

BALTIMORE CITY, MARYLAND
STRATEGIC PLAN TO REDUCE ALCOHOL AND DRUG ABUSE
FY 2012 – FY 2013

UPDATE REPORT

JANUARY 1, 2012 THROUGH JUNE 30, 2012

Vision: We envision Baltimore as a city with healthy people, thriving families and safe communities.

Mission: To ensure that Baltimore City residents receive high quality and comprehensive services proven to prevent and reduce substance abuse. The jurisdiction does this by planning, advocating for and helping to create coordinated networks of community-based and recovery focused services that build on the strengths and resilience of individuals, families, and communities.

Prioritized Goals:

1. Continue to transform Baltimore’s substance abuse service system towards becoming a recovery oriented system of care (ROSC).
2. Integrate substance abuse, mental health and medical care services.
3. Manage and plan for high-quality, comprehensive substance abuse services in an era of Health Care Reform.

Data Sources to Inform Process:

1. Baltimore City Police Department arrest data
2. Baltimore City Public School System
3. Baltimore City Health Department
4. Baltimore HealthCare Access’s IRIS case management database
5. Baltimore Substance Abuse System’s (BSAS) Utilization Program (UP)
6. BSAS’s Connecticut Community Asset Mapping Program (CCAMP) recovery services database
7. High Intensity Drug Trafficking Areas (HIDTA) data
8. Maryland Alcohol and Drug Abuse Administration’s (ADAA) State of Maryland Automated Record Tracking (SMART) data, and Outlook and Outcomes report
9. Maryland’s Department of Labor, Licensing and Regulations earned income database
10. Maryland’s Infectious Disease and Environmental Health Administration
11. Maryland Medicaid
12. Maryland Office of Medical Examiner
13. Maryland’s State Epidemiological Outcomes Workgroup data

14. Mental health data from the Administrative Services Organization/Department of Health and Mental Hygiene
15. Substance Abuse and Mental Health Services Administration (SAMHSA)

GOAL 1: Continue to transform Baltimore’s substance abuse service system towards becoming a recovery oriented system of care (ROSC).

Objectives:

1. Engage individuals in recovery services
2. Expand recovery-oriented services

Performance Targets:

1. Train, place and initiate activities of 100 Peer Recovery Advocates in treatment programs and other community sites.
2. Begin three new recovery-oriented services

Estimated Dollar Amount Needed/Received to Accomplish Goal: To be determined (TBD)

Progress (Update every six months)

UPDATE – For January 1, 2012 through June 30, 2012

1. Train, place and initiate activities of 100 Peer Recovery Advocates in treatment programs and other community sites.

Since starting the Baltimore Recovery Corps Initiative (BRC) in July 2011, BSAS has received 247 applications from individuals interested in BRC’s Peer Recovery Advocate training. Among those applicants, approximately 125 persons completed training. To date, 58 PRAs have been placed at eight substance abuse treatment programs. From February-April 2012, PRA’s assisted 234 patients. At least nine PRA’s obtained jobs following their volunteer work (employment was obtained at the PRA’s volunteer site or other locations). Additionally, other trained PRAs are employed at Baltimore’s Juvenile Court Family Recovery Program, Baltimore’s three Threshold to Recovery support centers, and other locations. Bon Secours plans to hire three PRA’s in July to work with patients who are released from the hospital emergency department and medical units.

AmeriCorps– In April 2012 BSAS, in collaboration with the Baltimore City Health Department, submitted an application to AmeriCorps for funded AmeriCorps positions in the BRC. Unfortunately, the grant was not awarded. BSAS continues to work with BCHD to seek additional funding from foundations

and other funders to expand BRC.

2. Begin three new recovery-oriented services

Care Coordination - In January 2012 BSAS contracted with HealthCare Access Maryland (HCAM) and Gaudenzia to provide care coordination services for individuals who are being discharged from residential care and need continuing treatment. Annually, HCAM will serve approximately 1,500 patients, and Gaudenzia will serve approximately 1,000 clients who are being discharged from Gaudenzia's residential treatment services.

In February 2012 BSAS hired Ryan Smith, LGSW, Special Projects Coordinator, to oversee and provide technical assistance for the care coordination project. Care coordination services began on April 1, 2012 (for Levels III.3 and III.5), and on May 1, 2012 (for Level III.7). From April-June 2012, approximately 363 patients were served including 85 patients served by HCAM and 278 patient served by Gaudenzia. BSAS is currently awaiting data from care coordinators and ADAA on the number of patients who successfully transitioned from residential care to another level of care within 30 days.

Recovery Center – In FY12, BSAS selected Academy of Success on Franklinton Road in West Baltimore as the site for Baltimore's new recovery community center (RCC). Building renovations are being completed and RCC activities will begin in July 2012. Bon Secours Hospital, Goodwill, the Mayor's Office of Employment Development, University of Maryland Hospital and other service providers have visited the facility and expressed an interest in collaborating with the center.

