



Maryland State Drug and Alcohol Abuse Council

55 Wade Avenue • Catonsville, Maryland • 21228

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

August 1, 2014

The Honorable Martin O'Malley
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

Re: State Government Article § 9-2805 and Executive Order 01.01.2008.08 – State Drug and Alcohol Abuse Council

Dear Governor O'Malley, President Miller and Speaker Busch:

In accordance with House Bill 219, Chapter 661 of the Acts of 2010, I am submitting to you the "2013-2015 Strategic Plan Update for the Organization and Delivery of Substance Use Disorder Services in Maryland," on behalf of the Maryland State Drug and Alcohol Abuse Council. This document provides a plan based on the deliberations and accomplishments of the Council, stakeholders, providers, consumers, public officials and representatives from Local Drug and Alcohol Abuse Councils.

This document update continues with the four main goals that are integral to the continuation of the transformation of the substance use disorder system to a coordinated and comprehensive behavioral and public health service delivery system. I hope that you find this information useful.

If you have any questions regarding this report, please contact Allison Taylor, Director of the Office of Governmental Affairs, at 410-767-6480.

Sincerely,

Joshua M. Sharfstein, M.D., Chair
Maryland State Drug and Alcohol Abuse Council

Enclosure

cc: Gayle Jordan-Randolph, MD
Kathleen Rebbert-Franklin

**MARYLAND STATE DRUG AND
ALCOHOL ABUSE COUNCIL**

*2013-2015 Strategic Plan Update
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, 2014

Maryland State Drug and Alcohol Abuse Council Members

Joshua M. Sharfstein, Chair
Secretary, Department of Health and Mental Hygiene

Greg Hershberger, Secretary
Department of Public Safety and Correctional Services

Samuel Abed, Secretary
Department of Juvenile Services

Theodore Dallas, Secretary
Department of Human Resources

T. Eloise Foster, Secretary
Department of Budget and Management

Raymond A. Skinner, Secretary
Department of Housing and Community Development

James T. Smith, Jr., Secretary
Department of Transportation

Lillian M. Lowery, State Superintendent
Department of Education

Anne Sheridan, Executive Director
Governor's Office for Children

Tammy Brown, Executive Director
Governor's Office on Crime Control and Prevention

Paul B. DeWolfe, Maryland Public Defender
Office of the Public Defender

Kirill Reznik
Maryland House of Delegates

Catherine E. Pugh
Maryland Senate

George M. Lipman, Judge
District Court

Nelson W. Rupp, Jr., Judge
Circuit Court

Lori Brewster
Gubernatorial Appointee

Ann Mahling Geddes
Gubernatorial Appointee

Carlos Hardy
Gubernatorial Appointee

Rebecca R. Hogamier
Gubernatorial Appointee

Kathleen O. O'Brien
Gubernatorial Appointee

John Winslow, President
Maryland Addiction Directors Council

Kathleen Rebbert-Franklin, Acting Director
Alcohol and Drug Abuse Administration

Brian M. Hepburn, Director
Mental Hygiene Administration

Agencies, Consumers and Provider Representatives

Lynn Albizo, MADC
Marte Birnbaum, Provider
Michelle Darling, ADAA
Lesa Diehl, Provider
Stacy Fruhling, Provider
Gary Fry, Treatment Coordinator-
Queen Annes County Health Dept.
Rebecca Hogamier, Treatment Coordinator-
Washington County
Rachel Indek, Provider
Tracey Myers-Preston, MADC
Fritz Schmidt, Provider
Tracy Schulden, Provider
Cindy Shaw-Wilson, Provider
Pat Stabile, Provider
Jackie Abendschoen-Milani, Univ. of Md
Michelle Atwell, DOT
Linda Auerback, Prevention, Carroll Co.
First Sergeant H. L Barrett, Maryland
State Police
Nora Becker, Prevention, Kent Co.
Vernon Spriggs, Prevention, Caroline Co.
Nancy Brady, Prevention, Garrett Co.
Lori Brewster, Health Officer, Wicomico Co.
Gayle Jordan-Randolph, DHMH Deputy
Secretary
Rianna Brown, DHMH
Larry Simpson, Dept. Housing and Community
Development
Mary Pizzo, Office of the Public Defender
Jaclin Wiggins, DBM
Marilyn Lorenzo, DHR

