FY 03 INTENSIVE BUDGET REVIEW PROJECT # 3

A BLUEPRINT FOR INTER-AGENCY COORDINATION OF ALCOHOL, TOBACCO, AND OTHER DRUG PREVENTION PROGRAMS

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EXECUTIVE SUMMARY

For 20 years, the County Council has consistently identified preventing the use of alcohol, tobacco and other drug use (ATOD) among school-age youth as a priority issue. Council Resolution 14-1419, *Programs & Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth*, adopted in September 2002, establishes a policy framework for the delivery of substance abuse services. This resolution calls for:

- Integrating the County's prevention services within the broader context of the County's enforcement, treatment, and rehabilitation efforts;
- Improving inter-agency ATOD prevention planning and coordinating;
- Setting ATOD prevention funding priorities; and
- Evaluating ATOD program effectiveness so that, over time, the Council can direct funding to programs whose effectiveness is supported by empirical research.

Last year, the Office of Legislative Oversight (OLO) completed a study on ATOD prevention programs aimed at school-age youth. As a follow-up assignment, the Council asked OLO to review the current groups and designated staff that deal with ATOD prevention issues in order to recommend a blueprint for a more coordinated, inter-agency program structure.

To implement the policy framework outlined in Resolution 14-1419, OLO recommends that the Council take three specific actions:

1. Amend the County Code (Section 24-41 – 24-43) to designate the Alcohol and Other Drug Advisory Council (AODAAC) as the lead coordinating committee for ATOD issues. AODACC is an inter-agency group that already has substance abuse prevention, treatment, and enforcement as its primary focus. AODAAC is well-positioned to serve a lead coordinating role because its statutory mission encompasses many of the elements needed to improve ATOD prevention planning and coordination.

2. Ask the Department of Health and Human Services to revise the job description of the Prevention Coordinator to emphasize analytical, research, and evaluation skills. The current job description for the Prevention Coordinator emphasizes community outreach efforts and direct service delivery.

   In consultation with AODAAC, the Prevention Coordinator should develop an annual ATOD Prevention Report. The report should identify the County's ATOD prevention program and funding priorities, including ways to more efficiently use prevention resources across the agencies. The Prevention Coordinator should also jointly staff AODAAC with the Mental Health and Adult Addictions Program Manager.

3. Amend Council Resolution 14-1419 to clarify the Council's expectation that inter-agency prevention issues will be coordinated through the Prevention Coordinator and AODAAC.

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I. INTRODUCTION

A. Authority

Council Resolution 14-1395, FY 2003 Work Program of the Office of Legislative Oversight, adopted July 30, 2002; and the FY 2003 Intensive Budget Review (IBR) plan, approved by the Council on July 30, 2002.

B. Purpose and Scope

This report clarifies the roles and current practices of the different groups that deal with one or more aspects of alcohol, tobacco, and other drug (ATOD) prevention; and recommends a structure to implement the policy framework for prevention programs outlined in Council Resolution 14-1419, *Programs & Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth*, adopted September 17, 2002.

The Council's request for this report was a follow-up assignment from the FY 02 Intensive Budget Review (IBR) report on ATOD prevention programs for school-age youth. In response to the findings in that report, the Council articulated a policy framework and identified the need for a more effective committee structure to improve the coordination, funding, and delivery of prevention programs. Given the multiple groups already involved in ATOD prevention, the Council concluded some additional study of existing groups was needed before deciding the best structure for achieving future inter-agency coordination.

The FY 02 study focused on programs and activities that have as a primary goal to delay, reduce, and/or prevent altogether alcohol, tobacco, and/or drug use among school-age youth. The scope of this FY 03 study extends to the coordination of substance abuse prevention programs/activities aimed at all ages.

C. Organization of Report

The memorandum report is organized as follows:

Chapter II presents background material, including highlights from the FY 02 IBR;
Chapter III reports on the roles of the groups involved in ATOD prevention;
Chapter IV reviews the role of the County's Prevention and Cigarette Restitution Funds Coordinators; and
Chapter V presents OLO's findings and recommendations.

D. Methodology

To conduct this project, OLO identified the various groups currently involved with ATOD substance abuse prevention. OLO interviewed the staff members to these committees, attended meetings to observe the committees in action and spoke with committee members to understand their views on prevention coordination. OLO also researched the history and mandate of each group and compiled updates on FY 04 prevention activities for school-age youth.

E. Acknowledgements

OLO received cooperation from everyone involved in this study. OLO appreciates the information and insights provided by all who participated. In particular, OLO appreciates the assistance of staff from Department of Health and Human Services, Department of Liquor Control, and Montgomery County Public Schools.

OLO would also like to thank the members of the Alcohol and Other Drug Abuse Advisory Council, the Safe and Drug Free Schools Advisory Council, Drawing the Line on Underage Alcohol Use, the School Health Council, the Commission on Children and Youth, the Commission on Juvenile Justice, the Tobacco Use Prevention and Cessation Coalition, the Collaboration Council, and the Montgomery County Community Partnership.

II. BACKGROUND

This background chapter includes the following three parts:

- Part A summarizes the findings from the *FY 02 Intensive Budget Review Report on Alcohol, Tobacco, and Other Drug (ATOD) Prevention Programs for School-Age Youth*;

- Part B outlines the provisions of Council Resolution 14-1419, *Programs & Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth*, adopted on September 17, 2002; and

- Part C reviews the funding changes to prevention programs that have occurred since FY 02.

A. Summary of Findings from the FY 02 Report on ATOD Prevention Programs for School-Age Youth

Last year's IBR report, *ATOD Prevention Programs for School-Age Youth*, summarized the published empirical research about effective substance abuse prevention programs and examined how funds are spent on substance abuse prevention programs for youth in Montgomery County. Key findings from the report were that:

- A body of research compiled over the last 25 years documents that prevention programs can work to delay, reduce or prevent drug and alcohol abuse. However, while some programs demonstrate results, the research literature also reports that many prevention programs are promising but not proven, others have yet to be tested, and some do not effectively delay, reduce, or prevent drug and alcohol abuse.

- In FY 02, County-funded agencies provided more than 30 separate prevention programs/activities for school-age youth. The departments/agencies involved included the:

    - Montgomery County Public Schools (MCPS);
    - County Government Departments of Health and Human Services (DHHS), Police (MCPD), Recreation, and Community Use of Public Facilities;
    - Housing Opportunities Commission;
    - Office of the Sheriff; and
    - Maryland-National Capital Park and Planning Commission.

- In FY 02, the Council appropriated $6.7 million to support substance abuse prevention programs for school-age youth. Approximately $2 million of this was non-County funds in the form of state and federal grants.

- In FY 02, there were 11 standing committees involved in ATOD prevention issues. The County also had a Prevention Coordinator (funded in the Public Health Services Area of DHHS), who belonged to the statewide Alcohol and Drug Abuse Administration's Prevention Network.

- The coordination structure (consisting of 11 groups and a prevention coordinator) has not worked to effectively achieve the desired level of communication and coordination among staff involved with prevention across agencies.

- Only two prevention programs funded in FY 02 had a demonstrated record of effectiveness, Project ALERT and Project TNT, both of which were sponsored by MCPS.[1] Because data and outcome evaluation have not been a major, uniform priority for the County's prevention programs, data were largely not available to judge the effectiveness of other specific interventions.

B. Council Resolution 14-1419, *Programs & Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth*

The Council's review of the FY 02 study on ATOD prevention activities resulted in Council Resolution 14-1419, *Programs & Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth*, adopted September 17, 2002. (Attachment 1, © 1 contains a copy of the resolution). This resolution establishes preventing the use of alcohol, tobacco, and other drug use among school-age youth as a Council priority and recognizes that prevention is arguably the most cost-effective approach to the problem of substance abuse.

Council Resolution 14-1419 articulates a policy framework for prevention programs. Specifically, the Resolution states that:

- The County's prevention activities should fit within an overall strategy of enforcement, treatment, and rehabilitation efforts.

- The Council should encourage agency/department staff to take full advantage of the prevention research base that has developed over the past 25 years.

- The Council should promote the implementation of effective programs. To do this, the Council's funding decisions, over time, should increasingly favor programs and strategies that already have a record of demonstrated effectiveness; and innovative programs and strategies that have a built-in method of evaluation.

[1] In FY 02, the University of Maryland's Center for Substance Abuse Research deemed MCPS' Student Assistance Program as an effective prevention/intervention program (see page 10 for details). In FY 04, two more proven effective CSAP model programs will be implemented (see page 5 for details).

Council Resolution 14-1419 also envisioned the establishment of "a more efficient and effective committee structure." The Council expects this committee will be knowledgeable about the body of prevention research literature, and be in a position to oversee and report on the agencies' progress in implementing effective prevention programs.

C. FY 02-FY 04 Changes to ATOD Prevention Program Funding

In FY 02, OLO identified more than 30 programs across agencies, which cited the prevention of alcohol, tobacco, and other drug use by school-age youth as a primary goal. In FY 02, the Council appropriated $6.74 million to support these programs. About $2.0 million of this money was non-County funds (state and federal grants).

Attachment 2, © 4 contains details on the changes in prevention programs from FY 02 to FY 04. OLO estimates the changes to the FY 02 inventory of ATOD prevention programs for school-age youth represent about a $2.0 million reduction in funding.

For FY 04, agency staff report that of these 37 programs; 20 programs will operate at a funding level comparable to FY 02; 13 programs are eliminated; and four programs will operate with reduced funding. Agency staff also report two new programs will begin in FY 04. Table 1 (page 6) summarizes the FY 04 program modifications.

The two new prevention programs aimed at school-age youth that will begin in FY 04 are:

1. DHHS, "Across Ages" Youth Mentoring Program, funded entirely by the State of Maryland Alcohol and Drug Abuse Administration (ADAA). (See ©5 for funding details.) This program is a CSAP certified model program.

2. Montgomery County Police Department, Education Facilities Officer program will begin in FY 04. (See ©5 for funding details.) It is expected that, when implemented, a small percent of these officers' time will be spent on substance abuse issues in schools.

As part of a change in mission, Drawing the Line plans to implement a CSAP certified model program titled 'Communities Mobilizing for Change on Alcohol' (see Attachment 6 ©62). In FY 02, the University of Maryland's Center for Substance Abuse Research deemed MCPS' Student Assistance Program as an effective prevention/intervention program (see page 10 for details). The Student Assistance Program and the addition of "Across Ages" and the DTL program will increase the number of certified or model programs from two in FY 02 to five in FY 04.

TABLE 1: FY 04 ATOD PREVENTION PROGRAM MODIFICATIONS

Agency/Department	Program
ATOD Prevention Programs Discontinued in FY 04	
Montgomery County Public Schools (MCPS)	• Comprehensive Health Education Program[1] • Summer Institute
Housing Opportunities Commission (HOC)	• Drug Elimination Program
Office of the Sheriff	• Drug Abuse Resistance Education (DARE)
Montgomery County Police Department (MCPD)	• Drug Abuse Resistance Education (DARE) • Community Outreach Program (COPS)
Community Use of Public Facilities	• Anti-Tobacco Clubs
Department of Health and Human Services (DHHS)	• Literature Review • Prevention Network • Mini-Grants • The Baobab Tree Project • MISSION
ATOD Prevention programs that will operate with reduced funding in FY 04	
Montgomery County Public Schools (MCPS)[2]	• Student Assistance Program[3] • School Community Action Teams
Department of Recreation	• Teen Center Program • Teen Events
New ATOD Prevention programs in FY 04	
Department of Health and Human Services (DHHS)	• Across Ages Youth Mentoring Program
Montgomery County Police Department	• Education Facilities Officer Program

Source: OLO and Agency/Department Staff, June 2003

1. MCPS staff report that health and character education training for elementary teachers and elementary prevention network will not be funded in FY 04.
2. A MCPS decision to reallocate funding to another Title I program resulted in a $300K reduction to the Safe and Drug Free Schools Program for FY 04.
3. MCPS staff report that school staff training for ATOD prevention and intervention will not be funded in FY 04.

Disaggregated Funding. The County will rely on a combination of Federal, State, and County funds to pay for ATOD prevention programs in FY 04. Funds flow from multiple Federal and State agencies directly to separate County agencies and departments. This disaggregated funding pattern makes it difficult to coordinate program funding across agencies. For example,

- At the federal level, funds from the Safe and Drug Free Schools Communities Act flow directly to MCPS to implement the Safe and Drug Free Schools program.

- At the State level, there are three funding sources: the Governor's Office of Crime Control and Prevention (GOCCP), the Alcohol and Drug Abuse Administration (ADAA) and The Cigarette Restitution Fund (CRF). GOCCP provides money to Department of Health and Human Services (DHHS) for the Collaboration Council to distribute. Funds from ADAA and the Cigarette Restitution Fund flow to the DHHS. ADAA funding decisions for FY 04 require the use of certified model programs. Cigarette Restitution Funds pay for strategies that are based on Centers for Disease Control best practices and the Governor's Task Force to End Smoking in Maryland.

- At the local level, the Council appropriates funds to the Department of Health and Human Services, the Recreation Department, the Montgomery County Police Department, the Park Police, and MCPS.

III. DESCRIPTION OF GROUPS INVOLVED IN ATOD PREVENTION

A. An Overview

The County Government, Montgomery County Public Schools (MCPS), and several non-profit organizations have established groups that are involved with one or more aspects of ATOD prevention.

Table 2, page 9 contains summary information about 13 groups categorized according to the organization that provides each group's staff support. Ten of the groups are active groups that meet, at minimum, four times a year. The other three groups were identified during last year's prevention study but stopped meeting at some point during the past 12 months.

This section presents a brief summary of each group. Attachment 3, © 6 provides more details about each group's origin, purpose, membership, structure, staffing, and activities.

TABLE 2: GROUPS INVOLVED IN ATOD PREVENTION

#	Name of Group	Origin of Group	Established	ATOD Focus Primary or Secondary	Frequency of Meetings	Agency Representatives	Community Representatives	Status
Montgomery County Public Schools								
1	Safe and Drug Free Schools Advisory Council**	Federal law	1989	Primary	Monthly	1	16	Active
Montgomery County Public Schools and Department of Health and Human Services								
2	School Health Council	State Law	2000	Secondary	Bi-Monthly	15	15-20	Active
Department of Liquor Control								
3	Drawing the Line on Underage Alcohol Use	Councilmember Initiative	1992	Primary	Quarterly	5-10	15-20	Active
4	Hospitality Resource Panel	DHHS Initiative	2001	Secondary	Bi-monthly	5-10	10-15	Active
Non Profit Organizations								
5	Montgomery County Community Partnership	Federal Grant	1990	Primary	Quarterly	N/A	12	Active
Department of Health and Human Services								
6	Collaboration Council's Youth Strategies Consolidated Grant Work Group	State Initiative	2001	Secondary	As needed	16	13	Active
7	Alcohol and Other Drug Abuse Advisory Council	County Code	1991	Primary	Monthly	9*	16	Active
8	Tobacco Use Prevention & Cessation Coalition	State Law	2001	Primary	Monthly	5-10	20-25	Active
9	Commission on Children and Youth	County Code	1978	Secondary	Monthly	4*	23	Active
10	Commission on Juvenile Justice	County Code	2000	Secondary	Monthly	10*	23	Active
11	Substance Abuse Policy Leadership Team	County Executive Initiative	1989	Primary	-	-	-	Disbanded
12	Healthy Montgomery Coalition	DHHS Initiative	1993	Secondary	-	-	-	Disbanded
13	The Prevention Network	DHHS Initiative	Mid-1980's	Primary	-	-	-	Disbanded

Source: OLO, June 2003

* Does not include support staff. ** Team leaders from MCPS' Student Assistance Program also meet to discuss ATOD prevention issues – see page 10 for details.

Groups staffed by Montgomery County Public School (MCPS)

1. Safe and Drug Free Schools Advisory Council.

The Safe and Drug Free Schools (SDFS) Advisory Council is required by the Federal Safe and Drug Free Schools and Communities Act as part of the County's receipt of federal SDFS funds. Established in 1989, the stated purpose of the Advisory Council is to provide oversight in the implementation of the SDFS program in Montgomery County.

The Advisory Council meets monthly and consists of 17 representatives from MCCPTA and various high school clusters. The MCPS' Substance Abuse Prevention Specialist chairs and provides administrative support to the Advisory Council. See Attachment 3, © 7 for more details on the Council.

Student Assistance Program. Established in 1987, MCPS' Student Assistance Program is one of five categories of the Safe and Drug Free Schools project. The program uses "preventive interventions" through addressing "at-risk" behavior of middle and high school students. According to MCPS staff during last school year, about 1,650 students received Student Assistance, resulting in over 800 interventions, culminating in more than 490 formal substance use and mental health assessments. During FY 02, the University of Maryland's Center for Substance Abuse Research identified MCPS' Student Assistance Program as a proven effective prevention/intervention program.

The Student Assistance Program includes 375 team members across 64 schools. An estimated 35 team leaders meet monthly (October through May) to discuss relevant issues. The teams partner with private treatment centers and health care professionals to implement Student Assistance. In addition, team members work with law enforcement officials, community support programs for suspended students (SHARP), DHHS staff, and other Montgomery County agency representatives.

Groups staffed jointly by DHHS and MCPS

2. The School Health Council

The School Health Council was established by State law in 2000. The statutory role of the School Health Council is to advise the Superintendent of Schools and the County Health Officer on school health issues.

The Council is charged with providing a forum for school health concerns, promoting inter-agency cooperation and making recommendations to improve school health. The Council has four sub-committees: mental health, nutrition, safety, and substance abuse. The current Council places a heavy emphasis on nutritional/dietary, mental health, and student safety needs.

The School Health Council meets quarterly. Council membership consists of 30 representatives designated by MCPS, the Department of Health and Human Services (DHHS), Montgomery County Medical Providers, Montgomery County Council of PTAs (MCCPTA), and MCPS' Office of Student Services. During the 2003 school year, the Council was co-chaired by a representative from the Montgomery County Medical Society and the chair of the MCCPTA Health Committee.

The Council is jointly staffed by staff from School Health Services in DHHS and from the MCPS Office of Community Outreach and Special Needs. In FY 03, the Council hired a facilitator to organize its priorities and structure, established four sub-committees and produced a brochure about its roles and activities. See Attachment 3, © 9 for more details on the School Health Council.

Groups staffed by the Department of Liquor Control (DLC)

3. Drawing the Line (DTL)

DTL was established in 1992 as a public-private partnership of civic groups, non-profit organizations, businesses and government officials. DTL's stated purpose is to create a community consensus that underage drinking is unhealthy, illegal, and unacceptable.

DTL meets quarterly. DTL's participant roster lists more than 30 "partners," including the Collaboration Council, Hospitality Resource Panel, Montgomery County Police Department, Montgomery County Public Schools, and DHHS.

For many years, DHHS funded DTL as part of the Montgomery County Community Partnership's contract. The contract expired at the end of FY 02. During FY 03, in an effort to sustain DTL, the Department of Liquor Control's Community Outreach Manager chaired and staffed DTL (in addition to her regular duties). DHHS plans to contract out DTL's staffing responsibilities to the Family Support Center (Bethesda) in FY 04. See Attachment 3, © 13 for more details on Drawing the Line.

4. The Hospitality Resource Panel

The Hospitality Resource Panel was established by DHHS in 2001 to increase awareness of responsible alcohol service. It consists of business representatives, alcohol suppliers, community groups, and public agency staff that focus on responsible alcohol service. The group moved to DLC in FY 03, when the group's chair/staff person accepted a position at DLC. The group meets bi-monthly and is chaired/staffed by DLC's Community Outreach Manager.

In FY 03, HRP addressed the need for more social activities for 18 to 24 year olds and sponsored an issue forum on "Hospitality and the Young Adult" at the Charles W. Gilchrist Diversity Center. HRP also focused on responsible alcohol service practices for

businesses in the Wheaton CBD. See Attachment 3, © 15 for more details on the "Hospitality and the Young Adult" issue forum and the Panel.

Groups staffed by Non-Profit Organizations

5. The Montgomery County Community Partnership

The Montgomery County Community Partnership is a non-profit organization established in 1990. MCCP describes itself as "a community coalition working to reduce the problems related to ATOD," and as an "organization dedicated to applying current research in promoting effective polices and practices to prevent ATOD."

MCCP's Prevention Center provides educational material/resources and Center staff provide "technical assistance" on prevention to the public and professionals. MCCP also supports community organizations such as Smoke Free Coalition and Task Force on Mentoring of Montgomery County. MCCP's Board meets four times a year and consists of a representative from 12 community sectors (e.g., youth, parents, business community, media, schools, health care professionals). MCCP will not receive County funding in FY 04, but according to its director, will continue to provide a service to the community.

See Attachment 3, © 25 for more details on the Community Partnership.

Groups staffed by the Department of Health and Human Services (DHHS)

There are currently five groups established and/or staffed by DHHS that meet regularly and focus on ATOD prevention issues.[3] An additional three groups that had dealt with ATOD prevention stopped meeting during FY 03.

6. Montgomery County Collaboration Council's Youth Strategies Consolidated Grant Work Group

The "Consolidated Grant Work Group" is a 28-member group of community representatives, private service providers and public agency staff.[4] The Work Group is a part of the Montgomery County Department of Health and Human Services' Collaboration Council for Children, Youth and Families, a public-private partnership policy board that serves as the County's state-required Local Management Board.

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[3] DHHS also jointly staffs the School Health Council in conjunction with Montgomery County Public Schools.

[4] The Collaboration Council's bylaws require the Youth Strategies Consolidated Grant group to have 28 members: by State law at least 51% must be public agency representatives and 49% must be private providers or community representatives.

