

Saint Mary's County, Maryland
Strategic Plan for Alcohol and Drug Abuse
Priority Areas and Actions

Priority Area:

Goal 3: Expand the existing integrated continuum of efficient and effective treatment.

Objective 1: Expand funded capacity at Anchor ICF to meet local/regional needs to reduce waiting list/time. (Anchor is currently under-funded and is incurring a deficit. Funded capacity is being expanded to reduce the operating deficit to ensure that the program can continue to serve our County).

Objective 2: Increase long-term treatment capacity for individuals with co-occurring psychiatric and substance use disorders (minimum stay of 90 days).

Objective 3: Twice yearly review of ICF/Long-Term/halfway house residential care funding.

Action Plan:

Steps for Objective 1:

- Shift \$100,000.00 in outpatient treatment funding to the ICF program to aid in compensating for current Anchor deficit.
- Obtain \$250,000.00 in new funding from the ADAA to expand services by 4 beds which will reduce the waiting list and operating deficit at the Anchor ICF.

Or

Reduce the number of treatment slots at Anchor from 20 to 16 to compensate for the shortfall in funding. This will result in decreased access to this level of care.

Steps for Objective 2:

- Obtain \$195,000 in new funding from the ADAA for Ten (10) III.1 long-term care beds for individuals with co-occurring psychiatric and substance abuse disorders.

Steps for Objective 3:

- Schedule dates and locations for these meetings.

Intended Measurable Outcomes:

Objective 1:

Reduction of the operating deficit for the Anchor Program by \$300,000 ensuring continued access to ICF Treatment.

Objective 2:

Provide 10 long-term co-occurring treatment slots.

Objective 3:

Two meetings per year with regional coordinators to discuss funding.

Connection to identified target outcomes from Strategic Plan:

The above steps all directly related to Goal 3 of our strategic plan. By implementing these steps, we will be targeting our objectives of reducing the deficit at the Anchor Program while expanding access to those services, and providing long term-care for clients with co-occurring disorders . Finally, we will be undertaking meetings regarding regional funding for residential care.

Budget:

Priority Action Area	Current Funding Amount	Current Source of Funding	Amount of Funding Increase Needed	Source of Funding Needed to accomplish Priority	Anticipated Increase in # of Slots and # to be served
Reduce deficit at Anchor Program by shifting \$100,000 current outpatient funding surplus to ICF program	\$954,683	ADAA 100%	\$100,000	Existing ADAA funding transfer	This will not increase the number of slots or number to be served, this will reduce deficit allowing for continued access to care.
Increase Level III.7 beds from 20 to 24 Or Decrease access to care by reducing Level III.7 from 20 beds to 16 to ensure continued operation of the Anchor Program	\$954,683 \$954,683	ADAA 100% ADAA 100%	\$350,000 None	ADAA 100% - \$100,000 transfer - \$250,000 new funding N/A	Increase of 4 slots. Increase of 48 individuals to be served. 4 Slots will be lost and 48 fewer clients will be served.
Increase availability of Level III.1 beds for individuals with co-occurring disorders	None	N/A	\$195,000	ADAA 100%	Creation of 10 slots. 25 to 30 individuals would be served through these slots.