

*Charles County Health Department
Drug and Alcohol Council*

Priority Areas/Actions for “Next Step”

Priority Area: (Goal and individual objectives within Goal)

Goal 2 (From Plan submission): Develop and maintain a full continuum of services with sufficient capacity to meet community needs that is accessible, affordable, effective and efficient, and responsive to the cultures and languages of population served.

Objective 1: Establish partnerships across all sectors of the county in order to maintain/support all existing prevention/intervention services and expand these services to include other evidenced based prevention services; establish Level .5 (Early Intervention) services and Level 2.1 (Intensive Outpatient Treatment) to serve adolescents.

Objective 2: Establish partnerships across all sectors of the county in order to maintain critical jail-based treatment continuum to meet changing needs.

Objective 3: Establish an interagency team to develop and pilot a centralized community resource for screening, assessment, testing and referral for adolescents and adults.

Action Plan: Steps for Goal Attainment.

Strategies for Goal 2, Objective 1:

- Broaden list of local prevention, intervention and treatment providers and stakeholders reflecting all current resources and related funding sources.
- Develop agreements between collaborating providers and those who will invest in these services to operate an expanded, unduplicated, collaborative service continuum.
- Reallocate current ADAA funds and identify supplemental funds from school or other resources for prevention and early intervention evidence-based models.
- Establish level .5 and level 2.1 (Intensive Outpatient) that will serve the Juvenile Drug Court pilot and other adolescents as appropriate.

Personnel Responsible: Prevention staff, DJS, CCPS coordinator, Substance Abuse Director, Sheriff’s Office designee.

Steps for Goal 2, Objective 2:

- Develop an inventory of providers and stakeholders in county currently providing jail-based treatment services, current capacity and funding sources.
- Develop funding strategies for redirected or new funds to be accessed if current federal funding levels are decreased.
- Continually monitor, through monthly reports, current needs vs. capacity to ensure maintenance of services.

Personnel responsible: HIDTA coordinator, DPP, Sheriff’s Department.

Steps of Goal 2, Objective 3:

- Convene key team members to form an ad-hoc committee to identify parameters for the community resource, including physical environment, target population and funding sources.

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- Identify process for screening, assessment, testing and referral of adolescents and adults.
- Develop a formal action plan for implementation of the pilot, including population to be served, model to be employed, funding sources and responsible personnel.

Personnel Responsible: Judiciary, legal representatives, DJS, DPP, Health Officer or designee.

Intended Measurable Outcomes:

Goal 2, Objective 1 Outcomes:

- Formal partnership agreements in place.
- Number of additional students served in evidenced based prevention programs
- Number of youth receiving Level .5 and Level 2.1 treatment services.

Goal 2, Objective 2 Outcomes:

- Formal partnership agreements in place.
- Services delivered to Jail-based population are adequate to meet changing needs.

Goal 2, Objective 3 Outcomes:

- Review all evidenced based models and identification of model to be utilized.
- Action plan for model implementation finalized, with identified \start-up funding. and date for implementation.
- At least one grant application will be completed

Connection to identified targeted outcomes from Initial Strategic Plan:

Increase in number of slots for formal prevention and early intervention treatment for adolescents; establish level 2.1 Intensive Outpatient Treatment for adolescents; and increase the number of slots for jail-based treatment of adults.

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Budget:

Re-directed Sources: (Re-engineered Services)

Priority Action Area	Current Funding Amount	Current Source(s) of Funding	Nature and Source of Budgetary Change	Change in Numbers or Population to be Served.
Redirect current prevention and early intervention funds to provide evidence-based programs.	\$124,089 \$ 13,037	ADAA County	Shift resources to Evidenced-based	Annually serve 20 inmates and 30 high risk youth
Maintain the amount of services delivered to Jail-based population to meet changing needs	\$75,699 \$91,913	\$ HIDTA: Federal funding ADAA: S.T.O.P grant	<i>Cut in HIDTA funding would require ADAA funds to maintain level 2.1 services</i>	ADAA Level 2.1 slots would increase from 6 (current) to 24

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Expanded or Established Services:

Priority Action Area	Current Funding Amount	Current Source(s) of Funding	Amount of Funding Increase needed	Sources(s) of Funding needed to Accomplish Priority	Anticipated Increase in # of slots and # number to be Served.
Establish Level .5 and Level 2.1 treatment services for adolescents.	0	ADAA	\$45, 639 CAC-AD	ADAA	Level 2 = 6slots/ 24 adolescents served Level .05 = 10 slots/ 40 adolescents
Develop and pilot a centralized community resource for screening, assessment, testing and referral for adolescents and adults.	0			0	Interagency planning process during 2007 Implementation to be determined, based on model chosen