

Alcohol and Other Drug Abuse Advisory Council (AODAAC)
Meeting Minutes: Thursday December 10, 2020, 7:00- 9:00 pm

Virtual Meeting via Microsoft Teams

Voting Members Present: Ed “Bunny” Rich, Evelyn Saim-Lobos, Elyse Grossman, Larry Simmons, Dave Sidhu, Laura Mitchell, Cristina Rabadan, Katrina Busk, Nick Albaugh, Dr. Ghulam Abbas, Kabir Singh

Ex-Officio Members Present: Hardy Bennett, Corey Brandel, Lt. Ruben Rosario, Gabriela Monzon-Reynolds, Robin Cody, Yasmeen Mabry

Guests Present: Guests Present: Wright Doss, Betty Dwajan Arise & Flourish, Sean Channer of Arise & Flourish, Dr. Raymond Crowel, Elizabeth Leek NA, Dr. Rolando Santiago, Tiffany Ward & Gimari Jones of the Office of Racial Equity and Social Justice

Call to order. Evelyn Saim-Lobos, Co-Chair, called the Microsoft Teams videoconference meeting to order at 7:05pm. Introductions followed. With 11 voting members, a quorum was present. AODAAC voting members voted and approved drafted November meeting minutes.

Remarks & Discussion—Dr Raymond Crowel, Director, Montgomery County Dept. & Human Services (DHHS) & Dr. Rolando Santiago, Chief, Behavioral Health and Crisis Services (BHCS):

Dr. Raymond Crowel

- He thanked AODAAC for its advocacy, especially for Avery Road Treatment Center, and he hopes to have a ribbon cutting for Avery Road in the spring. He then introduced Dr. Santiago.

Dr. Rolando Santiago

- Dr. Santiago discussed growing up in a poor rural area of Puerto Rico where there was much substance use. To this day he is inspired by a man in his community who faithfully rang the bell at his church daily with a humble kind spirit after overcoming alcoholism in his past.
- Dr. Santiago started his career in children’s mental health as an evaluator in the South Bronx. He learned what a system of care should look like, inspiring his idealized way of thinking.
- He was hired by SAMHSA, where he funded and evaluated the effectiveness of 92 systems of care for children with serious emotional disorders and their families.
- His vision coincides with Dr. Crowel’s strategic alignment document 4 years ago through an appreciative inquiry process: Promotion (of health/wellness), Prevention (of misusing substances/developing a mental health condition), (effective) Treatment, and Recovery (believing it is possible for people). Overlaid are social justice and promoting equity.
- With the way disease needs express themselves in the community, there is need for culturally competent, effective, and compassionate response using the best tools.
- There need to be data-driven, quality programs without settling.
- BHCS is attuned to the reality of decreased mental health service access during COVID, possibly because people do not have the technology they need.
- The County Executive asked Dr. Santiago for a proposed crisis model by the end of the year that fits our county. He is thinking about how to seamlessly integrate the way we serve our populations by removing

access barriers, barriers to collaboration, and barriers to providing the best possible service for an individual's needs.

- He and the members of AODAAC are ambassadors of the community. He respects AODAAC's priorities of education, legislation, and building partnerships, which tie to promotion and prevention. He hopes to build further in preventing substance use and mental health issues.

Q&A

- **Elyse** asked about the county's long-term plans coming out of the pandemic, including for the recently increased online access which has been beneficial for some in the community.
- **Dr. Crowel** said it is tragic but logical that overdose deaths are up from last year, given risk factors like shut-downs, isolation, boredom, and less service access. STEER (Stop, Engage, Educate and Rehabilitate) has had success creating virtual access and a communication network for faster treatment services across the state. Back in April Dr. Crowel started recovery work groups in the county to reimagine how the county government would work virtually and via telework. COVID is tougher than anyone thought, so the county is still in response mode rather than recovery mode. He wants to make sure we keep the increased virtual and remote access while also thinking about people with technology limitations. He has asked his staff to think about how to increase in-person access while keeping staff safe. We will also need to see if the state will continue to allow Medicaid to pay for telehealth.
- **Dr. Abbas** asked if the county has any mechanisms to track which populations do not have access to telehealth during COVID. **Dr. Crowel** said they do not have a way currently, but IT is working to make sure there is adequate internet coverage across the county. Schools have provided Chromebooks to students, and Child & Adolescent Services is serving youth via those devices. Some adults and seniors struggle, so he is working with the state to find simple-to-operate devices. Over the summer there was a program for young adults to teach technology use to seniors. He is confident we are missing some people which is troubling.
- **Christina** asked how the county will evaluate which evidence-based practices are truly translatable to the community. **Dr. Santiago** said as he was preparing for his position he went back to his SAMHSA roots to look at a behavior and disparities program and the NIH's new National Institute for Minority Health. He is impressed by their resources, some of which are appropriate for Montgomery County. When Dr. Santiago worked for SAMHSA and visited systems of care across the country, he noticed disparities across and even within systems. Even with \$17 million grants, there are disparities in low-resource communities. He believes we live in a county where we do have good resources, and our challenge is how to fully integrate them so people have a kind and seamless experience. Dr. Crowel said we have gotten better at gathering and using data from operations, and his goal is to do a meaningful evaluation of data on program outcomes as a natural learning lab in the county. With evidence-based practices, his goal is to be tighter about determining what is working and ending what is not working. Not everything that is important is measurable and vice versa.
- **Laura** asked if there is a way to get data on how many people in the county are accessing telemedicine, and specifically telemedicine by phone. Dr. Santiago mentioned that a certain ethnic community in the county has a liaison troubleshooting with them to find solutions to mental health access for older adults. There is talk about increasing locations where people can access equipment, such as hubs, the crisis center, or even libraries. Both Dr. Santiago and Dr. Crowel expressed interest in collecting specific data on telehealth utilization.