The RCC plans to outreach to community organizations and residents through the provision of recovery workshops, seminars and town hall meetings on topics related to prevention, treatment and recovery. A "Community Wellness" approach will be fostered to help diminish stigma and barriers encountered by individuals seeking long-term recovery. The RCC will provide individuals in recovery with a safe haven and opportunities to continue building upon their strengths or their "recovery capital". Services will include workshops on job readiness, life skills, family education, and recovery challenges. The RCC will develop collaborative relationships with community organizations to help meet needs identified by RCC members in areas such as housing, vocational and workforce development, healthcare, etc.

Vocational Services and Recovery Coaching at Threshold to Recovery Centers - Through ADAA ROSC funding, new recovery coach and vocational counseling services were started at Baltimore's three Threshold to Recovery Centers in April/May 2012. Each center hired a recovery coach and vocational specialist, and began to integrate the new services into existing programming. Each site is taking a slightly different approach:

- Dee's Place has begun holding job readiness classes (12 clients are currently participating), developing a career center with various resources for clients, and assisting clients to find employment (two clients have job interviews).
- Penn North has expanded its existing job readiness and placement program. The center offers a 12-week job readiness series of classes, individual job placement and job coaching, and employment in Penn North's landscaping social enterprise. The program also started individual and group recovery coaching activities.
- Recovery in Community has begun job readiness services (resume-writing, online job applications, etc.) and linking clients in later phases of recovery with community resources such as GED classes. Additional peer counseling services are being offered during weekdays, two evenings per week and Saturdays.

Treatment Program Recovery Enhancements – BSAS initially funded five programs in FY12 to expand on-site recovery services. Two additional programs were funded in mid-FY12, thus bringing the total number of treatment programs to seven. Updates on these services include:

- Family Health Center of Baltimore received mid-year funding to hire a recovery coach to link patients with community services, to assist patients in removing barriers to treatment attendance, and to re-engage patients who have prematurely left treatment.
- Glenwood Life Counseling Center's six peer case managers have assisted over 300 clients (unduplicated) to address barriers to recovery in FY12.
- Harbel Recovery Center received mid-year funding to hire a full-time case manager. Hired in March 2012, the case manager works cooperatively with addiction counseling staff to conduct client outreach, foster linkages with ancillary services, and to encourage clients in transitioning from client to alumni advocate.
- Man Alive continues to collaborate with the REACH treatment program (located across the street) to develop positive community relations. In June 2012, the programs held a "block party" to educate residents about the services offered at the programs and to build community cohesion. The community has responded very favorably to the programs' efforts to reduce loitering during peak medication hours as this is a most visible sign that the programs are committed to maintaining a safe and healthy community.
- Partners in Recovery developed syllabi for its gender-specific aftercare groups including topics and guidelines for peer-led discussions.

- Recovery Network delivered six cycles of work readiness training for approximately 50 patients in FY12.
- Total Health Care's Peer Support Team continues to provide one-on-one support for patients, telephone outreach, and monthly safe and sober social activities for clients and their families. In FY12, Total Health Care created a peer lounge for peer coaches and patients.

UPDATE – For July 1, 2011 through December 31, 2011

1. Train, place and initiate activities of 100 Peer Recovery Advocates in treatment programs and other community sites.

The Baltimore Recovery Corps (BRC) was launched in spring 2011, as part of Mayor Stephanie Rawlings-Blake's StepUp Baltimore volunteer initiative. The Recovery Corps program is designed to provide men and women in recovery from substance abuse with opportunities to "give back" through volunteering to serve as peer-recovery support advocates.

In July 2011, BSAS launched the Recovery Coach Academy Training program to train BRC volunteers. Adapted from the nationally recognized Connecticut Community for Addiction Recovery (CCAR) curriculum, training has been offered to 125 individuals. Training topics include the science of addiction, recovery process, role of peer advocate, and negotiating community services. An additional 40 PRA's will be trained by 6/30/12.

BSAS is in the process of placing BRC graduates at six substance abuse treatment programs and other community sites. BSAS is also planning to locate several PRAs in one hospital emergency room. These individuals will work in conjunction with BSAS's expanded Screening, Brief Intervention and Referral to Treatment Project (SBIRT).

BSAS is also working with the Mayor's office to seek commitments for matching funds from local corporations and foundations to support an application to AmeriCorps. As an AmeriCorps site, BSAS would be able to provide living allowances and health insurance for a minimum of 10 BRC graduates.

2. Begin three new recovery-oriented services

In October 2011, BSAS received \$975,200 to provide intensive care coordination services for high-risk patients leaving residential substance abuse treatment. The goals are to link patients with the most appropriate step-down level of addiction treatment and to assist patients in obtaining health insurance, housing, employment, financial assistance and other supportive recovery services. BSAS is in the process of designing the new services and selecting a vendor. Services

are expected to start in February 2012.

