

Alcohol and Other Drug Abuse Advisory Council (AODAAC)

Meeting Minutes: Thursday October 14, 2021, 7:00- 9:00 pm

Virtual Meeting via Zoom

Voting Members Present: Ed Bunny Rich, Margaret Mattson, Doreen Rubin, Cristina Rabadan, Laura Mitchell, Elyse Grossman, Valerie Adelson, Denyse Dillon

Ex-Officio Members Present: Hardy Bennett, Corey Berman, Dr. Rolando Santiago, Sara Rose, Celia Serkin, Ingrid Gonzalez, Gabriela Monzon-Reynolds, Amy Samman, Suzy Malagari

Call to order. Laura Mitchell, Chair, called Zoom videoconference meeting to order at 7:02pm. With 8 voting members, a quorum was not present; thus, minutes from the October AODAAC meeting will be voted on for approval at the next AODAAC meeting.

Review of Evidence and of Testimony: Involuntary Admissions for Substance Use Disorder (SUD)

Margaret and Cristina

- Last year's House Bill 0029 did not pass during the Maryland General Assembly. [This bill added language to an existing law related to persons with mental health diagnoses and called for involuntary admission to treatment for persons with substance use disorder \(SUD\) diagnoses](#), if accompanied by a certificate that they have been examined and evaluated by a competent professional certifying that they need inpatient care to protect themselves or others from harm due to their condition.
- The language of the bill did not include the length of time a person can be held, who can certify the petition, etc. and other important implementation details.
- 37 states have similar laws to the proposed bill. All include the criteria above, with some variations. Margaret and Cristina were unable to analyze the specific legislation from all 37 states. However, they searched for outcomes data from these states and data was not available through internet searches. Information from observations may be available from sites describing model legislation but does not seem to appear in published analyses.
- Last year's bill received 11-12 pieces of testimony. These were mostly in opposition, submitted by psychiatric organizations, legal groups, police, and hospital associations.

Identified Cons from the Review

- There is already a shortage of beds/ limited capacity for those voluntarily seeking treatment
- May put a burden on emergency departments and hospital psychiatric units
- Lack of evidence of involuntary admissions' effectiveness
- Impacts on individuals' civil rights, and potential collateral negative impacts on their ability to receive child custody, employment, etc. with an involuntary admission on their record
- Police/peace officers do not have the expertise to identify whether a person has a diagnosable substance use disorder or is simply drunk on a given night
- Stigma was raised as an objection
- Emergency department boarding can have negative effects

Identified Pros from the Review

- Family members and people in recovery gave personal accounts of the lifesaving capacity for someone not able to make decisions in their own best interest

- In the scientific published literature. 10 studies were found comparing civil commitment for drug use and/or mental health, a few reports suggested perhaps involuntary commitment can increase the time spent in treatment and if it were a positive experience for the person it might increase treatment motivation, but the data to back these and other potential advantages is sparse and conflicting.

Neutral Testimony

- Johns Hopkins rendered a recommendation of favorable, but with amendments. They agreed that there is life-saving potential, but stated that more information and research must be gathered. The group felt that any bill that successfully passes should have components related to evaluation and be based on experience from other states that have put these bills in place.

Purpose

- Another bill will be put forward for this legislative session that will be supported by the county. No additional information is available on the upcoming bill at this time.
- Rather than focusing on a specific bill since the details are not yet available, the purpose of this discussion is to get the group's feedback on the concept of involuntary commitment. As the group learns more about the new bill, the group may feel well enough informed to vote on whether to sign on to supportive testimony or abstain.
- The group will need to look at the risk-benefit of supporting this bill. Given that there have been over 100,000 overdose deaths in the past 12 months and that legislation is forthcoming, the group cannot wait for all of the evidence before agreeing upon an action.

