Garrett County

Drug Free Communities Coalition

Strategic Plan for Alcohol and Drug Abuse

2012-2014

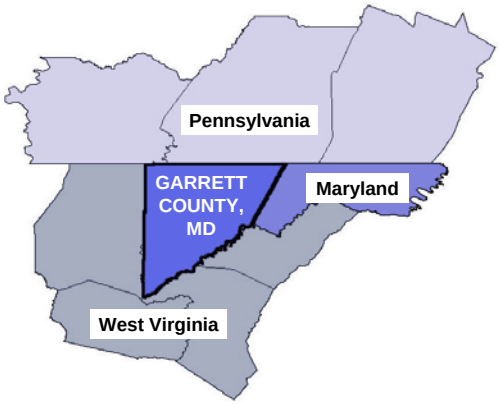
GARRETT COUNTY, MARYLAND
STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE

Vision: **A safe and drug free Garrett County**

Mission: **To assist in promoting treatment, intervention and prevention services to those people affected by alcohol and other drug abuse in Garrett County.**

Data driven analysis of jurisdictional needs:

Garrett County is Maryland's western most county and is home to a high concentration of vulnerable residents who lack access to many of the services available in more urban and suburban settings. The entire county is classified as rural with less than 22% of the total population of 30,097 (2010 Census) living within municipal boundaries. The mountainous topography, severe weather and considerable distances prevent residents from accessing health care including substance abuse treatment outside the county. The nearest source of in-patient treatment, residential half-way house or medically assisted withdrawal programs for substance abuse treatment is over 60 miles away in Allegany County.



The Garrett County Health Department and the Garrett County Board of Education collaborated in March of 2010 to survey all middle and high school youth using the Youth Risk Behavior Survey Scale. Survey results have been presented to the Garrett County Drug Free Communities Coalition and are discussed below.

Results - Past 30-Day Use

Alcohol Over half of all Garrett County 12th grade youth consistently report using Beer/Wine or Alcohol in the past 30 days. This is a dramatic increase from 6th grade where only about **5%** of youth report using alcohol in the past 30 days. The 2010 YRBS surveyed youth in all grades (6-12), and about half of all 11th grade youth also report recent use of 'any form of alcohol.'

Cigarettes On both the 2007 MAS and the 2010 YRBS about one in three 12th graders used Cigarettes in the last 30 days. Again, there is a notable increase in cigarette use by grade level. On the 2010 YRBS 8th grade youth reported a decline in use (**12.7%** on the 2007 MAS vs. **7.1%** on the 2010 YRBS). In contrast, 10th grade cigarette use increased (**19.1%** on the 2007 MAS vs. **31.2%** on the 2010 YRBS).

Marijuana On both the 2007 MAS and the 2010 YRBS about one in five 12th graders used Marijuana in the past 30 days. About **28%** of 10th grade youth and about **22%** of 11th grade youth reported past 30-day use of marijuana on the 2010 YRBS.

Table 1: COMET Data for Past 30-Day Use

2004 Maryland Adolescent Survey				
Grade	*2004 MAS*	Beer/Wine	Tobacco	Marijuana
6	**Past 30-Day Use**	**6.56%**	**4.10%**	**2.13%**
	Sample Size	366	366	376
8	**Past 30-Day Use**	**19.40%**	**10.78%**	**8.25%**
	Sample Size	387	399	400
10	**Past 30-Day Use**	**43.65%**	**23.25%**	**18.38%**
	Sample Size	307	314	321
12	**Past 30-Day Use**	**50.90%**	**24.48%**	**20.91%**
	Sample Size	279	286	287

2007 Maryland Adolescent Survey				
Grade	*2007 MAS*	Beer/Wine	Cigarettes	Marijuana
6	**Past 30-Day Use**	**3.99%**	**0.61%**	**—**
	Sample Size	326	329	329
8	**Past 30-Day Use**	**23.31%**	**12.74%**	**6.25%**
	Sample Size	356	369	368
10	**Past 30-Day Use**	**32.56%**	**19.15%**	**15.45%**
	Sample Size	347	355	356
12	**Past 30-Day Use**	**50.45%**	**31.53%**	**19.36%**
	Sample Size	331	333	346

