MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Healthier Maryland Workgroup

Minutes for January 12, 2009 Meeting

Present: Paul Chen, Peter Cohen, Kirill Reznik, Greg Shupe, John Winslow

I. **Call to Order**: The meeting was called to order at 2:30 p.m.

II. **Selection of Chairperson:** The members decided not to select a chair until the next meeting.

III. **Adding Additional members to the Workgroup**: Adding additional members to the workgroup in order to inform the workgroup as it completes its task was considered. During the meeting, the members decided that before they could determine a work plan and what additional members and expertise they would need to provide recommendations to the Council for the strategic plan, they wanted to consider certain data at the next meeting. After that, they will determine who else should be at the table and what additional testimony from experts they may need. Given the responsibilities assigned to this workgroup, it was decided that we should add a member from the Developmental Disabilities Administration (DDA) and the Mental Hygiene Administration (MHA) to the group (the Alcohol and Drug Abuse Administration [ADAA] already has a representative in the workgroup).

IV. **Development of a Work Plan**: Most of the discussion in today's meeting focused on how to approach a task that is so encompassing. The members decided they wanted data on the current state of the system: capacity, available services, access issues, other barriers, workforce development needs, etc. To this end, they want to do a survey of each jurisdiction asking the following questions:

1. What is on your wish list in terms of creating an ideal recovery system in your jurisdiction?
2. What is biggest need/barrier to developing a accessible and comprehensive recovery system in your jurisdiction?
3. What are the funding issues?
4. What are the space issues"
5. Is there coordination among social service agencies in your jurisdiction and, if not, what kind of coordination is needed?
6. Given resources you have now, what would you alter in terms of providing services?
7. What would it take to decrease the high-end users in your system, and get outcomes that matter, i.e., how can we better serve them?

8. What are you doing that is working well?

V. Additional Discussion:

a. It is critical to review not only the amount of money used to fund services but also whether or not it is used effectively and efficiently in purchasing services. It was felt that the three systems (ADAA, DDA, and MHA) need to look at how they manage treatment and resources when serving the same individual and whether or not there are opportunities to save money through more efficient use.
b. Support services are critical to positive outcomes in substance abuse treatment and, therefore, some consideration to funding these services should be considered. This supports major tenets in the Recovery –Oriented System of Care Model currently being promoted by the Substance Abuse and Mental Health Services Administration. In particular, the positive impact of housing on treatment outcomes was discussed: not only do people with housing do better in treatment but people who receive housing are more open to changing other aspects of their lifestyle including substance abuse.
c. It would be useful to get information about:
    i. Recidivists in the treatment system;
    ii. Recidivist who are "high-end" users (Those individuals with 6 or more admissions to an intensive level of care [Level III of the American Society of Addiction Medicine's Patient Placement Criteria]) The members felt that information on the prevalence of any co-occurring disorders and frequency of hospitalizations for these individuals would be useful. The workgroup was also interested in exploring what factors are present that facilitate an individual becoming a high-end user. It was suggested that looking at Medicaid data available for these individuals may be useful. It was noted that 30% of Medicaid monies is used for substance abuse treatment
    iii. The amount of money private insurance pays for substance abuse services.
d. One member reminded the group that it was also important to remember the flip side of the frequent flyers – prevention services.
e. Concern about how services are coordinated between the various agencies that have funds designated to provide substance abuse services to individuals and those that provide other social services was expressed. It was felt that it is critical for quality services to the individual and effective and efficient use of funds from all agencies that there be a central person or entity designated to ensure coordination and accountability.

VI. Future/Immediate steps next steps:

a. Review information from surveys
b. Add members from the DDA and MHA
c. Identify additional members for the workgroup
d. Review Jurisdictional Plans
e. Review Outlook and Outcomes data

f. Review information on MFRs ("Managing for Results") and NOMs (National Outcomes Measure)
g. Selecting a Chairperson
h. Developing a Work Plan

VII. Next Meetings: The next Healthier Maryland Workgroup meeting will be on **February 12, 2009, 2:00 p.m. to 4:00 p.m**., in Room 302 in the Lowe House Office Building, 6 Bladen Street, Annapolis, Maryland.