- **Betty** from Arise & Flourish asked about the county’s plan for implementing prevention. Dr. Santiago said there may be an opportunity to realign resources to better support educational efforts. A lot of the prevention is through messaging via television, radio, and social media.

Remarks & Discussion—Tiffany Ward, Chief Equity Officer in the Office of the County Executive:

- Tiffany is the Director of Racial Equity and Social Justice. She spent 12 years as an aide to County Executive Elrich handling housing, health and human services, recreation, and education. Before that she worked for a youth development nonprofit, and at the AFL-CIO doing voting rights work. Until taking this position she ran a teen program at a Boys and Girls Club in Washington, DC helping high schoolers develop skills to overcome their hard starts in life due to social and economic factors including addiction in certain cases. She felt she was just treating symptoms, and wanted to work in policy to create rules to address root issues.
- Within policy she keeps a programmatic eye on how to meet people’s immediate needs, while giving voice to the people affected and evaluating how policies land in the community from the outcomes. It is important to note whether policies are excluding any communities’ needs. People’s work schedules often bar them from participating in policy hearings even if they are interested in attending, so their voices do not get heard in enacted policy.
- Two years ago, County Executive Elrich and Representative Navarro put forward a proposal identifying equity as a root cause for community disparities, which leads to opportunity, wealth, food access, and transportation gaps. The legislative office studied racial equity notes from the field from jurisdictions across the country that named it as a priority, including Fairfax which has prioritized it for 10 years, Seattle, Portland, and Madison. One year ago Bill 27-19 was signed into law, requiring that Montgomery County train all employees in racial equity and social justice, and that all departments develop racial equity and social justice action plans and have a point person to identify policies to be changed.
- There is also a new advocacy committee with 8 community members and 7 employees from an amendment to the bill. It was confirmed in July and meets next on Wednesday 12/16.
- A cohort of racial equity leads started training on policies and procedures in their departments. The facilitation training takes a historical look at racialized policy in the US. They will then train with the Government Alliance for Racial Equity.
- Jamari just joined the team and will be in charge of training 9,000+ county employees. Tiffany is also interviewing for a policy person to start in January.

Q&A

- **Evelyn** asked how to maintain equity and social justice momentum. Tiffany feels her job is not to maintain momentum, but to embed the work into systems so that it eventually happens subconsciously—though for now racial equity needs to be at the top of the mind, with trainings to purposely change the habits of how we do policy.
- **Larry** asked how to educate those who do not believe systemic inequalities exist. Tiffany said her goal is to focus on educating people who want to be educated, and eventually the tide will be so big that people who don’t believe in it will have to adjust to it.
- **Laura** asked if there will be trainings for BCC members. Tiffany said the focus first will be on training employees, using a train the trainer model. She encourages BCC members to attend Racial Justice Advisory Committee meetings. That committee’s job is to educate the community by holding events. She and Jamari will also reach out down the road to assess different commissions’ wants and needs for

training on various subjects, and how to most efficiently provide training (e.g., through recorded webinars, large bi-annual events, etc.).

- **Tiffany** said the racial equity questions we should ask in any work we do are: Who is in the room when making decisions? Who benefits and who is burdened? If people who are affected are not in the room, ask why not and figure out how to get them in the room. Figure out what the power structure is in our committee and who gets the loudest voice. There are various books to read, such as The Color of Money and The Warmth of Other Suns.

New Business

- Instead of a January AODAAC meeting there will be a Legislative Retreat, which is only for AODAAC voting members. Elyse and Dave are the only Legislative Committee members, so they need other AODAAC voting members to volunteer to help look through bills before the meeting. Laura volunteered.
- The Maryland Legislative Session starts on January 13. Corey will send out a Doodle poll so members can vote on the date for the retreat.

