

MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Planning and Coordination Workgroup

Minutes for January 14, 2009 Meeting

Present: Kim Kennedy, Kathleen O'Brien

- I. Call to Order:** The meeting was called to order at 1:30 p.m.
- II. Selection of Chairperson:** The members decided not to select a chairperson until the next meeting.
- III. Work Plan:** The members decided not to select a chair until the next meeting.
- IV. Survey of Resources:** One of the tasks of this group is to complete a state wide survey of state, federal and local resources available for substance abuse services. The members reviewed past surveys and discussed the format used. It was suggested that one approach, to the survey, different from the past would be to simplify the format and simply ask:
 - (1) How much money is available?
 - (2) What does it purchase?
 - (3) What strings are attached to it?
 - (4) How is it distributed?
 - (5) Who monitors accountability?

A simplified format may be less time consuming to complete and foster cooperation from the departments completing it.

Additionally, the workgroup was interested in understanding how and why the money for substance abuse services is allocated to so many departments and how oversight and accountability is established.

- V. Adding Additional members to the Workgroup:** Members suggested that the representatives from the following groups be added to this workgroup:
 - (1) Education system
 - (2) Law enforcement
 - (3) Criminal justice system
 - (4) Developmental Disability Administration
 - (5) Mental Hygiene Administration

The members felt that they would like representatives from different agencies and departments to come to the table to begin discussing a Plan that promotes coordinated, collaborative and comprehensive approaches to substance abuse

services, but also felt that this will only be helpful if those representatives are open to exploring new ways of doing business.

VI. Review of Local Plans: Members of the workgroup want to review local plans in order to help them inform the workgroup's work. They want to identify commonalities among the plans, examine how well coordination occurs at local levels, and see if the plans reflect the vision of a ROSC (ROSC).

VII. Additional Discussion:

- a. For the strategic plan (the Plan), it is important to ensure that accountability for the use of available resources and coordination among different departments with resources be addressed.
- b. The Plan should include timelines and strategies to promote the implementation of principles and concepts of a ROSC. To inform the Plan, a readiness to change assessment and/or an assessment of readiness for a ROSC for the State should be completed.
- c. The goals and strategies noted in the Plan must be data driven.
- d. Before beginning their tasks, the members want to know:
 - (1) What are the Deputy Secretary's expectations, vision, and plans?
 - (2) What are Senator Hammens' and Delegate Bronrott's expectations of the Council?
- e. Ensuring integrated care for those with substance abuse disorders must be addressed in the Plan.
- f. The workgroup would like to review the process that other states went through in their transformation to a ROSC.
- g. The workgroup discussed need for supportive services (housing, vocational/employment services, etc.) for those in treatment to increase the likelihood of positive treatment outcomes.

VIII. Future/Immediate steps next steps:

- a. Meet with Legislative Committees
- b. Review local council plans
- c. Meeting with Renata to discuss her plans and agenda and how best to move the agenda (ROSC and business practices) ahead.
- d. Selecting a Chairperson
- e. Developing a Work Plan

IX. Next Meetings: The next Planning and Coordination Workgroup meeting will be on **February 11, 2009, 1:00 p.m. to 3:00 p.m.**, at ADAA, Spring Grove State Hospital, Catonsville, Maryland.

X. Adjournment: The meeting was adjourned at 3:20 p.m.

MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Planning and Coordination Workgroup

Minutes for February 11, 2009 Meeting

Present: Maggie Dietrich (for Josh Sharfstein), Gayle Jordan-Randolph, Kim Kennedy, Tom Liberatore, Kevin McGuire, Chris Zwicker

- I. Call to Order:** The meeting was called to order at 1:05 p.m.
- II. Approval of the Minutes:** The minutes of the January 14, 2009 meeting were approved as written.
- III. Selection of Chairperson:** Kevin McGuire was selected as chair.
- IV. Survey of Resources:** A discussion concerning the survey of resources' usefulness and how to proceed was held. During the previous council, the chair of the Planning and Coordination Committee was the director of ADAA and he dedicated staff time to conducting the survey. The group was informed that the time spent conducting the survey was labor intensive and took many hours. With ADAA losing positions and having a freeze on hiring for vacant position, it was not known what resources they would have available to dedicate to conducting the survey this time. The members considered whether or not the definitions used in the FY 05 survey and the detail captured in the survey was needed/useful at this time, given the cost of doing the survey.

