

Montgomery County, Maryland
Strategic Plan for Alcohol and Drug Abuse Services
Priority Areas/Actions for “Next Step”
Expanded/New Services

Priority Area:

The five goals and related objectives of the Montgomery County Strategic Plan are viewed as inter-related and inter-dependent. Without a focus and effective interventions that begin with prevention, this community cannot reduce demand for alcohol and other drugs and thereby reduce need for substance abuse treatment services. Without an intact community network of substance abuse treatment services along a continuum of need, we cannot respond to the demand of community members, the courts, and consumers for access to effective treatment at the time of request. Without funding linked to actual demand and escalating costs, the community cannot support a continuum of treatment services, which then impacts demand for alcohol and other drugs, and default demand for correctional, mental health and somatic healthcare services.

Although the goals are intertwined, the focus of the “Next Step” will be:

Integrate Goals 4 & 5: Maintain existing integrated continuum of treatment services, while developing strategies to meet emergent community needs and developing secure funding sources. Maintain existing implementation of evidence-based practices and develop new strategies for expansion of an efficient and effective system for delivery of treatment for those who have substance abuse and/or co-occurring mental health disorders.

Goal 4, Objective 1: Maintain capacity to treat women in evidence-based gender-specific outpatient services through County funding.
OBJECTIVE ATTAINED (County Council approved \$441,350 to continue the CSAT grant towards the Journeys Program for Women.)

Goal 4, Objective 2: Expand capacity to treat adult who are opioid dependent by increasing availability of treatment slots for indigent adults and increasing access to Buprenorphine for ambulatory detoxification.
OBJECTIVE ATTAINED (County Council approved \$60,410 to expand the Medication Assisted Treatment Program by 25 slots.)

Goal 4, Objective 3: Maintain capacity to treat adolescents and their families in a range of geographic locations with at least two (2) available levels of care through addition of County funding. **OBJECTIVE ATTAINED (Received \$140,000 from the General Fund in FY’05)**

Goal 4, Objective 4: Expand capacity for adolescent intensive outpatient services and enhance family therapy services by integrating the Juvenile Drug Court into the network of adolescent treatment services. **(Work in progress)**

Goal 4, Objective 5: Develop intensive case management capacity to serve homeless adults, adults who are repeat non-violent criminal offenders, and/or have chronic and persistent co-occurring psychiatric disorders to improve retention in substance abuse, physical health and mental health services through County funding and revenue as a Targeted Case Management provider.

Goal 5, Objective 1: Ensure adequate funding from a combination of sources (government sources, grants, third-party payers and fee-for-service) to sustain current treatment capacity and build capacity to serve emergent needs and a growing population.

Goal 5, Objective 2: Improve staff ability to achieve increased engagement and retention rates through training and technical assistance on “welcoming” those with co-occurring disorders, applying motivational interviewing strategies and incorporating readiness to change in treatment practices.

Goal 5, Objective 3: Ensure adequate funding in contracts using County and/or State funds to provide for salaries of qualified leadership and clinical staff, including bi-lingual capacity to preserve existing capacity and continued growth in demand.

Action Plan:

Montgomery County has a history of leadership in providing local funding for substance abuse treatment and prevention services, for coordinating these efforts across a diverse community, and for innovation in adopting evidence-based treatment approaches. However, this position of leadership has been eroded in recent years by two economic factors: escalation in cost of providing services and contraction of available funding from local and state governments. As a result, Montgomery County can no longer offer a “treatment on demand” continuum of care and has had to reduce capacity to serve people in need of substance abuse treatment at both the high end of need (residential detoxification) and the less intensive level of care (outpatient). Secondly, while contractors have been able to accommodate a diverse population, including a high proportion of medically ill and psychiatrically impaired adults, there has been a need for a higher standard of care using licensed and certified staff and the need to absorb costs such as somatic and psychotropic medications and mental health care. These efforts have also increased costs and effected capacity.

