



BLUE RIBBON COMMISSION  
REPORT to the  
TALBOT COUNTY COUNCIL

Tuesday, September 11, 2007

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Prepared by the Blue Ribbon Commission, with staff assistance from Talbot Partnership for Alcohol and Other Drug Abuse Prevention

# Blue Ribbon Commission Report

## Executive Summary

### ○ Background

The 2004 *Maryland Adolescent Survey (MAS)* conducted by the Maryland State Department of Education provided a wake-up call about the prevalence and acceptability of alcohol, tobacco and other drug abuse among youth in Talbot County. The rates of substance abuse for Talbot County youth are among the highest in the state. Adolescent admissions to Maryland alcohol and addictions treatment programs for Talbot County youth are the second highest in the state. Talbot youth confirm that it is easy for local teens to get and use tobacco, alcohol and other drugs.

### ○ The Blue Ribbon Commission

In the spring of 2006 the Talbot County Council appointed 15 leaders representing a cross-section of the community to a panel known as the Blue Ribbon Commission (BRC). The BRC was tasked with reviewing data on high local rates of substance abuse, and recommending a community-wide plan of action for reducing those rates. The Commission worked with consultant Jane Callahan of the Community Anti-Drug Coalitions of America (CADCA). Monthly meetings were held from July 2006 to June 2007. This report is the culmination of the Commission's efforts.

The BRC data analysis led the Commission to conclude that "Talbot County has a growing substance abuse and addictions problem" *not* limited to its youth. Talbot County adults are also at high risk for substance abuse, as indicated by per capita consumption of alcohol, per capita number of facilities licensed to sell alcohol, and hospital inpatient discharge rates for alcohol-related diagnoses. The BRC identified three root causes for the substance abuse problem: 1) our community culture accepts substance abuse; 2) interventions for substance abuse occur too late; and 3) drugs and alcohol are too easy to obtain at home and in the community.

From January to May of 2007, key stakeholders from education, health and human services, law enforcement, the judicial system, business, the Liquor Board, media and recreation met with the BRC to answer questions and present suggestions. The Commission developed a list of 34 interventions to address the root causes and selected thirteen interventions with which to begin. These interventions are shown with their expected short, medium, and long-range results in the Logic Model on pages 8 and 9.

### ○ Interventions, Action Plans and Evaluation Plans

The prioritized interventions cover:

- increasing parent education when children enter middle and high school;
- increasing the ability of service providers to intervene earlier and refer for substance abuse services throughout healthcare and human services, education, workplace, youth-serving, religious and other community systems;
- strengthening enforcement of the Talbot County Liquor Code;
- increasing saturation patrols to reduce impaired driving;
- increasing the targeting and dispersing of underage alcohol/drug parties;

- improving the ability of businesses to report fake IDs;
- improving access to higher intensity drug treatment; and
- expanding drug courts to full capacity.

In addition to the prioritized interventions, the BRC recommended:

1) developing an annual Community Report Card on substance abuse; 2) gathering additional data on youth behavior; and 3) advocating on a state-wide basis for three types of policy changes: a) suspending, revoking or delaying drivers' licenses as a consequence of underage drinking or drug abuse; b) informing schools of youth substance abuse violations; and c) raising state alcohol taxes.

The BRC report contains Action and Evaluation Plans for each of the thirteen prioritized interventions. The Action Plan shows which local organizations hold primary responsibility, and what needs to be done to enact the intervention; the Evaluation Plan provides means of measuring achievement of the short, medium and long-term results for each intervention. The Appendix contains a list of the other eighteen recommended interventions, which will be refined and implemented over time.

## ○ Sustainability

The BRC Action Plan spreads responsibilities across various segments of the community. The plan has financial commitment from the Talbot Family Network and the Talbot Partnership as well as built-in revenue generation. The momentum created by the work of the BRC has already led to the implementation of a number of the prioritized interventions.

The BRC recommends that the Talbot County Council appoint an oversight committee comprised of Talbot County citizens and agency staff. The oversight committee would work in conjunction with the Talbot County Drug and Alcohol Council, the Local Management Board/Talbot Family Network and the Talbot Partnership Surveillance Network to monitor county prevention and treatment initiatives, implement the BRC Evaluation Plan, and publish the annual Report Card.

# BLUE RIBBON COMMISSION REPORT TO TALBOT COUNTY COUNCIL

## ○ Community History

The citizens and organizations of Talbot County have been involved in sustained substance abuse prevention for several decades. In 1985 the Talbot County Health Department received state funding for a part-time prevention coordinator who worked with a wide range of programs including improvisational theatre to educate youth on health issues, and peer refusal curricula. In this time frame health activists instituted Student Assistance Program teams in local schools for early identification, intervention, education, and referrals to treatment. The Health Department underwrote preparation of a federal grant application that funded the birth of Talbot Partnership for Alcohol and Other Drug Abuse Prevention (Talbot Partnership) in 1991. Talbot Partnership became a not-for-profit 501(c) 3 corporation in 1996.

