

Alcohol and Other Drug Abuse Advisory Council (AODAAC)

Meeting Minutes: Thursday March 11, 2021, 7:00- 9:00 pm

Virtual Meeting via Microsoft Teams

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

Ex-Officio Members Present: Hardy Bennett, Corey Brandel, Robin Cody, Yasmeen Maybry, Man Cho, Kyle Potter, Celia Serkin of Mental Health Advisory Committee

Guests Present: Angad Buttar of Shatterproof, Sean Channer of Arise & Flourish, Maria Izabel Ruiz, Rachel Depp

Call to order. Margaret Mattson, Chair, called the Microsoft Teams videoconference meeting to order at 7:03pm. Introductions followed. With 14 voting members, a quorum was present. AODAAC voting members voted and approved drafted November meeting minutes.

Speaker—Angad Buttar of Shatterproof

****View the PowerPoint attachment for the full presentation.**

- Shatterproof developed national principles of care in conjunction with addiction treatment thought leaders. They also developed the ATLAS website to ensure appropriate quality expectations for addiction treatment using validated, transparent measures of quality.
- ATLAS is not provider-funded so there is no pay-to-play: the list includes all facilities/providers. The website lets you search by various filters like zip code, insurance, etc. There is also a short but comprehensive assessment developed with the American Society for Addiction Medicine. People seeking treatment for themselves or loved ones may be misinformed on treatment options or receive biased information. The assessment helps to crystalize the best type of care for the situation: it is a consumer-friendly needs assessment.
- For providers, states, and health insurers, there are password-protected portals within ATLAS so they can use the data to drive adoption of best-practices.
- Shatterproof partnered with 22 health insurers covering 250 million people, which has grown to over 30 insurers across the country. They work with the payers to make sure the list of in-network treatment centers is up-to-date.
- They do treatment facility surveys as their data sources, which must be completed by the CEO or a designee. Survey responses are validated: if a facility indicates they use electronic health records, Shatterproof asks to see it to validate it. They also use patient experience surveys and use natural language processing to remove names. They were also using claims measures, but this was paused during COVID.
- They are rolling out version 2 of their provider surveys after compiling feedback from providers to improve it. They are also using focus group feedback to improve the user experience of the website and do state resource integration such as by including help lines.

- Shatterproof's work is designed to be cost-saving and to lead to system-wide higher quality of care: if outpatient rather than residential is appropriate, and if in-network rather than out-of-network is effective, the high quality treatment also saves money.
- They are addressing equity by focusing on inner cities, looking at underserved populations in NYC and Boston, and translating resources into Spanish.
- They received \$5 million in grant funding for the pilot study of ATLAS in 6 states: NY, WV, NC, LA, and DE. All 6 states have elected to extend their use of ATLAS, funding it themselves. They are looking to expand to 11 states, potentially OK, NJ, PA, etc.

Questions

- Margaret asked if they recruit facilities or try to include all licensed facilities. Shatterproof works with the state partners to see what is important to them in scope. For example, WV wanted office-based providers who provide medication assisted treatment to be included. In round 2 they are looking at opportunities like Veterans Administrations and Indian Health.
- Margaret asked what signs of quality of care are tracked. They use the national principles of care, see if they have coordinated care, if they offer medication assisted treatment, etc.
- Laura asked whether telehealth availability is considered. Angad is on a subcommittee on this now. There are differences in how telehealth is perceived, and nuances of telehealth versus telemedicine. In phase 2 they will consider what the standards of care are for high-quality telehealth and telemedicine.
- Laura asked if the survey options drop if a facility does not accept dual diagnoses when a person indicates suicidality and the hotline pop-up appears. Angad does not believe so.
- Larry asked about barriers in the pilot states. Angad said COVID timing made things tricky but none of the states decided not to participate due to not seeing the value or it being too cost prohibitive. It has also been important to clarify that their goal is data transparency and making it available to those desperately seeking it rather than grading facilities as an A or a B or being a bed locator which they are not.
- Elyse asked whether there is tracking of legal challenges or complaints that get registered but no action follows. MA and other states brought this issue to their attention too. Their IT team is working on that indicator which is tricky to manage but important to flag.
- Elyse asked if they are working with primary care physicians too. Angad said they work with anyone they can. In WV they are presenting to emergency room managers. They have trialed business cards and post cards to give to patients. They have also asked EMTs what tools they can give to promote the platform.
- Elyse noted their website has mostly female photos at the top, more male photos may help.
- Cristina asked how Shatterproof identifies which stakeholders will be invited onto the steering committees to help to customize ATLAS for the state. Angad said they conduct a stakeholder mapping exercise with the state's assistance and invite them to monthly or bimonthly meetings. There are dynamics within each state that they want to be sensitive to. They also see if any payers are willing to work on it, and community members. The state bringing Shatterproof in legitimizes them in the eyes of providers and other stakeholders.
- Cristina noted that Maryland is not on the list of states Shatterproof plans to expand ATLAS to. She asked how they initiate contact with states and if they have reached out to Maryland. Angad said this time last year they discussed it with the Maryland Dept. of

Medicaid and they were supposed to have an on-site meeting, but COVID kept pushing it back and resources got reassigned to COVID response. Shatterproof presented in September at the Maryland State Opioid Command Center and they saw value but said resources were still lacking due to COVID response. Groups like ours advocating at the grassroots level is always helpful, and Shatterproof will try to reengage Maryland.

