



Washington County Health Department

Division of Behavioral Health Services
Jail Substance Abuse Program (JSAP)

STRATEGIC PLAN 2025-2026

I. **Division of Behavioral Health Services Vision Statement**

A community where all individuals have their behavioral health needs met.

II. **Strategic Plan Process Description**

The purpose of the strategic plan is to identify JSAP's strengths, weaknesses, opportunities and threats in order to establish an effective strategy for continuous development in the delivery of quality service currently provided by JSAP to participants, and enhance employee and stakeholders' satisfaction. The strategic plan is an annual plan created, reviewed and updated by the leadership team as needed following a calendar year cycle. The strategic plan was last modified in June 2023.

The leadership team approved the new strategic plan in September 2025.

The JSAP Program Coordinator shared the plan to all staff during the scheduled staff meeting **September 24th, 2025**. The goals and strategies identified in this plan are posted in the Washington County Health Department website under the Behavioral Health Services Division and then JSAP; [JSAP's webpage](#).

In order to create and maintain a holistic strategic plan process, JSAP considers the following variables:

- Expectations of persons served
- Expectations of stakeholders in the community
- The competitive environment
- Financial threats and opportunities
- Social Determinants of Health
- Organization's capabilities
- Service area needs
- Demographics of Service Area
- The organizations' relationships with external stakeholders
- The regulatory environment
- The legislative environment
- JSAP employee feedback
- Internal processes such as financial, clinical, administrative and technology needs
- The use of technology to support: efficient operations, effective service delivery and performance improvement
- Information from the analysis of performance

JSAP Overview

JSAP is grant funded through the Maryland Department of Health Behavioral Health Administration and these grant funds only cover a fraction of program costs. The Division also receives the Substance Abuse Treatment Outcomes Partnership (STOP) grant to supplement the remaining amount. The STOP grant requires a fifty (50) percent cash match or in-kind match.

The Division utilizes the in-kind match to include office space and correctional staff at the detention center. Any shortage for the match would be taken from Washington County Health Department Local Funds or the Division would request an additional allocation.

The JSAP Program projects level funding in the future from the Behavioral Health Administration, offering continuity of care. The Division can request additional funding if performance measures are met on an annual basis. The Program must demonstrate the need for additional funding to meet financial or workforce needs.

The Program is able to allocate staff resources for service provision due to its strong financial position. When Program staff resources are low, other Health Department staff are utilized as needed to provide services.

The Program utilizes the following resources at the main Health Department for financial and workforce management including: the personnel office, WCHD administration, grants manager and grants monitoring. The Program provides 10% of indirect costs to supplement for services provided by main Health Department staff to maintain the finances of the Program.

Members of the leadership team completed a SWOT analysis in September, 2025 and again in October 2025 which resulted in the goals and strategies indicated in this plan.

III. Data Gathering

JSAP utilized various research methods to gather data which include:

Research Method	Elements Captured
Employee Survey	Financial Customer Focus Learning and Growth Internal Processes Employee Satisfaction Environment/Community
Stakeholders Satisfaction Survey	Customer Focus Environment/Community
Patient Satisfaction Survey	Customer Focus Internal Processes Environment/Community
Face to Face Discussion – Management meeting	Financial Customer Focus Learning and Growth Internal Processes Employee Satisfaction Environment/Community
Review of Existing Documents <ul style="list-style-type: none">● Year end grant performance measures● Monthly Charge Report	Financial Internal Processes

SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none">● CARF accredited Program● Support from legal community● Continuing education and professional development opportunities● High level of patient satisfaction and engagement● Provides trauma education and anger management and 8-505 evaluations in two counties● Provides linkage to peer recovery support & State care services● Provides appropriate referral services to Senate Bill 512 Coordinator● Coordinates and integrates prevention services such as Parenting, Sexual Health in Recovery (SHIR), HIV Testing, Harm Reduction Education● Collaboration with local health, housing and educational programs (Head Start, WIC, Healthy Families and Bester Community of Hope).● Program participants actively engage with wellness and mindfulness initiatives● A strong working relationship with WCDC staff.● Cohesive and skilled staff, including new director, compliance officer and peer support specialist and new women's counselor.● Staff view program environment as safe and conducive to treatment● Organized & well maintained patient file management system● Scheduled administrative and clinical staff supervision● Offers complementary health approaches virtually to program participants● The current legislative body of Maryland is comprised by Governor Wes Moore, who is supportive of treatment programs and improving social determinants of health	<ul style="list-style-type: none">● Limited number of person served per session● Discontinuation of simultaneous use of group rooms due to COVID, and then never re-established● Competing space and limited daytime hours within the jail facility (i.e. Day Reporting Center, GED, re-entry services, religious services)● Training Platform (Relias) changing, and CDC TRAIN to replace, which means a new platform and learning curve.● All program participants are limited to a specific housing unit● Program participants must be visually accessible to attending officer● Apparent lack of legal consequence for patients dropping out of treatment services● Lack of supervising correctional officers (rare)● Jail lockdowns or officer shortages, preventing services● Difficulty with following patients after release from incarceration● Peer support specialist positive currently underfunded for full-time coverage; funding requests for 100% position may not align with grant expectations (50%)● Non diverse staff● Significant staffing changes due to retirement and resignation.● Learning curve for new staff may temporarily impact workflow and consistency● Regulatory Bodies (BHA)● The legislative body has the ability to cut spending budgets provided to the Behavioral Health Administration, which would impact the budget of the Program Grants require reporting on performance measurements conducted out of the program, creating dependence on jail staff and potential delays.

