

**MARYLAND STATE DRUG AND
ALCOHOL ABUSE COUNCIL**

*2013-2015 Strategic Plan
for the Organization and Delivery of Substance
Use Disorder Services
in Maryland*

State Government Article 9-2805

Executive Order 01.01.2008.08

Submitted to Governor Martin O'Malley

August 1, 2013

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2013-2015 Strategic Plan for the Organization and Delivery of Substance Use Disorder Services in Maryland

July, 2013

INTRODUCTION:

In July 2008, Governor Martin O'Malley signed Executive Order 01.01.2008.08 establishing the Maryland State Drug and Alcohol Abuse Council. One of the duties of the SDAAC listed in the Order is:

“To prepare and annually update a 2 year plan establishing priorities for the organization, delivery and funding of State drug and alcohol abuse prevention, intervention and treatment services in coordination with the identified needs of the citizens of the State, both the general public and the criminal justice population, and the strategies and priorities identified in the plans established by the local drug and alcohol abuse councils”

The Maryland State Drug and Alcohol Abuse Council (SDAAC) is pleased to deliver to Governor Martin O'Malley *the 2013-2015 Strategic Plan for the Organization and Delivery of Substance Abuse Services in Maryland*. Council members and various collaborating stakeholders have diligently worked to address important issues in need of improvement and/or enhancement.

There continues to be significant emphasis on the integration of care for citizens with behavioral health disorders. The interrelationship between somatic and behavioral health and how to intersect these public health areas has been key to the State Drug and Alcohol Abuse Council's planning and collaborative process. The Council has been kept fully informed of the Department of Health and Mental Hygiene's (DHMH's) planning and implementation activities for behavioral health integration and the Governor's efforts to implement an efficient and high quality primary care system that complies with the federal Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010—together referred as the Affordable Care Act (ACA). Council members have enlisted agency, consumer and provider input that would expand their knowledge to provide a document that is flexible and presents a structure that is indicative of a comprehensive system of services that recognizes that prevention, early intervention, treatment of substance use and mental health disorders are integral to improving and maintaining overall health.

2013-2015 Maryland State Drug and Alcohol Abuse Strategic Plan

The State Drug and Alcohol Abuse Council members have met and collaborated on the development of the Goals of the Strategic Plan. With the need to be inclusive and proactive in addressing substance use and mental health disorders among Maryland citizens, the following goals will be addressed in 2103-2015.

Goal I: Collaborate with the Mental Health Advisory Council to develop a combined Council to be established in statute as the Maryland Behavioral Health Advisory Council

Goal II: Facilitate and sustain a statewide structure that shares resources and accountability in the coordination of and access to comprehensive prevention, early intervention, treatment and recovery-oriented services for behavioral health populations.

Goal III: Improve the quality of services provided to individuals (youth and adults) in the criminal and juvenile justice systems who present with behavioral health conditions.

Goal IV: Improve the quality of services provided to individuals with co-occurring substance use and mental health problems.

Background:

In July 2008, Governor Martin O'Malley signed an Executive Order re-authorizing the **Maryland State Drug and Alcohol Abuse Council (SDAAC)**, which is composed of 27 members, including key state cabinet secretaries, judges, legislators, providers, consumers and citizens. The primary purpose of the DAAC is to develop a comprehensive, coordinated and strategic approach to the use of State and local resources for substance use disorder prevention and treatment services. The DAAC promotes collaboration among State and local agencies for the allocation of adequate resources to address the substance use disorder services needs of individuals with co-occurring problems, including mental health disorders, cognitive impairments, somatic health problems, homelessness, and/or criminal justice or child welfare system involvement.

House Bill 219, Acts of 2010 (Chapter 661) created the Maryland State Drug and Alcohol Abuse Council (DAAC) within the Office of the Governor. The voting members of the SDAAC include representatives from the State legislature, State agencies, and councils (including DHMH, criminal justice agencies, human resources, budget and management, housing and community development, transportation, State Superintendent of Schools, and the Governor's Office for Children), as well as eight appointed members representing geographic regions of the State, at-risk populations, knowledgeable professionals, consumers, family members, and service providers.