Kenneth Collins, Treatment Coordinator-
Cecil Co. Health Dept.
Larry Dawson, ADAA
Katie Durbin, Liquor Control-Montgomery Co.
Jim Kendrick, GOCCP
Heather Eshelman, Prevention Coordinator-
Anne Arundel Co.
Sue Jenkins, Acting Deputy Director, ADAA
Liza Lemaster, MVA-Highway Safety Division
Sam Maser, Maryland PTA
Rev. S. Menendez, Light of Truth
Lauresa Moten, Univ. of MD, Eastern Shore
Francoise Pradel, PhD, UMB
Pat Ramseur, Prevention Coordinator, Prince
George's Co.
Cynthia Shifler, Prevention Coordinator,
Wicomico Co.
Linda Smith, DFC, Charles Co.
Peter Singleton, MSDE
Don Swogger, Frostburg State University
Bill Rusinko, ADAA
Marlene Trestman, Office of the Attorney
General
Kathy Wright, Queen Anne's Co.
Lourdes Vazquez, CSAP/CAPT.
Wendy Warfel, Caroline Co.
Gale Saler, Gardenzia
Gray Barton, Maryland Judiciary
Debbie Green, ADAA
Deirdre Davis, ADAA
Erin McMullen, DHMH

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

July, 2014

INTRODUCTION:

In July 2008, Governor Martin O'Malley signed Executive Order 01.01.2008.08 establishing the Maryland State Drug and Alcohol Abuse Council (SDAAC). 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 SDAAC is pleased to deliver to Governor Martin O'Malley *the 2013-2015 Strategic Plan Update 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 remains a major contributing factor to the State Drug and Alcohol Abuse Council's planning and collaborative process. As a means to further the integration process, the SDAAC has elected, and continues, to meet jointly with the Mental Hygiene Administration Advisory Council.

The passage of House Bill 1510, Chapter 460 of the Acts of 2014 mandates the establishment of the Behavioral Health Administration (BHA) within the Department of Health and Mental Hygiene (DHMH) and the identification of responsibilities. The consolidation of the Alcohol and Drug Abuse Administration (ADAA) and the Mental Hygiene Administration (MHA) into a single Behavioral Health entity will set the stage for an integrated process for planning, funding and collaboration that will ensure that a quality system of care is available for individuals and their families across the lifespan at all socio-economic levels.

2013-2015 Maryland State Drug and Alcohol Abuse Strategic Plan Update

The State Drug and Alcohol Abuse Council (SDAAC) members have met and collaborated on the progress 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 continue to be addressed.

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.

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, Attorney General's (AG) 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>SDAAC/MHAC</p>	<p>1.-2.The Behavioral Health Advisory Workgroup, consisting of representatives from the State Drug and Alcohol Abuse Council (SDAAC) and MHA Advisory Councils, has met regularly during the past year to review, consider and develop a framework that reflects the Department's new Behavioral Health Administration. The workgroup received technical assistance from the Substance Abuse and Mental Health Services Administration (SAMSHA) on the most effective components for a Behavioral Health Advisory Council. As a result of that guidance, the SDAAC and MHA Advisory Council Membership elected to meet jointly and share agenda and meeting minutes effective December, 2013.Council members also participated in the MHA Plan Development Process in April, 2014.</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.