The reasons for conducting the resource survey were discussed. To make effective and efficient use of all the resources available, it is necessary to identify where those monies reside and what is being done with them. We want to know:

1. What agencies have money dedicated to substance abuse services?
2. What is the source of that money?
3. What are the strings attached to/limitations of the money?
4. Who implements the programs funded by the money?

It was noted that, for the FY 05 survey, we were unable to obtain Health Choice data and, therefore, did not know how much money Medicaid spends on substance abuse services. Members felt it was necessary to obtain this information for this survey.

Discussion focused on the part private insurance plays in funding services. To understand the overall expenditures and cost of substance abuse services, it would be helpful to know exactly how much private insurance spends. Substance abuse treatment is a public health issue, and as public and private providers make up the healthcare system in Maryland, both public and private providers share responsibility in this public health issue.

Members also decided that we would draft a letter asking the above questions and ask Chairman Colmers to send it to the Secretaries of the departments known to have funds dedicated to substance abuse services.

- V. Developing the Plan and Over-arching principles:** One of the tasks of the Planning and Coordination Workgroup is to, using recommendations from the Safer Neighborhood and the Healthier Maryland Workgroups, prepare the state-wide plan to submit to the Council for approval for submission to the Governor. This task may also include establishing over-arching principles that guide the recommendations found in the plan. The workgroup reviewed the over-arching principles that guided Join Together, Inc.'s (of the Boston University School of Public Health) consensus panel's report, *Blue Print for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*. They also reviewed the guiding principles of a recovery-oriented system of care.

It was decided that each member would develop what they thought the guiding principles should be and present them at the next meetings. At that time, a consensus would be reached as to what guiding principles should be submitted to the Council.

During this discussion, we were reminded that substance abuse is a public health crises seen manifested in a lot of ways: foster care, child welfare, productivity at work, loss of property, public safety, etc. The guiding principles should reflect that.

- VI. Review of LDAAC Plans:** Prior to the meeting, the workgroup members were sent a one page summary of each of the local jurisdictions' strategic plan. Most of the members want more time to review the plans but one member had developed a grid that charted which issues were mentioned most frequently as needing additional resources. These were: Buprenorphine services, juvenile/adolescent services, co-occurring disorder services, and training for counselors and professionals in related fields. Another member noted how often the recovery-oriented system of care was mentioned.

- VII. Work Plans:** Given that the plan needs to be present to the Governor in August 2009, it was felt that the other workgroups need to have their recommendations into this workgroup by the end of May. This is to allow time to prepare the plan and submit it to the whole Council for approval before August. The workgroup would like the chair to notify the other workgroups of this deadline.

VIII. Additional Discussion:

- a. It was noted that one of the gaps in services is a true adolescent model of care. Currently, most programs take an adult treatment model and try and adapt it to services for adolescents. Another issue for adolescent care is the need to train parents and adolescents how to advocate for themselves, know what services are available for them, and learn how to navigate the system

IX. Follow-Up from Last Meeting

- a. Two new members have been added to the group: representatives from the mental health administration and the developmental disabilities administration. A representative from the education system and criminal justice system are still needed.
- b. Deputy Secretary Henry will discuss with Secretary Colmers the workgroup's desire to meet Delegate Hammen and Delegate Bronrott, who both chair House committees interested in substance abuse services issues. The workgroup wants to hear what their expectations of the plan are. She will get back to us on this issue.

X. Future/Immediate steps next steps:

- a. Draft and send letter for survey of resources
- b. Establish guiding principles
- c. Meet with Legislative Committees
- d. Review local council plans
- e. Meeting with Renata to discuss her plans and agenda and how best to move the agenda (ROSC and business practices) ahead.
- f. Inform Safer Neighborhood and Healthier Maryland Workgroups of May deadline for submission of recommendations.