One of the key factors in community substance abuse and prevention history in the last two decades is the creation of policies affecting the availability of tobacco and alcohol products to youth. The Talbot County Council has the authority to modify local alcohol regulations, unlike all other jurisdictions in the state. Over time, laws permitting wait staff as young as 14 years old to serve alcohol were amended to require servers to be at least age 18, and drive-through and home delivery services to facilitate the sale of alcohol were prohibited. The Talbot County Council instituted product placement laws to regulate access to tobacco products and banned smoking in public venues well before State regulations codified clean indoor air. However, in contrast to such policies that limit the easy availability of alcohol and tobacco, the Talbot County Liquor Code permits the sale of alcoholic beverages at supermarkets, gas stations, pharmacies and convenience stores.

Finally, Talbot County's recreational culture--in regard to substance abuse--ranges across socio-economic groups. There are permissive attitudes among some adults ("I drank and smoked in high school and I'm okay"), and reluctance among others to intervene when youth and adults make choices that place themselves and the community at risk.

## ○ Needs Assessment

The 2004 *Maryland Adolescent Survey (MAS)* conducted by the Maryland State Department of Education provided disturbing data about the prevalence and acceptability of tobacco, alcohol and other drug use among youth in Talbot County. Thirty percent of Talbot 8<sup>th</sup> graders and 55 percent of 10<sup>th</sup> graders reported consuming alcohol during the past 30 days; 10 percent of 8<sup>th</sup> graders and 32 percent of 10<sup>th</sup> graders reported using marijuana in the past 30 days. The rates of substance abuse among youth in Talbot County are among the highest in the state. 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).

A summary of focus groups conducted in April 2006 with 180 Talbot County high school students grades 8 through 12 confirmed that teens themselves believe a serious substance abuse problem exists in their peer group. Several of them noted that the *MAS* data was "realistic," and reflected that it is very easy for local teens to get and to use tobacco, alcohol and other drugs.

Students responded consistently to questions concerning how teens obtain tobacco and alcohol: from one's parents, from older friends and siblings, and from strangers in parking lots willing to accommodate their requests to purchase alcohol. For students in the 8<sup>th</sup> grade, marijuana is most often bought from their peers, older friends and siblings. As students enter high school, more and more of them said that they obtain marijuana from friends and dealers.

Discussions concerning drinking and driving reflected no real conviction that either they or their friends would *stop* drinking and driving or stop riding with drinking drivers unless they themselves confronted alcohol-related death and disability in their families and communities. The majority of older students said that there are in essence no consequences for most teens caught driving under the influence; if they suffered real, legal consequences for their actions they would be less likely to do it again. Focus group students noted that "parents need to pay more attention" to what's going on and what their kids are doing.

It is not only the youth who are at risk in Talbot County. Adults are at high risk for substance abuse as well, as indicated by the following:

- Talbot County has the third highest per capita consumption of alcohol among the 24 jurisdictions in Maryland, following Cecil and Worcester Counties (source: Maryland Alcohol and Tobacco Tax Report 2005);
- Talbot County has the fourth highest hospital inpatient discharge rate for alcohol-related diagnoses among the 24 jurisdictions in the state (source: HSCRC Datasets)
- Talbot County has the sixth highest rate of admission to alcohol and addictions programs among the 24 jurisdictions in the state (source: Maryland Alcohol and Addictions Program: Outlook and Outcomes 2005);
- On average, 40 percent of the fatal crashes in Talbot County between 2001 and 2005 have involved an impaired driver (source: National Study Center/UMD); and
- For at least 30 years, Talbot County has had twice the number of facilities licensed to sell alcohol per capita as the average in the State of Maryland; Talbot has the fourth highest per capita number of facilities among the 24 jurisdictions in the state (source: Maryland Alcohol and Tobacco Tax Report 2005).

## ○ Resource Assessment

In 2006, Talbot Partnership conducted an analysis of community resources for the prevention of substance abuse. Resources were categorized as follow:

- The first category, **Norms Favoring Drug-free Youth**, reflects local events, activities, policies and a concerted public relations effort focused on changing the perception of substance use (i.e. that "everybody does it") to accurately communicate associated health, safety and other risks.
- Activities relative to **Decreasing Access to Underage Alcohol and Other Drugs** included enactment of county policies and more consistent enforcement of regulations governing alcohol and tobacco sales outlets, as well as some increased sanctions for failures to comply with the law.

- Resources to support **Families Setting Limits** include efforts to educate parents and to connect them with community resources, including a network of other concerned parents enforcing substance abuse prevention policies in their homes (Safe Homes).
- The category **Youth Making Healthy Choices** is comprised of activities for young people featuring educational, mentorship and substance abuse-free projects with which they can become involved. The list of resources in this category is the most extensive of any cited.
- The final group of resources, **Providing Interventions and Consequences**, includes system-wide intervention trainings, local treatment options and programs that refer offenders to specialized drug or teen court adjudication and follow-up.

The high rates of youth substance abuse occurred despite the existence of these resources. More and better tools were necessary to combat substance abuse.

### ○ Resource Expansion

The crisis in underage drinking and drug use recognized by the Talbot County Council and its appointment of the BRC resulted in the strengthening of a number of resources. Most are intervention and/or consequence related. In the local judicial system, for example, Juvenile Drug Court has been enhanced to serve more youth. The Juvenile Drug Court Steering Committee has instituted new protocols whereby youth referred to the Department of Juvenile Services are evaluated, tested and referred for drug abuse treatment within 24 hours. Two new adult courts are being initiated – Family Recovery Court and Violation of Probation Court.

