



Garrett County

Drug Free Communities

Coalition

Strategic Plan for Alcohol and Drug Abuse

2014-2016

GARRETT COUNTY, MARYLAND STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE

6 Month Update (~~6/1/117/145~~)

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 DFCC 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 2016.

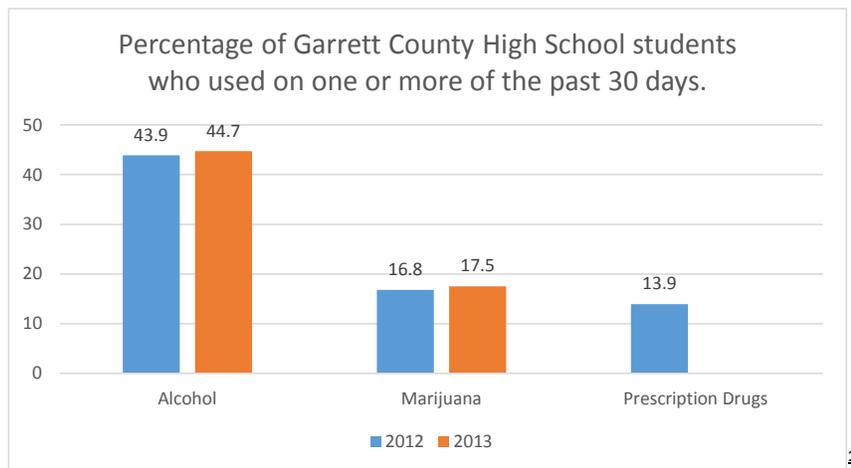
Progress: All community strategies are reviewed by the GC DFCC and conform to the Strategic Prevention Framework or Communities Mobilizing for Change on Alcohol as appropriate. Specific strategies currently occurring include:

- Social marketing campaigns (“Second Step” and “Be the Wall”). Ongoing
- Parenting Wisely: 10 parents
- Community Planning Group MOU’s : Six groups
- Ongoing vendor education, incentives and compliance checks for underage sale of alcohol and tobacco, e-cigarettes added to the education: 31 checks, all compliant
- Training for Intervention Procedures (TIPS) server and concession trainin: two TIPS trainings
- Students Against Destructive Decisions (SADD) Youth Leadership Groups: Four groups established in middle and high schools.
- Prescription Drug Take-Back Days (Collaboration between GCSO, MSP, and GCHD); one take back in September
- Worksite Wellness programs including mini grants to support overall wellness activities: Four contracts include distribution of Be the Wall materials.

- Pending the approval of the Superintendent, The DFC Core Measures Survey will be administered in the Spring of 2015
- SPF mini-grants distributed in seven municipalities and Garrett College

Progress: ~~All community strategies are reviewed by the GC DFCC and conform to the Strategic Prevention Framework or Communities Mobilizing for Change on Alcohol as appropriate. Specific strategies currently occurring include:~~

- ~~Social norming campaigns (“Second Step” and “Be the Wall”).~~
- ~~Ongoing vendor education, incentives and compliance checks for underage sale of alcohol and tobacco, e-cigarettes added to the education~~
- ~~Training for Intervention Procedures (TIPS) server and concession training~~
- ~~Students Against Destructive Decisions (SADD) Youth Leadership Groups~~
- ~~Prescription Drug Take-Back Days (Collaboration between GCSO, MSP, and GCHD)~~
- ~~Worksite Wellness programs including mini-grants to support overall wellness activities~~
- ~~The Garrett County Health Department and the Garrett County Board of Education are in discussions regarding the administration of the Youth Risk Behavior Survey in the fall of 2014.~~



- ~~Will need to change the prescription drug measure since the Maryland Youth Risk Behavior Survey does not measure 30-day use for prescription drugs. The Measure will be changed to “Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life.” The 2013 Baseline for Garrett County is 20%.~~

Progress: A representative of the Drug Free Communities Coalition met with various stakeholders in the community to develop a more integrated plan to meet the treatment needs

¹ 2012 Garrett County Youth Risk Behavior Survey and 2013 Maryland Youth Risk Behavior Survey

of the community. Two Grand Round assemblies were held in April 2014 that addressed prescription drug abuse issues in the community.

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

Formatted: Indent: Left: 0", First line: 0"

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.

Progress: A+Representative of the Drug Free Communities Coalition continues to meet with various stakeholders in the community to develop a more integrated plan to meet the treatment needs of the community. Two Grand Round assemblies were held in April 2014 that addressed prescription drug abuse issues in the community.S-BIRT Training was provided in a Grand Rounds at Garrett County Memorial Hospital on July 25, 2014.

