



# Garrett County

## Drug Free Communities Coalition

*Strategic Plan for Alcohol and Drug Abuse*

*Fiscal Years 2018-2020*

Garrett County Drug Free Communities Coalition  
Strategic Plan for Alcohol and Drug Abuse  
Fiscal Years 2018-2020

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# **GARRETT COUNTY, MARYLAND**

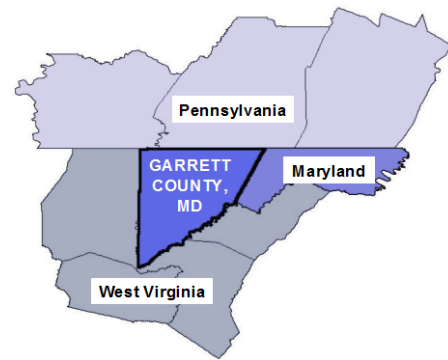
## **STRATEGIC PLAN FOR ALCOHOL AND DRUG ABUSE**

**Vision:**        **A safe and drug free Garrett County**

**Mission:**      **To assist in promoting treatment, intervention and prevention services to those people affected by alcohol and other drug abuse in Garrett County.**

Data driven analysis of jurisdictional needs:

Garrett County is Maryland’s western most county and is home to a high concentration of vulnerable residents who lack access to many of the services available in more urban and suburban settings. The entire county is classified as rural with less than 22% of the total population of 29,425<sup>1</sup> (2016 Census estimate) living within municipal boundaries. The mountainous topography, severe weather and considerable distances prevent residents from accessing health care including substance abuse treatment outside the county. The nearest source of in-patient treatment, residential half-way house or medically assisted withdrawal programs for substance abuse treatment is over 60 miles away in Allegany County.



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

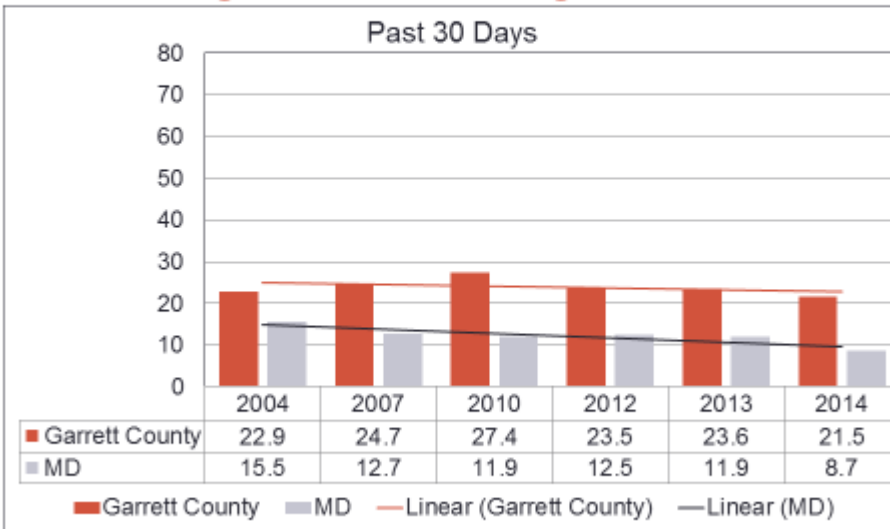
One of the goals of the Garrett County Drug Free Communities Coalition (DFCC) is to reduce youth substance abuse. To measure the efficacy of youth prevention strategies, the Garrett County Health Department and the Garrett County Board of Education collaborated in 2014 (2016 YRBS analysis is not complete) to survey all middle and high school youth using the Youth Risk Behavior Survey Scale. Survey results have been presented to the Garrett County Drug Free Communities Coalition and are discussed below.