Strengths Continued

- Access to reentry services, outpatient behavioral health programs, supportive community services, job opportunities and social resources.
- Social Determinants of Health in this community:
 - Availability of outpatient behavioral health treatment programs in the community
 - Job opportunities in multiple warehouses in the community
 - Recreation and leisure opportunities
 - Comprehensive services for senior citizens
 - Variety of religious organizations
 - Expansive local library
 - Resources for homeless individuals
 - Community health fairs
 - Community of peer support specialist
 - Head Start, WIC and Healthy Families services for families
 - Childcare options
 - Inpatient treatment programs
 - Assisted living and nursing home care
 - Student Assistance Program in Washington County Schools
 - Bester Community of Hope
 - Gatekeepers for re-entry services.

Information technology strengths:

- Utilizes EHR and Google Workspace and updated IT equipment for staff
- Two IT departments work collaboratively
- Work Day Training
- Infoseq IT training
- Increased IT security

Weaknesses Continued

- Overlap/confusion between JSAP and MAT program may complicate tracking or funding.
- Social Determinants of Health
 - Homeless population and lack of affordable housing
 - Increase in gang activities in the jail and community
 - High overdose rates
 - Access to resources are limited in rural areas of the county
 - Urban areas are exposed to more crime and violence
 - Disproportionate percentage of minorities incarcerated compared to the number of minorities living in the community
 - Transportation in the community
 - Intergenerational poverty and substance use
 - Substance Use in the community
 - Poor access to healthy foods in the community
 - Geographic Location: community accessible to several multi-state connected highways

Information technology weaknesses

- Unpredictable Internet connectivity
- Connectivity issues with electronic health record and lack of data sets
- IT department is managed by OET now, instead of the Health Department

Opportunities

- Court orders no longer mandatory, resulting in expansion of treatment access to patients
- Program able to determine and update admission criteria
- Increased referrals from stakeholders
- Expansion of peer support services
- Provide Harm Reduction principles as a method for wellness
- Access to LEAD services for at-risk patients upon release from incarceration
- Strengthen evidence-based, person-centered plans and interventions.
- Increase opportunity to collaborate with other BHS staff to provide services
- Improve health and safety practices
- Opportunity to restructure current services offered
- Introduce updated clinical curriculum and complementary health approaches for men and women participants.
- Better collaborative relationship with the Day Reporting Center and WCDH staff
- The Detention Center Warden is promoting individuals in the MAT program to participate in the JSAP program and other Division programs
- The regulatory environment (BHA) decrease 8505 assessments and provide funding to hire a peer support staff for the Program

Social Determinants of Health (SDOH) in this community

Collaboration with Health Department programs to address social determinants including: harm reduction, infectious disease, smoking cessation, infectious disease testing and State Care Coordination services to those served.

- Schedule guest speakers from other agencies that offer services to address SDOH

Threats

- Shorter sentencing as a result of the Justice Reinvestment Act
- Retirement of key staff could create knowledge gaps and staffing shortages.
- Increased number of 8505 assessments impacting service delivery at the JSAP Program
- Potential reduction in funding due to state fiscal constraints
- Grants may overlap with other programs (e.g., MAT)
- Peer Support Specialists position may remain underfunded relative to workload expectations.
- Jail lockdowns, officer shortages and operational disruptions could prevent program delivery
- Legislative/regulatory changes could reduce behavioral health referrals or JSAP funding.
- Collaboration with MAT presents potential for duplication or confusion
- Legislative Environment: Loss of Administrative support and the impact of less grant funding and support.

Social Determinants of Health(SDOH)

- Elimination of behavioral health providers to refer to upon release from incarceration
- Patients choose to participate in phone calls or recreation instead of attending treatment

Information technology threats

- Data breach or cyber attack
- Loss of internet access

Information Technology opportunities	
---	--

- Connecting computer to printers via wifi possibility of a new electronic health record with improved connectivity access to use the detention center internet network to eliminate the need for mobile wifi units

Demographics of the Service Area Considerations

According to 2023 census data from Census.gov, Washington County, Maryland, has an estimated population of 155,033 residents. Of this population, 21.9% are children under 18 years old, and 17.8% are aged 65 and older. Females constitute 49.2% of the population.

The demographic breakdown for Washington County indicates that 74.5% of community members identify as Caucasian, 11.3% as African American, 4.8% as mixed race, and 7.3% as Hispanic. Additional data from [Census.gov](https://www.census.gov) and the WCHD 2024 Annual Report Card indicates that 65.9% of the population lives in owner occupied homes.

