

**ST. MARY'S COUNTY GOVERNMENT
DEPARTMENT OF AGING
& HUMAN SERVICES**



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July 1, 2015

Kathleen Rebbert-Frainkin
Deputy Director, Population-Based Behavioral Health
Maryland Department of Health and Mental Hygiene
Behavioral Health Administration
55 Wade Avenue
Catonsville, Maryland 21228

Dear Kathleen:

Please see the attached six-month update for the St. Mary's County Local Drug and Alcohol Abuse Council Strategic Plan. If you have any questions, please feel free to contact me.
Thank you.

Sincerely,

Maryellen Kraese
Treatment & Prevention Coordinator

**STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE
ROSC STRATEGIC PLAN
UPDATE-JULY 1, 2015**

ST. MARY'S COUNTY, MARYLAND
FY 2014-2016

Vision: A safe and drug free St. Mary's County supportive of recovery.

Mission: To build on multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals; to enable the consumer to move on to fully engage in the lived experience of recovery.

Introduction

The St. Mary's Local Drug and Alcohol Abuse Council (LDAAC) was formed pursuant to Subtitle 10 of Title 8 of the Health-General Articles. The council is composed of members as required by COMAR.

The 2014-2016 LDAAC plan is comprised of relevant data, priorities and goals for meeting the community's needs for substance abuse prevention, intervention, treatment and recovery services. The Council has utilized data showing trends to prioritize elements for the continuum of care for 2014-2016 and to strategize on how we can effectively act on these priorities. Our current level of funding is \$3,709,937. This plan addresses unmet and unfunded needs based on data across systems. The LDAAC has begun implementing a Recovery Oriented System of Care (ROSC) treatment modality combined with an integrated behavioral care model because they are viewed as the most appropriate system models to match our community's needs.

Goal I: Continue to develop the infrastructure to sustain an efficient and effective ROSC system.

- Objective 1: Recruit and retain qualified workforce in order to provide safe, effective and timely client-centered services, including care coordination and continuing care in the treatment setting.
- Objective 2: Train a professional workforce to assure provider competencies in best practices and awareness of system changes through a system of continuing education.
- Objective 3: Continue to provide a consumer-friendly partnership by encouraging the full participation of consumers and family members in the treatment continuum, including involvement in planning, implementation and evaluation of services offered in the continuum and partnerships developed by the continuum.
- Objective 4: Ensure that all consumers have the authority to choose from a range of options and to participate in all decisions-that will affect their life to include all natural support persons, agencies and resources that will affect their life.
- Objective 5: Gain an understanding of what infrastructure will need to be developed based on anticipated system changes.

Goal I Performance Targets:

- (1) Fill all direct counseling position vacancies within 60 days. Maintain a retention rate of 80% for direct counseling positions during first 2 years of employment. *Update: Direct Counseling positions are filled within the 60 day timeframe and has maintained an overall 80% retention rate.*
- (2) 100% of direct counseling staff will receive training in evidenced-based practices within first year of employment. *Update: All staff members in the Walden treatment centers (the county's primary treatment provider) receive training meeting (Commission on Accreditation of Rehabilitation Facilities) CARF standards. New counselors receive training from trained staff and other trained facilitators in all evidence based programs provided by the treatment provider within one year of employment start date.*
- (3) Match business model to state-integrated process for mental health and substance abuse, when directives are available from the state to do so. *Update: Walden also has both CARF certified Mental Health and Substance Use Disorder (SUD) treatment programs that integrate internal processes and also partners with MedStar for somatic health services.*

- (4) Continue to support growth of established consumer and family member driven peer support and advocacy group and encourage new recovery community initiatives through partnership and support. *Update: Walden offers adolescent and adult recovery centers that use peer support and best practice recovery models such as SMART® Recovery and Community Reinforcement and Family Training (CRAFT), and partners with the self-help community.*
- (5) Work with local stakeholders and Southern Maryland jurisdictions to identify questions and areas of need, such as workforce requirements to meet objectives and performance targets under the new state guidelines and ASO model. Develop a formal request for technical assistance. *Update: Walden is fully operation al and in compliance with all aspects of the Administrative Services Organization (ASO) model for mental health and SUD treatment services. A formal request is in development.*

Goal II:

Enhance the newly implemented ROSC model system for outpatient and residential services capable of operating within a multi-funding stream framework that includes fee for service, grants and other local, state and federal funding sources in a manner respectful of client preferences regarding length of stay in accessed levels of care.

