

**WORCESTER COUNTY DRUG AND ALCOHOL COUNCIL
STRATEGIC PLAN FOR DRUG AND ALCOHOL, PREVENTION,
INTERVENTION AND TREATMENT SERVICES
June 30, 2005**

Vision: To improve the health of the Worcester County community, where the bio-psychosocial impact of drug and alcohol misuse/dependence is *eliminated*.

Mission: To reduce the incidence and prevalence of alcohol and drug misuse, abuse and dependence and its impact on individuals, families, and Worcester County.

Goal 1: To provide a comprehensive drug and alcohol abuse prevention effort that addresses multiple populations (universal, selective, indicated), at multiple settings, utilizing multiple strategies based on evidence based principles and practices.

Objective 1: To integrate a strength based approach to prevention programming utilizing the Search Institute's 40 developmental assets and Hawkins and Catalano's identification of resiliency/protective factors.

Identified Need by Council: Hire an Asset Building Coordinator

Process Measure: Conduct at least one community training which is part of the Expanded Community Partnership initiative to youth leaders which focusing on asset building.

Objective 2: Support and encourage evidence-based programs to be utilized by our schools and public and private prevention service delivery organizations. Provide comprehensive health programs in Worcester County middle schools.

Process Measure: Identify programs which are evidence based and adaptable to the setting identified.

Objective 3: Assure that every child in Worcester County has a caring adult in their life, preferably a parent who supports and encourages them to seek higher goals and achieve confidence and competence.

Identified Need: Develop a coordinated mentoring effort.

Process Measure: Increase the training, coordination, and provision of mentoring services in Worcester County. Continue to recruit parents to participate in evidence based parent education programs. Support after hours programming through the 21st Century Learning Centers, gender specific after school programs, recreation programs, sports, etc.

Objective 4: To provide selective and indicated prevention services to children of alcoholics or addicts, children whose parents are incarcerated, and children exhibiting early experimentation (school/DJJ referrals)

Identified Need: Offer a Children of Alcoholics program to youth in the school or at treatment sites, identify an evidence based program appropriate for children of incarcerated youth

Process Measure: Increase the number of prevention programs that address this population with evidence based programs.

Objective 5: Continue to support social and environmental change strategies utilizing the Communities Mobilizing for Change of Alcohol (CMCA) model.

Identified Need: Provide a Resource Officer in each public school in Worcester County.

Process Measure: Support the community initiatives of After Prom Parties, Play It Safe, Safe Homes, recognition of prevention/treatment/enforcement efforts through the Annual Awards Banquet. Support the enforcement of tobacco, alcohol, and drug policies through compliance checks of retailers, issuing of citations, and recognizing compliant retailers.

Performance Target: Reduce the increase in current use (past 30 days) during transitional times of any alcohol and marijuana between 6th and 8th grades.

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|-----------|-----------------|---------------------|-----------|
| Baseline: | 2002 | Any form of Alcohol | Marijuana |
| | 6 th | 4.8 | 1.6 |
| | 8th | 24.8 | 12.8 |

Goal 2: To provide access to treatment and early intervention services to all persons in need of these services, regardless of their socioeconomic status, mental disorder, race, gender, and age. To increase the effectiveness of the services provided, the appropriate level of care needs to be available within a reasonable time period and in regional facilities. To coordinate and advocate with the ADAA and the state Drug and Alcohol Council to increase availability for the higher ASAM levels of care.

Objective 1: To provide timely access for clients in need of Medical Detoxification beds, Ambulatory Detoxification, Halfway House beds for Men, Adolescent Inpatient treatment, and long term Residential Inpatient services.

Identified Need: Due to recent budget reductions, waiting lists are long and funding is extremely limited for the more intensive levels of care for Detoxification. Persons without access to insurance coverage have no place to safely detoxify. Adolescent clients have to wait for weeks to enter inpatient care due to the limited availability for beds and the distance for families to visit is two hours. Long term treatment [6 to 18 months] is also limited in availability, so adolescent clients often have to wait for a year or more. Halfway House beds are limited on the Lower Shore.