In November 2011, BSAS received \$440,315 in supplemental funding from ADAA to expand recovery support services in Baltimore City (annualized amount \$880,630). These funds will be used to develop a new Recovery Community Center day program for the provision of support services to recovering individuals from across Baltimore City, and to place a recovery coach and vocational specialist at each of Baltimore's three Threshold to Recovery sites.

During the last half of FY11, BSAS began funding innovative recovery services at five treatment programs. These services are fully operational in FY12:

- The Partners in Recovery program now offers two gender-specific (male and female) aftercare recovery groups for patients who have completed their outpatient treatment. The groups are led by an individual in recovery, and participation is open-ended. The men's group has consistently had 10-12 participants, and the women's group, while slow to start, has about five women.
- Man Alive is collaborating with the Institute for Behavioral Research to identify projects in the community that patients can participate in to improve the community. One planned activity for the spring 2012 is a community garden. An empty lot has been identified and patients have begun planning and fundraising to transform the lot into a space the community can enjoy. Additionally, both programs have identified an individual who works collaboratively with patients in preventing loitering during peak medication hours; and the programs are working with another BSAS-funded program in the area to identify space for patients to socialize.
- Total Health Care has developed a Peer Support Team service in which former patients who are active in Total Health Care's alumni group provide peer mentoring, peer-led support groups, and outreach for actively enrolled patients. The group has also begun to organize safe and sober social activities. Total Health Care has purchased furniture for a peer lounge that will be utilized by the peer support team and patients.
- Recovery Network has begun a soft skills work readiness program for their patients. Patients opt-in to participate in the group two evenings per week and are provided a workbook that provides resume how-to's. Patients participate in role plays to practice interview skills, and patients have access to five computers. The computers are used to help patients with exposure to technology, to create resumes, to set up e-mail accounts and to access on-line job leads.
- Glenwood Life Counseling Center has developed a peer case management program in which six recovering individuals provide case management services for active program patients. Each case manager works two hours per day and services are scheduled on a walk-in basis. Clients are referred for services by counselors or clients may self-refer. The case managers are assisting clients with recertification of health insurance, placement in

shelters and transitional housing, obtaining mental health treatment appointments, obtaining food, and job leads. Most recently, a patient was assisted with entry into an assisted living facility. The new program has been extremely well-received by Glenwood patients and staff.

GOAL 2: Integrate substance abuse, mental health and medical care services.

Objectives:

1. Engage health care providers and school personnel in identifying individuals with substance abuse problems.
2. Expand medication-assisted treatment services
3. Ensure collaborative and coordinated care for criminally justice involved individuals with co-occurring substance abuse and mental health disorders.
4. Create sub-specialty services for individuals who have comorbid and complex medical and behavioral health needs.

Performance Targets:

1. Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) services in 6 high schools, one hospital emergency department and 20 health centers.
2. Reduce the rate of alcohol and drug-related hospital emergency department visits by 6%.
3. Reduce the rate of alcohol and drug-related hospital admissions by 4%.
4. Treat 1,500 buprenorphine patients annually across behavioral health and substance abuse treatment settings.
5. Develop a plan and implement the use of Vivitrol for 50 clinically appropriate patients across health, substance abuse treatment and other settings.
6. Treat 170 patients through the Integrated Dually Diagnosed Treatment Project program
7. Develop a plan and implement services in HSCRC-regulated substance abuse treatment programs for 100 people.

Estimated Dollar Amount Needed/Received to Accomplish Goal: TBD

Progress:

UPDATE – For January 1, 2012 through June 30, 2012

1. **Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) services in six high schools, one hospital emergency department and 20 health centers.**

- Schools - Four of the six selected Baltimore City public high schools successfully implemented SBIRT during the 2011-2012 school year. The other two schools dropped out of the project for various reasons. At the four participating schools, SBIRT training was provided to student support teams including guidance counselors, social workers, school psychologists and nurses, and nurse practitioners if there was a health center in the school. The most successful schools were those with on-site health centers. Approximately 400 students were screened at the four exiting schools. In FY13, BSAS will consider expanding SBIRT into additional schools with health centers.
- Hospital - SBIRT will be implemented at Bon Secours Hospital beginning in July 2012. It is anticipated that approximately 1,000 patients annually will be screened. In FY13, Bon Secours will hire three full-time recovery coaches to provide follow-up recovery support services for patients who are discharged from the emergency department and other hospital units.
- Primary Care Centers – In FY12, SBIRT was fully implemented at all remaining satellite sites at four pilot health centers, and three new health centers (including two centers in Prince George’s County). The five Baltimore City sites combined will assess approximately 10,800 patients annually. No additional SBIRT funding/expansion is anticipated in FY13.

