

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, Evelyn Saim-Lobos, Elyse Grossman, Valerie Adelson, Denyse Dillon, Kabir Singh

Ex-Officio Members Present: Hardy Bennett, Corey Berman, Dr. Kyle Potter, Dr. Rolando Santiago, Yasmeen Mabry, Lt. Brent Kearney, Sara Rose, Ben Stevenson II, Celia Serkin **Guests Present:** Elizabeth Leek of Narcotics Anonymous, Meghan Westwood of Avery Road Treatment Center (ARTC)

Call to order. Laura Mitchell, Chair, called Zoom videoconference meeting to order at 7:02pm. With 10 voting members, a quorum was present. Voting members voted and approved minutes from the September AODAAC meeting.

Guest Speaker: Avery Road Treatment Center (ARTC) Presentation by Meghan Westwood

Contact information: meghanwestwood@marylandtreatment.org

Presentation

- Meghan Westwood is the Executive Director of Maryland Treatment Centers, which manages ARTC. ARTC was an aging facility in poor condition. With advocacy from many including AODAAC, there was a call for contract teams to put together designs and bids for an ARTC renovation. Maryland Treatment Center won the bid with a 30-year contract as a Public-Private Partnership. They broke ground over two years ago and in late March 2021 they started moving clients back into the facility.
- ARTC is a short-term, non-hospital, medically monitored detox facility. It is a 64-bed facility with a 19-day average length of stay, based on need, medical necessity, and clinical criteria. The vast majority of clients are on Medicaid or are uninsured eligible. ARTC works with Optum who approves treatment usually for either 2 or 4 weeks. Staffing includes round-the-clock nursing with a medical director, psychiatrists, etc. Prior to COVID there were up to 1,000 admissions per year. Some construction issues with the new building are being worked out so not all rooms are being used currently. There are now close to 50 clients, with 6-10 admissions per day.
- The purpose of ARTC is to stabilize clients for continuity of services in long term care. ARTC is part of a campus that also includes a long-term care facility as well as the Avery House for Women and Children for mothers of young children to participate in treatment, both in walking distance. There is also a halfway house a mile down the road. Within ARTC is the Journeys intensive outpatient (IOP) and outpatient program (OP), which has increased the ability to engage people during the critical vulnerable time right when they step out of detox. Having all of these facilities located close together makes warm handoffs possible. The same doctors serve all facilities on the campus, so clients can keep their same doctors and meet their long-term care team members before exiting ARTC. This is important because nationally, 70% of people drop off from treatment after short term detox (at a detox facility or at a jail), and if they return to their past substance dose immediately after a

period of sobriety they could die of an overdose. Eventually, they plan to add a methadone clinic (MAT) building adjacent to the outpatient clinic.

