

**Steven R. Schuh**

# County Executive

***Anne Arundel County***

***Drug & Alcohol Council Strategic Plan***

Fiscal Years 2016 – 17

January 2017 Update

Vision: A safe and drug free County

Mission: To reduce the abuse of alcohol and use of other drugs and the resulting negative consequences

*Accomplishing the goals and objectives is contingent upon receiving adequate funding.*

**Guiding Principles:**

1. All goals and objectives incorporate evidence supported practices, are outcome driven and expect accountability
2. Stakeholders ( including consumers, significant others and natural supports) will be engaged in all goal areas
3. Behavioral Health is inclusive of Substance use disorder and Mental Health.
4. All goals will consider the needs of special populations (e.g. homeless, young families, trauma, and criminal justice).

**Goals:** (*All Goals are interrelated and not listed in priority order*)

1. Reduce the harmful consequences of the abuse of alcohol and other drugs by encouraging the wellness of county residents through promotion, education, prevention, and early intervention services and activities
2. Deliver quality behavioral health treatment & services inclusive of special populations
3. Increase the diversity of recovery services and supports available to help County residents develop resiliency and recover from substance use disorders and/or Co-occurring Disorders.
4. Expand the current integrated, Collaborative/Behavioral Health Infrastructure/System to meet the complex needs of residents by coordinating care and services throughout the system.

Goal 1: Reduce the harmful consequences of the abuse of alcohol and other drugs by encouraging the wellness of county residents through promotion, education, prevention, and early intervention services and activities

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| Objective 1.1 Offer School Based Prevention Resources, Services and Programs |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Engage AACPS in dialog regarding Prevention Services, Programming and Resources for School Schools.
2. Increase student participation in prevention and wellness activities in schools through SADD chapters.
3. Maintain and expand Media Contest.
4. Promote prevention resources in school-based committees such as PTA’s, Business Advisory Groups and Signature Program Leaders.
5. Promote prevention resources among school personnel.
6. Conduct a Youth Consumption Survey in middle and high schools