2010 Garrett County Youth Risk Behavior Survey				
Grade	*2010 YRBS*	Alcohol	Cigarettes	Marijuana
6	**Past 30-Day Use**	**4.91%**	**3.11%**	**–**
	Sample Size	285	289	**–**
8	**Past 30-Day Use**	**15.99%**	**7.14%**	**–**
	Sample Size	294	294	**–**
10	**Past 30-Day Use**	**45.58%**	**31.23%**	**27.84%**
	Sample Size	294	301	291
12	**Past 30-Day Use**	**50.27%**	**30.26%**	**22.46%**
	Sample Size	187	195	187

2010 Garrett County Youth Risk Behavior Survey				
Grade	*2010 YRBS*	Alcohol	Cigarettes	Marijuana
7	**Past 30-Day Use**	**20.68%**	**4.17%**	**–**
	Sample Size	237	240	**–**
9	**Past 30-Day Use**	**38.57%**	**22.97%**	**16.03%**
	Sample Size	280	296	287
11	**Past 30-Day Use**	**49.30%**	**25.86%**	**22.38%**
	Sample Size	284	290	286

Table 2: 2010 YRBS Results for Past 30-Day Use of Prescription Drugs

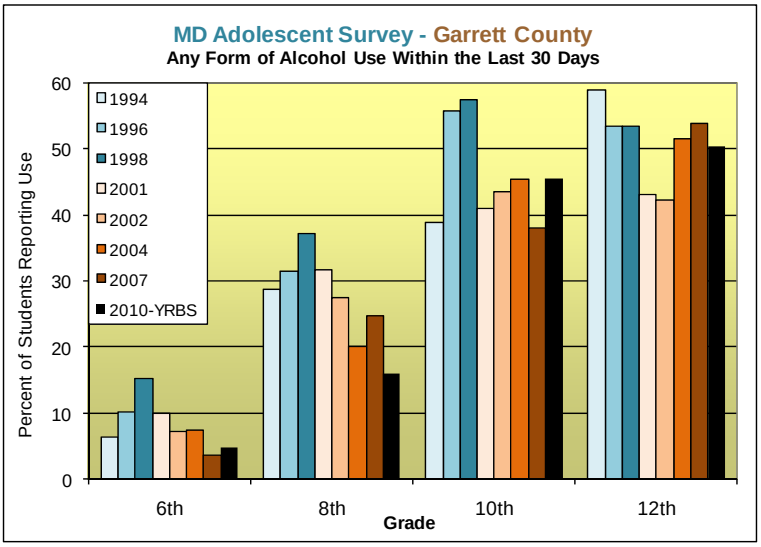
Prescription Drugs			
Grade	All Youth	Male	Female
9th Grade	10.7%	8.6%	13.1%
10th Grade	17.5%	15.6%	19.3%
11th Grade	13.2%	13.8%	12.6%
12th Grade	12.5%	18.6%	6.7%