Discussion

- Cristina delineated 2 main issues: The bill's language, and implementation of the law
- What would happen to involuntary admissions after they are released from the facilities? Would there be any continuity of care? Otherwise, they are likely to relapse upon release.
- Due to health system fragmentation, people with substance use disorders do not receive the years-long continuity of care needed to support them all the way through recovery. Perhaps before introducing the bill, the treatment infrastructure should be improved for voluntary admissions, and then people who do not want treatment can be incorporated.
- Elyse noted that the county's Legislative Analyst had stated the county intends to support the upcoming bill. **Dr. Santiago expressed that DHHS has not had significant conversation about the bill yet but will partner with AODAAC to ensure DHHS and AODAAC are in agreement upon whatever testimony is submitted.**
- Laura shared that the bill would necessitate contained lock-down facilities, which have limited availability already. Her concern is that people will resultingly be held in jails.
- Equity issues were discussed: people of color may be more or less likely to be involuntarily admitted. Florida's similar Marchman Act legislation has resulted in multiple complaints that involuntary admission appears on their record and impedes their employment even though it is supposed to be kept confidential.
- Margaret suggested another equity issue, however, is access to care for people with high acuity treatment needs who may not receive it without involuntary admission. An ideal strategy for this law would be implementing it based on extreme severity, reserving scarcely available beds for high risk, hard to reach, hard to treat persons with repeated overdoses, attempted suicides, etc.

- Members discussed the issue of criminalizing a health condition (SUD). The idea is for loved ones to call to have someone voluntarily admitted— the person committed no crime. One member pointed out that already existing Drug Court uses the principle of adhere to treatment or end up back in jail.
- AODAAC members used a poll to indicate their view on involuntary admission. **1 was in favor, 4 were against, and 7 were undecided.**

Subcommittee Reports

Treatment & Recovery

- The group did not meet. It will resume planning the educational event series next meeting,

Prevention

- Doreen is the lead on an initiative to find out what programs Montgomery County Public Schools (MCPS) is working on in substance use prevention and how AODAAC can support their goals. Doreen meets with Kyle Potter of MCPS tomorrow and will report back.
- Cristina is the lead on encouraging SUD screening by primary care doctors and specialists, especially for ages 12-24. She had a conversation with Ben Stevenson II and will talk to a partner, Dr. Sorell Schwartz. Ben was already planning to have a series of talks directed at pharmacists and primary care physicians on prescriptions. Cristina, Ben, and Dr. Schwartz will meet and Cristina will report back to the group.
- Denyse took charge on looking at the Montgomery County Code and the language being used related to substance use. She searched the text of the code online and devised a list of terms to replace outdated language like abuse, abuser, relapse, alcoholic, and addict. She will share the final document so AODAAC can see the amount of use of this language. Recommended terms are based on NIDA's Words Matter and SAMHSA's addictionary. NIDA already has a movement across the country to change the language in government codes to reduce stigma through eliminating stigmatizing terms.

Legislative

- The group discussed the upcoming involuntary admissions bill.
- They also discussed the Legislative Retreat. Maryland's session starts January 12, so the retreat would be on January 8 or 9, in place of a January AODAAC meeting, and will include an overview of how to draft testimony.
- **Laura and Elyse will be in touch about other groups that are tracking the bills.** Using other groups' tracking lists would prevent reinventing the wheel, but AODAAC will need to start soon by reading legislation and summarizing what is important to AODAAC otherwise.
 - Celia invited members to join the January Mental Health Advisory Committee (MHAC) meeting, where a representative from the Mental Health Association will discuss what bills they will be supporting.
- Legislative discussed a newsletter summarizing ex officio reports, different speaker events, etc. for policymakers, once in January and once in May. Elyse will work with Corey to gather the minutes and other materials from this year's meetings to use.

- On December 13 and 15 the County Delegation will hear feedback on Montgomery County bills. There were some alcohol-related but they were mainly minor license changes. The delegation met 2 weeks ago to talk about priorities. Laura was at the priorities meeting on behalf of the PTA and while there she compiled a list of other groups that testified on substance use issues to partner with on legislation tracking,

New Business

- Laura asked the group to **e-mail ideas of speakers on topics related to AODACC priorities** for the December, February, March, and April meetings. The goal is to align the information speakers share and AODAAC's activities.
- At the Boards, Committees, and Commissions priorities meeting with Gabe Albornoz's health committee, there was much interest in the AODAAC priorities around SUD-related language and around inpatient adolescent treatment. Laura will be in touch with Bunny about parallels between advocating for inpatient adolescent treatment and prior Avery Road Treatment Center (ARTC) advocacy.
- Laura will try to reengage Arise & Flourish, as they were active in AODAAC last year but have not been involved so far this year.

