Garrett County

Drug Free Communities Coalition

Strategic Plan for Alcohol and Drug Abuse

Fiscal Years 2016-2017

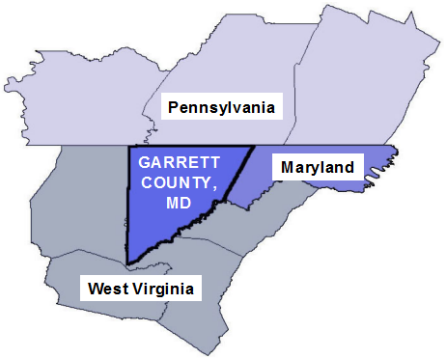
GARRETT COUNTY, MARYLAND
STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE

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.



Treatment, intervention and prevention strategies require the use of data to make informed decisions. Data is routinely reviewed during the Drug Free Communities meetings. For this document the information cited comes from the Alcohol and Drug Abuse Administration, Maryland Vital Statistics and the Garrett County Youth Risk Behavior Survey.

One of the goals of the Garrett County Drug Free Communities Coalition (DFCC) is to reduce youth substance abuse. To measure the efficacy of youth prevention strategies, the Garrett County Health Department and the Garrett County Board of Education collaborated in April of 2012 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. There has been no significant change since 2004.

Cigarettes *About three in ten 12th graders report having used cigarettes in the last 30 days. This indicator has not changed significantly since 2007. There was a significant decrease in use by 8th graders (4.8%)*

Marijuana *For 8th, 10th and 12th grade youth there were slight increases in the reported use of* Marijuana in the past 30 days

Rx Abuse A higher percentage of youth in grades 8, 10, and 12 reported using prescription drugs between 2010 and 2012. There was a significant increase in use by 10th graders (7.2%) and a notable increase in use by 12th graders (4.7%).

CIGARETTES

MEASURE	8th Grade				10th Grade				12th Grade			
	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS
Past 30-Day Use (%)	12.7	7.1	13.3	8.5	19.0	31.2	19.3	21.1	30.4	30.3	30.9	33.0
Average Age of Onset (yrs.)	11.5	10.8	--	--	12.6	11.5	--	--	14.4	13.7	--	--
Perception of Risk (%)	78.1	89.1	75.1	82.2	69.0	71.4	74.4	--	62.0	68.0	73.0	--
Perception of Parental Disapproval (%)	93.4	93.6	94.7	--	93.0	82.7	92.2	--	86.6	88.2	81.2	--
Perception of Peer Disapproval (%)	--	--	71.7	--	--	--	64.9	--	--	--	51.3	--

ALCOHOL

MEASURE	8th Grade				10th Grade				12th Grade			
	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS
Past 30-Day Use (%)	24.5	15.9	25.0	20.7	38	45.6	40.7	48.2	53.9	50.3	52.3	52.6
Average Age of Onset (yrs.)	11.9	11.1	--	--	13.0	12.0	--	--	14.4	12.9	--	--
Perception of Risk (%)	60.0	58.0	58.5 *binge*	64.8	43.6	39.8	49.3 *binge*	34	44.4	37.2	50.3 *binge*	39.6
Perception of Parental Disapproval (%)	80.3	84.2	87.5	75.4	74.4	73.2	80.0	52.2	69.9	64.8	74.7	55.7
Perception of Peer Disapproval (%)	--	--	62.7	--	--	--	55.8	--	--	--	48.0	--