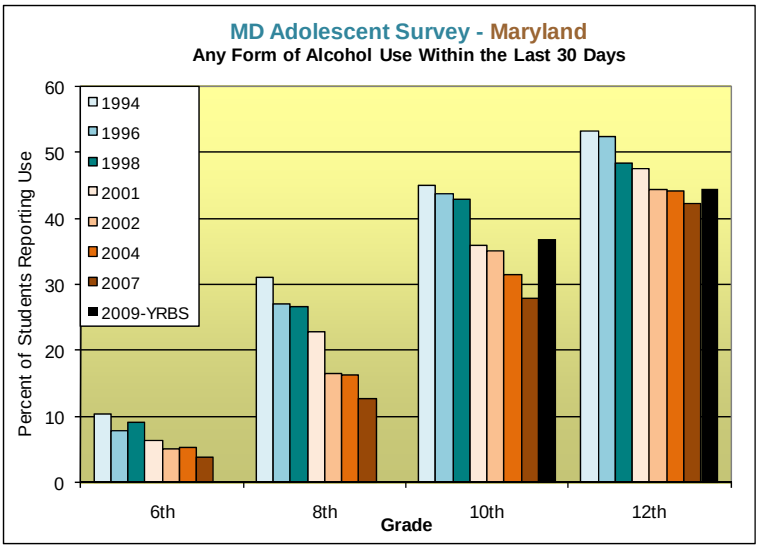
Prescription Drugs

The 2010 YRBS included questions on prescription drug abuse. This is the first time youth were asked to report on use of prescription drugs. The data in the adjacent table indicates the percentage of students reporting past 30-day use of prescription drugs "to get high or alter their mood." A higher proportion of 12th grade males report abusing prescription drugs when compared to females (**18.6%** vs. **6.7%** for females). The reverse is true in 9th grade where a higher proportion of females report use (**13.1%** vs. **8.6%** for males).

One of the goals of the Garrett County Drug Free Communities Coalition (DFCC) is to reduce youth substance abuse. The charts below contain data on youth substance abuse for both the MAS and the YRBS covering the past 16-17 years and will be used to inform a longitudinal look at how Garrett County youth are doing with regard to trends in substance abuse. Note that the 2009 Maryland YRBS was based on a sample of Maryland *high school* students, so results for grades 6 and 8 as well as jurisdictional results are not available.

Trends for Past 30-Day Use of Alcohol





Grades 6 and 8

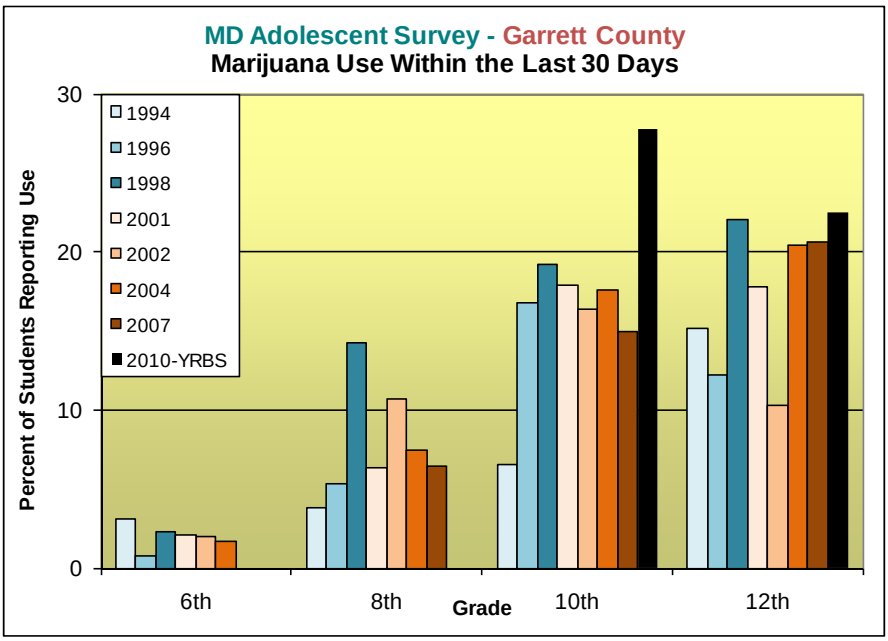
Past 30-day use of alcohol increases dramatically between grades 6 and 8 for both Garrett County and Maryland youth. For example, on the 2010 YRBS just **5%** of Garrett County 6th grade youth reported recent use – compared to **16%** of 8th grade youth. The trend for recent alcohol use in both Garrett County and Maryland is decreasing for grades 6 and 8.