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 recovery-oriented systems of care. • Identify and provide training and funding opportunities to implement continuing care, care coordination and peer recovery support services. • Provide opportunities to support the implementation of recovery housing. • Support the development of recovery community centers. 	<p>SDAAC ADAA</p>	<p>1. The ADAA has provided coordination and oversight in collaboration with the local health departments, jurisdiction coordinators and peer recovery support specialists within local jurisdictions.</p> <ul style="list-style-type: none"> • The ADAA provides care coordination training. Customized regional trainings are delivered at the request of the Behavioral Health Directors in the local jurisdictions and quarterly regional care coordination meetings have been held in each region of the state. • ADAA continues to facilitate peer training conferences and networking opportunities to prepare the workforce for peer certification. Annual grant recovery services funding has been provided to each jurisdiction to sustain and expand peer services. A Peer Services Workgroup has been established to provide feedback and guidance to the MHA and ADAA for peer related decisions. • The ADAA used an RFP process to select a private non-profit Community Recovery Organization to develop Maryland’s first Recovery Housing Association. Using the structure and principles developed by the National Association of Recovery Residences, Maryland Association of Recovery Residences was launched in January, 2014. This organization will implement peer quality measures and to inform consumers and funders. • There are 18 recovery community centers in Maryland. These are designed to be recovery-oriented gathering places anchored in the community. Many of the recovery community centers serve individuals with mental health and substance use disorders.

<p>2. Support the integration of problem and pathological gambling prevention, treatment and educational services within the behavioral health system.</p>		<p>2. The Maryland Center of Excellence on Problem Gambling continues to provide training and clinical consultation to behavioral health therapists and prevention professionals within local health departments, counselors, somatic care professionals, teachers and the general public. Additional resources have been provided to the Center to enhance its research and data infrastructure system so as to be proactive in the identification of problem gambling trends and other issues that are the result of gambling behaviors.</p>
<p><i>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</i></p>		
<p><i>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></p>		
<p>Action Steps</p>	<p>Responsible</p>	<p>Actions and Progress Toward Goals</p>
<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>2. Utilize the Department of Human Resources (DHR)-DHMH/ADAA Substance Abuse Treatment and Services program as a model for demonstrating beneficial agency partnerships.</p>		<p>1. This is a complex project that will require additional support and analysis. The Council leadership is continuing to investigate processes /methodologies to address this action. They will encourage collaboration and establish partnerships with state agencies, medical institutions, behavioral health providers, public and nonpublic healthcare organizations to communicate and transfer information/data that will identify gaps, plan and improve treatment access and recovery services for behavioral health populations and their families.</p> <p>2. Continue to support, through an agreement between agencies, DHR’s Substance Abuse Treatment Services program. The program identifies welfare recipients with substance use disorders through assessments by substance use disorder counselors from the local health departments and arranges for a referral to treatment.</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 Initiative and other SAMHSA prevention strategies and best practices.

Action Steps	Responsible	Actions and Progress Towards Goals
<p>1. Provide Maryland Strategic Prevention Framework Implementation grants to the 24 identified communities and monitor and evaluate the effectiveness of their chosen strategies and interventions.</p> <p>2. Provide on-going capacity-building support and training to Maryland Strategic Prevention Framework grantees and other key stakeholders on the implementation of the Strategic Prevention Framework process at the community level.</p>	<p>Strategic Prevention Framework Advisory Committee</p>	<p>1. There are approximately twenty Maryland Strategic Prevention Framework communities that have been approved to receive implementation grant funds. Both the Maryland Strategic Prevention Framework Coordinator and the University of Maryland School of Pharmacy continue to provide technical assistance to these communities and evaluate the remaining strategic plans that are submitted for implementation.</p> <p>2. The Maryland Strategic Prevention Framework staff offered professional development training entitled Coaching Skills for Training and Technical Assistance to all the prevention coordinators. This was a two-day event intended to support and/or enhance the coordinators ability to become more proactive mentors, deliberate partners, and successful facilitators of change in their communities.</p> <p>The Maryland Strategic Prevention Framework staff offered a Community Anti-Drug Coalitions of America workshop entitled Building Coalition Capacity “To Do the Work” to all prevention coordinators and Maryland Strategic Prevention Framework coordinators.</p> <p>The Maryland Strategic Prevention Framework 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>3. The Maryland Strategic Prevention Framework 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</p>		<p>The Maryland Strategic Prevention Framework Project Director and the Recovery Oriented Systems of Care Division Director conducted a recovery-oriented systems of care 101 workshop to the prevention coordinators. The purpose of the workshop was to identify strategies and activities common to both recovery oriented systems of care and prevention. This included how to discover opportunities for collaboration between addiction prevention and treatment within a recovery oriented systems of care approach; how to understand the elements of the recovery-oriented systems of care; and how to identify commonalities between mental illness and substance use prevention.</p> <p>Training was provided to prevention stakeholders on the Maryland Collaborative to Reduce College Drinking and Related Problems and how Maryland Strategic Prevention Framework and other prevention programs can collaborate with this ADAA funded initiative.</p> <p>A two-day Maryland Strategic Prevention Framework Program Implementation Symposium was held for Maryland Strategic Prevention Framework Coalition leaders from across the state. This peer-to-peer session featured selected Maryland Strategic Prevention Framework sites that were already implementing their Strategic Plan and to share their successes and promising practices with their colleagues in other jurisdictions.</p> <p>Continuous technical assistance in implementing the five steps of the Maryland Strategic Prevention Framework process was provided to all Coalitions by the Maryland Strategic Prevention Framework Technical Assistance/Evaluation Team throughout the year.</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; and (2) develop a unit/office/capacity to integrate</p>
--	--	---