Maintain updated prevention resource links to information on-line. | * All prevention agencies, AACPS, private schools
* AACPS, private schools
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 | 1. DOH Prevention joined AACPS Wellness Committee at the Board of Education, provided resources on substance abuse prevention at 12 Back to School Nights.2. SADD Chapters are in 15 public high schools and middle schools.  SADD youth symposium will be held September 27 including 10 attendees from each SADD Chapter countywide. SADD Adult leaders meet 2 times a year for technical assistance.3. At this time there is no funding available to expand the media contest.4. Provided 700 materials distributed to those who attended the volunteer tea sponsored by the PTA.5. DOH Prevention Met and provided materials to high school nurses and SADD school leaders.6. DOH Prevention has prepared a survey which is ready to be submitted for Board of Ed and IRB approval. |
| Objective 1.2 Increase the access to Supportive Services and Healthy Lifestyle Resources |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Promote activities that teach healthy lifestyle choices (Yoga, Relaxation, Mindfulness Training, Smoking cessation).
2. Promote activities with the Healthy Anne Arundel Brand.
3. Train county residents in Mental Health 1st Aid.
4. Promote wellness media links, DVD’s and resources.
5. Promote sober leisure events and activities.
6. Promote prevention resources, services and programming to recreational councils, youth sports leagues, coaches’ clinics.
 | * AA County Recreation & Parks, other private providers, AACPS
* Anne Arundel Mental Health Agency, private providers, AACPS, AACPD
* All prevention agencies, AACPS, private schools
* Anne Arundel County Department of Health
* Health Anne Arundel Partners
* Anne Arundel Community College
 | 1. Featured healthy lifestyle activities on Healthy Anne Arundel Calendar of Events at [www.healthyannearundel.org](http://www.healthyannearundel.org).2. Provided Healthy Anne Arundel logo and Make Health Happen logo for print and web promotional materials of approved healthy lifestyle activities. 3. Provided by the County Mental Health Agency, a Healthy Anne Arundel Steering Committee Member, the Mental Health First Aid public education program introduces participants to risk factors and warning signs of mental illness. 4. Promoted healthy lifestyle on the Healthy Anne Arundel Facebook page at Facebook.com/healthyaa and the website www.healthyannearundel.org.5. Healthy Anne Arundel’s designated programs are promoted in City of Annapolis and Anne Arundel County Recreation and Parks program guides.6. DOH Prevention reached out to AAC Recreation and Parks two times with no response for distribution of materials, will try again. |
| Objective 1.3 Engage corporate partners to increase prevention and awareness messaging |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Increase resident participation in efforts to reduce substance use among youth by engaging:
	1. Youth
	2. Parents/Caregivers
	3. Law Enforcement
	4. Schools
	5. Businesses
	6. Media
	7. Human Service Organizations
	8. Faith-based and Fraternal organizations
	9. Civic and volunteer groups
	10. Healthcare professionals
	11. State and local agencies with expertise in substance use
	12. Other organizations involved in reducing substance use
	13. Consumers
	14. Significant others
	15. Natural supports
2. Promote prevention programming, resources and services through community presentations, town halls, [www.preventsubstanceabuse.org](http://www.preventsubstanceabuse.org) and social media
 | * Anne Arundel County Department of Health
* Community Coalitions