Individuals that have a high school diploma or higher education is 88.7%. Bachelor's degrees or higher are held by 23.5% of the population.

Individuals under aged 65 with a disability is 15.3% of the population. Individuals under the age of 65 without health insurance is 6.1%.

The median household income in Washington County, Maryland is \$74,157. Households impacted by poverty are 12.5%. The median household income in the State of Maryland is \$101,652, compared to the nation as a whole, which is \$78,538.

The poverty rate in Washington County Maryland is 14.5%, compared with the national average of 12.4% and the state average of 9.3%.

The unemployment rate in Washington County in 2022 was 4.9%. This is a decrease from the rates in 2021 (5%) and 2020 (6.6%), but higher than 2022 which was 3.3%.

Maryland's Opioid Operations Command Center reports

2022: 11 % Increase from 2021 in overdose death in Washington County

2023: 18% Decrease from 2022 in overdose death in Washington County

2024: 34 % Decrease from 2023 in overdose death in Washington County

Statewide, there have been 1338 overdose deaths from September 1, 2024, to August 1, 2025, according to the most recent data from the MD Operations report. Of these, 1074 were opioid-related, with fentanyl accounting for 958 overdoses, and other substances making up the remainder.

Program Priorities:

1. Maintain financial sustainability
2. Maintain CARF accreditation
3. Continue to provide quality services
4. Achieve optimal program census
5. Maintain collaborative relationships with referring agencies
6. Increase staffing to include a full time peer support staff and men's group counselor
7. Improve data entry and reporting in the electronic health record and google sheets

IV. Development of Goals and Strategies

Goal: Secure funding annually to continue to provide services.

Strategies:

- Submit required reports to the Behavioral Health Administration
- Complete annual grant application
- Participate in annual BHA Compliance Review
- Communicate monthly with BHA regarding the Program's needs

Goal: Maintain CARF accreditation

Strategies:

- Continuously implement CARF standards and achieve 100% compliance with CARF standards by 2026.
- Submit CARF renewal application by due date
- Secure a three-year CARF accreditation for the 2026-2029 period
- Complete CARF Quality Improvement Plan following survey
- Complete CARF yearly review

Goal: Maintain Quality Services provided to persons served

Strategies:

- Monitor Attendance and Completion, to ensure persons served are attending all sessions and completing the program.
- Track: OMS/MHQoL/Referrals/Satisfaction Surveys for performance management.
- Utilize evidence based curriculum in group sessions
- Schedule outside speakers on specific health and wellness topics

Goal: Achieve optimal program census

Strategies

- JSAP will attempt to accept individuals remaining incarcerated for the majority of the eight-week program.
- Coordinate orientation with available counselor assessment slots
- Work with correctional staff to support increased census by negotiating housing unit moves
- Utilize peer relationship support to promote more interest in the program

Goal: Increase engagement of MAT participants in JSAP and coordinate care with the MAT program at the WCDC.

Strategies

- Track MAT participants in JSAP, Goal to achieve at least 20% of program participants
- Collaborate regularly with MAT staff to coordinate aftercare, support services and referrals.
- Document participant engagement in EHR and admission log; coordination efforts, and outcomes to support reporting and program evaluation.

Goal: Increase referrals and data tracking for persons served after they have completed the program.

Strategies:

- Coordinate and refer to more adjunct support services that can reduce recidivism.
- Ensure that there is a warm handoff and find ways to promote and build community relationships.

Goal: Enhance Workforce development.

Strategies:

- Staff attend trainings pertinent to the position
- Staff complete at least 12 hours of training annually
- Staff maintain self-care strategies

Goal: Increase staffing to include a full time peer support staff and men's group counselor

Strategies:

- JSAP Program Coordinator will work with the Division Director and WCHD Administration office to determine if funding is available in the grant for a new part-time position.
- JSAP Program Coordinator determines office and group space availability for an added member to the workforce

Goal: Improve data entry and reporting in the PatTrac electronic health record.

Strategies:

- JSAP Staff will determine needed information in reports created by PatTrac.
- The Division Clinical Coordinator will collaborate with PatTrac staff to create needed reports for data analysis.
- The Division Clinical Coordinator will determine errors in reporting, and attempt to resolve them with PatTrac staff.

V. Sharing the Strategic Plan

Program Coordinator will share the updated strategic plan as relevant to the needs of the patients, personnel and other stakeholders during the September 2025 staff meeting. The goals and strategies of the plan are available on the agency's website. The division leadership team updates the plan at least annually for relevance and as priorities change. The plan's goals and strategies were modified in October 2025.

VI. Monitoring of Strategic Plan

Leadership approved the updated strategic plan September 2025 for immediate implementation. The Leadership team decided to review the status and achievement of each goal and supporting strategies in October 2025. Discussion of barriers to achievement as well as goals and strategies achieved will be discussed and documented during Leadership, Division Committee and Program staff meetings throughout the year.

Last Updated on: 9/2025