<p>collaborating with local health entities.</p>		<p>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 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> <p>The University of Maryland School of Pharmacy compiles and maintains a library of research and resources on best practices in evidence-based environmental prevention. Much of this information has been placed on the ADAA’s website - http://adaa.dhmh.maryland.gov/mspf/SitePages/Home.aspx – so that it is accessible to Maryland Strategic Prevention Framework Coalitions, other prevention stakeholders and the general public. The ADAA Prevention Unit compiles and maintains research and literature on general evidence based prevention best practices.</p> <p>Training was provided to prevention stakeholders on the role of promotion and prevention within a behavioral health context. Materials and resources were made available to participants and are maintained by the ADAA Prevention Unit and can be accessed by stakeholders.</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.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 Maryland Strategic Prevention Framework initiative and other evidence-based efforts.

Action Steps	Responsible	Actions and Progress Towards Goals
<p>1. Involve the State Epidemiology Outcomes Workgroup and other key agency representatives (i.e., Tobacco Control, Maryland State Department of Education (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 State Epidemiology Outcomes Workgroup 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>Strategic Prevention Framework Advisory Committee MSDE DHMH</p>	<p>1. The Maryland Youth Tobacco Control & Risk Behavior Survey 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 and the Maryland Youth Risk Behavior Survey. The Maryland Youth Risk Behavior Survey collects data on a broad range of youth tobacco and other risk behaviors of both middle and high school youth for every county and Baltimore City. ADAA, through its Maryland Strategic Prevention Framework initiative, participated by developing questions that were alcohol and drug related.</p> <p>2. The Maryland Youth Risk Behavior Survey was administered in the state’s middle and high schools during the spring semester of 2013. The statewide and jurisdiction level survey results have not yet been disseminated.</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 RFP for the Behavioral Health Administrative Services Organization financing model for behavioral health services in Maryland. • Provide recommendations for the combined behavioral health 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 through implementation of Health Homes, Screening, Brief Intervention, And Referral To Treatment best practices and tobacco cessation initiatives. 	<p>ADAA DHMH SDAAC</p>	<p>1. With the selection of the financing model, the DHMH Behavioral Health Systems Integration process has moved to Phase III of the Department’s plan. Phase III of the process commenced in June 2013 when the Department decided to implement a performance-based carve-out of mental health and substance use services and to merge the MHA and the ADAA into a single administration, the Behavioral Health Administration. SDAAC membership reviewed the proposed organizational structure for the new Behavioral Health Administration.</p> <p>The SDAAC membership provided input at the stakeholder meetings and received regular updates from the Deputy Secretary for Behavioral Health on the development of policy changes in the existing program for Managed Care Organizations. The carve out of behavioral health services will be managed through an Administrative Services Organization on a fee-for-service basis. The DHMH released the RFP for an Administrative Services Organization in February, 2014 and expects to implement a new system in January 2015.</p> <p>The SDAAC membership will follow House Bill 1510, Chapter 460 of the Acts of 2014 which formally merged MHA and ADAA to establish the Behavioral Health Administration. The legislation addressed the development of regulations, services and other duties of the Administration.</p> <p>In order to support the integration of somatic and behavioral health care, the ADAA reported to the SDAAC that they have entered into a memorandum of agreement (effective November, 2013) with the University of Maryland, Baltimore County, Quit Center to provide training and technical assistance to behavioral health treatment providers to address the high rates of nicotine dependence within its populations and staff.</p> <p>The DHMH Health Care Financing Administration and the</p>

