



Garrett County

Drug and Alcohol Council

Strategic Plan for Alcohol and Drug Abuse

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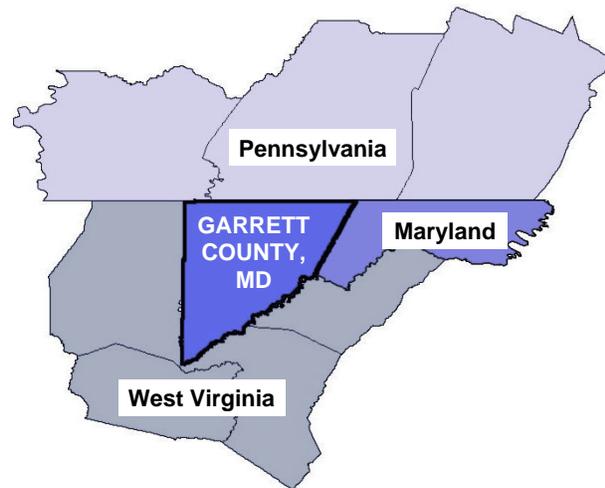
GARRETT COUNTY, MARYLAND STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE

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 29,859 (2006 Census Bureau Estimate) 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 most recent substance use data available from the 2004 Maryland Adolescent Survey is consistent with earlier surveys that show that Garrett County youth use significantly more alcohol on average than the rest of the state. For instance 51.5% of Garrett County's 12th graders had used alcohol in the last thirty days while the state average was 44.1%. However, for drugs other than alcohol and tobacco, Garrett County Youth are slightly less likely to use in the last 30 days (24.8%) than the Maryland average for 12th graders (26%). This strategic plan attempts to intervene with additions and enhancements to prevention programming to evidence-based programs that are proven to be effective. In addition we plan to begin targeting youth whose parents are in treatment.

A survey of the ADAA FY 2006 Subdivision Data Report reveals that the estimated need for treatment in Garrett County is 1,088 while the total capacity is 165. Further study of the county data reveals that we perform poorly compared to the state for: Average Length of Stay; Completion of Treatment; Change of Substance Abuse; and Change in Arrest Rates. We hypothesize that our poor performance on these indicators may be the result of not having a full array of services available for clients (Garrett only has funded programs for Out-Patient and Intensive-Outpatient). Also, we have witnessed an increase in the use of opiates in the community. The plan below addresses these issues by adding services, improving coordination, increasing collaboration and enhancing training.

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

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

Action Plan:

Steps for Goal 1, Objective 1:

- All new drug and alcohol prevention programs will be reviewed by the GC DAAC to assure the strategies are evidence-based.
Completed
- Recommend when necessary the replacement of non-evidence based models with approved models
Completed
- Reallocate (if necessary) resources utilized for non-evidence based programs into incorporation of selected evidence-based programming
Completed
- Utilize the Communities Mobilizing for Change on Alcohol framework for prevention activities
Ongoing: Environmental strategies that are being implemented include: compliance checks; TIPS training; and Sticker Shock.

Person(s) Responsible: Community Health Education and Outreach staff, Health Officer

Intended Measurable Outputs:

- 100% of youth who participate in ADAA funded prevention programs will be enrolled in evidence-based programs
All ADAA funding is used for evidence-based programs
- 20 children will receive Dare to Be You training
To date, 17 children have completed the 11 week program, however, 16 day care students have completed the 10 session course.
- 15 parents will receive Dare to Be You training.
To date, 17 parents have completed the 11 week DTBY program and 6 parents have at least 27 hours of the individual DTBY training.
- 60 children will receive Second Step Training
Four programs have had 68 Second Step participants
A faith-based curriculum is being developed and will be distributed through mini-grants. Up to four faith-based mini grants will be distributed.
- 150 children will receive Life Skills™ Training
The number of after-school participants is down this year which affects the number of participants receiving Life Skills Training.

Objective 2: Increase the effectiveness of prevention activities by targeting direct interventions to children whose parents are in drug treatment or incarcerated.

No change: GCHD applied for CAPPI funding but did not receive the grant.

Action Plan:

Steps for Goal 1, Objective 2:

- Identify target population of children who have a parent in drug and/or alcohol treatment.

Completed: *GCHD Prevention Coordinator oversaw the identification.*

- Request funding from ADAA or other granting institution to provide treatment for children of parents who are in drug or alcohol treatment.

Completed: *CAPPI grant application submitted to ADAA. (Grant was not selected for funding.)*

Person(s) Responsible: Community Health Education and Outreach staff, Health Officer

Intended Measurable Outputs:

- 25 middle and high school youth whose parents are in drug or alcohol treatment will participate in an evidenced based prevention program during FY 2008.

Actual Outputs: *(To be reported on at 6 month intervals)*

Performance Targets:

- Reduce the overall incidence of first time use of substances among youth by 5% by July 1, 2008.

