
CECIL COUNTY DRUG AND ALCOHOL COUNCIL

PLANS, STRATEGIES AND PRIORITIES FOR MEETING THE IDENTIFIED NEEDS OF THE GENERAL PUBLIC AND THE CRIMINAL JUSTICE SYSTEM FOR ALCOHOL AND DRUG ABUSE EVALUATION, PREVENTION, AND TREATMENT

JULY 1, 2009 THROUGH JUNE 30, 2011

Submitted on July 1, 2009;

Updated January 18, 2011

VISION:

A community free from substance abuse and dependence.

MISSION:

To reduce substance abuse and dependence and related consequences through development and implementation of an integrated and comprehensive prevention, early-intervention and treatment service system which meets the needs of the general public and the criminal justice system.

DATA DRIVEN ANALYSIS OF JURISDICTIONAL NEEDS:

In 2009, a large number of Cecil County residents reported that they were “very concerned” about their children using alcohol (46.8%) or drugs (50.3%).¹ These concerns were substantiated by data collected in the 2006 Maryland Behavioral Risk Factor Surveillance Survey which showed that, among Maryland jurisdictions, Cecil County has the 3rd highest number of residents reporting binge drinking. Further, over 25% of Cecil County households with children have reported the presence of at least one binge drinking adult annually.²

Similarly, illicit drug use in the county ranks among the highest in the state of Maryland. The average number of people reporting current illicit drug abuse or dependence in Cecil County (4.4%) exceeds the state average (2.88%)³ and 29.1% of young adults, aged 18 to 24, report a history of illegal drug use.⁴ The 23 drug-related deaths in Cecil County in 2006 accounted for 3% of all deaths

1 The Cecil County Community Health Survey 2009 Report. Cecil County Health Department, Elkton, Maryland, May 2010.

2 Maryland Behavioral Risk Factor Surveillance System, 2009.

3 Maryland Epidemiological Profile: Consequences of Illicit Drug Use, Alcohol Abuse, and Smoking. The Alcohol and Drug Abuse Administration and the Center for Substance Abuse Research, University of Maryland, College Park, March 14, 2008.

4 The Cecil County Community Health Survey 2009 Report, op. cit.

in the county that year. The only jurisdiction in Maryland with a higher percentage of deaths attributed to illicit drug use was Baltimore City. Similarly, Cecil County has the **2nd** highest drug-induced death rate in Maryland at a rate of **23.1** per 100,000 fatalities. Cecil County also ranks high among Maryland jurisdictions in other consequences of illicit drug use: the rate of drug-related burglaries in Cecil County was **266.3** per 100,000 population (the **6th** highest in Maryland), and the rate of drug-related motor vehicle thefts in Cecil County was **22.1** per 100,000 population (**5th** highest in Maryland). The rate of drug-related public school suspensions in Cecil County is the 8th highest in the state of Maryland (**359.3** per 100,000 students).⁵

Reducing substance abuse and related consequences, and preventing the onset and escalation of substance use by adolescents are critical goals for the Cecil County community. The strategic plan identified below is the result of work from the Cecil County Drug and Alcohol Council, a local group of concerned community members and service providers. The plan, developed by the local group, identifies the service needs of the general public and the criminal justice system, and is in response to the Council's review of available federal, state, local, and private funds used for evaluation, prevention, and treatment services. Successfully implementing the following plan is contingent upon receiving sufficient funding.

GOALS:

The goals of the jurisdictional plan for Cecil County are:

- 1) Establish an accessible and integrated continuum of substance abuse treatment services for adult residents of Cecil County.
- 2) Establish and enhance resources and programs to address the substance abuse concerns among individuals referred by the criminal justice system.
- 3) Establish an accessible and integrated continuum of substance abuse prevention, intervention and treatment services for the adolescents and their families of Cecil County.
- 4) Educate and assist families in Cecil County to live healthy and drug free lives.
- 5) Decrease perceived obstacles to prevention and treatment programs.
- 6) Develop a recovery-oriented systems approach that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustaining health, wellness, and recovery from alcohol and drug problems.

⁵ Maryland Epidemiological Profile, op. cit.

Objectives, Action Plan, Actual Outputs:

GOAL 1: Establish an accessible and integrated continuum of substance abuse treatment services for adult residents of Cecil County.