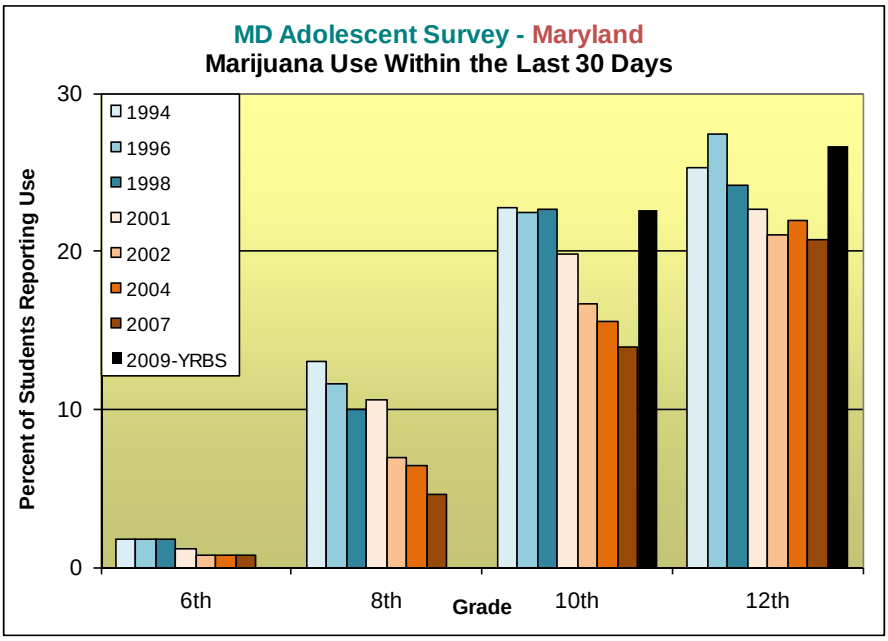
Grades 10 and 12

On both the 2010 Garrett County YRBS and the 2009 Maryland YRBS recent use of any form of alcohol increased for youth in 10th grade. Alcohol use by 12th graders decreased a little for Garrett County youth on the 2010 YRBS and increased slightly for Maryland youth.

A higher percentage of 10th and 12th grade youth in Garrett County consistently report recent use of alcohol when compared to Maryland youth. The most recent results for past 30-day use indicate that **45.6%** of Garrett 10th graders used vs. **36.5%** for Maryland 10th graders. Past 30-day use was **50.3%** for Garrett 12th graders vs. **44.5%** for Maryland 12th graders.

Trends for Past 30-Day Use of Marijuana





Grades 6 and 8

Based on the most recent data from the 2007 MAS, trends for recent marijuana use are decreasing for Garrett County youth in 6th and 8th grades. Past 30-day use of marijuana also decreased for Maryland 6th and 8th graders. However, a higher proportion of Garrett County youth in 8th grade report recent use when compared to 8th grade youth in Maryland (**6.4%** for Garrett vs. **4.6%** for Maryland on the 2007 MAS). Please note that the 2009 Maryland YRBS did not survey middle school students, and the 2010 Garrett County Middle School YRBS inadvertently omitted the question on past 30-day use of marijuana.

Grades 10 and 12

There is marked increase in past 30-day use of marijuana for 10th and 12th grade youth in both Garrett County and Maryland. Of concern is the fact that **27.8**% of Garrett County 10th graders reported recent use on the 2010 GC YRBS – compared to **22.6%** of Maryland 10th grade youth reporting recent use of marijuana on the 2009 MD YRBS. These recent surveys indicate a reverse association for 12th grade youth (**22.5%** of Garrett County 12th graders vs. **26.7%** of Maryland 12th graders report using marijuana during the past 30 days).

Admission Data

A survey of FY 2010 ADAA funded clinic admissions revealed that the primary substance at admission rates in Garrett County has not changed significantly from previous years. In 2010

alcohol was listed as the primary substance abuse problem on 64% of the intakes. Marijuana was listed for 13.5% of all intakes, while prescription opiates made up 12.5% and heroin made up 6.5% of primary substances reported at intake. In the past two years, county level data indicates that our clinic has made many improvements and now performs favorably compared to the state for: Average Length of Stay; Completion of Treatment; Change of Substance Abuse; and Change in Arrest Rates.