### **Results - Past 30-Day Use-Grades 9-12**

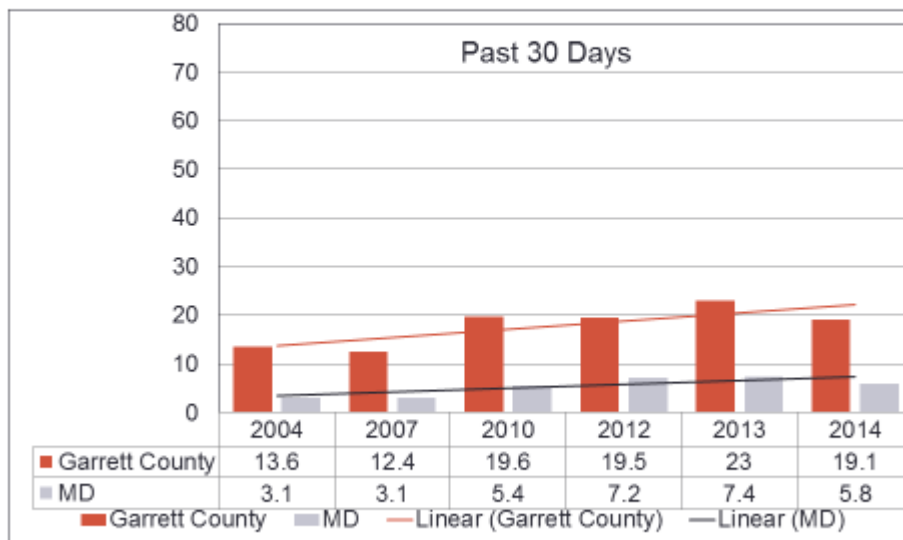
|                          |  |
|--------------------------|--|
| <i>Cigarettes</i>        | Garrett county cigarette use has decreased by a small margin but continues to rise above the state by 12.8%.                           |
| <i>Smokeless Tobacco</i> | Smokeless tobacco use has decreased by 3.9% but use is almost four times that of the state.  |
| <i>Alcohol</i>           | Alcohol use is showing a steady decline in alcohol 30 day use and binge drinking since 2004 but continues to be higher than the state. |
| <i>Marijuana</i>         | For 8 <sup>th</sup> , 10 <sup>th</sup> and 12 <sup>th</sup> grade youth there were no significant changes.                             |
| <i>Rx Abuse</i>          | There was a significant decrease in use by of prescription drugs 30 – day use, 20%-16.5% and slightly higher that the state.           |