The "Consolidated Grant Work Group" serves as the planning mechanism for the Youth Strategies Consolidated Grant (YSCG) proposal to the Governor's Office of Crime Control and Prevention (GOCCP). In FY 03, the GOCCP's designated issue was "prevention through aftercare, using effective programs and practices." DHHS received $1.4 million for the Collaboration Council to distribute to a variety of programs to address this issue. For FY 04, the GOCCP's designated issue is "addressing the overrepresentation of minorities in the juvenile justice system". The Collaboration Council YSCG work group submitted a $1.3 million grant proposal. A copy of the award letter for $950K can be found at Attachment 3, © 32.

Collaboration Council staff report that the YSCG workgroup plans to stay together as a committee to continue promoting:

- Early intervention strategies that link at-risk youth with public and private services at the earliest possible time to reduce substance abuse, delinquency, and out of home placement;
- Innovative and ongoing policies and strategies that build resiliency in youth;
- Neighborhood or community based collaborative models; and
- Accountability through monitoring, evaluation and applied research for continuous services and systems improvement.

See Attachment 3, © 27 for more details on the YSCG work group.

7. The Alcohol and Other Drug Abuse Advisory Council.

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) was established by County law in 1991. The AODAAC statutory role is to advise the County Executive and County Council on program needs and funding priorities for ATOD prevention, treatment and enforcement services. The stated purpose of the Alcohol and Other Drug Abuse Advisory Council is to:

1. Identify local alcohol and other drug abuse program needs;
2. Review the State alcohol and other drug abuse plan;
3. Assist in the development of the County alcohol and other drug abuse plan;
4. Consider available funding and recommend appropriate allocation of funds to support alcohol and other drug abuse programs;
5. Promote alcohol and other drug abuse programs;
6. Conduct or participate in one or more pubic forums each year concerning alcoholism and other drug abuse; and
7. Issue an annual report to the County Executive, the County Council, and the Director of DHHS that:

    - Evaluates the progress of local substance abuse programs,
    - Identifies actions needed to improve local substance abuse programs; and
    - Outlines goals of the AODAAC for the following year.

The AODAAC meets monthly and consists of 16 voting community members and nine non-voting staff members, appointed by the County Executive and confirmed by the Council. The voting members must meet criteria prescribed by law and the nine non-voting members represent prevention, treatment, enforcement, and judiciary interests.

DHHS staff provide approximately 30 hours per month of support to the AODAAC, including ten hours for administrative work and 20 hours for issue related work.

See Attachment 3, © 35 for more details on the Advisory Council.

8. The Tobacco Use Prevention and Cessation Coalition.

The Tobacco Use Prevention and Cessation Coalition was established by State law in 2001. The Tobacco Coalition's statutory role is to advise the Cigarette Restitution Funds (CRF) Program Coordinator on the spending of CRF monies. Specifically, the Coalition must prioritize the tobacco prevention and cessation activities funded by CRF monies.

The Coalition meets monthly and consists of private and public agency representatives. Coalition membership fluctuates depending upon which entities are providing tobacco and cessation and prevention programs in the County during a given year.

DHHS' CRF Program Coordinator provides substantive and administrative support to the Coalition. The Coordinator prepares committee memoranda describing the candidate programs and funding requests so the Coalition members can make funding recommendations. The Coordinator also drafts the annual report to the State. In FY 03, the County received $1.1 million in Cigarette Restitution Funds from the State to distribute to tobacco, prevention, and cessation programs.

See Attachment 3, © 37 for more details on the Coalition.

9. The Commission on Children and Youth

The Commission on Children and Youth was established by County law in 1978. The Commission's statutory role is to advise the County Executive, the County Council, the DHHS, and the Board of Education on programs, policies, and funding to promote the well-being of children, youth and families. The Commission's prescribed tasks include identifying service needs, developing program recommendations, promoting interagency service coordination, recommending funding priorities, and advocating for young people among all County agencies that serve children and youth.

The Commission meets monthly and consists of 27 members, appointed by the County Executive and confirmed by the County Council. Voting members include 23 community members and four agency staff who provide services to children. DHHS provides 0.5 work years in staff support to the Commission.

Each year, the Commission selects issues for in-depth focus and study. In FY 03, the Commission chose substance abuse as one of its focus areas and formed an ad hoc substance abuse committee to focus on prevention and intervention programs. The Commission especially focused on improving the promotion of the Safe and Drug Free Schools' Student Assistance Program.

See Attachment 3, © 39 for more details on the Commission.

10. The Commission on Juvenile Justice

The Commission on Juvenile Justice was established by County law in 2000. The Commission's statutory role is to advise the District Court, the County Council, and the County Executive about juvenile justice program needs. Key prescribed responsibilities include evaluating whether capacity in these areas is adequate and assessing the effectiveness of these programs and services.

In addition to these functions, the Commission must also submit each year an annual report and workplan. The annual report shall include the Commission activities, accomplishments, problem areas and recommendations, goals and objectives for the next calendar year, and annual evaluation of programs and services for juveniles.

The Commission meets monthly and consists of 33-members appointed by the County Executive and confirmed by the County Council. Voting members include 23 citizens and ten public agency representatives. Nonvoting members possess special expertise in juvenile justice matters (e.g., juvenile division judges) or are past members who have given outstanding service.

The Commission's FY 03 priorities include monitoring the transfer of the Juvenile Court to the Circuit Court, monitoring social service utilization rates and the development and application of humane, effective, graduated sanctions for juvenile offenders. The Commission sees a link between substance abuse and juvenile delinquent behavior and is concerned with the overall decrease in funding for prevention programs in the FY 04 budget DHHS provides 0.5 work years in staff support to the Commission.

See Attachment 3, © 41 for more details on the Commission.

The following three groups were identified during last year's prevention study, but stopped meeting at some point during the past 12 months.

11. The Substance Abuse Policy Leadership Team (SAPLT)

In 1988, the County Executive established the Coordinating Council on Substance Abuse. The Council consisted of 28 senior public agency officials tasked explicitly with coordinating the County's prevention, treatment, and enforcement efforts.

During its early years, DHHS staff report that the Coordinating Council reviewed programs, identified service gaps, ensured a balanced approach between prevention, treatment and enforcement, and reallocated resources to target areas as needed. Regular SAPLT attendees included senior officials from key County Government Departments, the County Council, MCPS, the State's Attorney Office, District Court, M-NCPPC Park Police, and the Housing Opportunities Commission. (Attachment 4 at © 43 provides more historical information on the County's substance abuse coordination efforts.)

During the second half of the 1990's, the Coordinating Council evolved into the Substance Abuse Policy Leadership Team (SAPLT). The SAPLT was a much less formal group than the Coordinating Council and attendance changed to designees of senior officials instead of the senior officials themselves. SAPLT met quarterly and was chaired by the Director of DHHS. The County's Prevention Coordinator provided administrative staff support. SAPLT was disbanded in October, 2002, shortly after the former Director of DHHS retired from the County Government.

12. The Healthy Montgomery Coalition

The Healthy Montgomery Coalition was established by DHHS in 1993 to identify health promotion priorities and advocate for appropriate public health policies. The membership of the Coalition was determined by DHHS staff and included representatives from area hospitals, local branches of national health organizations and public agency staff.

The Coalition focused on a broad range of public health issues over the years and occasionally emphasized ATOD issues. For example, a focus of the Coalition was to achieve uniform enforcement of smoking policies in all MCPS schools. The Coalition disbanded in June 2002 due to staff reassignment to other Departmental priorities.

13. The Prevention Network

The Prevention Network was established in the mid-1980's by DHHS to provide non-profit organizations and public agency staff an opportunity to develop, network, and discuss information concerning ATOD prevention. The Prevention Network was primarily attended by County department staff and community organizations that received mini-grants from DHHS to provide community based prevention services. The Prevention Network also sponsored training sessions, such as, "strategies for getting your message into the media." Monthly meets were attended by approximately eight to ten people. A private contractor chaired the meetings and the County's Prevention Coordinator provided administrative support. DHHS disbanded the Prevention Network in May 2003 due to the loss of funding for FY 04.

IV. COORDINATOR POSITIONS FOR COUNTY GOVERNMENT ATOD PREVENTION PROGRAMS

In addition to the groups identified in Chapter III, the County Government uses a Prevention Coordinator to coordinate the array of ATOD prevention activities. This chapter reviews the role of the County's Prevention Coordinator, as mandated by the State. It also describes the Cigarette Restitution Funds Program Coordinator position that performs program oversight and evaluation in the field of substance abuse prevention.

A. Prevention Coordinator

The State's Vision. The State's Alcohol and Drug Abuse Administration (ADAA) plans, develops, and coordinates the delivery of prevention services in Maryland. To fulfill this responsibility, ADAA utilizes a Prevention Coordinator network consisting of a designated Prevention Coordinator in each of the 23 Counties and Baltimore City.

According to ADAA, "prevention coordinators assist local citizens and organizations in identifying needs and developing prevention projects that will be successful in their respective communities." The primary roles of the prevention coordinator are to identify program needs, develop projects, and obtain program funding. To accomplish these objectives, ADAA expects the program coordinator to work closely with "all elements of the community," including "schools, human services agencies, youth services agencies, substance abuse treatment programs, neighborhood organizations, businesses, parent groups, religious groups and law enforcement officials." Attachment 5 at © 50 lists program standards and minimum skills and competency guidelines for the delivery of ATOD prevention services throughout the State.

ADAA does not specify minimum qualifications for education and/or training; however, the Maryland Addictions Professional Certification Board (MAPCB) has established requirements to be certified as a prevention specialist:

- The Accredited Prevention Specialist, the first level credential, requires a high school diploma or GED, one year of ATOD prevention experience, 100 hours of approved training, and 60 hours of experience.

- The Certified Prevention Specialist requires a bachelor's degree, two years of ATOD prevention experience, 200 hours of approved prevention training, and 120 hours of experience.

Montgomery County's Prevention Coordinator. In Montgomery County, the Prevention Coordinator is located in DHHS' Public Health Services Area (Health Promotion and Prevention Section). The County's long standing Prevention Coordinator retired in April, 2003. Her successor was appointed in June, 2003. The primary roles and responsibilities of the Prevention Coordinator are to direct and coordinate an array of County-wide activities to prevent substance abuse. The position description lists the following essential functions:

- Plan, develop, supervise, and evaluate an array of program services;
- Select, train, and supervise staff and contractors who provide prevention related services;
- Disseminate current research information to public and private partners to ensure prevention programs incorporate the latest research findings;
- Manage both County and non-County funds;
- Represent the County at national, state, and local levels; and
- Coordinate program and services with other public and private agencies.

Other responsibilities (cited in the Position Description) include, chairing meetings of Drawing the Line and providing staff support to the Substance Abuse Policy Leadership Team.[1] The position description states that the position "requires knowledge of public health theory and of current developments in the substance abuse prevention field."

In FY 03, the Prevention Coordinator managed a budget of $970,000 (County and non-County funds) for substance abuse prevention services. The FY 04 approved budget shows $570,000, including

- $41,000 in County funds;
- $204,000 in State Block grant funds;
- $244,000 in competitive State grants; and
- $81,000 in grant funds from the State government (GOCCP).[2]

Comments and Observations. The stated roles and responsibilities of the Prevention Coordinator's position emphasize community outreach and supervising the provision of direct services with less attention on inter-agency coordination.

From OLO's observations, the Prevention Coordinator (now retired) devoted her time to working with community groups, managing grants, conducting literature reviews, and disseminating research and other relevant information on prevention issues. DHHS management staff observe that the Prevention Coordinator functioned as an effective community liaison in part because community groups depended on the Prevention Coordinator for grant money. In contrast, other department/agency staff who secure funding for prevention programs independently are less beholden to the Prevention Coordinator.

Prior to her retirement, OLO spoke at length with the Prevention Coordinator about improving inter-agency coordination. The Prevention Coordinator suggested elevating the position to improve inter-agency coordination. (The current Prevention Coordinator position is classified as a grade 25.) She also acknowledged that disaggregated funds did not help inter-agency coordination.

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[1] DTL is now chaired by staff person from DLC and SAPLT has been disbanded.
[2] DHHS reports that the status of the $81,000 grant from the State government is uncertain.

B. Cigarette Restitution Funds Program Coordinator

In November 1998, Maryland settled its lawsuit against the tobacco industry when it signed the Master Settlement Agreement. The State created the Cigarette Restitution Fund (CRF) as the repository of all settlement funds received from the tobacco companies. The funds are intended to end smoking and "conquer" cancer in the state. CRF funds pay for the County's tobacco use and cessation program as well as its cancer prevention, education, screening and treatment program. The number of individuals who use tobacco products determines the level of funding.

DHHS established a CRF program coordinator to oversee the distribution of funds. The position description calls for a person with a medical background[3] and a master's degree in public health. The person must possess strong oversight, leadership, coordination, analytical and evaluation skills. The position is located in DHHS' Public Health Services Area (Community Health Services Section).

The coordinator's role includes establishing a Tobacco Prevention Use and Cessation Coalition that consists of members from diverse backgrounds, including minority and medically underserved populations. The primary role of the coalition is to assist the County in implementing programs and make recommendations to the County on how best to allocate the CRF money.

To assist in the decision making process, the coordinator develops a framework of strategies to reduce tobacco use, rates of cancer morbidity and mortality, and tobacco related diseases in Montgomery County. Collectively, the strategies encompass: community; school; enforcement; and cessation based initiatives. Each strategy is based on Centers for Disease Control best practices and the Governor's Task Force to End Smoking in Maryland. County agencies and community-based organizations carry out the strategies.

Each year, the Coordinator issues a comprehensive Tobacco Report that includes an action plan for the following year. The report also includes an assessment of the year's activities that depicts: name of the service provider; how the service provider was selected; what element of the overall plan was addressed; what population was targeted; period of service; scope of service; actual performance measured against CDC performance measurement principles; and the source and amount of funding provided.

Also, the Coordinator develops a yearly inventory of tobacco use prevention and cessation programs in the county. The inventory includes the amount of funding for the programs and details the level of success in meeting its objectives. Based on the inventory and the overall evaluation of programs, the coordinator is able to determine whether any of the existing programs are ineffective, duplicative, or costly, and can make changes, accordingly.

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[3] Mainly due to the clinical component of the program.

V. FINDINGS AND RECOMMENDATIONS

During the past 20 years, the County Council consistently has identified preventing the use of alcohol, tobacco, and other drug use (ATOD) among school-age youth as a priority issue. As a follow-up to last year's inter-agency study of prevention programs, the Council asked the Office of Legislative Oversight to:

- Review the current structure of groups and designated staff that deal with ATOD prevention issues; and
- Recommend a blueprint for a more coordinated, inter-agency prevention program structure.

This structure is needed to implement the policy framework outlined in Council Resolution 14-1419, *Programs & Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth*, adopted September 17, 2002, which calls for:

- Integrating the County's prevention services within the broader context of the County's enforcement, treatment, and rehabilitation efforts;
- Improving inter-agency ATOD prevention planning and coordination;
- Setting ATOD prevention funding priorities across agencies; and
- Evaluating ATOD program effectiveness so that, over time, the Council can direct funding to programs whose effectiveness is supported by empirical findings.

The FY 02 study focused on programs and activities that have as a primary goal to delay, reduce, and/or prevent altogether alcohol, tobacco, and/or drug use among school-age youth. The findings and recommendations in this follow up study extend to the coordination of substance abuse prevention programs/activities aimed at all ages.

This chapter summarizes the results of OLO's study. Part A (begins on page 21) presents OLO's findings, and Part B (begins on page 29) outlines OLO's recommendations.

PART A: FINDINGS

Finding #1: Council Resolution 14-1419 establishes an ambitious vision for coordinating the planning and delivery of substance abuse programs in the County. Implementation of the Council's vision will not be easy.

Council Resolution 14-1419, *Programs & Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth*, adopted September 17, 2002, calls for an effective inter-agency committee structure that can successfully: integrate the County's prevention services within the broader context of the County's enforcement, treatment, and rehabilitation efforts; coordinate ATOD programs; establish ATOD funding priorities; and evaluate ATOD program effectiveness. Realistically, the following obstacles make it difficult for this vision to be easily or quickly implemented:

- There is no standing committee that currently coordinates funding, planning, or service delivery among the prevention programs delivered across the agencies.

- There is no consistent approach to monitoring the effectiveness of the different prevention activities.

- Funding for prevention activities flows from multiple sources to disaggregated programs and committees, which makes it difficult to set funding priorities across the agencies.

Finding #2: Substance abuse prevention programs rely heavily on strong partnerships with citizen and community groups.

Substance abuse prevention programs rely heavily on the active involvement of a broad cross section of the community to re-engineer the social environment that puts people at risk for substance abuse. The grassroots focus that characterizes many prevention programs produces a high level of community participation from multiple citizen groups.

The roster of participants includes community-based organizations, religious community leaders, school-based committees, youth groups, neighborhood associations, medical professionals, non-profit service providers, government officials, and program managers. Participants often perform multiple roles, which may include providing policy and/or funding advice, delivering services, advocating for program changes, or disseminating program information.

Finding #3: Over time, many different groups were established with an interest in substance abuse prevention. While these groups share a common concern about prevention issues, their focus on ATOD issues differs.

Since the early 1990's, more than a dozen different groups were established with a stated interest in substance abuse prevention services. At the beginning of FY 03, 13 groups existed. During FY 03, three of these groups disbanded. Table 3 on page 25 contains summary information about the currently active ten groups.[1]

Five of the ten active groups see ATOD prevention as their primary focus. These five groups are:

1. The Alcohol and Other Drug Abuse Advisory Council, established to advise the County Executive, County Council, and the Director of DHHS on ATOD prevention, treatment, and enforcement programs.

2. The Tobacco Use Prevention and Cessation Coalition, established to make recommendations to DHHS on spending Cigarette Restitution Funds.

3. Drawing the Line, established to create a community consensus that underage drinking is unhealthy, illegal, and unacceptable.

4. The Safe and Drug Free School's Council, established to advise MCPS on the implementation of the Safe and Drug Free Schools program; and

5. The Montgomery County Community Partnership, established to reduce problems related to ATOD use and to apply research to promote effective practices.

Three of the five groups that see ATOD as their primary focus are chartered to act in an advisory capacity. The Alcohol and Other Drug Abuse Advisory Council, the Tobacco Use Prevention and Cessation Coalition, and the Safe and Drug Free Schools Advisory Council were established to advise key decision makers (i.e., the County Executive, the County Council, the Superintendent of Schools, the Board of Education and the County's Health Officer) on ATOD prevention program needs and funding priorities.

The scopes of these three advisory groups differ. The Alcohol and Other Drug Abuse Advisory Council's charter establishes an inter-agency group that provides advice across all prevention, treatment, and intervention programs. In contrast, the Tobacco Use Prevention and Cessation Coalition's charter addresses tobacco issues only and the Safe and Drug Free Schools charter is limited to the Safe and Drug Free Schools program.

[1] The three groups that were disbanded between October 2002 and June 2003 are the Substance Abuse Policy Leadership Team (SAPLT), The Prevention Network, and the Healthy Montgomery Coalition. SAPLT disbanded when the former DHHS Director retired. The Prevention Network disbanded due to loss of funding and the Healthy Montgomery Coalition disbanded due to a shift in DHHS' priorities.

The remaining two groups that have ATOD as a primary focus provide other functions. Drawing the Line and the Montgomery County Community Partnership consist of grant recipients and/or service providers that meet to network, train, provide program updates, and discuss issues related to ATOD prevention. These groups help department and/or agency staff to remain informed of service delivery in the community.

Five groups see ATOD prevention as a secondary focus. For these groups, the issue of substance abuse fits into the context of a much broader mission.

- *The School Health Council* was established by State law in 2000. The statutory role of the Health Council is to advise the Superintendent of Schools and the County Health Officer on school health issues. The Council focuses on student health, with a heavy emphasis on nutritional/dietary and student safety needs. The Council has a subcommittee on substance abuse that informs members of programs aimed at school-age youth. Overall, OLO observed that the Council places a greater emphasis on nutritional/dietary and student safety needs than substance abuse.

- *The Commission on Children and Youth* was established by County law in 1978. The Commission's statutory role is to advise the County Executive, the County Council, the DHHS, and the Board of Education on programs, policies, and funding to promote the well-being of children, youth and families. Each year the Commission chooses specific issues for in-depth study. In past years, the Commission has addressed a range of issues related to children and youth. This year, the Commission chose substance abuse and formed an ad hoc substance abuse committee. According to its members, the committee focused on improving the promotion of the Safe and Drug Free Schools' Student Assistance Program. The ad hoc Committee will disband at the end of this year.

- *The Commission on Juvenile Justice* was established by County law in 2000. The Commission's statutory role is to advise the District Court, the County Council, and the County Executive about juvenile justice program needs. The Commission sees substance abuse as one of many factors that contribute to juvenile delinquent behavior. This year the Commission focused on the overrepresentation of minorities in the juvenile justices system.

- *The Hospitality Resource Panel* was established by DHHS in 2001 to increase awareness of responsible alcohol service. This year HRP looked at the broader issue of providing more social activities for youth under the age of 21.

- *The Youth Strategies Consolidated Grant Work Group* is a part of the DHHS' Collaboration Council for Children, Youth and Families, a public-private partnership policy board that serves as the County's state-required Local Management Board. YSCGW focuses on issues designated by Governor's Office of Crime Control and Prevention (GOCCP). These issues may involve substance abuse prevention, but the Collaboration Council's overarching mission is improving child and family services. For FY 04, the GOCCP's designated issue is addressing the overrepresentation of minorities in the juvenile justice system.

