

**REGIONAL MID-SHORE PLAN FOR ALCOHOL AND DRUG ABUSE**  
**Priority Area for Expanded or New Services**

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

Develop a regional (Mid-Shore: Caroline, Queen Anne's, Talbot Counties) treatment system that ensures optimal patient placement. Optimal placement is defined as entry within 72 hours of an assessment into a treatment level that is appropriate to assessed need for treatment- ASI (Addiction Severity Index) and ASAM (American Society of Addiction Medicine) criteria and readiness for change:

- Objective 1: Establish a public sector Intensive Outpatient Program in the Mid-Shore to serve adults and adolescents who are unable to receive these services in the private sector.
- Objective 2: Establish regional public sector availability and increase private sector availability of outpatient treatment for opiate addicts.
- Objective 4: Increase funding to contract for intermediate care and long-term treatment beds for Mid-Shore residents when this level of care is unavailable in the public sector and the resident is unable to afford treatment in the private sector.
- Objective 5: Ensure access to transportation for all patients involved in any level of care.
- Objective 6: Ensure treatment for diverse (e.g., Spanish-speaking) and special (e.g., Co-Occurring) populations, providing access across the Mid-Shore, at a sufficient therapeutic intensity.

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

- Establish working group of Mid-Shore Coordinators to explore potential areas for sharing or consolidating services and potential obstacles. Identify areas with potential for consolidation and develop a statement of need for each area, prioritizing into short-term and longer-term goals (based on perceived need and opportunity for change).
- Develop a consensus for change to support plan among Health Officers of respective counties and key staff (Administrators, Fiscal Officers).
- Establish a program model for each short-term objective, space, and staffing pattern needed. Look for opportunities to share resources and work collaboratively for benefit of patients.
- Problem-solve institutional barriers to change in order to relax bureaucratic restrictions that prevent creative exchange of resources or discourage transitioning between treatment levels.
- Share information regarding funding, and review existing resources for economies that can be achieved by pooling funds. Explore opportunities for local and regional funding.

**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*

- The number of treatment recipients receiving a level of care matching assessed need (ASAM criteria) within 72 hours will increase by a minimum of 50% upon achievement of Objectives 1 and 4.
- 75 more patients will receive Intensive Outpatient Treatment in the Mid-Shore Region, upon achievement of Objective 1 (30 slots).
- “Transport Visits” will achieve over 2000 visits per year when Objective 5 is achieved (defined as a dedicated patient driver and two dedicated vehicles for each county).
- Substance use will decrease by those completing treatment by 80%

**Connection to identified targeted outcomes from Initial Strategic Plan:**

1. Promote a safe and drug free Mid-Shore by reducing the incidence and prevalence of alcohol and drug abuse and its consequences.
2. Create a flexible, regional treatment cooperative that pools resources and explores creative ways to address treatment needs for Mid-Shore patients and their families.
3. Provide rapid access to clinically appropriate level of treatment.

## Budget

<b>Priority Action Area</b>	<b>Current Funding Amount</b>	<b>Current Source(s) of Funding</b>	<b>Amount of Funding Increase Needed</b>	<b>Name and Source of budgetary change</b>	<b>Changes in Numbers or Population to be served</b>
Request funding (salaries and resources) for two IOP counselors in two separate agencies	\$0.00	N/A	\$ 160,000 for 2 CAC, benefited counselors X 2	Additional funding from ADAA or other source	75 more pts. Will receive IOP in Mid-Shore Region 30 slots added Increase of 50% in number of tx recipients receiving assessed need of care within 72 hrs.
Seek funding to hire staff to generate buprenorphine alternatives by reaching out to the private sector and established public sector	\$0.00	N/A	\$ 60,000 for salary & benefits	Additional funding from ADAA or other source	120 more patients in region will receive detox service & intermediate care beds
Increase inpatient or long term care purchased per county	?	CRF in some counties	\$50,000.00 per county	Additional funding from ADAA or other source	Increase of 50% in number of tx recipients receiving assessed need of care within 72 hrs.
Transportation to appropriate groups at other facilities in the area	?	?	\$144,240 for driver and vehicle for 2 counties	Additional funding from ADAA or other source	+2000 visits per year for patients currently not receiving care due to transportation issues