County and Agency Reports

Representative	Updates									
Hardy Bennett Dept. of Health & Human Services, Behavioral Health & Crisis Services, Manager II	<ul style="list-style-type: none"> • Individual BHCS treatment programs are having operational challenges as some staff who provide front facing services are exposed to someone who is COVID positive and have to go on quarantine until medically cleared to return to work. • Avery Road Treatment Center continues to move toward reopening its rebuilt facility-anticipate opening during January, 2021. • A number of treatment programs are in the midst of conducting recruitment interviews to fill clinical vacancies (psychiatrists, therapists, nurse manager, etc.) • The Specialty Behavioral Health Programs (Adult Drug Court and Medication Assisted Treatment Programs and other co-located programs on this site that include Mobile Medical Services and Abused Persons Program Contract Services) are in the midst of planning to move from 981 Rollins Avenue to a new location on East Gude Drive as the current lease will expire during June, 2021. 									
Gabriela Monzon-Reynolds Division of Licensure, Regulation, & Education, Alcohol Beverage Services, Community Outreach Manager	<ul style="list-style-type: none"> • During the month of August, LRE staff conducted 20 Alcohol To-Go Mystery Shops. Working with LRE's enforcement staff, an under-21 youth placed a meal and alcoholic beverage to-go order. The results of the Mystery Shops are as follows: <ul style="list-style-type: none"> ○ 55% of restaurants did not check the mystery shopper's ID when the order was picked up by the under-21 youth ○ Only 15% of the restaurants told the mystery shopper that an ID would be required when picking up the order ○ Plastic cups with straws, deli-type containers, mason jars, bottles and cups without straws were some of the containers used for alcohol to-go beverages 									
Robin Cody (formerly White) Dept. of Correction & Rehab, Acting Chief, Medical & Behavioral Health Services	<ul style="list-style-type: none"> • Currently have 8 patients enrolled in MAT (methadone and suboxone). • Vigilant efforts to prevent, identify, and contain COVID-19 cases is ongoing with the second COVID-19 surge. No current widespread outbreaks within the facility for inmates or staff. • Two new mental health therapists will be joining the DOCR Behavioral Health team in December. 									
Lt. Ruben Rosario Police Dept., Special Investigations Division, Deputy Director	<table border="1"> <thead> <tr> <th>Opioid Overdoses YTD</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Non-Fatal</td> <td>118</td> <td>160</td> </tr> <tr> <td>Fatal</td> <td>61</td> <td>73 (+13 pending)= 86</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Non-Fatal overdoses are up 36% year-to-date from 2019. 	Opioid Overdoses YTD	2019	2020	Non-Fatal	118	160	Fatal	61	73 (+13 pending)= 86
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	<ul style="list-style-type: none"> • Fatal overdoses are up 41% from 2019- this includes the 13 incidents pending toxicology reports. • COVID-19 may have an impact on recent increases due to changes in production and distribution (by cartels) and a decrease in availability of victim rehabilitation services. • Thus far in 2020, over 95% of our fatal overdose toxicology reports contained fentanyl; approximately 43% of those toxicology reports contained solely fentanyl alone (most had multiple analogs of fentanyl). • Fentanyl mixed with cocaine is still present in about 30% of fatal overdose victim toxicology reports.
<p>Ben Stevenson II Substance Abuse Prevention</p>	<ul style="list-style-type: none"> • Narcan Trainings are still happening 4th Tuesday of each month virtually registration can be done via https://www.surveymonkey.com/r/NarcanTraining1 • Syringe Services Program Application is scheduled for submission next week. State will do a preliminary review before official web submission; Discussed with MAT at Rollins on partnership to provide wound care and space for SSP. • Still providing MH and SUD resource bags to food distribution HUBs 3500 have been given out. • Currently completing recruitment plans for Youth Ambassadors Program to secure more youth voices as advocates for prevention SUD and Suicide • KnowtheRisksMC and BTheOne messaging has still been promoted and pushed out via social media (Facebook, Twitter, and Instagram) • Working with a team from the Suicide Prevention Coalition to complete a countywide suicide needs assessment report that identifies the nature of the problem across the lifespan and current resources and gaps.
<p>Rose Burnhill/ Yasmeen Mabry Local Behavioral Health Authority</p>	<ul style="list-style-type: none"> • There is an open invitation for AODAAC members join the Suicide Prevention Coalition. We already have some members who participate, and also MHAC and are very glad about that. Part of our continuing work on integration is to create these opportunities for MHAC and AODAAC to join forces.

The meeting was adjourned at 8:30pm