

**STATUS OF FAMILY INVESTMENT PROGRAM RECIPIENTS  
REFERRED TO SUBSTANCE ABUSE TREATMENT  
THIRD AND FOURTH QUARTERS FY 2004  
January-July 2004**

**Introduction**

This is the 23rd in a series of quarterly reports mandated by the Welfare Innovation Act (WIA) of 1997. These reports track the progress of the Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR) in implementing the provisions of the Welfare Innovation Acts of 1997 and 2000. These reports describe the evolution of the substance abuse treatment services for adult and minor parent recipients of Temporary Cash Assistance (TCA).

The first reports described the development of a new program: planning, designing a paper-based information system, educating MCOs and providers about a complex reporting process, corrective program modifications, and relationship building among stakeholders. The thin early reports that talked about events that would happen in the next quarter were gradually replaced by thicker reports describing, sometimes with complex tables, the activities of the quarter just ended. New projects, such as the placement of Addictions Specialist in Local Departments of Social Services (LDSS) throughout the state, required extensive entailed reporting.

Beginning with the 18th report, these reports converted to a brief format because all major elements affecting substance abuse treatment for TCA parents were in place and functioning. When new initiatives or new data warrant extensive analysis, the reports will be larger. The current report continues the format introduced in the previous report, which was designed to help readers quickly find changes from the previous reports, since a great deal of text repeats from report to report. **New material is lightly highlighted, as is this sentence, so it will stand out.**

**I. Screening and Tracking of TCA Applicants and Recipients**

**A. DHR Substance Abuse Treatment and Services (SATS) Program**

The Welfare Innovation Act of 2000 required the hiring and placement of addictions specialists in Local Departments of Social Services (LDSS) to conduct screening, testing, assessments, referrals, and reporting for Temporary Cash Assistance adult and minor parents, and certain Food Stamp applicants and recipients, such as custodial parents who are convicted drug felons.

The resulting Substance Abuse Treatment and Services (SATS) program has operated statewide since February 2002. There are currently 71 addictions staff

(including supervisors in some jurisdictions) on-site in LDSS offices throughout the state. These specialists are distributed as follows:

- One each in Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Queen Anne's St. Mary's, Somerset, Talbot, Wicomico, and Worcester Counties.
- Two each in Anne Arundel and Washington Counties.
- Three in Montgomery County.
- Six in Baltimore County.
- Nine in Prince George's County.
- Thirty-one in Baltimore City.

Addictions staff send monthly reports to DHR's Family Investment Administration (FIA) and to the DHMH Alcohol and Drug Abuse Administration (ADAA). These reports capture screening, referral, and enrollment information. Data for FY 2004 is included as Table I).

About 15 percent (271) of these referred clients were placed on waiting lists, underscoring the need to increase treatment capacity. The time a person seeking treatment must wait for an opening depends on the type of treatment and the location. In Baltimore City, for instance, outpatient services are usually available within 24–48 hours but some residential services might take two to three weeks. Methadone maintenance usually takes from six to eight weeks.

## **B. Tracking and Reporting.**

FIA and ADAA have been working to incorporate information from the SATS program into the ADAA Electronic Substance Abuse Management Information System (E-SAMIS) for tracking and reporting this population. Costs for training the addictions staff would be absorbed through the current ADAA training budget. Once connected to E-SAMIS, the Departments will have the capability to provide information on individual clients that can be cross-matched with other databases to provide information on TCA, employment, child welfare, etc. Staff currently collect data manually, which provides only aggregate data. If included into E-SAMIS, the data would be available by individual, local department, regionally, and statewide.

## **C. Drug Felon Provisions of H.B. 1160 (Welfare Innovation Act of 2000)**

The Welfare Innovation Act of 2000 allowed custodial parents who had been convicted of a felony involving a controlled dangerous substance to apply for and to receive cash assistance and food stamps if eligible. Previously, their conviction disqualified them. Now, if eligible, they are subject to the same reporting and treatment requirements as any other adult or minor parent recipient of TCA but additionally are subject to testing for substance abuse for a period of two years. They receive services in the same manner as other TCA recipients. DHR and DHMH are required to ensure that appropriate substance abuse treatment is available on demand to this population.