<sup>1</sup> <https://www.census.gov/quickfacts/table> 6/1/17

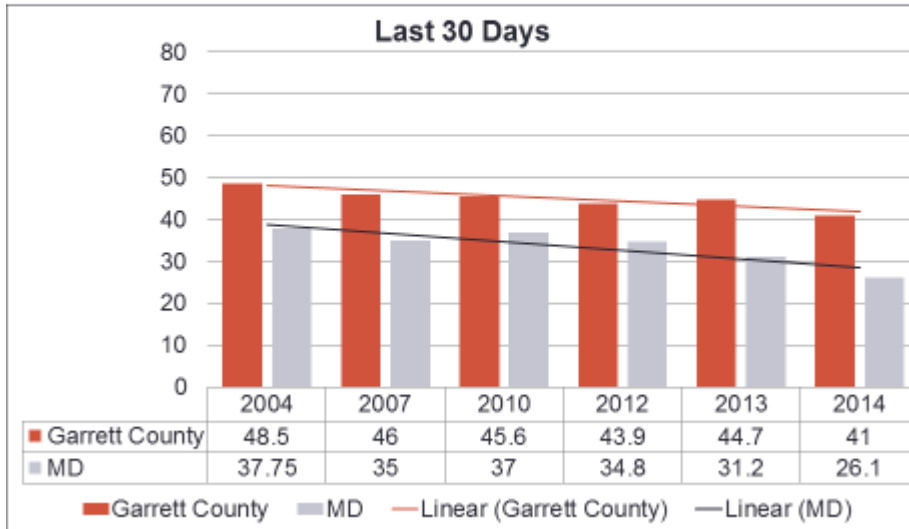
## Cigarette Use, High School



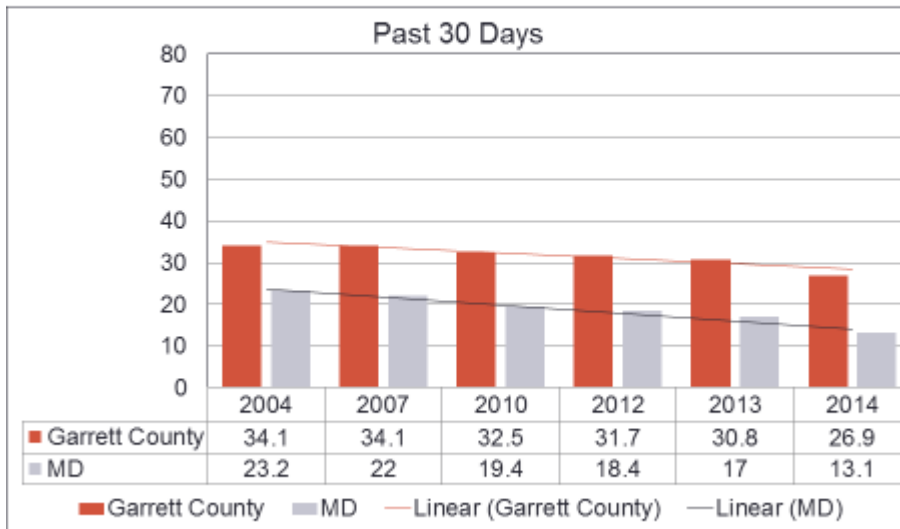
## Smokeless Tobacco Use, High School



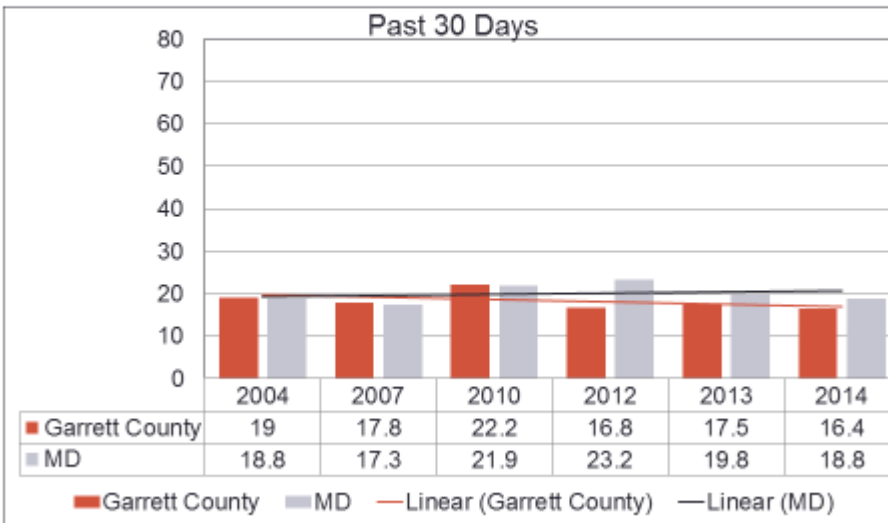
## Alcohol Use, High School



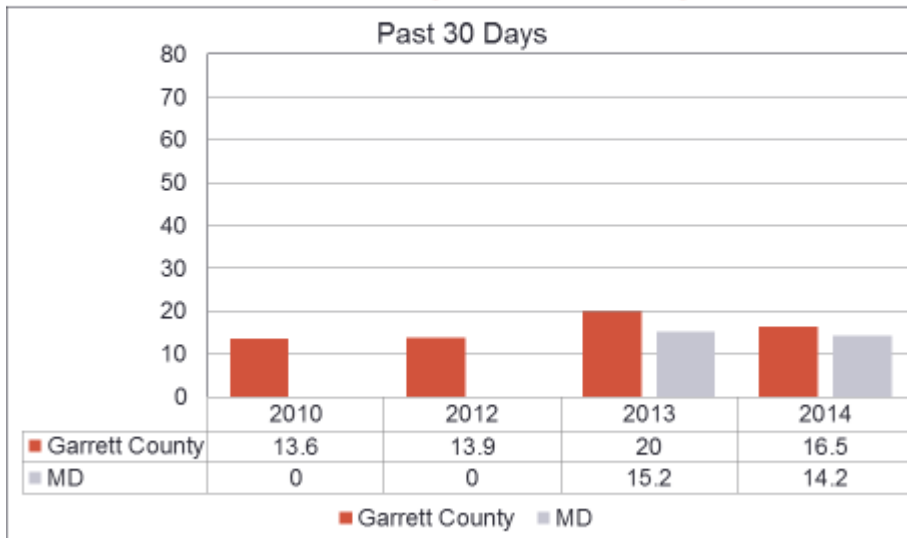
## Binge Drinking, High School



## Marijuana Use, High School



## Prescription Drug Misuse, High School



Note: Wording of question changed in 2013

**Garrett College 30 Day Prevalence Data**  
**2005-2017**

|                        | <b>30 Day Prevalence Alcohol</b> |             |             |             |             |
|------------------------|----------------------------------|-------------|-------------|-------------|-------------|
|                        | <b>2005</b>                      | <b>2009</b> | <b>2011</b> | <b>2014</b> | <b>2017</b> |
| <b>Garrett College</b> | 51.7                             | 43.8        | 45.1        | 53.7        | 35.1        |
| <b>National</b>        | 72.0                             | 67.5        | 71.7        | 68.8        | 68.7        |

