

## **Project Narrative**

### **INTRODUCTION**

Garrett County was awarded the Rural Communities Opioid Response Program-Planning grant. The Stand Together Garrett County Against Drug Abuse Consortium is working together on the needs assessment, strategic plan, and work plan. The Stand Together initiative began with a conversation between an AmeriCorps member from the local health department and a VISTA member from Garrett County Community Action Committee, Inc. The AmeriCorps and VISTA members shared their vision with their agencies – a vision to provide more comprehensive services for individuals addicted to opioids and other substances. Within a few months of that first conversation, a meeting was held where representatives from multiple agencies began to collaborate as an ad-hoc committee to draw the community into a local response to the opioid crisis.

Currently participating on the ad-hoc committee are treatment professionals, mayors, law enforcement, the faith-based community, social services, public health, health care, and concerned citizens. The State’s Attorney has championed much of the initial efforts after returning from the National Prescription Drug and Heroin Summit motivated to make a difference in Garrett County. Going forward, the Garrett County Health Department (GCHD), Garrett County Community Action Committee (CAC), Garrett Regional Medical Center (GRMC), Mountain Laurel Medical Center (MLMC) (a federally qualified health center), and Maryland Area Health Education Center West (AHEC) comprised the core of the consortium for the work of the RCORP-Planning grant. Many additional partners agreed to continue their support, as well.

For the Rural Communities Opioid Response Program-Implementation grant, new partners have come on board – Garrett College, Maryland Legal Aid, Garrett County Dove Center, Pressley Ridge of Western Maryland working closely with Garrett County Department of Social Services.

The Stand Together Garrett County Consortium is utilizing the Strategy to Combat Opioid Abuse, Misuse, and Overdose framework based on the Five Point Strategy to address key issue around substance use disorder and opioid use disorder. The Stand Together Garrett County Against Drug Use is focusing on better addiction prevention, treatment, and recovery services; strengthening data reporting and collection; enabling access to high-quality, evidence-based pain care; targeting high risk-populations with overdose reversing drugs; supporting cutting-edge research for acquiring a better understanding of pain, overdose and addiction. The Rural Communities Opioid Response Program-Planning grant allowed the consortium to lay a foundation in order to effectively strategize in an effort to sustain the consortium and assess gaps in services and resources. The Area Health Education Center West updated the community needs assessment and conducted a full analysis of OUD prevention, treatment, and recovery workforce, services, and access to care. Based upon qualitative and quantitative findings, the consortium developed a comprehensive plan for the designated rural service area and will effectively, based upon data, address all core activities, prevention, treatment and recovery.

To date, there have been five town hall meetings coordinated by the Stand Together Consortium. The meetings have served to bring the community together for an open conversation about how

drugs are affecting the Garrett County community and what can possibly be done to help the community in response to the opioid issues. The meetings have been used as a platform for qualitative data collection. During these meetings, community members have expressed concerns about stigma, lack of inpatient treatment services, issues related to communicating with family members experiencing opioid use disorder, and lack of knowledge about treatment and recovery resources. Most of the same concerns were relayed within the focus group sessions that were conducted as a component of the RCORPS Planning Grant. While the focus groups were more formalized, the listening sessions at the town hall meetings brought a true sense of urgency to the issues around SUD and OUD.

The focus groups were conducted with families of users, law enforcement, emergency medical services, youth, two provider groups, recovery community and the general population. Common themes gleaned were low socioeconomics of the county contribute to drug use, stigma is viewed as a problem not only in general, but also when asking for help, generational misuse, more education is needed in various areas-youth, addictions, prevention, recovery, additional resources including recovery housing, peer recovery support, and better collaboration of resources, co-occurring disorders and early trauma in life.

The Needs Assessment and Readiness Tool, which were components of the RCORPS Planning Grant, revealed the current strengths and challenges related to SUD/ODU prevention, treatment and recovery. Challenges include concrete steps to prevention, treatment, or recovery that laypersons can take; stigma; missing pharmacy representation; lack of easy communication method among the players; small, rural nature of the county-challenges to the business model for treatment and recovery; and lack of a rapid detox facility. The strengths of the county are participation by individuals in recovery which can inform the process; knowledge of the patient population; stakeholder representation-willing to work together; genuine interest, concern, and honesty among stakeholders; proactive and prevention-minded; towns halls-willingness to listen to the community; and the positive community response to the Speakers' Bureau consisting of individuals in recovery or family members affected by OUD.

When Garrett County was awarded the RCORP-Planning Grant, the Stand Together Consortium was identified as the core consortium who would implement all programmatic elements of the grant, led by the Director and carried out by the Coordinator. The work of the consortium with the RCORP-Planning grant involved intensive partnerships with the faith-based community, worksites, and the educational systems. To date, meetings have evolved with these partners in an effort to engage all sectors of Garrett County into the prevention, treatment, and recovery process. A panel presented information about prevention, treatment, and recovery services along with a presentation about how drugs affect the brain, to many Garrett County Human Resource Officers at a Round Table meeting hosted by the Chamber of Commerce. This was an original thought generated by members of the consortium who felt that many clients with SUD/ODU in treatment and recovery cannot get a job due to their addiction. Pastors from various churches are active on the consortium and assist at the town hall meetings and meetings have taken place within the faith community. There is a rising interest amongst clergy to assist with SUD strategies and programs. Many are open to discussion due to an awareness that the hidden secret of addiction is present in many churches and communities. A representative from the educational system shared a presentation about opioid prevention curriculum being implemented in all Garrett County Schools and is supportive of all initiatives. The RCORP-Implementation grant

builds upon the present work of the consortium by branching out to include more intensive services through Garrett College, Maryland Legal Aid, Garrett County Dove Center, Pressley Ridge, and Garrett County Department of Social Services. Through the RCORP-Implementation grant, these partners will be working with the existing partners, Mountain Laurel Medical Center, Garrett Regional Medical Center, Garrett County Community action Committee, Inc., Area Health Education Center West, Johns Hopkins University Bloomberg School of Public Health, Garrett County State's Attorney Office, Garrett County Sheriff's Office, Department of Social Services, Garrett Treatment Center, Garrett County Emergency Services, Mountaintop Ministerial Association, Inc., and Maryland Coalition of Families. New partners will bring services to the county to offer those affected by SUD/OD. These new services include job training, education, skills, legal services, and in-home crisis intervention. Additional resources will be provided for individuals, and families through health care provider training. The anti-stigma campaign will reduce structural stigma through raising awareness, reduce social stigma through education, and reduce self-stigmas through empowering.

Garrett County understands that the community working together creates an atmosphere where positive results are possible. Goals can be reached more readily when partners collaborate for the common goal, to address an epidemic where prevention works, treatment is effective, and recovery is possible. The Stand Together Consortium meets monthly and subcommittees meet as needed to fulfill all goals and objectives of the consortium. They have been active in the needs assessment process, offer suggestions and ideas for the strategic plan, and build upon existing initiatives. They are vested in the needs of the community when it comes to prevention, treatment, and recovery efforts. The mix of professional with community residents makes this group ready upon receipt of the award, to act and operationalize the proposed approach. Working together, the coordinator and members will stay abreast of the work plan in an effort to follow with precision.

Members of the consortium have already volunteered to lead and serve on the following subgroups, socioeconomic, transportation, education, and generational misuse/co-occurring disorders & early childhood trauma. These groups, along with the whole consortium will monitor and track the successes and challenges of the work plan and report back to the whole consortium and other vested partnering organizations and agencies.

Based upon the results of quantitative and qualitative data, the whole county will be reached with evidence-based strategies and activities. The information to validate this choice is mentioned in detail in the demographics section of the narrative.

The Stand Together Garrett County Against Drug Abuse Consortium is prepared to implement robust, evidence-based interventions and promising practice models to expand access to, and strengthen the quality of, SUD/OD prevention, treatment, and recovery services in this high-risk rural county. Their desire is to maintain momentum and develop a paradigm that can be self-perpetuating.

## NEEDS ASSESSMENT

### RCORP Core Measures

#	Measure	Baseline (2018 data)
1	Total population in the project's service area	29,163
2	Number of individuals screened for SUD/OD in the last year	3,223*
3	Number of non-fatal opioid overdoses in the project's service area	71
4	Number of fatal opioid overdoses in the project's service area	3
5	Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT (specify by provider type)	1 Family Medicine 1 Outpatient Opioid Treatment Provider 1 Behavioral Health Clinic

*\*This number does not include all providers because not all providers have tracked screening numbers, nor are all providers presently utilizing SBIRT .*

### Population Demographics

Garrett County is geographically separated from the rest of Maryland by the Appalachian mountain chain. It is sparsely populated with 76% of Garrett County residents living outside town limits, making this county the most rural in Maryland. The census population density of 46.5 persons per square mile is the lowest in Maryland whose statewide population density is 594.8 persons per square mile. The population of Garrett County, MD is 29,163.

Garrett County is home to a high concentration of vulnerable residents who lack access to many of the services available in more urban and suburban settings. Although the population of Garrett County is not ethnically or racially diverse (97.5% are white; 1.2% are Hispanic), it is a county of economic disadvantage that struggles with inequalities in income and education that underlie many health disparities. The percentage of residents who live below the poverty level is 11.8% compared to the State average of 9.3%. Specific to children, 17% of Garrett County children under age 18 live in poverty compared to 13% in Maryland. <sup>1</sup>One out of every three Garrett County residents qualifies for Medical Assistance and 47.5% of school aged children qualify for the federal free or reduced lunch program. While Maryland was the wealthiest state in the country with a median income of \$75,916, Garrett County's median income of \$48,174 is well below the State's average. While 84.2% of Garrett County adults have a high school diploma, only 10.4% of county adults have a bachelor's degree or higher compared to 35.6% in Maryland. In addition, 11.6% of Garrett County residents age 16 and over are illiterate.