The Talbot County Health Department is initiating Brief Intervention patient assessments and referrals, and the Talbot County Addictions Program (a program of Health Department) has received grants to reinstate an intensive outpatient addictions treatment program. Funding in the amounts of \$40,000 from the County Council and \$75,000 from the Maryland State Governor’s Office of Crime Control and Prevention made it possible for addicts to receive intensive local services for the first time since 2004. Further, public school-based mental health care providers will begin using a standard assessment tool during intake to screen students for substance use and make referrals to the addictions program. Also in the public school system, all youth participating in extracurricular activities will be co-signing, with their parents, prevention contracts. Elsewhere in the community, concerned liquor license holders are forming a local chapter of the Maryland Licensed Beverage Association to address the issue of proliferating alcohol availability. Finally, the Local Management Board, Talbot Family Network, has earmarked \$20,000 of monies received through the Governor’s Office for Children, and Talbot Partnership has earmarked \$16,619 of its funds (received from the Governor’s Office of Crime Control and Prevention through the Talbot Family Network), for up to three years to fund BRC-recommended intervention activities.

## ○ The Blue Ribbon Commission

On May 26, 2006 the Talbot County Council appointed a 15-member Blue Ribbon Commission (BRC) representing a cross-section of the community to review data on the high rates of substance abuse by local adolescents, and to recommend a plan of action for reducing rates of substance abuse. Members of the BRC are:

- Blenda Armistead, Parent, Chair;
- Chief Ben Blue, Easton Police;
- Judge Sidney Campen, Circuit Court;
- Vicki Cappa, Saints Peter & Paul Schools;
- Charlotta Denton, M.D.;
- W.W. (Buck) Duncan, Talbot Bank President;
- Gloria Farrare, Talbot County Board of Education;
- Kathy Foster, Talbot County Health Officer;
- Steven Harris, D.V.M., Parent;
- The Reverend Fentress Hickman;
- Sheriff Dallas Pope, Talbot County Sheriff's Office;
- Corey Pack, Parole & Probation;
- Sindy Reyes, Parent;
- Joseph Ross, Shore Health System CEO; and
- Robert Schmidt, Talbot County Public Schools.

The foregoing Commissioners worked with Jane Callahan of the Community Anti-Drug Coalitions of America (CADCA) at monthly meetings held from July 2006 through June 2007.

The Commission began by examining local data on the availability of alcohol and other drugs; usage rates among adolescents; hospital and treatment program admissions; and crimes related to alcohol and other drugs. This analysis led to the creation of a functional problem statement: **“Talbot County has a growing substance abuse and addictions problem”** *not* limited to its adolescents. The Commissioners identified three root causes for the Talbot County substance abuse problem: a community culture that is accepting of substance abuse, interventions for alcohol and other drug abuse that occur too late, and alcohol and other drugs that are too easy to obtain at home and in the community.

From January to May of 2007, key stakeholders from education, health and human services, law enforcement, the judicial system, business, the Liquor Board, media and recreation met with the BRC to answer questions and suggest strategies and activities. The Commission developed a list of thirty-four interventions to address the root causes.

BRC members and staff then participated in a planning retreat in June 2007 to prioritize interventions. Eighteen of the original thirty-four interventions were not selected for immediate attention; they are attached for reference in the Appendix at the end of this document. Three interventions will require advocacy for state-wide policy changes, and thirteen interventions were prioritized for action using criteria provided by Community Anti-Drug Coalitions of America, as shown in the Appendix.

The thirteen prioritized interventions are:

- Increase parent education about substance abuse risks and prevention during key school transitions (entering middle and entering high school);
- Strengthen participation of youth and parents in signing policies about substance abuse for all extracurricular activities, school and community;
- Increase saturation patrol to reduce impaired driving;
- Improve access to higher intensity treatment;
- Expand drug courts to serve maximum capacity;
- Increase Employee Assistance Programs and drug testing at work places;
- Increase ability of service providers to assist parents who ask for help, identify signs of substance abuse, and make referrals;
- Increase ability of health care providers to conduct Brief Interventions and referrals for substance abuse;
- Increase screening and referrals for substance use during the school-based mental health intake process;
- Increase full day comprehensive program options for the most troubled youth;
- Increase the targeting and dispersing of underage alcohol/drug parties;
- Improve the ability of businesses to report fake IDs; and
- Strengthen enforcement of the liquor laws by hiring a liquor inspector and codifying penalties for the illegal sale of alcohol by license holders.

In addition to the thirteen prioritized interventions, the BRC recommended two assessments: the development and annual dissemination of a Community Report Card to track key intervention data and surveying youth to learn more about where they obtain and where they use alcohol and other drugs. The BRC recommends advocating on a state-wide basis for three legislative changes: suspending, revoking or delaying drivers' licenses as a consequence of underage drinking and drug abuse; informing schools of youth substance abuse violations; and raising state alcohol taxes.

## ○ **The Logic Model and Interventions**

Using a planning tool, the logic model, endorsed by Community Anti-Drug Coalitions of America, the BRC and its staff worked to ensure that the interventions all flow directly from the identified problem statement and root causes; and further, that these interventions target specific short, medium and long term results that directly address problems and are measurable.

Following the Logic Model on pages 8 and 9 are recommended state-level changes the BRC encourages Talbot County organizations to promote. Also noted are the two further assessment recommendations.