Alcohol past 30 day use at the college level has decreased within the past three years by 18.6% while continuing to stay below the National level. This is a significant change.

|                        | <b>30 Day Prevalence Marijuana</b> |             |             |             |             |
|------------------------|------------------------------------|-------------|-------------|-------------|-------------|
|                        | <b>2005</b>                        | <b>2009</b> | <b>2011</b> | <b>2014</b> | <b>2017</b> |
| <b>Garrett College</b> | 10.2                               | 13.0        | 17.7        | 23.7        | 35.4        |
| <b>National</b>        | 18.8                               | 18.1        | 17.3        | 17.9        | 19.9        |

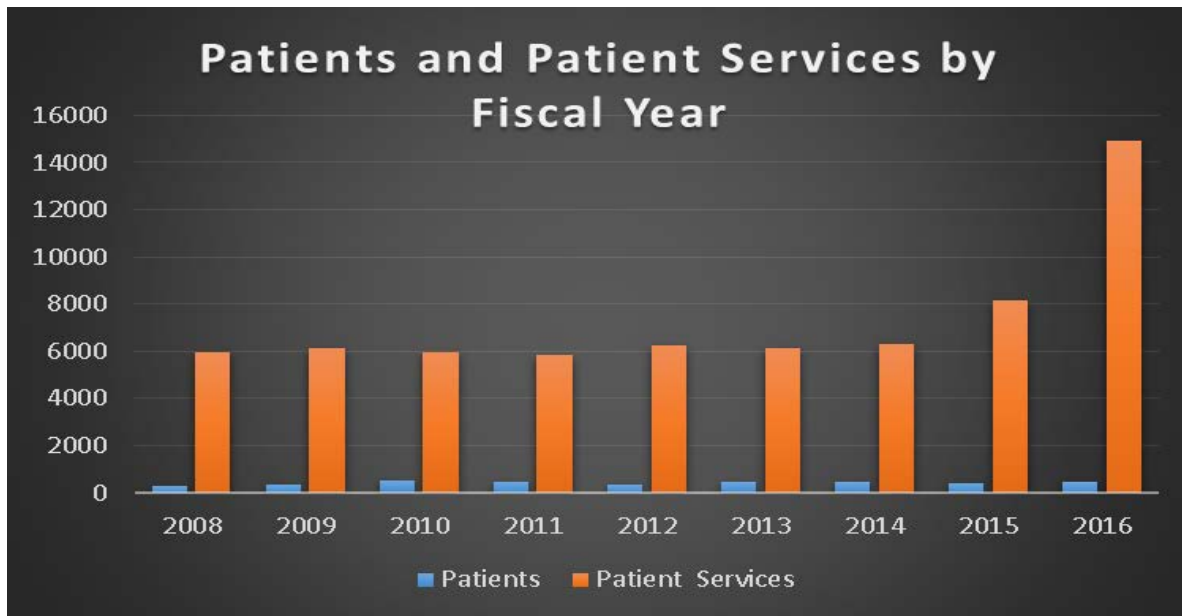
The trend for marijuana use on the Garrett College has steadily increased from 2005 to 2017. In 2014 and again in 2017, marijuana use rose above the National level. From 2014-2017, the 30-day prevalence rate increased by 11.7%.