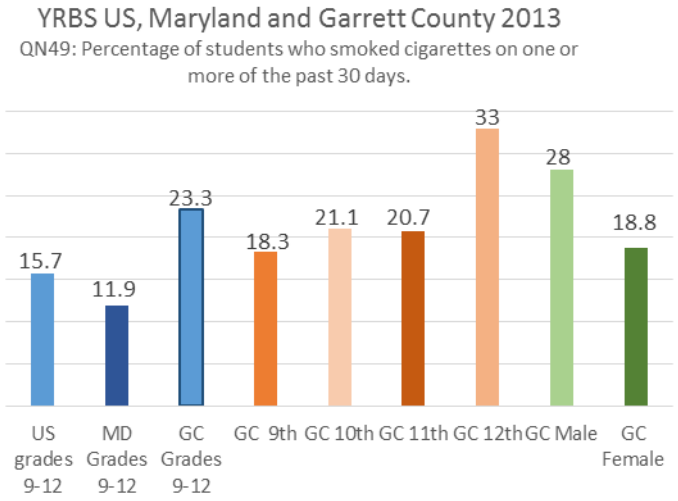
MARIJUANA

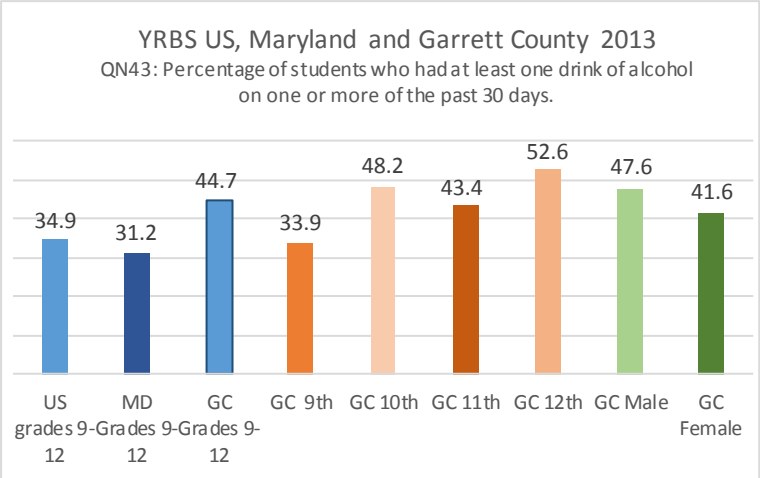
MEASURE	8th Grade				10th Grade				12th Grade			
	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS
Past 30-Day Use (%)	6.4	--	7.4	7.7	15.0	27.8	14.5	15.9	20.6	22.5	22.5	23.2
Average Age of Onset (yrs.)	12.1	11.4	--	--	13.5	12.9	--	--	15.3	13.6	--	--
Perception of Risk (%)	92.8	86.7	72.0	--	77.3	54.8	58.2	58.7	74.3	52.3	44.1	63.8
Perception of Parental Disapproval (%)	97.2	94.7	94.3	--	97.1	87.5	92.2	--	95.8	89.5	86.2	--
Perception of Peer Disapproval (%)	--	--	80.0	--	--	--	68.4	--	--	--	52.3	--