Older Adult Initiative – BSAS consultant, Marla Oros, began working with Harborside Nursing home in March 2012 to address problems associated with substance abuse and addiction among older patients. In May 2012, Ms. Oros completed a report summarizing the strengths/concerns at Harborside and a set of recommendations for moving forward. The facility was very pleased with the report and welcomed BSAS’ continued technical assistance to implement a system-wide plan to improve assessment and clinical support for residents. Training for nursing staff began in June 2012. In Summer/Fall 2012, Ms. Oros and Dr. Chris Welsh will train Harborside’s medical director and staff on how to deliver buprenorphine services.

Ms. Oros has also begun working with Northwest Rehabilitation facility to assess needs and develop improvement plans. In FY 13, additional work may be done at senior centers.

Additionally, Ms. Oros has been participating with DHMH to enhance behavioral health services in two projects: Money Follows the Person and Older Adult Waiver program. The two waiver programs focus on moving patients from rehabilitation facilities into the community with the goal of reducing high Medicaid costs associated with nursing home care. However, addiction and mental health issues have largely been ignored by the care coordinators and as a result, patients cycle back to the hospital and then into nursing homes. This situation is consistent with findings of the older adult needs assessment led by

BSAS prior to starting the rehabilitation facility pilot program. BSAS is hoping its work with DHMH will result in new funding for additional addiction services for older adults.

2. Reduce the rate of alcohol and drug-related hospital emergency department visits by 6%.

Updated data is not available at this time.

3. Reduce the rate of alcohol and drug-related hospital admissions by 4%.

Updated data is not available at this time.

4. Treat 1,500 buprenorphine patients annually across behavioral health and substance abuse treatment settings.

From 1/1/12-5/31/12 (six months), there were:

- 422 new admissions to buprenorphine treatment; including 403 admissions to BSAS-funded outpatient treatment programs and 19 admissions to the one BSAS-funded primary health care center induction site.
- The average monthly patient census was 616 (new admissions and existing patients), including 396 patients at eight outpatient treatment programs and 220 continuing care patients treated at physician offices.
- There were 187 patients transferred to continuing care. On average, 73% of patients transferred to continuing care were successfully retained for six months or more.

5. Develop a plan and implement the use of Vivitrol for 50 clinically appropriate patients across health, substance abuse treatment and other settings.

In March 2012 BSAS selected three providers to participate in the Vivitrol alcohol abuse/dependence treatment pilot program. One program offers both residential and outpatient treatment (Gaudenzia) and the other two programs offer intensive and standard outpatient (Family Health Centers of Baltimore and Total Health Care). These providers were selected based on the availability of residential treatment, and the outpatients programs' successful implementation of buprenorphine treatment.

Clinical Guidelines for Baltimore's Vivitrol Pilot Program were completed in May 2012. The guidelines include an overview of the project, patient screening, indications and contraindications for the use of Vivitrol, patient assessment, laboratory testing, informed patient consent, administration of Vivitrol, and an overview of the plan to evaluate the project.

Training for program nurses and counselors was held on 5/23/12. The first two Vivitrol patients were enrolled on 6/20/12. The goal is to treat 98 patients in year one, and to demonstrate significant reductions in alcohol use among Vivitrol patients.

6. Treat 170 patients through the Integrated Dually Diagnosed Treatment Project program.

The IDDT internal operations team completed the competitive procurement process in March 2012, and selected the following three providers to receive grant awards:

- Bon Secours ACT Team (IDDT Intensive Mobile Team)
- Maryland Treatment Centers (IDDT Mental Health Clinic)
- Family Health Centers (IDDT Substance Abuse Clinic)

The IDDT team developed admission criteria in March 2012, and drafted an evaluation plan in June 2012. The evaluation plan focuses on the project's success in establishing robust referral and admission procedures, providing integrated substance abuse and mental health care, and the project's sustainability after the three-year grant period ends.

On March 28-31, 2012, Case Western Reserve University's Center for Evidence-Based Practices conducted baseline fidelity reviews at each IDDT program and made recommendations for how each program could improve their capacity to provide optimum IDDT services. The review considered 25 program elements such as staff qualifications, treatment planning procedures, integrated record keeping, patient admission criteria, etc. Case Western also provided a series of three IDDT trainings for participating providers during May-July 2012.

The first IDDT client was admitted to treatment on 4/10/12; and to date, a total of six patients have been enrolled. There are currently, 42 additional patients being considered for IDDT programming. The annual goal is to treat 170 patients.

7. Develop a plan and implement services in HSCRC-regulated substance abuse treatment programs for 100 people.

The BSAS HSCRC workgroup, comprised of representatives from hospital-based and community-based methadone programs and BSAS staff, convened regular meetings throughout FY12. The workgroup accomplished many tasks in preparation for providing specialized services for OMT patients with co-occurring severe medical and/or psychiatric disorders, including:

- Analysis of Medicaid service data to determine characteristics and volume of potential patients,

- Development of patient eligibility criteria, medical necessity criteria, core program services, and a screening/referral form,
- Survey of existing opioid maintenance treatment programs (OMT) and development of a matrix of existing services and proposed specialized HSCRC services, and
- Explored current and proposed funding mechanisms for services.