TABLE 3: CURRENT GROUPS INVOLVED IN ATOD PREVENTION

#	Name of Group	Origin of Group	Established	ATOD Focus Primary or Secondary	Frequency of Meetings	Agency Representatives	Community Representatives	Status
Montgomery County Public Schools								
1	Safe and Drug Free Schools Advisory Council	Federal law	1989	Primary	Monthly	1	16	Active
Montgomery County Public Schools and Department of Health and Human Services								
2	School Health Council	State Law	2000	Secondary	Bi-Monthly	15	15-20	Active
Department of Liquor Control								
3	Drawing the Line on Underage Alcohol Use	Councilmember Initiative	1992	Primary	Quarterly	5-10	15-20	Active
4	Hospitality Resource Panel	DHHS Initiative	2001	Secondary	Bi-monthly	5-10	10-15	Active
Non Profit Organizations								
5	Montgomery County Community Partnership	Federal Grant	1990	Primary	Quarterly	N/A	12	Active
Department of Health and Human Services								
6	Collaboration Council's Youth Strategies Consolidated Grant Work Group	State Initiative	2001	Secondary	As needed	16	13	Active
7	Alcohol and Other Drug Abuse Advisory Council	County Code	1991	Primary	Monthly	9*	16	Active
8	Tobacco Use Prevention & Cessation Coalition	State Law	2001	Primary	Monthly	5-10	20-25	Active
9	Commission on Children and Youth	County Code	1978	Secondary	Monthly	4*	23	Active
10	Commission on Juvenile Justice	County Code	2000	Secondary	Monthly	10*	23	Active

Source: OLO, June 2003

* Does not include support staff. Team leaders from MCPS' Student Assistance Program also meet to discuss ATOD prevention issues – see page 10 for details.

Finding #4: The disbanding of three groups during the past year reduced the level of duplicative staff and community resources dedicated to substance abuse prevention programs.

Throughout this study, OLO observed many of the same community and public agency/department staff members attending multiple meetings to report the same information. The disbanding of three groups during the past 12 months (the Senior Advisory Policy Leadership Team, the Prevention Network and the Healthy Montgomery Coalition) has reduced the level of duplicative resources dedicated to substance abuse prevention programs. Specifically:

- Since the membership of the SAPLT had changed over time to the point where it mirrored the public agency staff who attended the Alcohol and Other Drug Abuse Advisory Council, the elimination of SAPLT should improve the use of these staff resources.

- Since the membership of the Prevention Network overlapped with Drawing the Line, this remaining group should be able to fill any gaps left by the elimination of the Prevention Network.

- Since the Healthy Montgomery Coalition focused primarily on tobacco issues, the Tobacco Coalition can continue to address these concerns.

Finding #5: None of the groups identified in this study is currently in a position to fulfill the Council's expectations for coordinating ATOD prevention across agencies, as stated in Council Resolution 14-1419. One of the existing groups emerges as the most promising candidate.

OLO's assessment of the stated purpose, membership, and current activities of the various groups identified the Alcohol and Other Drug Abuse Advisory Council (AODAAC) as the most promising candidate to serve as the lead coordinating committee for ATOD prevention issues.

AODAAC is well-positioned to serve a lead coordinating role for multiple reasons. First, AODAAC cites substance abuse prevention, treatment, and enforcement as its primary focus. Second, by law, AODAAC's membership already includes representatives from numerous agencies. Third, AODAAC's statutory mission already includes many of the same elements the Council identified as needed to improve inter-agency ATOD prevention planning and coordination. Specifically, Section 24-43

of the County Code charges AODAAC's with the following tasks for alcohol and other drug abuse programs:

1. Identify local program needs;

2. Review the State plan;

3. Assist in developing the County plan;

4. Consider available funding and recommend appropriate allocation of funds to support programs;

5. Promote programs;

6. Conduct or participate in one or more pubic forums each year concerning alcoholism and other drug abuse; and

7. Issue an annual report to the County Executive, the County Council, and the Director of DHHS that evaluates the progress of local programs, identifies actions to improve programs, and outlines goals for the following year.

AODAAC members and DHHS staff suggest that some changes to AODAAC are needed for AODAAC to serve a lead coordinating role. Specifically, DHHS staff suggest that AODAAC would need to shift its current focus to strike a more even balance among prevention, treatment, and intervention issues. Currently, the Mental Health and Adult Addictions expert in DHHS provides the only substantive staff support to the group. As a result, the group focuses heavily on treatment and intervention programs. To meet the Council's expectations of integrating prevention services into a broader context, AODAAC would need to spend more time discussing prevention issues. It would also need staff support from a professional, knowledgeable in the field of prevention.

The Chair of AODAAC and DHHS staff report that the group is working to realign its focus to fulfill its chartered roles. In FY 03, the Chair reports that the group reviewed the State plan for substance abuse, commenced drafting by-laws, developed an annual report, and formed four sub-committees (Executive, Prevention, Treatment, and Enforcement). At the meetings attended, OLO observed that the group primarily provided a forum for information dissemination. Agency and department staff provided program updates and guest speakers gave informational seminars. In addition, OLO observed that not all ATOD prevention programs/activities are represented at AODAAC meetings (e.g., programs/activities delivered by the Department of Recreation, M-NCPPC Park Police, and Housing Opportunities Commission).

Finding #6: Two full-time staff positions in the Department of Health and Human Services are tasked with coordinating ATOD prevention and Tobacco Prevention programs.

The Prevention Coordinator. State law requires the County to designate a Prevention Coordinator to direct and coordinate the array of substance abuse prevention activities. The County's long standing Prevention Coordinator retired in April, 2003; DHHS transferred a current employee into the Prevention Coordinator job in June 2003. The Prevention Coordinator is located in DHHS' Public Health Services Area in the Health Promotion and Prevention Section.

The position description for the Prevention Coordinator emphasizes community outreach efforts and providing direct services. The position description also requires that the Prevention Coordinator chair Drawing the Line, provide staff support to the Substance Abuse Policy Leadership Team (now disbanded), and attend the meetings of the Prevention Network (now disbanded), AODAAC, and many of the groups identified in this study. The duties of the Prevention Coordinator place little emphasis on inter-agency coordination, or research, analysis and program evaluation skills.

The Cigarette Restitution Fund Program Coordinator. In FY 2000, Maryland enacted legislation that created the Cigarette Restitution Funds (CRF) Program to end smoking and "conquer" cancer in the state. DHHS established a CRF program coordinator, located in the Public Health Services Area, to oversee the distribution of funds. The position description calls for a physician (mainly due to clinical component of the program) with a master's degree in public health who possesses strong oversight, leadership, coordination, analytical, and evaluation skills.

The CRF Program coordinator's role includes establishing a Tobacco Prevention Use and Cessation Coalition. The Coalition's primary role includes making recommendations to the County on how best to allocate the CRF money.

Each year, the Coordinator issues a comprehensive Tobacco Report that includes an action plan for the following year. The report also includes an assessment of the year's activities that identifies:

- The name of each service provider and how the provider was selected;
- What element of the overall plan was addressed;
- What population was targeted;
- The period and scope of service;
- The actual performance measured against CDC performance measurement principles; and
- The source and amount of funding provided.

Through this reporting process, the coordinator is able to determine whether any of the services are duplicative, ineffective, or costly, and then make changes accordingly.

PART B. RECOMMENDATIONS

The Office of Legislative Oversight recommends the Council take a series of actions to improve inter-agency ATOD prevention planning and coordination, set ATOD funding priorities across agencies, and evaluate ATOD program effectiveness. In sum, OLO recommends that the Council:

- Request that the Department of Health and Human Services (DHHS) revise the job description of the Prevention Coordinator to incorporate the analytical, research, and evaluation skills needed to support ATOD prevention policy and program issues across the agencies;

- Amend the County Code to designate the Alcohol and Other Drug Advisory Council (AODAAC) as the lead coordinating committee for ATOD prevention activities; and

- Amend Resolution 14-1419 to stipulate that inter-agency prevention issues will be coordinated through the Prevention Coordinator and AODAAC.

OLO believes these steps are needed to ensure:

- The effective coordination of prevention programs across the agencies;
- The delivery of consistent prevention messages across programs;
- That programs are based on current knowledge of what activities work; and
- The efficient use of available prevention resources.

The recommendations below outline the specific steps required to implement the blueprint.

Recommendation #1: The Council should ask DHHS to revise the Prevention Coordinator's position description to emphasize analytical, research, and evaluation skills.

The Prevention Coordinator position is located and funded in the Department of Health and Human Services. The existing position description for the Prevention Coordinator calls for an employee skilled in identifying, nurturing, and training grassroots community organizations to deliver a broad based set of prevention activities that will change the social environment.

In contrast, the Cigarette Restitution Funds (CRF) Program Coordinator position calls for an employee who possesses strong oversight, leadership, coordination, analytical, and evaluation skills. The CRF Program Coordinator staffs the Tobacco Use Prevention and Cessation Coalition and issues a comprehensive Tobacco Report that includes an action plan for the following year.

OLO recommends that the Council ask DHHS to consider refocusing the position description for the Prevention Coordinator to mirror the current program coordination and evaluation duties of the CRF Program Coordinator.

Parallel to the work of the CRF Program Coordinator, the Prevention Coordinator should produce an annual ATOD Prevention Report. The Prevention Coordinator should work with members of AODAAC to develop an annual report that details the:

- Most current data on actual ATOD use in the County;
- Latest empirical research on "what works" to prevent ATOD use;
- Inventory of prevention programs delivered by County agencies, including County and non-County funded programs;
- Amount of County and non-County funding allocated to prevention programs;
- Outside funding opportunities;
- Major milestones achieved; and
- Agencies/department's progress on implementing effective prevention programs and strategies.

Based on these findings, the report should include an action plan for the following year that identifies:

- The County's top prevention priorities;
- The strategies and funding priorities (agreed to by all agencies) to achieve the priorities set;
- Opportunities for improving ATOD prevention planning and coordination across agencies; and
- Ways to efficiently use prevention resources (i.e., elimination of duplicated efforts).

In order to produce such a report, the Prevention Coordinator would need to compile program information from program managers across all agencies and departments, and review information for demonstrated effectiveness and program innovation, on an annual basis. The report would also need to augment OLO's previous work on school-age youth prevention programs and inventory ATOD prevention programs targeted at other age groups.

The Prevention Coordinator and Chair of AODAAC should submit the annual report to the County Executive and the County Council. An early fall delivery date would allow the report's findings and recommendations to be considered by the County Executive and the County Council.

OLO also recommends that the Prevention Coordinator provide professional staff support to the AODAAC on substance abuse prevention issues. (See recommendation #2 page 31.)

Recommendation #2: The Council should amend the County Code to designate the Alcohol and Other Drug Abuse Advisory Council as the lead coordinating committee for ATOD prevention issues.

AODAAC's charter cites substance abuse prevention, treatment, and enforcement as their primary focus. By law, AODAAC's current membership already includes representatives from multiple agencies. In addition, AODAAC's statutory mission already includes some of what the Council has outlined as needed to improve inter-agency ATOD prevention planning and coordination.

To best position AODAAC to deliver on the Council's expectations for inter-agency coordination on ATOD prevention:

- The County Council should amend the County Code (Section 24-41 – 24-43) to designate AODAAC as the lead coordinating committee for ATOD prevention issues.

- The County Council should revisit the legal requirements for AODAAC to make membership less prescriptive. This should provide DHHS with the flexibility to recruit members that are technically knowledgeable and interested in substance abuse prevention, treatment, or enforcement as needed. Also, all agencies/departments that deliver ATOD prevention programs should be represented at AODAAC meetings.[2]

- The Prevention Coordinator and the Mental Health and Adult Addictions Program Manager should jointly staff AODAAC. DHHS should continue to provide AODAAC with administrative staff support as well.

- AODAAC should assist the Prevention Coordinator with the development of an annual comprehensive ATOD Prevention report (see recommendation #1 for details).

[2] AODAAC current membership includes representatives from all departments and agencies that deliver ATOD prevention programs/activities, except for the Department of Recreation, M-NCPPC Park Police, and Housing Opportunities Commission.

Recommendation #3: The Council should amend Resolution 14-1419 to stipulate that the Prevention Coordinator and AODAAC share joint responsibility for inter-agency coordination of prevention programs.

The Council should publicize its expectation that community members, and agency and department staff who participate in ATOD substance abuse prevention programs will work to coordinate prevention-related issues through the Prevention Coordinator and AODAAC.

Given the attrition of groups during the past 12 months, OLO does not recommend the elimination of any of the remaining advisory groups or service provider groups at this time. However, given the grassroots nature of substance abuse prevention activities, a conscientious effort is needed to manage the proliferation of committees with similar or overlapping purposes.

In the future, advisory committees with an interest in substance abuse should make every effort to seek the advice of AODAAC and/or consult with the Prevention Coordinator, instead of setting up a separate standing or ad-hoc committees. Designating AODAAC as the lead agency to coordinate substance abuse prevention programs is not meant to stifle the input, contributions or wisdom of other advisory groups; however, it is intended to provide a central point for processing substance abuse prevention policy issues. Ideally, the designation of AODAAC as the lead substance abuse agency will also lead to more efficient use of staff time by reducing the number of committee meetings staff need to attend.

Attachment 1

Resolution No.: 14-1419
Introduced: September 17, 2002
Adopted: September 17, 2002

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

By County Council

Subject: Programs and Strategies to Prevent Alcohol, Tobacco, and Other Drug (ATOD) Use Among School-Age Youth

Background

1. Alcohol, tobacco, and other drug (ATOD) use among Montgomery County students, as among students State and nationwide, peaked in the mid-1990's. Since 1998, alcohol and cigarette use by County students declined, in some age cohorts by more than 10 percent.

2. While recognizing progress has been made, 2001 survey data show significant numbers of County high school students drink and abuse alcohol, smoke cigarettes, and use marijuana. Alcohol is the illegal substance most commonly used by school-age youth. Of County 12th graders surveyed in 2001, 66% self-report having ever tried some form of alcohol; 44% drank during the past 30 days; and 28% had five or more servings of alcohol on the same occasion during the past 30 days.

3. Over the past 20 years, the County has committed significant staff and funds to addressing substance abuse issues. Agencies involved with prevention activities for school-age youth are the Montgomery County Public Schools, four County Government departments (Health and Human Services, Police, Recreation, and Community Use of Public Facilities), the Housing Opportunities Commission, Office of the Sheriff, and the Maryland-National Capital Park and Planning Commission.

4. Across agencies, more than 30 programs cite substance abuse prevention among school-age youth as a primary goal and at least 10 standing committees deal with prevention issues. The County also has a Prevention Coordinator, who is part of the State Alcohol and Drug Abuse Administration's Statewide Prevention Network.

5. Across agencies, the Council appropriated $7.0 million in FY 03 to support prevention activities. About $2 million (30%) of this money was non-County funds, primarily state and federal grants. An estimated $4.6 million (66%) of the $7.0 million appropriated in FY 03 supports universal prevention programs, $1.8 million (26%) support selective prevention programs, and $0.5 million (8%) support indicated prevention programs.

6. An increasing volume of research documents that prevention programs can work to delay, reduce, or prevent altogether alcohol, tobacco, and drug use/abuse. The research has also found that some programs do not work, some are promising but not proven, and others have yet to be tested adequately.

Action

The County Council for Montgomery County, Maryland, approves the following resolution:

1. Preventing the use of alcohol, tobacco, and other drug use among school-age youth is a Council priority. Alcohol and drug use among young people is associated with impaired school performance, physical abuse, unwanted pregnancies, fatal and non-fatal accidents and other injuries. In addition, the research clearly shows that the early involvement with any drug is a risk factor for later substance abuse and criminal activity.

2. Prevention is arguably the most cost-effective approach to the problem of substance abuse. Preventing the County's youth from using alcohol, tobacco, and other drugs in the first place holds many advantages over paying later for the direct and indirect costs of substance abuse, i.e., treatment, rehabilitation, possible incarceration, lost productivity, and related social pathologies.

3. The Council recognizes that prevention programs alone cannot be held accountable for reducing alcohol, tobacco, and other drug use among school-age youth. The County's prevention activities need to fit within an overall strategy of reducing substance abuse, which includes enforcement, treatment, and rehabilitation efforts.

4. While recognizing that there is no one best prevention program or approach that will stop all drug use, the Council encourages agency staff to take full advantage of the prevention research base that has developed over the past 25 years. This research contains important lessons about "what works" in the field of alcohol, tobacco, and other drug prevention.

5. The Council's policy goal is to promote the implementation of prevention programs and strategies in the County that are known to be effective in delaying, reducing, or preventing altogether the use of alcohol, tobacco, and other drugs among school-age youth. At the same time, the Council wants to encourage innovation and creativity in prevention programming. Consistent with these goals, the Council's funding decisions over time will increasingly favor:

   - ❖ Prevention programs and strategies that already have a record of demonstrated effectiveness; and
   - ❖ Innovative prevention programs and strategies that have a built-in method of evaluation.

6. By the end of FY 03, the Council anticipates that a more efficient and effective committee structure for inter-agency coordination on prevention issues will be in place. The Council plans to call upon this inter-agency group for updates on the latest prevention research, and the agencies' progress on implementing effective prevention programs and strategies.

This is a correct copy of Council action.

Mary A. Edgar

Mary A. Edgar, CMC
Clerk of the Council

ATTACHMENT 2: COMPARISON OF ATOD PREVENTION PROGRAMS FOR SCHOOL-AGE YOUTH FY 02 TO FY 04

Agency/Department	ATOD Prevention Programs in FY 02	Changes to ATOD Prevention Programs in FY 04 X=Not Operating R=Reduced
OTHER AGENCIES		
Montgomery County Public Schools	MCPS Health Education	R
	Phoenix Program I/II	
	Safe and Drug Free Schools (SDFS) ➢Comprehensive Health Education[1] ➢Student Assistance Program[2] ➢Summer Institute ➢Productive Partnerships ➢School Community Action Teams	 X R X R
Housing Opportunities Commission	Drug Elimination Program	X
Office of the Sheriff	Drug Abuse Resistance Education (DARE)	X
M-NCPPC – Park Police	HOME Program	
	Police Activities League	
COUNTY GOVERNMENT		
Department of Health and Human Services:		
a) Public Health Services	Prevention Center	X
	Technical Assistance	
	Under 21 Grants	
	Students Opposed to Smoking	
	HOME	
	Drawing the Line on Underage Alcohol	
	Hospitality Resource Panel	
	Literature Review	X
	Prevention Network	X
	Mini-Grants	X
	The Baobab Tree Project	X
	MISSION	X
	Neelsville Knights Against Tobacco	
	Pre-School Program	
b) Children, Youth, and Family Services	Screening and Assessment Services for Children and Adolescents (SASCA)	
	School Health Services	
Police Department	Drug Abuse Resistance Education (DARE)	X
	Police Activities League (PAL)	
	Community Outreach Program (COP)	X
	Community Outreach Section	
	Alcohol Initiatives Unit – 10th Grade Health	
Recreation Department	Teen After School	
	Teen Center Program	R
	Teen Events	R
	Teen Leadership	
	Teen Clubs	
Community Use of Public Facilities	Anti-Tobacco Clubs	X

[1] According to MCPS staff, elementary teacher training for health education, elementary prevention network, and character education training has been discontinued.

[2] According to MCPS, staff training for ATOD prevention and intervention has been discontinued.

ATTACHMENT 2 CONTINUED: ATOD PREVENTION PROGRAMS - NOT OPERATING, REDUCED, OR NEW IN FY 04

Agency/Department and Program Name	Change in Funding (Based on FY 02) $ in 000's	Comments Regarding Funding/Services
ATOD PREVENTION PROGRAMS NOT OPERATING IN FY 04		
Montgomery County Police		
1. Drug Abuse Resistance Education (DARE)	($575)	Officers temporarily reassigned due to manpower issues.
2. Community Outreach Program (COP)	($94)	-
Housing Opportunities Commission		
3. Drug Elimination Grant	($514)	Operating only in a volunteer capacity.
Office of the Sheriff		
4. Drug Abuse Resistance Education (DARE)	($77)	Officer reassigned.
Montgomery County Public Schools		
5. Safe and Drug Free Schools Comprehensive Health Education	($102)	The Elementary Teacher Training, Elementary Prevention Network, Character Education Training, and DARE Program will not operate in FY 04.[3]
6. Summer Institute	($60)	-
Community Use of Public Facilities		
7. Anti-Tobacco Clubs	($14)	-
Department of Health and Human Services - Public Health Services		
8. Prevention Center	($181)	-
9. Prevention Network	($15)	-
10. Literature Review	($27)	-
11. Mini-Grants	($83)	-
12. The Baobab Tree Project	($32)	-
13. MISSION	($32)	-
ATOD PREVENTION PROGRAMS OPERATING AT REDUCED LEVEL IN FY 04		
Montgomery County Public Schools: Safe and Drug Free Schools*		
1. Student Assistance Program	($108)	Staff training for ATOD prevention and intervention has been discontinued.
2. School Community Action Teams	($30)	Operating with only regional coordinators
Recreation Department		
3. Teen Center Program	N/A	No High School Centers
4. Teen Events	N/A	No after game parties (High School) & One fewer under-21 County-wide event
NEW ATOD PREVENTION PROGRAMS OPERATING IN FY 04		
Montgomery County Police Department		
1. Educational Facilities Officers	$700	It is expected that, when implemented, a small percent of these officers' time will be spent on substance abuse issues in schools.
Department of Health and Human Services - Public Health Services		
2. Across Ages	$99	Youth Mentoring Project – Part of State Model Program Initiative

[3] According to MCPS, the Second Step and Classrooms to Courtrooms Program will continue at a reduced level.