VIII. Adjournment: The meeting was adjourned at 4:15 p.m.

MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Healthier Maryland Workgroup

Minutes for February 12, 2009 Meeting

Present: Teresa Chapa, Paul Chen, Peter Cohen, Rebecca Hogamier, Pat Miedusiewski, Jake Weissmann (for Kirill Reznik), John Winslow

Guests: Bill Rusinko, ADAA

I. Call to Order: The meeting was called to order at 2:10 p.m.

II. Approval of the Minutes: The minutes for the January 12, 2009 were approved as written.

III. Selection of Chairperson: Rebecca Hogamier was selected as Chair

IV. Review and Discussion of Data:

a. **MFRs:** Bill Rusinko of ADAA presented FY 2008 data on ADAA's MFRs and discussion followed. It was noted that factoring the physical and mental health status of the individual into the data would help make this data more meaningful. Bill noted that recently a workgroup has been formed at ADAA to review the MFRs and what data is used to measure them, with the aim of revising them to make them more meaningful.

b. **Recidivists and "High-end Users":** Peter Cohen presented data on individuals with multiple admissions in the system over the past three years. It is believed that collecting and analyzing this data can help inform the treatment systems of more effective and cost-efficient methods of treating these individuals, and of the needed improvements in service delivery. Thoughts on the impact that various social, psychological and physical determinants have on treatment, level of care, and number of admissions were voiced.

There was some discussion on the need to collect data on mental health status, particularly diagnosis, to better place and serve consumers. It was noted that SMART has the capability but it is not being used yet. Criminal justice involvement was also felt to be important data to have for placement and treatment plan development.

It was decided that Dr. Cohen would take this preliminary data and analyze it with the intention of developing some recommendations for the strategic plan. He will present this to the Workgroup for comments.

c. ***Outlook and Outcomes***: A copy of ADAA's *Outlook and Outcomes* for FY2007 was sent to members prior to the meeting.
d. **National Outcome Measures**: Data on Maryland's progress toward the National Outcome Measures developed by the Substance Abuse and Mental Health Services Administration was presented. It shows that Maryland meets or exceeds each measure.

V. **Review of Jurisdictional Plans**: A one page summary of each jurisdiction's strategic plan was sent to members prior to the meeting. It was explained that these one page summaries were based on the request of the Council to understand the common issues among the jurisdictions. With that end in mind, the one page summaries seek to mention all the concerns/issues mentioned in the plans, but does not note which issues/concerns are priorities in each jurisdiction. Those issues that are in bold are those that refer to the criminal or juvenile justice population. This was done to help separate out which issues are the concern of the Safer Neighborhood Workgroup and which are of concern to the Healthier Maryland Workgroup. Members thought it would be helpful to develop a grid of re-occurring themes in the plans to help inform our recommendations.

VI. **House Bill 368 and Overdoses**: HB 368 (Baltimore City Health Department-Overdose Prevention Pilot Program) was discussed. There is concern about whether or not opioid overdoses are prevalent in other jurisdictions and whether or not this pilot program should be expanded to other counties. The member also wanted to know what the prevalence of drug-related overdoses is. The central concern is whether or not prevention/intervention in drug-related deaths is a gap in the service delivery system. The workgroup will request and review data on drug-related deaths in Maryland from the Chief Medical Examiner's Office.

VII. **Follow-Up Issues:**

a. **Work Plan**
   i. The Workgroup was informed that the Planning and Coordination Workgroup was recommendations for the plan by May 2009 in order to have the plan prepared by the August 2009 deadline.
   ii. Each workgroup members will develop a 3-5 item list of the most critical concerns for their stakeholders in terms of the service delivery system. This will be done by February 20th and sent to the Executive Director. She will compile the lists and distribute the compilation. This list and data reviewed will inform the group as they develop recommendations.
b. **Additional members:** It was reported that, as requested, representatives from the Mental Hygiene Administration and the Developmental Disabilities Administration have joined the group. A request was made to have someone from prevention services also join the group.

c. **Insurance/Funding:** In response to a request for information concerning the amount of private insurance and public funding of substance abuse services, several documents were distributed:
    i. **Chapter 5: Substance Abuse Treatment Expenditures, 2003, from:** *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1993-2003* SAMHSA Publication No. SMA 07-4227. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007.
    ii. **Synopsis of Article:** Clark, Robin E., Samnaliev, Mihail, and McGovern, Mark P. (2009) Impact of substance disorders on medical expenditures for Medicaid beneficiaries with behavioral health disorders. *Psychiatric Services*, Vol. 60 (1), pp 35-42.