Due to a reduction in Baltimore's FY13 state block grant, BSAS reduced funding to all OMT programs including HSCRC programs. BSAS and its OMT partners hope to in the future identify funding for the proposed specialized services.

UPDATE – For July 1, 2011 through December 31, 2011

1. Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) services in six high schools, one hospital emergency department and 20 health centers.

Schools

BSAS worked in collaboration with the Baltimore City Public School System to identify six high schools with the highest drug abuse related suspensions. BSAS's consultant, Mosaic Group, has met with all six school principals, and despite some initial hesitancy about the project, five schools have established SBIRT planning groups. The remaining school has not yet committed to participate in the project. In the event that this school declines participation, another school will be identified.

In October/November, each planning groups participated in SBIRT orientation and all groups scheduled SBIRT training for various school personnel including school nurses, guidance counselors, social workers, addiction counselors, mental health therapist, and social workers (the schools vary in the number of co-located services and personnel). Training was completed at two schools so far, and the remaining schools will be trained in January/February. SBIRT services will be started immediately following completion of training.

Emergency Department

Also, as a part of the SBIRT project, BSAS is developing new SBIRT services at one hospital emergency department. Peer Recovery Advocates will be placed at the ED to outreach and follow-up with patients after patients leave the ED.

Health Centers

BSAS continues to work with four community health centers to implement SBIRT. In FY12, two new community health providers will start SBIRT.

The two new participants will introduce SBIRT at multiple locations. BSAS is also collaborating with Prince George's County to start SBIRT at one community health center. Funding for the PG County work is being provided by the Open Society Institute Baltimore.

Older Adults

In FY11, BSAS conducted an assessment of needs among older adults (over 60 years) in relation to substance abuse and dependence. BSAS sponsored an Older Adult Summit on November 14, 2011, to present the findings of the needs assessment and to begin developing a strategic plan for addressing the identified needs among this population. In FY12, BSAS plans to work with two long-term care facilities to begin SBIRT services, and BSAS will begin planning to expand outreach and other services based on summit recommendations.

2. Reduce the rate of alcohol and drug-related hospital emergency department visits by 6%.

In FY11, BSAS participated in the development of Healthy Baltimore 2015, the Baltimore City Health Department's comprehensive health policy agenda that articulates priority areas and indicators for action in Baltimore City. Reducing drug and alcohol abuse is one of the ten identified priority areas. Two indicators were selected to be tracked and reported periodically including alcohol and drug-related emergency department visits and hospital admissions.

The specific goal is to decrease the rate of alcohol and drug-related emergency visits by 15% by 2015 from 1,928 visits in 2010 (per 100,000 people) to 1,638.8 visits in 2015 (per 100,000 people). See Healthy Baltimore 2015 report at: <http://www.baltimorehealth.org/healthybaltimore2015.html>

The source data is the Health Services Cost Review Commission (HSCRC). BSAS expects to have access to this data to track this indicator periodically.

3. Reduce the rate of alcohol and drug-related hospital admissions by 4%.

Similar to Performance Target #2 above, BSAS expects to use HSCRC data to periodically track progress in meeting the Healthy People 2015 goal of decreasing the rate of alcohol and drug-related hospital admissions by 10% by 2015 from 1,141.1 admissions in 2010 (per 100,000 people) to 1,027.0 visits in 2015 (per 100,000 people). See Healthy Baltimore 2015 report at: <http://www.baltimorehealth.org/healthybaltimore2015.html>

4. Treat 1,500 buprenorphine patients annually across behavioral health and substance abuse treatment settings.

From July 1 through December 31, 2011 there were:

- 495 new admissions to buprenorphine treatment; including 470 admissions to BSAS-funded treatment programs and 25 admissions to the one BSAS-funded primary health care center induction site.
- Approximately 660 buprenorphine patients were served each month (new admissions and existing patients), including 365 patients treated monthly at treatment programs, 255 patients treated monthly at physician offices in the community, and 40 patients at the BSAS-funded primary care center induction site.
- 71% of patients who transferred to continuing care were successfully retained in continuing care for at least six months.

5. Develop a plan and implement the use of Vivitrol for 50 clinically appropriate patients across health, substance abuse treatment and other settings.

A plan for the use of Vivitrol will be developed in the Spring of 2012.

6. Treat 170 patients through the Integrated Dually Diagnosed Treatment Project program.

The Integrated Dual Disorder Treatment (IDDT) operations team, formed in FY11, has continued to meet weekly to plan and prepare for service delivery. In August 2011 a contract was completed with Case Western Reserve University to provide system-level consultation and training for treatment providers. Monthly conference calls are held on the last Tuesday of each month. This partnership will be instrumental to the implementation of IDDT services.

