|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GOAL** | **OBJECTIVE** | **PERFORMANCE TARGET** | **PERSON/AGENCY RESPONSIBLE** | ***UPDATE*** |
| **I. Provide easy access to a full continuum of evidence based, culturally friendly, substance abuse treatment services for St. Mary’s County residents.** | 1. **Utilizing funding through DHMH, BHA grants, contract with BHA approved licensed, certified and nationally accredited providers to offer substance abuse treatment services.** 2. **Facilitate convenient, continuing education training for treatment professionals to ensure provider compliance with BHA certification and national accreditation.** 3. **Encourage full participation of consumers’ family members in treatment continuum (planning, implementation and evaluation services.)** 4. **Continue to provide recovery and wellness centers with peer support services to both adult and adolescents in recovery.** 5. **Utilizing an LDAAC subcommittee, evaluate the current cultural demographics, focusing on Limited English Proficiency (LEP), to assess the need for additional LEP services and materials.** 6. **Actively monitor system changes and develop plans to address community needs accordingly.** | **1) 100% of treatment providers will have completed the BHA required national accreditation process by the BHA deadline date.**  **1a) 100% of the consumers utilizing BHA funded substance abuse treatment services will be offered a customer satisfaction survey.**  **2) 100% of clinical staff will receive training in evidence base practices within first year of employment.**  **3) 100% of consumers will be offered family supportive services by BHA funded substance abuse treatment providers.**  **4) 100% of consumers utilizing BHA funded substance abuse treatment services will be offered community recovery support services.**  **5) Expand the number of LEP treatment and prevention services, including printed materials, available to consumers.**  **6) Using the BHA model for the integration of behavioral health services, work with the local Mental Health team to build a local joint BH team. Request technical assistance as needed.** | **Contracted Substance Abuse Treatment Providers and the Local Addiction Authority**  **Contracted Substance Abuse Treatment Providers and the Local Addiction Authority**  **Contracted Substance Abuse Treatment Providers and the Local Addiction Authority**  **Contracted Substance Abuse Treatment Providers and the Local Addiction Authority**  **Contracted Substance Abuse Treatment Providers and the Local Addiction Authority**  **Local Drug And Alcohol Council (LDAAC).**  **Local Drug And Alcohol Council (LDAAC) and local Mental Health Team.** | ***100% of the current contracted providers are licensed, certified and accredited or in the accreditation process. The deadline is 1/1/18.***  ***100% of contracted SA Tx Providers will provide point in time survey results quarterly and provide an annual analysis.***  ***100% of the current contracted providers have received continuing education credits in evidence based practices as documented in respective human resource records.***  ***100% of the current contracted providers are providing family assessments to consumers.***  ***100% of the current contracted providers are offering recovery support services to consumers.***  ***100% of the current contracted providers are offering LEP treatment services with materials printed in 2 or more languages. Interpreters are utilized upon request.***  ***The LDAAC & Mental Health Team held the first integration planning meeting on June 16, 2016. Committee meetings followed that worked on details of what the integrated council will look like.*** |
| **GOAL** | **OBJECTIVE** | **PERFORMANCE TARGET** | **PERSON/AGENCY RESPONSIBLE** |  |
| **II. ~~Identify funding to~~ continue expansion of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach to community agencies and providers.** | 1. **Offer SBIRT training and technical assistance to community agencies’ staff and local physicians.**   ***Revised Objective 1: Offer refresher SBIRT training and opiate related training & technical assistance for health providers and community members.***   1. **Identify a navigator for each agency and medical group to guide referrals to resources and services.**   ***Revised Objective 2: Identify a navigator for the public school system to guide referrals to resources and services.***   1. **~~Partner with state and local agencies to determine high need, high volume locations for implementation for on-site screeners.~~** | **1) At least 3 public agencies and 5 local physicians/Nurse Practitioners/Physician’s Assistants, will be trained in SBIRT and have a written organizational protocol for ensuring SBIRT delivery.**  ***Revised Performance Target 1: At least 2 refresher SBIRT trainings and 5 video-based training on opioid topics will be conducted for current health providers and community members.***  **2) 100% of the public agencies and local physicians trained in SBIRT will have a navigator identified to guide referrals to resources and services.**  ***Revised Performance Target 2: the public school system will have a navigator identified to guide referrals to resources and services.***    **3~~) At least 2 primary sites will be identified as high volume high-need locations for on-site screeners with an implementation plan complete.~~** | ***Contracted Treatment Provider and local Health Department.***  ***Local Public School System.***  **~~Local Drug And Alcohol Council (LDAAC) and partnering organizations.~~** | ***No change.***  ***No change.*** |