The SDAAC's chief duties are to develop a strategic plan for substance use disorder services, to encourage collaboration between and among State agencies and local drug and alcohol abuse councils (LDAACs), and to ensure cost-effective and quality services that are consistent with the priorities in the State Plan.

The Local Drug and Alcohol Abuse Councils (LDAACs) conduct jurisdictional level planning. Legislation signed into law on May 11, 2004 established a mandate that all twenty-four political subdivisions in Maryland (23 counties and Baltimore City) develop, and appoint certain agency representatives to **Local Drug and Alcohol Advisory Councils (LDAACs)**. Each LDAAC prepares a biennial plan and consistently reports every six months to the Maryland Alcohol and Drug Abuse Administration (ADAA) on progress toward implementation of the plan.

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The composition of each LDAAC must, per the Annotated Code of Maryland § 8-1001, consist of the representatives from the Departments of Local Health, Social Services, Juvenile Services, Division of Parole and Probation, State's Attorney, District Public Defender, Police or Sheriff Department, Local Board of Education, Commission, Mayor and/or County Executive and seven individuals appointed by the County Executive and/or Mayor who are consumers, providers and law enforcement officials knowledgeable about substance use disorder services and issues.

The Maryland Drug and Alcohol Abuse Council (SDAAC) two-year strategic plans for the organization and delivery of substance use disorder services and their annual updates are based on information from reports of accomplishments submitted by workgroups responsible for particular objectives within the plan. The workgroups review the goals and objectives from the latest two year plan, along with the summary of accomplishments and next steps provided in the one year update. In addition, feedback and reports of additional accomplishments are solicited from other members of the Council and key agencies. The two-year plans and annual updates are sent to the workgroups and relevant agencies for review and corrections/additions. The purpose of these reviews is to determine the extent to which goals and objectives have been accomplished, which ones are no longer valid, which ones should be carried forward into the new plan. Additionally, these reviews provide an opportunity for the State plan to address emerging trends and new priorities

Health Care Reform and Behavioral Health Integration:

As Maryland progresses towards the implementation of Health Care Reform, the State Drug and Alcohol Abuse Council (SDAAC) has expressed the need for the State to continue to be vigilant and proactive in addressing and sustaining behavioral health and somatic care services for Behavioral Health populations. The SDAAC supports the efforts of the Department of Health and Mental Hygiene (DHMH) to foster an integrated process for planning and collaboration to ensure that a quality system of care is available for individuals across the lifespan and at all socio-economic levels. The identification and treatment of behavioral health problems before they become chronic and persistent illnesses has also been a priority of the Department.

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The SDAAC has been kept informed as a result of presentations and reports from the chairpersons of the various Behavioral Health Integration Workgroups and has attended public forums conducted by the workgroups. The final workgroup reports were submitted to Secretary Joshua Sharfstein, MD, who following extensive deliberation with interested stakeholders, intends to move forward to establish a performance based carve-out for substance use and mental health services. This proposed model will end a duplicative and confusing system of financing for substance use disorder and mental health treatment; support effective models of integrated care for behavioral health and medical conditions by aligning incentives and performance targets; bring financing for all health care under one Administration at the DHMH and expand interfaces with other State systems to address public health challenges. The Council membership has observed as the Mental Hygiene Administration (MHA) and the Alcohol and Drug Abuse Administration (ADAA), under the leadership of the Deputy Secretary for Behavioral Health and Developmental Disabilities has worked together with consumers, providers, families, advocacy organizations, professionals and interested citizens to make sure that the integration process will continue to promote high quality, consumer-centered, behavioral health care. It is the SDAAC membership's intent to be actively involved and support the movement toward the implementation of an effective and efficient Behavioral Health System that will address the needs of Maryland's citizens.

Goal I: Collaborate with the State Mental Health Advisory Council to develop a combined Council to be established in statute as the Maryland Behavioral Health Advisory Council

Objective I.1: Establish a joint Behavioral Health Workgroup to provide recommendation for a combined Advisory Council.

