

**WORCESTER COUNTY DRUG AND ALCOHOL COUNCIL  
ACTION PLAN  
DECEMBER 1, 2005**

**Priority Area:** Restore funding for, and increase access to, Prevention, Intervention, and Treatment services for all Worcester County residents.

**Action Plan:**

1. Request additional funding for prioritized areas from Maryland Alcohol and Drug Abuse Administration.
2. Seek outside grant funding for greatest needs.
3. Discuss and investigate options for local funding of needs.
4. Cooperate with local human service providers to seek additional funding sources.
5. Council members will investigate the feasibility of developing a non-profit fundraising system for addiction prevention, intervention, and treatment services. This will include researching the legal, fiscal, and ethical means to accomplish this idea.

**Intended Outcomes:**

**Increase funding for all levels of addiction services. The following list has not been listed in order of priority at this point in time, as that is dependent upon the amount of additional funding available.**

1. Restore one counselor in Level I, Outpatient treatment. This position was cut over the last two Fiscal Years, and/or reclassified to a less qualified practitioner.

Impact: **Increase treatment slots by 60 clients per year**

2. Restore support staff supervisory role. Position was downgraded when incumbent left the position, in order to save salary funds.

Impact: The restoration of this position would **improve the efficiency** of clerical support and assistance to the counseling staff at the WACS Center.

3. Add one part-time driver for the Adolescent Treatment Program, to relieve clinical staff from performing this function. Any unused time will be redirected to other subprograms, such as HANDS, or Center 4 Clean Start. The current hours of operation for the MA drivers end at 5:00 pm, with the last pick-up from appointments generally being at 2:30 to 3:00 pm. This leaves clients without transportation in a difficult position, as the

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public transportation routes and times are not always available for our clientele.

Impact: Improved efficiency of staff. Estimate of client trips provided per year: **780**

4. Restore 3 Residential slots [Levels III.5-7D] at Hudson Health Services. These slots have been cut by level funding over the past two years.

Impact: **Treat an additional 36 clients per year. [Regional Need]**

5. Increase Residential funding from a daily bed rate of \$145 per day to \$175 per day. This program was moved from a separate grant to a human services contract several years ago. The overall grant amount has not increased in a number of years and does not allow for the program to adequately support inflationary costs in personnel, food, buildings, and equipment replacement. Current actual cost is closer to \$210 per day.

Impact: **Retain a fiscally sound regional inpatient treatment center. [Regional Need]**

6. Restore funding for Detoxification of 20 Worcester County residents. Funding was cut in the past 2 years to retain professional staff, fund increments and cost of living adjustments, as meet DHMH supervisory funding requirements.

Impact: **20 clients per year [estimate of 100 days]** will be detoxified per year

7. Restore full funding for Prevention Supervisor at Worcester County Health Department. Cost of living adjustments and step increments have created a reduction in the percentage of time that supervisor is now designated to devote to this program.

Impact: **Restore Drug and Alcohol Abuse Prevention Supervisor position to 100% in Drug and Alcohol related activities.**

8. Add an Asset Building Coordinator within the Prevention Services Division, to provide additional prevention activities within the community. Please see attached Asset Building plan. Worcester County Prevention Services staffs have been developing this project for the past several years. The initial program was launched by a speaker/trainer from the

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Search Institute during the annual banquet of the Worcester County Drug and Alcohol Task Force in FY 2004.

Impact:       **Add 10 Prevention activities per year.**

9. Restore full funding for the Summer Adolescent Program [HOT Boards]. Over the past two fiscal years, this budget has been cut through COLAs and mandatory increases in the salary paid. The Department of Juvenile Services has increased their funding of this program, but we are at the point where staff may need to be cut if we remain level funded. The result will be less access for the youth over the summer in Ocean City.

Impact:       **The number of visits, and/or hours of coverage will remain at stable over the summer**, rather than being reduced by staff shortages.

10. Add a mentor funded through the Case Management Program. A grant was received to provide this service to our high risk, co-occurring youth in Addictions and/or Mental Health treatment. Due to changes in the funding source, this project did not get re-funded after the first year. This project has been extremely successful in adding the additional support for our clientele and their families by provision of transportation, sessions with families to learn how to interact in healthy ways, and development of sober support activities

Impact:       Estimated: **15 youth would receive mentoring services over a year**

**Connection to identified targeted outcomes from the 2005 Strategic Plan:**

The Worcester County Drug and Alcohol Council has examined the Strategic Plan developed last year. Due to level funding in the past two Fiscal Years from ADAA, all program budgets have suffered losses, be it in positions, or necessary supplies. As the Council looked at how to make one issue a priority, it became evident that no one program or service could be prioritized over another at this point. The Council then decided that it would like to see the funding restored to existing programs before it added on another program. In addition, the Council felt it would be important to build on two programs which have been developing over the last several years for Prevention and Early Intervention within our Community. These two programs are the Asset Building Initiative and the mentoring of high risk youth. Both of these programs target youth within our community and seek to intervene at the

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earliest possible time to prevent substance abuse problems and/or impact users to prevent abuse or more serious addiction from developing.

One of the members of our local council has suggested that we explore options for the community to fund the programs in our area through a fundraising arm for the Council. This project will take time to explore the legal steps necessary to support local initiatives, the appropriate fiscal procedures for establishing a 501C tax exempt organization, as well as generating the necessary community interest.

**Budget:**

Please see attached Spreadsheet