Presentation by Dr. Santiago, BHCS: Leadership Collaborative for Mental Health Crises

- Dr. Santiago discussed the 4 parts of the Crisis Now model:
 - Integrated regional crisis care
 - Mobile crisis outreach teams
 - Stabilization function
 - Care and follow-up
- There are 3 work groups created in the past 9 months to support Crisis Now. The intent of the Leadership Collaborative group is to look at implementation and offer focused guidance.
- The group will facilitate/ inform system-wide changes to Behavioral Health & Crisis Services.
- Members will meet quarterly, meeting first at the start of December. Members include:
 - Directors/Chiefs of DHHS, BHCS, Police, and Fire & Rescue
 - Assistant Chief Administrative Officer
 - Nexus Montgomery hospital leaders in behavioral health from the 4 county hospitals
 - 2 community representatives: Chairs of AODAAC and MHAC
 - Staff: Primary Care Coalition
- The goals are as follows:
 - Establish "30,000-foot view," systemwide objectives and targets
 - Monitor and evaluate progress
 - Identify challenges and work collectively to identify and implement solutions
 - Facilitate inter-partner communication
 - Ensure hospitals & county agencies are updated on recent BH crisis-related activities
 - Advise on directions of county/ hospital policies related to behavioral health crisis
- As needed, the Collaborative will:
 - Provide input on County Request for Proposals (RFPs) for large-scale activities (e.g., the stabilization center); vendor selection
 - Identify inter-partner MOU for funding, service delivery protocols, data sharing, etc.
 - Advocate for the long-term sustainability of behavioral health crisis activities

Discussion

- There was a question about bridging Crisis Now and the Comprehensive Mobile Response and Stabilization Services model, a best practice for children and adolescents. Dr. Santiago said he will continue working with MHAC toward bridging the two models.
- Dr. Santiago clarified that the model addresses substance use too, not just mental health.

Ex-Officio Reports

Hardy Bennett, Montgomery County DHHS, Behavioral Health & Crisis Services (BHCS)

- The new 1500 E. Gude Drive location for Treatment Services is still working with the DEA, CARF, and the state Behavioral Health Authority to get reissued the accreditation documents and licenses needed to provide services at that new address. This is finally on the path to resolution, thanks to work from Larry Stewart with help from Dr. Santiago. The local Behavioral Health Authority will issue an agreement to cooperate which is key to progress.
- Athena Morrow of Adult Forensic Services is retiring at the end of this month.
- The synthetic opioid Protonitazene was discovered by a chemist in DC and is resistant to Narcan. Hopefully this will not spread to become a new major public health issue.
- A psychiatrist of 9 years with Adult Behavioral Health is resigning. DHHS is hiring for 2 part-time psychiatrist positions, 1 as a county employee and 1 as a contract psychiatrist

Dr. Santiago, Montgomery County DHHS, Behavioral Health & Crisis Services (BHCS)

- **See his full report at the end of this minutes document (Pages 7-8)**
- BHCS is involved in a 6-month pilot project using UniteUs, an online platform used to easily make referrals. It is especially used in the nonprofit world, to facilitate communication with organizations throughout the county. BHCS will encourage more organizations to join. They will start using it just within ACCESS to Behavioral Health.,

Celia Serkin, Mental Health Advisory Committee (MHAC)

- **See her full report at the end of this minutes document (Page 9)**
- Elizabeth Manley is the Senior Advisor for Health and Behavioral Health Policy at the Institute for Innovation and Implementation, University of Maryland School of Social Work. She presented at the last MHAC meeting on Comprehensive Mobile Response and Stabilization Services (MRSS), a national best practice for designing a crisis system for children and adolescents. She was the Assistant Commissioner for NJ's Children's System of Care and transformed it from poorly rated to one of the best in the nation. The key to her success was removing silos to have a single point of access for all youth, whether they have mental health or substance use treatment needs, autism, need LGBTQ resources, etc.
- Ben Stevenson II shared that there has been marijuana found laced with fentanyl. Perhaps AODAAC and MHAC can partner to spread the word about this public health concern.

