

**HARFORD, MARYLAND
STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE
Priority Areas/Actions for Next Step
Expanded and New Services**

December 15, 2005

Vision: A safe and drug free Harford County

Mission: To reduce the incidence and prevalence of alcohol and drug abuse and its consequences to affected individuals, their families and Harford County.

Goal 1: Receive adequate public funding to meet substance abuse prevention, intervention and treatment needs in Harford County.

Objective 1: Increase Harford County fair share of available funds from the Alcohol and Drug Abuse Administration (ADAA).

Action plan:

- Use DHMH Joint Chairmen's Report dated report September 26, 2003 as a base line for Harford County funding.

Intended measurable outcomes:

- Increase funds from ADAA, local government and nonprofit agencies.

Objective 2: Provide the ability of access to inpatient treatment services for adolescents and adults (Increased funds to accommodate 400 inpatient placements on an annual basis).

Action Plan:

- Enable the health department to purchase treatment slots at inpatient facilities and follow-up with aftercare placement.
- Use public funds for a women's half way house at the same rate that is used for men.

Intended measurable outcomes:

- Increase public funds for women's beds in halfway houses from zero (0) to ten (10, per year). Reduce the incidence use of substances among individuals completing this modality of treatment by 80%.
- Increase the number of adolescent and adult inpatient placements from zero (0) to four hundred (400). Reduce the incidence use of substances among individuals completing this modality of treatment by 80%.

Objective 3: Develop intensive outpatient treatment services for adolescents (60 slots).

Action Plan:

- Enable health department to purchase treatment slots for intensive outpatient services for adolescents.

Intended measurable outcomes:

- Increase the number of intensive outpatient treatment slots from 0 to 60 to include the juvenile drug court program. Reduce the incidence use of substances among individuals completing this modality of treatment by 80%.

Objective 4: Develop ambulatory buprenorphine/Suboxone® detoxification capacity for 180 patients per year.

Action Plan:

- Secure funding needed to provide Suboxone medication for 180 patients on an annual basis.

Intended measurable outcomes:

- Increase number of patients receiving Suboxone detoxification from zero (0) to one hundred eighty (180). Reduce the incidence use of substances among individuals completing treatment utilizing this modality of treatment by 80%.

Objective 5: Improve after school and summer programs addressing prevention, intervention and treatment of substance abuse.

Action Plan:

- Re-establish three after school programs and one summer school program that have been eliminated due to lack of funding. The programs will address children of alcoholics and drug abusers. Programs will be replaced in three high-risk area schools, school personnel will administer services to children.

Intended measurable outcomes:

- 160 children will be involved in healthy after school programs that will involve CSAP program “All Stars”. Reduce the overall incidence of first-time use of substances among youth 11–17 years of age as measured in the Maryland Adolescent Survey.

Objective 6: Create Memoranda of Understanding (MOU's) [contracts] between the Harford County Health Department and Certified private treatment providers to provide substance abuse treatment for Harford County residents.

Action Plan:

- Have MOU's [contracts] in place by July 1, 2006 to ensure prompt referral and treatment of substance abusing clients presenting to Health department.

Intended measurable outcomes:

- Evaluate 100% of all referrals, including adolescent, within five (5) working days of request for treatment.
- Using ASAM Level Criteria, appropriately place 70% of clients into treatment within seven (7) working days of evaluation.

Budget:

Priority Action Plan	Current funding amount	Current source of funding	Amount of increased funding needed	Sources of funding needed to accomplish priority	Anticipated increase in # of slots and # to be served
Increase funding by ADAA	\$2,435,713	\$439,930 County \$1,995,783 ADAA	\$3,293,000	ADAA	960
Prevention services	\$571,056	\$441,040 County \$99,463 ADAA	\$175,000	ADAA	160/ 320
Develop Suboxone® detoxification capacity	0	0	\$820,000	ADAA	180
Provide the availability of access to inpatient treatment services for adolescents and adults.	\$20,000	County	\$1,848,000	Inpatient ADAA Womens halfway house 90,035 ADAA 38,000 county	400
Fund intensive outpatient treatment services for adolescents through private providers when unable to obtain services through the Health Department.	0	0	\$450,000	ADAA	60/60
TOTAL			\$3,293,000		960