Q&A

- Margaret asked whether MAT is universally seen as a standard of care or if there is still stigma with it being viewed as a drug replacement. Meghan said it is a standard of care at ARTC. Certain recovery houses will not accept clients who are on agonists like methadone and buprenorphine still, but they tend to be more okay with vivitrol. ARTC does their best to educate around MAT and they have seen improvements. ARTC was one of the first providers in the country to offer suboxone for treatment and for maintenance. All clients who walk through door with an opioid use disorder are offered medication, and ARTC makes sure they have access to MAT when they leave care so that it is sustainable. They administer buprenorphine and vivitrol more but also sublocade (extended release buprenorphine), which people tend to be less eager to use. ARTC also has cooperative agreements with local methadone clinics. ARTC cannot dispense methadone outside of the facility, but they can give it to clients while they are in the facility. Currently 5-6 clients in ARTC receive methadone from ARTC physicians or from another clinic. The residential programs also give access to MAT through their physicians or other clinics. Some in the halfway house come back to ARTC for their injectable MAT and to have their labs checked. During COVID-19, 60-70% of clients used opioids as their drug of choice. Currently it is around 50% who use opioids either as their drug of choice or in conjunction with another drug. All MAT clients also get Narcan training and a Narcan kit when they leave the facility.
- Cristina asked about the Avery House for women and children. Avery House has a shared administrative team, primarily Meghan Westwood, who is the Avery House Executive Director. The facility is for women with young children or who are pregnant and are looking to go into care. Historically it was hard for women who are the primary caregivers for a child to access long term care. Avery House receives referrals from all over the state now. It used to be a low intensity 3.1 facility but has changed to both a 3.1 & 3.3 facility. It is a little more intensive now, making it a better clinical program for women straight out of detox.
- Doreen and Evelyn asked about client ages at ARTC. ARTC is for ages 21+. Most clients are in their early 40's, but typically there are ages 21-70 present. As far as adolescents, Journeys offers IOP and OP for teens, but they grapple with the issue of no inpatient for adolescents all the time. Maryland Treatment Centers' Mountain Manor had an adolescent program in Baltimore, but it closed because of reduced adolescent referrals including fewer intakes from the Department of Juvenile Services (DJS), meaning they could not fill the beds and it was not financially feasible. ARTC does not have the right license for it. They have looked into a smaller specialty unit for adolescents but have not yet found an economical model for it.
- Laura asked if insurance is also a barrier to adolescent inpatient referrals. Meghan said it is not an insurance issue. Medicaid is especially good in Maryland. There is a theory that adolescents used to frequently have DJS encounters for marijuana but now marijuana use is not treated as severely, so there are fewer of these cases referred to treatment centers. Laura mentioned there was legislation ([H.B. 916/Act No. 651](#), effective October 1, 2013.) limiting DJS referrals which may have contributed to the reduction in referrals (Maryland passed legislation that prohibits out-of-home placement for youth adjudicated for certain minor offenses, including possession of marijuana, possession or purchase of a non-controlled substance...or an offense involving inhalants...Judges may continue to order

treatment for youth in the community or may place youth with another agency). Laura asked about family education and involvement in the recovery process. Meghan said historically there was strong family involvement, families used to walk clients into the lobby. Since COVID the meetings and groups are virtual or by phone and clients are met in the parking lot. The family group has struggled virtually, but hopefully in-building group will resume and they can rebuild. Sometimes younger clients say they do not want their family involved which is hard for families. Staff are educated to ask, if the client says no to family involvement the first time, if they can communicate with family about issues such as the aftercare plan. Turnover is fast at ARTC so family involvement is even more sustainable in long term care.

- Laura asked about equity issues related to non-quantitative treatment limitations (NQTLs), for people who want treatment to be able to access it. Meghan said workforce is an issue especially now during COVID. ARTC's 64 beds at first were not filled due to facility issues, but now the issue is limited staffing. Due to stigma, it is important to have a bed ready for a client at the moment they are willing to accept help, but this is not always possible logistically. Montgomery County Government removed some barriers around uninsured and undocumented access through safety net funding. Younger clients tend to be on their parents' insurance and since the deductible resets each year, many end up off private insurance due to cost. Negotiating with Medicaid and Optum about how many days clients are granted for rehab is labor-intensive, enough staff is needed to do this regularly. Luckily the Medicaid expansion waiver has enabled a healthier model in Maryland, as it encouraged more providers into the community and now clients have more choices in which providers and facilities they wish to access, whether at ARTC or elsewhere. However, other barriers to treatment include that many would-be clients are not willing to spend 30 days in rehab without their cell phone etc., or do not yet feel ready for rehab. There is stigma around rehab since it is often viewed as a court-mandated punishment, so staff at ARTC work hard to make it feel like a friendly welcoming place and to create a culture around treatment as something that feels good and healthy to do. Another issue systemically is that there is an overflow of behavioral health clients who get bounced between mental health and rehab programs.
- Laura asked whether staff from ARTC ever come to the jails to help incarcerated people in detox transition into ARTC treatment upon release. Meghan said more and more Optum has been denying treatment at ARTC for those who recently detoxed in jail, because per Optum's managed care clinical criteria the client must need medically monitored detox, which they view as unneeded if the person detoxed in jail. This is despite the fact that stabilization into long-term treatment is usually critical immediately after detox. Authorization is also frequently denied for marijuana users and even cocaine users on the basis of the medical detox criteria. Clients who use opioids, alcohol, and/or benzodiazepine usually get authorized for ARTC unless they detoxed in jail for 10-15 days. Peer recovery specialists from the STEER program used to enter jails and hospitals to help clients transition to rehabilitation along with the reentry/discharge planning teams, but during COVID the peers have only been permitted to communicate virtually in the jail and hospital settings. Bunny shared that sometimes clients choose not to follow through with next steps even while receiving support from peers and/or sponsors. Hardy mentioned the county's Adult Forensic Services program also works hard to serve people in jail with addictions. Meghan reiterated the importance of warm handoffs since writing the name of a provider on paper is not effective for most clients to follow through with the next level of treatment, compared

to meeting the provider directly. Laura expressed that because of this, meeting ARTC treatment providers directly while still in jail may help with treatment follow-through upon release.