		<p>ADAA/MHA continue to collaborate on the implementation of Health Homes for populations with serious and persistent mental illness, serious emotional disturbance and opioid substance use disorders. Health Homes are designed to enhance person-centered care, empowering participants to manage and prevent chronic conditions to improve health outcomes, while reducing avoidable hospital encounters. Approved Health Home sites include 46 Psychiatric Rehabilitation Programs, 10 Mobile Treatment providers and 4 opioid treatment programs. These programs are in 19 jurisdictions.</p> <p>Efforts continue to identify resources to support the implementation of Screening, Brief Intervention, And Referral To Treatment best practices. The SAMHSA proposal submitted in 2013 by ADAA was not funded due to a reduction in available federal funds. The ADAA was notified by SAMHSA in April, 2014 that the proposal was being reconsidered for funding.</p>
<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</p>		
<p><i>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.</i></p>		
Action Steps	Responsible	Action and Progress Towards Goals
<p>1. Provide educational opportunities for professionals.</p>	<p>SDAAC ADAA Maryland Addictions Directors Council</p>	<p>1. The Workforce Development Committee 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 Maryland Addictions Directors Council. The Workforce Development Committee supported a health information technology training in August 2012; a well-attended education forum on synthetic drugs in September 2012; and kicked off the Maryland Integration Learning Community in February 2013. The Learning Community utilized technical assistance and group learning to expand the integration of substance use disorder, mental health and primary care throughout the state. The Workforce Development Committee conducted a successful annual conference in May, 2013 and will be using the information obtained from the</p>

<p>2. Address the scope of practice to include credentialing, levels and standards.</p>		<p>conference to enhance its workforce development continuing education and training opportunities.</p> <p>The Maryland Addictions Directors Council sponsored “Behavioral Health 101: Preparing for Accreditation” training. The Maryland Addictions Directors Council worked in collaboration with Community Behavioral Health - the mental health provider association - to offer a Commission on Accreditation of Rehabilitation Facilities accreditation training for behavioral health providers.</p> <p>The Maryland Addictions Directors Council and Stevenson University co-sponsored an Education Forum entitled: “Relapse Prevention Medications for Opioid Addiction-Expanding the Recovery Tool Chest” on May 1, 2014. It provided valuable information on advancements in pharmacotherapy and how they can help support and augment traditional evidence-based treatment practices for opioid dependence.</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 (BOPCT). 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 Maryland Addictions Directors Council, as a representative of the Workforce Development Committee, has worked with and will continue to work with the BOPCT 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. In December 2013, the BOPCT and Maryland Addictions Directors Council held a retreat for the substance use disorder professionals to discuss and consider redrafting the Board of Professional Counselors and Therapists Practice Act. The retreat resulted in an agreement to form a workgroup after the legislative session with the goal of proposing specific changes to the statute to address workforce concerns for introduction in the 2015 legislative session.</p>
---	--	---

<p>3. Expand higher education partnerships.</p> <p>4. Expand programs for educational grants and loan repayment programs to support those who choose to work providing substance use disorder treatment.</p>		<p>3. The Workforce Development Committee has convened a Behavioral Health Higher Education Collaborative with higher education partners to identify mutual goals to advance the quality of substance use disorder treatment training and education at 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 collaboration; and expanding the availability of financing incentives for degree seekers. A retreat was held in which members identified goals and barriers. An identified priority included the effective use of interns. As a follow up, the Maryland Addictions Directors Council conducted a survey on providers’ use of interns and shared the results with the Collaborative to ensure alignment of expectations for colleges and providers. Collaborative members have become engaged in efforts to update the Board of Professional Counselors and Therapists statute and are able to offer the institutional perspective regarding licensing requirements. Members have been invited to join the Maryland Addictions Directors Council’s legislative efforts to expand the State’s Loan Assistance Repayment Program and to support increased funding for substance use disorder services. During the March 21, 2014 Collaborative meeting, members identified goals for the following year, including increased recruitment efforts for high school students and members of the recovery community, events targeting improvements to placing students in practicum settings, and developing a behavioral health curriculum. Members continue to express their appreciation for the opportunity to meet quarterly and address common goals and challenges. The work completed during the past year has been useful and allowed the group to identify key areas for structured collaboration.</p> <p>4. The Maryland Addictions Directors Council developed the agenda and made a formal presentation to the House Special Committee on Alcohol and Drug Abuse on December 4, 2013 as requested by Delegate Jeffrey Waldstreicher. The briefing included panels on the behavioral health workforce and substance use disorder issues within the criminal justice system.</p>
--	--	--