Action Steps	Responsible	Actions and Progress Towards Goals
<p>1. Select representatives from the Maryland Drug and Alcohol Abuse Council and the Maryland Advisory Council on Mental Hygiene/Planning Council, AGs Office, MHA, ADAA and other individuals as needed to serve as members of the workgroup.</p> <p>2. Review Statutes, Purpose, Membership, Reporting Requirements, etc. for each Council.</p> <p>3. Provide recommendations for a combined Behavioral Health Advisory to the Council no later than December 31, 2013.</p>	<p>SDAAC/MHAC</p>	<p>A joint workgroup has been initiated and charged with providing recommendations to the Advisory Councils.</p>

Goal II: Establish and maintain a statewide structure that shares resources and accountability in the coordination of comprehensive prevention, early intervention, treatment and recovery-oriented services

Objective II.1: Transform Maryland’s behavioral health services system into a recovery-oriented system of care (ROSC).

Action Steps	Responsible	Actions and Progress Towards Goals
<p>1. Continue to implement Recovery Oriented Systems of Care.</p> <ul style="list-style-type: none"> • Continue to work with non-traditional partner agencies in order to educate them about ROSC. • Identify, provide training and funding opportunities to implement continuing care, care coordination and peer recovery support services. • Provide opportunities that support the implementation of Recovery Housing. • Support the development of Recovery Community Centers. <p>2. Support the integration of problem and pathological gambling services within the behavioral health system.</p>	<p>SDAAC ADAA</p>	<p>1. Coordination and oversight to be provided by the ADAA ROSC Division in collaboration with the Local Health Departments, Jurisdiction Coordinators and Peer Recovery Support Specialists within local jurisdictions.</p> <p>2. Updates to be provided by the Maryland Center of Excellence on Problem Gambling.</p>

Goal II: Establish and maintain a statewide structure that shares resources and accountability in the coordination of comprehensive prevention, early intervention, treatment and recovery-oriented services

Objective II.2 Improve coordination and collaboration among departments and agencies that provide services to individuals with behavioral health conditions to reduce the gap between the need for services available and promote recovery oriented support.

<i>Action Steps</i>	<i>Responsible</i>	<i>Actions and Progress Toward Goals</i>
<p>1. Continue to conduct the annual survey of resources to identify gaps in services and barriers to implementation of these services</p> <ul style="list-style-type: none"> • Obtain consultation from academic/research institutions to conduct survey and provide report to the Council. . . 	<p>SDAAC, ADAA</p>	<p>1. This is a complex project that will require additional support and analysis.</p>

Goal II: Establish and maintain a statewide structure that shares resources and accountability in the coordination of comprehensive prevention, early intervention, treatment and recovery-oriented services

Objective II.3: Promote and expand the use of evidence-based prevention strategies and interventions by implementing the Maryland Strategic Prevention Framework (MSPF) Initiative and other SAMHSA prevention strategies and best practices.

Action Steps	Responsible	Actions and Progress Towards Goals
<p>1. Provide MSPF Implementation grants to the 24 identified MSPF communities, monitor and evaluate the effectiveness of their chosen strategies and interventions.</p> <p>2. Provide on-going capacity-building support and training to MSPF grantees and other key stakeholders on the implementation of the Strategic Prevention Framework (SPF) process at the community level.</p>	<p>SPFAC</p>	<p>1. As of June 30, 2013, fourteen (14) MSPF communities have been approved to receive implementation grant funds. Both the MSPF Coordinator and the University of Maryland School of Pharmacy (UMSOP) continue to provide technical assistance to the MSPF communities and evaluate the remaining strategic plans that are submitted for implementation.</p> <p>2. The MSPF staff offered a professional development training to all the prevention coordinators entitled Coaching Skills for Training and Technical Assistance providers. This was a two-day event intended to support and/or enhance the coordinators skills as professionals to become more proactive mentors, deliberate partners, and successful facilitators of change in their communities.</p> <p>The MSPF staff offered a Community Anti-Drug Coalitions of America (CADCA) workshop entitled Building Coalition Capacity “To Do the Work” to all prevention coordinators and MSPF coordinators.</p> <p>The MSPF staff hosted a Core Essentials for Exceptional Coalitions workshop. The purpose of the two-day workshop was to engage coalitions and community members to conduct a problem analysis and develop a logic model. Additional training included how to plan and implement comprehensive strategies to address local activities.</p> <p>The MSPF Project Director and the ROSC Division Director conducted a ROSC 101 workshop to the prevention coordinators. The purpose of the workshop was to identify strategies and activities common to both ROSC and Prevention: how to discover</p>

