

# ***Alcohol and Other Drug Abuse Advisory Council (AODAAC)***

**Meeting Minutes: Thursday June 9, 2022, 6:00- 9:00 pm Virtual Meeting via Zoom**

**Voting Members Present:** Denyse Dillon, Margaret Mattson, Laura Mitchell, Nick Borowski, Malliga Iyer, Elizabeth Leek, Doreen Rubin, Ed Bunny Rich, Hannah Sheklow, Elyse Grossman, Zayn Bandukwalla

**Ex-Officio Members Present:** Corey Berman, Hardy Bennett, Dr. Rolando Santiago, Kyle Potter, Lt. Brent Kearney, Ben Stevenson II, Suzy Malagari, Celia Serkin, Gabriela Reynolds

**Guests Present:** Betty Djawdan (Arise & Flourish), Henok Solomon (The Landing)

**Call to order.** Laura Mitchell, Chair, called the Zoom videoconference meeting to order at 6:05pm. With 11 voting members, a quorum was present. AODAAC voting members approved drafted April minutes.

## **Behavioral Health & Crisis Services (BHCS) Budget for 2023- Dr. Santiago, Chief of BHCS**

- The FY23 budget starts July 1, 2022. There is a 9.2% increase overall in the BHCS budget, with a 31.4% increase in the budget for 24-hour crisis services.
- The County is providing \$1,795,000 for EveryMind's suicide prevention lifeline to prepare for the increase in call volume that they may receive as a result of Maryland's 988 mental health hotline phone number going live on July 16. Some states are providing a lot of publicity around the 988 number, but there has not been as much publicity in Maryland. Because of this, the increase in call volume may be gradual over time as people continue to learn about the 988 resource.
- The FY22 budget had a special appropriation for 6 therapists to enhance and expand the Mobile Crisis Outreach Teams following George Floyd's death. Those positions were filled. In FY23, there was further expansion of the teams with a little over \$600,000 additional for 8 positions for peer recovery specialists and therapists. The 4 peer support specialist hires are currently being finalized, as well as one therapist hire.
- However, even with the 8 positions that have been funded so far, there will still be 12 vacancies to fill. There will be capacity for 5 to 6 teams once all 20 positions have been hired for.
- Montgomery County DHHS received two SAMHSA grants for \$1.9 and \$2.5 million to continue expanding its Mobile Crisis Teams and to establish a crisis stabilization room. AODAAC budget priorities supported these expansions within the Crisis Now model.
- There will also be funding from the City of Rockville. A behavioral health specialist will join Rockville City's police department to do something similar to Montgomery County's Crisis Intervention Team, which will be new for the City of Rockville.
- There is concern especially in the Child and Adolescent Outpatient Clinic as well as in Adult Behavioral Health, about growing waitlists that had not existed before COVID. There is interest in converting grant positions in Trauma Services to merit positions for more stability. The Victim Services Advisory Board has been advocating for that.

## **Q&A**

- Laura asked about what happens on weekends to address crisis response needs. Dr. Santiago replied that the Crisis Center is 24/7. There is 1 team with police presence always active overnight and on weekends, but there is less capacity during these times since there are fewer calls at night and on weekends. There has been some capacity building on the admin side to make sure there is an admin assistant 24/7. Funding was granted to convert a half-time admin position to full-time.
- Nick asked about the role of newly hired Peer Recovery Specialists. The Peers will be matched with licensed clinicians, and the pairs will be integrated onto mobile crisis teams. Police will also start going out with mobile crisis teams in a month or so after union approval is complete.