ATTACHMENT 3: DETAILS OF GROUPS INVOLVED IN ATOD PREVENTION

Groups staffed by Montgomery County Public Schools (MCPS)

Groups staffed jointly by Montgomery County Public Schools and the Department of Health and Human Services (DHHS)

Groups staffed by the Department of Liquor Control (DLC)

Groups staffed by non-profit organizations

Groups staffed by the Department of Health and Human Services

GROUP NAME: Safe and Drug Free Schools Advisory Council

STAFF SUPPORT: Montgomery County Public Schools

ORIGIN OF GROUP: Federal Code, Title IV of Improving America's School Act of 1994, Section 4001-4132.

MEETING FREQUENCY: Monthly

CATEGORY: ATOD Prevention as a Primary Focus

A. Purpose:

Established in 1989 when the Safe and Drug Free School (SDFS) program began, the Advisory Council is mandated by the Federal Safe and Drug Free Schools and Communities Act. The stated purpose of the Advisory Council is to oversee the implementation of the SDFS program in Montgomery County.

B. Membership, Structure, and Staffing:

The Advisory Council has 17 teacher or parent volunteers: one from the MCCPTA and one from each MCPS high school cluster.

- Bethesda-Chevy Chase
- Damascus
- Walter Johnson
- Northwest
- Wootton
- Sherwood
- Magruder
- Seneca Valley
- Einstein
- Churchill
- Quince Orchard
- Gaithersburg
- Kennedy
- Watkins Mill
- Paint Branch
- Richard Montgomery

Currently the Council meets on the second Thursday of every month at Mark Twain High School.

The MCPS' Substance Abuse Prevention Specialist provides administrative and substantive support to the Council. The substance abuse prevention specialist:

- Updates council members about SDFS's programs and initiatives;
- Solicits ideas to improve and evaluate SDFS's programs; and
- Provides administrative support for Council meetings.

C. FY 03 Activities:

Council meetings focus on the issues facing the Montgomery County SDFS's program. In FY 03, the Council addressed the impact of the "No Child Left Behind" Act on Safe and Drug Free School's funding[1] and sponsored a seminar series held monthly for parents on alcohol and other drug prevention. The Council also stressed the importance of SDFS Advisory Council members documenting all activities they conduct in schools, and discussed the loss of office space in Mark Twain high school for SDFS's material.

[1] A MCPS decision to reallocate funding to another title one program resulted in a $300K reduction to the Safe and Drug Free Schools Program.

GROUP NAME: School Health Council

STAFF SUPPORT: Department of Health and Human Services and Montgomery County Public Schools

ORIGIN: State Law Maryland Annotated Code, Article 13A.05 - .15 (.13 SHC)

MEETING FREQUENCY: Quarterly

CATEGORY: ATOD Prevention as a Secondary Focus

A. Purpose:

State law requires the County to establish a School Health Council. In May 2000, the Medical Advisory Committee of the Board of Education became the Montgomery County School Health Council. The School Health Council reports jointly to the Superintendent of Schools and the County Government's Health Officer.
The stated purposes of the School Health Council are to:

- Provide a forum for school health concerns;
- Promote and support "comprehensive school health;"
- Provide recommendations on school health issues;
- Obtain community input;
- Promote cooperation between health and educational agencies; and
- Promote public-private partnerships for school programs.

B. Membership, Structure, and Staffing:

The School Health Council for the current school year (2002-2003) is co-chaired by a representative from the Montgomery County Medical Society and the Chair of the MCCPTA's. Members of this year's School Health Council represent the community at large, the County Medical Society, MCPS and the Department of Health and Human Services.

➢ Community Members are from the Montgomery County Workforce, the Mental Health Association, the American Cancer Society, the Montgomery County Collaboration Council, the Commission on Health, and the Chamber of Commerce.

➢ Montgomery County Medical Society representatives include the Southern Maryland Dental Society, private dentists, and the Primary Care Coalition.

➢ MCPS representatives are from Student and Community Services, School Counseling Services, Health Education, Student Services, Linkages to Learning,

School Safety and Security, the Council of PTA's, the Board of Education, Food and Nutrition Services and two principal representatives.

➢ Department of Health and Human Service representatives are from School Health Services, Public Health Services, Health Promotion and Substance Abuse Prevention and Linkages to Learning.

The School Health Council meets quarterly on the first Wednesday of the month at the Department Of Health And Human Services – 1301 Piccard Drive, 4th Floor from 6:00 p.m.-8:00 p.m. The Council has four subcommittees: Mental Health, Nutrition, Safety, and Substance Abuse.

Staff from the Department of Health and Human Service's School Health Services and MCPS's Office of Community Outreach and Special Needs jointly provide administrative and substantive support to the Council. The staff routinely updates members on County programs, pertinent issues related to school health, and general administrative support.

C. FY 03 Activities:

During FY 03 the Council:

- Hired a facilitator to help organize Council priorities and structure;
- Created four sub-committees (Mental Health, Nutrition, Safety, and Substance Abuse);
- Produced a brochure describing the Council's role and activities (See © 11 for a copy of the brochure); and
- Developed specific goals to advocate for the health of children in the County.

SCHOOL HEALTH COUNCIL MEMBERSHIP

Co-chairs

Tracy Fox
Montgomery County Council of PTAs
(2001-2003)

Dr. Jerry Shier
Montgomery County Medical Society
(2001-2003)

Montgomery County Public Schools

Mary Lee Phelps
Associate Superintendent of Student and Community Services, Acting

Judy Madden, Supervisor
Guidance Unit

Russell Henke, Coordinator
Health Education

Min Leong, Director
Student Services

Dr. Paul Scott
Linkages to Learning

Edward A. Clarke, School Safety and Security Director
Dept. of School Safety and Security

Pam Montgomery, Safety Supervisor
Dept. of School Safety and Security

Kathy Lazor, Director
Food and Nutrition Services

Montgomery County Board of Education

Patricia O'Neill, President
Sharon Cox, Member
George Margoles, Staff Director

Montgomery County Department of Health and Human Services Department

Judy Covich, Senior Administrator
School Health Services

Lynn Frank, Chief
Public Health Services

Richard Helfrich (A)
Public Health Services

Lenora Sherard
Health Promotion & Substance Abuse Prevention

Zrinka Tomic, Sr. Administrator,
Linkages to Learning

Montgomery County Medical Society

Dr. Gordon Mella, MD
Dr. Eugene Sussman, MD
Dr. John Lodge, MD

Dental Society

Dr. Tristram Kruger
Southern Maryland Dental Society

Henry Lee
Dentist

Other Community/County Members:

American Cancer Society

Gloria Pender
Community Specialist

Montgomery County Commission on Health

Dr. Sacred Bodison
Dr. Joan Postow

Mental Health Association of Montgomery County

Sharon Friedman, Director
Julie Hochman
Amy Christianson

Montgomery County Collaboration Council

Kathy Lally, Director
Arva Jackson, Chair

Primary Care Coalition

Steve Galen, Executive Director

Montgomery County Council

Joan Planell, Sr. Legislative Analyst

Montgomery County Council of PTAs

Tracy A. Fox, Chair, Health Committee, MCCPTA

Montgomery County Workforce

Bob Anantasi, Business Representative

Chamber of Commerce (TBA)

Media (TBA)

Community Member

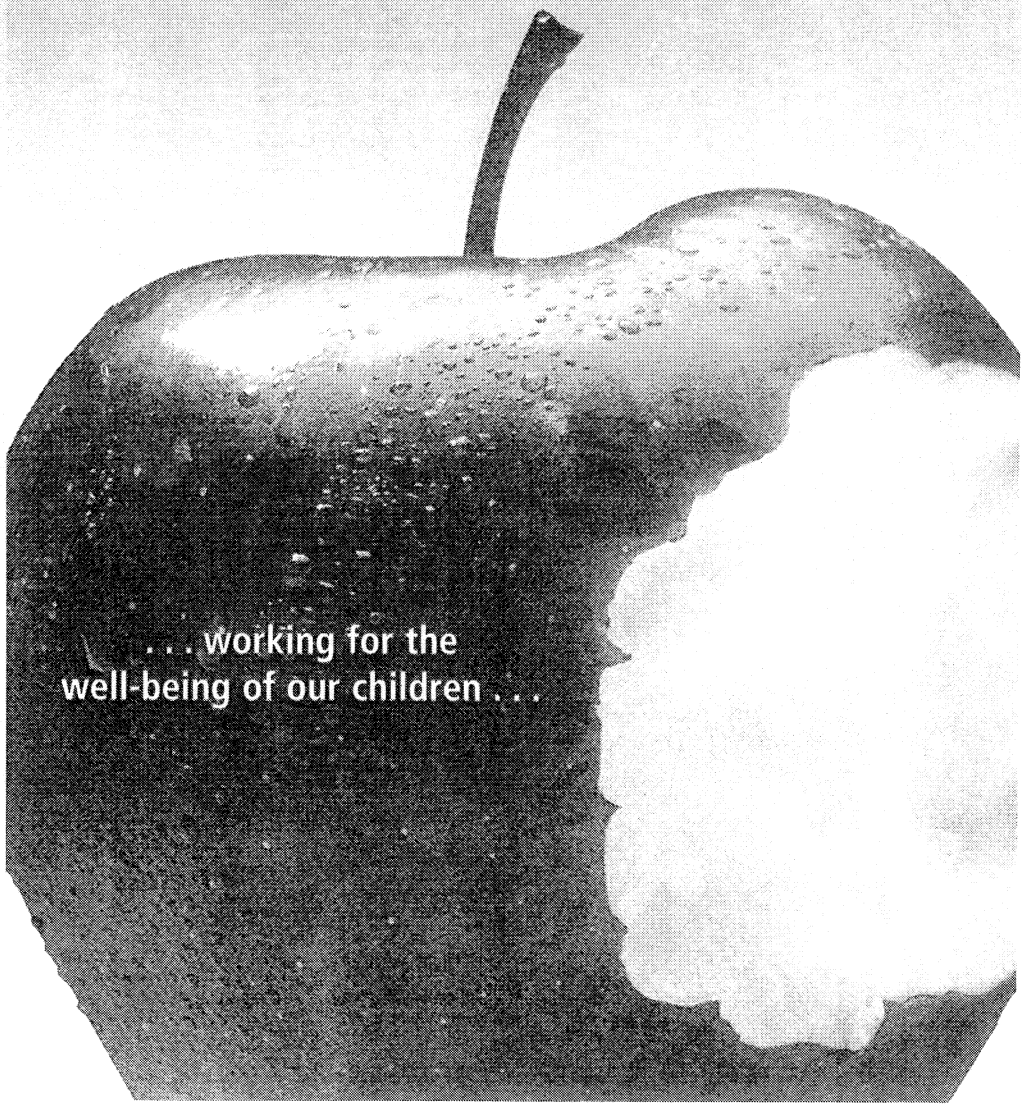
Lucie Campbell
Community At Large

Student Representatives

Maxine Norcross

401 Hungerford Drive • Rockville, Maryland 20854
Phone: 240.777.1626 • Fax: 240.777.1600

MONTGOMERY COUNTY SCHOOL HEALTH COUNCIL



The Montgomery County **School Health Council** is an advisory and advocacy group dedicated to promoting the health and well being of our school age youth. The School Health Council reports to the Montgomery County Health Officer and the Superintendent of Schools. We are composed of members representing broad segments of the community with a common commitment to:

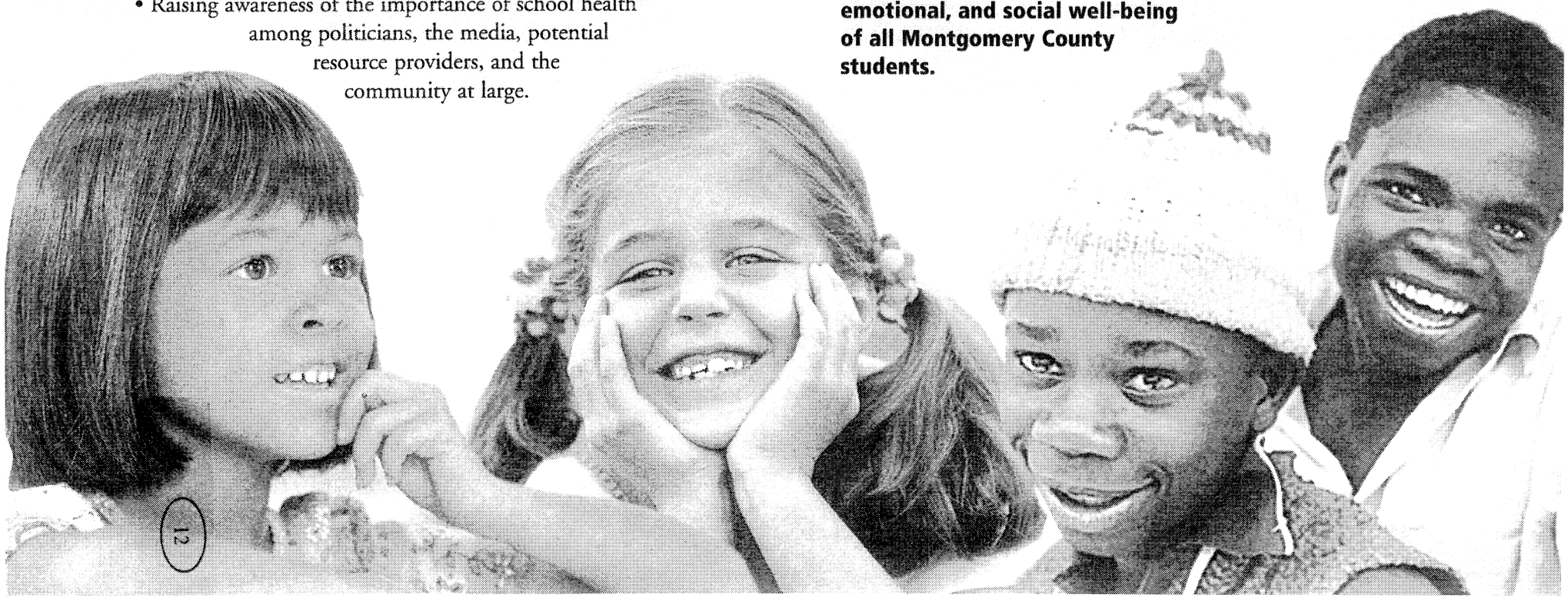
- Advocating for cooperation between health and education agencies of government
- Forging public-private partnerships to support school health programs and services
- Facilitating forums for the discussion of community ideas, questions, and concerns.
- Developing specific recommendations to the County Health Department and Public Schools to assure health-conscious programs and practices that are of the highest quality and that are regularly and systematically evaluated.
- Raising awareness of the importance of school health among politicians, the media, potential resource providers, and the community at large.

The Council's efforts are based on the principle of a **Coordinated School Health Program.** This principle prescribes that Montgomery County Public Schools, Health and Human Services, private health and education providers, students and families, local business, the media, and religious organizations all work together to:

- Preserve student health as a priority
- Promote the efficient and effective delivery of school health programs and services
- Assure accountability

The School Health Council focuses its collective time and energy on promoting a healthy school environment through the enhancement of student health instruction, health services, physical activity and nutrition, physical and mental safety, and school and community programs.

The School Health Council is dedicated to promoting the academic achievement as well as the physical, emotional, and social well-being of all Montgomery County students.



GROUP NAME: Drawing the Line on Underage Alcohol Use

STAFF SUPPORT: Montgomery County Department of Liquor Control

ORIGIN OF GROUP: Montgomery County Department of Health and Human Services

MEETING FREQUENCY: Quarterly

CATEGORY: ATOD Prevention as a Primary Focus

A. Purpose:

Drawing the Line on Underage Alcohol Use (DTL) was established in 1992 to change the public's perception of underage alcohol use and to change policies, procedures, and laws regarding underage alcohol use.

B. Membership, Structure, and Staffing:

DTL's participant roster lists more than 30 "partners" including government officials, civic groups, non-profit organizations, and businesses. DTL's current roster of active members lists one or more representatives from the following government agencies, departments, and organizations:

- B-CC Regional Services Center
- Collaboration Council
- Community Members
- Criminal Justice Coordinating Commission
- District Court
- Hospitality Resource Panel
- Kensington Volunteer Fire Department
- Leonard Communications
- Mothers Against Drunk Driving
- Montgomery County Police Department
- Montgomery County Board of License Commissioners
- Montgomery County Department of Liquor Control
- Montgomery County Department of Health and Human Services
- Montgomery County Department of Recreation
- Montgomery County Department of Correction and Rehabilitation
- Montgomery County Public Schools
- National Highway Safety Traffic Administration
- Nurse Practitioners
- Project Prom Graduation
- Sandy Spring Fire Company
- State's Attorney's Office
- Safe and Drug Free Schools
- Wheaton Regional Center

Over the years, County and non-County sources have provided financial support for DTL's activities and the Department of Health and Human Services has provided staff support. In FY 03, however, DTL did not receive any County or non-County funds; and the Community Outreach Coordinator in the Department of Liquor Control provided administrative and substantive staff support. The group changed from monthly to quarterly meetings. In FY 04, the Public Health Services Area in the Department of Health and Human Services will resume staffing responsibilities for DTL. Public Health Services will contract out these staffing responsibilities to the Family Support Center in Bethesda.

C. FY 03 Activities:

Historically, DTL worked with schools, parent organizations, the media and community groups to provide educational programs and technical assistance to address the problem of underage drinking in the County. DTL also lobbied for program funding for ATOD prevention programs.

In FY 03, DTL established three action groups to pursue its goal of changing attitudes and behavior of young people regarding alcohol use. DTL staff report that these action groups follow a SAMHSA model program, Communities Mobilizing for Change on Alcohol (CMCA). According to the SAMHSA website, CMCA is a community organizing program that motivates community members to seek changes in policies and practices. To successfully replicate CMCA, organizations must assess norms, policies and resources, identify a small group committed to advocate for change and create a leadership group to build broad citizen support. Organizations must also develop and implement actions plans, build a base, institutionalize change and evaluate it on an ongoing basis.

The three DTL action groups and their plans for FY 04 are as follows:

1. The Court Watch Action Group (CWAG) is a group of volunteers who observe driving while intoxicated cases in District Court. This group released a court watch report in 2003 and expects to create a training program for judges in FY 04.

2. The Prom Action Group is a group of citizens who are involved with Project Prom, school homecoming, and other events for school-age youth. The group expects to expand its relationships with hotels and retail establishments in FY 04.

3. The Media Action Group seeks to increase the awareness of alcohol issues in the high school community through projects and annual community award ceremonies. The Media Action Group did not conduct any activities in FY 03.

In addition to these action groups DTL will continue to provide educational programs and lobby the County for ATOD program funds.

GROUP NAME: Hospitality Resource Panel

STAFF SUPPORT: Department of Liquor Control

ORIGIN OF GROUP: Department of Health and Human Services

MEETING FREQUENCY: Bi-Monthly

CATEGORY: ATOD Prevention as a Secondary Focus

A. Purpose:

The Hospitality Resource Panel develops safe communities and healthy businesses through the promotion of responsible alcohol service. It is an alliance of business associations, public agencies, educators, community members, enforcement officials, and alcohol suppliers. HRP was created as a result of the HHS Healthy People 2000 Report. In Montgomery County, the HRP serves as an extension of DTL into the business community. The Montgomery County Department of Liquor Control funds HRP.

HRP meets to discuss issues concerning over service and underage service in establishments licensed by the County Board of License Commissioner's and at special one day events. HRP collaborates with the Montgomery County Police Department, Alcohol Unit and Board of License Commissioners to be a resource to the business community.

B. Membership, Structure, and Staffing:

HRP members include local businesses, public agencies, educators, community members, enforcement officials, and alcohol suppliers. County Government departments actively involved with the HRP are the Department of Health and Human Services, the Police Department, the Board of License Commissioners, the Department of Economic Development, the Department of Recreation, and the Department of Liquor Control. Private members of HRP include groups such as the restaurant association and Mothers Against Drunk Driving (MADD).

The Hospitality Resource Panel meets bi-monthly. The Community Outreach Coordinator in the Department of Liquor Control staffs HRP and is responsible for operating HRP events.

C. FY 03 Activities:

In FY 03, HRP focused on responsible alcohol service and the promotion of healthy business practices in the Wheaton Urban District and created Latino alcohol service training. HRP also conducted a community business assessment and code of conduct in the Long Branch community to develop responsible policies in sixteen local licensed establishments. HRP also conducted an Issue Forum on "Hospitality and the Young Adult" at the Charles W. Gilchrist Diversity Center on February 24th, 2003.

The forum was attended by young adults, county employees, local businesses and citizens, and prevention educators. It was convened so that key community stakeholders would discuss the issue of providing more public places for young adults to socialize and the challenges communities face in creating spaces that are safe, comfortable, and successful.

A detailed summary of the Forum begins on the next page from © 17.

HOSPITALITY & THE YOUNG ADULT





ISSUE FORUM -- FEBRUARY 24, 2003

Montgomery County Hospitality Resource Panel

Department of Liquor Control Community Outreach

Funding Provided By
Montgomery County Substance Abuse Prevention Services

Montgomery County Hospitality Resource Panel

Issue Forum:
Hospitality and the Young Adult
February 24, 2003

Table of Contents

Hospitality and the Young Adult

Creating safe and vibrant places for sociability in Montgomery Country for a growing population

Executive Summary

On Monday, February 24, 2003, the Montgomery County Hospitality Resource Panel (MC HRP) convened fifty individuals representing stakeholder interests from all sides of the hospitality issue, including hospitality business owners and associations, highway safety and substance abuse prevention, regulatory control, law enforcement, education, downtown development and youth groups.

