

**Steven R. Schuh**

# County Executive

***Anne Arundel County***

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

Fiscal Years 2016 - 17

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 * All prevention agencies, AACPS, private schools |  |
| 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 | |  |

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| 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 |  |

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| 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 |  |

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| 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 |  |

***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 |  |
| 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/ValueOptions (Beacon Health Options * Elected local officials |  |

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| 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 |  |

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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 |  |

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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 |  |

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 |  |

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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 |  |

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| 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 Housing  2. 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 increases  7. 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 |  |

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 |  |
| 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 | • Co-occurring Steering Committee  • MADC  • Anne Arundel Mental Health Agency   * Anne Arundel County Department of Health * Behavioral Health Administration |  |

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| 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 |  |

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| 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 |  |

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| 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 |  |
| 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 |  |
| 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 |  |