

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

**Meeting Minutes: Thursday April 14, 2022, 7:00- 9:00 pm** Virtual Meeting via Zoom

**Voting Members Present:** Denyse Dillon, Cristina Rabadan, Margaret Mattson, Laura Mitchell, Nick Borowski, Malliga Iyer, Elizabeth Leek, Evelyn Saim-Lobos, Valerie Adelson, Doreen Rubin, Ed Bunny Rich

**Ex-Officio Members Present:** Corey Berman, Hady Bennett, Dr. Rolando Santiago, Sara Rose, Lt. Brent Kearney

**Guests Present:** Gelareh Bassiry (Arise & Flourish), Henok Solomon (The Landing)

**Call to order.** Laura Mitchell, Chair, called the Zoom videoconference meeting to order at 7:05pm. With 14 voting members, a quorum was present. AODAAC voting members approved drafted March minutes.

## **Priorities and Accomplishments**

### **Legislative**

- Subcommittee focuses include an extensive continuing review of bills awaiting signatures which starts in December, and presenting at AODAAC's annual Legislative Retreat on how to submit testimony on legislation.
- A goal for next year is to merge AODAAC's and MHAC's legislative efforts. Merging AODAAC and MHAC altogether would reduce how extensively substance use and mental health issues could be explored. However, just merging the two groups' legislative efforts will benefit both groups. There is overlap in legislation on mental health and substance use, and both groups can inform each other when new proposed bills are announced throughout the full legislative session period.

### **Prevention**

- The subcommittee has gained new members through recent AODAAC appointments.
- One focus is removing stigmatizing language from the County Code. The goal is to have this effort completed by the end of next month.
- Another focus is the health curriculum in Montgomery County Public Schools. The subcommittee wants to make sure substance use issues are adequately addressed and in line with the needs of our county and the diversity of the county's population. The Department of Education has decided to change the health curriculum for next fall with a focus on equity. It is in the hands of all counties now to submit comments to tweak the curriculum. MCPS staff will be trained in the summer. There is opportunity for AODAAC to make sure components of the lessons adequately address substance use. The subcommittee has spent a long time trying to figure out how to address other stakeholders in this space to access lesson plan content to ensure opioids, alcohol, tobacco, etc. are adequately addressed in schools. The subcommittee will carry this goal forward into the next fiscal year.
- Prevention will be holding a pharmacist and prescriber training in the fall, working closely with Ben Stevenson II.
- Following Shatterproof's presentation, AODAAC members and staff have been working with Dr. Santiago and Shatterproof's Rachael Cooper on a Stigma Index survey project in the county.

### **Treatment**

- The subcommittee planned an ABC's of Addiction series to increase community education but it was not well attended, possibly in part because people have Zoom fatigue. In-person may be a better idea for an event in the future. In the upcoming year, the group will focus on how to

distribute fentanyl strips, who to partner with, and opportunities to educate the community other than through a virtual event, such as on buses or at bus stops.

- Cristina mentioned that SAMHSA's National Advisory Council named fentanyl test strips as part of their plan. Hopefully fentanyl test strips will become more widespread, and she would love to help in efforts to destigmatize fentanyl test strips.
- Evelyn discussed stigma and how billboards about opioid overdose deaths may not be possible, but distributing strips and materials at bus stops and possibly through pharmacies may work better.
- There was discussion about how fentanyl strips show whether fentanyl is present but not how much fentanyl. This could give a false sense of security, so messaging should be to not use a substance at all of the strips show fentanyl is present.

### **Group Discussion**

- The group discussed plans to address recent youth fatal overdoses. Youth should be referred to the full continuum from the moment a child is suspected of using substances. Some are served well by outpatient, but where are youth supposed to go if they need a higher level of care like Partial Hospitalization (PHP), Intensive Outpatient (IOP), or inpatient? Due to juvenile justice reform, youth can no longer be sent mandatorily to substance use treatment for marijuana possession or even pills in some instances. Inpatient treatment facilities shut down because there were not enough state dollars and youth going into youth substance use programs. Sheppard Pratt is in Towson and Columbia and serves youth. In Montgomery County, Avery Road Treatment Center only serves ages 18+. Those who are not 18 need to go upstate for treatment.
- Dr. Santiago said having no youth substances use facility in the county is a significant gap, and AODAAC should advocate. He would be interested to know how large of a demand there is for a more intensive youth substance use facility.
- Laura discussed the need to strengthen wraparound services in the meantime. A youth facility will not be built overnight, so what can happen in the meantime to serve youth with substance misuse?
- Nick shared that Centers for Discovery and Sandstone PHP serve ages 15+. There was discussion about the risk providers take, so advocating for Medicaid providers to participate may be safer. Maybe there could be a public private partnership similar to Avery Road's with the county. Adolescent care and SUD primary care are both hard to get covered by insurance.
- Sara seconded that Sandstone in Crownsville has residential, using private insurance only. She said there used to be several youth residential programs until maybe 5 years ago.
- Laura mentioned an Annapolis Medicaid bill passed several years ago that makes it a parity violation if adolescents are offered somatic and mental health care but not substance use treatment.
- Concerns about accreditation requirements for adolescent facilities were discussed (Joint Commission, CARF, etc.)
- Group members raised that other jurisdictions are probably dealing with the same issues serving youth with substance misuse. Perhaps there are even national partners who are looking for solutions or have a blueprint already.
- Sara said the state is focused on rolling out more mobile response for youth and families, to provide intensive therapy from a crisis team the moment that a parent identifies a crisis. The hope is that mobile response will address both mental health and substance use. Montgomery County