| **III. Expand and enhance the continuum of care for adolescent and adult substance abuse offenders.** | 1. **Provide integrated substance abuse treatment options for adolescents and adults referred through the criminal justice system.**          1. **Expand funding support for the Detention Center offender pre-trial/reentry transition planning, training, counseling and case management for treatment and supportive services through grants and collaborative partnerships.**      1. **Partner with local law enforcement, juvenile services and the public school system to address options for non-criminal offenders.** | **1) 100% of *pre-trial and adjudicated* offenders who screen + will be referred for a substance abuse assessment; 100% who are assessed as needing substance abuse treatment will be referred to community or jail based programming.**    **1a) 100% of identified opiate users exiting detention, will be offered training in the use of Naloxone.**  **2) Identify funding to support additional pre-trial, offender re-entry and case management services.**  **3) Implement a process for non-criminal alcohol and marijuana citations and/or school-based offenses related to alcohol, drugs or other behaviors, to be screened and referred for substance abuse treatment services.** | **Contracted Substance Abuse Treatment Providers, local Law Enforcement, Drug Court Coordinator and the Local Parole & Probation**  **Local Health Dept., local Law Enforcement and Local Addiction Authority**  **Local Drug And Alcohol Council (LDAAC).**  **Local Public School System, local Law Enforcement, Dept. Of Juvenile Services and the Local Addiction Authority** | ***No change.***  ***No change.***  ***No change.***    ***No change.*** |
| **GOAL** | **OBJECTIVE** | **PERFORMANCE TARGET** | **PERSON/AGENCY RESPONSIBLE** |  |
| **IV. Educate and empower St. Mary’s County residents to lead healthy lifestyles, free of alcohol and drug abuse.** | 1. **Facilitate evidence-based prevention programs for children and their parents.** 2. **Recruit youth for representation on the Communities Mobilizing for Change on Alcohol (CMCA) and the Community Alcohol Coalitions (CAC) to assist with adolescent prevention and intervention strategies.** 3. **Utilizing media campaigns, educational summits and public event forums, continue community outreach efforts.** 4. **Expand capacity within the community to implement evidenced-based environmental programs.** 5. **Utilizing the 2015 Qualitative Needs Assessment and Youth Surveys, explore additional opportunities for pro-social and wellness activities for youth.** | **1) Outreach efforts will include 3 high school orientations, 3 Freshmen orientations and offer at least 2 evidence based courses for middle and high school parents.**  **1a) Technical assistance and training for 19 Pre K programs in the public school system to enhance and implement evidence based pre k prevention programs.**  **2) At least 2 Youth representatives from St. Mary’s County will be recruited and actively participate in the CMCA & CAC.**  **3) At least 2 alcohol and opiate prevention media campaigns will be implemented during the next 2 fiscal years.**    **3a) At least 2-3 parent and youth led drug free summits will be conducted during the next 2 fiscal years.**  **3b) Naloxone training will be offered to community groups and private citizens as needed.**  **4) Continue to work with community stakeholders to coordinate multiple coalition efforts to gather data to assist with identifying and prioritizing local prevention efforts; i.e.: mobilize community resources and implement an a la carte menu of evidence-based strategies and activities in a process consistent with the five step SPF process.**  **5) A Youth focus group consisting of at least 5 middle school students and 5 high school students will identity at least 3 pro social and/or wellness activates based on the data from the Youth survey and needs assessment.** | **Prevention Specialist & contracted providers**  **Prevention Specialist & contracted providers**  **CMCA & CAC contracted provider and the local Public School System**  **Dept. Of Aging & Human Services, local Health Dept. & CMCA & CAC contracted provider**  **Local Drug And Alcohol Council (LDAAC).**  **Local Health Dept.**  **Local Health Dept., Healthy St. Mary’s Partnership, and the Behavioral Health Action Team.**  **CMCA & CAC contracted provider, the local Public School System and the Youth Recovery Support provider.** | ***Programs have been implemented and/or completed.***  ***At least one college student has been recruited and retained for the combined CAC/CMCA meetings and activities. The program coordinator has reached out to the local public school system to engage high school students.***  ***Through renewed BHA OMPP funds, the initiatives has been implemented with focus on social & retail availability and the Smart Medicine campaign continues with billboard, poster, bus wrap and web-based ads. Education efforts continue with local prescribers and dispensers of medication.***  ***Complete in Mar/Apr 2016.***  ***Program has been implemented and is underway.***  ***Updated strategies have been submitted to BHA.***  ***The public school system has implemented a student advisory committee to work on youth related issues. A professional basketball player who experienced addiction was invited to speak at all of the county high schools in Jan. 2017.*** |