Without adequate funding for a continuum of substance abuse treatment services that will address the needs of a diverse and growing population, Montgomery County cannot successfully address the full range of goals identified in the Strategic Plan submitted to the Alcohol and Drug Abuse Administration. Next steps planned to achieve adequate and sustained funding include:

- Seek DHMH approval to provide Targeted Case Management and Outpatient Mental Health Clinic services by HHS as a designated local

provider. This will allow HHS to secure compensation for services that have been provided to mentally ill consumers who have a co-morbid substance use disorder.

- Seek approval from DHMH to purchase residential detoxification services at the County's Avery Road Treatment Center for inebriated adults with mental illness who present for services at local Emergency Room facilities.
- Continue to work with Prince George's County Health Department and other local jurisdictions to coordinate access to the ARTC and Avery Road Combined Care facilities. The cost of serving these consumers will be borne by the local health department. The under-used Montgomery County capacity (capacity cuts due to lack of funds) will therefore be available to indigent adults and will not sit empty.
- The Advisory Council will support communication with the Governor's Office regarding the need for funding increases to meet the demand for services in Montgomery County. Community members will be advised on the need for activism with elected officials.
- The County will continue efforts to incorporate stages of change and motivational enhancement strategies to improve efficacy of treatment being provided to consumers. A more effective treatment modality should decrease repeat demand for services from people who may have relapsed. The emphasis on improving treatment engagement and retention has been incorporated in recent contract for adolescent and adult Level I treatment.
- The County will continue efforts to "welcome" adults with co-occurring disorders by maintaining ability to provide some psychiatric support at Level II and Level III services, and will implement the GAINS screening tool at the central assessment site for people who are seeking substance abuse treatment. A new sequence of training will be presented to mental health and substance abuse providers in CY 2006.
- Provide ongoing training for substance abuse professionals on co-occurring disorders.

The County will monitor impact and effectiveness of recent changes in procedures that allow consumers to bypass detoxification and be admitted directly to intermediate care and to enter a halfway house from a less restrictive (Level II or Level I) treatment program. These procedural changes have been made in response to the reduced access to detoxification services at Avery Road Treatment Center.

Intended Measurable Outcomes:

The estimated funding shortfall to sustain the current continuum of care in FY 2007 is nearly \$1,000,000. In FY 2006, Montgomery County was forced to reduce treatment capacity for detoxification from 14 to 6 beds and from 40 to 30 beds for intermediate care. The impact of these cuts has been on the wait for access to services for those with acute needs – this has been 3 to 6 weeks and access for persons seeking transfer for incarceration has been closed. Without significant local and state commitment of funds, we anticipate that HHS will reduce capacity in more programs during FY 2007.

Stabilizing the continuum and core treatment capacity is linked to the success of the overall Strategic Plan. Objectives 3 and 4 are particularly inter-related along with the desired outcomes.

- Secure funding for detoxification and intermediate care to serve indigent consumers with 20 detoxification beds and 40 intermediate care beds. This would restore capacity lost since FY2005 and expand County capacity for detoxification by 5 beds (250 additional individuals could be served annually). This would also restore County capacity to offer detoxification as an alternative to incarceration within 72 hours of an arrest for minor offenses (80 additional individuals could be served annually).
- Review optimum length of stay for more impaired consumers so that limited capacity does not force pre-mature discharge from residential level of care to a less restrictive environment. Reduce by 40% the number of consumers discharged to halfway house facilities who are not stable enough to sustain employment and number of adults discharged to “homeless” due to a lack of transition planning.
- Secure funding to serve at least 15 Montgomery County residents in Level III.5 facilities. This would restore capacity that has been lost since 2003 funding cuts.
- Full funding of the County’s continuum would provide assurance to providers who operate programs under contracts that reasonable cost escalations for salary and operating expenses would be covered in approved annual budgets. Service providers are vocal in asserting that the caliber of employees who meet State requirements and can provide quality services to a diverse population exceeds available funds. This has led to protracted recruitment efforts, loss of staff to more lucrative employment, and shortfalls between revenue and expenses that have been absorbed as a loss. The County would provide cost of living increase based on the consumer price index to eligible providers of care based on achieving performance objectives for engagement and retention. Meet Goal 5, Objective 3.
- Increase engagement rate to 60% of consumers referred to Level I and to 70% for Level III.1 by incorporating stages of change and motivational enhancement strategies to improve efficacy of treatment being provided to consumers. This should modestly influence demand by reducing recidivism within one year.