- There was a question about getting Narcan in the hands of families. Dr. Santiago said yesterday he was invited to a brainstorm on what to do in the summer to address concerns held by councilmembers and other stakeholders around increased youth violence. The county will bring Ben Stevenson II to work with youth in recreation programs and the summer MCPS program. He will do Narcan kit training and potentially fentanyl strip training. There is a strong correlation between violence reduction and substance use treatment and prevention, so substance use-related experts should be in the conversation.
- LaTonia shared that the Mobile Crisis Team Peers must be 18 years of age or older. However, MoCo Reconnect has a youth leadership board, Tree of Hope is working with them to train them as recovery coaches. Laura highlighted that a significant number of youth who need Peer Recovery support, and the older the Peer is the harder it is to establish a relationship with youth with substance use disorders. LaTonia mentioned that she has been trying for some time to work with groups like The Landing to train high school age youth as peers, but there has been difficulty finding youth who are fully committed. However, LaTonia has high hopes for getting MoCo Reconnect youth trained to work at youth events, with their own table to discuss issues that are relevant to youth in our community. Laura recommended that LaTonia connect with Ben Stevenson II about the Youth Ambassador Program to reach additional youth.
- Behavioral Health Services has a broad spectrum of services, which were articulated well in the strategic alignment effort 5-6 years ago. There was a document put together suggesting that the spectrum of services move from health promotion to prevention to treatment to recovery. Often, we do not spend as much time on the first two. Equity issues are important to keep in mind. Montgomery County is in the top 10 diverse counties in the country, with 135 different languages spoken. Equity is at the heart of conceptualizing behavioral health services. Laura has been outspoken about considering youth, not just adults. Seniors also need to be considered, as well as neurodivergent, racially/ ethnically diverse, and LGBTQ+ people. Collaboration is needed across partners to effectively address substance use, since substance use often connects to other needs. An emphasis has been put on the Crisis Now model and integrating the Crisis Call Centers.
- BCHS is looking to offer more group therapy to enable more outreach and to meet needs of people on the waitlist for individual therapy. They will determine whether people in individual therapy can be moved to group once their needs are stable. There are special immigrant populations in the county whose behavioral health needs the county needs to be mindful of, including refugees from Afghanistan and Ukraine and people crossing the border from Mexico. BHCS will also consider climate change and how it connects to behavioral health

### **New and Continued Business**

- AODAAC elections will be held on Friday 6/23 at 6pm. Elizabeth, Bunny, and Hannah will serve on the Nominating Committee and will meet ahead of elections to select nominees.
- The pharmacist and prescriber education event organized by AODAAC's Prevention Subcommittee has been moved to this Fall.
- The County's RideOn bus drivers are starting to receive Narcan training.
- The County (Dr. Santiago and a few AODAAC members and staff), public schools, and Shatterproof are working together toward administering Shatterproof's Stigma Index survey to all staff in the public school system. This will help to uncover where substance use related stigma is most prominent in the school district. It will be helpful to know the baseline level of stigma and what groups could benefit most from added training so that resources go where they are most needed.

- Elyse asked the group for their weigh-in on select proposed revisions to the County Charter to reduce stigmatizing language. The group determined that the word “addiction” is not problematic to have in the charter. Corey will look further into whether COMAR-related language within the Charter can be modified to reduce stigmatizing language, and if so to what extent.
- The group discussed the importance of substance use language more broadly. Addiction is continuous. Using the phrase “substance use disorder” allows for medical community acknowledgement of neurological changes and need for treatment, and takes the onus off of the individual’s actions since it is an underlying condition. However, some group members stressed the importance of conveying to people with addiction that substance use disorders typically impact people lifelong, and that recovery is lifelong rather than the disorder being something they’re likely to be completely cured from after a single round of treatment.

### **Ex-Officio Reports (see full reports at the end of this document)**

#### **Lt. Brent Kearney (MCPD County Police)**

- Fatal overdoses overall have been trending down. However, there were 4 fatal overdoses of individuals under age 21 year-to-date, and all were fentanyl related. Police has been having of good dialogue with schools and school security about the importance of this trend. Next week is the last day of school, and there is concern about youth overdoses over the summer when youth have more free time. More and more stakeholders willing to get involved. Laura is trying to promote summer programs to keep youth connected with each other and in positive activities. Summer school could be a saving grace, or it may be a bigger stressor for those who it affects.

#### **Dr. Kyle Potter (MCPS Public Schools)**

- MCPS just adopted a state framework, and the MCPS curriculum is being built around it. Kyle referenced an earlier conversation with AODAAC’s Prevention Subcommittee about bringing health curriculum specialists from MCPS into the conversation. Once the specialists have a better idea what the changes and new standards will be, they can speak with subcommittee members about modifications they will be making to the curriculum based on the state framework. The curriculum specialists directly write the health curriculum and establish how other departments will incorporate health-related topics into other subject areas, so this would be a good opportunity for AODAAC members to share the sorts of best practice materials they hope will become part of the curriculum.
- **Kyle will communicate with Teresa Shatzer and Kara and connect them to Prevention Subcommittee members.**
- Kyle provided a link to a sample health education scope and sequence from the state: <https://www.marylandpublicschools.org/about/Documents/DCAA/Health/SampleHealthIScopeSequence.pdf>