XI. Next Meetings: The next Planning and Coordination Workgroup meeting will be on **March 18, 2009, 10:00 a.m. to 12:00 p.m.**, at the Motor Vehicle Administration, 6601 Ritchie Highway, Glen Burnie (Off I-695, Exit 3b, Rt. 2 South) in Conference Room 102. .

XII. Adjournment: The meeting was adjourned at 3:00 p.m.

MARYLAND STATE DRUG AND ALOCHOL ABUSE COUNCIL

Planning and Coordination Workgroup

Minutes for March 18, 2009 Meeting

Present: Jim Chambers, Kim Kennedy, Tom, Liberatore, Kevin McGuire, Pat Miedusiewski, Kathleen O'Brien, Judy Slaughter,

- I. Call to Order:** The meeting was called to order at 10:05 a.m.
- II. Approval of the Minutes:** The minutes of the February 11, 2009 meeting were approved as written.
- III. Selection of Chairperson:** Kevin McGuire was selected as chair.

Survey of Resources: It was noted that a letter to department secretaries has yet to be drafted requesting the amount of resources their departments have available for substance abuse services. This letter is to be signed by the Chair of the Council.
- IV. Deadline for Submission of Recommendations to the Planning and Coordination Committee:** It was noted that the other workgroups have been notified of the deadline for submission of recommendations for the strategic plan.
- V. Meeting with Renata Henry:** TBA
- VI. Strategic Planning Meeting:** The workgroup was informed of the scheduling of a day for the council's strategic planning, including a facilitator and plan writer. The Executive Director is writing a grant to get money to fund these activities.

It was noted that DHMH, in Janet Nugent's office, has a division that helps with planning and that they may have someone to help us plan at no cost. Additionally, in 2006, representatives from the criminal justice system, ADAA, and MHA attended CSAT's Policy Academy and developed a statewide strategic plan for co-occurring services. The plan needs to be looked at to see if parts can be integrated into the new over-all strategic plan and, CSAT should be contacted to see if they can supply someone to help us do our planning. Neither of these two options would have someone available to write the plan.
- VII. HB 739 and HB 1096:** A general discussion of these two bills and how they will affect the Council's work was held. Concern was expressed about how ROSC services would be funded under these changes in financing substance abuse services. Pat M. noted that she and the chair of the Healthier Maryland workgroup were going to meet with the Director of MHA to discuss how and what mental health services are

funded as this system of financing services is similar to what is being proposed for substance abuse services. Kathleen O. will also attend the meeting as well.

- VIII. Guiding Principles for ROSC:** CSAT Principles and Elements for ROSC were distributed and discussed.
- IX. Connecticut's ROSC:** The Connecticut "Recovery Self-Assessment: Provider Version" was reviewed. We discussed asking each jurisdiction to assess themselves using this instrument so as to be able to assess our strengths and challenges as a recovery-oriented system of care. It was noted that ADAA has a ROSC Workgroup that has met over the last year and six months. This report did a SWOT analysis of the substance abuse service system in Maryland. The report is still embargoed and not for public release yet.
- X. Future/Immediate steps next steps:**
- a. Review recommendations submitted by the other workgroups
 - b. Distribute Recovery Self-Assessment: Provider Version" to jurisdictions
 - c. Establish design of strategic plan/retreat
 - d. Meeting with Renata to discuss her plans and agenda and how best to move the agenda (ROSC and business practices) ahead.
- XI. Next Meetings:** The next Planning and Coordination Workgroup meeting will be on **April 20, 2009, 10:00 a.m. to 12:00 p.m.**, at the Motor Vehicle Administration, 6601 Ritchie Highway, Glen Burnie (Off I-695, Exit 3b, Rt. 2 South) in Conference Room 102. .
- XII. Adjournment:** The meeting was adjourned at 11:15 a.m.