The goal was to have a dedicated discussion on a key issue looming both in the county and nationwide: the rapidly approaching arrival of the Millennial Generation (Gen-Y) into adulthood and the need to find space for them to socialize. The goal was to explore the challenges in creating spaces that are safe, comfortable and successful; identify resources available to ensure the creation of such spaces and their safety; and to identify ``next steps'' towards the ultimate goal of forming a consensus plan for the development of future places and the management of existing ones.

The full day forum began with a review of a pre-event survey of participants to define issues and expectations for the day, followed by presentations of representatives from organizations representing diverse perspectives. The group was then randomly assigned to workshops and discussed the morning presentations and formulated a summary of issues and recommendations. A report was presented to the larger group for discussion and consensus building. Among the final recommendations include:

- Educate Business Operators about trends and opportunities and share success stories
- Create more mixed-age activities
- Facilitate inter-agency coordination

This report represents a summary of the day's discussion. It is intended for those involved in community development and organization to use as a guideline on issues to consider when planning or managing a dining and entertainment district.

NOTE: Participation in or sponsorship or the forum does not imply an endorsement of any of the results presented in this report, nor does it imply a consensus agreement on any of the recommendations.

Background

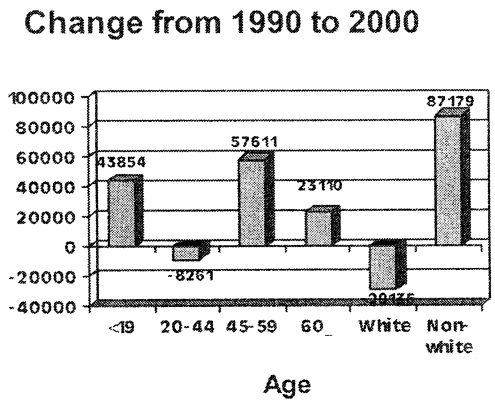
Downtowns throughout the country are experiencing renewed growth and development as demographic and cultural changes shift Americans' priorities from "commuting" to "community." Suburban sprawl is receding back to Main Street as the economy and work patterns change. People seek a more fulfilling "public life" away from everyday stress at home and work, and want to return to opportunities for "unplanned encounters" through casual meetings in social gathering places.

While the first wave of the Baby Boom generation turned 50 in 1995, the 100 million members of the Millennial Generation (first born in 1982 and just turning 20) are on the verge of reshaping and redefining the culture and economy. This demographic shift is already straining the country's institutions. Reminiscent of 1963, when the first wave of the Boomers became of age, a record 51.7 million children are enrolled in the nation's public and private elementary and secondary schools, surpassing the previous record of 51.3 million in 1971. Enrollment is expected to increase to 55.9 million by 2005. This is just one indicator of the impact of this burgeoning population.

KEY FACT

The projected Class of 2009 will be the largest graduating class of high school students in American history

According to William Strauss in Millennials Rising, this is a generation of optimists who are cooperative team players, accept authority and are rule followers. They're the most watched over generation in memory, the "baby on board" generation with highly structured and supervised activities. They are smart, growing up surfing the internet and believing they are "cutting edge." They have more disposable income, begin work at a younger age than previous generations, are civic minded, volunteering at a higher rate than previous generations, and they prefer group activities, even courtship and dating, and will define America's emerging Café Society.

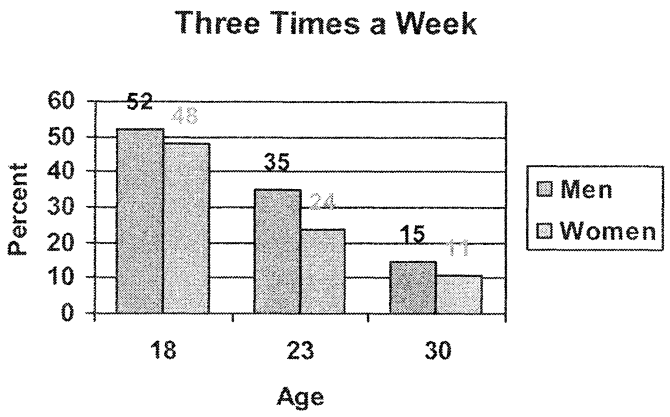


The 2000 Census reports the greatest growth in urban populations was among those over 50 and under 25, highlighting the previously cited trends and marking a potential crisis for cities – the melding of an aging "jingles" population seeking earlier dining and entertainment options and "peace and quiet" after 10 p.m. with those "singles and mingles" starting their night on the town at 10 p.m.

In Montgomery County, the 2000 Census numbers reveal an increase of nearly 44,000 esidents under the age of 19 (i.e. Millennials) and a surge of more than 57,000 residents between the ages of 45-59 (Boomers). The county also experienced profound changes in its racial and ethnic make-up, losing nearly 30,000 white residents and adding more than 87,000 non-whites. So, the county must address diversity in several forms, including age, race, native language and socio-economic standing

According to the University of Michigan Institute for Social Research (ISR), at age 18, about 94% of males and 92% of females go out at least once a week for fun or recreation. By the time they are 31 or 32, 73% of men and 64% of women get out that often. Among other findings:

At 18, 52% of men and 48% of women go out more than three times a week, At 23-24, 35% of men and 24% of women get out that often, But at 31-32, only 15% of men and 11% of women manage to get out of the house at least three nights a week.



With an estimated twenty-five percent growth in those 20-30 over the next decade, and the frequency with which this group goes out, there will be a greater demand than ever for space for sociability. In turn, this will increase the expected impact of hospitality businesses on the larger community and force a more systematic process to evaluate appropriateness of businesses in meeting this demand successfully without adversely impacting the quality of life of residents.

FRAMING THE ISSUE

In their book Millennials Rising, authors Neil Howe and William identify the characteristics of the Millennials and how they will shape society and economic development that include that they are:

- Sheltered – the over- protected ``baby on board'' generation, born of older parents
- Special – highly confident of their abilities and their uniqueness
- Team-oriented – tend to work, socialize, even date in groups
- Achieving – motivated and pressured to succeed, they are the anti-Slackers
- Conventional – may turn out to be ``the cleanest cut young adults in living memory''*
- Civic Minded – socially conscious, strong sense of volunteerism, motivated to affect change
- Diverse – by far the generation most comfortable mingling with those of other backgrounds

BREAK-OUT SESSIONS

The participants in the Issue Forum formed three groups and brainstormed on what they would advise urban planners, business owners and civic officials to consider when developing a dining and entertainment district. There was general agreement that some basic questions need to be answered before even considering such development:

ISSUES

LACK OF ACTIVITIES

The primary issue identified by the discussion groups is the lack of available activities for young adults who want to socialize. There is a lack of space and lack of programmed activities for young adults, leaving too many idle young adults ``hanging out'' with ``nothing to do'' but gather somewhere inappropriate and unsupervised and get into trouble for lack of better alternatives. ``There's nothing else to do in Wheaton late-night but hang out at Metro, Mall, or Dunkin Donuts,'' one participant noted.

Issues
- **Lack of activities**
- **Safety**
- **Economic Development**

Inherent in this issue, participants said, is the schism between entertainment options available for 18-20 year-olds and their 21-25 year-old friends that are of legal age to drink. This is an inherent problem for a social generation whose groups easily cross the age line, especially on college campuses and among those who went to high school together and want to socialize with their of-age classmates. Participants said they didn't

want 18-20 year-olds in bars and nightclubs, but rather more events not centered around alcohol consumption that could accommodate young adults across the legal-age dividing line. Participants also said split-age gatherings are an issue for operators, who incur additional risks and liabilities with an under- and of-age mixed crowd.

Some people agreed with the assessment that young adults tend to mix more easily in diverse groups, but others said an issue is people do tend to segregate themselves on age and racial lines and don't want to mix.

SAFETY

The second issue raised was safety. Young adults hanging out create an image of danger (participants said that Wheaton is seen as unsafe, area around 9:30 Club is seen as unsafe, youth congregating are seen as unsafe, youth are not trusted, the presence of youth is perceived to raise petty crimes and threaten pedestrian safety). Regardless of the age of their customers, an increase in the number of hospitality businesses raised safety concerns, primarily along quality-of-life issues such as parking, noise, trash, public urination, crowds outside afterwards not dispersing, maybe waiting for parents to pick them up.

ECONOMIC DEVELOPMENT

The third issue centered round economic development. Some participants suggested that Montgomery County is close to being built out and that planning for the development for space for sociability for young adults would be difficult to do on a county-wide, or even city and town-wide level.

CHALLENGES

Participants said the biggest challenge to creating space for young adults to socialize is convincing business owners to cater to young adult and mixed-age groups. While no one disputes that that dollars are being lost to restaurants, bars and clubs in DC, it is a challenge to show how operators in the county could capture those same dollars without putting themselves and their licenses at risk. Although there is profit to be made in cover charges and non-alcoholic beverages (coffees, flavored teas, energy drinks, etc.), the perception in the industry is still that alcohol is the profit generator.

Concomitant with this challenge is the challenge of providing space safely. There needs to be sufficient police, private security and regulatory resources available to accommodate a substantial increase in nighttime entertainment businesses. Alcohol service concerns (fake IDs, underage drinking, over-consumption), compliance issues, perceptions about risky youth behavior and conflicts between residential and business neighbors are all potential challenges. A major concern expressed by participants were safety challenges posed by large groups congregating outside establishments, especially after closing time, including young adults waiting for rides.

Another challenge is convincing the planning and development community to buy into creating more space for sociability. Some feel the county is already built-out and that it would be a struggle to create new places in an already saturated development environment. Creating the space required would necessitate a change in the traditional thinking of developers and planners; they would have to be convinced that there is value in providing space for young adults. Another element of the challenge for planners and developers is making sure the infrastructure needs of entertainment facilities are addressed, especially parking.

The other major challenge surrounds race and ethnicity. Getting people to find common ground and cross perceived borders will be difficult, participants said. Overcoming language barriers will be a challenge in and of itself.

STRATEGIES

The three strategies for addressing the issues and challenges raised at the forum are education, support and coordination, participants said.

EDUCATING OPERATORS

Montgomery County would need to form a strategy for educating operators about the profitability of the youth market. The county already has many meeting places, but they need to be encouraged to target this growing market. The education effort needs to highlight opportunities to capture the young adult population and create demonstrations of model programs that cater to young adults profitably and safely. Education efforts would also need to target law enforcement, regulatory and residential communities.

NURTURING MIXED-AGE ACTIVITIES

Businesses, especially the mom and pops that make up the bulk of county operators, would need support from the larger community to offer more alternatives, in terms of hours, off-night activities and target markets. Possible business nurturing would include regulatory support of joint ventures and shared space (adult swim vs. kid swim was given as an example). The county could also nurture cross-generational businesses by incorporating youth activities to existing planned special events – family events, literary day, poetry slams, and by planning more cross-generational events that would raise awareness and comfort between age groups.

INTER-AGENCY COORDINATION

A key to successful long-term strategies is coordination amongst the agencies that oversee hospitality businesses. Economic development and/or county recreation department initiatives cannot be launched without buy-in from the health, liquor control, police, sheriff and other permitting, licensing and regulatory agencies. Non-governmental associations, like PTAs and neighborhood and civic groups need to be included as well, participants said. New safety, education and monitoring programs would need to be developed as well.

RESOURCES

Participants discussed the available resources and additional resources needed to affect change. Among the available resources are evening security and ambassador programs which are available in some places, like Wheaton and Bethesda. Another available resource is a handful of model establishments to be held up as examples: Lewie's in Bethesda, Exhale in Frederick, and the now-closed Studebaker's were all listed as examples, as were non-alcohol centered places that cater to mixed crowds: billiards parlors, Starbucks, **Pinera Red (?).** Participants split on whether the economy was a beneficial resource or a detriment in creating these spaces for sociability.

Where the county currently lacks resources are in police presence and regulatory oversight; having the critical mass of programmed, youth-oriented or multi-generational places to socialize; the lack of activities available late-night (the early closing times of restaurants and malls was cited specifically); and possibly the lack of developable space to accommodate the upcoming need. A specific resource that is both needed and lacking is adequate taxicab service.

COMMITMENT

Creating space for sociability for young adults requires commitments from all stakeholders in hospitality issues, participants said. A true partnership is needed for success. Creating a game plan for development requires buy-in not just from the businesses but from across the spectrum of interests and perspectives. Government needs to conduct research into the economic viability, safety requirements and compliance mandates needed to create appropriate space for sociability. They also need to educate operators, neighbors and others on compliance issues (participants suggested offering ``cheat sheets'' on the most common violations as an example). Businesses and agencies need to work to get communities to support such businesses. All of the stakeholders would also need to commit to keeping open lines of communication between each other, through an entity like the Hospitality Resource Panel,

which would facilitate communications and inform businesses of demographic trends, regulatory needs and community opportunities.

RECOMMENDATION

Finally, participants were asked what ``next steps'' needed to be taken to follow up on these issues and challenges. First, participants said there needs to be a coordinating body to bring progressive businesses, enforcement, regulators, youth advocates, planners, neighborhood groups and parks and recreation officials together to focus on coordinated programs with public/private resources to prioritize space for young adults. Also, participants suggested the need to create youth advisory boards in each community to give the end users a voice in the space that is created for them.

GROUP NAME: Montgomery County Community Partnership

STAFF SUPPORT: Non-Profit

ORIGIN OF GROUP: Non-Profit

MEETING FREQUENCY: Not Applicable

CATEGORY: ATOD Prevention as a Primary Focus

Purpose: The Montgomery County Community (MCCP) Partnership is a non-profit organization created in 1990 through grant support from the Center for Substance Abuse Prevention. It received its 501(c) (3)-status in September 1993. MCCP is governed by a Board of Directors that consists of representatives from government, schools, law enforcement, youth groups, parent groups, the religious community, elected officials, business, media, and other grassroots community groups.

MCCP describes itself as "a community coalition working to reduce the problems related to alcohol, tobacco, and other drugs." It is an organization "dedicated to applying current research in promoting effective policies and practices to prevent alcohol, tobacco, and other drug abuse."

Over the years, a combination of County and non-County sources have provided financial support. Currently, the Federal Office of Juvenile Justice and Delinquency Prevention and the Montgomery County Department of Health and Human Services provide MCCP's primary funding; Montgomery County Public Schools also contributes some funds each year.

Montgomery County gave MCCP $186,000 in FY 03 to fund the Partnership's Prevention Center. Department of Health and Human Services' staff report that MCCP will not receive County funds in FY 04, however, the director reports MCCP will continue to serve the community.

Membership, Structure, and Staffing: According to the Partnership's "Fact Sheet of Services" the MCCP brings together more than 100 organizations and individuals interested in substance abuse and prevention issues.[2] MCCP's 18-member Board of Directors is currently co-chaired by representatives from the Montgomery County Civic Foundation and Adventist Health Care. In 2003, Board members represent the following organizations and businesses:

- Black Ministers Conference
- Smoke Free Montgomery County Coalition
- Task Force on Mentoring of Montgomery County

[2] Source: MCCP's website.

- Smoke Free Maryland
- Montgomery County Council of Parent-Teacher Associations
- Prevention Advocate (2)
- Maryland Senate
- Montgomery County Youth Advisory Committee
- Montgomery County Police Department
- NAACP Montgomery County Branch
- Safe and Drug-Free Schools
- Montgomery County Department of Corrections
- The Woman's Club of Chevy Chase
- Bradley Care Drugs
- Montgomery County Community Partnership
- Montgomery County Public Schools

FY 03 Activities:

In FY 03, MCCP's activities focused on advocacy for smoke-free indoor public places and work places by 2004. MCCP provided background material to state legislators, urged the Montgomery County Council to make all restaurants smoke-free and launched a website to disseminate information about smoke-free restaurant policies. MCCP also published a letter to the editor urging the United States not to derail the World Health Organization's Framework Convention on Tobacco Control Treaty.

GROUP: Collaboration Council - Ad Hoc Youth Strategies Consolidated Grant Work Group

STAFF SUPPORT: Department of Health and Human Services - Collaboration Council

ORIGIN OF GROUP: Governor's Office for Crime Control and Prevention request for Proposals for Year II of the Youth Strategies Consolidated Grant (YSCG)

MEETING FREQUENCY: Monthly

CATEGORY: ATOD Prevention as a Secondary Focus

A. Purpose:

Montgomery County's Collaboration Council for Children, Youth and Families, established in 1992, is a public-private partnership policy board that serves as Montgomery County's State-required Local Management Board (LMB). In 1990, State legislation was enacted that required each local jurisdiction in Maryland to establish a LMB as "the conduit for local collaboration and coordination of child and family services." Today, Montgomery County's Collaboration Council is one of the 24 LMBs in Maryland. The Governor's Office of Children, Youth and Families manages LMB grants and provides technical assistance to the LMBs.

The Ad Hoc Youth Strategies Consolidated Grant Work Group (YSCG) is part of the Systems Strategies Committee of the Collaboration Council which began in September 2001 as the planning mechanism for the Youth Strategies Consolidated Grant proposal to the Governor's Office of Crime Control and Prevention (GOCCP).

FY 02 and 03: The GOCCP brought together several federal and state funding sources and charged the Local Management Board with creating a plan and proposal which addresses prevention through aftercare, using effective programs and practices.

In January 2002, the Montgomery County Department of Health and Human Services received a grant award of $1.4 million for the Collaboration Council to distribute to programs, that would prevent involvement with or to assist children and youth currently involved with the juvenile justice system or substance abuse.

A summary of programs and strategies in FY 03 can be found at © 29.

FY 04: The GOCCP issued a request for proposals for year II of the YSCG and asked that special attention be given to the overrepresentation of minority youth in juvenile justice, law enforcement, child welfare, and education.

The Collaboration Council convened a committee to develop the YSCG plan and proposal. "The Committee determined that, for maximum impact, the focus of effort and funding will be the Wheaton Hot Spot and Montgomery County Portions of the International Corridor Hot Spot targeting two culturally diverse low-income urban

communities." The total Committee grant request was $1.3 million dollars to fund a proposed seven direct service strategies. A summary of the grant proposal and award can be found at © 30.

Staff report that the YSCG workgroup will remain together and will continue to promote the following approaches:

- Early intervention strategies that link at-risk youth with public and private services to reduce substance abuse, delinquency, and out of home placement;
- Innovative and ongoing policies and strategies that build resiliency in youth;
- Neighborhood or community based collaborative models; and
- Accountability through monitoring, evaluation and applied research for continuous services and systems improvement.

A summary of the Committee Vision, Mission, and Goals of the group can be found at © 34.

B. Membership, Structure, and Staffing:

The Youth Strategies Consolidated Grant Work Group is a 28 member group of community representatives, private sector providers, and public agency staff. The bylaws require that half of the members be public agency representatives and half be private providers and community representatives. In FY 03, members represented the following organizations:

- DHHS Child Welfare Services (2)
- MD International Corridor Hotspot Initiative, City of Takoma Park
- State's Attorney's Office (2)
- Montgomery County Police Department (2)
- Department of Juvenile Justice (2)
- DHHS Juvenile Justice Services
- MCPS Safe and Drug Free School
- Sixth Circuit Court
- Department of Recreation
- Montgomery County Council
- DHHS Substance Abuse Prevention Coordinator
- MCPS Student Services
- Parents (4)
- African American Liaison to the Police Chief
- Mid-County Neighborhood Initiative Project Coordinator
- Commission on Children and Youth
- Commission on Juvenile Justice
- DHHS Community Partnership

A Collaboration Council Senior Associate provides both administrative and substantive support to the YSCG Committee.

Montgomery County Collaboration Council for Children, Youth and Families
Youth Strategies Consolidated Grant Funded Programs
Overview of Funded Programs/Strategies

Strategy
Drawing the Line on Under-age Drinking $56,250 (September '02-June '03) Support the DHHS Prevention Office to continue environmental change, norms enforcement and community organizing to reduce ATOD use.
Parents as the Anti-Drug $25,000 (Jan '02--June '03) DHHS Prevention Coordinator to develop collaborative partnerships among public and private groups that target the parents of pre- and adolescent youth with regard to child development and effective communication to identify and utilize culturally responsive, effective curricula and practices.
After School Activities $190,000 (July '02--June '03) Through an RFP process, increase the availability of after school activities for middle school students in at-risk communities via public and/or private providers
Court-supervised Dependency Mediation Program $50,000 (Jan '02--June '03) Develop and train mediators and establish policies and procedures for mediation for families involved in child protective services and the juvenile court.
Home Visiting $225,000 (July '02--June '03) Improve parent-child interactions by providing home visits for high-risk families referred through Child Welfare with children under age 5 years. Combination of home visits and center-based activities.
Home-based Intensive Supervision $318,750 (July '02--June '03) Results-based contract with current vendor, Mid-Atlantic Keys program, to deliver intensive supervision, community based services and juvenile and families as an alternative to residential placement.
Gang Prosecution $60,000 (Jan '02--June '03) Part-time prosecutor and data entry staff to prosecute gang-related cases and furnish technical assistance to community prosecutors.
Case Management/Wrap around $220,000 (July '02--June '03) Staff and flexible funds (community services) to develop formal and informal supports to youth involved or known to the juvenile justice system.
Overrepresentation Plan Informal deadline: June 30, 2002 Grant Condition: develop a plan to address the over-representation of minority youth in the juvenile justice and child welfare systems (5% of the 12 month funds will be withheld until this occurs.)
Evaluation $110,000 (Jan '02--June '03) Collaboration Council will work with service providers to implement logic model framework, data collection and analysis for all projects through own consultants and in conjunction with the University of Maryland
Administration $120,000 Collaboration Council monitoring, oversight and reporting functions

Montgomery County Collaboration Council for Children, Youth and Families
YEAR TWO YOUTH STRATEGIES CONSOLIDATED GRANT
PROJECT SUMMARY (as submitted with the Grant Proposal—Funding not Confirmed)

As the Local Management Board, the Montgomery County Collaboration Council for Children, Youth and Families led a broad-based planning process for Year Two of the five year Youth Strategies Consolidated Grant (YSCG) initiative. The YSCG Committee examined prior research and local data regarding juvenile offenses, substance abuse, out-of-home placements and youth academic performance; sought input from families and providers; and then developed the strategic plan with its mission, vision, goals and direct services and systems changes strategies to prevent and reduce juvenile delinquency and adolescent substance abuse while achieving reductions in disproportionate minority youth overrepresentation in the child-serving systems. The Committee determined that for the maximum impact, the focus of effort and funding will be the Wheaton Hot Spot (Central Business District and Hewitt Avenue Bel Pre Corridor) and the Montgomery County portions of the International Corridor Hot Spot (Takoma Park areas and the Quebec Terrace/Carroll Avenue neighborhoods) targeting two culturally diverse low-income urban communities. The interface between the HotSpots and YSCG initiatives will enable an integration of efforts that bridge public safety/crime prevention with the broader issues of child and family well-being at a community level.