The entire county (614 square miles) has been designated a Medically Underserved Area (MUA) with an Index of Medical Service (IMU) score of 42.4.<sup>2</sup> The county also has a "low income" designation as a Health Professional Shortage Area (HPSA) for primary care, and HPSA designations for dental and mental health. The number of primary care providers is limited. For example, there is one pediatrician in the county and only one full-time psychiatrist. The largest

<sup>1</sup> United States Census Bureau, 2013-2017

<sup>2</sup> Data.HRSA.gov

employer in the county is currently the local public school system. The next three largest employers are the local hospital, the local ski resort, and Walmart. The unemployment rate in Garrett County has historically been higher than the state rate. For January 2018, the county's unemployment rate was 5.2% vs. 4.1% for Maryland. (County Health Rankings). Lack of transportation and geographical and social isolation are ongoing issues which fuel the current SUD and OUD problems.

The Rural Communities Opioid Response Program Planning grant created much opportunity to enhance and expand opioid use disorder prevention, treatment, recovery support and related services for unserved and underserved populations and locations in Garrett County, Maryland. Strategies selected support development of a strategic plan to specifically target federal spending to areas and populations of greatest need, which in Garrett County will address the whole county. The entire county was without question, chosen as the target area for the Rural Communities Opioid Response Program-Implementation grant. The Stand Together Garrett County consortium, Drug-Free Communities Coalition, and the Opioid Intervention Team provided oversight for this decision. After many meetings, lengthy data-based discussions, and grave concern, all committees agreed on the implementation of a county opioid use disorder prevention, treatment, and recovery program which covers all sectors of the county.

All strategies selected utilize the Five-Point Strategy Framework. The target populations to be served include individuals in recovery and children, youth, and families of those in need of treatment and recovery. Universal approaches which target all individuals are included as part of the anti-stigma campaign.

Garrett County tobacco, and alcohol drug use amongst youth is higher than the State or Maryland and prescription drug use matches the state rates. Many young people are seeing addiction as a way of life, some due to genetic susceptibility, for others it is part of their environment and for some, both genetics and environment are evident. Substance abuse disorder can dominate families who have a sense of hopelessness and despair and who live in poverty. Many individuals who are addicted never had a firm protective foundation and find substance use as a way of life. Depression, anxiety and other mental health issues evolve in families at a very young age. Couple together the family history of the substance use disorder, family conflict, family management problems, and favorable attitudes and behaviors in substance use, and the end result is generational use. Many young people acquire naturally the favorable attitude of drug use, have limited parental expectations for academic and future success, and fail to see ongoing drug use as a problem. Now, with the substance exposed newborns, the behavior issues among children in this county are at an all-time high. Teachers have a hard time teaching; families are torn apart because drug use is the priority; and the children are emotionally exhausted. Many children are being placed in foster care or the ones not put in placement have to take care of their own basic needs, getting ready for school, preparing meals, caring for siblings, etc.

The stigma around addictions in Garrett County is present in many populations, law enforcement, medical community, churches, worksites, and the person you pass on the street. Many want help, need help, but are reluctant to help due to the stigma attached to substance abuse and mental illness. The need for services in this county is for all generations. With the

two-generation approach, many children and families can be reached in hopes to alleviate substance abuse and the issues that accompany the disease. While opioid overdoses in Garrett County are not as high as many counties in Maryland or the nation, the impact of opioid abuse on individuals, their families, and society are huge.

Foster care placements in Garrett County increased 118% in four years. Currently, there are not enough foster families to offer a home and care for these children. The hope is that the family can be restored through treatment and recovery services and services provided by Pressley Ridge who will work closely with Social Services with their in-home crisis intervention services, Homebuilders®. The number of substance exposed newborn births continues to increase. While many expectant mothers are in Medicated Assisted Treatment, there are many who are not in treatment and recovery.

High school students continue to trend above state and national averages with overall drug use. The number of MAT providers in the county has increased, and so has the number of clients in need of this service. Women receiving behavioral health treatment services increased in number at all behavioral health treatment providers. Thirty-five percent of the inmates at the Garrett County Detention Center had to be detoxed in 2018 and 36% in 2017. The number of drug related crimes (possession, distribution, burglary, etc.) are increasing as reported at meetings by the Sheriff’s Department and the Maryland State Police. The number of inmates charged with drug-related crimes increased from 2017-2018, with a 50% increase amongst women. Fifty-percent of the fathers in the county’s Early Care Program have a history of substance abuse, currently 10% are non-medical use of prescription drug users (NMUPD) and 5% are heroin users. Mothers’ history of substance abuse is 33% with current NMUPD’s at 5%. Seven percent of the mothers and 14% of the fathers had criminal charges in FY18. Family homelessness within the Early Care families the past year was 32%. This data shows that many of our young children are living in unstable conditions or living with others.

The economic disparity between Garrett County and the rest of Maryland and the United States is striking. Garrett County has 11.8% of its residents’ living below the federal poverty line, Maryland 9.3%. The number of children under 18 years old in poverty is 17% compared to the 12.9% in Maryland. The unemployment rate is twice that of the nation. The county has a shortage of primary care physicians, dentists and mental health providers to meet the medical needs of the community. The continued disparity between the overall health of Marylanders and Garrett County is reflected in the table below.

	Garrett County	Maryland	U.S.
Total population size	29,163	6,042,718	327,167,434
Percent of population living below the federal poverty line	11.8%	9.3%	12.3%
Percent of population who are unemployed	5.2%	4.1%	2.9%
Percent of population with health insurance coverage	93%	93%	94%
Primary Care Physicians	1840:1	1140:1	1050:1

Dentists		2440:1	1300:1	1260:1
Mental Health Providers		770:1	430:1	310:1
		Garrett County	Maryland	U.S.
Breakdown of race/ethnicity; and	White	97.5%	59%	76.6%
	Black or African American	1.0%	30.8%	13.4%
	American Indian	.2%	.6%	1.3%
	Asian	.2%	6.7%	5.8%
	2 or more races	.9%	2.8%	2.7%
	Hispanic or Latino	1.2%	10.1%	18.1%
Breakdown of age	Under 5	4.9	6.1	6.1
	Under 18	18.8	22.3	22.6
	65 and older	21.8	14.9	15.6

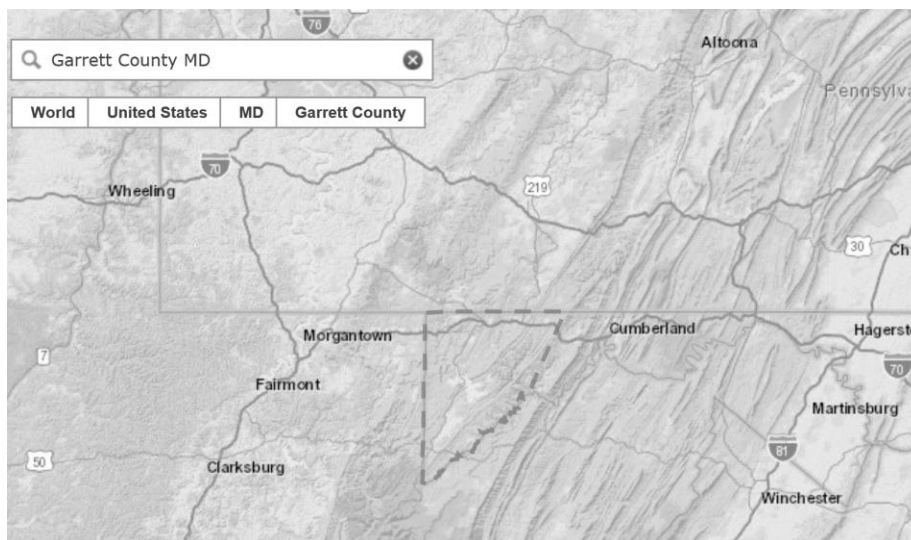
*United States Census Bureau, 2013-2017*

According to SAMHSA’s *National Survey on Drug Use and Health*, the highest rates of past month heavy alcohol use among full-time workers aged 18 to 64 were found in the mining (17.5 percent) and construction industries (16.5 percent), The highest rates of past month illicit drug use were found in the accommodations and food services industry (19.1 percent), The workers in the accommodations and food services industry (16.9 percent) had the highest rates of past year substance use disorder. The table with data from *DATA USA 2017* shows two of the most common industries in Garrett County, MD are those which are most affected by substance use, construction and accommodations and food service.

Employment Sector	Number of People Employed
Healthcare	1875
Construction	1602
Retail	1443
Accommodations and Food Service	1177
Educational Services	1125

In summary, low income, unemployment, manual labor occupations that increase risk of injury or drug use, income inequality, lower educational levels, lack of health services, inadequate housing, and high availability of substances all contribute to high rates of SUD/ODU in rural Garrett County.

## Map of Rural Service Area



Garrett County is Maryland's westernmost county, bordered to the north by the Mason-Dixon Line and Pennsylvania, east by Allegany County, MD; and south and west by West Virginia. The sub-continental divide runs through the center of the county. The entire county is classified as rural with less than 22% of the total population of 29,163 living within municipal boundaries. There are eight incorporated towns, seven census-designated places and 63 unincorporated community populated places. Garrett County is part of the media market of Pittsburgh, PA. The mountainous topography, severe weather and considerable distances are barriers to residents accessing health care including substance abuse treatment inside or outside of the county. The average yearly snowfall is over 100 inches. Interstate 68 (I-68) is a 112.9-mile (181.7 km) Interstate Highway in the states of West Virginia and Maryland, connecting I-79 in Morgantown, West Virginia, to I-70 in Hancock, Maryland. I-68 parallels between Keyser's Ridge and Hancock. The freeway mainly spans rural areas and crosses numerous mountain ridges along its route. While an asset to the county's tourism and hospitality industry, I-68 also gives easy access to drug trafficking for the county. With Morgantown, WV and Pittsburgh, PA to the north and Baltimore, MD to the west, law enforcement, informants, and focus group recovery participants' document that drug access in Garrett County is easy, and availability of drugs is not a problem. Easy access also includes bordering three West Virginia Appalachia counties where opioid use is rampant. Data from the Maryland Public Opinion Survey, 2016 supports reports that easy access to drug is an ongoing problem in Garrett County.

Difficulty/Ease for someone to get PD/ heroin in your community?	
Opioid Ease	Percent
Very difficult	1.47
Somewhat difficult	8.82
Somewhat easy	35.29
Very easy	34.56
Not sure	19.85



## Incidence and Prevalence of SUD/ODU

Quantitative data supports the findings of the focus groups. Below is data that has been collected during the past six months from various consortium partners.