This plan also proposes enhancements to treatment and support services to build on the progress made over the past two years. Below is a summary of the progress that has been made since 2008 for drug and alcohol treatment and support services.

Improvements in the system of prevention, intervention and treatment include:

- All publically funded prevention programs are evidence based.
- Public agencies are using an agreed upon uniform screening tool
- A public/private partnership has been developed to provide buprenorphine treatment and supportive (relapse prevention) therapy
- Acudetox is being used as a method of treatment
- Improved integration of local Mental Health and Addictions programs
- The DAAC was designated and funded by SAMHSA as a "Drug Free Community Coalition"
- Local physicians have increased their level of in office screening
- The DFCC and the Garrett County Sheriff's office has successfully collaborated in 2 prescription drug take back events

Areas where progress has been less than desired include:

- A lack of public transportation during evening hour continues to be an issue
- No progress on developing a local drug court

Priorities:

- Increase the percentage of individuals who are healthy and drug free.
- Identify and move individuals to the appropriate level of care.
- Increase recovery rates in adults and adolescents through effective treatment.
- Develop the means to sustain a drug prevention, intervention and treatment system that is efficient and effective.

The plan that follows outlines the steps to be taken by our local Drug and Alcohol Council to improve the system of care and prevention.

Goal 1: **Increase the percentage of individuals who are healthy and drug free.**

Objective 1: Use only evidence-based (NREP) programs and environmental strategies to change individual and community norms.

Objective 2: Change community norms so that:

- underage use of alcohol and tobacco is considered inappropriate and unacceptable,
- the misuse of prescription drugs is considered inappropriate and unacceptable, and
- any use of illegal drugs is considered inappropriate and unacceptable.

Objective 3: Reduce commercial and social access to alcohol, tobacco, marijuana, and prescription drugs.

Objective 4: Support community ownership of anti-drug efforts and promote coalition-building.

Performance targets:

- All prevention strategies will conform to the Strategic Prevention Framework
- All new drug and alcohol prevention programs will be reviewed by the GC DAAC to assure the strategies are evidence-based.
- Utilize the Communities Mobilizing for Change on Alcohol model for prevention activities
- Reduce the 30-day rate for alcohol, marijuana and prescription drugs among high school youth by 5% as measured by the YRBSS or its equivalent by 2015.

Progress: To be reported each six months

Estimated Dollar Amount needed to achieve goal: $125,000/year from DFC grant

Goal 2: **Identify and move individuals to the appropriate level of care.**

Objective 1: Increase collaboration between primary care and substance abuse treatment

Objective 2: Provide medical and legal community with training and educational resources to better identify persons in need of treatment for addictions.

Objective 3: Continue providing jail based services including education, treatment and Trauma, Addictions, Mental Health and Recovery (TAMAR).

Objective 4: Assess all behavioral health patients for underlying substance abuse and/or mental health disorders

Performance targets:

- Increase the number of individuals accessing substance abuse treatment by 5%.
- Meet or exceed Maryland's annual Managing for Results (MFR) goals.
- Improved treatment outcomes for patients as measured through SMART.

Progress: To be reported each six months

Estimated Dollar Amount needed to achieve goal: $5,000

Goal 3: Increase recovery rates in adults and adolescents through effective treatment.

Objective 1: Monitor and review the array of addiction treatment services available in the community and recommend changes in the system.
Objective 2: Increase the recovery supports that are available to patients in treatment and recovery in Garrett County
Objective 3: Encourage the development of innovative and evidence based programs.
Objective 4: Continue advocating for a "functional" behavioral health court in Garrett County.