|                        | <b>30 Day Prevalence Prescription Drug</b> |             |             |             |             |
|------------------------|--|-------------|-------------|-------------|-------------|
|                        | <b>2005</b>                                | <b>2009</b> | <b>2011</b> | <b>2014</b> | <b>2017</b> |
| <b>Garrett College</b> | 1.1  | 2.1         | 3.8         | 7.9         | 4.5         |
| <b>National</b>        | 7.1  | 7.6         | 4.8         | 5.6         | 5.3         |

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.

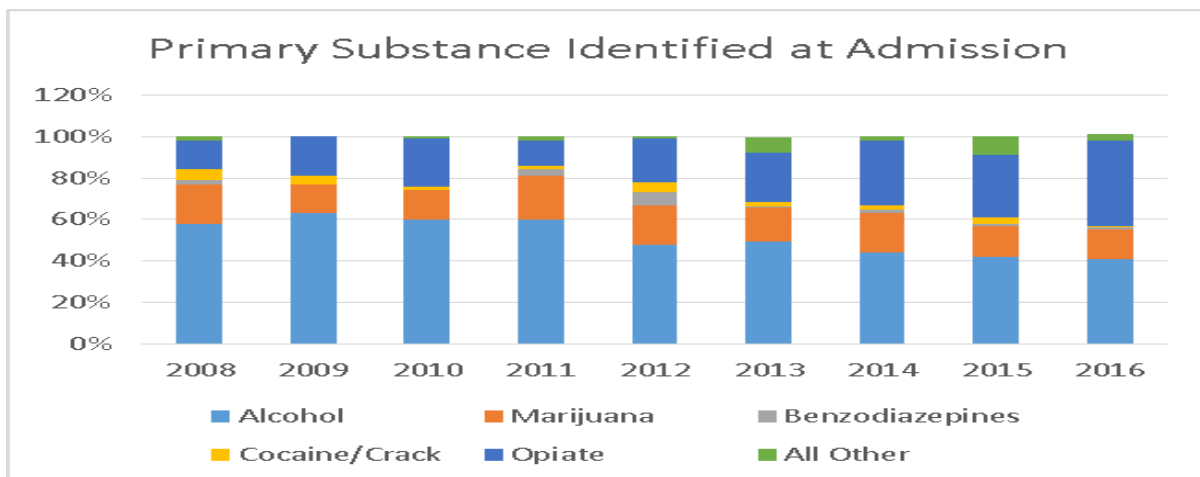
## Drug and Alcohol Treatment Admission Data

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



A survey of FY 2008 and 2016 ADAA funded outpatient clinic admissions revealed that the primary substance at admission in Garrett County continued to be alcohol until 2016 when the percentage of opiate related intakes drew even with alcohol at 41% each. In 2008 alcohol admissions with a primary diagnosis relating to alcohol made up over 60% of intakes. As mentioned above the percentage has decreased to 41% in 2016. While the percentage of intakes with an opioid use disorder has increased from 14% to 41% during that time however that percentage has been decreasing. Marijuana abuse as a primary diagnosis has decreased from 19% to 14% of all intakes.

## Primary Substances Indicated at Intake to Outpatient Clinic



<sup>2</sup> PatTrac: Outpatient Addiction Stats by Fiscal Year- Patient services includes 'Recover Support' services which began in 2013.



## Overdose Deaths

Although our numbers are relatively low when compared to more metropolitan areas of the State, the trend for overdose deaths is still alarming. The data from 2007 through 2016 indicates that Garrett County has had 24 accidental intoxication deaths. Opiates have been involved in 18 of these deaths. The chart below lists specific substances identified in the toxicology screen of the deceased.