Foster Care Placements on July 1st of each fiscal year					
	2014	2015	2016	2017	2018
# children in foster care	44	42	59	51	96
# placed as a direct result of a parent having a substance abuse issue**	22	15	29	23	52
	50%	36%	49%	45%	54%
# substance abuse was present (may not have been the primary issue for removal)	38	28	54	47	77
	84%	67%	92%	92%	80%
**ie. Parent being under the influence and unable to care for the child, parent having house raided and going to jail leaving no one to care for the child, parent overdosing.					

CHESSIE (Child Welfare Database, State of Maryland)

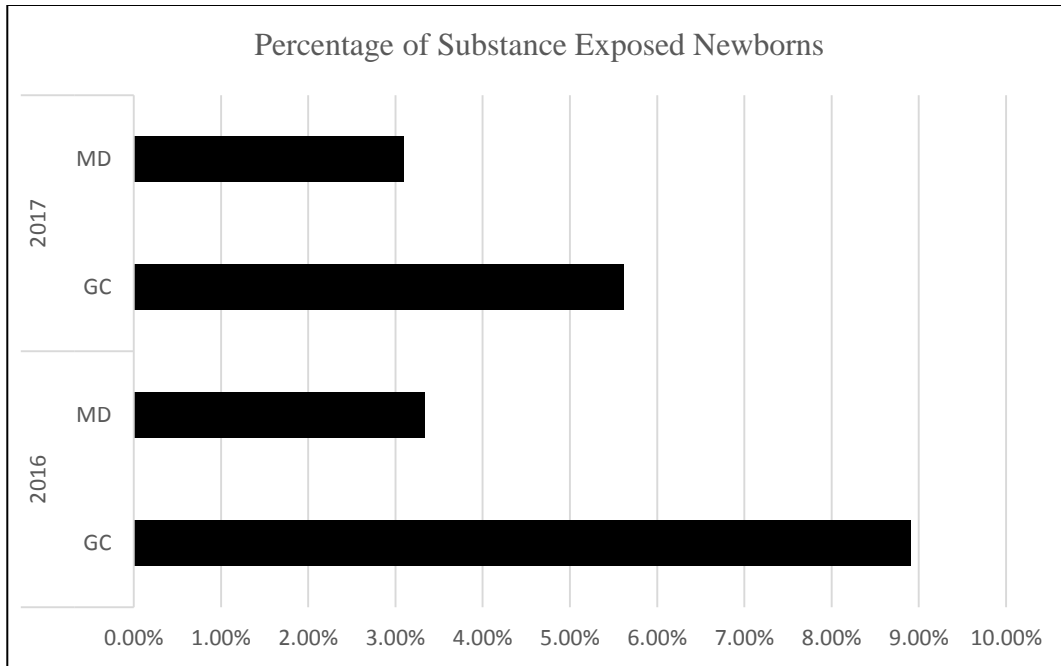
In fiscal year 2018, there were 96 children in foster care in Garrett County which represents an increase of 118% over four years. Substance abuse was a contributing factor in 80% of those cases.

Substance-Exposed Newborns for Case Investigations*		
	2017	2018
Referrals to Department of Social Services	19	30

CHESSIE (Child Welfare Database, State of Maryland)

Among substance-exposed newborns who were referred for case investigations with the Department of Social Services, there was an increase of 58% from 2017 to 2018.

The quantitative data below reflects some of the trends Garrett County is seeing related to substance use and substance-exposed newborns. The number of substance-exposed newborns is increasing at an alarming rate in this rural community. According to the HSCRC Hospital Inpatient Files, the number of Garrett County substance-exposed newborns is higher than the state average for both 2016 and 2017. While the data for 2018 is not currently available from HSCRC, local hospital data show that the number of substance-exposed newborns delivered at Garrett Regional Medical Center (the county's one hospital) in 2018 was 30.



The Garrett County Early Care Program is experiencing an influx of mothers and fathers with a history of substance abuse issue as well as a history of incarceration and mental health diagnosis. The number attending an opioid treatment program has increased. Also noteworthy is the number of families (32%) experiencing homelessness.

**Garrett County Early Care Programs - (EHS and HF) - Data from Cultural Matrix**

	FY2013	FY2014	FY2015	FY2016	FY 2017	FY2018			
<b>MOB hx of sub. Abuse</b>	31/102 30%	61/160 38%	49/156 31%	25/125 20%	35/101 35%	37/111 (33%)			
<b>MOB current use</b>	9/102 8%	25/160 15%	22/156 14%	22/125 17%	15/101 15%	Alcohol 2/111 2%	Mar. 11/111 10%	NMUPD's 5/111 5%	Herion 0/111 0%
<b>MOB incarcerated this FY</b>	4/102 3%	9/160 5%	4/156 2%	1/125 .8%	3/101 3%	2/111 2%			
<b>MOB hx of Incarceration</b>	*	*	*	*	5/101 5%	10/111 9%			
<b>MOB criminal Charges this FY</b>	*	*	*	*	9/101 9%	8/111 7%			
<b>MOB attending a opioid</b>	3/102 2%	17/160 10%	17/156 10%	19/125 15%	6/101 6%	10/111 9%			

<b>treatment program</b>						
<b>MOB MH dx</b>					48/101 48%	58/111 52%

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>			
<b>FOB hx. of substance abuse</b>	29/102 28%	49/160 30%	50/156 32%	29/125 23%	46/101 1 46%	54/111 49%			
<b>FOB current use</b>	13/102 12%	23/160 14%	30/156 19%	23/125 18%	30/101 1 30%	Alcohol 15/111 14%	Mar. 23/111 21%	NMUPD's 11/111 10%	Heroin 6/111 5%
<b>FOB incarcerated this FY</b>	3/102 2%	6/160 3%	4/156 2%	7/125 5%	13/101 1 13%	11/111 10%			
<b>FOB hx. of incarceration</b>	*	*	*	*	22/101 1 22%	31/111 28%			
<b>FOB criminal charges this FY</b>	*	*	*	*	18/101 1 18%	16/111 14%			
<b>FOB attending a opioid treatment program</b>	2/102 1.9%	13/160 8%	10/156 6%	6/125 4%	2/101 2%	10/111 9%			
<b>FOB MH dx.</b>					16/101 1 16%	27/111 24%			
<b>Family homeless this year or unstable living conditions (living with others)</b>	27/102 26%	42/160 26%	26/156 16%	24/125 19%	28/101 1 28%	35/111 32%			

### Garrett County Middle and High School

All data outlined in the tables below comes from the Maryland Youth Risk Behavior Survey (YRBS) and represents Garrett County youth as well as comparison data between Garrett County youth, Maryland youth, and U.S. youth which is also taken from the YRBS. Garrett County Schools all participate in the YRBS and generally conduct the survey every other year. The overall purpose of the survey is to track national and sometimes state trends related to health including physical activity, diet, and risk-related behaviors such as sexual activities, tobacco, alcohol, and drug use. Results are self-reported, which are often questioned, especially among youth related surveys. Although these limitations exist, the YRBS has been demonstrated as a

valid survey instrument and can shed insights into cross-sectional risk behaviors within schools as well as trends when administered on a regular basis.

Table 1 and Table 2 depict the results of youth who reported ever having taken a prescription drug without a doctor’s prescription.

**Ever Used Prescription Drugs, Not Prescribed by a Doctor**

<b>Table 1</b>	<b>2013</b>	<b>2014</b>	<b>2016</b>	<b>Table 2</b>	<b>2013</b>	<b>2014</b>	<b>2016</b>
<b>8th</b>	5.3	5.1	9.1	<b>Local</b>	20.0	16.5	13.7
<b>10th</b>	20.9	16.3	14.2	<b>State</b>	15.2	14.2	13.7
<b>12th</b>	22.7	19.4	11.4	<b>National</b>	16.2	N/A	N/A

Prescription drug use among Garrett County youth increases with age with the most drastic jump occurring from middle school to high school, likely reflecting the increased independence of youth as they gain mobility and access to many new things. Data from 2014 to 2016 shows a 4% jump for use of prescription drugs among 8<sup>th</sup> grade youth. When comparing local, state, and national data, Garrett County youth appear to be misusing prescription drugs at a higher rate than both the State and the Nation during 2013 and 2014 but is using at the same rate as the state in 2016.

**Ever Used Heroin**

<b>Table 3</b>	<b>2013</b>	<b>2014</b>	<b>2016</b>	<b>Table 4</b>	<b>2013</b>	<b>2014</b>	<b>2016</b>
<b>8th</b>	1.3	3.1	---	<b>Local</b>	8.9	6.0	4.0
<b>10th</b>	6.0	6.0	3.4	<b>State</b>	4.9	4.2	4.3
<b>12th</b>	14.6	7.2	4.7	<b>National</b>	3.3	N/A	N/A

Tables 3 and 4 depict lifetime use of heroin. Most alarming is that youth from Garrett County, a small, very rural county, report using heroin at significantly higher rates than both the State and the Nation. Staff will continue to monitor trend data to determine if the downward shift of heroin use in high school will bear out, which would be a very positive sign.

**Garrett College**

	30 Day Prevalence Prescription Drug				
	2005	2009	2011	2014	2017
Garrett College	1.1	2.1	3.8	7.9	4.5
National	7.1	7.6	4.8	5.6	5.3

*Core Alcohol and Drug Survey: amphetamines, sedatives, and opiates*

Garrett College prescription drug misuse surpassed the National level in 2014 by 2.3% and has fallen a few marks in 2017, enough to now be below the National level. On a county level the rate of dropped 3.4% within the past three years.

### Garrett County Health Department Opioid Diagnosis 2014-2018

GCHD Behavioral Opioid Diagnosis by Calendar Year					
	2014	2015	2016	2017	2018
Total	82	148	199	230	246
Male	36	73	101	110	118
Female	47	77	99	123	128

Source: Pat Trac

The number of clients at the GCHD Behavior Health Clinic continues to increase each year, resulting in a 200% increase in the number of opioid diagnosis in a four year period. There were more women than men in treatment for opioids for both 2017 and 2018.