**TALBOT COUNTY SUBSTANCE ABUSE PREVENTION LOGIC MODEL**

Problem Statement			Interventions	Results		
Problem	Why?	Why here?		Short term	Mid term	Long term
Talbot County has a growing substance abuse and addiction problem	Substance abuse is accepted	Adult tolerance	1. Increase parent education about substance abuse risks and prevention during key school transitions (entering middle and entering high school).	Increased number of parents of children in grades 5,6,8 and 9 who receive materials and attend meetings on guiding good choices	Families join Safe Homes; families safeguard their alcohol, tobacco, other drugs	Children perceive parental disapproval of substance abuse
			2. Strengthen participation of youth and parents in signing policies about substance abuse for all extracurricular activities, school and community.	Prevention contracts developed and implemented across systems	Youth and parents sign contracts for children's school and community extracurricular activities	Children perceive parents disapprove of substance abuse
			3. Increase saturation patrols.	Best practices developed and resources obtained	Frequent patrols and more arrests	Decrease in impaired crashes and fatalities
		Intervene too late	4. Improve access to higher intensity treatment.	Funding obtained from increased liquor license fees	45 patients/year in intensive outpatient program and 25 in residential treatment	More people complete treatment programs satisfactorily
			5. Expand drug courts to serve maximum capacity.	Increased number of youth, families and adults in drug courts	Increase in capacity to serve 25 juveniles, 15 families and 35 adults by June 30, 2009	More people successfully graduate from Drug Court; Decrease in severity and frequency of re-arrests
			6. Increase Employee Assistance Programs and drug testing at work places.	Increased number of worksites that provide Employee Assistance Programs and drug testing	Employees are referred for substance abuse services	More employed people receive treatment
			7. Increase ability of service providers (schools, parole & probation, juvenile services, clergy, youth-serving) to assist parents who ask for help, identify signs of substance abuse, and make referrals.	Increased number of service providers who assist parents and make referrals	Clients/students/employees/congregants and their families identified and referred for substance abuse	More people receive treatment; Decrease in average age of treatment admissions
			8. Increase ability of healthcare providers to conduct Brief Interventions and referrals for substance abuse.	Health care providers perform Brief Interventions with all clients	Clients assessed as needing interventions are referred for substance abuse services	More people receive treatment

Problem Statement			Interventions	Results		
Problem	Why?	Why here?		Short term	Mid term	Long term
Talbot County has a growing substance abuse and addiction problem	Substance abuse is accepted	Intervene too late	9. Increase screening and referrals for substance use during school-based mental health intake process	Standard assessment incorporated into school-based mental health intake process	All students receiving school-based mental health are screened and referred as appropriate	More students receive and complete mental health and addictions services
			10. Increase full day comprehensive program options for the most troubled youth	Research models and funding opportunities for establishing <i>a continuum of services</i> to assist children with multiple and complex mental health needs and develop a plan for implementation	Begin implementing the plan for <i>a continuum of services</i> to assist children with multiple and complex mental health needs	Implementation of a continuum of services to assist children with multiple and complex mental health needs
	Alcohol and drugs are too easy to obtain	Accessible at home	11. Increase targeting and dispersing of underage drug/alcohol parties	Report-a-party lines are established and publicized	More citizens call to report parties and other disruptive behavior; police investigate and make arrests	Increase in average age of first use of alcohol and other drugs
		Available and visible	12. Improve ability of businesses to recognize and report fake IDs	All businesses trained to recognize and report fake IDs	Businesses call about fake IDs and youth are prosecuted	Fewer youth report obtaining alcohol
			13. Strengthen enforcement of liquor laws (by hiring a liquor inspector and codifying penalties for the illegal sale of alcohol by license holders)	Community mobilization leading to liquor code reform and the hiring of a liquor inspector	Increased liquor law enforcement and consistent penalties for liquor law violations	Fewer youth report obtaining alcohol

**STATE AND LOCAL INTERVENTIONS**

STATE LEVEL INTERVENTIONS	<ul style="list-style-type: none"> <li>• Advocate for license suspension, revocation or delay as a consequence of underage drinking &amp; drug abuse.</li> <li>• Advocate for law to inform schools of youth substance abuse violations.</li> <li>• Advocate to raise the state tax on alcohol to reduce youth consumption.</li> </ul>
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ASSESSMENT RECOMMENDATIONS	<ul style="list-style-type: none"> <li>• Survey youth to investigate where alcohol and other drugs are used and how they are obtained.</li> <li>• Develop and disseminate an annual Community Report Card that tracks key local substance abuse indicator data and specifically 9 tracks the extent that recommendations have been implemented and the results they are achieving.</li> </ul>
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## ○ **The Action Plan**

The Action Plan identifies contributions from a broad spectrum of participating community partners, as well as the action steps they need to take to implement any given intervention. Key partners have already committed to their prospective roles and stand ready to begin work. A list of committed organizations is in the Appendix.

The Action Plan follows below on pages 11 to 14.