Process Objective: Increase the number of beds available for Level III.1 and above [Detoxification through long-term inpatient treatment]. Work with the state Alcohol and Drug Abuse Administration to secure additional funding for these levels of care.

Measure: Increase halfway house beds from 6 to 12 for adult men who are Lower Shore residents.

Measure: Increase public funding from 1 detoxification stay [5 days] per year to a minimum of 20 detoxification stays [100 days] per year for detoxification of Worcester County residents.

Measure: Decrease waiting time for Adolescents to enter inpatient care [Level III.7] to under 30 days.

Measure: Increase access to long term residential inpatient addictions treatment [publicly funded] as measured by a decreased waiting time for residents to enter into this level of care.

Objective 2: Explore feasibility of developing Ambulatory Detoxification for clients of Worcester County's publicly funded

programs with surrounding county health departments and private programs.

Measure: Develop data collection system to measure the extent of need and develop work plan if it appears feasible.

Objective 3: Work with major County employers to increase access to Employee Assistance programs.

Objective 4: Work with churches to initiate prevention and intervention programs.

Goal 3: Offer more unified and strategic services to Children of Alcoholics, as well as increase the number of family services being provided in all programs.

Measure: Increase in number of family sessions provided in all treatment sites.

Measure: Increase in number of Nurturing Families programs offered at treatment sites.

Measure: Administrative Staff will search for effective and/or promising models for provision of services to Children of Alcoholics within outpatient treatment settings.

Measure: Prevention, Treatment and Case Management units will develop a plan for increased participation of families in services.

Measure: Maintain and/or increase number of "At Risk" admissions to treatment programs as measured by SAMIS admissions.

Goal 4: Increase wraparound services for clients in treatment, such as transportation, transitional care for Youth and Adults, Child Development specialists and Daycare for parents in treatment.

Measure: Measure access to daycare for clients in treatment.

Measure: Search for and apply for grants, as appropriate, that will provide wraparound services such as transitional housing, "wet" beds in shelters and mentoring for youth.

Measure: Seek resources to provide Child Developmental Specialists who will assess young children of addicts and alcoholics

for developmental problems, and develop and implement plans for care targeted to preschool children.

Measure: Provide input to Department of Social Services on Purchase of Care vouchers and the need for part time day care for parents in addictions treatment.

Goal 5: Increase use of data accessible through SAMIS (Substance Abuse Management System – system used to report to the Alcohol and Drug Abuse Administration) and electronic measures.

Measure: Request HATS(system through the University of MD, used to submit the SAMIS data) training on report writing capabilities for program wide data measures for administrative personnel.

Measure: Seek financial resources to link data in HATS system with electronic record in Worcester County Health Department. Collaborate with other treatment programs to develop programming to share data electronically.

Measure: Provide quarterly and annual reports to the local Drug and Alcohol Council, as well as training in the interpretation of the data provided.

Goal 6: Provide opportunities to increase the pool of qualified applicants for Addiction Counselor positions, increase the professionalism of current staff, and provide high level training for the new generation of managers.

Measure: Provide input to the state Alcohol and Drug Council on possible methods to increase the applicant pool for qualified addictions counselors and prevention specialists in the rural areas, i.e. scholarship and mentoring programs.

Measure: Advocate for ongoing professional training, and opportunities for advancement for young professionals to upgrade their abilities and licensing.

Measure: Provide input to appropriate advocacy groups to decrease the gap in trained personnel who are able to provide co-occurring treatment, as well develop more ready acceptance of licensure across state licensing boards and scope of practice issues.

Measure: Work with advocacy groups and existing training systems to develop addiction specific management training and organizational development, which will prepare newer supervisors to lead the programs as the Directors retire.

Measure: Increase pay and benefits for addiction counselors and prevention staff to be able to hire and retain a high quality professional team.