**\*\*\*Additional Subcommittee Reports are at the end of this document.**

**Meeting was adjourned at 8:55pm**



# OPIOID-RELATED DEATHS AND NON-FATAL OVERDOSES

6/6/2022

Montgomery County Department of Police: Special Investigations Division

## Opioid Overdoses Year-To-Date (YTD):

- YTD data includes overdose incidents that occurred between January 1<sup>st</sup> through June 6<sup>th</sup> each year.
- Please note that the included opioid overdose data ONLY includes fatal and non-fatal overdose events that MCPD personnel were notified of/responded to.
- 2022 YTD fatal stats may include suspected overdose incidents with toxicology reports pending.

Overdoses YTD	2019 YTD	2020 YTD	2021 YTD	2022 YTD	YTD Percent Change 2021-2022
Fatal	26	35	43	35	-19%
Non-Fatal	60	69	113	93	-18%
<b>Grand Total</b>	<b>86</b>	<b>104</b>	<b>156</b>	<b>128</b>	<b>-18%</b>

## Current Trends in Montgomery County:

- Non-Fatal overdoses are down 18% YTD
- Fatal overdoses are down 19% YTD
- We continue to have pressed fentanyl related overdoses (counterfeit pills that contain fentanyl or fentanyl-related compounds). We typically see counterfeit Oxy, Percocet and Xanax.
- **2022 Youth Fatal Overdoses:** 4 fatal overdose victims have been under the age of 21 years old: (all 4 toxicology reports included fentanyl).

**AODAAC meeting date: June 9, 2022**

**Department/Agency Reporting: DHHS**

**Ex-Officio Member Name: Dr. Rolando L. Santiago, Chief, BHCS-DHHS (in collaboration with Hardy Bennett)**

**Agency Mission (particularly as it relates to AODAAC):**

The mission of Behavioral Health and Crisis Services (BHCS) is to promote the behavioral health and wellbeing on Montgomery County residents. BHCS works to promote mental wellness, prevent substance abuse and suicide, and to ensure access to a comprehensive treatment and recovery system of effective services and support for children, youth, and families, adults, and seniors in crisis or with behavioral health needs. BHCS is committed to ensuring culturally and linguistically competent care and the use of evidence based or best practices along a continuum of care. BHCS works with the State's Behavioral Health Administration, DHHS service areas, County agencies, and the community to provide strength-based and integrated services to persons in need.

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**Actions/updates since last report:**

1. **Crisis Now Model Development.** Staff at Behavioral Health and Crisis Services (BHCS) of the Department of Health and Human Services (DHHS) are guided by the Crisis Now Model promoted by the National Association of Mental Health Program Directors (NASMHPD) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop an equitable and effective crisis response to persons experiencing a behavioral health crisis in Montgomery County. BHCS staff are implementing the model in collaboration with partners such as the Montgomery County Police Department (MCPD), Montgomery County Fire and Rescue Services (MCFRS), hospitals, and community groups. They also rely on the collaboration with crisis call centers such as Emergency Communications Center (ECC) that runs 911, EveryMind, that administers the National Suicide Prevention Lifeline (NSPL, 988), the Crisis Center Hotline, and the 311 services informational call center. The adapted Crisis Now Model in Montgomery County includes the following four components: (1) integration across crisis call centers, (2) mobile crisis and outreach teams, (3) stabilization facilities, and (4) follow-up crisis care. The following is an update on the development of each component.

- a. **Integrated Crisis Call Centers.** On Tuesday, June 7, the Integrated Crisis Call Center Implementation Workgroup which consists of partnering crisis call centers, MCPD and MCFRS representatives, among others, met. This workgroup meets every six weeks. Outcomes of this meeting included learning that in Maryland the roll out of the 988 number will occur on July 16. An initial bump in calls may happen at the outset, but a tripling of calls will not happen since in Maryland there has been little advertising about the number. The