**TALBOT COUNTY SUBSTANCE ABUSE PREVENTION ACTION PLAN**

**1. Increase parent education about substance abuse risks and prevention during key school transitions (entering middle and entering high school).**

<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot County Health Department, Talbot Partnership, Talbot Family Network	Examine models in other locations and develop resources (mailings, handouts, presentations)
Talbot County Public Schools, Sts. Peter and Paul Middle and High School, The Country School, Chesapeake Christian School	Approve and distribute materials, hold meetings with parents of 5 <sup>th</sup> and 8 <sup>th</sup> graders in the spring and with families of in-coming 6 <sup>th</sup> and 9 <sup>th</sup> graders in the summer and fall

**2. Strengthen participation of youth and parents in signing policies about substance abuse for all extracurricular activities, school and community.**

<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot Family Network, Talbot County Public Schools, Sts. Peter and Paul Middle and High School, The Country School, Chesapeake Christian School, Talbot Parks & Recreation, and other cultural, recreational, sports, religious and civic organizations serving youth	Create a prevention contract for parents and youth, have participants sign at the beginning of each session

**3. Increase saturation patrols to reduce impaired driving.**

<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot County Office of Highway Safety, Talbot Family Network	Make the case for the importance of saturation patrols, secure and distribute funding for additional overtime police hours
Easton, St. Michaels and Trappe Police Departments, Maryland State Police, Talbot Sheriff's Office	Provide increased police to patrol for impaired driving and other alcohol and drug-related crimes

<b>4. Improve access to higher intensity treatment services.</b>	
<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot County Health Department, Drug Courts	Assess need for funding, explore funding sources including raising fees for liquor licenses
Talbot Partnership and its partner organizations, liquor license holders, concerned citizens	Propose liquor code reform to raise license fees, advocate for reform, attend public hearings
Talbot County Health Department	Hire treatment program staff, implement programs, establish contacts and referral systems with providers

<b>5. Expand drug courts to serve maximum capacity.</b>	
<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot County Circuit Court, Talbot County Health Department	Assess need for funding, explore funding sources including raising fees for liquor licenses
Talbot Partnership and its member organizations, liquor license holders, concerned citizens	Propose liquor code reform to raise license fees, advocate for reform, attend public hearings
Talbot County Circuit Court and District Court, Health Department, State's Attorney's Office, Department of Juvenile Services, Parole and Probation, Department of Social Services, Public Schools, law enforcement agencies	Identify staff, develop protocols, initiate services for family recovery drug court and violation of probation drug court

<b>6. Increase Employee Assistance Programs and drug testing at work places.</b>	
<b>Who is responsible?</b>	<b>What do they need to do?</b>
Business leaders, Talbot County Health Department, Talbot Family Network	Survey current business practices, assess resources to offer Employee Assistance Programs and drug testing, provide employer education, choose businesses and identify resources for pilot project

<b>7. Increase ability of service providers (schools, parole &amp; probation, juvenile services, clergy, youth-serving organizations) to assist parents who ask for help, identify signs of substance abuse, and make referrals.</b>	
<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot County Health Department, Talbot Family Network and organizations that serve youth and adults in Talbot County	Survey current practices and training needs, adapt or develop training for each type of service provider, provide training

<b>8. Increase ability of healthcare providers (Talbot County Health Department, emergency room, hospital, mental health and primary care providers) to conduct Brief Interventions and referrals for substance abuse.</b>	
<b>Who is responsible?</b>	<b>What do they need to do?</b>
Shore Health System, Talbot County Health Department, Talbot Family Network, mental health and primary care providers	Survey current practices and training needs, educate staff about the importance of interventions, select protocol and trainers, provide training, encourage/advocate for use of protocol

<b>9. Increase screening and referrals for substance use during school-based mental health in-take process.</b>	
<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot County Public Schools, Talbot County Health Department, Eastern Shore Psychological Services	Mandate use of standardized protocol into public school mental health in-take process, train professionals, document referrals

<b>10. Increase full day comprehensive program options for the most troubled youth.</b>	
<b>Who is responsible?</b>	<b>What do they need to do?</b>
Local Coordinating Councils, Multi-Disciplinary Committees, Talbot Family Network, Mid-Shore Mental Health Services	Research models and funding opportunities for establishing a continuum of services to assist children with multiple and complex mental health needs and develop a plan for implementation.

**11. Increase targeting and dispersing of underage drug/alcohol parties.**

<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot Family Network, Talbot Partnership and its partner organizations, police departments	Set up and advertise phone/email lines to provide increased opportunities to report parties and other behavior of concern
Talbot County Office of Highway Safety and Talbot Family Network	Distribute funding for overtime police hours
Easton, St. Michaels, and Trappe Police Departments, Maryland State Police, Talbot Sheriff's Office	Provide increased police time to investigate party reports and other calls, patrol for third-party sales, and target party sites

**12. Improve ability of businesses to recognize and report fake IDs.**

<b>Who is responsible?</b>	<b>What do they need to do?</b>
Liquor license holders, business leaders	Train all merchants to scrutinize IDs and send letters/make visits to merchants to promote calling the police when fake IDs are suspected
Talbot County Office of Highway Safety	Distribute funding for overtime police hours
Easton, St. Michaels, and Trappe Police Departments, Maryland State Police, Talbot Sheriff's Office	Respond to calls from merchants who suspect use of fake IDs, cite youth when possible

**13. Strengthen enforcement of liquor laws (by hiring a liquor inspector and codifying penalties for illegal sale of alcohol by license holders).**

<b>Who is responsible?</b>	<b>What do they need to do?</b>
Talbot Partnership and its member organizations, Talbot County Health Department, Talbot Alliance of Liquor Licensees, concerned citizens	Research liquor law enforcement in other jurisdictions, develop job description for liquor inspector, explore creating the position through a branch of county government, educate about the importance of consistent consequences, propose liquor code reform, advocate for creating the liquor inspector position and for codifying penalties, attend public hearings

## ○ **The Evaluation Plan**

The Evaluation Plan expands the Action Plan to specify indicators, data sources and collection frequencies for each of the short, intermediate and long-term results the Commission expects to achieve by means of its thirteen prioritized interventions. It follows hereafter, on pages 16-20.

