

Minutes for Citizens' Review Panel February 4, 2019

Call meeting to order 7:01 by Ronna Cook, Chair

Attendees

Deanna McCray James (by phone)

Leslie Shedlin (by phone)

Jane Steinberg (by phone)

Marci Roth (by phone)

George Gabel

Sarah Stanton

Kay Farley

Laura Coyle

Pam Littlewood

Stacy McNeely

Ronna Cook (Panel Chair)

Angela English (staff member from Child Welfare Service)

Elyse Grossman (AODAAC or "Council" Chair) visited from the Council – George Gabel introduced her

Her presentation is as follows---

AODAAC is charged with advising and guiding County Council and Executive on all issues related to alcohol and drug use, and review recommendations the County makes on alcohol and drug-related proposals.

3 Key Issues this year: 1) Advocate for adequate program funding and evidence based laws 2) Educate residents about harm of abusing substances and work to decrease ubiquity and 3) work with schools to educate students, parents, and teachers using evidenced-based curricula

AODAAC has 16 voting members (3 year terms) 12 non-voting members and a number of individuals who represent legal, business, medical, students, PTA, recovery, someone from HHS, police, Dept of corrections and Rehabilitation, and other entities-- they all report at every meeting. A statute charges each of these individuals with participating.

Question about data: Preventative and Early Intervention-- every Dollar on prevention we save \$10. Every dollar we spend on treatment we save \$7 (considering criminal justice, lawyers, medical, etc) Prevention offers more cost-effective outcomes.

The longer someone is in treatment (it doesn't have to be intensive, even partial day), the better outcome.

Drug Courts can be very effective in decreasing drug abuse and crime.

Factors for short-term abstinence include social support, 12 step systems, and consequences. These are the same things that work for long term recovery.

Things that work from a policy level (aka research shows this is effective) include:

- 1) Control state system (alcohol purchased through county - retailers, wholesalers, consumers include a regulatory element). The ABC liquor county stores sell wine beer or spirits regulated by County. If the County doesn't purchase something like powdered alcohol, then the consumers don't have access. The more availability and easier access results in more problems. Not having stores open until 4am directly relate to crime rates. Montgomery County compared to Baltimore County shows from a Public Research standpoint that restrictions on access reduces the alcohol

and thus less harm from alcohol. We don't know in Montgomery County the impact on medical marijuana – laws aren't necessary taking everything into account yet because we need more research on marijuana access.

- 2) Regulating outlet density, because of the competition they can reduce prices
- 3) Commercial host dram shop liability – if you get drunk at a bar, then you can sue the bar
- 4) Reducing hours and days of sale
- 5) Encouraging screening earlier like Screening Briefing Intervention to Treatment (SBIRT), which is a brief screening at doctor's office help people recognizing it's a problem
- 6) Sales to minors
- 7) For prescription drug use, monitoring, harm reduction (proper disposal)

"Intoxication" is a term used with drug or alcohol - Cannabis, opioids, alcohol

Data from both National surveys and State:

Maryland Dept of Health and Human Hygiene

National Youth Risk Behavior Survey

Monitoring the Future survey

NISDA National study on Drug use and Health

2300 drug and alcohol deaths in Maryland in 2017, 9% increase from the prior year 2016

116 in Montgomery County (double from 2007)

Cancer, motor vehicle accidents,

7 out of 10 students have tried alcohol by graduation, 1/3 of students by 9th grade

Over 15% who start at age 15 are abusers, compared to smaller percentage of those who wait

Catching people when young is really important

Montgomery County students are about average from national rates in marijuana use (somewhere around 17%)

From 2011-2015, e-cigarettes usage in youth increased by 900%. People in the school anecdotally say it's a huge problem, underdeveloped lungs in youth are inhaling.

Naloxone was given in 90% of the non-fatal drug overdoses.

Montgomery County tracks who is using, death rates, and overdoses. Behavioral Health Department doesn't generate much data and there are pieces missing that we wish we had more of, they are trying to improve their data collection so it's all in one place.

Opioid Taskforce is trying to pull data from all different sources (police, fire/rescue, etc)

Montgomery County Resources ==people typically receive treatment after referral from police

Since the implementation of the Affordable Care Act there have been far more referral. Typically just aren't enough resources (only a few beds for youth compared to adults). Private houses with 10 beds don't necessarily take Medicaid. Youth programs are all youth and can be hard to recruit enough youth. The County has one spot for prevention position. Many county personnel are on the treatment side.

Elyse provided information on resources. Sandstone (private entity that serves youth as young as 12 years old) opened with 8 beds. State permitted 12 beds but Montgomery County limited it to 8 beds (perhaps fire code?)

The Landing is an afterschool treatment center.

List of treatment centers for youth.

Things we can do together:

- 1) Examine beds available (clients may be ready but there is no bed)
- 2) Increase knowledge through training (foster families, part of the 23 hours)
- 3) Facilitate access to resources for youth
- 4) Collect/find data (see above references to surveys)
- 5) Advocate for Funding: Ronna shared information about peer-to-peer programs, horse programs, and other activities. We don't know how effective these programs are, but they are worth exploring. Elyse said The Landing is great but the question boils down to funding. School funding may be an option we should explore since we are in a fixed pie and school's money never decreases. County funds the public schools by guaranteeing them the funding from last year plus cost of inflation plus increase for increase in children. Monetary for the schools is never at risk.

Drug intervention programs (grant-funded) don't necessarily have data to support them. State is choosing to fund opioid crisis, not prevention programs or personnel. Three year grant is gone and not institutionalize, substance abuse dollars being spent differently.

- 6) Try to identify parents that are in the drug treatment system and in the Child Welfare system
- 7) Attend Spring Forum with Mental Health Advisory Committee and AODAAC in May 2019 – potential opportunity for CRP to participate on Panel Discussion or have a Child Welfare table
- 8) Promote holistic programs

Couple of Announcements from Ronna after Elyse left

- 1) Online training for Open Meetings Act required. Send certificate to Ronna.
- 2) Minutes must be posted on the Board Commission and Committees (BCC) page
- 3) May consider sending an agenda in advance for public posting
- 4) Laura posted summary on GoogleDocs re data committee
- 5) Resources Committee had a meeting regarding interventionists and there were a lot of needs. Committee will write something up. A lot of groups do not think of child welfare in their service needs. Many Committees/Commissions/Groups (women's groups, domestic violence, juvenile justice, etc) have populations that intersect with our Child Welfare population and should be reminded of our population's needs. For example, services available for kids when a parent is hauled off to prison.
- 6) Should we have a Foster Parent recruit table with a page of statistics regarding Child Welfare at the Spring Forum

Statistics from Angela: IRs 77, ARs 118, non-CPS (ROAs) 58

People would like Lisa to come to March meeting regarding new IT system for data collection. Ronna will invite her. We will focus on questions related to substance abuse, or all of the questions if it's too hard to separate them out.

Adjourned at 8:31pm