Drug Demand Reduction Coalition (DDRC) - Treatment Team
MINUTES
Thursday 11/15/12
9:30 AM-11:30 AM
Location: NORAPC - 2601 Tulane Ave., Ste. 400, NOLA 70119

Attendees: Seton Jenkins (Citizens for 1), Anthony D. Wickramasekera (LA Commission on Addictive Disorders), Erika Sugimori (New Orleans Regional AIDS Planning Council), Else Pedersen (Bridge House), Kelli Bertrand (MHSD), Bob Gallati (Consultant), Marguerite Redwine (Via Link), Peter Winsauer (LSUHSC Alcohol Resource Center), John Pierre (Living Witness)

Materials provided:
- *Agenda*
- *Brief Description of Community Needs Assessment (CAN) Phase 2* Handout
- *Draft of Community Resource Survey*
- *Action Planning Worksheet* (filled in with previously discussed plans)

1. **Welcome/Introductions**

2. **Review of Agenda:** The group prioritized the data discussion to accommodate Gallati's overview of needs assessment activities and his scope of work.

3. **Action Planning for Year 1 Activities**
   A. **Needs Assessment Overview by Bob Gallati:**
      Gallati provided his brief description of Community Needs Assessment (CNA) Phase 2, distributed a handout, and highlighted items of relevance to the Treatment Team. He detailed the deliverables outlined thus far. Of these, he noted that the Community Resource Survey, an assessment of provider capacity to address community substance abuse treatment need had been drafted but had not yet been finalized or administered. The report findings are slated to be delivered by May 31, 2013.

      He noted deficiencies observed in the current continuum of care and listed some statistics where applicable: 1. As per surveys conducted in Louisiana, Youth substance use is an issue that needs attention – 8% in the schools, 2. As per state statistics, it is estimated that only 10% of those in need of substance abuse treatment services are being treated (he compared this to his experience in New York, where they had achieved 25-30% treatment coverage), 3. Overall, as per his review and observation, outreach is lacking, particularly in the criminal justice system where need is high.

      Model systems of care were discussed. Gallati suggested that the team consider identifying a model system of care and define components of the system (e.g., what is "treatment?" what is "recovery?"). He also shared ideas about creating the argument in the context of access under healthcare reform and increasing payor sources to support services (e.g., emergency care).

B. **Goal 3 – Activity 1: Conduct Data systems status assessment (how is each entity collecting data?)**

The group discussed the challenges of having disparate data systems that are incompatible with each other, touching on LADS and Magellan data systems and referral systems. Blending into the conversation was the lack of sustained efforts to document community needs, gaps (e.g., community level surveys to assess community needs for services, gaps or services they were unable to access), and barriers (e.g., reasons individuals are do not access needed services). Another issue mentioned was the needs of the hard to reach.

Main issues:

1. Needs – There is no comprehensive data source to support services planning and/or coordination based on need (e.g., we do not know on a broad level how much of what services to provide, such as prevention, treatment, recovery support, etc.).

2. Gaps – Likewise, the lack of the central data source cannot be harnessed to identify gaps.

3. Capacity – We do not have systems in place to determine whether local capacity to serve is adequate to meet community need. The group thought it was likely that capacity was not adequate to meet the need. The Capacity Resource Survey was discussed.

4. Impact – It is difficult to determine overall impact on reducing substance use in the community because the data is fragmented (e.g., no common monitoring indicators, measures).

The group determined that it should urge administrators over each of the statewide data systems currently housing substance abuse treatment data to consider working on data sharing agreements and/or movement to a single statewide data system. The providers in the group shared their experience entering data into multiple data systems. Sugimori mentioned that the HIV service community has had similar challenges to diminish data fragmentation and improve continuity of care. In response, the administrative bodies have recently implemented a statewide system that is still undergoing refinement. Jenkins provided background on previous efforts to broach the subject of data sharing under the Blanco administration.

Redwine presented the capabilities of Via Link data systems to house service data; currently her agency houses the Homeless Management Information System (HMIS).

Adjustments to the action plan were discussed and tasks assigned. At the next meeting, the team would identify the appropriate volunteer to join the Data Committee.

C. **Goal 1 - Activity 1: Map of all substance abuse providers to include each entity's service delivery modality and capacity**

While preliminary action steps have already been drafted, they were not reviewed or finalized at this meeting. The group discussed the importance of having a single point source for resource listings (e.g., updated agency information), particularly in light of

diminished financial resources and the corresponding need to reduce duplication of effort. As discussed at the 10/30 meeting, Via Link still seems like the ideal. Via Link has been in operation since the 1970s, has data capabilities (e.g., can offer quantitative data on calls, including caller demographics), has an easy-to-remember phone number, 2-1-1, a standardized procedure for collection of agency information as well as regular procedure for updates - yearly, at minimum. Limitations to the system were also discussed and solutions/ideas brainstormed:

1. Via Link updates are once a year (at minimum)

   Solutions/Ideas: Redwine stated that agencies with whom they have a strong relationship take the initiative to notify Via Link of any updates to their information on a more frequent basis. Sugimori added that Via Link and the rest of the treatment team could promote Via Link and engage other providers to deliver there updates more often. This would support the coalition goal of trying to improve accuracy of information to "Goal 1: Establish a coordinated continuum of care that is appropriate to meet the needs of diverse populations, increase access and eliminate barriers/gaps in treatment services across diverse settings."

2. Via Link's standards may exclude some community based providers that do not meet its inclusion criteria.

   Solutions/Ideas: The treatment team could come up with an alternate strategy to capture these agencies and make their information available to the community (e.g., individuals and agencies).

It was opined that community buy-in was needed to ensure confidence and trust in the single source. This would be critical to ensuring focus to optimize the single source. Gallati noted the importance of creating many "doors" by which to access the continuum of care in order to improve community knowledge of, demand for, and utilizations of services. In this case, Via Link would be one.

    D. **Goal 2 - Activity 1:** Tabled

4. **Next Meeting Date & Location**: Meeting dates for the next two months were set - December 19, 9 AM – 11 AM and January 16, 9 AM – 11 AM.

5. **New Business**: None

6. **Announcements:** None

7. **Adjourn:** The meeting was adjourned at 11:35 AM.