| Substance involved in Death              | 2007     | 2008     | 2009     | 2010     | 2011     | 2012     | 2013     | 2014     | 2015     | 2016     |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Heroin related                           | 0        | 0        | 0        | 0        | 1        | 0        | 2        | 1        | 2        | 0        |
| Prescription opiate related              | 0        | 2        | 2        | 1        | 1        | 0        | 4        | 2        | 2        | 0        |
| Methadone related                        | 0        | 0        | 1        | 1        | 0        | 0        | 1        | 1        | 0        | 0        |
| Fentanyl related                         | 0        | 1        | 0        | 0        | 1        | 0        | 0        | 0        | 3        | 0        |
| Tramadol related                         | 0        | 1        | 1        | 0        | 0        | 0        | 0        | 0        | 0        | 0        |
| Cocaine related                          | 0        | 0        | 0        | 1        | 0        | 0        | 0        | 0        | 2        | 0        |
| Benzodiazepine related                   | 0        | 0        | 1        | 0        | 0        | 0        | 1        | 0        | 0        | 0        |
| Alcohol related                          | 1        | 2        | 1        | 1        | 1        | 0        | 1        | 1        | 1        | 1        |
| <b>Total Opiate Related Deaths</b>       | 0        | 2        | 2        | 1        | 1        | 0        | 4        | 2        | 4        | 0        |
| <b>Total Intoxication related Deaths</b> | <b>1</b> | <b>3</b> | <b>2</b> | <b>3</b> | <b>2</b> | <b>0</b> | <b>6</b> | <b>2</b> | <b>5</b> | <b>1</b> |

3

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

In the past two years, county level data indicates that our clinic has made many improvements and now performs favorably compared to the state for: Average Length of Stay; Completion of Treatment; change of Substance Abuse; and transfers to another level of care.

This plan also proposes enhancements to treatment and support services to build on the progress made over the past two years. Below is a summary of the progress that has been made since 2008 for drug and alcohol treatment and support services.

Improvements in the system of prevention, intervention and treatment include:

- All publically funded prevention programs are either evidence-based or environmental strategies as dictated by the funding source.
- Public agencies are using an agreed upon uniform screening tool.

<sup>3</sup> Garrett County Deaths, from Drug and Alcohol Deaths Intoxication Deaths in Maryland, 2007 to 2016: MD Department of Health and Mental Hygiene - Extracted from Maryland Vital Records

- A public/private partnership has been developed to provide buprenorphine treatment and supportive (relapse prevention) therapy.
- Acudetox is being used as a method of treatment.
- Improved integration of local Mental Health and Addictions programs.
- The Garrett County DAAC was designated and funded by SAMHSA as a “Drug Free Community Coalition”.
- Local physicians have increased their level of in office screening and referrals.
- The DFCC and the Garrett County Sheriff’s office and the Maryland State Police have successfully collaborated in holding prescription drug take back events and now have permanent collection sites.
- In December 2014 an Overdose Response Training Program began in Garrett County.
- In November 2016 the GCHD Behavioral Health Clinic began a pilot in conjunction with the University of Maryland’s School of Medicine which uses tele-health to provide MAT (Buprenorphine) in conjunction with level 1 and 2.1 patients who are addicted to opiates.
- Components of a Recovery Oriented System of Care (ROSC) have been implemented including:
  - Peer Recovery Coaching
  - Recovery Housing
  - Participation the Maryland’s Access to Recovery (ATR) initiative
  - Some transportation provided by the peer recovery coaches

Areas where progress has been less than desired include:

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

**Priorities:**

- Increase the percentage of individuals who are healthy and drug free.
- Identify and move individuals to the appropriate level of care.
- Increase recovery rates in adults and adolescents through effective treatment.
- Develop the means to sustain a drug prevention, intervention and treatment system that is efficient and effective.

The plan that follows outlines the steps to be taken by our local Drug and Alcohol Council to improve the system of care and prevention.

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

- Objective 1:**    Use only evidence-based (NREP) programs and environmental strategies to change individual and community norms.
- Objective 2:**    Change community norms so that:

- underage use of alcohol and tobacco is considered inappropriate and unacceptable,
- the misuse of prescription drugs is considered inappropriate and unacceptable, and
- any use of illegal drugs is considered inappropriate and unacceptable.