The total grant request is $1,312,433. Proposed direct services strategies include 1) early childhood in-home family support for preschool and early grade school children where neglect and abuse are present; 2) interagency support to youth and families with middle school or elementary school youth who are exhibiting risky behaviors or poor school performance; 3) a variety of after school programs to elementary through high schoolers at school and community sites; 4) job skills training, career awareness and actual workplace experiences for high school youth who are at risk for involvement in the juvenile justice system or are transitioning from placements back into the community; 5) home-based outreach, supervision and case management services to youth as an alternative to juvenile justice residential placement; 6) prosecution of gang-related violence and community outreach and education to prevent and intervene in gang affiliations; and 7) support groups for youth of color who are involved with the juvenile justice system or are currently held at the Noyes facility.

In addition to direct service strategies, the grant will support 1) cross-agency and community-based cultural competency training, which will be required for all service providers; 2) community organizing and service linkage in the two HotSpot areas; 3) continued collection and analysis of data for key decision points in law enforcement/juvenile justice, child welfare and special education to identify needed systems changes that will decrease the overrepresentation of youth of color in deep end services; and 4) build upon the Collaboration Council's newly forming Data Collaborative in the collection of indicator and resource data within the two target areas that will inform the YSCG Committee and policy-makers regarding the match between needs and resources and the progress toward service integration that will ultimately support child and family well-being outcomes.

A mix of public and private partners will deliver the services. Public partners include the City of Takoma Park's Police and Recreation Departments, Montgomery County Public Schools (MCPS), Montgomery County Police Department, the Maryland Department of Juvenile Justice, States Attorney's Office, Montgomery County Department of Health and Human Services, and the Montgomery County Recreation Department. Private provider partners include Montgomery Youth Works, Pride Youth Services, Silver Spring YMCA Youth Services, Montgomery Housing Partnership, and the Family Support Center. Additional after school program providers will be selected through a mini-grant process. The Association for the Study and Development of Community and RMCoyne, Inc. will assist with systems strategies. The University of Maryland will be a key partner in the evaluation of YSCG Year Two activities.

4/2/03; Rev. 4/28/03

YSCG COMMITTEE GOALS AND STRATEGIES

GOAL 1: To develop and implement research-based early intervention strategies that result in long-term reductions in out-of-home placements in child welfare, juvenile justice, and special education systems

Strategies:

- Focus YSCG service dollars on specific efforts in two communities that will impact baseline data
- Require that all funded programs use effective practices/programs and include monitoring and evaluation activities for performance and outcomes

GOAL 2: To analyze the continuum of services across public and private systems to identify gaps in services or policy barriers in order to provide the right level of service at the right time to every child and family.

Strategies:

- Continue to collect data on the decision points in each of the child-serving systems and how the systems interrelate
- Assess each decision point for its cultural competency and adequacy of the protocols, tools and training
- Identify current and needed continuum of services from prevention through aftercare in the law enforcement/juvenile justice system and seek additional resources

GOAL 3: To promote effective information exchange and analysis for data-driven decision-making

Strategies:

- Identification of data collection efforts at client, program and systems level and whether they fulfill YSCG needs
- Monitor the implementation of programs/strategies funded by YSCG for continuous improvement
- Integrate relevant data from the child-serving systems
- Monitor trends in the baseline data

GOAL 4: To establish learning models that foster cultural competency within child-serving systems.

Strategies:

- Deliver cross-agency manager and frontline worker training on cultural competent service delivery
- Implement strategies that increase the cultural competency of community stakeholders (families, residents, associations, etc.)
- Identify standards for cultural competency to be included in Year Three contracts and agency operations

GOAL 5: To promote the retention of a quality, culturally diverse workforce.

Strategies:

- Compile information on the public and private agency workforce requirements and barriers to recruitment and retention within the continuum of services

GOAL 6: To facilitate community-based collaborative projects that utilize effective practices and test new strategies

Strategies:

- Focus YSCG service dollars on specific efforts in 1-2 communities that will impact baseline data
- Link and integrate law enforcement/crime prevention with child and family well-being services at the community level
- Increase the involvement of community members, faith-based organizations, and the business community in the target communities

MONTGOMERY COUNTY COLLABORATION COUNCIL FOR CHILDREN, YOUTH AND FAMILIES

Overview of Year II Youth Strategies Consolidated Grant-Funded Strategies

Strategy Name Funded Amount[1]
Early Childhood In-Home Family Support **$150,000** Thirty families who have open cases with Child Welfare and who have at least one child between birth and 10 years and reside in the target HotSpot community areas[2] will be served. Services will be delivered within the family's home and other designated places of the family's choosing. The vendor will use a recognized, researched-based curriculum, such as Parents as Teachers or Healthy Families. The budget will include flexfunds to purchase goods and services that the family might need that cannot be found through other sources. Through a combination of home visits and center/group activities, parents will have improved parenting skills for increased positive interactions with their children, improved ability to handle stressful situations, identify and use community resources for their children's satisfactory development progress and school readiness; further abuse or neglect does not occur and out-of-home placements are reduced or avoided.
Interagency Support to Youth and Families **$125,000** The target population will be 100 youth and their families who attend Argyle Middle School and at least one of its feeder elementary schools, who come to the attention of any of the child-serving agencies due to academic performance problems, absenteeism, suspensions, and/or behavioral concerns. The culturally reflective coordinator(s) will help the team and family to access existing resources and identify resource/service needs (using flexfunds as needed), including linking the families with parenting support resources; identifying and developing linkages with culturally diverse community members that can furnish informal supports to individual families; conducting follow-up contacts with families to determine the degree of problem resolution. Parents of at-risk youth and their families will have improved parenting skills for increased positive interactions with their children, improved ability to handle stressful situations, successfully identify and use community resources for their children's academic success; decreased in-school referrals and suspensions for behavior problems; youth reporting increased resiliency and a decrease in the number of parents who want to relinquish custody of their unruly children.
After School Activities **$200,440** To reduce the involvement of young people with substance abuse and other risky behaviors, to increase their abilities to solve problems, attach to school, family, and community in positive ways, and to gain in self-esteem and skills, quality after school activities will be created, maintained or expanded in the target HotSpot communities. At least 500 elementary, middle and high school youth will be served; parent involvement and cultural competency will be required program elements. Services will be both school and community based. Providers include both public and private agencies with a priority on continuing after school/youth intervention activities that were funded in the HotSpots grants.
In-home Intensive Supervision **$67,000** The target population is youth who have been adjudicated and require intensive supervision as an alternative to residential placement. Program capacity is 24 youth at any one time with an anticipated 48 served during the year. The program uses several effective practices such as building a relationship between the caseworker and the youth, support in all life domains (family, school, work) and the development of new skills. Advanced degreed staff deliver services and are available 24 hours/day, seven days/week. The current contract contains measurable performance objectives that address creating a safe and viable family setting, youth engaging appropriately and positively in the home, school and community and internalizing newly learned behaviors and parents using effective parenting strategies and no recidivism. NOTE: Upon the YSCG Committee's decision, another $200,000 of our base grant amount has been transferred to

[1] Does not include the 8% LMB administrative costs. Total GOCCP Grant is $954,553.

[2] HotSpot communities are the Wheaton Central Business District and Hewitt Avenue Bel Pre Corridor and the Montgomery County areas of the International Corridor HotSpot (Carroll Avenue-Quebec Terrace and City of Takoma Park)

Strategy Name Funded Amount[1]
Department of Juvenile Services via the Governor's Office for Crime Control and Prevention to partially fund the County's Adolescent Substance Abuse Outpatient Treatment Network for FY '04 only.
Gang Prevention and Prosecution **$85,000** The gang prosecution and prevention program will be a comprehensive strategy that utilizes best practice components from various programs to decrease the amount of serious, chronic offenses committed by gang members by 1) Creating and using effective methods to identify gang-related cases; 2) Effectively prosecuting gang-related violence; 3) Providing technical assistance to community prosecutors, police and juvenile justice and school system personnel regarding effective strategies related to prevention of gang-related offenses and prosecution of gang-related offenders 4) Exploring within the HotSpots communities the dynamics of gang identification and processing within the child-serving systems; and 5) Making system-level decisions regarding effective prevention and intervention strategies for Year Three.
Youth Career/Workforce Development **$89,749** The target population will be older DJJ juveniles at risk for involvement in the juvenile justice system and/or those who are transitioning from placements back into the community. Referrals for the 80 high school youth to be served will come from DJJ, youth and their families, and community programs and the school system. Youth receive job readiness and retention and life skills training and a supportive employment experience, with cash stipends as incentives. In addition to the work preparation focus, staff and community volunteers support and mentor the youth and his/her family to address issues that can interfere with the youth's work success. Through job skills and life skills training and placement within a business setting, youth participants will increase their employability, understand the world of work; be motivated to finish school in preparation for post-secondary education or training or meaningful work.
Cultural Competency Capacity-Building **$25,000** Target populations will be management and direct service staff in all programs that are funded through the YSCG; management and front line staff in the law enforcement, child welfare, juvenile justice and guidance counselors and pupil personnel workers in the school system. The skills and knowledge of the target population will be increased regarding culturally competent practices through a variety of strategies including written information, conferences and workshops, examples of effective practices and program modeling, and increased relationships with culturally diverse community groups and residents.
Community Development and Linkages **$87,000** Through the support of staff positions for community mobilization and planning, each of the HotSpot--YSCG Communities will 1) increase the number and cultural diversity of community members who participate in planning and implementation; 2) identify the assets of each community; 3) develop linkages between services for increased access for families; and 4) identify and advocate for increased effective resources to meet public safety and child and family well-being goals.
Evaluation of Programs **$50,000** The Collaboration Council has started a relationship with the University of Maryland that dovetails with the GOCCP contract with that same group to provide evaluation design and implementation assistance in Year One. The Collaboration Council has applied to participate in the Fidelity Implementation Project. This proposal's budget includes evaluation funds for the Collaboration Council to contract with the University of Maryland for work beyond the scope of their GOCCP contract and with specific evaluators that have already assessed certain of the programs. The budget also includes funding for technical assistance to the contractors and for the two HotSpot communities so that local stakeholders can acquire these skills for long-term community planning and resource development and sustainability.

Montgomery County Collaboration Council for Children, Youth and Families
Year Two Youth Strategies Consolidated Grant Committee

VISION

We envision a County in which young people, regardless of age, race, culture, religion, gender, or economic status, enjoy the encouragement and support of family, friends, and their community in order to mature into responsible, contributing members of our society. We acknowledge that children learn by example and that their future success begins in our homes and extend to our schools and neighborhoods. Together, with proper guidance, services, and effective, knowledgeable support, our children and youth will be fully prepared to meet the challenges of adulthood. Montgomery County will be a best practice model for achieving the child, youth and family outcomes of *The Children's Agenda*.

MISSION

The mission of the Youth Strategies Consolidated Grant Committee is to serve as an inclusive collaborative network to identify, recommend, support and monitor community and countywide strategies and policies to lessen the effects of adolescent substance abuse, juvenile delinquency and disproportionate representation of minority youth in our child welfare, juvenile justice, and special education systems. The Committee will promote:

- Early intervention strategies that link at-risk youth with public and private services at the earliest possible time to promote reductions in out-of-home placements (of youth) that represent the "deep-end" of the service continuum;
- Innovative and ongoing policies and strategies that build resiliency in youth, promote cultural competency, and foster adult learning as foundations for success;
- Neighborhood or community-based collaborative models; and,
- Accountability through monitoring, evaluation and applied research for continuous services and systems improvement.

GROUP NAME: Alcohol and Other Drug Abuse Advisory Council (AODAAC)

STAFF SUPPORT: Department of Health and Human Services

ORIGIN OF GROUP: County Code Sect. 24-41

MEETING FREQUENCY: Monthly

CATEGORY: ATOD Prevention as a Primary Focus

A. Purpose

The Council established the Alcohol and Other Drug Abuse Advisory Council in 1991 to consolidate two longstanding advisory groups - the Alcoholism Advisory Council and the Drug Abuse Advisory Council. The stated purposes of the Alcohol and Other Drug Abuse Advisory Council are to complete the following tasks for alcohol and other drug abuse programs:

- Identify local program needs;
- Review the State plan;
- Assist in the development of a County plan;
- Consider available funding and recommend appropriate allocation of funds to support programs;
- Promote alcohol and other drug abuse programs;
- Conduct or participate in one or more public forums each year; and
- Issue an annual report which:

    1. Evaluates the progress of local programs;
    2. Identifies actions needed to improve their programs; and
    3. Outlines goals for the following year.

B. Membership, Structure, and Staffing:

By law, the Alcohol and Other Drug Abuse Advisory Council consists of 16 voting members and nine non-voting members. The voting members, who are appointed by the County Executive and confirmed by the County Council, must include:

- Four members of the general public who reflect the geographic diversity of the County;
- A professional who treats alcoholism or other drug abuse;
- A person of high school age or younger;
- A member of the County parent-teacher associations;
- A member of the business community;
- A relative of an individual who is receiving care for alcoholism or other drug abuse;
- An individual who is recovering from alcoholism or other drug abuse;
- A practicing physician;
- A professional who provides care to prevent alcoholism or other drug abuse;
- A person who represents the multi-cultural diversity of the County;
- A member of the clergy;
- A pharmacist; and
- A member of the legal profession.

Each of the following offices designates one of the nine non-voting ex-officio members: the County Executive, the County Council, the Department of Health and Human Services, the Police Department, the Montgomery County Public Schools, the Board of License Commissioners, the Department of Corrections, the Mental Health Advisory Committee, and the Advisory Board on Victims and their Families.

The Advisory Council meets on the second Thursday of every month (except July and August) at 401 Hungerford Drive from 7:30 p.m. to 9:00 p.m.

The Department of Health and Human Services, Mental Health and Substance Abuse Division provides staff support to the Council. A Manager II provides 20 hours per month of substantive staff support; providing updates on ATOD treatment programs and initiatives within the Department of Health and Human Services. An Office Services Coordinator provides 10 hours per month of administrative support, which include tasks such as preparing minutes, setting meeting dates and scheduling guests.

C. FY 03 Activities:

The AODAAC had several major accomplishments in FY 03. Consistent with the requirements in County law, AODAAC reviewed the State of Maryland plan for substance abuse. AODAAC also improved its organization structure. AODAAC created a handbook for members, which identifies the Council's responsibilities and functions and incorporates past minutes, annual reports, presentations and correspondence. The AODAAC also formed four sub-committees, including an executive committee and one committee each for prevention, treatment, and enforcement. Each Council member was required to join a subcommittee.

In addition, AODAAC members visited new ATOD program sites in the County, received briefings and presentations from County agency staff and local ATOD professionals about ATOD programs operating in the County, and drafted memoranda to the County Executive, the County Council, and the Director of the Department of Health and Human Services questioning possible funding reductions of ATOD programs in FY 04.

GROUP NAME: Tobacco Use Prevention & Cessation Coalition - Cigarette Restitution Fund

STAFF SUPPORT: Department of Health and Human Services

ORIGIN OF GROUP: Maryland State Law (Senate Bill 896/House Bill 1425, 2000)

MEETING FREQUENCY: Monthly

CATEGORY: ATOD Prevention as a Primary Focus

A. Purpose:

The Tobacco Use Prevention and Cessation Coalition advises the Montgomery County Tobacco Coordinator on how to spend the Cigarette Restitution Fund monies that the County receives from the State to develop education, prevention, and tobacco cessation programs. The Coalition aims to fund programs that will:

- Prevent young people and adults from ever using tobacco;
- Help people who use tobacco to quit;
- Reduce the harmful environmental effects of tobacco smoke exposure and the rates of morbidity and mortality from tobacco related diseases; and
- Identify and eliminate the disparities in rates of tobacco use among minority populations.

The Coalition prioritizes strategies to reduce tobacco use and the County Health Officer and CRF Program Coordinator allocate funds to address these priorities.

B. Membership, Structure, and Staffing:

The Coalition consists of representatives from the following agencies, associations, and organizations:

- African-American Health Initiative
- American Cancer Society
- American Lung Association
- Asian-American Anti-Smoking Foundation
- Commission on Children and Youth
- Students Oppose Smoking
- Commission on Health
- Community Members
- Montgomery County Police Department
- Doctors Against Tobacco
- Foundation for Health Education
- George Washington University
- Guide Youth Services
- Housing Opportunities Commission
- Senior Beacon
- Holy Cross Hospital
- Adventist Hospital
- Montgomery General Hospital
- Linkages to Learning
- Mental Health Association
- Metropolitan Washington Public Health Association
- Montgomery County Public Schools
- Montgomery County Medical Society
- Montgomery County Teen Tobacco Initiative
- National Cancer Institute – Tobacco Control Research
- Nurse Practitioners Association
- Montgomery County Recreation Department
- School Health Council

The coalition meets every month at 401 Hungerford Drive. The coalition has four sub-committees, which also meet once a month. The sub-committees are:

1. Community based programs,
2. School based programs,
3. Enforcement programs, and
4. Programs for women of reproductive age.

The CRF Program Coordinator in the Department of Health and Human Services, provides both administrative and substantive staff support to the Coalition. Her responsibilities include:

- Identifying and convening all public and private program providers Montgomery County;
- Allocating Cigarette Restitution Funds to participants;
- Preparing the Montgomery County strategy for tobacco cessation and prevention for the State of Maryland;
- Implementing and measuring program outcomes through evaluation; and
- Providing general administrative support to Coalition members.

C. FY 02 and 03 Activities:

During the past two years the Coalition focused on the four program areas identified through the subcommittee structure. The community based programs addressed, preventing youth initiation, eliminating exposure to secondhand smoke, and identifying and eliminating population disparities in use rates among minority populations. The school based programs targeted, college, K-12, and Pre-K programs.

The CRF Program Coordinator will issue the FY 03 Progress Report on June 30th, 2003.

GROUP NAME: Commission on Children and Youth

STAFF SUPPORTED: Department of Health and Human Services

ORIGIN: County Code Chapter 27, Article V, Section 27-47:49

MEETING FREQUENCY: Monthly

CATEGORY: Prevention as a Secondary Focus

A. Purpose:

The Commission on Children and Youth was created in County Code in 1978. Section 27-47 of the County Code defines the duties and responsibilities of the Commission as follows:

- Initiate recommendations for procedures, programs or legislation as it may to promote the well-being of children, youth and families in the community;
- Hold public hearings, initiate interagency conferences and create special task forces to identify and assess needs, review services, programs and policies; and plan new strategies for supporting children, youth and families;
- Collect data on the needs of children and youth, as well as services delivered by public and private agencies in the County;
- Evaluate and review the implementation of County policies and programs affecting children, youth and families. The programs should include early childhood education, health and nutrition, neglected and dependent children and youth, children/youth with special needs; and, prevention and treatment of delinquency;
- Recommend annual priorities that the County government should follow to improve services to support children, youth, and families;
- Review and promote the coordination of services among all agencies serving children and youth in the County;
- Review, assess and make recommendations regarding public funds to be spent on behalf of children and youth;
- Give recommendations to the County Executive and County Council for new sources of public funds for children and youth;
- Review standards for licensing and operation of services to children and youth;
- Serve as the Children's Council as established by Article 49D of the Annotated Code of Maryland;

- Provide effective public information on children's programs and services in the County;
- Participate in the activities of the State Office for Children and Youth;
- Solicit advice and suggestions from public and private agencies, concerned with problems of children and youth through the establishment of committees or other appropriate means;
- Formulate bylaws and operating procedures necessary to carry out responsibilities;
- Supervise and coordinate activities of the Youth Advisory Committee as a subcommittee of the Commission; and
- Advise the County Council, the County Executive, the Department of Health and Human Services, and the Board of Education in matters relating to children, youth, and families.

B. Membership, Structure, and Staffing:

The Commission consists of 27 members. The majority of these members must have experience with agencies that provide services to children, youth, adults, and parents. Additionally there are three representatives from the County government, one representative from the Montgomery County Public Schools, and a member from a private school in the County.

The Chair and Co-Chair are chosen by the County Executive and confirmed by the County Council.

The Commission must meet at least six times a year. Currently, the Commission meets from September to June on the second Wednesday of every month at 401 Fleet Street. As required by law, the Department of Health and Human Services assigns a Program Manager I (0.5 WY's) to provide support to the Commission.

C. FY 03 Activities:

In FY 03, the Council's two priorities were school and community based mental health, and alcohol and substance abuse.