VIII. Additional Discussion:

a. One member asked that the workgroup be given information on ADAA's Incentive Awards project
b. One member wanted to underscore the importance of prevention services and wanted to make sure that it was addresses in the plan and not overshadowed by treatment services. It was noted that only a small percentage of available dollars for substance abuse treatment services is allocated to prevention.

IX. Future/Immediate steps next steps:

a. Peter Cohen will draft recommendations based on his analysis of the "high-end users" data and today's discussion and present them at the next meeting.
b. Request data on drug-related deaths from Chief Medical Examiners
c. Each member is to develop a list of the 5 top issues/concerns their stakeholders have with the substance abuse service delivery systems. List should be sent to the Executive Director by 2/20/09 so she can combine the lists and distribute the combined list to members for the March 4th teleconference.
d. Identify and invite a representative from the prevention community.
e. Present information on the ADAA Incentive Award's Program

X. Next Meetings: The next Healthier Maryland Workgroup meeting will be a teleconference on **March 4, 2009, 2:00 p.m. to 4:00 p.m**.

XI. Adjournment: The meeting was adjourned at 4:15 p.m.

MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Healthier Maryland Workgroup

Minutes for March 4, 2009 Teleconference Meeting

Present: Peter Cohen, Rebecca Hogamier, Pat Miedusiewski, Greg Schupe, Linda Smith, Suzan Swanton, John Winslow

I. **Call to Order**: The meeting was called to order at 2:05 p.m.

II. **Approval of the Minutes**: The minutes for the February 12, 2009 were approved as written.

III. **Introduction of New Member:** Linda Smith of the College of Southern Maryland in La Plata, Maryland. She is the Coordinator for Drug and Alcohol Education and Director of the Drug Free Communities Support Program.

IV. **Review of Recommendations for "high-end users":** The workgroup reviewed data on individuals who have 4 or more admissions in a 3-year period to the one of the most expensive levels of care, III.7. This data shows that 85% of these individuals have a co-occurring mental disorder, 45-55% are homeless, 100% are unemployed; 73% list alcohol as a drug of abuse, and 54-67% list heroin. It was noted that whatever services we are supplying is not sufficient. In particular, we need to examine what happens in the gaps between admissions. Further discussion was held concerning policies, programming and clinical protocols that could reduce the number of re-admissions and, thuse, would save both money and human capital.

Peter Cohen will continue to review and analyze the data. The next "slice" of data he wants to review is occurrence by jurisdictions. He will submit the recommendations to us by the next meeting.

V. **Information on the ADAA Incentive Program:** The Alcohol and Drug Abuse Administration's Incentive Program was explained. At the present time, jurisdictions can receive a monetary incentive award if their adult out-patients programs meet or exceed benchmarks set for retention and successful completion of treatment. Performance contracting is considered a promising practice to increase provider performance and quality of care. Some potential problems were mentioned such as "cherry picking" clients (only admitting those clients likely to meet benchmarks) and retaining patients in a level of care that is not in the patient's best interest in order to meet benchmarks. It was noted that there were some mechanisms in place to address the last concern. The members would like to know what discharge categories are considers "successful treatment completion."

VI. Overdose Issue: Discussion was held concerning the overdose data received from the medical examiners and the overdose prevention program which is the focus of House Bill 368. The committee decided that it wants to focus its energies and recommendations on what happens before the overdose (intervention, prevention and treatment) in order to prevent more from happening**.**

VII. Deadline for Recommendations for the Planning and Coordination Workgroup: The workgroup was reminded of the May 2009 deadline for recommendations to be submitted to the Planning and Coordination Workgroup for inclusion in the strategic plan.

VIII. Review of Jurisdictional Plans: The committee wanted more time to review the one- page summary of each jurisdiction's strategic plan in order to understand the common issues among jurisdictions.

IX. Five Top Concerns: A combined list of the five concerns cited by members of the workgroup and other stakeholders was reviewed. A general discussion was held about this list. Concerns were expressed about closing the knowledge and skill gap between substance abuse workers and mental health workers. Both groups need to become competent in assessing and treating populations that have co-morbidity. It was noted that, currently, there is a workgroup with representatives of the training divisions of the Mental Hygiene Administration, the Alcohol and Drug Abuse Administration and the Developmental Disabilities Administration. This workgroup is developing a joint curriculum that addresses co-occurring problems.