- a. increase will be gradual as people learn about the number. There were also ideas for additional cross-call center trainings. Workgroup members also suggested modifications of current protocols for call takers and dispatchers.
- b. **Mobile Crisis and Outreach Teams (MCOT).** The following are key points in MCOT development in the areas of hiring and capacity building, Common Triage and Dispatch Protocol, partnerships, training and data collection.
  - i. **Common Triage and Dispatch Protocol (specifies criteria for civilian response).**
    - 1. Public comments were received in May 4 Community Forum.
    - 2. MCGEO review status: 30-day notice expected to be issued within next two weeks with implementation in July
  - ii. **Hirings.** Six therapists have been hired from FY21 budget. Two peer support specialists have been hired with the FY22 budget monies. Two additional peer support specialists are in process of being hired. Four vacancies for behavioral health therapists remain, although hiring activity is occurring. With SAMHSA grant monies, there are 8 positions funded. These have not been hired for yet, but progress is being made to hire for both merit County positions and contractor positions. In January 1<sup>st</sup>, 2021, there were 24 staff available at the Crisis Center for MCOT duties. The number has grown to 32 with 8 hirings. Twelve positions remain vacant, but are in process of being hired, with a goal of hiring for all these positions by end of FY23. The total of MCOT staff available by the end of FY23 will be 44.
  - iii. **MCOT capacity.** Currently, 2 to 3 teams are able to respond on day and evening shifts, Monday to Friday. With a full contingency of 44 MCOT staff, 5 to 6 teams can be deployed on day and evening shifts, Monday to Friday.
  - iv. **Reopening of Silver Spring and Germantown sites.** The two additional MCOT sites are re-opening at Silver Spring (June 6) and Germantown (July 5).
  - v. **Training.** New and existing MCOT staff are currently being trained on situational awareness, trauma informed care, and call taker-dispatch duties.
  - vi. **Staff management.** There is consideration of dedicating some staff to call-taking and dispatch duties only so that MCOT members do not have to be rotated into these duties and can be freed to respond to crises.
  - vii. **Partnerships.** MCPS continues to increase its calls to MCOTs when crisis incidents occur in school grounds.
  - viii. **Communications.** There is an expected upgrade of the phone system during FY23. This will allow staff deployed at alternate sites to perform call taking duties. Also, tracking of calls will be more feasible.
  - ix. **Data collection.** Measures of civilian response, diversion from emergency rooms and jails are under development.

## 2. BHCS updates/ personnel news

- a. BHCS had its All Staff Meeting on the impact of climate change on behavioral health on Wednesday June 1, 2022. The outcome of this meeting was to identify actions that staff at Behavioral Health and Crisis Services can take in FY 23 to address the impact of climate change on behavioral health. These actions will be incorporated into the BHCS FY 23 strategic plan.

a. BHCS FY 23 strategic plan.

## 2. Drug Court

The Drug Court Virtual Graduation occurred on Wednesday, May 14, 2022 with 4 graduates being recognized.

**Relevant data (i.e. overdose statistics/trends, substance use incidents in schools, etc.):**

*Public Service Announcement (PSA) on warning of recreational drugs laced with fentanyl, please click [here](#).*

**Current or potential collaborations with AODAAC:**

- *BHCS supports AODAAC through regular activity reports, provision of administrative staff, among others.*
- *There is an emerging stigma-related project. The goal is to use the Shatterproof survey, possibly with MCPS personnel. More to come.*

**AODAAC meeting date: 6/9/2022**

**Department/Agency Reporting: MCDHHS/BHCS/LBHA/ Prevention and Harm Reduction Team**

**Ex-Officio Member Name: Ben Stevenson II**

**Agency Mission (particularly as it relates to AODAAC):**

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**Actions/updates since last report:**

- **4/18 7:00-8:30 HHS- Community Connections Presentation for Upcounty Regional Center**
- **5/10 Co-facilitated a Cannabis and Youth Trends with Sara Rose to 92 school health nurses and staff (looking at vaping, current cannabis landscape, and youth trends related to vaping and cannabis)**
- **Drug takeback PSA generated 161,027 impressions (45 days)**
- **General MH/SUD PSA generated 429,683 (close to 60 days)**
  - **Live TV Recap**
    - **We've reached 47% of adults 25+ in the County! Fabulous!**
    - **We utilized high reach programming like The Capitals Playoffs – that's why our reach is so high.**
  - **Streaming Recap**
    - **93% of ads were viewed in full (total of 429,683 impressions so far)**
    - **A smidge of under-delivery, I'll keep an eye on this.**
    - **Excellent mixture of content – we're reaching diverse audiences.**
- **Welcome to Reality (Go Slow fentanyl risk campaign)**
  - **903,526 impressions**
  - **Bus ads did 2,36,748**
  - **Distributed posters and racks**
  - **Campaign in the running for a local Emmy will find out results this month.**
- **ASUPP- formally ASAPP**
  - **Charles E. Smith (70 students)**
  - **Rockville Soccer Program w/ Rockville HS students (10 students)**
  - **Poolesville HS (180 students)**
- **Presentation to Clarksburg HS staff**
- **Harm Reduction**
  - **Narcan**