- Objective 1: Review and enhance screening and assessment processes to ensure access to the ROSC by the general public as well as referrals from core agencies/institutions, for those needing both initial and re-entry treatment services.
- Objective 2: Work with core agencies and institutions such as Department of Social Services to include a) broader use of addictions assessment and b) heightened awareness of those potentially over-utilizing services due to unaddressed addiction issues
- Objective 3: Continue to develop an integrated treatment and care coordinated response, led by the publicly funded treatment provider within a ROSC network by working with existing partners and developing new partnerships in a manner that develops case management, peer support, employment and education services, housing referral and other recovery supportive activities such as care coordination interactions, and modifications to existing residential treatment as components of coordinated client care.

Goal II Performance Targets:

- (1a) Survey ROSC stakeholders and conduct internal audits twice annually, making appropriate adaptations to screening and assessment process based on feedback. *Update: Informal surveys are conducted at community meetings with stakeholders as well as quarterly monitoring by the (Local Addiction Authority) LAA, provides audit and feedback opportunities.*

Walden conducts internal assessment at least twice annually to modify screening and assessment processes to ensure ease of access to treatment services including out-patient walk-in process, jail-bases treatment service, DSS TCA programs, and local emergency room diversion programs.

- (1b) Complete analysis of local ROSC system screenings and assessments.
See above.
- (1c) Review incorporation of SBIRT data with the local Mental Health Advisory Council and Behavioral Health Action Team.
Performance Target previously met.
- (2a) Review existing ROSC partners' current Memoranda of Understanding and develop partner MOU's as required.
Performance Target previously met.
- (2b) Increase the number of primary care providers and school counselors trained in SBIRT and provide technical assistance on implementing a written organizational protocol for ensuring SBIRT delivery. *Update: Walden trained 25 Primary Care Providers and all secondary school counselors to use the (Screening, Brief Intervention, and Referral to Treatment) SBIRT process and protocol.*
- (3) Initiate care coordination interactions at the primary treatment provider's sites to 200 individuals accessing care annually for approximately 150 clients in 3.7 services and 50 clients in a combination of Intensive Outpatient, 3.1 and sober housing services. *Update: Walden has consistently served over 150 clients in Level 3.7 and provides care coordination to clients transitioning to Level 3.1, 2.1& sober housing.*

Goal III: Maintain and enhance a ROSC model of care for adolescent and adult substance abuse offenders.

- Objective 1: Continue to expand the integrated substance abuse treatment services for adolescents and adults referred through the criminal justice system.
- Objective 2: Seek additional funding support for the Detention Center offender pre-trial/reentry transition planning, counseling and case management for treatment and supportive services through grants and collaborative partnerships.

Goal III Performance Targets:

- (1) Work with providers to track the number of adolescents and adults referred through the criminal justice system. *Update: The local drug court programs had 21 referrals for juvenile and 59 referrals for FY15.*
- (2a) Reduce "waiting list" for inmate assessments and substance abuse treatment services to further reduce offender recidivism through enhanced jail based programming. Establish a formal correctional services pre-trial offender re-entry and case management system. *Update: Walden added a Level 2.1 female group to help reduce the wait list for jail-based services. The local detention center has recently secured funding to provide a case manager for pre-trial/reentry case management services.*
- (2b) Identify additional funding for extra residential support. *Update: Walden has secured one-time federal funding to increase residential admissions. The local drug court has additional funding through the Office of Problem Solving Courts for Adult residential beds. Juvenile residential beds are funded through the local Department of Juvenile Services.*
- (2c) Research BJA and GOCAP opportunities to determine if additional funding options are available. *Update: All providers, including the drug court programs, continually seek out federal, state and local grant opportunities.*

Goal IV: Educate and empower St. Mary's County residents to lead healthy lifestyles, free of alcohol and drug abuse.