Performance targets:

- Treatment services will be reviewed annually by the GC DAAC (DFCC). Minutes and progress notes will document the review.
- Increase the number of programs available in the community that are evidence based (public and private).
- SMART data will verify that the percentage decrease of substance use among adult patients completing treatment will be at least 75%.
- Establishment of a "functional" behavioral health court in Garrett County

Progress: To be reported each six months

Estimated Dollar Amount needed to achieve goal: $100,000/year for a behavioral health court

Goal 4: Develop the means to sustain a drug prevention, intervention and treatment system that is efficient and effective.

Objective 1: Facilitate the provision of substance abuse training for all behavioral health staff and other interested persons in Garrett County.
Objective 2: Maximize reimbursement for services.
Objective 3: Work with the medical community to take advantage of treatment and prevention opportunities available through the Patient Protection and Affordable Care Act (PPACA) options

Performance targets:

- Increase the number of treatment and prevention professionals that are working in Garrett County.
- Increase the amount of fees collected for substance abuse treatment in the outpatient addictions clinic by 25% annually.

Progress: To be reported each six months

Estimated Dollar Amount needed to achieve goal: $0 – Will need technical assistance with billing issues and the impact of the PPACA.

GLOSSERY

ADAA:	Alcohol and Drug Abuse Administration (State)
ASAM:	American Society of Addiction Medicine
ATR:	Access to Recovery
CBH:	Center for Behavioral Health (County)
CRF:	Cigarette Restitution Fund
CSA:	Mental Health Core Services Agency
DAAC:	Drug and Alcohol Abuse Council
DFCC:	Drug Free Communities Coalition
DHMH:	Department of Health and Mental Hygiene (State)
DJS:	Department of Juvenile Services (State)
DSS:	Department of Social Services (County)
MAS:	Maryland Adolescent Survey
MA/MC:	Medical Assistance / Medicare
MHA:	Mental Hygiene Administration (State)
MSAPP:	Maryland Student Assistance Program
NREP:	National Registry of Effective Programs
OAS:	Outpatient Addictions Services
PPACA:	Patient Protection and Affordable Care Act
ROSC:	Recovery Oriented System of Care
SADD:	Students Against Destructive Decisions
SAMHSA:	Substance abuse and Mental Health Services Administration (Federal)
SMART:	State of Maryland Automated Record Tracking
SPF:	Strategic Prevention Framework.
TAMAR:	Trauma, Addictions, Mental Health and Recovery
YRBSS:	Youth Risk Behavior Survey Scale

Garrett County - Local Survey of Resources Matrix

1) Entity	2) Primary/ Secondary	3) Program Name	4) Function/ Mission	5) Target Population	6) Category of Service and Activity	7) Funding Source	8) Funding amount (FY12)
GCHD	Primary	Center for Behavioral Health (CBH) /Adult Clinic	Outpatient Substance Abuse Assessment, Evaluation, Treatment	Adults including DWI violators.	Treatment	ADAA (OAS) Self-Pay 3rd Party Ins. MA/MC Other TOTAL	$419,753 $30,000 $11,916 $66,160 $5,000 $544,229
GCHD	Primary	CBH / Child & Adolescent Program	Outpatient Substance Abuse Assessment, Evaluation, Treatment	Young abusers, children of adult drug and alcohol abusers	Treatment/Intervention	ADAA (CRF)	$40,585
GCHD	Primary	CBH / Intensive Jail Program	Treatment and Educational Programs to assist inmates in taking responsibility for their actions	Inmates	Treatment / Intervention	ADAA (OAS)	$32,414
GCHD	Primary	CBH / Intensive Out-Patient Program	Intensive Out Patient program offering ≥ nine hours of intensive treatment per week	Adults	Treatment	ADAA (OAS) Self-Pay 3rd Party Ins. MA/MC/other TOTAL	$98,046 $9,600 $2,979 $16,540 **$143,705**
GCHD	Primary	Medication Assisted Treatment	Treatment groups for opiate addicted patients being treated with Buprenorphine	Adults	Treatment	ADAA	$9,760
GCHD	Primary	TAMAR	Trauma, Addictions, Mental Health and Recovery. Therapy and case management. Therapist is stationed in P & P office.	Persons with traumatic stress	Treatment / Intervention	Core Services Agency Grant Funded	$48,000
Private	Primary	Family Therapy Associates	Individual counseling for alcohol addiction	Adult alcoholics	Intervention	Fees	Fee for Service
AA	Primary	AA/NA/ Alanon	Offers support services to alcoholics and their families.	Alcoholics, Drug Addicts, and families	Treatment	Peer to Peer	N/A
DJS Residential	Primary	Meadow , Back-bone & Savage Youth Mt. Youth Ctrs.	Structured environment for juvenile offenders who are committed to DJS	DJS Offenders (Under 18)	Treatment	DJS	?