## TALBOT COUNTY SUBSTANCE ABUSE PREVENTION EVALUATION PLAN

<b>1. Increase parent education about substance abuse risks and prevention during key school transitions (entering middle and entering high school).</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Increased number of parents of children in grades 5,6,8, and 9 receive materials and attend meetings on guiding good choices	Percent of families receiving materials Percent of families participating in meetings at least once	Logs of mailings, newsletter articles, press releases, etc Attendance records	Quarterly
<u>Intermediate</u> : Families join Safe Homes; families safeguard their alcohol, tobacco, other drugs	Percent of families joining Safe Homes Percent of families who plan to safeguard their substances	Safe Homes Directory Questionnaire at meetings	Annually Quarterly
<u>Long-term</u> : Children perceive parents disapproval of substance abuse	Children's perceptions reported on MAS	Maryland Adolescent Survey (MAS)	Bi-annually

<b>2. Strengthen participation of youth and parents in signing policies about substance abuse for all extracurricular activities, school and community.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Development and implementation of contracts across systems	Number of organizations with contracts	Log of organizations	Quarterly
<u>Intermediate</u> : Youth and parents sign contracts for children's school and community extracurricular activities	Number of families who sign contracts	Records of signed contracts	Quarterly
<u>Long-term</u> : Children perceive parents disapprove of substance abuse	Children's perceptions reported on MAS	Maryland Adolescent Survey (MAS)	Bi-annually

<b>3. Increase saturation patrols.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term:</u> Best practices developed and funding obtained	Protocol based on best practices Amount of funding	Actual protocol documentation Agency records	Annually
<u>Intermediate:</u> Frequent patrols and more arrests	Number of patrols; number of arrests	Agency records; UCR data	Quarterly; annually
<u>Long-term:</u> Decrease in impaired crashes and fatalities	Number of arrests; number of fatalities	Agency records; UCR data	Quarterly; annually

<b>4. Improve access to higher intensity treatment services.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term:</u> Funding obtained from increased liquor license fees	Change in liquor code to increase license fees Amount of funding	Talbot County Liquor Code County finance office	Once Semi-annually
<u>Intermediate:</u> 45 patients/year in intensive outpatient program; 25 patients/year in residential treatment	Number of patients in intensive outpatient program and number in residential treatment/year	Talbot County Health Department Addictions Program	Quarterly
<u>Long-term:</u> More people complete treatment programs satisfactorily	Retention rates or satisfactory completion rates	Talbot County Health Department Addictions Program	Quarterly

<b>5. Expand drug courts to maximum capacity.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term:</u> Increased number of youth, families and adults in drug courts	Number of drug courts; number of youth, families and adults in drug courts	Talbot County District and Circuit Courts	Quarterly
<u>Intermediate:</u> Increase in capacity to serve 25 juveniles, 15 families and 35 adults by June 30, 2009	Number of youth, families and adults in drug courts	Talbot County District and Circuit Courts	Quarterly
<u>Long-term:</u> More people successfully graduate from Drug Court; Decrease in severity and frequency of re-arrests	Drug court compliance rates	Talbot County District and Circuit Courts	Quarterly

<b>6. Increase EMPLOYEE ASSISTANCE PROGRAMS &amp; drug testing at work places.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Increased number of worksites that provide Employee Assistance Programs and drug test	Number of worksites that provide Employee Assistance Programs and drug testing	Survey of work places	Quarterly
<u>Intermediate</u> : Employees are referred for substance abuse services	Number of workers that are identified and referred for substance abuse services	Survey of work places and/or of treatment providers	Quarterly
<u>Long-term</u> : More employed people receive treatment	Number of employees that receive substance abuse treatment	Usage reports from Employee Assistance Program providers	Quarterly

<b>7. Increase ability of service providers (schools, parole &amp; probation, juvenile services, clergy, youth-serving organizations) to assist parents who ask for help, identify signs of substance abuse, and make referrals.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Increased number of service providers who assist parents and make referrals	Number of agencies and service providers who are trained; number who report that they make referrals	Survey of service providers	Quarterly
<u>Intermediate</u> : Clients/students/employees/congregants and their families referred for substance abuse	Number of people who are referred for assessment and are actually assessed	Survey of organizations and/or of treatment providers	Quarterly
<u>Long-term</u> : More people receive treatment; decrease in average age of treatment admissions	Number of people who receive substance abuse treatment; average age of treatment admissions	Survey of organizations and/or of treatment providers	Quarterly

**8. Increase ability of healthcare providers (Talbot County Health Department, emergency room, hospital, mental health and primary care providers) to do Brief Interventions and referrals for substance abuse.**

<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Health care providers perform Brief Interventions with all clients	Number of agencies and providers who are trained; Percent of clients who receive Brief Interventions	Survey of health care providers	Quarterly
<u>Intermediate</u> : Clients assessed as needing interventions are referred	Number of clients who are referred	Survey of agencies and/or of treatment providers	Quarterly
<u>Long-term</u> : More people receive treatment	Number of people that receive substance abuse treatment	Survey of agencies and/or of treatment providers	Quarterly