Objective A: Improve access to residential treatment services.

Objective B: Increase capacity to treat co-occurring disorders.

Objective C: Improve transitional housing services for individuals in need of ongoing long-term substance abuse care.

Objective D: Implement an emergency room diversion program for individuals experiencing mental health crises with or without coexisting substance abuse concerns.

Objective E: Increase the availability of buprenorphine and methadone treatments for persons addicted to opioids.

Performance Target: Increase the quality and quantity of treatment modalities accessible to Cecil County residents.

Estimated Dollar Amount Needed to Achieve Goal: \$750,000.00

January 2010 Update: On October 1, 2009, mental health and co-occurring behavioral health services within the jurisdiction were enhanced by the implementation of Telepsychiatry. Funding for Telepsychiatry was provided through the Cecil County Mental Health Core Service Agency, and developed in partnership with the University of Maryland Psychiatry Associates. Family Services Inc., and the Alcohol and Drug Recovery Center (ADRC) of the Cecil County Health Department are utilizing Telepsychiatry.

On November 23, 2009, a new supportive transitional housing program, New Horizons, initiated operations within the jurisdiction. Capacity for the program is 16 residents.

During the first six months of FY10, the ADAA Buprenorphine Initiative funded Suboxone medication for 15 Cecil County residents.

July 2010 Update: During FY10, county residents who met criteria for, and requested detoxification services from the ADRC gained access to detox/residential treatment within 24 hours. The jurisdiction's purchase of care program (funded by Cigarette Restitution Funds) supported 468 days of residential treatment for 92 clients.

GOAL 2: Establish and enhance resources and programs to address the substance abuse concerns among individuals referred by the criminal justice system.

Objective A: Enhance and expand the Adult Drug Treatment Court Program within the Circuit Court for Cecil County.

Objective B: Expand treatment and re-entry aftercare programs for residents of the Cecil County Detention Center and the Community Adult Rehabilitation Center.

Objective C: Increase treatment capacity for clients referred through the criminal justice system.

Objective D: Expand utilization of a victim impact panels for DUI offenders.

Performance Target: Improve substance-abuse related resources for individuals involved with the criminal justice system.

Estimated Dollar Amount Needed to Achieve Goal: \$350,000.00

January 2010 Update: On November 18, 2009, the jurisdiction enhanced re-entry services with the initiation of a treatment group dedicated for those inmates recently released from incarceration. The specialized group at the ADRC provides patients who received treatment in jail, the opportunity for uninterrupted care as they transition back into the community. The program focuses on helping these individuals cope with the psychological, sociological and economic challenges associated with re-entry.

As of January 15, 2009, Sixty-five participants were enrolled in the jurisdictions adjudicated adult drug treatment court. Within the program, the judiciary, prosecution, defense, probation, law enforcement, and treatment communities work

together to reduce substance abuse and improve behavioral health. Studies continue to prove the efficacy of drug courts.

July 2010 Update: On July 1, 2010, sixty-one participants were enrolled in the jurisdictions adjudicated adult drug treatment court. Active drug court participants who completed outpatient treatment engaged in ongoing recovery support via one-on-one aftercare contact with the drug court substance abuse counselor.

January 2010 Update: On January 18, 2011, forty-five participants were enrolled in the jurisdictions adjudicated adult drug treatment court.

GOAL 3: Establish an accessible and integrated continuum of substance abuse prevention, intervention and treatment services for the adolescents and their families of Cecil County.

Objective A: Improve access for adolescents and families to residential treatment services.

Objective B: Expand evidenced-based counseling and case management services for the families of at-risk children and adolescents.

Objective C: Extend the benefits of the drug court treatment model to adolescent offenders and their families.

Objective D: Expand adolescent offender participation in criminal justice diversion programs and neighborhood youth panels.

Objective E: Raise awareness about consequences of drug use among youth in Cecil County

Objective F: Increase the number of Cecil County youth who participate in evidenced-based prevention and early-intervention programs.

Performance Target: Increase the number of adolescents accessing integrated prevention, intervention and treatment services.

