CECIL COUNTY DRUG AND ALCOHOL ABUSE COUNCIL
MEETING MINUTES FOR September 29, 2016

Meeting Location: Recovery Center of America - Bracebridge Hall, 314 Grove Neck Rd, Earleville

Members In Attendance: Tyler Brown, Sean Cannon, Ken Collins, Jack Foreaker, Stephanie Garrity, Howard Isenberg, Michael Massuli, Alan McCarthy


Call to Order: Jack Foreaker called the meeting to order at 3:00 p.m. and welcomed everyone.

COUNCIL BUSINESS:

Board of Health Report, Stephanie Garrity:
- Appreciation extended to all who attended the Cecil County Substance Abuse Roundtable with Senator Cardin on September 24, 2016. The discussion focused on the heroin epidemic permeating the county, state, and country. The meeting was chaired by County Council Vice-President Alan McCarthy.
- Proposed that the next DAAC meeting include a presentation by Dan Coulter on the Community Health Improvement Plan.

County Executive Report:
- No report at this time.

County Health Officer Report, Stephanie Garrity:
- No report at this time

Other Committee/ Sub-Committee Reports:
- Howard Isenberg reported that the Workforce Development sub-committee met on September 19, 2016. Discussed workforce shortage and recent challenges regarding reciprocity. Steven Kendrick reported efforts to develop a legislative proposal regarding reciprocity. For more discussion and coordination with existing state-wide efforts, the subcommittee plans to invite Tracey Myers Preston, executive director of MADC to attend a future meeting.
PRESENTATIONS AND DISCUSSION TOPICS:

Welcome and Update from Recovery Centers of America - Barbara Kistenmacher, Ph.D. Executive Director, Bracebridge Hall:
- Ms. Kistenmacher welcomed DAAC participants, and provided a brief overview of Recovery Centers of America (RCA) and the organization’s plans for new treatment programs in the region.
- The focus of RCA’s Bracebridge Hall program is evidence-based substance use disorder treatment for executives and their families.
- Bracebridge Hall plans to initially offer 39 residential beds and expand to 108 beds (including 24 detoxification beds) during calendar year 2017.
- In addition to residential treatment, the program plans to offer partial hospitalization, intensive outpatient (IOP), outpatient, recovery support and monitoring services, as well as host self-help groups. Personalized fitness programs and nutritional counseling will also be offered.

Substance Use Disorder Prevention in Maryland - Larry Dawson, Prevention Manager, DHMH- Behavioral Health Administration:
- Mr. Dawson provided an overview of the state of substance use disorder (SUD) prevention in Maryland. Discussed the shift and emphasis toward environmental strategies. Prevention previously tended to focus on individual services and building individual resiliency. Measuring the impact and effectiveness of those services was challenging. Environmental strategies, however, can be better measured, and offer a more significant impact. Evidenced based efforts to change community conditions, affect community norms, reduce access to drugs and alcohol, and increase potential users’ perception of harm and risks, are more cost effective, and favored by policy makers and funders.
- Many of the current prevention programs in Maryland follow the Strategic Prevention Framework process, which includes five steps: assess needs; build capacity; plan; implement; and evaluate. Cultural competence and sustainability are embedded through each step.

Update from Upper Bay Counseling and Support Services - Becky Kiersznowski, Director of Co-Occurring and Addiction Services:
- Ms. Kiersznowski shared that Upper Bay provided behavioral health treatment in Cecil County since 1997. The organization primarily offered mental health services, including outpatient therapy, psychiatric rehabilitation, and residential psychiatric rehabilitation with 38 bed capacity for mental health.
- Recently extended their services to include treatment for primary SUD. Outpatient and IOP addictions services are expected to open during the first week of October 2016. Programs are licensed for adult and adolescent services.
- The program has two offices in Elkton, one in Havre de Grace and one expected soon in Cecilton (renting space adjacent to Dr. Katz’s office).
- Upper Bay accepts Medicare and Medicaid for co-occurring and mental health treatment, but Medicaid only for SUD. Upper Bay also offers a self pay sliding fee scale.
- Will accept assessments completed within the past 30 days from a treatment agency.
- In addition, had enrolled staff in training to address problem gambling, and plan to offer problem gambling treatment.