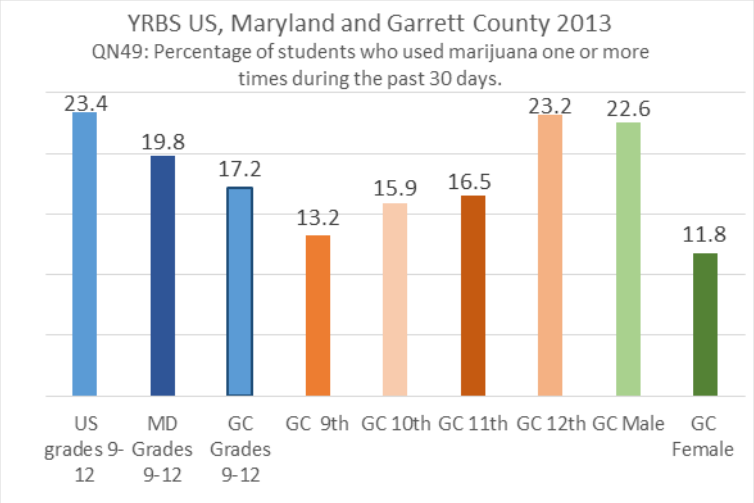
PRESCRIPTION DRUGS

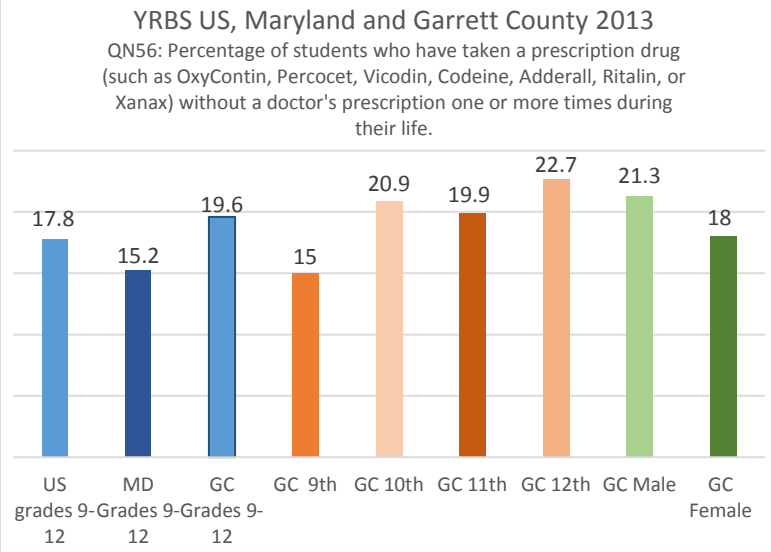
MEASURE	8th Grade				10th Grade				12th Grade			
	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS	2007 YRBS	2010 YRBS	2012 YRBS	2013 YRBS
Past 30-Day Use (%)	--	1.8	4.3	6.2	--	17.5	5.7	12.9	--	12.5	12.1	16.8
Average Age of Onset (yrs.)	--	11.9	--	--	--	13.2	--	--	--	13.4	--	--
Perception of Risk (%)	--	90.3	80.2	--	--	74.7	76.1	--	--	70.3	75.8	--
Perception of Parental Disapproval (%)	--	96.7	96.5	--	--	91.7	90.0	--	--	92.4	91.4	--
Perception of Peer Disapproval (%)	--	--	81.9	--	--	--	76.1	--	--	--	69.3	--

We are able to compare past 30 day cigarette, alcohol, marijuana, and prescription drug use with Maryland and US data. As noted, Garrett County fares poorly for youth use of cigarettes, alcohol, and prescription drugs, while marijuana use is lower than that of Maryland and the US. *See charts below*



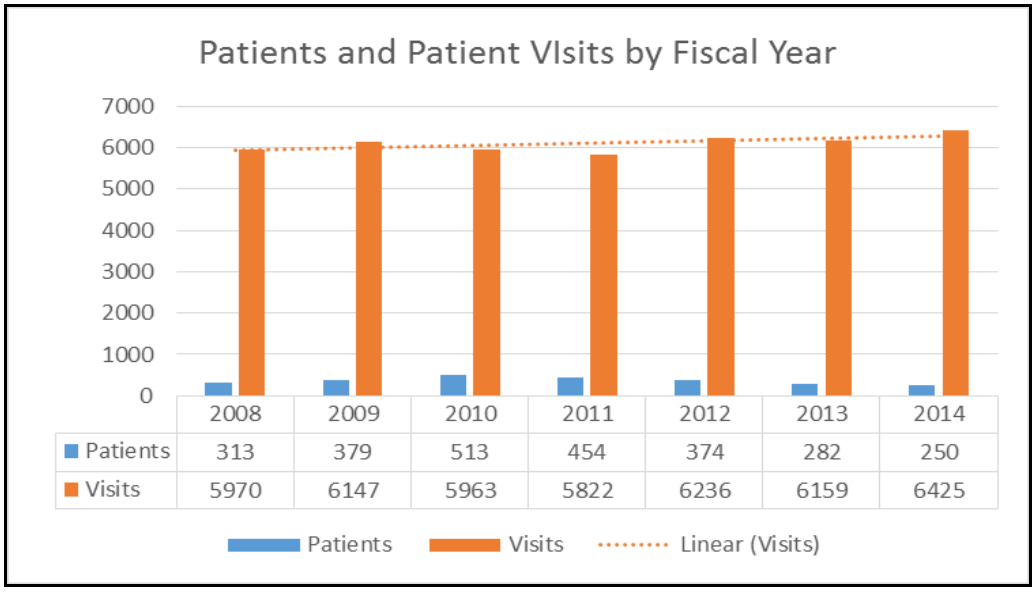

YRBS US, Maryland and Garrett County 2013
QN43: Percentage of students who had at least one drink of alcohol on one or more of the past 30 days.
34.9
31.2
44.7
33.9
48.2
43.4
52.6
47.6
41.6
US grades 9-12
MD Grades 9-12
GC Grades 9-12
GC 9th
GC 10th
GC 11th
GC 12th
GC Male
GC Female


