

**FREDERICK COUNTY'S
STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE**
Priority Area/Actions for "Next Step"
Expanded Services

Priority Area: (Goal(s) or individual objective(s) within a Goal)

Goal I

Establish adequate continuum of Prevention and Treatment services in Frederick County, including services for special populations such as Dual Diagnosed and children of addicted parents, and pursuing specialized services, such as Drug Court.

Objective 2

Based on assessment prioritize needs.

Objective 3

Develop plan to acquire needed resources to provide services.

The current assessment of service needs in Frederick County reflects the need for more outpatient treatment slots for adults involved in the criminal justice system who are on parole or probation. Furthermore, the court system has noted defendants' increase use of heroin.

Action Plan: (specific method by which the goal(s) or objective(s) are to be accomplished)

Steps for Goal I, Objective 2

No further steps are needed for the purpose of this report and request. Though this objective of prioritizing needs is an ongoing process, the current priority is already established and being presented in this report.

Steps for Goal I, Objective 3

1. Increase adult outpatient slots by 30 with one additional drug-free treatment outpatient counselor.
2. Increase Medication Assisted Treatment (MAT) slots for heroin patients by 35 with one additional MAT counselor.

This position will relieve the existing overflow of MAT patients currently filling the caseload of outpatient counselors. The existing Frederick County Health Department (FCHD) static capacity for MAT patients is 70, but there have been as many as 86 MAT patients in treatment at a given time. The average capacity this year has been 82 MAT patients. Since MAT patients may remain in treatment for years and may receive three to five group and/or individual sessions a week, the overflow can significantly lower the number of drug-free patients being seen. The need for MAT slots exists with the increased heroin problem, and it can be difficult to limit the number of MAT patients, because besides Methadone maintenance patients, some enter treatment for heroin/narcotic detoxification. Heroin detoxification involves Methadone, and is highly unsuccessful unless first stabilizing the patient on Methadone maintenance (MAT) for years, and when ready to attempt detoxification, gradually tapering the Methadone along with counseling, very gradually over a minimum of six (6) to twelve (12) months. Thus the need for more MAT slots.

Intended Measurable Outcomes: (specific estimated result of the change)*Number of individuals, families to be impacted, specific impact to a system, staffing or inter/intra-agency impacts*

Goal I, Objective 3 Outcomes:

1. Increase drug-free treatment capacity by 30 slots.
2. Increase MAT slots by 35.

Connection to identified targeted outcomes from Initial Strategic Plan:

The targeted outcomes accomplish the outcome as written in the Initial Strategic Plan of developing an action plan to meet the existing need(s) in the continuum of treatment services.

Budget:

Priority Action Area	Current Funding Amount	Current source of Funding	Amount of Funding Increase Needed	Source(s) of Funding Needed to accomplish priority	Anticipated Increase in Population Served
Increase adult out-patient capacity for both drug-free treatment and MAT	\$490,162 Total of salary and fringes	ADAA 69% ADAA/S.T.O.P 10% County 21%	Salary would be \$37,941x2=75,882 Fringes would be \$22,551x2=45,102 Total for 2 counselors \$120, 984 (See attached budget page.)	ADAA	30/100 drug-free adult outpatients 35/43 MAT patients