Introduction to Project Chesapeake - Rebekha Rogers, Clinical Director
- Project Chesapeake offers substance abuse, mental health and psychiatric rehabilitation services and has three locations: Annapolis, Brooklyn Park, and Elkton. The Elkton location opened two weeks ago.
• The Elkton program offers outpatient and IOP addictions treatment, twelve hour driving while intoxicated (DWI/DUI) education, twenty-six week DWI/DUI treatment, anger management and a domestic violence curriculum.
• At the Brooklyn Park location, Project Chesapeake offers Medication Management.
• The organization accepts Medicaid and private insurance. Also offers a self pay sliding fee scale, and assistance with applications for Medicaid.

REVIEW OF MEETING MINUTES FROM JUNE 21, 2016

Minutes from the DAAC meeting of June 21, 2016 were reviewed and approved.

FOR THE GOOD OF THE CAUSE:

Ken Collins, Cecil County Health Department: Recognized Elaine Barclay for her leadership as the chairperson for the Cecil County Annual 5K/Twelve-Step Recovery Walk & Block Party successfully held on September 24th. Appreciation extended to Elaine for her service as chairperson for six years. The event is one of several in Cecil County that helped promote National Recovery Month. Also, announced that Bill De Freitas of the Cecil Guardian resigned from the Drug Free Communities (DFC) Coalition, where he served as the “media” sector representative. Expressed appreciation to Bill for his participation and effort. Following the resignation, the Coalition selected his replacement as Jake Owens of the Cecil Whig.

Howard Isenberg, Open Door: Announced that Open Door recently obtained a license and staff to provide community based SUD treatment in Cecil County. Treatment services are expected to be offered during the fall of 2016.

Steve Kendrick, Ashley Addiction Treatment: Announced that Ashley plans to open their IOP SUD treatment on/or about December 5, 2016. The program will offer IOP, outpatient, as well as ambulatory detox. The program will accept Medicaid and private insurance. Medicare will not be accepted.

George Stanko, Cecil County Sheriff Office: Distributed information on emerging drug trends nationwide, including an increase in new synthetic opioids, including Fentanyl. Reported observations of an apparent increase in cocaine use, and an emerging Methamphetamine use.

Dr. Alan McCarthy, Cecil County Government: Expressed continued concern for the extent of substance use disorders and the current opioid epidemic. Identified substance abuse as a primary concern and as one of the most serious problems observed in his life. Offered his support for the Drug Council. Solicited requests to provide assistance; Council and individuals encouraged to ask for his assistance.

Mike Massuli, Cecil County Health Department: Introduced Katricia Thompson, Overdose Prevention Coordinator. Individuals and groups interesting in receiving overdose response training may contact Ms. Thompson at (443)245-3785. Also shared update regarding select prevention activities. The Maryland Strategic Prevention Framework (MSPF) targets underage alcohol use and young adult binge drinking. The Opioid Misuse Prevention Program (OMPP) addresses misuse of opioids including illicit substances (heroin) and non-medical use of prescription opioids. Currently, both coalitions are in the process of finalizing their respective needs assessments which will identify target areas to focus their prevention efforts. Early indications suggest that both groups will develop strategies to address retail availability, social access, and perception of risk.
**Jack Foreaker, Haven House:** Informed that Haven House an ASAM Level III.1, halfway house, and grant funded through July 1, 2017. Prior to admission, patients must demonstrate fifteen days abstinence from all substances of abuse. Currently nine beds are open at the program. As of June 30, 2017, there may not be sufficient funding to sustain Haven House as a halfway house. The program may discontinue providing level III.1 treatment and become a recovery house. Currently working with Dr. McCarthy, Drug Court, and Probation to explore options that would support continued operations as halfway house during fiscal year 2018.

**Other Board Member Comments:** None

**Public Comment:** None

Adjourned: 4:00 PM  
Submitted by Alicia O’Connor

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On December 15, 2016, these minutes were reviewed and approved by consensus vote of the DAAC membership.