**Objective 3:** Reduce commercial and social access to alcohol, tobacco, marijuana, and prescription drugs.

**Objective 4:** Support community ownership of anti-drug efforts and promote coalition-building.

**Performance targets:**

- All prevention strategies will conform to the Strategic Prevention Framework
- All new drug and alcohol prevention programs will be reviewed by the GC DFCC to assure the strategies are evidence-based.
- Reduce the 30-day rate for alcohol, marijuana and prescription drugs among high school youth by 5% as measured by the YRBSS or its equivalent by 2020.

**Progress:** To be reported each six months

**Estimated Dollar Amount needed to achieve goal:**

| Grant                                     | Amount       |
|---|--------------|
| DFCC                                      | \$125,000    |
| Substance Abuse Block Grant               | \$261,508.00 |
| Opioid Misuse Prevention Program          | \$88,869.00  |
| Maryland Strategic Prevention Framework 2 | \$133,979.00 |
| Cigarette Restitution Fund Program        | \$111,138.00 |
| Tobacco Sales Enforcement                 | \$30,000     |

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

**Objective 1:** Increase collaboration between primary care and substance abuse treatment

**Objective 2:** Provide medical and legal community with training and educational resources to better identify persons in need of treatment for addictions.

**Objective 3:** Continue providing jail based services including education and treatment

**Objective 4:** Assess all behavioral health patients for underlying substance abuse and/or mental health disorders

**Performance targets:**

- Increase the number of individuals accessing substance abuse treatment by 5%.
- Meet or exceed Maryland’s annual Managing for Results (MFR) goals.
- Improved treatment outcomes for patients as measured by the Value Options OMS system.

**Progress:** To be reported each six months

- Prescription drug poundage dropped off at three take back sites. Track resources distributed, number of sites, number of individuals that site representative educates about proper disposal.
- Number of media impressions about AddictionHappens.org
- Education for ten non-profits (including community planning groups) about proper disposal, storage and monitoring of prescription opioids
- Set up meeting to discuss materials that pharmacies can distribute to clients in regards to proper storing and disposing of medications and medication safety.
- Number of discussions with pharmacist about the risks of prescription opioids and the upcoming Naloxone law
- Number of educational material given to pharmacists to distribute to clients who purchase Naloxone.
- Number of non-profit partners discussing alcohol restrictions at community events
- Record of new alcohol serving practices utilizing an evidence-based non-profit vendor education check list
- Number of media messages for binge drinking
- Number of messages delivered for binge drinking

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

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

- Objective 1:** Monitor and review the array of addiction treatment services available in the community and recommend changes in the system.
- Objective 2:** Increase the recovery supports that are available to patients in treatment and recovery in Garrett County
- Objective 3:** Encourage the development of innovative and evidence based programs.
- Objective 4:** Continue advocating for a “functional” behavioral health court in Garrett County.
- Objective 5:** Increased use of medication assisted treatment as appropriate
- Objective 6:** Garrett County will have recovery housing that is approved through the Maryland State Association for Recovery Residences
- Objective 7:** Recovery Net providers will be located in Garrett County

**Performance targets:**

- Treatment services will be reviewed annually by the GC DFCC. Minutes and progress notes will document the review.
- Increase the number of programs available in the community that are evidence based (public and private).
- OMS data will verify that the percentage decrease of substance use among adult patients completing treatment will be at least 75%.
- Establishment of a “functional” behavioral health court in Garrett County

**Progress:**      To be reported each six months

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

**Goal 4:**      **Reduce the number of accidental overdose deaths on a five year average in Garrett County by 25% by 2018 (From 2.6 per year to 2 per year).**

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

**Performance targets:**

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

**Progress:**      **To be reported each six months**

**Estimated Dollar Amount needed to achieve goal:** \$10,000 – For trainers and materials for S-BIRT and overdose prevention

**Goal 5:**      **Develop the means to sustain a drug prevention, intervention and treatment system that is efficient and effective.**

- Objective 1:**      Facilitate the provision of substance abuse training for all behavioral health staff and other interested persons in Garrett County.
- Objective 2:**      Maximize reimbursement for services by having the out-patient clinic listed with insurers in the Health Benefit Exchange.
- Objective 3:**      Work with the medical community to take advantage of treatment and prevention opportunities available through the Patient Protection and Affordable Care Act (PPACA) options