Performance targets Progress:

- Increase the number of individuals accessing substance abuse treatment by 5%.
 - **Baseline FY 2012 = 374 82 2013 = 302282 2014=251**
 - **2015 (6 Months)=186²**
- Meet or exceed Maryland’s annual Managing for Results (MFR) goals.

Formatted: Font color: Dark Red

Formatted: Indent: Left: 0.5", No bullets or numbering

FY 2013 MFR Performance Measures (Treatment)	FY 2013 Actual
1. 70% of all adult and adolescent patients in ADAA funded treatment programs have a treatment episode of not less than 90 days.	71.6
2. 66% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.	71.6%
3. 90% of the patients completing/transferred/referred from ADAA funded residential detoxification programs enter another level of treatment within 30 days of discharge.	N/A ³

Formatted: Font color: Auto

² Outpatient Clinic Reports by FY – Unduplicated patients

³ Garrett County does not have an ADAA funded detox program.

4. The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 82% among adolescents from the number of patients who were using substances at admission to treatment.	-60% ⁴
4. The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 82% among adults from the number of patients who were using substances at admission to treatment.	-91.4%
5. The number of employed adult patients at completion/transfer/referral from non-detox treatment will increase by 32% from the number of patients who were employed at admission to treatment.	16.3% ⁵
6. The number arrested during the 30 days before discharge from non-detox treatment will decrease by 67% for adolescents from the number arrested during the 30 days before admission.	- ⁶
6. The number arrested during the 30 days before discharge from non-detox treatment will decrease by 67 % for adults from the number arrested during the 30 days before admission.	87.5 %

Formatted: Font color: Auto

FY 2014 MFR Performance Measures (Treatment)	FY 2014 Mid-Year Actual
1. 62% of all adult and adolescent patients in ADAA funded treatment programs have a treatment episode of not less than 90 days.	62.3%
2. 72% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.	0 ⁷
3. 90% of the patients completing/transferred/referred from ADAA funded residential detoxification programs enter another level of treatment within 30 days of discharge.	N/A ⁸
4. The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 95% among adolescents from the number of patients who were using substances at admission to treatment.	- ⁹
4. The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 93% among adults from the number of patients who were using substances at admission to treatment.	-100%
5. The number of employed adult patients at completion/transfer/referral from non-detox treatment will increase by 32% from the number of patients who were employed at admission to treatment.	46.2%
6. The number arrested during the 30 days before discharge from non-detox treatment will decrease by 85% for adolescents from the number arrested during the 30 days before admission.	-100%
6. The number arrested during the 30 days before discharge from non-detox treatment will decrease by 92 % for adults from the number arrested during the 30 days before admission.	-100 %

Formatted: Font color: Auto

Detail for variance can be found in the footnotes. MFR data is reviewed during clinical standards meetings and substance abuse staff meetings.

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

⁴ Being reviewed by CQI Committee

⁵ Being reviewed by CQI Committee

⁶ There were not adolescents arrested prior 30 days prior to admission which results in the dash. This glitch in the way MFR data is calculated has been reported to ADAA

⁷ Based on only two discharges; the *n* sizes are too small to get meaningful results

⁸ Garrett County does not have an ADAA funded detox program.

⁹ The *n* sizes are too small to get meaningful results.

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 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:

- Treatment services will be reviewed annually by the GC DFCC. Minutes and progress notes will document the review.

Formatted: Underline

Formatted: Font: Not Bold

Formatted: Font color: Auto

Program Name	Level of Care	Location & Hours	# of Slots	Number Served	Frequency & Length of Contact	Method of Funding
Garrett County Substance Abuse Program (AS007SAS)	0.5	1025 Memorial Drive, Oakland, MD W, Th, F - 8:00-4:30 28 Hershberger Lane Grantsville, MD M, T: 8:00-4:30	NA	40	Adults 1 weekly 60 minute group Adolescents 1 weekly 30 minute individual session	AS007SAS Block Grant including STOP
Garrett County Substance Abuse Program (AS007SAS & AS233FED) <ul style="list-style-type: none"> Includes buprenorphine initiative for treatment of opiate abuse Buprenorphine slots & client numbers are included in the adult numbers. 	1.0	1025 Memorial Drive, Oakland, MD M: 8:00-6:00 T: 8:00-7:00 W,Th: 8:00-6:30 F: 8:00-5:00 28 Hershberger Lane Grantsville, MD M: 8:00-7:00 T: 8:00-4:30	Adult: 92 Adolesc: 8 Adult – Bup: 15 ¹⁰	Adult: 184 Adolesc.: 16 Adult –Bup: 30	1 weekly 90 minute group therapy session and individual therapy prn	AS007SAS Block Grant Self Pay Insurance MA PAC
Garrett County Substance Abuse Program (AS007SAS) (Jail Program)	1.0	311 East Alder Street Oakland, MD M, T, Th, F: 1:00-3:00	Adult: 60	Adult: 120	1 weekly 90 minute session	AS007SAS Block Grant
Garrett County Substance Abuse Program (AS007SAS) (IOP)	II.1	1025 Memorial Drive, Oakland, MD M, T, Th, F: 2:00-4:00 Individual session by appointment	Adult: 5	Adult: 10	4 weekly 2 hour group therapy sessions & an additional 1 hour individual session	AS007SAS Block Grant Self Pay Insurance MA PAC
Recovery / Transitional Housing	Other	Contracted Locations PRN	N/A	190 Nights	1-28 Days	AS282RSS
Peer Recovery Support ¹¹	Other	PRN	N/A	900 Services	Varies based on service	AS282RSS
Continuing Care ¹²	Other	PRN	N/A	40	Varies	AS233 Fed. Block Grant