YRBS US, Maryland and Garrett County 2013
QN49: Percentage of students who used marijuana one or more times during the past 30 days.
23.4
19.8
17.2
13.2
15.9
16.5
23.2
22.6
11.8
US grades 9-12
MD Grades 9-12
GC Grades 9-12
GC 9th
GC 10th
GC 11th
GC 12th
GC Male
GC Female


YRBS US, Maryland and Garrett County 2013
QN56: 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.
17.8
15.2
19.6
15
20.9
19.9
22.7
21.3
18
US grades 9-12
MD Grades 9-12
GC Grades 9-12
GC 9th
GC 10th
GC 11th
GC 12th
GC Male
GC Female

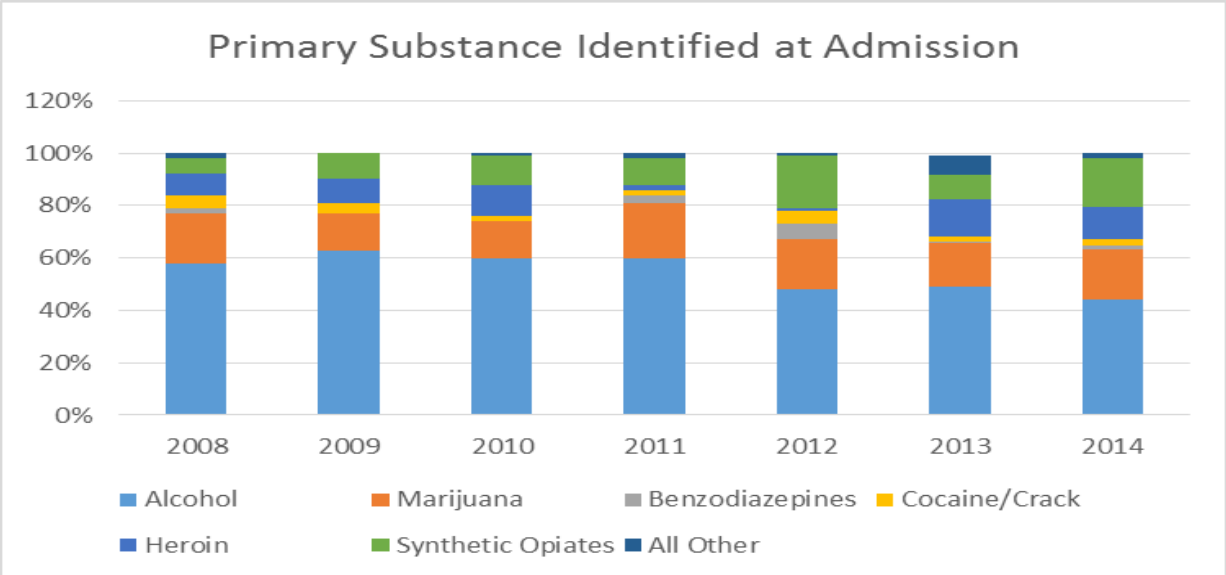
Drug and Alcohol Treatment Admission Data

The number of persons admitted into out-patient treatment has decreased while the number of patient visits has increased (See chart below).



A survey of FY 2008 and 2012 ADAA funded outpatient clinic admissions revealed that the primary substance at admission in Garrett County continues to be alcohol; however that percentage has been decreasing. Marijuana is the second most frequently identified primary drug of choice. The percentage has remained between 14% and 21%. The biggest increases have been for synthetic opiates and benzodiazepines while heroin has decreased. It should be noted that heroin use has been increasing statewide as it has become increasingly difficult for drug seekers to obtain prescription drugs.

Primary Substances Indicated at Intake to Outpatient Clinic



Overdose Deaths

Although our numbers are relatively low when compared to more metropolitan areas of the State, the trend for overdose deaths is still alarming. The data from 2007 through 2014 indicates that Garrett County has had 19 intoxication deaths. Opiates have been involved in 12 of these deaths. The chart below lists specific substances identified in the toxicology screen of the deceased.

