective contingency management principles.

### **January 2012 Update:**

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~~This new Circuit Problem Solving Court now includes five target populations: 1) Probationary Condition and 2) Violation of Probation are both referral sources for non-violent adult offenders with habitual substance dependence and/or serious mental health problems who live in Talbot County; 3) CINA and Family Law are referral sources for Talbot County child-welfare families with substance dependence and/or serious mental health problems and current high-risk Family Court cases that may or may not be CINA, who voluntarily agree to participate; and 4) Re-entry referrals for non-violent and violent adult offenders with habitual substance dependence and/or serious mental health problems who are being released to Talbot County from the State Department of Public Safety and Correctional Services or the local detention center. Our fifth (5) and final population is non-violent juvenile respondents who are addicted to an illegal drug or alcohol.~~

Our first specific goal for 2013- 2014 is to add a sixth and a new element to our Problem Solving Court—a Truancy Reduction Court program. We have already been successful in having legislation passed by the Maryland General Assembly and signed by our Governor to allow such a program. We will now need to develop policies, protocols, forms and related procedures to bring this program to a reality in the fall of 2011.

### **January 2012 Update:**

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Legislation passed by the General Assembly and signed by the Governor authorized the program. Policies, protocols, forms and related procedures were developed during the summer and fall of 2011 and our detailed plan was approved by the Court of Appeals on December 15, 2011.

Our Truancy Court will be designed as a proactive intervention rather than a punitive reaction. The court will attempt to assist families in identifying and addressing the underlying root causes of truancy issues while maintaining its ability to enforce compliance with the conditions spelled out in the disposition of each case. The court will not be the provider of services; however, it may stipulate conditions,

services, and compliance standards for the family and/or child. A considerable amount of time and energy has been dedicated to begin building partnerships and infrastructure within the community. These partnerships will assist the court and families with a variety of issues. Our second specific goal for 2013-2014 is to increase the number of participants in our Juvenile Drug Court program.

**Note that fewer police on patrol will decrease the number of arrests and the potential for persons to be placed in these programs.**

**Referrals for these programs may have to be increased from other sources with existing clients – JSA/P&P, etc. Impact of fewer police may not generate new numbers in to the existing system/continuum.**

**Objective 1:** Our objective is that targeted students in our truancy court will increase their attendance and experience lower drop out rates than non-participants.

- Targeted students in our truancy court will increase their attendance by 50% over baseline entry rates and that 10% or less of targeted students will drop out of school during that specific school year.

**Objective 2:** Refer participants with mental health needs to appropriate services while under truancy court supervision.

- 100% of participants needing mental health counseling will be referred to mental health treatment.
- 75% of participants will attend mental health treatment at greater frequency than they attended before being admitted to truancy court.

**Objective 3:** Our last objective for truancy court participants is to see that their grades are improved while in the program so that they can pass on to the next grade level.

- 75% of targeted students in our truancy court will increase their grades at the conclusion of truancy court than compared to their grades prior to being admitted to truancy court.

**Objective 4:** The number of participants in our Juvenile Drug Court Program will increase.

Reduced police staffing/ability to make arrests will impact this issue.

- The total number of juveniles enrolled in our Juvenile Drug Court will increase by 20% by the end of FY 2013 and by an additional 20% by the end of FY 2014.
- The Juvenile Drug Court staffing team will examine strategies to
  - Involve youth over 18 years of age into a shorter, modified drug court program.
  - Increase the use of pre-dispositional sentences in the program.
  - Increase the use of juvenile drug court as aftercare plan for youth returning from inpatient treatment.

**Goal 3: Maintain a program to engage and retain patients in treatment and link them with services and supports that make it more likely that they will sustain their recovery.**

**Objective 1:** Reactivate, redesign and train, as needed, a steering committee of professional and recovering people (“Change Team”) to assess recovery services in Talbot County and develop a change plan that addresses areas of need.

**Performance Target:**

- Revisit composition of the Change Team by October 1, 2011, including both professional and recovering participants.
- New Change Team will meet by January 15, 2012
- Identify training needs of Change Team members and obtain training through OETAS course training by December 31, 2011
- **January 2012 Update:**

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This objective has not been met. Budget cuts resulted in moving the program back to the Health Department in late August. This move coupled with staffing changes has necessitated pushing this objective back. Will plan to revisit at end of this fiscal year.