**Performance targets:**

- Increase the number of treatment and prevention professionals that are working in Garrett County.
- Increase the amount of fees collected for substance abuse treatment in the outpatient addictions clinic by 25% annually.
- Facilitate at least 20 hours of continuing education training for addiction professionals per year in Garrett County

**Progress:**      **To be reported each six months**

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

## **GLOSSARY**

|         |   |
|---------|---|
| ASAM:   | American Society of Addiction Medicine                              |
| ATR:    | Access to Recovery  |
| BHA:    | Behavioral Health Administration                                    |
| CBH:    | Center for Behavioral Health (County)                               |
| CRF:    | Cigarette Restitution Fund  |
| DAAC:   | Drug and Alcohol Abuse Council                                      |
| DFCC:   | Drug Free Communities Coalition                                     |
| DHMH:   | Department of Health and Mental Hygiene (State)                     |
| DJS:    | Department of Juvenile Services (State)                             |
| DSS:    | Department of Social Services (County)                              |
| GCBHA:  | Garrett County Behavioral Health Authority                          |
| MAS:    | Maryland Adolescent Survey  |
| MA/MC:  | Medical Assistance / Medicare                                       |
| MSAP:   | Maryland Student Assistance Program                                 |
| NREP:   | National Registry of Effective Programs                             |
| OAS:    | Outpatient Addictions Services                                      |
| PPACA:  | Patient Protection and Affordable Care Act                          |
| ROSC:   | Recovery Oriented System of Care                                    |
| SADD:   | Students against Destructive Decisions                              |
| SAMHSA: | Substance abuse and Mental Health Services Administration (Federal) |
| SMART:  | State of Maryland Automated Record Tracking                         |
| SPF:    | Strategic Prevention Framework.                                     |
| TAMAR:  | Trauma, Addictions, Mental Health and Recovery                      |
| YRBSS:  | Youth Risk Behavior Survey Scale                                    |

Appendix A  
Garrett County Local Survey of ATOD Resources Matrix  
FY18-20

| 1) Entity  | 2) Activity type (prevention, intervention or treatment)   | 3) Funding Source (Federal, State, Local or Private)  | 4) Funding amount available for (FY16) | 4) Funding amount available for (FY18) |
|--|--|---|--|--|
| Garrett County Health Department-Health Education and Outreach | Prevention, Intervention & Cessation   | State CRF   | \$ 112,881                             | \$111,138                              |
| Garrett County Health Department-Health Education and Outreach | Prevention   | Federal: Drug Free Communities                        | \$125,000                              | \$125,000                              |
| Garrett County Health Department-Health Education and Outreach | Prevention   | State: ATOD<br>OMPP<br>Partnership for Success MSPF2) | \$258,508<br>\$ 90,000<br>\$129,065    | \$261,508<br>\$ 88,679<br>\$133,979    |
| Garrett County Health Department – Behavioral Health           | Substance Abuse Treatment (Treatment, buprenorphine initiative, LDAAC, Local Addictions Authority) | State<br>Federal<br>Fee Collections                   | \$406,202<br>\$204,718<br>\$236,529    | \$155,196<br>\$159,718<br>\$369,529    |
| Garrett County Health Department – Behavioral Health           | Recovery System (Continuing Care, Care Coordination, Recovery housing, Peer Recovery)              | State   | \$ 98,803                              | \$ 98,803                              |
| Core Services Agency / GC BHA                                  | Treatment (TAMAR)  | State   | \$ 40,150                              | 0                                      |
| Local Management Board   | Prevention   | Federal –ATOD Healthy Communities Health Youth        | \$ 35,000                              | \$35,000                               |
| Local Management Board   | Cessation (adolescent)   | Diversion for Youth and Family Navigation             | \$ 6,618                               | \$41,263                               |
| DSS  | Intervention   | State-TCA   | \$ 63,482                              | \$ 63,482                              |
| Garrett County Health Department – Behavioral Health           | Intervention and Treatment   | Federal – STOP Grant                                  | \$ 40,000                              | \$ 83,281                              |
| Garrett County Health Department – Behavioral Health           | Treatment – MAT  | MD Community Health Resources Commission              |  | \$ 83,511                              |