In addition the Council publicly commented on changes to the County Head Start program, revisions to the County's Health and Human Services policy, and the future structure of the Collaboration Council. The Commission also forwarded recommendations on budget priorities to the State of Maryland, the Montgomery County Public Schools, the County Executive and the County Council.

The Commission's annual report will be released late this summer.

GROUP NAME: Commission on Juvenile Justice

STAFF SUPPORT: Department of Health and Human Services

ORIGIN: County Code Sect. 12-36

MEETING FREQUENCY: Monthly

CATEGORY: Prevention as a Secondary Focus

A. Committee Mission and Description of Activities:

The Commission on Juvenile Justice was created by County Code in 2000. Section 12-36 of the County Code defines the responsibilities of the Commission as follows.

- Advise the juvenile division of the District Court, County Council, and County Executive on the needs and requirements of juveniles under the Court's jurisdiction;
- Inform state legislators of juvenile needs and requirements;
- Study and submit recommendations, procedures, programs, or legislation concerning juvenile affairs, prevention and control of juvenile delinquency, and neglect or abuse, in order to promote the general welfare of juveniles under the Court's jurisdiction;
- Study and make recommendations to the County Executive and County Council on those segments of the County budget that affect juvenile justice programs.
- Make periodic visits to facilities in the state servicing county juveniles.
- Promote understanding and knowledge in the community regarding juvenile needs and programs.
- Independently evaluate programs and services provided or funded by the state Department of Juvenile Justice for County youth. This evaluation should be coordinated with other advisory bodies such as the Collaboration Council for Children, Youth, and Families and the Criminal Justice Coordinating Commission. The evaluation should include a range of programs including intake, assessment, informal adjustments, probation, aftercare, shelter care, detention, and residential treatment. The evaluation should address whether capacity in these areas is adequate to serve the County and assess the effectiveness of these programs and services. If sufficient information on the effectiveness of any program is not available, the Commission should note that fact; and
- Independently evaluate County-funded programs and services, including those from the Family Division of the Police Department, the State's Attorney, and the Department of Health and Human Services. The evaluation should address whether capacity in these areas is adequate and assess the effectiveness of these

programs and services. If sufficient information on the effectiveness of any program is not available, the Commission should note that fact.

In addition to these functions, the Commission must also submit an annual report and workplan. The annual report should include the Commission's activities, accomplishments, problem areas and recommendations, goals and objectives for the next calendar year, and an annual evaluation of programs and services for juveniles provided or funded by the County, the State Department of Juvenile Justice and the Federal government.

B. Membership, Structure, and Staffing:

The Commission has three classes of voting members and one class of nonvoting members. The voting members include 23 citizens appointed by the County Executive and confirmed by the County Council, ten public agency representatives, and the County's juvenile division judges. The nonvoting members are people who possess special expertise in juvenile justice matters plus past members who have given outstanding service.

The Commission meets on the third Tuesday of every month at 7300 Calhoun Lane, Suite 300. The Commission has established three sub-committees. The sub-committees are: legislative, workforce/juvenile justice process, and programs and facilities which meet individually during the month. As required by County law the Department of Health and Human Services assigns a Program Manager I (0.5 WY's) to provide support to the Commission.

C. FY 03 Activities:

In FY 03, the Commission on Juvenile Justice workplan established the following priorities:

- Monitor the transfer of the Juvenile Court to the Circuit Court and the assurance of adequate resources and facilities for judicial officers and staff;
- Monitor utilization rates of social service resources and facilities for juvenile offenders;
- Recruit, retain and train DJJ staff workers, especially in the probation department;
- Reduce minority over-representation in the juvenile justice system; and
- Develop and apply humane and effective graduated sanctions programs for juvenile offenders.

In addition the commission will consolidate four subcommittees into three (Legislative, Workforce/Juvenile Justice Process, and Programs and Facilities).

An annual report regarding these activities will be prepared for the County Executive and County Council by October 31, 2003.

Attachment 4
History of County Substance Abuse Coordination Efforts (An excerpt from OLO's FY 02 Intensive Budget Review Project, 'Alcohol, Tobacco, and Other Drug Prevention Programs for School-Age Youth.')

A. History

Between the late 1970's and the early 1990's, the Montgomery County Government convened a number of task forces and committees to address the County's substance abuse problems. These efforts resulted in several high-profile reports that offered recommendations for improving the County's response to drug and alcohol abuse. Many of the recommendations were implemented and are now part of the County's approach to the prevention and treatment of substance abuse. A number of inter-agency groups that operate today evolved from the County's focus on drug and alcohol abuse in the early 1990's.

The Interagency Planning Committee on Drug and Alcohol Abuse Led and CARE

In the late 1970's, the County Executive appointed the Interagency Planning Committee on Drug and Alcohol Abuse. In 1980, the Committee recommended the establishment of a "centrally located, broad-based resource center having the family as its special concern."

In response to the Committee's recommendation, in 1981 the County Government and Montgomery County Public Schools jointly established the **Community Awareness Resource Exchange (CARE) Center.** The primary role of the CARE Center was to serve as the County's information clearinghouse on alcohol, tobacco, and drug abuse information, with a special emphasis on prevention. As stated in the Center's 1986 annual report, its services (provided free to the public) included:

- Telephone and walk-in information and referral;
- Printed materials on substance use and abuse;
- Publication of service directories and a bimonthly newsletter;
- A library and film collection;
- A speakers bureau; and
- Creative, technical, and material support to prevention activities throughout the community.[1]

[1] *The Care Center, Year-End Report*, January-June 1986.

Initially staffed by a County employee in 1986, the County entered into a contract with a non-profit organization to operate the CARE Center, whose name was changed to the Prevention Center. Since 1996, the Montgomery County Community Partnership has operated the Prevention Center, under contract with the Department of Health and Human Services.[2]

The Community Leadership Task Force on Drug and Alcohol Abuse Prevention

In June 1988, the County Executive established the Community Leadership Task Force on Drug and Alcohol Abuse Prevention. The Task Force consisted of 39 members from community, business, and government organizations. The County Executive asked the Task Force to do four things:

1. Determine the extent of the substance abuse problem in the County;
2. Define specific target groups for prevention and education activities;
3. Identify action strategies; and
4. Identify the appropriate roles of community government schools, business, civic leaders, clergy, and families.[3]

The Task Force's interim report (September 1988) recommended that the County:

- Establish a County substance abuse policy;
- Prepare an inventory of prevention resources;
- Conduct a comprehensive information and media campaign;
- Develop an enhanced coordination infrastructure in the County Government;
- Educate employers and help them develop drug and alcohol policies;
- Conduct outreach in high-risk communities; and
- Build on natural tie-ins with other programs and events.

The Task Force's final report (June 1989) concluded that all of the above recommendations had been partly or completely implemented. The Task Force cited, for example, that progress had been made towards: establishing a substance abuse policy governing all County employees; developing enhanced coordination among all substance abuse programs within the County; preparing an inventory of available prevention resources; and conducting a comprehensive media campaign.

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[2] Each year, the Council has designated the Montgomery County Community Partnership as an entity on the non-competitive grant award list.

[3] Source: *Building a Drug-Free Community - The Final Report to the County Executive*, Community Leadership Task Force on Drug and Alcohol Abuse Prevention, June 1989.

The Task Force's final report also presented the County Executive with a Two-Year Action Plan. The Action Plan contained six goals and more than 100 specific steps to reach those goals. The goals were:

Goal 1: To empower the community -- neighborhoods, organizations and institutions-- to eliminate substance abuse by helping to build awareness, skills and resources.

Goal 2: To provide outreach and direct services programming to reduce substance abuse.

Goal 3: To conduct a broad public education and awareness campaign for substance abuse prevention.

Goal 4: To strengthen treatment and enforcement as prevention tools.

Goal 5: To ensure the ongoing monitoring and evaluation of prevention efforts in Montgomery County.

Goal 6: To seek creative funding for further prevention efforts.

The Task Force's final report also emphasized that prevention efforts must be sustained over time. In a section titled "The Future," the report stated:

> We must keep reminding ourselves that the commitment to prevention is a long-term promise. Many years of hard work are ahead of us if we are determined to succeed. Our goal is to have prevention take its rightful place as a sustained effort to deal with a sustained threat to our society. (*Building a Drug-Free Community*, p. 4.)

To ensure a sustained prevention effort, the Task Force recommended that an oversight committee be established for two years to monitor the implementation of the group's action plan. In July 1989, the County Executive appointed the Community Implementation Team (CIT) to "provide oversight and guidance to prevention activities in the County." The CIT combined County employees and community members.

Progress Report from the Special Assistant to the County Executive on Substance Abuse

In late 1988, the County Executive assigned, Dr. Maxine Counihan, (one of the CE's Special Assistants) to serve as Special Assistant on Substance Abuse. Dr. Counihan was charged with "coordinating the County's prevention, treatment, and enforcement efforts with all agencies--Board of Education, State's Attorney's Office, the Metropolitan Washington Council of Governments, the Community Leadership Task Force on Drug and Alcohol Abuse, et al.,--as well as efforts at the regional, State, and Federal level."[4]

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[4] *A Progress Report on Substance Abuse in Montgomery County*, submitted by Dr. Maxine Counihan, Special Assistant to the County Executive, December 1989, p. 4.

In 1988, the County Executive also established the Coordinating Council on Substance Abuse as a special interagency group. Dr. Counihan served as Chair of the Coordinating Council, which consisted of 28 senior government officials from County Government departments, the County Council, MCPS, the State's Attorney's Office, District Court, M-NCPPC Park Police, and the Housing Opportunities Commission. The Coordinating Council was asked to: review existing substance abuse policies and programs; identify gaps in services and develop new programs or reallocate resources in target areas; ensure a balanced system of approaches between prevention, treatment, and enforcement; and report regularly to the County Executive and other elected officials.

The Coordinating Council started out meeting bi-weekly. Over time, the Council schedule changed to monthly and finally quarterly meetings. The Coordinating Council had four standing committees that met more often: The Prevention Education Committee, the Neighborhood Empowerment Committee, the Grant Research Acquisition Committee, and the Youth Offenders Committee. (During the past decade, the Coordinating Council evolved into the current Substance Abuse Policy Leadership Team, described on page 41.)

In December 1989, Dr. Counihan issued *A Progress Report on Substance Abuse in Montgomery County*. The report summarized actions taken to address the problem of substance abuse in the County. In particular, the report highlighted interagency efforts including:

- Neighborhood Empowerment - a strategy to mobilize citizens to take control of their neighborhood to eliminate drug problems.

- Community Congress - a meeting of 215 persons who convened in November 1989 to implement the recommendation of the Community Leadership Task Force on Drug and Alcohol Prevention.

- Community Prevention and Education - an intensive outreach effort to business, religious organizations, Community Action Teams, and local civic organizations to promote awareness of substance abuse problems and develop local plans for education and prevention.

Progress Report from the Community Implementation Team

In June 1991, the Community Implementation Team issued its two-year progress report to the County Executive. In sum, the CIT reported that although progress had been made, substance abuse remained a serious problem in the County. The CIT's report cites three specific barriers to progress:

- An increase in the number and diversity of people needing services;
- Reductions in federal and private resources for prevention due to the national recession; and
- County-level budget cuts that negatively affected some of the direct services created to respond to the alcohol and other drug abuse problems in the County.

The CIT's progress report identified the challenge facing the County as one of keeping the spotlight on drug and alcohol prevention efforts while maintaining (and even expanding) these efforts despite limited resources. The report states that:

> The County Executive, agency and department heads, relevant coordinating and advisory groups, citizens, and community organizations must continue to give a high priority to the problems alcohol and other drugs continue to pose and reaffirm their commitment of resources and energy to address these issues. The partnership of community, business, schools, and government can take pride in what it has achieved since June 1989, but must firmly commit to continuing its cooperative efforts to build a drug-free community. (CIT Progress Report, p. 3)

In terms of progress on coordination and oversight, the report cited the establishment of the Coordinating Council on Substance Abuse (described earlier) and the planned merger of the Alcoholism Advisory Council and Drug Abuse Advisory Council into the Alcohol and Other Drug Abuse Advisory Council. (See page 43 for more about the Advisory Council, which continues to operate today.)

The CIT offered five specific recommendations for continuing prevention efforts in the County:

- Maintain strong organizational support for prevention efforts within the County government,
- Continue to focus prevention efforts on the same target groups: families with school-age children and communities with a high incidence of drug-related activities,
- Maintain public awareness of alcohol and other drug abuse issues and efforts,
- Continue supporting strong roles for enforcement and treatment agencies, and
- Expand evaluation of prevention programs.

Appendix M contains an excerpt from the CIT's report that expands upon each of these recommendations.

September 1993: Draft Prevention Policy

In 1993, the Director of the Department of Health and Human Services appointed a task force to draft a "Policy of the Montgomery County Government on the Prevention of Alcohol, Tobacco, and Other Drug Abuse." The group, consisting of 19 government and community representatives, submitted a draft policy in September 1993. As stated in the preamble:

> The purpose of this policy is to provide leadership and guidance to county, staff and agencies and a clear message to the entire community about the County Government's commitment to prevention. Because numerous studies indicate that most problems begin at early ages, this policy focuses primarily on children, youth, and families.[5]

[5] Draft Prevention Policy, December 1993, page 2.

The draft Prevention Policy proposed that the County Government take a "comprehensive" approach to prevention and ensure continuous and broad based prevention activities balanced both geographically and among the diverse cultural groups throughout the County. The draft Prevention Policy emphasizes that the prevention and treatment communities must work collaboratively and in cooperation with law enforcement, and that a balance (of funding and activities) must be maintained among prevention, treatment, and enforcement.

In terms of providing advice on funding, the draft Prevention Policy proposes that funding and other policy decisions be guided by the following:

- The critical role of traditional, long-standing youth programs that build resiliency and protective factors;
- The need to address and reduce the known risk factors which lead to the use of alcohol, tobacco, and other drugs;
- The importance of reaching all cultures and language groups in the County;
- Findings of national and local research on program effectiveness; and
- Elements of effective prevention programs, including: needs assessment, clear and measurable goals, effective leadership, planned evaluation that measures success, and program revisions to improve effectiveness.[6]

Note: The draft Prevention Policy was never formally endorsed by either the County Executive or County Council. Appendix N contains a full copy of the draft.

"Joining Forces" - A Retreat of Prevention Professionals in May 2000

In May 2000, the Department of Health and Human Services' Office of Public Health Services held a one-day retreat with 35 individuals representing various County agencies and community organizations to discuss issues related to preventing the abuse of alcohol, tobacco, and other drugs in the County.

Appendix O contains the summary report of the one-day retreat. In sum, the group agreed that:

- Because prevention of alcohol and other drug abuse includes educating the public about the dangers of substance use, providing positive alternatives for people of all ages, and strengthening family ties and community life, almost all of the County's public and private programs and all segments of County life must be enlisted in prevention work;
- Effective prevention programs build on the assets of individuals, families and communities, and
- Having a shared framework of prevention programs helps maximize public and private resources.

[6] Draft Prevention Policy, December 1993, page 6.

The group identified the following needs:

1. **Complete a comprehensive list of prevention initiatives across the County**. This task was begun in 1998 by Department of Health and Human Services staff.

2. **Build a stronger partnership among prevention professionals**. Suggestions to do this included: expanding the list of retreat participants, developing a ListServ to connect those involved with prevention developing a "business/marketing" plan for prevention work; and updating the 1993 Prevention Policy.

Attachment 5

ALCOHOL, TOBACCO, AND OTHER DRUG (ATOD)

PREVENTION PROGRAM OPERATING STANDARDS

CONTENTS:

Basic Principles of Prevention

Prevention is the promotion of constructive lifestyles and norms that discourage drug use. It is the development of social and physical environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.

Science-based prevention refers to the process in which experts use commonly agreed upon criteria for relating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as **research-or-evidence-based.**

Effective Alcohol, Tobacco and Other Drug (ATOD) prevention programming:

is based on a sound, long and short term planning process, including an assessment of community needs and assets incorporating relevant state-of-the art research into program policy, implementation and evaluation. The planning process must involve and be representative of the multiple systems within a community.

provides opportunities for people to be meaningfully involved in the design, selection, planning, implementation and evaluation of the prevention strategies.

meets the specific needs of individuals, families, and groups by including components which are ethnically and culturally relevant and age appropriate. In addition, the services must be accessible to the population being served.

uses the systems approach within the community in a collaborative effort. Each system=s involvement is necessary but not sufficient by itself to ensure the maximum success of the

program. In order to have an impact on a full range of target populations, all relevant systems must be included.

develops a written document which establishes specific and measurable goals and objectives. The goals and objectives are based on a needs assessment and are tailored to reflect specific action plans appropriate for the target populations.

includes a marketing component that advocates prevention by showcasing its positive effects within the community and the respective target populations. It also includes a strategy for heightening public awareness, support and involvement.

involves the use of multiple prevention strategies including information dissemination, education and training, social competency skills, alternative activities, environmental change, social policy and norm change, problem identification and referrals, and community mobilization.

takes into account the unique and special needs of the community and provides strategies targeting specific populations, e.g., youth, cultural, ethnic, high-risk, and gender-specific groups. The interrelatedness of each group is recognized in program development.

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Purpose of the Program Standards

The following standards were developed to ensure consistent ATOD prevention services throughout the State of Maryland. The purposes of the standards are:

to ensure that the Basic Principles of Prevention are incorporated into a comprehensive system of services.

to establish consistency in the assessment, design, and implementation of prevention services.

to provide standards for program quality through commitment to a meaningful evaluation process.

to guarantee minimum standard of service for all recipients.

to support family and community involvement in all aspects of prevention programming.

to promote the inclusion and participation of all relevant agencies and individuals in the delivery of prevention services.

to promote a continuity of service beyond prevention services as needed.

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Purpose of Minimum Skills and Competency Guidelines

The minimum Skills and Competency Guidelines for prevention staff were developed to ensure consistency in the

level of knowledge and skills of persons providing prevention services throughout the State of Maryland. The specific purposes of the minimum skills and competencies guidelines are:

to promote professional capabilities in research-based knowledge, and practice.

to promote continued professional development.

to provide guidance for prevention program administrators when developing job descriptions, and recruiting and hiring staff and volunteers.

to establish guidelines for new staff and volunteer orientation and ongoing in-service training plans, as well as documentation of education and training received.

to provide agencies and educational institutions with information for the development and ongoing revision of entry, intermediate, and advanced prevention curriculum.

to ensure knowledge of the development and monitoring of contractual agreements.

to ensure that staff and volunteers are qualified to meet contractual agreements.

to provide support to community task forces, alliances, and other prevention groups in the assessment of their technical and training needs.

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Standard A: Participants= Rights and Responsibilities

The dignity and rights of participants in prevention programs shall be protected.

Guideline 1. Prevention programs shall have a written explanation on file of the civil rights and responsibilities of all participants and the means by which these are to be protected and exercised. These include:

a. the right to receive all available services without discrimination on the basis of race, creed, color, gender, sexual orientation, age, disability, national origin, or marital status;

b. the right to be informed of all rights and responsibilities;

c. the right to a humane and safe environment;

d. the right to an alcohol, tobacco, and other drug free environment, and

e. the right to confidentiality.

Guideline 2. A grievance process shall be established. Participants shall have the right to access this grievance process in a fair, timely, and impartial manner.

Guideline 3. Prevention programs shall ensure that individual program content, goals, and

objectives are available for review by interested parties.

Guideline 4. Prevention programs shall ensure that all staff and volunteers working with participants adhere to the Code of Ethical Conduct for Prevention Professionals.

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Standard B: Program Development and Evaluation

In order to provide quality and effective prevention programs a systematic and comprehensive method of development and evaluation shall occur.

Guideline 1. Prevention programs shall develop a long and short term plan relevant to the needs of the community which include:

a. needs and assets assessment;

b. program policy and implementation based on current and valid research;

c. a written document which establishes specific, realistic, and measurable goals and objectives; and

d. realistic timelines shall be developed from program implementation and evaluations.

Guideline 2. The prevention strategy adopted within a community must meet the specific needs of its respective individuals which includes:

a. ethnic, gender, age and culturally appropriate components;

b. community involvement in all phases of the program development and evaluation; and

c. accessibility to the populations being served.

Guideline 3. Prevention programs will encourage involvement of all relevant segments of the community in a collaborative effort which include:

a. a design that plans for transfer of program ownership to the community itself, and

b. utilization of community services and resources.

Guideline 4. Prevention programs will have, as an integral component, a comprehensive method of evaluation which includes:

a. scientific and current research methods;

b. identified components, strategies, and other relevant factors;

c. measured effectiveness in relation to the scope, intensity and duration; and

d. an evaluation plan as part of the program proposal.

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Standard C: Program Implementation and Integration

Effective prevention practice shall involve the use of multiple strategies to accomplish its goals and objectives and have a positive effect on the target population.

Guideline 1. A community assessment shall determine the need for prevention services; shall determine the appropriate prevention strategies to meet assessed needs and resources to implement the strategy.

Guideline 2. A written document shall be established for the program with realistic and measurable goals and objectives which are:

a. based on the community assessment;

b. research based; and

c. action plans appropriate to the target population.

Guideline 3. A process shall be developed for identifying the target populations. This process shall include selection criteria and other identifying characteristics.

Guideline 4. Prevention programming shall be integrated into regular and ongoing community activities and services including:

a. referral linkages and collaborative community planning, and

b. preferably, programs offered in the participants environment.

Guideline 5. Prevention strategies include information dissemination, education and training, problem identification and referral, alternative activities, environmental and social policy change, and community mobilization.