**Objective 2:** Promote the voluntary continuing care program at the Talbot County Addictions Program in order to maintain contact with, and assist, individuals – post treatment – who wish to maintain an ongoing relationship with their counselor for support. This contact will help identify and resolve developing problems or barriers that increase the risk for relapse and allow rapid reengagement in treatment services, if necessary.

**Performance Target:**

- Review program policy and procedure for continuing care, consistent with the Continuing Care Practice Principles provided by the Maryland Alcohol and Drug Abuse Administration in July 2010, by September 1, 2011. Determine program guidelines for eligibility (dependent vs. abuser) and resolve potential problem areas (voluntary participation vs. required reporting to DPP, etc.)
- Monitor implementation of the Continuing Care program on an ongoing basis.

**Objective 3** Advocate for the development of recovery support services that are currently lacking in the jurisdiction in collaboration with the ATR coordinator.

- Participate in regional planning to identify gaps in services and potential providers.  
Ongoing
- Continue to prioritize needed recovery support services and incorporate into community planning to generate support for funding. Ongoing

## July 2012 Update

### **Objective 4 Decrease substance abuse of offenders reentering the community.**

#### **Performance Target:**

- 55% of participants will successfully complete substance abuse treatment
- 100% of participants will be referred to substance abuse treatment
- 100% of participants will receive an addictions assessment within 30 days of entrance to the program
- 100% of participants will have their first substance abuse treatment session scheduled within 10 days of their assessment
- 75% of participants receiving substance abuse treatment will reduce the frequency of alcohol and other drug use
- 100% of program graduates will have completed a sobriety aftercare plan

#### **Measures:**

- Number of offenders who complete substance abuse treatment successfully
- Number of offenders who are referred to substance abuse treatment
- Number of days for each offender to receive an addictions assessment after acceptance into the program
- Number of days between assessment completion and the first scheduled treatment session
- Number of positive urinalysis tests vs. the number of tests conducted
- Number of sobriety aftercare plans completed

**Objective 5 Refer offenders with major mental illnesses (e.g., Bipolar Disorder, Major Depressive Disorder, Schizophrenia, Schizoaffective Disorder, and other Disorders) as assessed to appropriate services while under probationary supervision.**

**Performance Target:**

- 100% of participants with Major Mental Illnesses will be referred to mental health treatment
- Participants with a Major Mental Illness will have a 25% reduction in the number of days spent in jail
- Participants with a Major Mental Illness will have a 25% reduction in the number of days spent in the psychiatric hospital
- Participants will have 60% compliance with Mental Health appointments
- 10% reduction in recidivism risk as measured by the Level of Services Inventory- Revised (LSI-R)

**Measures:**

- Number of participants with Major Mental Illnesses engaged in Mental Health Treatment
- Comparison of number of days in jail 1 year prior to number of days in jail while involved in CPSC
- Comparison of number of days in psychiatric hospital 1 year prior to number of days in psychiatric hospital while involved in CPSC
- Number of Mental Health appointments scheduled compared with number attended per participant
- Level of Services Inventory- Revised (LSI-R)

**Objective 6 Increase public safety by reducing recidivism for reentry participants(criminal referrals only)**

**Performance Targets:**

- No more than 15% of the participants will be rearrested while in the program
- 55% of participants will successfully graduate from the program

**Measures:**

- Number of re-arrests of participants in the program (broken down by referral source)
- Number of program graduates

**Objective 7 Help reentry court participants to lead healthier, more productive lives**

**Performance Targets:**

- 100% of non-disabled participants will be employed at least 30 hours per week upon program graduation
- 100% of program graduates will have had a physical examination and health assessment
- 100% of program graduates will have paid in full all outstanding fines, court costs, or restitution.
- 100% of participants without a high school diploma or GED will receive an educational assessment through Board of Education

- 100% of participants, where necessary, will be referred to appropriate life skills programs for comprehensive and integrated wrap around services.
- 100% of participants who are unemployed will be referred to job placement counseling.
- 100% of participants who are homeless will be referred to housing resources (Neighborhood Service Center, Department of Social Service, etc.)