 | 1. Funded two local coalitions in FY16, Western Anne Arundel Substance Abuse Prevention (WASP) coalition and Annapolis Substance Abuse Prevention (ASAP) coalition. New coalition forming in Annapolis ASAP, first meeting will take place on September 20, 2016.2. DOH Prevention Presented to over 9,000 AAC residents in FY16 (alcohol and substance abuse prevention).3. The County Executive's Office hosted two "Not My Child" town hall meetings at County high schools in FY16. |
| Objective 1.4 Implement a jurisdictional Opioid Overdose Prevention Plan |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Submit Strategic Plan to DHMH Behavioral Health Administration
2. Implement approved Strategic Plan:
	1. Conduct the Maryland Public Opinion Survey(MPOS)
	2. Publicize results of MPOS
	3. Fatal Overdose Review Team (FORT)
	4. Naloxone Training
	5. Good Samaritan Law Education
	6. Media Campaign with ”Denial is Deadly” messaging
	7. Prescription Drug Boxes
	8. Parent and Youth Education about the risks of Opioids and Heroin
	9. Parent and Youth Education about safe storage and safe disposal of prescription medication
	10. Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Dentist Education on Prescribing practices and talking to patients about the risks of prescription opioids
	11. Increase availability of Naloxone to interested community members.
 | * Anne Arundel County Department of Health
* AACPD,
* AAC Partnership for Children Youth and Families,
* OMPP coalition
* Anne Arundel County Mental Health Agency
 | 1. Opioid Misuse Prevention Program (OMPP) strategic plan submitted to BHA and approved for implementation.2. MPOS survey will be conducted in Fall 2016. Results of MPOS were included in the Denial is Deadly communications campaign.3. Fatal Overdose Review Team (FORT) meeting quarterly and completed an annual report of recommendations.4. DOH Adult Addictions obtained funding to provide Naloxone training and kits. They have established an aggressive training schedule and to date have trained 321 inmates at the Ordnance Road Correctional Center, 214 Methadone Maintenance Clients at the DOH Adult Addictions Clinic, a total of 93 security officers at Jennifer Road Detention Center and Anne Arundel Community College and 868 Community Members.5. The Good Samaritan Law was presented by DOH Prevention to over 4,500 residents in FY 16 which included 2 Arundel TV interviews and a PSA that was aired in North East High School.6. The Denial is Deadly Media Campaign was completed in February 2016.  Some promotion will continue.7. AAC currently has 7 prescription drug drop boxes.8. Parent and Youth Education initiatives on the risks of opioids and heroin and safe storage and disposal of prescription medication will be initiated by DOH Prevention in Fall 2016.9. Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Dentist Education initiatives will be initiated by DOH Prevention in Fall 2016.10. FORT is working on a strategy to increase availability of naloxone, but has not yet increased number of training entities for Narcan. |
| Objective 1.5 Offer services and programs for children and families to prevent substance use disorders |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Complete additional cycles of Strengthening Families and seek funding for SPF cycles.
2. Maintain recovery programs for adolescents who have substance use issues.
3. Offer training, community presentations, and public forums about alcohol and substance use prevention strategies
4. Maintain website with resources and information [www.networkofcare.org](http://www.networkofcare.org)
 | * Anne Arundel County Department of Health
* AAC Partnership for Children Youth and Families, Community coalitions
* Annapolis Youth Services Bureau
* Peak Youth Services Bureau
* Anne Arundel Mental Health Agency
 | 1. Completed 5 cycles of Strengthening Families in Spring 2016 (2 Health Dept., 3 community sites).2. RCDC Conducted the 3rd Annual H2O for life Health Symposium at the Adolescent Recovery Clubhouse funded by a DOH grant.3. Served over 9,000 people with presentations, exhibits, and trainings on substance abuse prevention. |