<p>5. Continue Career Center page on the Maryland Addictions Directors Council website.</p>		<p>The Maryland Addictions Directors Council was successful this legislative session in advocating for Senate Bill 784 which will expand the Janet L. Hoffman Loan Assistance Repayment Program to include licensed professional counselors, licensed alcohol and drug abuse counselors, and licensed marriage and family therapists. The bill passed the Senate and the House and was signed by the Governor (Chapter 554). The passage of this bill will allow more substance use disorder professionals to apply for funds and help provide an incentive for people to enter more behavioral health professions. It is the Maryland Addictions Directors Council’s goal to advocate for additional funding for this program.</p> <p>The Maryland Addictions Directors Council secured inclusion of substance used disorders in the Joint Committee on Access to Mental Health Services. The Committee monitors the access to mental health services for individuals eligible for those public services, and for individuals with private health insurance. Also, the Committee identifies systemic barriers to mental health care, and recommends ways to remove such barriers and improve access to mental health services. Senator Joanne Benson and Delegate Joseline Pena-Melnyk, chairs of the Joint Committee on Access to Mental Health Services, have committed to and were successful through SB 84, Chapter 16 of the Acts of 2014, in changing the name and focus of the committee to the Joint Committee on Access to Behavioral Health Services and include issues impacting access to substance use disorder services. The Maryland Addictions Directors Council emphasized the imperative to address workforce development issues moving forward.</p> <p>5. The Career Center- an active and often visited page on the Maryland Addictions Directors Council website – can be accessed at http://madc.homestead.com/WorkforceCareerCenter.html. Providers continue to take advantage of the opportunity to share job openings on this site. It is hoped that the Career Center can be expanded to allow professionals to share their interest in potential employment. The Career Center continues to be utilized by our partners and is serving its intended purpose of connecting job seekers with opportunities.</p>
---	--	--

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

Objective III.1: Improve screening, assessment, evaluation, placement, and aftercare for all individuals who interface with the substance use disorder treatment, criminal justice and juvenile justice systems at all points of the continuum of care.

