

# 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 20<sup>th</sup> 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.