***Goal 2: Deliver quality behavioral health treatment & services***

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| Objective 2.1: Develop bridge services between crisis and treatment that includes multisite & same day assessments |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Create Workgroup to develop action steps
 | * Co-occurring Disorders (COD) Steering Committee
* AAMC
* BWMC
* Pathways
 | 1. AACDOH Administration has obtained Grants to support a new initiative that provides assessment, peer support intervention and treatment referral in collaboration with emergency room medical staff at AAMC and BWMC. This initiative provides for services for patients identified as having overdosed from opiates, needing NARCAN.
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| Objective 2.2: Increase access to same day/night outpatient, intensive outpatient, residential detoxification and partial hospitalization treatment services based on independent assessment and holistic treatment planning. |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Assess current availability of same day services, gaps and barriers.
2. Determine the role that Peer Support Specialists may provide.
3. Encourage local officials support statewide funding for treatment on demand
 | * COD Steering Committee Members
* Treatment Providers
* Insurance Commission
* BHA/Beacon Health
* Elected local officials
 | 1. AACDOH provides same day assessment by an RN in the ERs of BWMC and AAMC as part of a new grant funded initiative.2. Peer Support Specialists will offer follow up and continued engagement to those at every stage of the continuum of care. 3. The County Executive, State’s Attorney and members of the state’s legislature encourage treatment on demand for OD patients.4. The Arundel Lodge provides assessments/evaluations on a walk-in, first come first serve basis-(also triaged based on acuity)daily; AACDOH Assessment and Referral Program provides walk-in assessments on a first come first serve basis on Fridays (also triaged based on acuity). |
| Objective 2.3: Promote care coordination/care management availability from assessment through treatment planning, treatment, step down and aftercare to enhance long term recovery and wellness. |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Collect data on cost of care coordination/ care management as compared to outcome (e.g. Mental Health & Crisis Response) to show the cost benefit.
2. Identify Wrap Around/Supportive Services (transportation, housing, employment, MA determination/redetermination).
3. Identify the role of Peer Support Specialists.
 | * COD Steering Committee
* Anne Arundel County Department of Health AACMHA
* Crisis Response System
* ROSC Steering Committee
* Recovery Support Providers
 | 1. The ROSC Data Sub-Committee will be conducting a survey in cooperation with the mental health agency and prevention that will identify gaps in care coordination and case management. The Behavioral Health’s Case Management Program provided for Drug Court Participants continues to be tracked to ensure outcomes are positive and support the cost/benefit of care management as opposed to incarceration.2. Transmittal emails and social media will be used to inform county residents on various Wrap Around Services made available by local providers.3. Recovery Support Services representative will attend coalition meetings, and meet with local providers at their respective agencies to present a brief presentation on the role of peer support specialists.  |