Garrett County Health Department Medicated Assisted Treatment-MAT Data 2016-2017			
Admissions to Garrett CHD			
Primary DX	Calendar Year of Admission		
	2016	2017	2018
Opioid	5	15	18
Total	5	15	18

Race/ Gender/ Ethnicity	Calendar Year of Admission		
	2016	2017	2018
White Males	3	10	9
White Females	2	5	9
Black Males	0	0	0
Black Females	0	0	0
Hispanic Males	0	0	0
Hispanic Females	0	0	0
Other Males	0	0	0
Other Females	0	0	0
Total	5	15	18

The number of women in Medicated Assisted Treatment increased through the two year period.  
GCHD Pac Trac

**GCHD Behavioral Health Clinic: Estimated 46 referrals to inpatient facilities in 2018. The wait times is 2-10 days overall. 213 - The number of client transports March 2019. Majority are MAT (intensive outpatient)**

**Garrett County Treatment Center**

Garrett County Treatment Center Opioid Diagnosis by Calendar Year				
	2017		2018	
	MAT	Pain Management	MAT	Pain Management
Total	10	3	71	21
Male	4	0	45	7
Female	6	3	26	14

The number of pain management patients has increased significantly within one year of service.

All clients are Caucasian  
Source:

**Dr. Miller, MD**

Dr. Miller Opioid Diagnosis by Calendar Year				
	2017		2018	
	MAT	Pain Management	MAT	Pain Management
Total	170		190	
Male	68		76	
Female	102		114	

During 2017 and 2018, women surpassed men in Medicated Assistant Treatment

All clients are Caucasian  
Source:

**Garrett Regional Behavior Health Center**

The Garrett Regional Behavior Health Center opened the Fall of 2018. Since opening they have seen a total of 122 patients. 72 females and 50 males. 2 African American and 4 Hispanic/Latino. Of these, 80 are from Garrett County. Note again the number of women in treatment services.

**Mountain Laurel Medical Center Behavioral Health Services:**

2018 data

62 patients. 25 male and 37 female. All causation.

## Cumberland Treatment Center: Number of Clients from Garrett County

	Patients	Female	Male
2017	40	21	19
2018	36	25	11

*Could not pull ethnicity for reporting.*

### Garrett County Detention Center

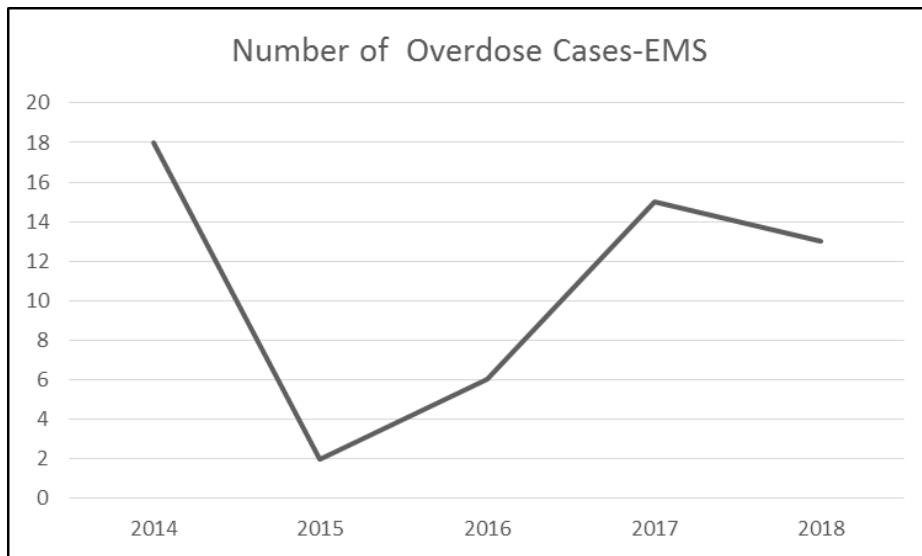
<b>Incarcerations at the Garrett County Detention Center</b>						
<b>Inmates being held on drug related charges</b>						
	# of inmates		# of drug related charges		%	
	2017	2018	2017	2018	2017	2018
Males	432	400	69	90	17%	23%
Female	141	180	32	66	18%	37%
<b>Participating in addiction counseling</b>						
Inmates in counseling						
	<b>2017</b>		<b>2018</b>			
# of inmates (drug related charges)	101		156			
# participating in counseling	50		30			
% of inmates in counseling	50%		19%			
<b>Fiscal Year Medical Detox</b>						
	<b>2017</b>		<b>2018</b>			
# medical intakes	225		434			
# medically detox persons	82		150			
% medically detox persons	36%		35%			

Over one-third of the inmates at the Garrett County Detention Center during 2018 were medically detoxed. Data for 2017 is the last six-months of 2017 and indicates 50% of inmates received services while in 2018 only 19% for the whole year received treatment services.

Note: The Medical Detox information for 2017 only includes from July 1, 2017 through December 31, 2017. The previous contractor did not leave any statistical data prior to July 1, 2017.

Overdose Likelihood: Resume opioid use after a period of time of no use, as those recently released from rehab or prison/jail	
Likelihood OD Resume	Percent
Extremely unlikely	1.45
Unlikely	0
Neutral	5.8
Likely	34.06
Extremely likely	58.7

During 2018, the calls to the 211 crisis hotline were 15% for substance abuse issues and 46% for mental health issues.



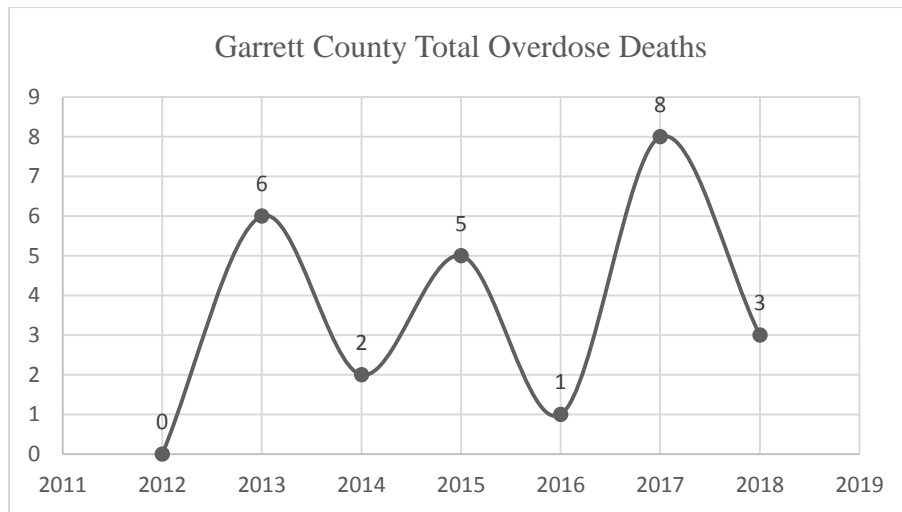
Overdoses as reported by Garrett County Emergency Services shows a sharp decline in 2015 but slowly increasing every year thereafter.

**There were 71 overdoses treated in Garrett Regional Medical Center in 2018**

Respondents from the 2016 Maryland Public Opinion Survey show that of the survey respondents, 43% know someone who had a bad reaction or overdosed within the past 12 months.

Do you know someone who has had a bad reaction or overdosed on a prescription opioid or heroin in the last 12 months?	
Overdosed	Percentage
Yes	42.65%
No	57.35





Data from 2012 to 2013 reveals a 600% increase in overdose deaths thus this data put Garrett County Maryland into the position of receiving state funds to address opioid misuse and abuse.

All data collection during the RCORP-P grant supported efforts to build on the momentum of the goal of expanding prevention and recovery efforts, establishing cross-sector community partnerships, building sustainable treatment resources and exploring new models of care, including integrated behavioral health.

### **Overview of Existing SUD/ODU Programs and Services**

The Garrett County Health Department directly provides community-based, behavioral health services including substance abuse prevention, intervention, treatment and recovery services for residents of Garrett County, Maryland. Geographically separated from the rest of Maryland by the Appalachian mountain chain, Garrett County has historically been isolated and underserved compared to the rest of the state. The nearest other source of substance abuse or mental health treatment available with a sliding fee scale is 60 miles away in Allegany County.

The design of the Garrett County substance abuse treatment and prevention systems are based on regional characteristics including: sparse population, rural geography, the prevalence of alcohol and drug abuse, and the limited State and Federal resources available to the community. The Center for Behavioral Health’s (CBH) outpatient (ASAM Levels .5, 1 and 1.5) program is the only state-certified and CARF accredited drug and alcohol treatment options available in Garrett County. There are no residential facilities located in the County. As one of two behavioral health service in Garrett County, the CBH provides a range of comprehensive and community-based substance abuse and mental health resources including but not limited to: emergency and crisis services; individual and group therapy; family and marital therapy; DWI education; employee assistance; school-based programs; diagnosis and evaluation; referral services; Acu-detox; Access to Recovery; Peer Support and Medication Assisted Treatment (MAT). Priority

populations include pregnant women, women with children, persons presenting with HIV/AIDS, IV drug users and Criminal Justice referrals per HG 8-505 and 8-507. The CBH also provides treatment for patients with co-occurring disorders.

There are two physicians in Garrett County who have a DEA waiver to provide buprenorphine. The physicians collaborate with the Center for Behavioral Health and require their patients to receive therapy from licensed or certified counselors at the Center. Additionally, the Center for Behavioral Health has a Tele-Health arrangement with the University Of Maryland School Of Medicine, department of Psychiatry to provide MAT via telehealth. These patients are very high risk and often have been discharged from other programs due to their not complying with treatment. All patients in this program are required to attend Intensive Outpatient Treatment (ASAM Level 1.5) upon initiation of treatment. Duplication of service is avoided due to monitoring by the Garrett County Behavioral Health Authority who has oversight and monitoring responsibility as the Local Drug and Alcohol Council to oversee mental health and addictions treatment and prevention in Garrett County.

As mentioned above the Local Behavioral Health Authority manages the public system of behavioral health in the community. In Maryland, treatment is funded through a fee for services system that includes MA, private health insurance, the health insurance exchange (ACA) and fees. The Garrett County Health Department as the provider of last resort is the only provider of Behavioral Health that provides services for Opioid Use Disorder. Other non-clinical services (Care coordination, peer recovery support, overdose response program, etc.) are funded through a combination of Federal, State and local grant programs. Given that the community is so resource poor, duplication of effort is something that does not typically occur.