Substance involved in Death	2007	2008	2009	2010	2011	2012	2013	2014	2015 YTD
Heroin related	0	0	0	0	1	0	2	1	1
Prescription opiate related	0	2	2	1	1	0	4	2	0
Oxycodone related	0	1	0	0	0	0	1	0	0
Methadone related	0	0	1	1	0	0	1	1	0
Fentanyl related	0	1	0	0	1	0	0	0	0
Tramadol related	0	1	1	0	0	0	0	0	0
Cocaine related	0	0	0	1	0	0	0	0	0
Benzodiazepine related	0	0	1	0	0	0	1	0	0
Alcohol related	1	2	1	1	1	0	1	1	0
Total Opiate Related Deaths	0	2	2	1	1	0	4	2	1
Total Intoxication related Deaths	***1***	***3***	***2***	***3***	***2***	***0***	***6***	***2***	***1***

[1]

As the data suggests, most deaths have been involved with a combination of substances including alcohol. Opiates did not appear to play a role in intoxication deaths until 2008. Most substance related to opioid abuse including prescription drugs and now heroin. It is unknown whether or not the deceased had been prescribed these opiates at the time of their death. We expect that as prescription drugs become even less available heroin will play a larger role within our community. The most current data provided from the Maryland Department of Health and Mental Hygiene indicates that total deaths from "All Drugs", "All Opioids", "Prescription Opioids" and "Heroin" has steadily increased in Western Maryland counties since 2009.

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 transfers to another level of care.

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 either evidence-based or environmental strategies as dictated by the funding source.
- 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.

[1] Garrett County Deaths, from Drug and Alcohol Deaths Intoxication Deaths in Maryland, 2007 to 2011: MD Department of Health and Mental Hygiene - Extracted from Maryland Vital Records

- Acudetox is being used as a method of treatment.
- Improved integration of local Mental Health and Addictions programs.
- The Garrett County DAAC was designated and funded by SAMHSA as a "Drug Free Community Coalition".
- Local physicians have increased their level of in office screening and referrals.
- The DFCC and the Garrett County Sheriff's office and the Maryland State Police have successfully collaborated in holding prescription drug take back events and now have permanent collection sites.
- In December 2014 an Overdose Response Training Program began in Garrett County.
- Components of a Recovery Oriented System of Care (ROSC) have been implemented including:
    - Peer Recovery Coaching
    - Recovery Housing
    - Participation the Maryland's Access to Recovery (ATR) initiative
    - Some transportation provided by the peer recovery coaches

Areas where progress has been less than desired include:

- A lack of public transportation during evening hours continues to be an issue
- No progress on developing a local drug court
- Lack of options and funding for medication assisted treatment

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 DFCC to assure the strategies are evidence-based.
- 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 2018.

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 by the Value Options OMS system.

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 and recovery strategies.

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.

Objective 5: Increased use of medication assisted treatment as appropriate
Objective 6: Garrett County will have recovery housing that is approved through the Maryland State Association for Recovery Residences
Objective 7: Recovery Net providers will be located 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).
- OMS 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
- Garrett County Behavioral Health providers will receive CARF accreditation by 12/31/2016

Progress: To be reported each six months

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 2.6 per year to 2 per year).

Objective 1: Education of the clinical (medical) community
Objective 2: Outreach to High-Risk Individuals and Communities
Objective 3: The Garrett County Overdose Review Panel will review all overdose deaths within 3 months of the release intoxication death updates by the State.
Objective 4: High risk individuals and emergency medical personnel will receive Overdose Response training.

Performance targets:

- Increase the number of physicians and mid-level providers who have been trained in opioid intoxication overdose prevention.
- Provide S-BIRT (Screening, Brief Intervention and Referral to Treatment) training for primary care medical.
- Provide overdose prevention strategies to all persons entering substance abuse treatment.
- The Garrett County Overdose Review Panel (ORP) will review all overdose deaths from 1/1/14 forward.
- Overdose Response training will be provided to 100 persons per year.

Progress: To be reported each six months

Estimated Dollar Amount needed to achieve goal: $10,000 – 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.

Objective 2: Maximize reimbursement for services by having the out-patient clinic listed with insurers in the Health Benefit Exchange.

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.
- Facilitate at least 20 hours of continuing education training for addiction professionals per year in Garrett County

Progress: To be reported each six months

Estimated Dollar Amount needed to achieve goal: $2,000 – Provision of training

GLOSSERY

ASAM:	American Society of Addiction Medicine
ATR:	Access to Recovery
BHA:	Behavioral Health Administration
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
MSAP:	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