**Measures:**

- Number of program graduates employed at least 30 hours per week
- Number of program graduates who receive a physical examination and health assessment
- Number of program graduates who have paid all fines/courts costs/restitution
- Number of participants who entered the program without a high school diploma or GED that received an educational assessment
- Number of participants who successfully find employment
- Number of offenders who are still employed 12 months after release from local detention or DOC
- Number of participants who successfully find housing
- Number of participants referred to life skills or case management program.

**January 2012 Update:**

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New funding has been received from ADAA and recruitment is in progress to hire a care coordinator for providing services to individuals who are returning to the community from residential placement. This is a work in progress. Local and regionals meetings are being held with the state to address implementation

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**Local Survey of Resources Matrix  
Format for FY12-14**

1) Entity	2) Program Name	3) Function/ Mission/Description	4) Target Population	5) Category of Service (Specific or Related)	6) Activity type (prevention, intervention or treatment)	7) Funding Source (Federal, State, Local, or Private)	8) Funding amount budgeted for (FY12)
Talbot County Health Department	Prevention Office	Prevention of Alcohol, Tobacco, and other Drug Abuse	Youth Families	Prevention	Prevention	ADAA – (F841N)	\$79,037
Talbot County Health Department	Prevention Office	Prevention of Alcohol Abuse	Community	Prevention	Prevention	ADAA (SPF)	\$66,950
Talbot County Health Department	Prevention Office	Tobacco Prevention	Youth Families Communities	Prevention Intervention Training	Prevention	DHMH – CRF	\$83,717

Maryland Highway Safety Office	Highway Safety Program	Prevent drunk driving and alcohol sales to minors	General Population	Prevention Intervention	Prevention	DOT	\$20,000*
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\* The Highway Safety Program will be regionalized in FY2012. Three counties will be represented by one coordinator and will no longer be under the supervision of the Health Department.

### Local Survey of Resources Matrix Format for FY12-14

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Talbot County Circuit Court and District Courts	Talbot County Problem Solving Court	Reduce alcohol and other substance use rates among program participants and increase public safety.	Addicted Juveniles residing in Talbot County	Substance Abuse/Mental Treatment, testing, incentives, art therapy services, education, housing, case management, reentry planning	Intervention and treatment	State and Federal	<del>\$111,500</del> <del>16,000</del> 0(AOC) \$55,000 (GOCCP) DJS- \$50,000 \$46,437 (ADAA)

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Talbot County Teen Court	Teen Court	Diversion from the legal system for first-offenders	Adolescent, first offenders with citations (alcohol) or referrals (CDS)	Intervention - Youth	Intervention	Grant - GOCCP	Funding unsure – estimated at \$7,000
Talbot Partnership	Enforcing Underage Drinking Laws	Decrease availability of alcohol to youth & increase	Youth	Prevention	Prevention	Grant – GOCCP	Funding unsure – estimated at \$18,000

		enforcement					
Talbot Partnership	Tobacco Prevention Youth Community Action Project	Tobacco Prevention	Youth	Prevention – Youth Coalition	Prevention	DHMH	\$6,500
Talbot Partnership	Community Coalition for Substance Abuse Prevention	Substance Abuse prevention	All Talbot County	Environmental Prevention	Prevention	Local	\$43,000

Local Survey of Resources Matrix  
Format for FY 12-14

1) Entity	2) Program Name	3) Function/ Mission	4) Target Population	5) Category of Service (Specific or Related)	6) Activity type (prevention, intervention, or treatment)	7) Funding Source	8) Funding amount (FY09)
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LHD Addictions	TCHD Addiction Program	Outpt. D&A treatment and inpt. referral	Adolescents and Adults	Treatment		ADAA	\$673,418 <sup>1</sup> \$76800 local funding
LHD Addictions	Substance Treatment & Recovery (STAR)	D&A treatment in detention center	Inmates at TC Detention Center	Treatment		ADAA	\$63,427
DSS/LHD Addictions	TCA Specialist	Screen for substance abuse & refer	TCA Applicants	Intervention		DHR/ADAA	\$58,738

Funding previously reported by the Local Management Board and Talbot County Public Schools is no longer available.

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<sup>1</sup> Includes \$5000 to underwrite the Local Drug and Alcohol Council (LDAAC). .