There are two substance abuse treatment program in the community, one is the Center for Behavioral Health operated by the Garrett County Health Department. The Substance Use Disorder clinical staff includes: two certified addictions counselors, four licensed clinical professional counselors (Master Level) and one Licensed and Certified Social Worker who work in the addictions unit. In addition there is one full time and three part time peer recovery specialists. There are also 12 FTE additional licensed treatment staff (Licensed counselors, social workers, psychiatric nurse) who work in Center for Behavioral Health's outpatient mental health center as mental health counselors but who also see many co-occurring patients. The medical director of the Center is a psychiatrist.

Opening in November 2018, the Garrett Regional Medical Center Health and Wellness Services operates within the county and provides services for Maryland and West Virginia. They provide counseling for trauma, stress, PTSD, depression, anxiety sexual abuse, physical and verbal abuse, co-occurring disorders, substance abuse and addiction, and other conditions. Medication treatment for anxiety, depression, and other mental health conditions are also provide. They do not provide services for acute crisis clients who need medical stabilization first.

In response to Governor Larry Hogan's emergency proclamation, each county in Maryland was required to form an "Opioid Intervention Team" (OIT) which requires that the membership include Emergency Management, Elected Officials, local hospital, State and local police, probation and parole, and others. The OIT is co-facilitated by the Garrett County Health Officer

and Garrett County EMS director. The goal of the Garrett County OIT is to address the opioid and other drug epidemic in order to prevent overdose deaths and halt the spread of the drug epidemic in the community through prevention, enforcement, intervention and treatment/recovery.

The mission of the Garrett County Opioid Intervention Teams is to 1) develop a unified local strategy; 2) conduct operational coordination with all stakeholders; and 3) work cooperatively in conducting holistic intervention and response operations to reduce the number of fatal and non-fatal opioid overdoses on an operational and tactical level. The OIT has put in place small programs to provide overdose response training, education in the public school system beginning grade 3, and a local call to action.

Stand Together Garrett County will pull together the Opioid Intervention Team partners and consolidate the efforts of all partners in order to create a comprehensive strategic plan that will be designed to fill in the OUD gaps within the county.

### **Gaps and Unmet Needs**

Garrett County was awarded the Rural Communities Opioid Response Program-Planning grant and the main objective of this grant was to complete a countywide needs assessment to evaluate prevention, treatment, and recovery services and resources in the county and to identify gaps and unmet needs. Over the course of six-months, focus groups were assembled, quantitative data was collected, and meetings transpired in an effort to glean every piece of data possible. Data shows a rise in opioid misuse over the last several years in Garrett County. Residents, health officials and first responders wish to stem this rising tide. There is consensus among all focus group participants, as well as the Stand Together Coalition and Opioid Intervention Team, that there are specific needs to be addressed within the community. Some of the common concerns include the need to improve job opportunities; decrease stigma; address generational misuse; increase education on prevention, co-occurring disorders, and early childhood trauma; provide additional resources including recovery housing and peer recovery specialists; access to inpatient treatment in the county; as well as improve collaboration amongst resource organizations. While strategies to address most of the county needs are included in this application, inpatient treatment is not one of them. The cost of residential and recovery housing could not possibly be met through this grant but agencies such as Garrett Community Action, Inc. continue to search for grants in order to bring safe and stable treatment and recovery facilities into the county. Rapid detox is an important part of the opioid addiction-recovery process. Medical detox centers are structured and provide professionals that can help guide patients through the withdrawal process. Garrett County does not have a facility to medically detox from opioids. While this is a gap that if filled would offer OUD clients a much needed service, it is reported that there is a still a 2-10 day wait for inpatient care outside of the county.

The table below from respondents of the 2016 Maryland Public Opinion Survey further support qualitative data that services needed are not provided.

Obstacles to Rx Opioid abuse treatment: They do not provide the type of service needed	
Barriers to Opioid: No service	Percent
Yes	25.42%
No	74.58%

*Maryland Public Opinion Survey, 2016*

The strategies that are included in this grant proposal will prevent opioid use disorder, provide and supplement additional treatment options, and instill within the recovery community resources and services to prevent relapse and generational use. Structure and economic structures put into place will assist with the overall health of the treatment and recovery community. Consortium partners Garrett College working with individual in recovery to acquire education, skills, training, and employment, Maryland Legal Aid coming into the community, at locations convenient for the client, to discuss legal matters so that employment is possible, Pressley Ridge working with children and parents can help break the cycle of intergenerational abuse, and the Dove Center will educate about childhood trauma to help prevent adolescent and/or adult substance use disorders. The consortium will provide overdose response training to inmates and their family to prevent overdose upon release from jail as an effective overdose prevention strategy.

## **METHODOLOGY**

### **Methods for Fulfilling Core Activities**

The Stand Together Project has developed a robust plan and budget to fulfill all of the required core activities that are set forth to support the RCORP goal in alignment with the HHS Five Point Strategy over the course of the three-year period of performance. The responsibilities are distributed among numerous members of the Stand Together Consortium, fostering a sense of community responsibility to solve the opioid crisis in the rural Garrett County community.

#### **Methods for Fulfilling Prevention Core Activities**

*Develop, implement, and assess intervention models that leverage OD reversal and increase naloxone availability.*

Both the Project Director and Project Coordinator are trained facilitators for the Overdose Response Program in Garrett County. While ongoing community classes are scheduled a year at a time, through the RCORP grant, classes will be provided at the county jail on a quarterly basis for inmates and interested family members. The class will also be scheduled at the convenience of staff from Social Services and Head Start.

*Provide and assess the impact of culturally and linguistically appropriate education to improve family members', caregivers' and the public's understanding of evidence-based treatments and prevention strategies to eliminate stigma.*

Adverse Childhood Experiences presentations will be offered to teachers around the county, as well as lay community members including families, caregivers, and the faith community. These presentations are based on the landmark study that connected childhood maltreatment to later life health and well-being and the local presentations are intended to raise awareness about ACE's in order to promote culturally-sensitive services.

Community cafes will be set up at four subsidized housing units per year with the aim of improving family, caregivers, and the public's understanding of SUD/OD and treatment options.

An ongoing community anti-stigma campaign, coordinated by the Project Coordinator and a Public Information Officer, will be based on evidence-based, culturally and linguistically appropriate messaging and will be widely promoted using traditional and nontraditional media venues.

*Provide training and other professional development opportunities to increase the # of providers who are able to treat for SUD/OD.*

The Project Director will identify a credentialed speaker to present information about evidence-based treatment options in a grand rounds format for health care providers. In the second and third years of the grant, existing MAT providers in the county will be recruited to present at the local hospital's grand rounds in order to dispel misperceptions, increase referrals to treatment, and possibly increase the number of providers who treat for SUD/OD.

*Increase the # of providers who regularly use PDMP.*

Because use of the PDMP is required in MD, the Stand Together Project's focus will be on improving providers' meaningful use of the PDMP. The GCHD's Deputy Health Officer, a pediatrician, will prepare and present information about the data that is available from the PDMP and how to best use the data to inform patient care.

*Identify and screen individuals who are at risk of SUD/OD and make available prevention, harm reduction, and early intervention services, referral to treatment and other supportive services.*

To promote screening and referral, the GCHD Deputy Health Officer is prepared to train school nurses, college counselors, dentists, hygienists, medical office staff, and Social Services staff in SBIRT. The Deputy Health Officer has already provided the training to health department employees and would like to expand the target audience.

*Track, screen, prevent and refer to treatment patients with SUD/OD who have infectious complications.*

Johns Hopkins Bloomberg School of Public Health is conducting research in Western MD about the burden of IV drug users with HIV/HCV. The Western MD Research Coordinator has presented information to the Stand Together Consortium about partnering to effectively recruit study participants and get them into care. The Project Director and Coordinator will follow-up to confirm paths of referral between consortium members and the study. Additionally, the Project Director will work with public health nurses and local treatment providers to develop a bi-directional screening and referral process.

### **Methods for Fulfilling Treatment Core Activities**

*Increase the # of providers who are trained, certified and willing to provide MAT, including by providing opportunities for existing rural providers to obtain DATA 2000 DEA waivers.*

The Project Director will identify a credentialed speaker to present information about evidence-based treatment options in a grand rounds format for health care providers. In the second and third years of the grant, existing MAT providers in the county will be recruited to present at the local hospital's grand rounds in order to dispel misperceptions, increase referrals to treatment, and possibly increase the number of MAT providers.

*Increase the # of support staff with the training and education to provide activities and services to complement MAT.*

The Substance Abuse division of the health department will recruit, hire and train a Peer Recovery Specialist who will provide activities and services to complement MAT, whether the services are offered at the health department or another treatment provider's office. All Peer Recovery Specialists are required to become certified within 24 months of continuous employment. The certification includes 46 hours of training in ethics, advocacy, mentoring and education, and wellness and recovery.

Consortium members, including treatment providers, will explore the idea of providing child care at treatment facilities or providing vouchers for child care to eliminate that barrier to treatment.

*Recruit and retain rural SUD/ODD providers by providing workforce development opportunities and recruitment incentives through mechanisms such as NHSC.*

The Stand Together Project will provide financial support for the training of the newly recruited and hired Peer Recovery Specialist, as well as two additional existing Peer Recovery Specialists who are in the process of certification.

*Reduce barriers to treatment by using approaches to minimize stigma and other barriers to care.*

By contracting with Pressley Ridge of Western MD, up to 25 families will be provided in-home, intensive crisis intervention services based on the evidence-based HOMEBUILDERS® Program. The program will serve children and infants in Garrett

County who are affected by parental substance abuse. It provides a wide range of counseling services for parents to increase life skills, improve individual and family functioning, enhance social supports, and access basic needs.

Trauma Informed Care Training will be offered to all interested service providers in the county each year of the grant. This provides a day long overview of trauma across the lifespan, its impact, and proven models of trauma-informed care that is culturally and linguistically appropriate. This training also contributes stigma reduction and other barriers to care.

