

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.