Warden Suzy Malagari, Department of Correction and Rehabilitation (DOCR)

- **See her full report at the end of this minutes document (Page 10)**
- She is filling in for Robin Cody, Medical Director, who recently resigned from DOCR.
- Suzy is happy to provide any specific jail operations related information that AODAAC would like to know. There are 11 people in Medication Assisted Treatment. The jails are reopening slowly. Over the past 2 years during COVID lockdown there have been few program

opportunities for inmates. They hope that by spring they can welcome back volunteers, the work release program, etc.

- There are 0 COVID cases among inmates. They offer a weekly vaccine clinic. About 50% of inmates agree to be vaccinated.

Ingrid Gonzalez, Parole and Probation

- The Parole and Probation office is open—not at full capacity, but they are seeing people more often and are doing more alcohol and drug testing to refer people to treatment.

Sara Rose, Local Behavioral Health Authority (LBHA)

- She has been working with Ben Stevenson II on the Youth Ambassadors Program. There are 10 high school applicants so far, and the deadline is extended to 11/30. The program provides leadership training to young people to help spread the message about substance use prevention, suicide prevention, and mental health overall to their peers.

Gabriela Monzon-Reynolds, Alcohol Beverage Services (ABS) and Division Chief Amy Samman

- **See her full report at the end of this minutes document (Page 11)**
- ABS has also been partnering with Ben Stevenson II on the Youth Ambassador Program and has the information up on their social media pages.
- ABS has a new Division Chief, Amy Samman. Kathy Durbin moved up to become the director.
- Amy has experience with legislative issues related to alcohol and intergovernmental relations, having worked previously for the Baltimore City Health Department. She is happy to assist AODAAC with legislative issues.
- ABS just received funding for the annual Keeping it Safe contest for middle and high school students. They will now start making a flyer to distribute, and they will reach out to AODAAC group members to help judge the videos. They usually receive 60-80 substance use prevention video submissions, and the students receive SSL hours for participating.

See Lt. Rosario's ex-officio report from Montgomery County Police Department on Page 12.

The meeting was adjourned at 8:51 pm.

(See the following pages for full written Ex-Officio Reports submitted prior to the meeting)

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

AODAAC meeting date: **November 18, 2021**

Department/Agency Reporting: **Behavioral Health and Crisis Services (BHCS)**

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

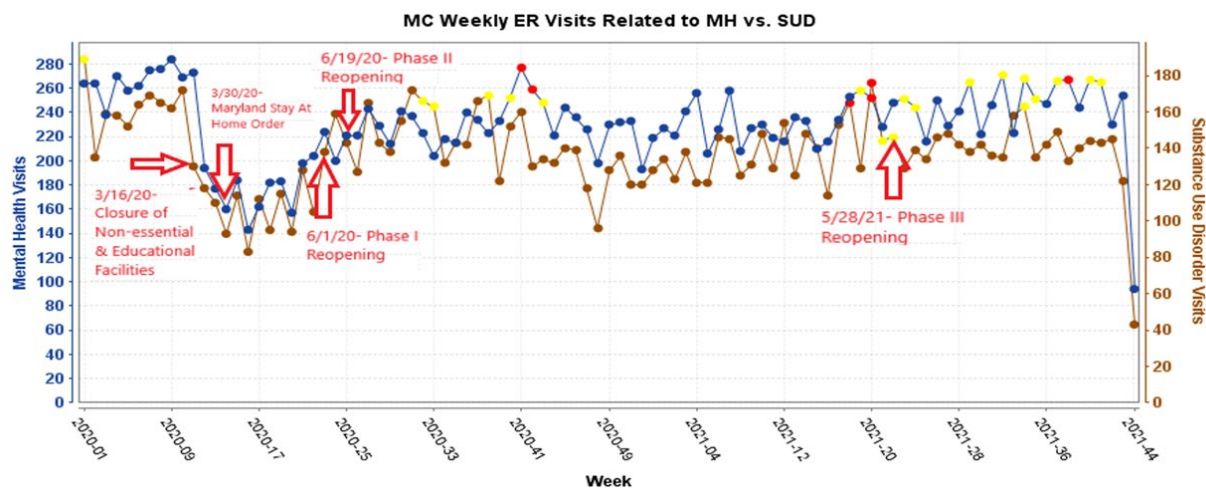
Agency Mission (particularly as it relates to AODAAC):