<p>3. The MSPF Advisory Committee’s Community Implementation Workgroup will compile and maintain current resources on best practices related to behavioral health promotion, prevention and community wellness, to include investigation of collaborating with local health entities.</p>		<p>opportunities for collaboration between addiction prevention and treatment within a ROSC approach; how to understand the elements of the ROSC, and lastly how to identify commonalities between mental illness and substance use prevention.</p> <p>3. The Prevention Services Manager is a member of the team that represented Maryland at the 2012 State Policy Academy on Preventing Mental and Substance Use Disorders in Children and Youth. Currently an action plan has been developed, which includes the following: (1) develop an integrated infrastructure to support mental health and substance abuse wellness and prevention services; (2) develop a unit/office/capacity to integrate wellness and prevention as a priority for the State.</p> <p>The Prevention Services Program Manager and the Co-Chair of the Advisory Council will attend the Policy State Team meeting each month to further develop Maryland’s State plan to continue to enhance/expand the State’s prevention infrastructure, which is focused around the promotion of Mental Emotional and Behavioral (MEB) health and prevention of mental and substance use disorders and other behavioral health challenges. In addition, the team will focus on “touch points” and opportunities to advance promotion and prevention through partnerships.</p>
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Goal II: Establish and maintain a statewide structure that shares resources and accountability in the coordination of comprehensive prevention, early intervention, treatment and recovery-oriented services

Objective II.4: Develop youth substance abuse assessment survey process to provide baseline and trend data, at both State and jurisdiction levels, to assist in planning, tracking and evaluating the effectiveness of the MSPF initiative and other evidence-based efforts.

Action Steps:	Responsible	Actions and Progress Towards Goals
<p>1. Involve the State Epidemiology Outcomes Workgroup (SEOW) and other key agency representatives (i.e., Tobacco Control, MSDE, etc.) in the development, cultural competency and sustainability of the assessment survey.</p> <p>2. Implement the assessment survey on a bi- annual basis in all 24 Maryland jurisdictions.</p> <p>3. The SEOW will conduct an evaluation of the assessment process as needed to determine if State and jurisdiction level data needs are being met and will, along with key agency representatives, make adjustments to the process as necessary.</p>	<p>SPFAC MSDE DHMH</p>	<p>1 The Maryland Youth Tobacco Control & Risk Behavior Survey (YTRBS) is completed and available online at http://phpa.dhmh.maryland.gov/ohpetup/SitePages/YTRBS.aspx This is a survey that combines the Maryland Youth Tobacco (YTS) and the Maryland Youth Risk Behavior Survey(YTRBS). The YTRBS collects data on a broad range of youth tobacco and other risk behavioral of both middle and high school youth for every county and Baltimore City. The Alcohol and Drug Abuse Administration, through it’s Maryland SPF Initiative, participated by developing questions that were alcohol and drug related.</p> <p>2 TBD</p> <p>3 TBD</p>

Goal II: Establish and maintain a statewide structure that shares resources and accountability in the coordination of comprehensive prevention, early intervention, treatment and recovery-oriented services

Objective II.5: Explore ways that transition from a grant-funded to a fee-for-service finance structure that can address service capacity deficits, including funding services that support a recovery oriented system of care.

