



Garrett County

Drug Free Communities Coalition

Strategic Plan for Alcohol and Drug Abuse

2012-2014
(Update July 2012)

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:

- A strategy to disseminate Screening Brief Intervention and Referral to Treatment (SBIRT) to primary care providers is being developed.
- Training for the medical practices was scheduled but a conflict prevented the training. It is being rescheduled.
- Jail based services continue. Policies and procedures to define the role of services in the jail have been updated.
- Mental Health and substance abuse therapists are using the GAIN-SS to assess for co-occurring disorders.
- There was a 6.4% increase in admissions from FY 2010 to 2011 and a 21.% increase from FY 2008 to FY 2011 (FY08 = 302 – FY11 = 367)

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:

- Access to Recovery (ATR) services are available in Garrett County
- Garrett County has received funding from ADAA to provide peer support services and recovery housing.
 - Three part-time peer recovery support coaches have been hired. They are currently being trained locally and will be attending a Peer Recovery Coaches Academy the week of June 18 to 22.
 - Policies and Procedures have been developed for recovery housing. Contracts for recovery housing are in place. Clients have been able to access recovery housing.
- Smart Data is reviewed as it becomes available
- A workgroup to develop a “functional” behavioral health court has been meeting. It is being chaired by a local attorney.

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:

- Local training for addictions counselors and mental health providers was offered by the GCHD in collaboration with the Office of Education and Training for Addictions Services (OETAS)
- Collections are 33% higher than FY11 through May.

Estimated Dollar Amount needed to achieve goal: \$0 – Will need technical assistance with billing issues and the impact of the PPACA. Approximately \$125,000 is needed to implement the plan that was developed for SBIRT. A grant was submitted to the Maryland Community Health Resources Commission. The application was not funded.