Procedures went into effect September 2001 to complete implementation of the drug felon provisions. At application and redetermination for TCA and Food Stamps, drug felons who are custodial parents are referred to the Addictions Specialist for screening, drug, testing, assessment, and (if appropriate) referral to treatment.

## **II. Residential Substance Abuse Treatment for TCA Recipients**

- Until 1997, Maryland Medicaid only covered residential substance abuse treatment programs for children and adolescents in Intermediate Care Facility-Addictions (ICF-A). That changed with the Welfare Innovation Act of 1997, which required the Medicaid Program to reimburse for services delivered to TCA parents as follows: ICF-A for age 21 and older; Halfway Houses and Residential Drug Free (Therapeutic Community) for age 18 and over; and Group Homes for under age 18.

The Medicaid Program paid for these services on a fee-for-service basis, with funds for the State's share of the cost provided initially by the Department of Human Resources and subsequently by the Alcohol and Drug Abuse Administration (ADAA). These agencies transferred the funds to Medicaid as services were used. Medicaid obtained the federal share for eligible treatment costs. (The room and board component was not eligible for federal financial participation and is entirely State funded.)

In 2000, the General Assembly expanded the TCA residential treatment program by appropriating funds to ADAA to for prepaid ICF-A, halfway house, and transitional housing services for TCA recipients. This has become a continuing authorization.

The Medicaid Program's participation was contingent on securing approval from the federal Centers for Medicare and Medicaid Services (CMS), then called the Health Care Financing Administration (HCFA). The Medicaid Program received permission to cover adults over age 21 in ICF-As, but ultimately did not receive permission for the other services. The CMS decision means that federal financial participation is only available for TCA adults in the ICF-A level of care, and that other residential treatment services must be funded entirely by State dollars. ADAA has agreed to reconfigure its allocation of funds to appropriately serve TCA recipients who require residential treatment.

The ADAA Residential Treatment Coordinator continues to authorize admissions, regardless of funding stream.

## **III. HealthChoice Substance Abuse Workgroup**

The HealthChoice Substance Abuse Workgroup originally formed in November 1999 to bring together MCOs, BHOs, substance abuse treatment providers, and advocates to raise and resolve substance abuse issues under HealthChoice. The group met monthly for nearly a year until the advent of the Medicaid Drug Treatment Workgroup. During the Second Quarter of FY 02, stakeholders asked DHMH to reconvene the Workgroup as it provided a necessary forum for programmatic issues. The Workgroup reconvened

in December 2001 and meets monthly. MCOs, BHOs, providers, and State representatives monitor the Substance Abuse Improvement Initiative and resolve service system issues.

During the Third and Fourth quarters, the Workgroup continued monitoring the introduction of buprenorphine therapy for the treatment of heroin addiction and also devoted parts of several meetings to level of care issues and to billing codes. The Workgroup met at United Behavioral Health in Elkridge in January, February, and March and at Baltimore Behavioral Health in Baltimore for April, May, and June. All meetings were well attended, averaging almost 30 people per meeting.

**Table 1**

**SUBSTANCE ABUSE TREATMENT AND SERVICES (SATS) PROGRAM  
Screening, Assessment and Referral Results – July 2003 through June 2004**

STATE TOTALS	S c r e e n e d					Referred for Assessment and/or Testing	Completed Assessment	Referred for Treatment	Entered Treatment During Month	In Treatment at Time of Screening	Placed on Waiting List	Successfully Completed Program
	Total	TCA*	FS*	CW*	Other							
<b>July 2003– Dec. 2003</b>	22,356	21,932	162	159	103	1,213	1,280	791	297	813	131	126
<b>Jan. 2004– June 2004</b>	21,589	21,016	257	165	151	1,106	956	1,040	322	797	140	111
<b>Total for Fiscal Year 2004</b>	<b>43,945</b>	<b>42,948</b>	<b>419</b>	<b>324</b>	<b>254</b>	<b>2,319</b>	<b>2,236</b>	<b>1,831</b>	<b>619</b>	<b>1610</b>	<b>271</b>	<b>237</b>

Source: FIA Addictions Specialists

\*Temporary Cash Assistance; Food Stamps; Child Welfare