Baseline: 34.8% of 10th graders reported ever using any drug other than alcohol or tobacco on 2004 MAS
65.6% of 10th graders reported having ever used any form of alcohol on 2004 MAS

Measures:

- Maryland Adolescent Survey or its equivalent

Actual Impact on Performance Target: *(Changes achieved based on indicated measurements, to be reported on at yearly intervals)*

Budget:

Goal 1 Objectives 1, & 2	Current Funding Amount	Current Source(s) of Funding	Amount of Funding Increase Needed	Source of budgetary change needed (or received) to accomplish goal	Changes in Numbers or Population to be Served
Use only evidence-based environmental strategies to change individual and community norms.	\$78,189 \$160,711	ADAA ADAA (High Risk Youth)	No increase needed		
Increase the effectiveness of prevention activities by targeting direct interventions to children whose parents are in drug treatment or incarcerated.	\$0		\$117,021	ADAA (Children of Addicted Parents Prevention Initiative)	Addition of 25 children of chemically dependent parents.

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

Objective 1: Develop standard screening, assessment and referral protocols for all public human services and law enforcement agencies

Action Plan:

Steps for Goal 2, Objective 1:

- Develop subcommittee to review available instruments and relevant policies and procedures.
Completed: Both the Clinical Standards Group and the COI workgroups of the Center for Behavioral Health have reviewed various instruments for validity and simplicity of use. Internal policies and procedures are currently being reviewed and modified.
- Select instrument that meets needs of all parties, revise procedures as needed.
Completed: The Simple Screening Instrument for Substance Abuse Interview Form has been recommended by these groups. Policies are currently being revised that will include this instrument for screening for all clients entering services.
- Pilot selected instrument for one month in a selected agency.
Completed: The instrument is currently being used at GC DSS for their screenings. In addition, the screening will be included in the Mental Health Clinic, TAMAR, jail and probation and parole clients entering treatment.
- Train staff and implement the use of the selected instrument.
Progressing: Staff who are currently using screening instrument have been trained.

Person(s) Responsible: Garrett County DAAC

Intended Measurable Outputs:

- All GC DAAC partners will utilize the same instrument and procedures within one year.
Progressing.

Objective 2: Develop a standard procedure for obtaining and providing out-patient, medically assisted, drug detox for addicted persons.

Action Plan:

Steps for Goal 2, Objective 2:

- Develop a standardized referral protocol for persons who are in need of out-patient drug detoxification / treatment.
Progressing: LDAAC and CBH staff have met with Cumberland Treatment Center Staff
- Locate providers and develop a written Memorandum of Understanding with a medical office for providing medical supervision for clients in need of out-patient detoxification / treatment.
Progressing: Meeting held with several doctors, waiting for scheduling of Dr. Cohen for Grand Rounds at GCMH.

- Develop a supportive counseling regimen for patients going through medical detoxification / treatment.

No Change: Above action steps must be completed prior to initiation of this step.

Person(s) Responsible: Center for Behavioral Health administrative staff

Intended Measurable Outputs:

- All persons seeking drug and alcohol detoxification will be able to access services
- We estimate that 10 persons will be served per year

Actual Outputs: *(To be reported on at 6 month intervals)*

Goal 2 Performance Target:

Increase the number of persons accessing substance abuse treatment by 5% in FY 2008.

Baseline: 434 adults and 94 adolescents for FY '06

Goal 2 Measures:

SMART data report

Actual Impact on Performance Target: *(Changes achieved based on indicated measurements, to be reported on at yearly intervals)*

Budget:

Goal 2 Objectives 1 & 2	Current Funding Amount	Current Source(s) of Funding	Amount of Funding Increase Needed	Source of budgetary change needed (or received) to accomplish goal	Changes in Numbers or Population to be Served
Develop and/or implement standard screening assessment and referral protocols	None	N/A	\$5000 one time only	Grant or increased collections	Anticipate no change in the number of patients served however the quality of service will be improved via better identification of problems
Develop and implement a standard protocol for referring persons into an appropriate drug and alcohol detox / treatment program	None	N/A	N/A	N/A	Increase by 10 the number of persons served in out-patient treatment

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

Objective 1: Increase the array of addiction treatment services available in the community.

Action Plan:

Steps for Goal 3, Objective 1:

- Assess the need for a drug court.
- Collect data from the jail, courts and treatment programs to determine where the greatest need exists.
- Arrange a visit of key individuals to a drug court in another county.
- Determine if there is support for local drug court.
- Apply for start-up funds.
- Develop Policies and Procedures
- Obtain funding to support drug court.
- Apply for ongoing operational funds for drug courts.

No change: LDAAC will wait until new judge for District Court is appointed by the Governor before moving forward with drug court planning.