Action Steps	Responsible	Actions and Progress Towards Goals
<p>1. Continue to explore and provide input on the impact of healthcare reform on behavioral health prevention, treatment and recovery oriented services.</p> <ul style="list-style-type: none"> • Provide recommendations for the DHMH Request for Proposals (RFP) for the Behavioral Health Administrative Services Organization financing model for Behavioral Health Services in Maryland. • Provide recommendations for the combined Behavioral Health Organization administrative structure to DHMH. • Review and provide recommendations for the proposed Regulations for Behavioral Health services. • Support the integration of somatic and behavioral health care thru implementation of Health Homes, SBIRT best practices and tobacco cessation initiatives. 	<p>ADAA DHMH SDAAC</p>	<p>With the selection of the financing model, the DHMH Behavioral Health Systems Integration process has moved to Phase III of the Department’s plan. The SDAAC membership will provide input and monitor progress on this phase of the plan.</p>

Goal II: Establish and maintain a statewide structure that shares resources and accountability in the coordination of comprehensive prevention, early intervention, treatment and recovery-oriented services

Objective II.6: Expand, strengthen and sustain a highly competent, culturally diverse and specialized workforce to meet growing services and needs in the face of a workforce crisis.

Action Steps	Responsible	Action and Progress Towards Goals
<p>1. Provide educational opportunities for professionals.</p> <p>2. Address the scope of practice to include credentialing, levels and standards.</p> <p>3. Expand higher education partnerships.</p>	<p>SDAAC ADAA MADC</p>	<p>1. The Workforce Development Committee (WDC) members are no longer pursuing an institute format, but rather educational opportunities that will support providers in the transformation of the system in collaboration with MADC. The WDC supported a HIT training in August 2012, a well-attended education forum on synthetic drugs September 2012 and kicked off the Maryland Integration Learning Community in February 2013. The Learning Community will use technical assistance and group learning to expand the integration of substance use disorder, mental health and primary care throughout the state. The WDC conducted and had a successful annual conference in May, 2013 and will be using the information obtained from the conference to enhance its workforce development continuing education and training opportunities.</p> <p>2. Revisions to COMAR 10.58.07 related to scope of practice have been proposed by the Board of Professional Counselors and Therapists. The new regulations should clarify for providers what level of credentialing they need to have in order to ensure that integrated services are provided. The WDC has worked with and will continue to work with the Board to ensure that the scope of practice provisions are sensible and do not put undue burden on provider ability to hire and utilize qualified staff.</p> <p>3. WDC has convened a Behavioral Health Higher Education Collaborative involving higher education partners to identify mutual goals to advance quality substance use disorder treatment training and education at educational institutions throughout Maryland. The Collaborative's main goal is to enhance the pool of qualified professionals by aligning educational offerings with licensing and certification requirements, enhancing field placement</p>

<p>4. Continue Career Center page on the MADC website.</p>		<p>collaboration and expanding the availability of financing incentives for degree seekers. Activities will include identifying the projected demand for qualified addiction professionals; analyzing factors that increase enrollment and declared majors; promoting retention and degree completion; and collecting and analyzing labor data to create pathways.</p> <p>4. The Career Center- an active and often visited page on the MADC website at http://macd.homestead.com/WorkforceCareerCenter.html. Providers continue to take advantage of the opportunity to share job openings. It is hoped that the Career Center can be expanded to allow professionals to share their interest in potential employment.</p>
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<p>and other stakeholders around the continued development of behavioral health services for youth that are in placement, on probation and transitioning back into the community.</p> <ul style="list-style-type: none">✓ Pregnant juveniles✓ Co-occurring disorders services✓ Availability of appropriate housing		
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Goal IV: To improve the quality of services provided to individuals with co-occurring substance use and mental health problems

Objective IV.1: Integrate and coordinate existing services and resources to service individuals with co-occurring illness evidenced by expansion of service provision.