is following a state initiative by implementing the Montgomery County Readiness Model. There are downsides to youth residential facilities. The ideal is to connect youth to psychiatric supports early on in a crisis to hopefully prevent youth from needing residential care, though residential will still be needed in some situations. Dr. Santiago wonders what the data is on how many youth do need higher levels of care than what is available. Laura wondered about how to quantify how much care has been needed but not received, the volume of need and where the gaps are.

- There was discussion about removing stigma as a component of meeting youth substance use treatment needs. As an example, parents who visit the C.O.P.E. trailer see that youth substance use can become a major problem hiding in plain sight, rather than perceiving it as a phase.
- Quantifying and collecting numbers is important to propose a bill that would close the treatment gap.
- Dr. Santiago named the schools as an important partner. Many dollars go to the schools through the states, such as for the high school wellness center enhancement project.
- It is important to educate teachers and coaches, not just parents, since teachers see students in a different environment and for more of their day.
- Laura discussed that schools can only bill Medicaid for students with IEPs, so money for other school health services comes out of school budgets rather than Medicaid currently.
- Sara supported the idea of more services in the schools, since it eliminates the need for transportation. Also, school-based services provide access to students who may have forgone services otherwise because they are not ready to disclose to their parents.
- **Dr. Santiago will look into whether we can get an intern from a nearby institution to help conduct a study of need for higher-level youth substance use treatment.**
- Judge Bernard got the ok from the County Executive for Montgomery County to go purple for Recovery Month. Washington County has been doing it and they have tons of ideas. There is talk of involving schools in Purple Fridays. There is a Recovery Month event showing the video Looking For Hope. There is a necessary focus on lives lost during Recovery Month, but there is also a need for more people in recovery to share their photos and stories of hope.

### **Ex-Officio Reports**

- Dr. Santiago gave the update that the state legislature granted \$17 million for the Restoration Center, which almost fully funds the project
- Sara shared that the LBHA plan was submitted. They also submitted their one year review, for which they needed to select 3 goals from last year to carry over. The LBHA focuses are suicide prevention, reducing stigma and barriers to care, increasing MAT capacity in the jails, and improving coordinated care for all ages across systems. There is a PSA launching soon called More In Common about the prevalence of substance use concerns and the pain it causes. There is another PSA for the BTheOne campaign, which will also be in Spanish.
- Lt. Kearney shared that fatal overdoses are down 10% year to date. The police arrested the person who sold drugs to a recent Montgomery County youth overdose decedent. There have been requests from parents and principals for help with gummy edibles. When youth think they will be caught with them they sometimes take all at once to get rid of them, which is dangerous.
- The jails have COVID positive staff members, so family visits are limited to 2 at a time.

**AODAAC meeting date: April 14, 2022**

**Department/Agency Reporting: DHHS**

**Ex-Officio Member Name: Dr. Rolando L. Santiago, Chief, BHCS-DHHS**

**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, and 311 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. **Integration of Crisis Call Centers**

There are four call centers that people use in the County during a behavioral health crisis: 911, National Suicide Prevention Lifeline, Crisis Center Hotline, and 311. A Common Triage and Dispatch Protocol is in process of being approved. Once approved, it will help integrate the crisis call centers so that they have a common set of procedures for making referrals to the mobile crisis and outreach teams. ECC and call takers at the Crisis Center Hotline are organizing training to focus on emergency calls for service (CFS) that involve a behavioral health crisis. They are using funds received from the State of Maryland last fall. More information will be provided in the future on the results of this training. As mentioned in the previous report, EveryMind is gearing up for a tripling of calls on July 2022 when the three-digit 988 number is implemented nationwide. EveryMind is currently seeking funding to be prepared for the expected rise in CFSs.

- b. **Mobile Crisis and Outreach Team (MCOT) Expansion**

Since January 1, 2022, seven new therapists have been hired. This expansion has helped with a dramatic increase in number of responses from 495 in 2020, to 979 in 2021 which is a 98% increase. The Crisis Center continues to hire for fourteen new positions that have been funded through the County and SAMHSA, about half will be therapists, and half peer support

specialists. Clearly there is an opportunity for expansion with the available funding. The challenge will be recruitment of therapists, who are in high demand. On the plus side, four new peer support specialists are expected to join the MCOTs in the next four to eight weeks.