To promote attendance and compliance with MAT services and reduce barriers, an incentive program will be developed and implemented among treatment providers.

*Train providers, administrative staff, and other relevant stakeholders to maximize reimbursement for treatment encounters through proper coding and billing across insurance types.*

The Project Coordinator will assess training needs of administrative staff of treatment providers and identify relevant training that can be provided through the Stand Together Project that will facilitate maximum reimbursement. Training will be accessed through the Practice Management Institute® which works with health care systems, hospitals, medical societies, provider organizations, and learning institutions nationwide to provide training for administrative staff working in outpatient facilities. Classes address the latest updates relevant to medical office coding, billing, operations and compliance.

*Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OD.*

The Project Coordinator will put together treatment resource packets and provide them to law enforcement officers and EMS staff to share with clients as appropriate. Law enforcement and EMS staff are already trained in overdose response. The Project Director and Project Coordinator will introduce the idea of a pilot project with law enforcement called STEER (Stop, Triage, Engage, Educate, and Rehabilitate). The project is an alternative to conventional arrest and booking that diverts potential clients into treatment.

### **Methods for Fulfilling Recovery Core Activities**

*Enable individuals, families and caregivers to find, access, and navigate evidence-based and/or best practices for affordable treatment and recovery support services for SUD/OD.*

By contracting with Garrett College Continuing Education, up to 10 individuals in recovery per year will be given the opportunity to develop or enhance job readiness skills followed by transition in to the workforce. Garrett College will be a liaison between the job industry, the individual in recovery, and the Continuing Education instructors to develop training programs; assist individuals with job readiness skills such as

interviewing, preparing a resume, completing an application; arrange internships/externships or job shadowing opportunities; assist individuals with their job search; and provide job retention support following employment. This contract includes the cost of tuition and fees, any certification or credentialing exams, and miscellaneous job-entry expenses such as uniforms, tools or work equipment.

To further support individuals in treatment and recovery, as well as their families, a component of the Stand Together Project is to contract with Maryland Legal Aid to provide four hours of legal aid per week. An attorney will be available at no cost to assist with expungement, help with housing issues, license reinstatement, and back child support issues. As many as 200 Garrett County individuals in treatment or recovery will be served by Maryland Legal Aid over the three-year project.

*Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.*

Funds for 1.0 FTE Peer Recovery Specialist will enhance Garrett County's ability to meet the needs of clients in treatment and recovery, expanding the client's access to support services as part of a continuum of services to support stable and long-term recovery.

*Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports.*

The Maryland Legal Aid services will help facilitate smoother re-entry of clients moving from the criminal justice system back into the community or from inpatient treatment back into the community, at no cost to the client. Also, the workforce development program provided by Garrett College will give clients an opportunity to transition back into the job market with assistance and coaching, at no cost to the client. The Peer Recovery Specialist will assist clients in linking to the appropriate support services.

## **Methods for Fulfilling Additional Activities**

*Implement year-round drug take-back programs. (Prevention)*

Garrett County has been observing bi-annual drug take-back events for several years. In order to extend and expand the reach of the drug take-back program, the Project Coordinator will organize "walking take-backs" in each Garrett County municipality over the course of the three-year grant program.

*Encourage the use of multidisciplinary team models for the management of pain. (Prevention)*

The Stand Together Project consortium members will promote the integration of available services by supporting multidisciplinary approaches to the management of pain. Funds are set aside to support the growth of a chronic pain support group and to support the attendance of health care providers at a national conference "Moving Beyond Opioids for Chronic Pain."



*Provide support for pregnant and postpartum women to enter and adhere to family-centered SUD/ODU treatment, reduce risk of relapse, and prevent medical complications in the newborn and other children.*

Garrett County currently has a strong system of early care support services that are well integrated across agencies. Through the Stand Together Project, consortium members and staff from early care services will assess the need for and access to family-centered SUD/ODU treatment to ensure that linkages are occurring seamlessly. Also, consortium members, including treatment providers, will explore the idea of providing child care at treatment facilities or providing vouchers for child care to eliminate that barrier to treatment.

*Improve availability and coordination of transportation services to connect rural residents to recovery and other support services.*

The addition of a Peer Recovery Specialist expands access to recovery and support services through the provision of transportation. This is especially important in Garrett County, MD where there is no public transportation system, yet it is the most sparsely populated county in Maryland with the vast majority of residents living outside of town limits.

*Strengthen partnerships to better leverage other SUD and mental health-related community resources. Support referrals between clinical partners.*

Based on feedback from many community members, the Stand Together consortium members will develop a roadmap of services from prevention to treatment to recovery in order to support referrals between partners, as well as simplify the path to recovery for clients.

To strengthen partnerships to better leverage resources, the Stand Together Consortium will meet monthly with an open agenda, organize town hall meetings and community cafes, and develop the leadership capacity of consortium members through training and networking opportunities.

## **Methods for Sustaining Project Beyond Period of Performance**

The Stand Together Consortium pre-existed the RCORP grant program, as it was convened as a call to action in the community to better serve individuals and families dealing with substance abuse. Thus, the Consortium has history in place to suggest sustainability. Financial interests and legislative requirements are not the motivating factors for consortium member participation, but rather consortium members have recognized the need for a community response to a crisis. The consortium members not only represent agencies, but perhaps more importantly, many of the members are themselves addicts in recovery, family members of those in recovery, and concerned community advocates. The health department, as a public health agency, accepted the initial leadership of the Stand Together Consortium because the drug abuse crisis is a very real threat to the health of the community. However, coalition-building and

community mobilization is paramount to the sustainability of the consortium, each of which is built in to the work plan of the Stand Together Project. The health department facilitates several coalitions, committees, councils, and consortiums (Drug-Free Communities Coalition, Opioid Intervention Team, Overdose Response Team, Health Planning Council, Steps to Better Health Committee, Suicide Prevention, Mental Health Advisory), some of which are supported by funding and some are not. Each serves to address community problems or issues that are too large and complex for any one agency or organization, alone. The health department is committed to facilitating or *assisting* in facilitating the Stand Together Consortium as long as the need exists.

To secure target population support and engagement, the Stand Together Consortium will extend the invitation to be involved in the Consortium to participants in the many proposed activities of the Stand Together Project. As a result of town hall meetings, the Consortium has already developed an active Speaker's Bureau made up of persons in recovery, family members of persons in recovery, treatment providers, and other service providers. This has been a very powerful way to support individuals in recovery and their family members, as well as to correct misperceptions and reduce stigma in the general community. These efforts will continue.

Efforts to leverage partnerships are successfully underway as a result of current and previous work to tackle the opioid crisis in Garrett County. As a result of the RCORPS Planning grant, the health department partnered with the local hospital, the local federally qualified health center, a community action agency, and the Area Health Education Center – West. Each of these partners has contributed significant in-kind resources to position the county to provide needed housing and integrated behavioral health services. Prior to the RCORPS Planning grant, the State's Attorney issued a Call to Action in the county that led to a series of town hall meetings and the creation of an active Speaker's Bureau. The RCORPS Implementation would continue the development of sustainable partnerships to enhance social services, legal aid services, job readiness and placement services, in-home crisis intervention services, and treatment and recovery services from public, private, and non-profit organizations – all of which is described in the Stand Together work plan.

Financial sustainability of Stand Together Project activities was a consideration in the development of the work plan. Consortium activities can be sustained with in-kind support from each of the consortium members. The sustainability of treatment services will be enhanced by the provision of training for office staff and treatment providers to maximize reimbursement. Examples of training topics include Principles of Coding, Getting Paid: Keeping a Pulse on Accounts Receivable, Successful Insurance Claims Processing, and Effective Denial Management and Rejection Prevention, just to name a few. Office staff from any treatment or integrated behavioral health offices will be extended to opportunity to participate in such training. The trainings will also provide the opportunity for local networking among behavioral health and medical office professionals.

To facilitate the health insurance enrollment process for eligible uninsured patients, Stand Together Consortium members will work with the Maryland Health Connection (MHC) staff and the Qualified Health Plan (QHP) Navigator. The Maryland Health Connection is the health insurance exchange in the state of Maryland, created in accordance with the Patient Protection and Affordable Care Act. It is Maryland's official health insurance marketplace for individuals and families who are not covered through their employers. The Qualified Health Plan Navigator, as a representative of the Maryland Health Connection, can deliver in-person outreach, education, and enrollment in both qualified health plans and public insurance options. Local representatives of MHC, as well as the QHP Navigator will be invited to a Stand Together meeting to provide a presentation about health plan options and the enrollment and referral process. As a result of the presentation, consortium members can then directly access MHC staff members or the QHP Navigator to attend events or appointments with clients.

Finally, leveraging other funding streams to cover the cost of services will be an ongoing emphasis at the monthly consortium meetings. In addition to discussion at the monthly meetings, consortium members will take advantage of MyGarrettCounty.com, a locally developed universal community planning tool that allows for multi-sectoral data and resource sharing and increases equity among agencies, organizations, and local stakeholders. One of the features of the platform is the ability to create discussion groups to stimulate and mobilize conversations from the community forum and actualize strategies for community improvement. One of the featured groups is “Grant Development” where funding opportunities are posted almost daily, and group members can “claim” the opportunity and ask for support from other community organizations. The planning tool even allows for work on funding opportunities to occur within a group so that partners can work transparently and collaboratively. This resource will be further discussed, and a discussion group will be developed and tailored for the Stand Together Consortium to use for the purpose of performance management, the leveraging of funding streams, and for general and ongoing communication among consortium members or other interested persons.

## **WORK PLAN**

The Stand Together Project includes a detailed and comprehensive work plan that is outlined in Attachment 1. It incorporates timeframes, deliverables and roles of consortium members to address each of the core activities. Administrative oversight for the grant will be the primary responsibility of the Project Director with this work beginning immediately after award of the grant to set up contracts with consortium partners, and continuing through the duration of the project with work expanding to include evaluation, reporting, coalition oversight, and contract management. The Project Coordinator will accept responsibility for more of the community education, community mobilization, and coalition building. Maryland Legal Aid, Garrett College, the Dove Center, and Pressley Ridge of Western Maryland will provide services that respond to specific deliverables set forth in the work plan to contribute to the comprehensive community plan for SUD/ODU prevention, treatment, and recovery services. The Health

Education unit of the health department and the Dove Center will provide most of the prevention services. The Behavioral Health unit of the health department and Pressley Ridge of Western Maryland will provide most of the treatment services or the referral to treatment services. Maryland Legal Aid, Pressley Ridge of Western Maryland, and Garrett College will provide recovery support services. Other consortium members that will contribute in-kind services include other treatment providers, faith community, law enforcement, State's Attorney, FQHC, Garrett Regional Medical Center, and Department of Social Services.