**9. Increase screening and referrals for substance use during school-based mental health in-take process.**

<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : CRAFFT assessment incorporated into school-based mental health in-take process	Mental health providers report use of CRAFFT; percent of students who receive CRAFFT	Survey of mental health providers	Quarterly
<u>Intermediate</u> : All students receiving school-based mental health are screened and referred as appropriate	Records indicate students have been referred; students receive assessments at treatment facility	Record reviews at mental health and treatment facilities	Quarterly
<u>Long-term</u> : More students receive and complete mental health and addictions services	Number of students who receive substance abuse treatment	Survey of treatment providers	Quarterly

**10. Increase full day comprehensive program options for the most troubled youth.**

<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Task force researches establishment of a continuum of services to assist children with complex mental health needs	Regular task force meetings	Minutes of meetings	Semi-annually
<u>Intermediate</u> : Plan for establishing a continuum of services is developed	Plan is presented	Minutes of meetings	Once
<u>Long-term</u> : Plan for establishing a service continuum is implemented	Services are created; students more successful in school	Student records (attendance, grades, discipline)	Quarterly

<b>11. Increase targeting and dispersing of underage drug/alcohol parties.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Report-a-party lines are established and publicized	Line is operational; Media campaign occurs	Call center Log of media materials	Quarterly
<u>Intermediate</u> : More citizens call to report parties and other disruptive behavior; police investigate and make arrests	Number of calls; number of police investigations; number of arrests	Emergency Operations Center and police department call records	Quarterly
<u>Long-term</u> : Increase in average age of first use of alcohol and other drugs	Percent of youth reporting use at home of alcohol, marijuana and other drugs	Maryland Adolescent Survey	Bi-annually

<b>12. Improve ability of businesses to recognize and report fake IDs.</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : All businesses trained to recognize and report fake IDs	Number of businesses and number of employees who are trained	Survey of businesses	Quarterly
<u>Intermediate</u> : Businesses call about fake IDs and youth are prosecuted	Number of calls to law enforcement; number of citations; number of youth prosecuted	Law enforcement records	Quarterly
<u>Long-term</u> : Fewer youth report obtaining alcohol	Percent of youth using alcohol, marijuana and other drugs; Percent of youth who report obtaining alcohol from retail outlets	Maryland Adolescent Survey	Bi-annually

<b>13. Strengthen enforcement of liquor laws (by hiring a liquor inspector and codifying penalties for illegal sale of alcohol by license holders).</b>			
<b>Result</b>	<b>Indicator</b>	<b>Data Source</b>	<b>Collection Frequency</b>
<u>Short-term</u> : Community mobilization leading to liquor code reform and the hiring of a liquor inspector	Number of participants in public meetings to advocate; change in liquor code to codify penalties, to raise fines and fees, and to hire an inspector	Minutes of meetings; liquor code	Quarterly
<u>Intermediate</u> : Increased liquor law enforcement and consistent penalties for liquor law violations	Liquor inspector log of activities/reports; penalties issued by the liquor board	Minutes of liquor board meetings; liquor code; county government payroll	Quarterly
<u>Long-term</u> : Fewer youth report obtaining alcohol	Percent of establishments that comply with liquor laws	Reports of liquor inspector; liquor board hearings	Quarterly

## ○ The Sustainability Plan

The momentum created by the work of the Blue Ribbon Commission has already led to implementation of a number of the prioritized interventions. Commissioners and staff have already taken a number of action steps to expand local prevention resources:

- Juvenile Drug Court has been expanded to serve more youth;
- The Juvenile Drug Court Steering Committee has instituted new protocols whereby youth referred to the Department of Juvenile Services are evaluated, tested and referred for drug abuse treatment within 24 hours;
- Two new adult courts are being initiated – Family Recovery Court and Violation of Probation Court;
- The Health Department is initiating Brief Intervention patient assessments and referrals;
- The Talbot County Addictions Program has received grants to reinstate an intensive outpatient addictions treatment program. Funding in the amounts of \$40,000 from the County Council and \$75,000 from the Maryland State Governor’s Office of Crime Control and Prevention made it possible for addicts to receive local services for the first time since 2004;
- Public school-based mental health care providers will begin using a standardized assessment tool during intake to screen students for substance use and make referrals to the addictions program;
- All youth participating in public school extracurricular activities will be co-signing, with their parents, prevention contracts;
- Concerned liquor license holders are forming a local chapter of the Maryland Licensed Beverage Association to address the issue of proliferating alcohol availability.
- The Local Management Board, Talbot Family Network, has earmarked \$20,000 of monies received through the Governor’s Office for Children for up to three years to fund BRC-recommended interventions.
- Talbot Partnership has earmarked \$16,619 of funds received from the Governor’s Office of Crime Control and Prevention (through the Talbot Family Network) for up to three years to fund BRC-recommended interventions.

To build on this considerable start the Commission presents its Report to the County Council. The majority of interventions proposed in this BRC plan will require on-going organizational commitment and expenditure of resources. The following components are necessary to maintain momentum and to implement and sustain the interventions proposed.