AODAAC Renaming Discussion

- Margaret discussed the AODAAC rename. The Executive Board discussed name options at their last meeting, and now the full AODAAC board is being given 1 week to add any new name suggestions. Corey will then send a poll to all voting members to choose their favorites, and there will be a vote at the next meeting out of the 3 with the most votes.
- Evelyn said AODAAC is a recognized name in the county and shouldn't change too much
- Larry proposed Advisory Council on Addiction Services (or Addiction Solutions)
- Cristina prefers no specific substances be named, as the name should be flexible enough to incorporate any future substances. She likes the focus on the advisory capacity.
- Laura agreed with Cristina and said to Evelyn's point that AODAAC may not be as recognized to the public who we are trying to connect with as it is internally. AODAAC is a mouthful and the double A's get confusing. The county may connect with it but does the public?
- Elyse agreed with Cristina about removing specific substances. She agreed with Laura that we do not need to stay with the name just because it is familiar. She likes the idea of prevention and treatment incorporated in the name
- Laura said it is important to think of key terms that potential partners may search for that would allow them to find us.
- Dave said the name should not just be what we are called but who we want to be. He said he is afraid that calling it addiction prevention and treatment would make it seem like our group offers those services, rather than an advisory board that educates and empowers.
- Dr. Abbas and Cynthia discussed that Substance Use Disorder is the preferred term to addiction. Elyse said SUD is a mouthful though, and maybe specifying addictive substances rather than addiction itself would fix it.
- Laura said it is important not to ignore prevention by focusing on the point of a full SUD.
- Cristina discussed Words Matter which is supported by NIDA. She will email more info.

Subcommittee Reports

Legislative

- They worked on information for the website. They also discussed creating a twice-a-year newsletter to the County Council and Executive.
- Elyse submitted testimony on the Grocery Store Bill and it was on NPR.
- Margaret suggested that the Legislative Committee track what happens with the legislation that AODAAC submitted testimony on. Elyse said this is a good idea, and this should probably go on the AODAAC website too. Laura said maybe the Legislative Committee should report back to the group at each AODAAC meeting with an update on the bills and if there has been a hearing during the 3 months in-session.

Treatment & Recovery

- The subcommittee filled out the website questionnaire. They will be doing the Drugs 101 miniseries on September 12, 19, and 26 (all 3 are Sundays) from 2-4pm.

Prevention

- The subcommittee worked on the website form.

Website Development

- All subcommittees should think about any and all projects and accomplishments AODAAC has had when filling out the website form, to get as much historical knowledge as possible.
- All voting members should submit their photos and bios by 3/19. The word count for bios should be under 125, only parts of the bio that relate to AODAAC.

New Business

- The MCPS Supree presentation will be next month.
- The Interviewing Committee submitted recommendations. Hopefully new members will be confirmed in time for the June meeting.
- Laura said the telehealth bill almost passed in the House but ultimately did not. However, the Senate passed their telehealth bill with all of the provisions. The Senate bill has now crossed over to the House. Laura will send information to the group on how to advocate for keeping the Senate provisions in so that patients have a choice. It is SB3/HB123.
- Tree of Hope has several peer recovery trainings coming up including an ethics training offered on May 15-16. See www.treeoflifeassn.org for more.

County and Agency Reports

Hardy Bennett

- He and Robin Cody presented during a MAT in the Jails Learning Collaborative with the state and with the other 3 counties who have been implementing MAT since last January: Howard, Prince George's, and St. Mary's.
- The county is working on access to the vaccine and is brainstorming one big vaccine site like Prince George's has at Six Flags.
- Outpatient work continues to go well for clients who have technology access, but not all clients do.
- They are in the midst of recruiting to fill a number of clinical positions with some success but recruiting during COVID has been challenging. There have been some breakthroughs recently in hiring therapists and psychiatrists.
- County Executive Elrich releases his budget on Monday 3/15.

Dr. Potter

- MCPS's virtual anti-vaping symposium on Saturday was well-attended.

Robin Cody

- As of right now there are no COVID cases in the jails. There are 6 MAT participants in the jails currently. The Learning Collaborative Hardy mentioned was a great experience to update other jurisdictions in the midst of COVID.
- An interview process is underway for a mental health position with another opening soon. Spread the word to any nurses who may be interested in receiving specialized training to become part of the per-diem nursing float pool for the jails, which will enable the full-time nurses to take leave despite their essential status.

Celia Serkin

- The Mental Health Advisory Committee (MHAC) priorities include mental health parity; the County's rising suicide rate and participation with the Suicide Prevention Coalition; efforts to improve crisis response in the County; the environmental impact of COVID and climate change on mental health and resilience; and uniting legislation efforts with the county budget.
- Laura Mitchell and Margaret Mattson are the two AODAAC representatives who will alternately attend MHAC meetings. Laura attended the MHAC meeting earlier in March.

The meeting was adjourned at 9:05PM