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| Objective 2.4: Support the permanent funding of all treatment courts through active participation with the Anne Arundel County Criminal Justice Coordinating Committee, as well as support of any and all relevant legislation and/or budget initiatives. |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Identify funding needs for budget presentation for May 2016.
2. Identify the effective use of media relations in promoting outcomes of treatment courts.
 | * Adult Drug Treatment Court Staff
 | 1. The Circuit Court and District Drug Court Coordinators continue to promote budget needs to the Criminal Justice Coordinating Council and the Drug and Alcohol Council that would help sustain and expand the Drug treatment court. The State’s Attorney member of the Drug Court Team has established the effective use of the media in promoting positive outcomes of treatment courts. |

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| Objective 2.5: Increase the number of substance use disorder and mental health providers in the County who are accredited by March 2017 |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Increase the use of Evidenced Based Practices by all Outpatient and Residential Providers.
2. Provide Peer mentoring for interested agencies.
3. Identify & communicate treatment outcomes.
4. Assist providers as needed as appropriate with the accreditation process.
 | * All treatment providers and monitoring agencies
* Accredited & Accreditation seeking agencies
* Anne Arundel County Department of Health
* Anne Arundel County Mental Health Agency
 | 1. AACDOH has provided a forum for private and non-profit treatment providers to obtain peer mentoring and formal guidance from accreditation agencies. |

Goal 3: Increase the diversity of recovery services and supports available to help County residents develop resiliency and recover from substance use disorders and/or Co-occurring Disorders.

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| Objective 3.1 Reduce the stigma associated with recovery |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Provide education on addiction, trending drugs and recovery in partnership with local health care associations and treatment providers to residents.
2. Promote recovery through awareness activities.
3. Explore opportunities to improve community perception of addiction and recovery.
 | * Anne Arundel County Department of Health
* Co-occurring Steering Committee
* Treatment Providers
* Anne Arundel Mental Health Agency
* Recovery Support Service Providers
* Recovery Community
* Anne Arundel Community College
 | * + - 1. Several County agencies, groups, coalitions and organizations have promoted recovery by providing education and through conducting awareness activities. ROSC highlighted 3 events – Hoops for Hope, Recovery Over Dinner and the 5th Annual Recovery Walk that not only promoted recovery and reduced the stigma but also raised money towards reduction of stigma efforts. Additional recovery efforts/activities were conducted by the AA Community College Substance Abuse Agency and the Northern Lights and Western AA County Community Coalitions that promoted the reduction of the stigma related to treatment and recovery from drug addiction.
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| Objective 3.2 Improve and maintain a county wide Recovery Oriented System of Care that is inclusive of families and allies. |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Increase awareness of available Recovery Support Services (RSS) to providers and community, including professional services, wellness centers, and leisure activities.
2. Develop Recovery Support Services for family members, allies, and significant others to engage in the recovery process.
3. Promote long term recovery through hope and independence by developing resources for those experiencing relapse, grief/loss due to drug related events and other stressors especially for young adults.
4. Provide age specific recovery oriented activities to address the needs of young adults.
5. Incorporate consumer participation into planning, implementation and evaluation of all treatment & recovery services.
6. Conduct Town Hall meeting to solicit treatment/recovery needs and solutions.
 | * Recovery Support Service Providers
* Treatment Providers
* Recovery Community Members
* Recovery Oriented System of Care
* Governor’s Grants Office
* Governor’s Office of Volunteers
 | 1. Peer Support Specialists will offer follow-up and continued engagement to those at every stage of the continuum of care. The County’s ROSC Team is dedicated to the development and support of a recovery oriented system of care in AA County. The ROSC Team along with Community Coalitions hold monthly meetings and events to encourage participation and engagement in the recovery process.2. For FY16 the following events have been hosted by the Recovery Anne Arundel ROSC Team (Recovery Oriented System of Care). Recovery Anne Arundel has been hosting events this year leading up to our 5th annual Recovery Walk to be held in September (National Recovery Month) in downtown Annapolis.**"Hoops for Hope"** was held on April 10th, and was an awesome basketball game between the Anne Arundel County Police and a group of young men in Recovery. Recovery took the trophy 54-51 but everyone was a winner that day! The event was held at Anne Arundel Community College, with approximately 400 guests. Funds in the amount of $1,145.00 were raised for the Collegiate Recovery Center at AACC ($572), and the Annual Recovery Walk ($572).**"Recovery Over Dinner"** was held on June 20th, at Two Rivers Steak House in Pasadena MD. It was an evening of open honest conversation concerning the solution to the opioid overdose epidemic that our community faces. It also was a fundraiser for the Annual Recovery Walk and with 110 attendees the event raised $2,300.**International Overdose Awareness Day** was celebrated on 8/31 at Arundel Christian Church in Glen Burnie, MD. We had 450 participants during this event which ended with a candlelight vigil.**Total Community members reached: 1,432****Total money raised for outreach services from ROSC events: $4,445**3. AACMHA presented and disseminated information and resources are various Countywide activities.4. AACMHA obtained Resources for Emergency Departments, Schools and Police to improve Outcomes, Engagement and Diversion (RESPOND) Grant for enhanced crisis services for youth.5. Satisfaction survey completed by CSA for participants in Residential Rehabilitation Programs (RRPs) and are an active participant with Consumer Quality Teams (CQT). |
| Objective 3.3 Decrease barriers to accessing recovery services, especially transportation housing, employment opportunities, and affordable treatment options |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Increase funding for Recovery Housing2. Support private providers attaining MSARR accreditation.3. Explore possibility of corporate sponsorship for RSS.4. Explore alternative funding methods and community based partnerships.5. Explore redirection of existing resources for recovery support services.6. Increase number of Recovery Housing providers that allow residents to increase rent as recovery capital increases7. Meet quarterly with housing providers to develop protocols for sharing information on successful promising and evidence based practices being implemented.8. Provide opportunities for ongoing exchange of ideas and learning among community leaders who have an in depth understanding of the recovery resources available in Anne Arundel County. 10. Increase utilization of existing underutilized resources | * Anne Arundel County Department of Health
* MSARR
* MSARR members
* Recovery Housing Providers
* Governor’s Grants Office
* Governor’s Office of Volunteers
 | 1. Reviewed house bills that support the State making a requirement for housing providers, private and county funded, to obtain MSARR accreditation.2. Beginning to build relationships with behavioral health providers as well as somatic health professionals, and all other entities that would make recovery support accessible to county residents. 3. Quarterly meetings with recovery housing, women and children providers have been in effect since July 2015. Collaborated with BHA and Baltimore City to develop protocols and standards for housing providers to follow when selecting residents. 4. Monthly Recovery Oriented Systems of Care (ROSC) Team Meetings continue to offer opportunities for an ongoing exchange of ideas and learning among community leaders, members of the recovery community and neighborhood coalitions who have an in depth understanding of the recovery resources available in A.A. County. |