Connection to identified targeted outcomes from Initial Strategic Plan:

Performance Targets (Goals 4 & 5): Reduce the number of individuals and/or families who are unable to access treatment services by retaining treatment capacity, supporting capacity for targeted treatment services, promoting statewide equity in funding based on population in need, and incorporating evidence-based practices to engage and retain consumers in substance abuse treatment. Improved engagement and retention rates will increase reported levels of effectiveness by those in clinical and leadership positions.

- Retention in treatment is a prerequisite to treatment success.
- For each level of care, an optimal benchmark can be established.

- For Level I this has been set at 60% after 3 years of tracking local data.
- The evidence-based practice associated with increased engagement and retention is motivational enhancement techniques that focus on readiness to change.
- To close the gap between research and practice, leadership and skill are required throughout the continuum of care. While HHS can provide leadership and incentives for providers, without a reasonable compensation formula for employees, high caliber clinicians who are capable to treat substance use and co-occurring disorders cannot be found and/or retained.
- Treatment efficacy would decrease treatment demand by reducing recidivism.
- These targets can be measured quantitatively and qualitatively.

Currently Montgomery County is experiencing budget shortfalls that are creating reductions in treatment capacity and delays in accessing care. Without increased funding to cover inflationary increases, further cuts in services can be expected for FY 2007. This threatens all aspects of the Strategic Plan.

Budget:

Priority Action Area	Current Funding Amount	Current Source(s) of Funding	Amount of Funding Increase Needed	Sources of Funding Needed to Accomplish Priority	Anticipated Increase in # of Slots and # to be Served
Ensure adequate funding from a combination of sources (government sources, grants, third-party payers and fee-for service) to sustain current treatment capacity and build capacity to serve emergent needs and a growing population.	<p>\$1,677,000 (Funding level has been static for five years)</p> <p>LTC = \$75,000 (Funding Level has been reduced from \$350,000 over the course of the last five years due to budget cuts and to cover costs of other contracts)</p> <p>Funding Request for Level I and Level III.3 are included in the third row below.</p>	ADAA Montgomery County Self-pay ASO MA Grants	<p>Need an additional \$377,158 annually to restore and maintain detox/ICF service levels</p> <p>LTC : Need additional \$165,000 to provide LTC Services</p>	ADAA	<p>Detox & ICF = 250</p> <p>Level III.5 = 11</p>

<p>Improve staff ability to achieve increased engagement and retention rates through training and technical assistance on “welcoming” those with co-occurring disorders, applying motivational interviewing strategies and incorporating readiness to change in treatment practices.</p>	<p>Funds to hire contract trainers and to send staff to OETAS training have been depleted</p>	<p>Grants County</p>	<p>\$10,000</p>	<p>ADAA</p>	<p>Achieve 60% engagement and retention rate of 90% for Level I. Achieve 70% completion rate for Level II.1</p> <p>Continuing Education for 10 clinicians @ \$300 each</p> <p>Expert speakers to provide training on-site (\$7,000) to 300-500 staff.</p>
<p>Ensure adequate funding in contracts using County and/or State funds to provide for salaries of qualified leadership and clinical staff, including bi-lingual capacity to preserve existing capacity and meet continued growth in demand.</p>	<p>Level I Outpatient Services: Have: \$574,710 Need: \$788,000 Short: \$213,290</p> <p>Level III.3 Have: \$573,935 Need: \$936,022 Short: \$362,087</p>	<p>ADAA Mont. County, Grants</p>	<p>Level I Need an additional \$213,290 to maintain current contract level</p> <p>Level III.3 Need an additional \$362,087 to maintain current treatment capacity</p> <p>Total: \$1,127,535</p>	<p>ADAA</p>	<p>Prevent further reduction in capacity. Assure access for indigent adults with substance use and/or co-occurring disorders</p>