Estimated Dollar Amount Needed to Achieve Goal: \$500,000.00

January 2010 Update: The Cecil County Prevention Coordinator joined other coordinators from Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties, and the University of Maryland Eastern Shore ATOD Prevention Center, to create the Eastern Shore Media Campaign for Fall 2009. The group identified and accessed funds to expand the campaign on underage drinking and worked with Comcast to develop professional Public Service Announcements to address prevention needs of Cecil County and the Eastern Shore.

The Cecil County Commissioners Office obtained funding to continue and expand the Neighborhood Youth Panel for two additional years. The program serves first time adolescent offenders arrested for shoplifting, smoking and/or underage drinking.

July 2010 Update: Four Cecil County Public High Schools participated in "Get Dry, Stay Sober, Play Safe" activity during graduation. The presentation reached 949 High School Seniors, and focused on the State of Maryland Zero Tolerance Law. Seniors received a beach towel with an anti-alcohol message to serve as a reminder to "Get Dry, Stay Sober, Play Safe."

January 2011 Update: In October 2010, the ADRC placed an Addictions Outreach Counselor within the offices of the Cecil County Department of Social Services (DSS). The initiative was facilitated by a new Promoting Safe and Stable Families grant from the Maryland Department of Human Resources and the federal Department of Health and Human Services. The Outreach Counselor provides assistance to Child Protective Service (CPS) investigators, Foster Care personnel and other DSS workers. Acting as a liaison between DSS and substance abuse treatment providers, the Outreach Counselor accompanies DSS staff into the field and provides consultation and on-site/in-home screening for substance abuse. Based on screening information, the Counselor connects parents and other family members to treatment, facilitates addiction recovery/aftercare coaching, and helps guide placement, reunification, and permanency planning for at-risk children.

GOAL 4: Educate and assist families in Cecil County to live healthy and drug free lives.

Objective A: Utilize multi-media initiatives to change individual and community norms.

Objective B: Increase the percentage of healthcare providers who routinely screen for substance abuse, and refer for further assessment/treatment those patients at-risk.

Performance Target: Reduce the prevalence of high risk substance abusing behaviors among residents as indicated by Cecil County Community Health Survey and Maryland Adolescent Survey.

Estimated Dollar Amount Needed to Achieve Goal: \$100,000.00

July 2010 Update: Current use of street drugs, acute alcohol use, and drinking and driving behavior decreased in Cecil County between 2004 and 2009, accordingly to the Cecil County Community Health Survey (published February 2010). Use of street drugs during the last six months decreased from 3.7% of the population in 2004, to 2.3% in 2009. Alcohol use decreased from 14.5% of the population in 2004, to 13.5% in 2009. Self-reported drinking and driving behavior decreased from 3.1% of the population in 2004, to 2.2% in 2009. Cigarette smoking increased slightly from 20.7% in 2004, to 21.7% in 2009, according to the survey.

GOAL 5: Decrease perceived obstacles to prevention, early-intervention and treatment programs.

Objective A: Establish new transportation resources for Cecil County residents seeking prevention, early-intervention and treatment services.

Objective B: Evaluate viable locations for new satellite community-based programming.

Objective C: Improve services for non-English speaking community members.

Performance Target: Increased attendance and participation of those community members in need of services.

Estimated Dollar Amount Needed to Achieve Goal: \$350,000.00

January 2010 Update: The Elkton Treatment Center announced plans to expand their community-based services and establish an additional office location within the jurisdiction.

GOAL 6: Sustain a recovery-oriented systems approach that build on the strengths and resilience of individuals, families, and communities to take responsibility for sustaining health, wellness, and recovery from alcohol and drug problems.

Objective A: Develop a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery

Objective B: Develop an ongoing process of systems-improvement that incorporates the experiences of those in recovery and their family members

Objective C: Coordinate with multiple systems to develop responsive, outcomes-driven approaches to care.

Performance Target: Increased responsiveness to clients.

Estimated Dollar Amount Needed to Achieve Goal: Undetermined

July 2010 Update: During FY10, two treatment providers within the jurisdiction, (Haven House Inc., and the ADRC) completed Recovery Oriented Systems of Care (ROSC) Program Self-Assessments. The assessments surveyed strengths, gaps, readiness, and capabilities for further adoption of ROSC principles.