In year one, services will begin through the consortium partners that will include job readiness and placement, legal assistance, in-home crisis intervention, and community Adverse Childhood Experiences (ACE's) presentations. These will continue throughout the duration of the grant. Overdose response classes will be offered annually to inmates and their family members, and in the service provider realm to Social Services staff and Head Start staff. Community cafes will be offered quarterly for the three years of the grant, and an anti-stigma campaign will be developed in the first quarter then implemented for the remainder of the grant cycle. A grand rounds about SUD/ODU treatment will be offered for health care providers each year of the grant. A grand rounds about the PDMP will be offered in year one of the grant. SBIRT training will be provided to school nurses, dentists and hygienists in year one; to college counselors in year two; and to and Social Services staff in year three. Partnerships with Johns Hopkins Bloomberg School of Public health, health department clinical services and treatment providers will be developed in year one and cultivated throughout the duration of the grant cycle to promote screening and referral between the services. A walking take back program will be conducted in the Spring, Summer, and Fall of each year in partnership with local law enforcement. Training for the facilitator of a local chronic pain support group, for health care providers, and for medical and treatment office staff will be supported in years one, two and three. A Peer Recovery Specialist will be recruited and hired in year one and will complete required certification by year three of the grant. Treatment providers will meet to develop an incentive program for patients in MAT, to be implemented in the Spring of the first year and ongoing. A local trauma-informed care training will be provided twice for service providers and the medical community – once in the Spring of the first year, and again in Spring of the second year for those who couldn't attend the first one. The Stand Together Consortium will meet monthly on an ongoing basis.

During the second year of the grant, the Project Director and Project Coordinator will pull together the appropriate partners to explore implementation of two pilot programs – one to provide either child care or child care vouchers for those in treatment for whom child care is a barrier and one to implement an alternative to conventional arrest and booking that diverts potential clients into treatment.

## **RESOLUTION OF CHALLENGES**

Internal challenges that the consortium is likely to encounter are minimal. The Garrett County Health Department would act as the lead agency, and as such, is experienced at administering state and federal grants. The agency has a sound organizational infrastructure for human resources, policies and procedures, and financial management. A potential challenge to be mindful of is having the agency take on too much of the identity of the consortium, rather than

allowing the consortium to develop a separate identity. To resolve this challenge, the Project Director and Project Coordinator will continue to develop the leadership capacity of the Stand Together members by inviting them to local, state, and national training opportunities; including them in TA conference calls; delegating chairmanship for meetings; and recognizing individual contributions in public meetings. Another potential challenge will be guarding against the development of funding silos as funds to address the opioid crisis present themselves to the consortium. It will be important to have established a big picture vision that informs and directs the categorical efforts that may occur. The RCORPS Planning grant puts the Stand Together Consortium on a clear path to a comprehensive strategic plan that members can use as the framework to guide all opioid prevention, treatment, and recovery efforts for Garrett County.

External challenges that the consortium is likely to encounter are the stigma around SUD/ODU and challenges created by geographical limitations. As in most rural service areas, stigma takes on special importance because of the overlapping relationships that exist. In this small community, individuals face a lack of anonymity that may prevent them from seeking help for fear of being labeled. To be viewed negatively by others, to be avoided, or to be seen as less than a full member of the community is a difficult burden for a person in a rural community. To address stigma, the consortium plans to develop and implement an anti-stigma community campaign and to provide a series of professional development opportunities about trauma informed care and adverse childhood experiences. This approach recognizes the role trauma plays in the lives of patients and seeks to shift the perspective from the stigmatizing “what’s wrong with you” to the healing “what happened to you.”

Geographical limitations are a very real challenge in Garrett County. It is sparsely populated with 76% of Garrett County residents living outside town limits, making this county the most rural in Maryland. It is designated as a medically underserved area and a health professional shortage area. There is no public transportation service, no taxi service, and only one registered Uber driver. To complicate this challenge, clients who are in treatment and/or recovery have often lost their driving privilege. Without public transportation, clients have to rely on rides from other family members or friends, who have possibly been enabling or using with them. To address this challenge, the consortium looks to increase the number of peer recovery specialists from three to four full time equivalencies. These specialists provide transportation to and from appointments, as well as supporting clients throughout their recovery process.

## **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

Data collection will be monitored by the Project Director and Coordinator. Many of the consortium members provide treatment services and will assist with providing data based upon their SUD/ODU services and will assist with other data collection amongst professionals in the medical field. The Director at the Dove Center, Garrett College, and Pressley Ridge will provide program specific data. Provided in the Memorandum of Understanding will be a deliverable specific to data collection which will be required for implementation measurement.

The Project Director and Project Coordinator will manage data collection and data entry. The Office Secretary will enter and secure data. The Project Director will set up data collection tables

for data management, and will analyze data that is collected. All data will be stored on a secured network that only the clerical staff, Project Director and Coordinator have permissions to utilize.

Performance management will be tracked through Garrett County's universal community planning tool, MyGarrettCounty.com. The planning tool allows multi-sectoral data sharing and increases equity while building capacity for hyperlocal data collection by agencies, organizations, and local stakeholders. The data for this grant will be entered bi-monthly in order to efficiently monitor that strategies are being strategically implemented and to offer technical assistance on a local and national level.

Stand Together Garrett County was awarded the RCORP-Planning and is hopeful that the RCORP-Implementation grant will be awarded. Rural America truly does have unique behavioral health issues effected by substance abuse disorder, especially the opioid use disorder. The consortium is in a favorable position and will be supportive and utilize evaluation tools and resources specifically developed for use in rural communities in an effort to inform future rural health initiatives in the Rural Communities Opioid Response Program-Evaluation grant. The county has completed its second county wide needs assessment in five year. Much data has already been collected and the consortium is eager to collect and analyze data, define and implement impact indicators to assess the effectiveness of TA and award recipient activities. All other deliverable within the RCORP-Evaluation grant, working with the RCORP-TA provider to identify RCORP best practices, using RCORP findings to identify research needs, and making recommendations to enhance RCORP activities and inform future rural health initiatives will be a learned process but in order to effectively drive the process of reducing SUD/ODU in rural communities, the Stand Together Garrett County consortium is willing to offer their expertise and knowledge in all areas.

Through the RCORP-Planning grant, monthly technical assistance calls have transpired. Through these calls and email correspondence, program deliverables have been implemented more smoothly. The TA team delivers in a timely manner and information is shared with consortium members as well as other vested coalitions. Garrett County is overwhelmed by the response of community professionals and volunteers who work together almost daily on issues related to opioid use disorder to offset the devastation that it have brought to the county. Sharing information, resources, training, etc. comes easy for the project coordinator who spearheads another coalition. The success of this consortium is that information is communicated in a timely manner and new ideas to combat this addiction are open for all to hear.

The Project Director will share the results of data through a Power Point presentation every six-months for the consortium partners and other groups of interest in order to evaluation the process outcomes and share program results with the appropriate groups. The mygarrettcountry.com digital platform is open for community members to join. They must first be accepted by the administrators over the group, which will be the Project Director and Coordinator. Through this venue of performance management, data sharing is make available for real time data sharing and access is easy. Lessons learned will be part of the six-month presentation and will include process evaluation data. There are four main consortium partners, but through the RCORP-Planning grant, there are 12 already in place. Stand Together Garrett brings new partners to the

table monthly. Each new partner enables the consortium to broaden its data collection abilities which drives performance management.

## ORGANIZATIONAL INFORMATION

The applicant agency for the Stand Together Project is the Garrett County Health Department (GCHD), and the consortium partners are the Garrett County Dove Center, Garrett College (GC), Maryland Legal Aid, and Pressley Ridge. All of the services provided through the Stand Together Project will be provided in HRSA-designated areas, specifically those located in the following Garrett County zip codes: 21520, 21523, 21522, 21531, 21538, 21536, 21541, 21550, and 21561. Three of the five consortium members are *located* in the HRSA-designated rural area that the Stand Together Project will serve, and the other two *serve* the targeted HRSA-designated rural area. Each of the consortium members has an agreed upon role in the Stand Together Project, as outlined below:

- Garrett County Health Department – provide fiscal and programmatic oversight; provide Project Director and Project Coordinator; coordinate prevention efforts; recruit, hire, and train Peer Recovery Specialist
- Dove Center – conduct Adverse Childhood Experiences training around the county and assist with trauma informed care training
- Garrett College – recruit and enroll participants from the recovery community into the Career Pathway group and work with local employers to secure employment for participants after completing program.
- Maryland Legal Aid – provide attorney services in Garrett County four hours a week to assist clients in navigating legal issues
- Pressley Ridge – provide home-based crisis services for Garrett County children affected by parental substance abuse.

Organizational details about each of the consortium members are outlined in the table below.