On November 14, 2011, two separate Requests for Proposals (RFP) were released to solicit proposals from substance abuse and mental health treatment providers for mobile crisis team services and clinic-based treatment services. A pre-offer conference was held on November 22, 2011. Proposals are due on January 5, 2012, and awards are expected to be announced in February 2012. Training for selected providers will be held in March 2012, and IDDT services will begin in April 2012.

7. Develop a plan and implement services in HSCRC-regulated substance abuse treatment programs for 100 people.

In FY12, BSAS formed a workgroup of hospital-based and community-based substance abuse treatment programs to plan and implement specialized treatment services at hospital-based programs located in Health Services Cost Review Commission (HSCRC)-regulated space. The services will target adults with substance use disorders associated with significant withdrawal-related morbidity and mortality plus complex medical, psychiatric, and/or psychosocial conditions, all of which in combination have resulted in frequent

emergency department visits and/or inpatient hospitalizations. Community-based treatment programs, lacking the necessary and adequately-trained staff and resources to meet all the needs of this population, often experience significant challenges in effectively treating these patients. Hospital-based substance abuse treatment programs may represent an as-yet unrealized resource for the most complicated individuals with substance use disorders.

Hospital-based programs can tap into a wider array of primary and specialty healthcare services than community-based programs, can take advantage of more robust electronic medical record systems and often operate in environments of academic learning, study, and innovation. The goal of the workgroup is to create a model that takes advantage of hospital resources to create a system of care uniquely capable of caring for high-risk/high-cost medically and/or psychiatrically complex patients with substance use disorders. Data from Maryland Medicaid and hospitals will be used to guide the development of this project. Additionally, draft criteria of clinical necessity criteria have been created and broad categories of service components have been identified.

GOAL 3: Manage and plan for high-quality, comprehensive substance abuse services in an era of Health Care Reform

Objectives:

1. Better align substance abuse treatment and prevention activities as related to funding, continuity and focus to empower communities to reduce drug and alcohol use and related problems.
2. Monitor and improve quality of substance abuse treatment services.
3. Assess the impact and effectiveness of services.
4. Partner with other stakeholders to ensure an adequate workforce for substance abuse services.

Performance Targets:

1. Increase resources for prevention services by 10%.
2. Reduce the percent of high school students reporting alcohol and/or drug use in the last 30 days by 10%.
3. Revise DrugStat performance measures to include two other health indicators.
4. Reduce overdose deaths by 5%.
5. Train 300 people on two evidence-based substance abuse interventions.

Estimated Dollar Amount Needed/Received to Accomplish Goal: TBD

Progress:

UPDATE – For January 1, 2012 through June 30, 2012

1. Increase resources for prevention services by 10%.

No additional prevention funding was obtained in FY12. BSAS continues to research grant opportunities and explore partnerships with other organizations that are interested in seeking funding for services expansion or new projects.

2. Reduce the percent of high school students reporting alcohol and/or drug use in the last 30 days by 10%.

Updated data is not available at this time.

3. Revise DrugStat performance measures to include two other health indicators.

BSAS continues to work with ADAA to be able to access and analyze treatment data using the SMART database. BSAS plans to include providers' performance on ADAA Management for Results (MFR) measures at quarterly DrugStat meetings beginning with FY13, Quarter 2. DrugStat meetings are a forum for providers to review findings and discuss strategies for improving treatment outcomes.

4. Reduce overdose deaths by 5%.

Updated data is not available at this time.

5. Train 300 people on two evidence-based substance abuse interventions.

During the period, approximately 260 people participated in training on the following evidence-based interventions:

Health Care Reform – Danya/NIATx Technical Assistance Project

This OSI-funded training project, which was conducted from September 2011 through April 2012 (7 months), was aimed at assisting treatment providers to be more prepared for Health Care Reform (HCR). Initially, three Baltimore City programs were scheduled to participate; however, one program dropped out due to internal reorganization. The two remaining programs attained successful outcomes for their selected areas for improvement:

Provider: Johns Hopkins Broadway Center

Areas for Change: Develop seamless, comprehensive care that focuses simultaneously on primary care, mental health, and substance abuse treatment;

Increase insurance reimbursement opportunities; Reduce the no-show rate for new patients' intake appointments.

Actions: Created a one chart system for all services; changed process for intake assessment scheduling; initiated discussions with managed care organizations about reimbursement opportunities; streamlined billing processes to ensure all individual counseling sessions were captured; changed communication practices to include all health disciplines; and developed plans for restructuring the health suite emphasizing key staff.

Results:

1. 32% increase in billable individual counseling sessions.
2. 36% reduction in no-show rates for new admissions.
3. Increased collaboration among mental health, primary care and substance abuse treatment staff.
4. Reduced duplicative paperwork using one chart system.

Next Steps: Continue change process to identify and reduce barriers to integrated care, revise policies and procedures to support integrated care; restructure health suite; and include integrated care in strategic planning.