The mission of Behavioral Health and Crisis Services (BHCS) is to promote the behavioral health and wellbeing of 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.

Actions/updates since last report:

- Activities at Access to Behavioral Health and Crisis Services
 - David Hill began serving as Manager of Access to Behavioral Health and Crisis Services on Monday, November 8.
 - Staff will be involved in a six-month pilot project to use the UniteUs platform as an online vehicle for making referrals.
- Psychiatrists and physicians at BHCS heard a presentation on Assisted Outpatient Treatment (AOT) delivered by Evelyn Brown and Brian Stettin at a monthly meeting held on Wednesday, November 3rd, 2021.
- *BHCS staff have been involved in the ongoing development of the FY23 budget.*
- *LBHA was notified last week that it was going to receive \$250,000 to provide behavioral health supports in an Assisted Living Facility (ALF).*

Current Trends in Montgomery County:



Current or potential collaborations with AODAAC:

- Laura Mitchell, chair of AODAAC, will serve as a community representative in the new Behavioral Health Crisis Leadership Collaborative that will convene for the first time on December 3. The purpose of this new group is for heads of County departments such as Health and Human Services, Police, Fire and Rescue, to join with local hospital leadership to provide high level guidance, advise, and direction in the implementation of the Crisis Now model.

Ex-Officio Member Name: Celia Serkin, Mental Health Advisory Committee

AODAAC meeting date: **November 18, 2021**

Department/Agency Reporting: **Mental Health Advisory Committee (MHAC)**

Ex-Officio Member Name: **Celia Serkin, MHAC Liaison to AODAAC**

Agency Mission (particularly as it relates to AODAAC):

The Montgomery County Mental Health Advisory Committee (MHAC), mandated by the State of Maryland, is committed to evaluate and monitor the development of mental health services and to work collaboratively with our community partners to monitor, advise, and advocate for a comprehensive mental health system of care for all persons in Montgomery County.

Actions/updates since last report:

Ms. Elizabeth Manley, Senior Advisor for Health and Behavioral Health Policy at the Institute for Innovation and Implementation, University of Maryland School of Social Work, was the guest speaker at the MHAC meeting on November 4th. Ms. Manley gave a presentation on “Comprehensive Mobile Response and Stabilization Services (MRSS) System in Maryland.” Attached is a copy of the presentation. AODAAC members were invited to attend this presentation.

Mobile Response and Stabilization Services (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>)

At the Institute for Innovation and Implementation, Ms. Manley provides technical assistance to states and communities specific to children’s behavioral health innovations with a specific focus on policy and financing of systems of care. Ms. Manley is the former Assistant Commissioner for NJ’s Children’s System of Care. In this capacity, Ms. Manley led transformation and implementation of system innovations including integrating individuals with developmental/ intellectual disabilities, substance use and integration of physical health into the Children’s System of Care. She had direct oversight of the statewide child behavioral health, substance use and development/intellectual disabilities systems. This includes a wide range of community-based services and residential treatment centers. Ms. Manley was the DCF representative on the NJ Board of Social Work Examiners and the Governor’s Council on Alcohol and Drug Abuse; the Principal Investigator on NJ’s Promising Path to Success, a SAMHSA System of Care Expansion Grant with the focus on improving care for youth in need of an out of home intervention; Vice Chair of the National Association of State Mental Health Program Directors (NASMHPD); and has presented at several national conferences.

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

Current or potential collaborations with AODAAC:

MHAC and AODAAC could work together on legislative advocacy.