Guideline 6. Individuals identified in prevention programs as needing more intensive services shall be informed of treatment options and encouraged to access them.

Guideline 7. Prevention programs shall incorporate a staff and volunteer plan. This plan will develop:

a. basic skills and competencies for successful implementation of the prevention activities, and

b. advanced skills and competencies including program

coordination, education and training, community organization, public policy, professional growth and responsibility, and planning and evaluation.

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Standard D: Continuum of Service

This continuum includes prevention, intervention, treatment and aftercare. Effective programming recognizes the need for ongoing social change to support healthy communities; addresses the needs for inclusion, and addresses all segments of the population, taking into account the unique and special needs of each community. These strategies represent a continuous progression of efforts to meet these identified needs through the stages of life - prenatal to elderly.

Guideline 1. Effective programming reflects comprehensive planning and accountability for the following:

a. unique and special needs of the community i.e., language, physical disabilities, and cultural norms;

b. location of programming should be publicized through appropriate media to reach the target population;

c. location of program activities should be geographically accessible with consideration given to transportation needs of the target population; and

d. the process by which participants can access services along the continuum should be defined.

Guideline 2. The prevention continuum shall be composed of the following:

a. ***UNIVERSAL*** prevention programs that reach the general population such as all students in a school;

b. ***SELECTIVE*** prevention programs that target groups at risk or subsets of the general population such as children of alcoholics or drug users; and

c. ***INDICATED*** prevention programs that are designed for people who are already experimenting with drugs or who exhibit other risk-related behaviors.

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Standard E: Responsibility for Lasting Outcome

Effective prevention programming is an essential component of an overall health promotion effort which provides a variety of services along a continuum. Within this continuum is the understanding that prevention is a shared responsibility among individuals, agencies, and the community. Community level ownership and responsibility are the essential elements in program planning, implementation, and evaluation. Effective programming documents its research based theory, methods, and procedures so that other organizations may use these concepts to further program development.

Guideline 1. The sequence of prevention programming should be based on strategies reflecting a continuum of service. These considerations include each phase of the individual, family, and community development and empowerment.

Guideline 2. Prevention programming reflects shared responsibility among individuals, agencies, and the community. The prevention provider is responsible for a balanced demographic representation of the community including grassroots groups.

Guideline 3. The prevention provider is responsible for documentation of research based theory, methods, and procedures as well as evaluation results. This documentation supports the development of prevention theory, practices, and replication of successful programs.

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SKILLS AND COMPETENCIES FOR PREVENTION PROFESSIONALS

The prevention professionals must possess and maintain proficiency in program coordination and development; education and training, community organization; public policy, professional growth and responsibility; planning and evaluation.

1. Program Coordination and development

Skills and competency will include the ability to:

a. set measurable goals and objectives;

b. design programs to meet the needs of participants;

c. assess and evaluate program effectiveness;

d. identify financial sources and appropriate resources; and

e. identify, recruit and use volunteers.

2. Education and Training

Skills and competency will include the ability to:

a. identify needs and provide for training;

b. address the ATOD educational needs of the target population;

c. design training and recruit qualified trainers;

d. design and conduct training evaluations;

e. provide prevention information to professionals in related fields; and

f. address the education and training needs of the volunteers.

3. Community Organization

Skills and competency will include the ability to:

a. network with other agencies, organizations and community members;

b. facilitate opportunities for community empowerment;

c. promote increased community involvement through the use of volunteers; and

d. recognize and respect community diversity.

4. Public Policy

Skills and competency will include the ability to:

a. advocate for ATOD prevention efforts;

b. develop a working relationship with policy makers;

c. articulate the purpose and role of prevention to communities, legislature, media and the public at large; and

d. organize and present useful information in a written form.

5. Professional Growth

Professional growth skills and competencies include the responsibility to:

a. develop public speaking and presentation skills;

b. recognize existing community norms through awareness of culture, lifestyle, and other factors;

c. participate in professional growth and development opportunities as appropriate to the professional's role in such areas as human development, behavioral health, alcohol, tobacco, and other drug abuse, family dynamics, family violence, family dysfunction, community collaboration, group facilitation, and communication; and

d. understand and adhere to ethical and professional standards of conduct.

6. Planning and Evaluation

Planning and evaluation skills and competencies includes the ability to:

a. encourage and use community involvement in assessing, planning, developing, and evaluating programs;

b. understand evaluation methods in order to measure process, outcome, and impact;

c. assess community needs through various systematic data methods, and

d. use evaluation information for future planning.

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CODE OF ETHICAL CONDUCT FOR PREVENTION PROFESSIONALS

The Prevention Code of Ethics is a model standard for exemplary professional conduct. This Code expresses the professional's recognition of responsibility to the public, recipients, and colleagues. It guides members in the performance of professional responsibility and expresses the basic tenets of ethical and professional conduct. The Code calls for commitment to honorable behavior, even at the sacrifice of personal gain. This Code will be regarded as the goal toward which prevention professionals should constantly strive. The Code is guided by core values and competencies that continue to evolve with the development of the field.

PREVENTION CODE OF ETHICS

NON-DISCRIMINATION: The alcohol and other drug abuse prevention specialist must not discriminate against clients, the public or others based on race, religion, age, sex, national ancestry, sexual orientation or economic condition or against persons with disabilities.

RESPONSIBILITIES: The alcohol and other drug abuse prevention specialist shall exercise competent professional judgement when dealing with clients, the public and other professionals and shall maintain their best interest at all times.

COMPETENCE: The alcohol and other drug abuse prevention specialist shall provide competent professional service to all in keeping with Maryland Addiction Counselors Certification Board (MACCB) standards. Competent professional service requires, thorough knowledge of alcohol and other drug abuse, skill in presentation and education techniques, thoroughness and preparation reasonably necessary to assure the highest level of quality service and a willingness to maintain current and relevant knowledge through on-going professional education. The alcohol and other drug abuse prevention specialist shall assess personal competence and not operate beyond his/her skill or training level.

PROFESSIONAL STANDARDS: The alcohol and other drug abuse prevention specialist should maintain the highest professional standards and should not:

claim either directly or by implication, professional knowledge, qualifications or affiliations that the prevention specialist does not possess;

lend his/her name to, or participate in, any professional and/or business relationship which may knowingly misrepresent or mislead the public in any way;

misrepresent his/her certification to the public or make false statements regarding qualifications to MACCB;

jeopardize or compromise his/her professional status through the association, development and/or promotion of books or other products offered for commercial sale (for example, personal endorsement of products and/or techniques); and

fail to recognize the effect of professional impairment, i.e., intoxication, drug use relapse, on professional performance and the need to seek appropriate treatment for oneself.

PROFESSIONAL OBLIGATIONS TO THE PUBLIC: Although certified alcohol and other drug abuse prevention specialists may feel a need to market themselves as competent or professional, they are to be mindful that they are discouraged from championing their own cause by denigration of others. In addition, the alcohol and other drug abuse prevention specialist shall not engage in false or misleading communication about his/her own or other professional abilities, training and/or experience.

PUBLICATIONS: The alcohol and other drug abuse prevention specialist who participates in the writing, editing or publication of professional papers, videos/films, pamphlets or booklets must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e., co-authors, researchers, etc.) used in creating the opinions, papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the alcohol and other drug abuse prevention specialist should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of professional standards.

PUBLIC WELFARE: The alcohol and other drug abuse prevention specialist shall maintain objectivity, integrity and the highest professional standards in delivering prevention services, holding the best interest of the public first, and always striving to provide an appropriate setting to ensure professionalism and provide a supportive environment.

CONFIDENTIALITY: The alcohol and other drug abuse prevention specialist shall adhere to all applicable state and federal laws and rules, including reporting child abuse/neglect or misconduct by individuals or agencies. As such, alcohol and other drug abuse prevention specialists have the responsibility to be aware of and in compliance with all applicable state and federal guidelines, regulations and statutes and agency policies regarding confidentiality, data privacy and professional relationships.

PROFESSIONAL RELATIONSHIPS: The alcohol and other drug abuse prevention specialist shall maintain an objective relationship with those he/she serves and shall not exploit them sexually, financially or emotionally. Further, the alcohol and other drug abuse prevention specialist shall maintain the ability and willingness to make appropriate referrals.

PROFESSIONAL INTEGRITY: An alcohol and other drug abuse prevention specialist should:

never knowingly make a false statement to MACCB or any other disciplinary authority;

promptly alert colleagues to potentially unethical behavior so said colleague can take corrective action;

report violations of professional conduct by other alcohol and other drug abuse professionals to the appropriate authority when there is knowledge that said professional has violated professional standards and has failed to take corrective action after a formal intervention.

FINANCIAL ARRANGEMENTS: The alcohol and other drug abuse prevention specialist should not personally accept gifts or gratuities for professional work above and beyond the fees and gratuities being paid to the agency by which the prevention specialist is employed.

PROFESSIONAL PROMOTION: The alcohol and other drug abuse prevention specialist should strive to maintain and promote the integrity of certification within the State of Maryland, nationally and internationally, and the advancement of the alcohol and other drug abuse prevention specialist profession.

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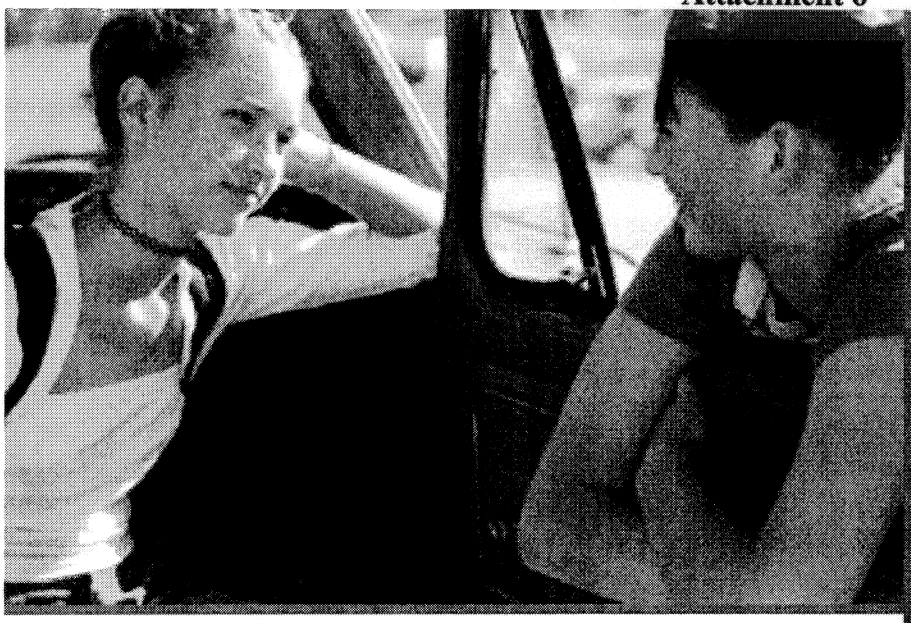
OETAS COURSES FOR PREVENTION WORKERS

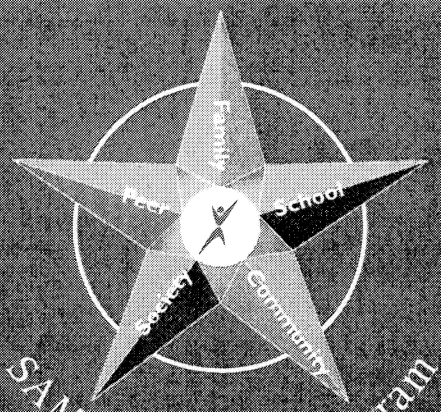
The OETAS courses listed below are accepted by the Maryland Addictions Professional Certification Board (MAPCB) as applying toward the hours needed to meet the specialized knowledge base requirements for **ATOD Prevention Professional Certification**.

Courses marked with an asterisk (*) are being offered in the Spring.

Knowledge Base	**Course**
Core Area I: Program Coordination	*The Art and Science of Prevention* *Financial Management and Budgeting* *Creative Program Management* *Personnel: Challenge and Opportunities*
Core Area II: Education and Training	*Introduction to Addictions* **Pharmacology of Alcoholism and Drug Abuse* *Pharmacological Advances in Addictions Therapy* *Recognizing and Treating Adolescent Substance Abus* **Effective Teaching Strategies* *HIV/AIDS and Substance Abuse*
Core Area III: Community Organization	*Community Mobilization* * *Building Effective Teams*
Core Area IV: Public Policy	*High Impact: Promoting Substance Abuse Services*
Core Area V: Professional Growth and Responsibility	*The Chemically Dependent Family* **Developing Cultural Competence* *Parenting Skills* **Children of Addiction*

Participants attending courses designated as approved for prevention professional certification or recertification are not required to be tested or graded.





Effective Substance Abuse and Mental Health Programs for Every Community

Communities Mobilizing for Change on Alcohol

Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce adolescent (13 to 20 years old) access to alcohol by changing community policies and practices. Initiated in 1991, CMCA has proven that effectively limiting the access to alcohol of people under the legal drinking age not only directly reduces teen drinking, but also communicates a clear message to the community that underage drinking is inappropriate and unacceptable.

CMCA employs a range of social organizing techniques to address legal, institutional, social, and health issues in order to reduce youth alcohol use by eliminating illegal alcohol sales to youth by retailers and obstructing the provision of alcohol to youth by adults.

TARGET POPULATION

CMCA can be implemented in virtually any rural, suburban, or urban community. The program targets interventions at all members of a community. Communities from Minnesota and Wisconsin participated in the initial program evaluation.

BENEFITS

The CMCA project—

- Mobilizes communities to make institutional and policy changes
- Limits youth access to alcohol
- Improves the health of the community

Proven Results

- Alcohol merchants increased age checks and reduced alcohol sales to minors.
- Youths 18 to 20 years old reduced the practice of providing alcohol to younger teenagers.
- Youths 18 to 20 years old were less likely to try to buy alcohol, drink in a bar, or consume alcohol.
- Arrests for driving under the influence of alcohol declined significantly among 18- to 20-year-olds.

INTERVENTION

Universal

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

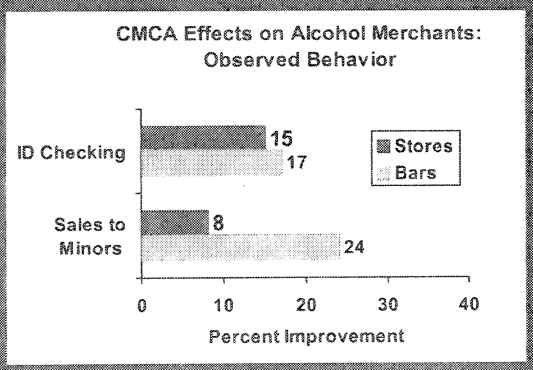
OUTCOMES

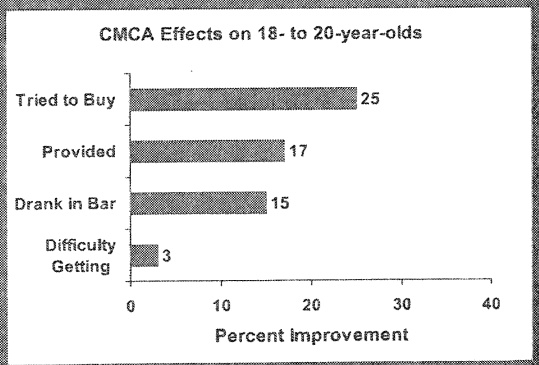
Results show that the CMCA intervention:

- Significantly and favorably affected the drinking behavior of 18- to 20-year-olds
- Significantly and favorably affected the practices of establishments serving alcohol
- May have favorably affected the practices of alcohol package sales establishments

Other outcomes include:

- Alcohol merchants increased age-identification checking and reduced propensity to sell to minors
- Older teenagers (18 to 20 years old) reduced provision of alcohol to other teens and the likelihood to try to buy alcohol or drink in a bar
- Significant decline in arrests for driving under the influence of alcohol among 18- to 20-year-olds





HOW IT WORKS

CMCA involves motivating community members to seek and achieve changes in local public policies and in the practices of community institutions that can affect youth's access to alcohol. CMCA offers resource materials to help communities organize these efforts, for example:

- **Civic Groups** can adopt policies to prevent underage drinking at organization-sponsored events and initiate and participate in community-wide efforts to prevent underage alcohol use.
- **Faith Organizations** can provide a link between prevention organizations, youth, parents, and the community. They can also offer education, develop internal policies to prevent teens from accessing alcohol at their events, and participate in efforts to keep alcohol away from youth.
- **Schools** can teach alcohol refusal skills and create and enforce policies restricting alcohol use and access, both on school property and in the surrounding community.
- **Community Groups** can voluntarily control the availability and use of alcohol at public events such as music concerts, street fairs, and sporting events.
- **Law Enforcement** can mandate compliance checks or encourage voluntary compliance checks by law enforcement or licensing authorities. Police can also encourage and support the use of administrative penalties for failure to comply with State or local laws relating to the sale of alcohol to minors.
- **Liquor Licensing Agencies** can offer and promote mandatory or voluntary programs that train managers, owners, servers, and sellers at alcohol outlets how to avoid selling to underage youth and intoxicated patrons.
- **Advertising Outlets** can be influenced to remove alcohol advertising from public places or wherever youth are exposed to these messages. Communities can also restrict alcohol companies' sponsorship of community events.

IMPLEMENTATION ESSENTIALS

CMCA is a community-based program that can be implemented by a range of groups, from all-volunteer grassroots activists to nonprofit organizations or public agencies of any size. In order to successfully replicate CMCA, organizations need to be able to—

- Assess community norms, public and institutional policies, and resources
- Identify, from inception, a small group of passionate and committed citizens to lead efforts to advocate for change
- Create a core leadership group that can build a broad citizen movement to support policy change

- Develop and implement an action plan
- Build a mass support base
- Maintain an organization and institutionalize changes
- Evaluate changes on an ongoing basis
- Manage widely variable program costs

PROGRAM MATERIALS

Free materials on reducing youth access to alcohol are available to assist in the implementation of CMCA, including a series of papers written by alcohol epidemiology experts. These include:

- **Alcohol Compliance Checks:** *A Procedures Manual for Enforcing Alcohol Age-of-Sale Laws*—This user-friendly manual is designed for public officials, law enforcement officers, and community groups; it is a practical guide for developing and implementing a compliance check system for establishments that sell or serve alcohol.
- **Model Ordinances:** This material provides information on and samples of specific local laws that regulate alcohol use in the community, designed to reduce the supply of alcohol to youth under age 21.
- **Model Public Policies:** These are sample alcohol control policies aimed at limiting social and commercial access to alcohol, including beer keg registration; restricting alcohol use in public places and at community events; restricting alcohol advertising; developing social host liability laws; initiating responsible beverage sales, service training, and compliance checks; banning alcohol home delivery; and restricting alcohol companies' sponsorship of community events.
- **Model Institutional Policies:** Sample policies are available that describe actions that can reduce youth access to alcohol and can be used by community institutions, including civic groups, colleges and universities, faith organizations, hotels, police, schools, employers, and parents.
- **Reprints of Papers:** Papers published in scientific journals on subjects related to CMCA are also available. Citations are listed on the program's Web site and copies of the papers are available by request.

The above-listed materials can be downloaded and reproduced, free of charge, from the University of Minnesota's Alcohol Epidemiology Program Web site at www.epi.umn.edu/alcohol. The University requests:

- **Source citation** in any publications where the information is used
- **Notification** if the program or any portion of it is implemented, sent to NREPP@intercom.com

Target Areas

Protective Factors To Increase

Community

- Institutional policies that discourage youth alcohol use
- Public and institutional policies that reduce alcohol sales to youth
- Civic action against illegal sale and provision of alcohol to youth
- Increased interaction among diverse community sectors

Risk Factors To Decrease

Peer

- Peers providing alcohol
- Peers using alcohol

Community

- Easy availability of alcohol
- Normative support of alcohol sales to underage youth
- Normative support of alcohol consumption by underage youth
- Poor enforcement of alcohol laws and regulations
- Lack of laws or institutional policies that limit alcohol availability

PROGRAM BACKGROUND

The CMCA intervention was based on established research that showed the importance of the social and policy environment in facilitating or impeding drinking among youth. CMCA community organizing methods drew on a range of traditions in organizing efforts to deal with the social and health consequences of alcohol consumption.

EVALUATION DESIGN

CMCA was evaluated in a fully randomized 5-year research trial across 15 communities. Data were collected at baseline before random assignment of communities to the intervention or control condition and again at followup after a 2.5-year intervention period. Data collection included in-school surveys of 9th and 12th graders, telephone surveys of 18- to 20-year-olds and alcohol merchants, direct testing (using underage youth to attempt purchases) of the likelihood of alcohol sales to youth, and monitoring changes in relevant practices of community institutions. Analyses were based on mixed-model regression, used the community as the unit of assignment, took into account the nesting of individual respondents or alcohol outlets within each community, and controlled for relevant covariates.

PROGRAM DEVELOPER

Alexander C. Wagenaar, Ph.D.

Dr. Alexander C. Wagenaar, professor of Epidemiology and director of the Alcohol Epidemiology Program at the University of Minnesota, developed the CMCA project. The Alcohol Epidemiology Program (AEP) is a research program within the School of Public Health, University of Minnesota in Minneapolis. The AEP conducts policy-evaluation research on specific initiatives to prevent alcohol-related problems and studies community coalitions and other efforts to change the social and policy environment around alcohol. In recent years, AEP has studied adolescent drinking, community organizing efforts, randomized community trials, alcohol-involved traffic crashes, effects of macroeconomic conditions on drinking rates, training for alcohol outlet managers and servers, natural experiments with changes in alcohol policies, and public opinion surveys.

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services