Garrett County - Local Survey of Resources Matrix

1) Entity	2) Primary/ Secondary	3) Program Name	4) Function/ Mission	5) Target Population	6) Category of Service and Activity	7) Funding Source	8) Funding amount (FY12)
GC Lighthouse	Secondary	GC Lighthouse	Psychiatric Rehab Program for adults. Groups are co-facilitated with GCHD/CBH addictions staff	Adults	Treatment	MHA, ADAA funds co-facilitator	Reflected in above clinic budget
Medical Referrals	Secondary	Physicians, hospital ER and Jail	Referrals are made to various treatment programs from these sources	Active users	Intervention	Pvt. Funding, MCO/HMO or State	
GCHD	Secondary	CBH / School-Based Early Intervention	Interventionist works with high risk youth in high schools and middle schools. Assessment, case management and referral provided by Nationally Certified Prevention Specialist	High-Risk Youth	Intervention	ADAA (OAS) ADAA(STOP) TOTAL	$20,816 $45,000 **$65,816**
DSS	Secondary	DSS Liaison	Facilitate the appropriate referral from DSS to treatment. Case management for clients	DSS Clients and their families	Intervention	ADAA (TCA)	$63,482
GCHD	Secondary	CBH	Court assessments to screen offenders for substance abuse issues and make referrals	Offenders with substance abuse issues	Intervention	ADAA (OAS)	$32,414
Garrett Co. Board of Education	Secondary	MSAP	MD Student Assistance Program. Interagency Review of students for appropriate intervention strategies	School children	Intervention	Safe & Drug Free Schools LEA	
GCHD	Primary	Primary Prevention Programs	**CSAP (NREP) Model Program** ***Healthy Families Garrett County*** ***Second Step*** ***Parenting Wisely™***	-Families with pregnant women or newborns at high risk of D&A abuse -Preschoolers and their families Head Start and Families -3rd to 8th graders	Prevention	ADAA	$99,274

Garrett County - Local Survey of Resources Matrix

1) Entity	2) Primary/ Secondary	3) Program Name	4) Function/ Mission	5) Target Population	6) Category of Service and Activity	7) Funding Source	8) Funding amount (FY12)
GCHD	Primary	Tobacco Prevention & Cessation	Community-based tobacco prevention activities including cessation classes.	GC Residents	Prevention and Treatment	CRF	$82,000
GCHD	Primary	Environmental Strategies	Organizational Change Community Planning Groups	GC Residents	Prevention	ADAA	$93,273
GCHD	Primary	Drug Free Communities Coalition	Community-based environmental strategies to prevent alcohol and drug abuse. Social norms campaign, restricted access, counter advertising	Garrett County Residents	Prevention	SAMHSA	$125,000 In-Kind - $50,792
GC Sheriff's Office	Secondary	Winner's Program	Middle School Children. Activities to prevent drug and alcohol use among middle school children	Grades 6-9	Prevention	GC Sheriff's Office	
Department of Parole and Probation	Secondary	Agents and Monitors	Drug screening and impaired driving monitoring. Identification and referral	Adult offenders	Intervention	Dept. of Public Safety	No local budget