Provider: Univ. of Maryland Medical Systems Drug Treatment Program

Area for Change: Improve timeliness of submitting authorization requests

Actions: Revised processes to ensure administrative and counseling staff received timely notice when authorizations are required.

Results: No baseline data was available. During study period:

1. 100% of initial authorizations were completed on time (n=7)
2. 100% of concurrent PAC authorizations were submitted on time (n=16); and 83% of non-PAC authorizations were submitted on time (n=9)

Next Steps: Continue change team to further refine authorization system; form new change team to plan group therapy for patients who are being prescribed both methadone and benzodiazepines; and explore offering integrated medical care at the methadone clinic.

Another goal of the project was to identify and train three Change Specialists to assist additional providers to implement NIATx process improvement techniques. Three individuals were identified and Danya plans to provide additional training for the specialists during the Summer 2012. Danya also plans to explore forming a learning collaborative for participating providers, and plans to work with State and local authorities to explore possible

integration of Change Specialists into treatment programs.

Buprenorphine Training

On-Line Buprenorphine Training for Physicians – In addition to receiving ongoing funding from ADAA for online buprenorphine waiver training for Baltimore City physicians, in FY12, BSAS also received funding for physicians in Maryland counties. In December 2011 BSAS sent notices regarding the availability of free training to all treatment programs, program physicians, continuing care physicians, state and local agencies, and Med Chi, the state medical society. Med Chi advertised the training to its membership. In FY12, BSAS authorized training for 52 physicians, including 12 Baltimore City physicians, 21 physicians from Maryland counties, and 19 residents in Baltimore City.

Team-Based Treatment Training for Buprenorphine Counselors and Nurses, April 28, 2012 (half-day), Presenters: Marian Currens, CR-ANP, Marc Fishman, MD, Fred Strieder, Ph.D., Participants: 50 individuals including 32 counselors and 18 nurses from Baltimore's eight buprenorphine programs.

The workshop included a plenary session on Integrated Team-Based Care, break-out sessions on counselors role and nursing role in team care, and small group exercises to assist participants in planning next steps to improve team care at their programs. Participant evaluations were very positive and all but one participate reported the training was useful for their work. BSA hopes to follow-up this training with additional learning experiences for the entire team including clinical supervisors, physicians, etc.

Baltimore Buprenorphine Initiative Summit 2012, May 17, 2012, Presenter: Redonna Chandler, Ph.D., Participants: 41 CEO's, Medical Directors and other leadership from Baltimore's eight BBI programs.

Dr. Chandler presented a very compelling summary of what is addiction, what bran functions are affected by addiction, what are effective interventions, what are barriers to successful recovery, and recovery management. Also at the event, BSAS' President/CEO presented awards to the six original BBI programs recognizing their five years of providing innovative addiction treatment.

Additional Training for Treatment Providers

Mood Disorders Training, May 15, 2012 (half-day), Presenter: Ken Stoller, MD, Director, Johns Hopkins Center for Addictions, Participants: 34 staff members from 15 treatment programs

Through the use of foundation funding, the Baltimore Substance Abuse Directorate sponsored mood disorders training. Anxiety and depression are common among substance abuse treatment patients. Screening and assessment may be difficult due to effects of chronic addiction and withdrawal symptoms. Participants received information on what mood disorders are; how to identify disorders; treatment options such as psychotherapy, medication and other treatment; and case discussions were held.

Prevention Training - BSAS facilitated training on three evidence-based prevention programs for various professionals and community members:

Botvin's LifeSkills

1. Two-day training on 8/25/11-8/26/11 for 41 mental health clinicians, representing four mental health agencies that provide services in 35 schools.
2. Two-day training on 10/11/11 and 10/18/11 for four substance abuse counselors representing one prevention program that provides services in two schools.
3. Two-day training on 4/25/12-4/26/12 for one prevention program director.

Strengthening Families

1. Two-day training on 1/26/12-1/27/12 for 22 direct service staff representing two prevention/treatment programs that offer services at five locations.
2. Two-day training on 2/9/12-2/10/12 for nine direct service staff representing four community prevention/outreach programs

Hip Hop 2 Prevention

1. Training on 3/12/12 for five members of the Oliver Community Coalition.

UPDATE – For period July 1, 2011 through December 31, 2011

1. Increase resources for prevention services by 10%.

In October 2011, BSAS received a supplemental award from ADAA in the amount of \$209,545 to restore BSAS' prevention budget to its FY11 level. The restored funding will be used to (1) Expand the use of the evidence-based Strengthening Families prevention program from two to four community sites, (3) Expand Maryland Strategic Prevention Framework activities from the current community in East Baltimore to a second community in West Baltimore, (3) Conduct a half-day Prevention Conference to highlight prevention activities in Baltimore City and preliminary outcome data, and (4) Coordinate a data advisory group to collect prevention related data and serve as a technical resource for making decisions and evaluating programs, needs

and assets.