Concerns that prevention be addressed by this workgroup and recommendations be made for the strategic plan were voiced. To this end, the Prevention Coordinators in each of the jurisdictions in the state and members of the Maryland Association of Prevention Professionals and Advocates (MAPPA) will be solicited to submit a "5 Top Concerns" list.

Concerns were voiced about current bills in the General Assembly that would change the way we finance substance abuse services in Maryland. A discussion ensued concerning moving toward a recovery-oriented system of care and how some of the services (i.e., case management services) needed would be funded either currently or in the proposed re-structuring. It was noted that mental health services have had a recovery approach for years. Rebecca Hogamier and Pat Miedusiewski will meet with the Director of the Mental Hygiene Administration to find out if and how the mental health service delivery system finances recovery-oriented services.

X. Potential Recommendations:

1. A curriculum should be developed and implemented that would cross-train service workers working in the substance abuse field, the mental health field, and the developmentally disabled field.

XI. Follow-Up Issues:

A. **Five Top Concerns List**
   1. Suzan Swanton will email the Prevention Coordinators and ask for their top concerns
   2. John Winslow will contact MAPPA members and ask for their top concerns

B. **High-End User Recommendations**: Peter Cohen will make recommendations on what these should be.

C. **Additional members:** Pat Miedusiewski and Rebecca Hogamier will meet with the Director of the Mental Hygiene Administration.

D. **Incentive Programs:** Suzan is to determine what "completion codes" are being used to meet this bench mark

E. **Support Documents for New Member:** Suzan will send Linda Smith:
   1. One Page Summary of Jurisdicaitona plans
   2. Dcoument describing the council work group structure

XII. Next Meetings: The next Healthier Maryland Workgroup meeting will be a teleconference on **March 4, 2009, 2:00 p.m. to 4:00 p.m**.

XIII. Adjournment: The meeting was adjourned at 3:45 p.m.

MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Healthier Maryland Workgroup

Minutes for March 25, 2009 Teleconference Meeting

Present: Phyllis Arrington (DHR), Teresa Chapa, Rebecca Hogamier, Pat Miedusiewski, Betty Mobley, Gale Saler, Greg Schupe, Linda Smith, Suzan Swanton, John Winslow

I. **Call to Order**: The meeting was called to order at 10:05 a.m.

II. **Approval of the Minutes**: The minutes for the March 4, 2009 were approved as amended.

III. **Report to Council**: It was announced that the Chair is asked to give a report on the workgroup's activities at the next State Drug and Alcohol Abuse Council meeting on April 22, 2009.

IV. **Review of Recommendations for "high-end users":** Peter Cohen has made recommendations. They are currently being reviewed by the Acting-Director of the Alcohol and Drug Abuse Administration (ADAA). When they are released, they will be sent to the workgroup.

V. **Information on the ADAA Incentive Program:** It was announced that the ADAA uses a "01" (Completed Treatment Plan) code only in its definition of "successful completion" for the Incentive Program. This performance contracting is currently used only with adult outpatient programs. There was some discussion about a recent Invitation for Bids issued by ADAA. This is for residential care and it requires a 90% referral to the next level of care as a benchmark.

VI. **Five Top Concerns:** The workgroup was reminded of the May 2009 deadline for recommendations to be submitted to the Planning and Coordination Workgroup for inclusion in the strategic plan. The list of concerns was reviewed. It was decided that Pat Miedusiewski and Teresa would take all list and combine them. This would be done by Monday, March 31, 2008. The list will then be sent to all members to review, vote/prioritize recommendations for the next meeting.

The workgroup reviewed an email sent to the Executive Director that complained about the inability to place a client into residential care due to her diabetes. Discussion was held concerning the difficulty in admitting clients with chronic illnesses to the typical residential treatment facility. Comment was made that these illnesses must be stabilized because many facilities do not have the medical staff, time or facilities to work with unstabilized patients. There is also inconsistency among programs with some facilities admitting patients with chronic medical

illnesses as long as they are independent in activities of daily living, while other facilities will not admit them at all. It was generally acknowledged that clients with these illnesses need to be able to access care, particularly in light of the fact that the populations we serve is getting older and sicker and are frequently medically compromised.

VII. Next Meetings: The next Healthier Maryland Workgroup meeting will be a held in the OETAS Training Room, in ADAA building on the Spring Grove State Hospital Campus on **April 9, 2009, 3:30 p.m. to 5:30 p.m**.

VIII. Adjournment: The meeting was adjourned at 10:45 a.m.