- Distributed 3738 doses of Narcan in CY 2021 for FY we are 4570 doses
- Started with Ride On Bus Operators Trainings
- MCCH staff
- Various community settings
- (3) Tony Hoffman events
- UpCounty Non Violence event at BlackRock
- Seneca Valley HS Mental Health Fair
- Bannaker Middle Vaccination Site
- Poolesville Movie Night
- Paint Branch Vaccination site
- Drug Take Back
- Paint Branch Ice Cream Social
  - Provided Seniors with Ice cream and information on Thursday 6/2 (roughly 500 seniors)
  - Ice cream social for rest of the school 6/7 close to 1500 students
  - Gave out BtheOne swag, information on SUD, YAP recruitment information, etc.

### **Access to Narcan**

- Montgomery County Fire Stations (related to an overdose call, available at the firehouse if someone asks for a kit, able to offer kits at community events, etc.)
- Crisis Center
- ACCESS to Behavioral Health
- Child and Adolescent Behavioral Health
- Harm Reduction Services (1500 E. Gude Dr. or 240-777-1836; We can mail a kit or deliver a kit)

**Fentanyl Test Strips- given out over 5000 Fentanyl Test Strips to date**

### ***Upcoming***

- ***MCPS staff event tomorrow at Carver Ed***
- ***Summer of Peace in th afternoon***
- ***Recovery Walk w/ Sheppard Pratt Saturday 6/11***
- ***Pride in the Plaza 6/26***
- ***Partnership w/ Tree of Hope to provide Harm reduction groups at the MCCH shelters. Will start that within the next week***

**AODAAC meeting date: June 9, 2022**

## **Mental Health Advisory Committee (MHAC)**

**Ex-Officio Member Name: Celia Serkin**

### **Agency Mission (particularly as it relates to AODAAC):**

MHAC was established to advise the Montgomery County Executive and the County Council on matters concerning mental health. MHAC's work includes providing citizen oversight to all state-funded mental health agencies serving Montgomery County and serving as an advocate for a comprehensive mental health system for persons of all ages. The Committee helps to ensure that publicly-funded mental health services are responsive to local needs, accountable to the citizenry and accessible to those in need. MHAC's work includes closely following State and County legislative proposals relating to mental health.

### **Actions/updates since last report:**

During the MHAC meeting held on May 2, 2022, Dr. Rolando Santiago, Chief, Behavioral Health and Crisis Services (BHCS), DHHS, asked for input on FY24 priorities. Laura Mitchell, AODAAC Chair, attended the MHAC meeting during which she offered comments on key areas of need and concern and shared AODAAC's process to determine its priorities. Jenn Lynn, Executive Director of Upcounty Community Resources, Inc. and one of the leaders of the Emergency Response Coalition, also attended the meeting.

During the meeting, one priority identified was establishing and implementing Mobile Response and Stabilization Services (MRSS) as the crisis response model for children, youth, young adults, and their families. MRSS is a national best practice to address crises, maintain children in a family-setting in the community, and reduce utilization of emergency departments, inpatient hospitals, and residential treatment. In 2013, the Centers for Medicare and Medicaid Service (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) recognized Mobile Response and Stabilization Services as an essential service for consideration within a children's behavioral health continuum. (<https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/CIB-05-07-2013.pdf>) In 2018, the National Association of State Mental Health Program Directors recognized Mobile Response and Stabilization Services as a core element within a children's crisis continuum of care. (<https://www.nasmhpd.org/content/ta-coalition-assessment-working-paper-making-case-comprehensive-children%E2%80%99s-crisis?>) Maryland is committed to designing and implementing MRSS. A summary from the Maryland Department of Health entitled *Comprehensive Mobile Response & Stabilization Services for Children, Youth, Young Adults, and Families* (Fall 2021) describes the Behavioral Health Administration's commitment to MRSS. A copy of this summary is attached. The summary states, "The Maryland Department of Health's Behavioral Health Administration seeks to redesign and expand MRSS to be available in each of Maryland's 24 jurisdictions. BHA will be partnering with families, youth, provider organizations, and state and local public child- and family-serving agencies to design, implement, evaluate, and sustain MRSS for children, youth, young adults, and families."