**c. Stabilization facilities**

Planning and funding for the Restoration Center **continues**. This Restoration Center will stabilize people in crisis over the first 24 to 72 hours. It will also help alleviate emergency rooms who are currently flooded with persons experiencing a behavioral health crisis. **Staff expect to submit a bond application to the State in this month of April. The Maryland legislature also approved \$17M for the Restoration Center, which is good news. Plans to open a SAMHSA-funded 24/7 stabilization room with four recliners continue, and hopefully will open within the next year, depending on recruitment of appropriate personnel such as nurses, nurse practitioner, case manager, navigator, among other positions.**

**d. Follow-up Crisis Care.** The Crisis Center has four Residential Crisis Services (RCS) beds that are filled most of the time. There is a need for longer term stabilization and rehabilitation services for both adults and youth, beyond what the short-term stabilization facilities offers.

**2. BHCS personnel news**

- a. Welcome to Beth Tabachnick as the new Manager III for the Crisis Center, whose effective date is March 27, 2022. Beth Tabachnick, who has over 25 years of history with our Crisis Center and the county, completing both undergraduate and graduate school-level internships there prior to being hired full-time as a Community Mental Health Counselor in March 2002. She was promoted to as staff therapist in 2004. For the last seven years, Ms. Tabachnick has been assigned full time to the Montgomery County Police Department's Crisis Intervention Team, assisting with high accuity clinical assessments, standard and advanced behavioral health training for law enforcement, and a wide range of County and community workgroups, including Reimagining Public Safety, to address best practice in crisis response to behavioral health emergencies. In addition she has over ten years experience working in local hospital departments as a crisis therapist. has been selected as the Manager III for the Crisis Center with a start date of Sunday March 27, 2022.
- b. Farewell to Nadja Cabello, Manager III of Montgomery County Health and Human Services, Behavioral Health and Crisis Services, Trauma Services: Abuse Persons Program and Vitim Assistance and Sexual Assault Program, who has retired after 38 years of dedicated service to Montgomery County DHH; also farewell to Dr. Jennifer Vidas, Supervisory Therapist of Behavioral Health and Crisis Services, Local Behavioral Health Authority, who was instrumental in leading our successful attainment of a year CARF award and very integral to our BHCS Strategic Alignment work and Strategic Planning for FY 2022 And 2023, who has accepted a position with SAMHSA .

**3. Mental Health Court**

The Mental Health Court Virtual Graduation occurred on Thursday April 7, 2022 with 11 graduates being recognized.

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

Click [here](#) for important trends in overdose death rates in the United States as documented by the National Center for Health Statistics of the CDC.

**Current or potential collaborations with AODAAC:**

- *BHCS supports AODAAC through regular activity reports, provision of administrative staff, among others.*
- *BHCS staff thanks AODAAC members for their input on its FY23 strategic plan and FY 23 LBHA Annual Plan.*

**AODAAC meeting date:** April 13, 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 hearings on March 17, 2022 and granted 16 new licenses, along with a number of one-day licenses. No more hearings have been held until April 14, with 7 scheduled hearings, because this is the month when yearly renewal of licenses takes place.

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

To date the Board has issued 72 licenses compared to a total of 78 new licenses issued in FY21. The number of applications generally seems to have the same trend as in previous years. The number of inspections is 2680 as of February (approximately 4000/year is mandated). The total violation count is 151, compared to 62 in FY21 and 176 in FY20. Most violations come from routine inspections and include absent records, irregular display of license, and absence of alcohol awareness certified person on duty on inspector's visit. Of particular notice are 'Compliance checks', conducted by the County in conjunction with the Police and featuring recruited minors (Underage volunteers, UV) who attempt to purchase alcohol upon presenting their own vertical ID. To date 22/44 compliance checks have resulted in violations.

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.

***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.

# **Montgomery County Alcohol and Other Drug Abuse Advisory Council Ex-Officio Member Report**

**AODAAC meeting date: April 14, 2022**

**Department/Agency Reporting: 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.

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**Actions/updates since last report:**

During the MHAC meeting held on April 7, 2022, members from various HHS advisory groups and organizational representatives, including members of MHAC and AODAAC and the Executive Director of NAMI Montgomery County, had the opportunity to provide feedback on the BHCS FY23 Strategic Priorities. Hardy Bennett facilitated a well-executed process that encouraged participation and thoughtful input.

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

**Current or potential collaborations with AODAAC:**

MHAC and AODAAC have been collaborating on legislative advocacy. The last day of the Maryland legislative session was Monday, April 11, 2022. Attached are the 2022 Session Summary and the final 2022 Bill List from the Mental Health Association of Maryland (MHAMD).

MHAC and AODAAC also are working together with other groups to plan the Spring Forum.



**AODAAC meeting date: 4/14/22**

**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 one positive staff member and no positive inmates**
- **PRRS remains closed**
- **Inmate family visiting resumed on 1/30/22, evaluating opening up to increased number of visitors**
- **10 inmates are in the MAT program**
- **Count is 645 at MCCF, and 36 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**

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

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