In December 2011, BSAS hired a part-time grant writing consultant to assist in seeking additional funding opportunities from government and private funding sources.

2. Reduce the percent of high school students reporting alcohol and/or drug use in the last 30 days by 10%.

To track changes in drug use among high school students, BSAS plans to use data from Monitoring the Future (MTF). MTF is long-term study of students across the US that includes an annual survey of students conducted by the University of Michigan's Institute for Social Research. BSAS will request Baltimore summary data from the 2010 MTF survey to serve as baseline data, and will monitor changes in rates of use based on future data.

The most recent MTF survey (2010) is available at:

<http://monitoringthefuture.org/pubs/monographs/mtf-overview2010.pdf>

3. Revise DrugStat performance measures to include two other health indicators.

Currently, BSAS is focusing its attention on refining existing data from SMART and UP. The introduction of new measures is expected to occur in the spring 2012.

BSAS is beginning the transition from UP to SMART for data analysis purposes. Since November 2011, BSAS has been meeting monthly with ADAA to better understand and implement the steps needed to get the most from SMART from a data analysis perspective. The idea is for BSAS and ADAA to use the same dataset to track the City's progress in meeting the FY12 ADAA Conditions of Awards in terms of retention in treatment and continuity of care across different levels of care. Additionally, BSAS would like to replicate in SMART the program utilization rates currently being calculated using UP data.

4. Reduce overdose deaths by 5%.

BSAS's Director of Epidemiology and Evaluation co-authored the report, *Intoxication Deaths Associated with Drugs of Abuse or Alcohol for Baltimore City in 2009*. The report showed there were 229 intoxication deaths in Baltimore City in 2009 including 181 Baltimore City residents and 48 residents of areas other than Baltimore City. There has been a sustained reduction in the number of deaths during the last decade. On average, there has been a decrease of 10 deaths per year from 2000 through 2009 among

Baltimore residents.

BSAS will continue tracking the overdose deaths using the same methodology established in 2008, and working closely with the Maryland Office of the Chief Medical Officer (OCME) and Baltimore City Health Department.

The intoxication deaths report is available at:
<http://www.baltimorehealth.org/info/DOA%20Final%20Report%202009--FINAL.pdf>

5. Train 300 people on two evidence-based substance abuse interventions.

Health Care Reform

In September 2011, BSAS was informed by the Danya Institute that a Danya/NIATx technical assistance project was available to help selected Baltimore City treatment programs meet the criteria and demands for the Health Care Reform Act. Funding for the project was provided by the Open Society Institute Baltimore. Three Baltimore City programs self-selected for the project including Johns Hopkins Broadway Center, People's Community Health Center and the University of Maryland Methadone Program.

Three additional programs from outside Baltimore City will also participate in the project. The training consists of two major components: (1) Assist programs to use NIATx process improvement techniques to address a problem within their programs that would hinder their ability to meet the goals of the Act; and (2) Train three individuals from the project to become regional change specialists. Programs participated in a conference in October 2011 to begin to identify an important problem and to start the change process. Programs will receive in-person and telephone coaching and mentoring over seven months. The individuals selected to train as change specialists are shadowing coaches at various programs. A closing symposium will be held in April 2012.

On December 13, 2011, BSAS held its Annual Legislative Breakfast. Speakers discussed health care reform issues and the impact on substance abuse treatment and recovery services. Delegate Curt Anderson delivered the keynote address and special guests Ellen Weber from the University of Maryland Law School and Gabrielle de la Gueronniere from the Legal Action Center discussed health care reform on statewide and national levels. There were approximately 80 people in attendance.

Other Training

Three additional trainings for providers were provided through funding by the Open Society Institute Baltimore, including:

Parity Training, October 22, 2010, Presenter: Ellen Weber, Participants: 51
The Wellstone/Domenici Mental Health Parity and Addiction Equity Act and Maryland insurance law require insurance plans to provide benefits for addiction and mental health treatment that are comparable to benefits for the treatment of physical illnesses. This training helped program directors and billing managers understand the federal and state parity laws so that providers could ensure patients get the treatment services they are entitled to receive.

Improving Skills in Assessment, Treatment Planning and Application of the Revised ASAM Criteria (ASAM PPC-2R), April 28, 2011, Presenter: David Mee-Lee, MD, Participants: 93

Clinicians involved in planning and managing care often lack a common language and systematic assessment and treatment approach that allows for effective, individualized treatment plans. This one-day workshop explained the underlying principles of the ASAM PPC-2R, provided specific hands-on exercises applying ASAM criteria and organizing assessment data, and helped clinicians and care managers improve communication around assessment and treatment planning.

Be a Front Desk Superstar, October 19, 2011, Presenter: Shirley Hunter, Glass Mental Health, Participants: 42 individuals

The training helped improve skills of administrative staff to project an image that commands respect, to use effective phone skills, to handle difficult people and situations, and to help maintain safety and security for the organization.