### **Current or potential collaborations with AODAAC:**

MHAC, AODAAC, and Citizen's Review Panel for Children worked together to plan the Break the Taboo Spring Forum.

**AODAAC meeting date:** 6/9/22

**Department/Agency Reporting:** MCPS

**Ex-Officio Member Name:** Kyle Potter

**Agency Mission (particularly as it relates to AODAAC):**

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**Actions/updates since last report:**

Laura Mitchell's efforts to bring Tony Hoffman to more MCPS schools has been very well received with three well-attended talks at high schools.

Graduations are underway

Planning underway for fall Mental Health Awareness Week activities

**Relevant data (i.e. overdose statistics/trends, substance use incidents in schools, etc.):**

Anecdotally, seems to be fairly regular use of Narcan in the schools and nurse visits for ingestion of cannabis products

**Current or potential collaborations with AODAAC:**

Curriculum, appropriate staffing, prevention/intervention program

**AODAAC meeting date:** June 09, 2022

**Department/Agency Reporting:** Montgomery County Board of License Commissioners

**Ex-Officio Member Name:** Victoria Virador

**Agency Mission (particularly as it relates to AODAAC):**

Authority: The Board of License Commissioners is charged with regulating the sale and distribution of alcohol in accordance with the Alcoholic Beverages Article of the Annotated Code of Maryland and has full power and authority to adopt such reasonable rules and regulations as the Board deems necessary to enable it to effectively discharge the duties imposed upon it by the Alcoholic Beverages Article.

Mission as it relates to AODAAC: To work with the AODAAC to educate and ensure the safe handling, sale and distribution of alcohol to protect the health, safety and welfare of the public.

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**Actions/updates since last report:**

The Board of License Commissioners held hearings on May 19 and June 2, 2022 and granted a number of new licenses and one-day licenses as seen below in updated to-day data. The Board will return to in-person hearings on June 16.

**Relevant data (i.e. overdose statistics/trends, substance use incidents in schools, etc.):**

To date, after comprehensive qualification hearings, the Board has approved:

- 79 new alcoholic beverage licenses, including restaurants, independent beer and wine stores, salons and breweries;
- 32 transfers of business ownership or location;
- 6 reclassifications to a higher-class license;
- 2 qualifications of new licensees when all were substituted; and
- 2 floor plan changes.

The Board conducted eight hearings to show cause why an alcoholic beverage license should not be suspended or revoked, or why other sanctions permitted by law, including but not limited to fines and penalties, should not be imposed for violations of the Rules and Regulations. These hearings resulted in:

- 2 suspensions of one week or less; and
- 6 fines with mandatory ALERT training.

In this cycle, 1027 licensees have submitted renewal applications, of which 75 are subject to tax holds, 26 have holds until they attend the County Alert class, and 6 have unpaid fines. Both Alert attendance and fine holds are the result of violations against Board Rules.

In terms of compliance, inspections are up this month and within the mandated numbers. Out of 3031 inspections to date, 171 have resulted in violations of the Board's rules and regulations.

***Current or potential collaborations with AODAAC:*** The Board welcomes collaboration with AODAAC on education campaigns for the safe handling, sale and service of alcohol to protect the health, safety and welfare of the public.

**AODAAC meeting date: 6/09/22**

**Department/Agency Reporting: DOCR**

**Ex-Officio Member Name: Suzy Malagari,  
Warden**

**Agency Mission (particularly as it relates to AODAAC):**

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**Actions/updates since last report:**

- **Currently there is NO positive staff members or inmates**
- **PRRS remains closed**
- **Inmate family visiting continues on a modified basis**
- **15 inmates are in the MAT program**
- **Count is 643 at MCCF, and 48 at MCDC**
- **Court transports are increasing, and back-ups are being addressed for both Circuit and District Court**
- **Discussions continue related to additional programs resuming, including Worksource Montgomery, Montgomery College and MCPS**

***Relevant data (i.e. overdose statistics/trends, substance use incidents in schools, etc.):***