Action Steps	Responsible	Actions and Progress Towards Goals
<ol style="list-style-type: none"> 1. Continue to identify co-occurring evidenced based practices, interventions and staff competencies consistent with integrating systems of care consistent with ROSC (e.g., housing, employment, etc.). 2. Promote Coordination of Care across agencies to improve adult and youth outcomes. 3. Support an integrated treatment process that includes youth and families. 	<p>SDAAC ADAA</p>	<p>1, 2 & 3. Request updates from ADAA on status of implementation.</p>

Goal IV: To improve the quality of services provided to individuals with co-occurring substance use and mental health problems.

Objective IV. 2: Recruit, train, and provide adequate resources to co-occurring workforce to assure appropriate services to persons with co-occurring illness.

Action Steps	Responsible	Actions and Progress Towards Goals
<p>1. Establish consistent program and professional standards for integrated service provision.</p> <p>2. Review regulations and accreditations needed to facilitate integration of services.</p> <p>3. Recruit and train to expand cadre of professionals qualified in co-occurring care.</p>	<p>Workforce Dev. Committee ADAA</p>	<p>1. The Workforce Development Committee (WDC) will continue to be actively involved in all integration activities. Conference calls and provider forums have been held and will continue to be held to educate stakeholders about the behavioral health finance integration model. In addition consensus statements and position papers have and will be prepared as needed. These position papers are available for review on the MADC website at http://madc.homestead.com/Advocacy/Archives.html</p> <p>2. As part of the overall Behavioral Health Integration Initiative, a Regulations Workgroup was convened for the purpose of reviewing methods to integrate the current system of mental health and addictions regulations. See http://dhmh.maryland.gov/bhd/SitePages/RegulationsWorkgroup_Status_Updates.aspx</p> <p>3. The ADAA/MHA/DDA Co-Occurring Disorders Workgroup has been redesigned to expand participation and foster collaboration between the Administrations. This COD Workgroup will address the training, consultation and technical assistance that behavioral health providers need to deliver quality services, including a self- assessment of program level dual diagnosis capability. Status reports on activities implemented to be provided.</p>

Acronyms Used

ACE	Accelerated Certification for Eligibility
ADAA	Alcohol and Drug Abuse Administration
ATR	Access to Recovery
BH & D	Deputy Secretariat for Behavioral Health and Disabilities
BOPCT	Maryland Board of Professional Counselors and Therapists
CAPT	Center for Advancement of Prevention Technology
CEU	Continuing Education Unit
CHAT	Comprehensive Health Assessment for Teens
COD	Co-occurring Disorder
CWH	Comprehensive Women's Health
DDA	Developmental Disabilities Administration
DHCD	Department of Housing and Community Development
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DJS	Department of Juvenile Services
DOC	Division of Correction
DOJ	Department of Justice
DPP	Division of Parole and Probation
DPSCS	Department of Public Safety and Correctional Services
EBP	Evidence Based Practice
EHR	Electronic Health Record
FIA	Family Investment Aide
FP	Family Planning
GDU	Governor's Delivery Unit
HMC	Health Management Consultants
IDDT	Integrated Dual Diagnosis Treatment
ISGR	Institute of Governmental Research
MADC	Maryland Addiction Directors Council
MA/PAC	Medical Assistance/Primary Adult Care
MAS	Maryland Adolescent Survey
MCO	Managed Care Organization
MHA	Mental Hygiene Administration
MHEC	Maryland Higher Education Commission
MHIE	Maryland Health Information Exchange
MSDE	Maryland State Department of Education
MSPF	Maryland Strategic Prevention Framework
OETAS	Office of Education and Training in Addictions Services

Acronyms Used (cont.)

RFP	Request for Proposal
ROSC	Recovery-Oriented System of Care
RSAT	Residential Substance Abuse Treatment
SAMHSA	Substance Abuse and Mental Health Services Administration
SASSI	Substance Abuse Subtle Screening Inventory
SDAAC	State Drug and Alcohol Abuse Council
SEOW	State Epidemiological Outcomes Workgroup
SIG	State Incentive Grant
SMART	State of Maryland Automated Record Tracking
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder
YRBS	Youth Risk Behavior Survey