Action Steps	Responsible	Action and Progress Towards Goals
<p>1. Support the Department’s Forensics Services Office in its efforts to implement an integrated process to address behavioral health issues for the criminal justice population and develop enhanced partnerships with the judiciary and law enforcement agencies.</p> <p>2. Support MHA and ADAA initiatives to provide behavioral health and recovery oriented services for criminal justice population at community re-entry.</p> <ul style="list-style-type: none"> • Monitor availability of Access To Recovery services to offenders leaving jail-based treatment programs, and support ADAA in its efforts to fully implement Access To Recovery with criminal justice clients. <p>3. Promote a comprehensive continuum of care coordination for adolescents within the juvenile justice system that have behavioral health disorders/issues.</p> <ul style="list-style-type: none"> • Review the implementation of Recovery-Oriented Systems of Care to ensure the needs of youth and their families are clearly defined and emphasized. • DJS will collaborate with ADAA to arrange Recovery-Oriented Systems of Care 101 trainings for DJS behavioral health staff in fiscal year 2015. • Identify State agencies to assist in the establishment of an integrated resource directory and /or links to existing search engines to locate behavioral health resources for DJS staff, youth and their families. • DJS will collaborate with ADAA, MHA, DSS and MSDE and other stakeholders in addressing existing, 	<p>SDAAC DHMH MHA ADAA</p> <p>SDAAC DHMH MHA ADAA</p> <p>SDAAC DJS MHA ADAA</p>	<p>1. The SDAAC and MHA Advisory Council continue to support the efforts of the Deputy Secretary for Behavioral Health to structure an integrated Forensics’ Office that provides consistent and effective evaluation and treatment placement services for criminal justice populations.</p> <p>2. Federal Access To Recovery is scheduled to expire in October 2014. Recovery services formally federally funded will be funded through the State’s General Fund in fiscal 2015. These monies will be used to sustain recovery services to all populations including those eligible in the criminal justice population</p> <p>3. The ADAA has funded Adolescent Clubhouses in 6 jurisdictions in the past 18 months. Clubhouses are designed to provide recovery support to adolescents. This non-clinical service enhances community-based recovery. The Maryland Adolescent Clubhouses are community based recovery-focused programs designed to support youth engaged in or having recently completed substance abuse treatment. The Adolescent Clubhouse is a recovery support service for adolescents 12-17 years of age. They provide developmentally appropriate services in a peer-based support system emphasizing goals which utilize a harm reduction model. Clubhouse activities also include, but are not limited to educational, vocational, family, life skills and social/recreational activities. Clubhouses are required</p>

<p>and continued development of, behavioral health services for youth that are:</p> <ul style="list-style-type: none">✓ Pregnant✓ With co-occurring disorders✓ In need of appropriate housing✓ In the community on probation✓ In placement✓ Transitioning back into the community✓ Using opiates, benzodiazepine, cocaine and/or other serious and highly addictive drugs		<p>to establish and maintain referral pathways for adolescents from identified referral sources which include but are not limited to DJS, School Systems, DHR/DSS and Law Enforcement.</p>
---	--	--

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 evidence- based practices, interventions and staff competencies consistent with integrating systems of care consistent with Recovery Oriented Systems of Care (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>There continue to be quarterly Coordination of Care Meetings. MHA, ADAA, MSDE, DJS, local health department staff and other representatives are actively involved in the identification of appropriate systems of care best practices. The Maryland Young Child Wellness Council serves the Maryland LAUNCH project, a five year grant from SAMHSA designed to coordinate key child-serving systems and integrate behavioral and physical health services to ensure that children are able to thrive in safe, supportive environments. This project is tasked with enhancing the collaboration among State and local child-serving agencies; increase the use of early screenings, assessments and mental health consultations; increase integration of behavioral health and primary care; enhance home visiting; and provide family strengthening and parent skills training.</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>Maryland Addictions Directors Council DHMH Behavioral Health Workforce Development Committee ADAA</p>	<p>1. The Workforce Development Committee 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 Maryland Addictions Directors Council website at http://madc.homestead.com/AdvocacyArchives.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. Additional information on this topic may be accessed at http://dhmh.maryland.gov/bhd/SitePages/Regulations_Workgroup_Status_Updates.aspx.</p> <p>3. (a) The ADAA/MHA/DDA Co-Occurring Disorders Workgroup has expanded participation to foster collaboration between the Administrations. This Co-Occurring Disorders Workgroup has met monthly to 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>

		<p>(b)The DHMH Behavioral Health Workforce Development Committee will continue to promote training to all behavioral health professionals on topics including Co-Occurring Disorders, the American Society of Addictions Medicine and Evidence-Based Practices.</p> <p>(c)The DHMH Behavioral Health Workforce Development Committee is identifying strategies and promising practices around workforce development for creating a modern behavioral health system. Surveying needs of each jurisdiction and identifying stakeholders to address workforce needs is taking place.</p>
--	--	---

Acronyms Used

ADAA	Alcohol and Drug Abuse Administration
BHA	Behavioral Health Administration
BOPCT	Maryland Board of Professional Counselors and Therapists
CAPT	Center for Advancement of Prevention Technology
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DJS	Department of Juvenile Services
MHA	Mental Hygiene Administration
MSDE	Maryland State Department of Education
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SDAAC	State Drug and Alcohol Abuse Council