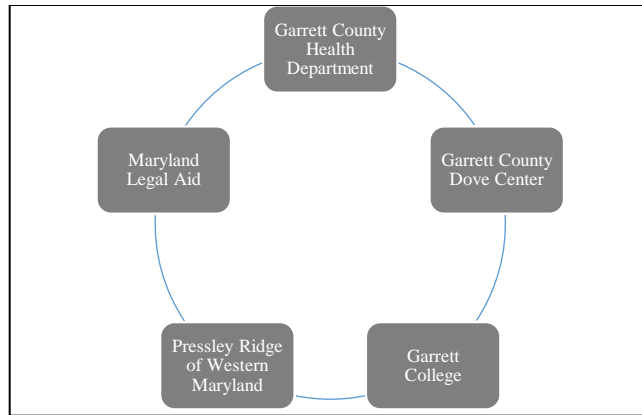
<b>Consortium Member Organization Name</b>	Garrett County Health Department	Garrett County Dove Center	Garrett College	Maryland Legal Aid	Pressley Ridge of Western Maryland
<b>Consortium Member Organization Address</b>	1025 Memorial Drive Oakland, MD 21550	882 Memorial Drive Oakland, MD 21550	687 Mosser Road McHenry, MD 21541	110 Greene St. Cumberland, MD 21502	327 Beall Street Cumberland, MD 21502
<b>Primary Point of Contact</b>	Sandy Miller Prevention Supervisor <a href="mailto:Sandy.miller@maryland.gov">Sandy.miller@maryland.gov</a> 301-334-7730	Heather Hanline Executive Director <a href="mailto:dovecenter@gcdovecenter.org">dovecenter@gcdovecenter.org</a> 301-334-6255	Kurt Lear Director of Workforce Dev. And Adult Ed. <a href="mailto:Kurt.lear@garretcollege.edu">Kurt.lear@garretcollege.edu</a> 301-387-3087	Miriam Sincell Chief Attorney for Western, MD <a href="mailto:msincell@mdlaborg">msincell@mdlaborg</a> 240-920-0803	Mary Beth DeMartino Program Director <a href="mailto:mdemartino@pressleyridge.org">mdemartino@pressleyridge.org</a> 301-724-8413
<b>EIN</b>	23-7390591	52-1788687	52-0906659	52-0591621	25-0965460
<b>Sector</b>	Public Health	Private, non-profit human services agency	Education	Non-profit law firm	Private, non-profit
<b>NHSC site?</b>	No	No	No	No	No
<b>Recipient of FY18 RCORP</b>	Yes	No	No	No	No

<b>Planning award?</b>					
<b>FY19 RCORP Planning applicant?</b>	No	No	No	No	No
<b>Role in Community</b>	Promote, protect, and improve health	The county's only domestic violence and sexual assault service provider	Career training facility	Legal services for low-income and vulnerable individuals and families	In-home program for substance-affected families
<b>Service Delivery Sites</b>	Garrett County, MD 21520, 21523, 21522, 21531, 21538, 21536, 21541, 21550, 21561	Garrett County, MD 21520, 21523, 21522, 21531, 21538, 21536, 21541, 21550, 21561	Garrett County, MD 21520, 21523, 21522, 21531, 21538, 21536, 21541, 21550, 21561	Garrett County, MD 21520, 21523, 21522, 21531, 21538, 21536, 21541, 21550, 21561	Garrett County, MD 21520, 21523, 21522, 21531, 21538, 21536, 21541, 21550, 21561
<b>Located in HRSA-designated rural county?</b>	Yes	Yes	Yes	No	No

The Garrett County Health Department (GCHD) will provide administrative and institutional support for the Stand Together Project. The institutional knowledge and experience of staff at the health department is significant, and there is a sound infrastructure for the program with an agency budget of over \$14 million and a staff of over 140. The GCHD is housed in the 22,000 square foot Garrett County Health Center. The staff has access to state of the art technology including a T1 internet connection, satellite down link, video conferencing, etc. Administrative support includes information technology, human resources, a fiscal department, and a medical advisor. The Fiscal Officer is a Certified Public Accountant with experience overseeing the budgets of numerous local, state, and federal-level grants for over 20 years.

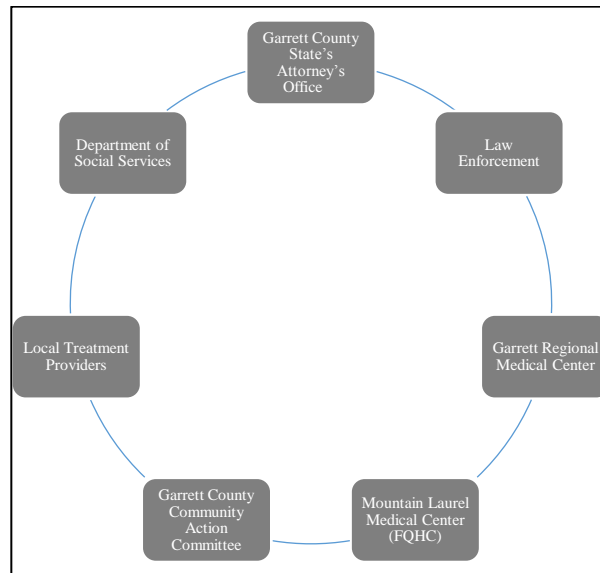
Members of the larger Stand Together Consortium have been working together for nearly two years. The five organizations that will compose the working consortium for the Stand Together Project also have a history of collaborating for the betterment of the community, although the proposed initiatives will require more intense partnerships. To accomplish the objectives of the Stand Together Project, the GCHD as the lead agency, will develop Memorandums of Understanding among the members and will convene monthly meetings to assure progress and collaboration towards meeting the objectives. The organizational chart for the core consortium members is depicted below.





The partner agencies will work in a collaborative relationship with the GCHD as the lead agency with fiscal and programmatic responsibility.

In addition to the five core consortium members, there are also numerous ancillary partners that will also be critical to the success of the Stand Together Project. This organizational chart is depicted below. The ancillary partners will support and guide the work of the core consortium partners. Monthly meetings will occur to provide regular performance updates and to receive input and feedback from all participating consortium members.



**Staffing Plan:**

GCHD will provide a Project Director at 0.40 FTE, a Project Coordinator at 0.4 FTE, clerical support at 0.25 FTE, and a Peer Recovery Specialist at 1.0 FTE to facilitate the implementation of the Stand Together Project. The proposed Project Director is the Alcohol and Other Drug Prevention Supervisor for the Garrett County Health Department and has worked for the agency for 20 years in various alcohol and drug prevention capacities. She is a Certified Prevention Professional through the MD Association of Prevention Professionals and Advocates. She is experienced in community assessment and planning, as well as substance abuse prevention. In her role as Project Director, she

will facilitate collaborative input across consortium members to fulfill the project activities in the work plan. She will do this by facilitating monthly consortium meetings and serving as the point of contact for all grant related activities. She will also provide grant oversight, assist in the compilation of data, manage contracts, and coordinate training for health care providers. If the Project Director were to change during the course of the Implementation Grant, the GCHD would most likely fill the Project Director position with another staff person from the agency with the necessary qualifications and experience. Currently, the Health Education division of the health department also includes two Master’s Level health education providers, and one additional Bachelor’s Level health education provider who could step into the Project Director role if required. With regard to the proposed Project Director serving as such for other federal awards, she is currently acting in the Project Director capacity for the RCORP-Planning grant for the county at 0.4 FTE. This grant award ends September 29, 2019.

The Alcohol and Other Drug Prevention Coordinator from the Garrett County Health Department will act as the Project Coordinator. Her role will be to facilitate overdose response classes, coordinate community cafes, develop and implement an anti-stigma campaign, coordinate training for community members, and assist in the facilitation of the Stand Together Consortium meetings. She is a Certified Prevention Professional through the MD Association of Prevention Professionals and Advocates and has been working in alcohol and other drug prevention 15 years. Her work in opioid misuse prevention is more recent and has included a focus on placement and promotion of permanent drug drop boxes in the county and extensive coalition building and community mobilization.

The clerical support for the Stand Together Project will be provided by the Office Secretary from the Health Education division of the Garrett County Health Department. She has provided clerical support for the alcohol and drug prevention programs at the health department for the last four years including composing minutes; creating meeting notices, brochures and flyers; maintaining data to prepare reports; and assisting with coordination of training and conferences.

The Peer Recovery Specialist will be recruited and hired if the RCORP-Implementation grant is awarded to Garrett County. This Specialist will focus 100% of their efforts on treatment and recovery efforts to include transportation to and from appointments, advocacy for clients, assistance for clients in crisis, and recognition of the need for referral into support services.

The staffing plan is outlined in the table below.

Name, Title and Organization	FTE	Roles/Responsibilities
Sandy Miller, Project Director, Garrett County Health Department	0.4 FTE	<ul style="list-style-type: none"> <li>• Oversee grant administration including fiscal, evaluation, and programmatic responsibilities</li> <li>• Develop and administer contracts</li> <li>• Direct development of new initiatives with Garrett College, Pressley Ridge, Dove Center and MD Legal Aid</li> <li>• Coordinate professional development opportunities for health care providers</li> <li>• Coordinate Grand Rounds to promote PDMP</li> <li>• Direct development of screening and referral process between treatment and STI services</li> <li>• Meet with primary care providers to discuss MAT</li> <li>• Seek and coordinate workforce development training, trauma-informed care training, and office reimbursement training</li> </ul>

		<ul style="list-style-type: none"> <li>• Assist in development of new programs with law enforcement and EMS providers</li> <li>• Oversee development of partnership between home visiting program and Head Start to support families in crisis</li> <li>• Assist in facilitation of Stand Together Consortium</li> </ul>
Sadie Liller, Project Coordinator, Garrett County Health Department	0.4 FTE	<ul style="list-style-type: none"> <li>• Provide overdose response training</li> <li>• Coordinate community cafes</li> <li>• Coordinate anti-stigma campaign</li> <li>• Coordinate SBIRT training presentations</li> <li>• Assist with Johns Hopkins research study re. IV drug and HIV/HCV</li> <li>• Coordinate walking drug take-back</li> <li>• Coordinate evidence-based messaging for community and faith-based orgs.</li> <li>• Seek and coordinate workforce development training, trauma-informed care training, and office reimbursement training</li> <li>• Coordinate efforts with law enforcement</li> <li>• Assist in facilitation of Stand Together Consortium</li> </ul>
Lori Reichard, Office Secretary, Garrett County Health Department	0.25 FTE	<ul style="list-style-type: none"> <li>• Minutes, meeting notices, and all correspondence for Stand Together Consortium</li> <li>• Develop flyers, brochures, and promotional materials</li> <li>• Prepares and maintains statistical and numerical reports and records</li> </ul>
Peer Recovery Specialist (To be hired) Garrett County Health Department	1.0 FTE	<ul style="list-style-type: none"> <li>• Assist with activities to complement MAT</li> <li>• Expand access to recovery and support services through the provision of transportation</li> <li>• Provide assistance for clients in crisis</li> <li>• Link clients to support services</li> </ul>