**Oversight of Implementation and Results.** An oversight committee comprised of Talbot County citizens with a small group of agency staff should meet five or six times a year to monitor the progress and results of the BRC interventions. This committee should be appointed by the Talbot County Council and should report to the Council at least twice a year either at regular Council meetings or at Board of Health meetings. The BRC Oversight Committee should work in conjunction with the Talbot Partnership Surveillance Network, the Talbot County Drug and Alcohol Council, and the Talbot Family Network Evaluator as it monitors county

prevention and treatment initiatives, implements the Blue Ribbon Evaluation Plan, and publishes the annual Community Report Card.

**Resources for Implementing the BRC Plan.** BRC interventions are geared toward the way Talbot County does business – the way organizations interact with one another and with their constituents. Successful interventions will change systems in ways that generally do not require new dollars; change will come about through the commitment and follow-through of the participating organizations. The Action Plan lists the names of the key organizations responsible for each BRC intervention; a list of organizations that have committed to their roles is in the Appendix. *The importance of the Talbot County Council’s role in accepting the recommendations of the BRC and in establishing the oversight committee – so that we hold ourselves accountable – cannot be overstated.*

The BRC Action Plan is crafted so that responsibilities are spread across various segments of the community, with the largest roles those of the Talbot County Health Department (Prevention Office and Addictions Program), Talbot Partnership for Alcohol and Other Drug Abuse Prevention, and Talbot Family Network. These organizations will coordinate the interventions and will work in conjunction with other organizations as specified in the Action Plan. For the fiscal year July 2007 – June 2008, Talbot Family Network has received funding from the Governor’s Office for Children for law enforcement overtime pay, for establishing and promoting a report-a-party line, for staff time to coordinate BRC education and training interventions, and for evaluation and the creation of the Community Report Card. Talbot Partnership has received funding from the Governor’s Office of Crime Control and Prevention for preventing underage alcohol abuse and will apply these funds toward BRC advocacy, education and training interventions.

The BRC plan has built-in revenue generation. It is recommended that the county raise liquor license fees and fines to state-wide averages and allocate the revenue generated to supporting the following interventions: improving access to higher intensity substance abuse treatment, expanding drug courts to serve the maximum capacity, and strengthening the enforcement of the liquor laws (by hiring a liquor inspector and codifying penalties for illegal sales of alcohol by license holders).

## Appendix A

### ○ **Criteria for Selection of Interventions**

- Is this approach actionable (is it specific enough to be implemented)?
- Does prevention science support this approach?
- Is there local data substantiating that this approach is needed in Talbot County?
- Have other communities been successful using this approach?
- If this approach is implemented, can it be measured?
- Do local community expectations support this intervention?

## Appendix B

### ○ Other Interventions Proposed by the Blue Ribbon Commission

The following interventions were identified during the Blue Ribbon Commission process but were not those prioritized for immediate implementation. They will be refined and implemented over time.

- Enforce the adult responsibility law; prosecute parents who allow underage drinking with significant fines
- Have “court watchers” (i.e. from MADD) attend alcohol-related trials because there is often more consistency in sentencing and fines
- Publish names and information about persons convicted of alcohol offenses in the local media, including those who served to minors
- Provide 12-step groups for youth in schools
- Locate adolescent substance abuse counselors in school setting
- Determine the best methods to reduce/restrict alcohol advertising at Talbot County businesses
- Limit youth access to alcohol by restricting product accessibility
- Modify school substance abuse policies relative to extracurricular activities to increase likelihood that children will receive referrals for assessment
- Provide swift, consistent enforcement of consequences in juvenile services and parole and probation
- Develop central repository of arrests and citations that are alcohol/drug related and use this information to assess the need for public policy changes
- Amend Talbot liquor code so that no new licenses will be issued to establishments that sell gasoline
- Require mandatory alcohol management training for all sellers/servers; train a trainer at each liquor establishment who can then train other staff
- Investigate where the last drink was served to all persons who are charged with an alcohol offense and report to Liquor Board
- Strengthen the Talbot Liquor Code to require that people who handle or serve alcohol are at least 21 years of age
- Provide information about disposition to referral sources
- Require parents to participate in treatment (reduce youth suspension time as incentive)
- Ensure that youth who are referred to addictions by Juvenile Services receive assessment and follow recommendations
- Each school and health providers review the Student Assistance Program process to strengthen use of the MD Department of Education model and follow-up with the Health Department Addictions Program

## Appendix C

### **○ Organizational Commitments to BRC Interventions**

The following organizations agree to take part in interventions as indicated in the Action Plan.

CASA of Talbot County  
Chesapeake Christian School  
Eastern Shore Psychological Services  
Easton Police Department  
Maryland Department of Juvenile Services, Talbot County  
Maryland State Police  
St. Michaels Police Department  
Saints Peter and Paul Elementary School  
Saints Peter and Paul High School  
Shore Health System, Inc.  
Talbot Alliance of Liquor Licensees  
Talbot County Circuit Court  
Talbot County Department of Parks and Recreation  
Talbot County Division of Parole and Probation  
Talbot County District Court  
Talbot County Department of Social Services  
Talbot County Health Department  
Talbot County Office of Highway Safety  
Talbot County Public Schools  
Talbot County Sheriff's Office  
Talbot Family Network  
Talbot Mentors  
Talbot Partnership for Alcohol and Other Drug Abuse Prevention  
The Country School  
Trappe Police Department