- Increase the number of programs available in the community that are evidence based (public and private). ~~No new programs have been initiated since the plan was developed. Opioid overdose response program began in November 2014. Number trained to date = 29~~
- Establishment of a “functional” behavioral health court in Garrett County. ~~No progress has been made on this objective.~~

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

GOAL 4: REDUCE THE NUMBER OF ACCIDENTAL OVERDOSE DEATHS ON A FIVE YEAR AVERAGE IN GARRETT COUNTY BY 25% BY 2018 (FROM 2.2 PER YEAR TO 1.5 PER YEAR).

¹⁰ Buprenorphine slots & client numbers are included in the adult out-patient numbers directly above the Bup. numbers

¹¹ New recovery funds to support 50% more peer recovery support over 2013

¹² Funded with new recovery funds

- Objective 1:** Education of the clinical (medical) community
- Objective 2:** Outreach to High-Risk Individuals and Communities
- Objective 3:** Development of local “Overdose Review Panel” to review overdoses and overdose deaths.

Performance targets:

- Increase the number of physicians and mid-level providers who have been trained in opioid intoxication overdose prevention.
- Provide S-BIRT Training for primary care medical practices.
- Provide overdose prevention strategies to all persons entering substance abuse treatment.
- Development of an Overdose Review Panel (ORP) Protocol and begin reviewing all overdose deaths by 1/1/14.

Progress:

- ~~Screening, Brief Intervention and Referral to Treatment “GCHD will be applying for funding to implement an Overdose Response Program (ORP).~~
- ~~S-BIRT Training will be provided concurrently with the ORP.~~
- ~~Overdose prevention strategies are provided at intake and during treatment. The community is currently examining adding Naloxone to the strategy.~~
- ~~We are awaiting guidance from the State prior to implementing a local Overdose Review Panel. S-BIRT” training was provided in Grand Rounds at Garrett County Memorial Hospital on July 25, 2014 by Dr. Carlo DiClemente. There were only two primary care practices who were not in attendance.~~
- ORP funded for FY 2014. A total of 29 persons have gone through the Opioid Overdose Response Program training since initiated in November 2014.
- An application has been submitted for a State funded Opioid Overdose Prevention Program
- The Garrett County Overdose Review Panel has been formed. The panel is developing protocols and operating procedures to review local overdose fatalities.

Estimated Dollar Amount needed to achieve goal: \$5,000 – For trainers and materials for S-BIRT and overdose prevention

Goal 5: 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. GCHD Collaborated with OETAS to offer a DSM-V and a Families in Recovery Course locally. A total of 112 addiction behavioral health and allied health professionals participated in the training.

Objective 2: Maximize reimbursement for services by having the out-patient clinic listed with insurers in the Health Benefit Exchange. ~~The clinic is working with insurers in the Health Benefits Exchange to assure that this is not a barrier to treatment.~~

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 ~~GCHD is negotiating contracts with MCOs and HMOs to become part of their network.~~

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:

- ~~It is becoming increasingly difficult to recruit qualified staff. There are two less prevention professionals in Garrett County and we have had difficulty recruiting qualified treatment staff. Since the last update, Garrett County has received a Drug Free Communities Grant which has allowed the GCHD to hire and train two part time prevention staff to augment the existing staff.~~
- ~~The GC Center for Behavioral Health has developed relationships with several graduate schools to serve as an internship site for graduate level students. The most recently hired addiction professional completed an internship in the mental health unit.~~
- ~~Villa Maria closed their Garrett County Office leaving the Garrett County Health Department as the only treatment agency in the County. There are a number of private providers who see a limited number of patients.~~

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