Person(s) Responsible: Garrett County Drug and Alcohol Council

Intended Measurable Outputs:

- Establishment of a local drug court

Actual Outputs:

Goal 3 Performance Target:

Increase the number of persons completing treatment by 5% per year in FYs '08 and '09.

Baseline: 38.4% for FY '06.

48.5% for FY '07

Goal 3 Measures:

Annual ADAA Subdivision Data report.

Actual Impact on Performance Target: (Changes achieved based on indicated measurements, to be reported on at yearly intervals)

Budget:

Goal 3 Objective 1	Current Funding Amount	Current Source(s) of Funding	Amount of Funding Increase Needed	Source of budgetary change needed (or received) to accomplish goal	Changes in Numbers or Population to be Served
Increase the array of addiction treatment services available in the community.	None	N/A	\$20,000 one time only startup funds	Drug Treatment Court Commission	N/A funds will be used for policy and infrastructure development
	None	N/A	Approx. \$100,000 per year operational funding	Drug Treatment Court Commission	Up to 24 drug court cases per year

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

Objective 1: Increase the availability of transportation and or accessible treatment locations.

Action Plan:

Steps for Goal 4, Objective 1:

- Continue working with the local medical transportation provider (Garrett Transit System) to facilitate and/or coordinate medical transport for eligible patients to regional Methadone clinics.
Progressing: Have met with GTS. Continue to look for sustainable solutions to transportation problems.
- Continue working with local medical transportation provider (Garrett Transit System) to facilitate and/or coordinate transportation to out-patient clinics.
Progressing: Same as above.

Person(s) Responsible: Center for Behavioral Health administrative staff and GTS staff

Intended Measurable Outputs:

- Improve the average length of stay in Garrett County programs.
- Increase the percentage of Garrett County residents who are addicted to opioids participating in maintenance treatment or medically supervised detoxification.

Actual Outputs:

Objective 2: Facilitate the provision of substance abuse training for all behavioral health staff and other interested persons in Garrett County.

Action Plan:

Steps for Goal 4, Objective 2:

- Determine local training topics needed to maintain high quality services.
Completed: Staff have been surveyed.
- Offer affordable and local training for substance abuse treatment staff that fulfills certification requirements.
Progressing: A 20 hour training in Crisis Intervention has been requested from OETAS.
- Collaborate with the Office of Education and Training for Addiction Services (OETAS) to provide the training locally.
Progressing: See above

Person(s) Responsible: Center for Behavioral Health administrative staff and OETAS staff

Intended Measurable Outputs:

- Increase the number of persons working in the addictions field in Garrett County who are certified to provide prevention, intervention and treatment services.

Actual Outputs: *Progressing: CBH staff have been surveyed. A local OETAS training opportunity will be provided in the Spring of 2008.*

Goal 4, Objective 1 Performance Targets:

1) Increase the average length of stay in ADAA Level I and Level II.I programs by 5% by 2009

Baseline: Level 1 adults = 119.5 in for FY '06
 Level 11.1 adults = 55.4 for FY '06
 Level 1 adolescents = 34 for FY '06

2) Increased percentage of Garrett County residents who are addicted to opioids participating in maintenance treatment or medically supervised withdrawal.

Baseline: To be determined.

Goal 4, Objective 1 Measures:

SMART data report

Goal 4, Objective 2 Performance Targets:

Overall increase in qualifications of prevention and treatment staff working in the Garrett County Center for Behavioral Health

Baseline: Certified Prevention Professionals = 5
 Certified Prevention Specialists = 3
 Certified Prevention Associates = 1
 A/D Professional Counselors = 3
 A/D Counselor / Provisional = 1
 A/D Associate Counselors = 2
 A/D Supervised Counselors = 1

Goal 4, Objective 2 Measures:

DHMH Licensing Board

Actual Impact on Performance Target: *(Changes achieved based on indicated measurements, to be reported on at yearly intervals)*

Average Length of Stay

Level 1 adults = 152.8 in for FY '07 (increase of 27.9%)

Level 11.1 adults = 37.3 for FY '07 (decrease of 32.7%)

Level 1 adolescents = N/A

Budget:

Goal 4 Objectives 1 & 2	Current Funding Amount	Current Source(s) of Funding	Amount of Funding Increase Needed	Source of budgetary change needed (or received) to accomplish goal	Changes in Numbers or Population to be Served
Increase the availability of transportation and or accessible locations.	None	N/A	\$1,000 one time only	Need to fund an expert speaker for Grand Rounds at Garrett County Memorial Hospital to secure cooperation for out patient detox	No change in number served however their will be quality improvement vis-à-vis length of stay.
Facilitate the provision of substance abuse training for all behavioral health staff and other interested persons in Garrett County.	\$5,000	ADAA outpatient grant training funds	\$0	Training will be provided locally rather than sending counselors away to training.	No change however there will be quality improvement.