- Objective 1: Use evidence-based prevention programs in all appropriate settings.
- Objective 2: Recruit youth in implementing Communities Mobilizing for Change on Alcohol with purpose of identifying adolescent-named strategies for prevention and intervention that might be incorporated into the local MSPF coalition - Community Alcohol Coalition (CAC),
- Objective 3: Partner with local, community-based programs to facilitate evidence--based prevention programs encompassing an a la carte menu of topics/sessions. UPDATE: Training has been provided to two community-based programs for the Guiding Good Choices curriculum.
- Objective 4: Expand capacity within the community to implement evidenced-based environmental programs.
- Objective 5: Explore additional opportunities for pro-social activities for youth, a prevention component that is at a deficit in St. Mary's County.

Goal IV Performance Targets:

- (1) Provide alcohol and other drug prevention programming activities six times a year across the age spectrum. *Update: Community stakeholders have completed several awareness campaigns and public forums including the St. Mary's County Public Schools Youth Summit and various Community Alcohol Coalition activities and events.*
- (2a) Identify and provide training from the Youth Leadership Institute. *Update: Training is set up for July 2015 at the local community college.*
- (2b) Engage local youth in current initiatives including the Community Alcohol Coalition, Communities Mobilizing for Change on Alcohol, and a communication campaign targeting youth and other key subpopulations at risk for substance abuse. *Update: The Community Alcohol Coalition (CAC) funding ended June 30th, but the Coalition will continue some of their initiatives through the Communities Mobilizing for Change on Alcohol (CMCA). There may be future funding for the CAC if the State is awarded the Partnership for Success grant.*
- (3) Identify and implement evidenced based practice for prevention targeting appropriate age groups, with an increased focus on environmental strategies. *Update: The Student Drug Summit was held on March 20, 2015 where over 200 middle and high school students participated in the all-day activities. The local school system continues to implement the (Drug Abuse Resistance Education) DARE Program at the middle schools and sponsor Red Ribbon activities across all grade levels. Safety and Security Festivals were held April 9 & 20 in all three of the county high schools. Students participated in assemblies that highlighted drug prevention messages. Additional contracts are in place for school age children to attend summer programs located at public school sites. The Cove adolescent center has been successful in reaching out to community youth groups to engage teenage youth in sober activities.*
- (4) Work with the St. Mary's County Health Department and various stakeholders to coordinate multiple community coalition efforts under a Healthy St. Mary's Partnership (HSMP) to include a Behavioral Health Action Team. The Behavioral Health Action Team will collect national, state and local data to prioritize local prevention efforts; identify, recruit and collaborate with important community partners to 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. *Update: The Healthy St. Mary's Partnership, serving as the local*

health improvement coalition for the county, implemented a strategic planning process to develop the local health improvement plan, Healthy St. Mary's 2020. The plan is a blueprint for community health improvement that includes strategies for evidenced based programming to address priority health issues identified by community stakeholders, including: behavioral health, tobacco use, access to care, and healthy eating & active living. The Behavioral Health Action Team has mobilized community members and organizational partners to address substance misuse and mental health needs of the community.

- (5a) Research historical changes in pro-social opportunities available to youth in St. Mary's County (i.e.: identify what St. Mary's does not currently have compared to 20-30 years ago). *Update: Research is ongoing in this area, however, a recent Youth Risk Assessment conducted in 2013 on local high school students, shows that the percentage of students engaging in extracurricular activities such as sport, band, drama, or clubs is 62.1 %.*

- (5b) Work with the local Behavioral Health Action Team to develop a plan to identify community needs to enhance pro-social activities in St. Mary's County. *Update: St. Mary's County engaged in a local health needs assessment of substance abuse issues in St. Mary's County. The assessment included youth focus groups and discussion on pro-social activities. The Department of Aging and Human Services is contracting with a local provider to enhance a local mentoring program for a summer youth basketball program and the Youth Leadership Institute to provide a Photovoice workshop to empower youth interested in photographing positive messages via the internet and print ads.*