Ex-Officio Member Name: Suzy Malagari, Corrections & Rehabilitation

AODAAC meeting date: **November 18, 2021**

Department/Agency Reporting: **Department of Corrections and Rehabilitation**

Ex-Officio Member Name: **Suzy Malagari, Warden, Detention Services Division**

Agency Mission (particularly as it relates to AODAAC):

Actions/updates since last report:

- We continue, in partnership with DHHS, to offer the inmates a weekly opportunity to be vaccinated. Safely orchestrating vaccinations in jails is tricky but it has ripple effects to reduce COVID spread upon release to the community and homeless shelters.
- The jails are reopening slowly. In-person visiting is occurring, as well as some GED and HS classes. Plans are being developed to reinstate other programming options in the future, with safety being the foremost goal.
- Remote court hearings are continuing to be facilitated on a daily basis.
- The Pre-Release Reentry Services (PRRS) remains closed.
- Bi-weekly COVID testing occurs for all staff members.

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

- The inmate population number vaccinated is approx. 49%.
- The jails have 0 COVID inmate cases, 3 staff members.
- The average number of inmates at MDCD and MDCF remains lower than normal, at 39 and 580 respectively.
- There are currently 11 Medication-Assisted Treatment (MAT) patients.

Ex-Officio Member Name: Gabriela Monzon-Reynolds, ABS

AODAAC meeting date: October 14, 2021

Department/Agency Reporting: Alcohol Beverage Services, Division of Licensure, Regulation and Education -LRE

Ex-Officio Member Name: Gabriela Monzon-Reynolds, Community Outreach Manager

Agency Mission (particularly as it relates to AODAAC):

As a control jurisdiction, ABS facilitates the alcohol wholesale distribution to over 1000 licensed establishments in the county. Along with the sale and distribution of a controlled substance comes a responsibility to educate and support the establishments served.

The Community Outreach Office works with license holders to ensure compliance. Helping communities flourish through the promotion of alcohol laws, public awareness and responsible hospitality practices are priorities.

Actions/updates since last report:

ABS-LRE has a new Division Chief. Amy Samman will join LRE on Monday, November 8. Ms. Samman comes from Montgomery County's Office of Intergovernmental Relations where she represented County interests at the regional, state, and federal levels. Ms. Samman is replacing Kathie Durbin who was named ABS's Director in May 2021.

Ex-Officio Member Name: Lt. Ruben Rosario, Montgomery County Police Dept.AODAAC meeting date: **November 18, 2021**Department/Agency Reporting: **Montgomery County Department of Police**Ex-Officio Member Name: **Lt. Brent Kearney****Overdose Updates & Notes****Year-To-Date:**

Overdoses YTD	2019 YTD	2020 YTD	2021 YTD	YTD Percent Change 2019-2020	YTD Percent Change 2020-2021
Fatal	59	80	95	36%	19%
Non-Fatal	113	143	209	27%	46%
Grand Total	172	223	304	30%	36%

- 2021 YTD fatal overdoses include suspected incidents with toxicology reports pending

Year-End:

Overdoses Year-End	2018	2019	2020	Annual Percent Change 2018-2019	Annual Percent Change 2019-2020
Fatal	46	65	90	41%	38%
Non-Fatal	131	125	171	-5%	37%
Grand Total	177	190	261	7%	37%

Current Trends in Montgomery County:

- Non-Fatal overdoses are up 46% YTD
- Fatal overdoses are up approx. 19% YTD (decrease since last meeting).
 - Some possible explanations- recent counterfeit pills may contain less fentanyl than previous batches; or victim tolerance levels may have increased.
- 2021 Fatal Overdose Toxicology Reports show:
 - 95% include fentanyl or a fentanyl-related compound
- We continue to have pressed fentanyl related overdoses (counterfeit pills that contained fentanyl or fentanyl-related compounds).
- Nationwide Note: Drug traffickers continue to combine fentanyl or fentanyl-related compounds with other drugs to increase their potency and profit. Many unsuspecting drug users who are abusing cocaine, methamphetamine, heroin, or other synthetic drugs have overdosed and died within days, hours, or minutes, of each other following the introduction into a community of fentanyl or heroin laced with fentanyl.