Goal 4: Establish an integrated, Collaborative/Behavioral Health Infrastructure & System to meet the complex needs of residents

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| Objective 4.1 Engage the County Agencies in discussion to minimize transportation and housing related barriers to treatment. |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Develop a “map” of Providers and the service Delivery System to identify transportation deserts.
2. Provide input to Anne Arundel County Housing subcommittee regarding challenges for substance use disorder and Co-occurring Disorder Population
 | * Anne Arundel County Human Services Subcommittee
* Anne Arundel County Department of Health
* Anne Arundel County Mental Health Agency
 | 1. The Marketing Sub-Committee of the Recovery Anne Arundel ROSC is planning to develop a recovery support services resource manual in cooperation with the DOH Recovery Support Services Program.2. AACMHA is a member of the Homeless Coalition. AACMHA has applied for additional grant funding for housing in partnership with ACDS. |
| Objective 4.2 Advocate for increase in MA reimbursement rates for Substance Use Disorder Treatment to increase provider sustainability |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Provider survey and aggregate financial data for presentation to legislative entities.
 | * AACDOH & AACMHA to monitor DHMH activities and report to group
 | Medical Assistance is currently conducting a rate study for Residential levels of SRD. |
| Objective 4.3 Address deficiencies in Workforce Development in SUD field (Training, number of qualified staff, core competencies, attractive compensation). |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Provide educational opportunities for Professionals including trauma informed care.2. Increase availability of psychiatrists and Nurse Practitioners able to provide psychopharmacological management of SUD and Co-occurring disorders.3. Offer cross agency/cross organizational learning opportunities on new research and best practices in treatment and recovery to include easier access to treatment.4. Increase training available to Parole and Probation Officers to work with those with SRD and COD. | • Anne Arundel County Department of Health• Anne Arundel Mental Health Agency• Treatment Providers• Governor’s Grants Office• Governor’s Office of Volunteers* Maryland Higher Education Commission
* University of Maryland School of Psychiatry Social Work/Med School
 | The COD Change Agents are working with the University of Maryland to develop a work plan around the 8 core competencies for COD treatment and services. AACMHA and AACDOH/LAA will then structure and plan trainings to address these competencies. |
| Objective 4.4 Promote and expand the use of data driven accountability and decision making to improve client outcomes and optimize use of resources  |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Create central data depository accessible to all stakeholders (crisis calls by zip code for SUD/MH, heroin OD calls, crime rate, etc.).2. Engage in research and publish results of effective county initiatives through Partnerships with local research entities: Johns Hopkins, University of Maryland and Access Research Grants via GOCCP.3. Use data to identify geographic areas of concern and develop solutions.4. Use coordinated public private partnership use data driven analysis to decrease obstacles & measure success.5. Hold focus groups to coordinate federal, public and private efforts and best practices.6. Use existing stakeholder meetings to disseminate program information. | * COD Steering Committee
* ROSC Change Agent Committee
* Governor’s Grants Office
* Governor’s Office of Volunteers
 | 1. Poverty Amongst Plenty, HAAC needs assessment, and North County alcohol prevention (MSPF 2) needs assessment were completed in Spring and Summer of 2016. |
| Objective 4.5 Create a central location/system for residents and law enforcement to access sub-acute treatment and resources (multi-site & available digitally ) |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Identify incremental steps toward centralization, such as central phone line, initially available during business hours, then expanded hours.
2. Have all participating providers identify one staff person to take callers/referrals from central line along with a backup person.
3. Engage individuals in recovery to volunteer at central location.
4. Promote a central telephone number for Peer Support Services.
5. Promote telephone and social media support services to better access treatment and recovery resources at local community.
 | * Anne Arundel County Department of Health
* Anne Arundel County Mental Health Agency
* Anne Arundel County Government
* Anne Arundel County Partnership for Children Youth and Families
* Recovery Community
 | 1. The AACDOH Recovery Services Program has established a direct line: 410.222.7076.2. AAC Crisis Response System is now the Warmline and the Addition Helpline as of August 2016.3. The Substance Abuse Treatment Referral Line, 410-222-0117 remains as access point for all county residents seeking SUD information, assessment, treatment and referral. |
| Objective 4.6 Establish and sustain an evidenced based model of substance use disorder and mental health integration that meets the needs of Anne Arundel County residents and is responsive to the shifting landscape of healthcare reform |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Research evidenced based and promising models of SUD/MH Integration Nationally.
2. Identify jobs/tasks that can be collocated and/or shared.
3. Continue monthly Behavioral Health Integration Meetings between Health Officer & Executive Directors of Anne Arundel Mental Health Agency and AACPCYF.
 | * Anne Arundel County Department of Health
* Anne Arundel County Mental Health Agency
* Anne Arundel County Partnership for Children Youth and Families
* Anne Arundel County Government
 | 1. Special session of the AA County Co-Occurring Steering Subcommittee planned for FY 2017 |
| Objective 4.7 Support behavioral health providers for the integration of Behavioral Health services with medically based services |
| Action | **Responsible Agencies** | **Progress/Updates** |
| 1. Support mentorship and training on developing the infrastructure including IT/computer, Personnel, training, HIPAA compliance, confidentiality and financing.
 | * COD Treatment Providers
* Governor’s Grants Office
 | 1. AACMHA conducted a HIPPA Compliance Training on July 29, 2016 for 37 attendees and offered 7 Maryland Board of Social Work CEUs. |