- Laura asked if clients need to have been under the influence recently to be admitted to ARTC, and if clients can go straight into an IOP. Meghan said they can go straight to an IOP but there is often a drop-off if the person doesn't first detox in a contained environment. The ASAM levels of care serve as the bible for managed care and Medicaid, demonstrating why a certain level of care and medical monitoring is needed. A desire to start MAT sometimes gets approved by insurance so the person can be medically monitored, but other times it is denied since technically MAT can be administered on an outpatient basis if the person has the resources to access it on an ongoing basis. When there is a critical need for an individual who Optum denies, ARTC has a good relationship with Yasmeen at Montgomery County's Local Behavioral Health Authority, who can often help them acquire safety net funding for that case. It is true that many people recover at lower levels of care than ARTC provides, but at the same time access to level 3.1-3.3 levels of care should not be restricted for those who need it.

Updates

- **Everyone is welcome to attend subcommittee meetings and volunteer to work on their projects.** Feel free to invite ex officio members, colleagues who are unaffiliated with AODAAC currently, etc., as more participants means more capacity to take action.
- Resumes and applications have been provided for candidates for the vacant AODAAC voting positions. Laura will assemble an Interview Committee and coordinate candidate interviews.

Subcommittee Reports

Treatment & Recovery

- The group filled out the priorities form. Their priorities are educating people about Montgomery County's treatment pathways and connecting them to resources, with the miniseries as their strategic vision.
- Evelyn shared that the educational miniseries will now occur one-event-per-month in February, March, and April, hopefully as hybrid in-person and online events.

They are requesting help finding an emcee/ host to facilitate all 3 events.

- The February session will be What Are Addiction and Substance Use Disorders? They hope for 2 speakers at this event. Sara Rose expressed interest in being a speaker.
 - **They are requesting help finding 1 more speaker for this event.**
- The March session will be What is Recovery and What are Different Pathways for Treatment and Recovery? They want 3 speakers and will ask LaTonia Rich to be one.
 - **They are requesting help finding 2 more speakers at this event.**
- The April event will be an AODAAC Voting Members Q&A Panel and a resource fair, sometime in the afternoon around 3pm on Sunday April 3.
 - **They request that AODAAC voting members volunteer to be on the panel.**

Prevention

- They could not access the priorities document, so they used the priorities letter that AODAAC submitted to choose 3 priority categories:
 - Reducing stigma by advocating for county agencies to incorporate NIDA's Words Matter guidance. They will find a point of contact to start the dialogue. **Denyse will be the lead on this.**
 - Educating themselves on what MCPS is currently doing so the subcommittee can provide relevant guidance on the prevention alliance youth ambassador program and Handle With Care. They will reach out to **Dr. Potter as an initial contact**, and **Doreen will be the lead.**
 - Encouraging primary care providers to screen for substance use using the American Academy of Pediatrics' and SAMHSA's guidance, through specific training and awareness activities. **Cristina will be the lead.**
- The Prevention Subcommittee plans to meet again later this month to discuss updates.

Legislative

- The group discussed the Legislative Retreat to be held in January or February. Laura is looking into talking to the office of Gabe Albornoz about receiving the bills earlier.
- They also discussed putting together 2 newsletters to send to policymakers, one in January and one in May. It will include summaries on the subcommittees' activities, on ex officio reports, etc. to provide ideas to the policymakers on substance use issues being explored.
- They talked about prescriber opioid training. The FDA has a workshop that some states have made mandatory for licensure, but it is unclear if Maryland is one of these states.
- Lastly, they discussed HB0029, the involuntary admissions bill (described in detail below).

HB0029 Discussion

- [This bill](#) was also introduced last year during the Maryland General Assembly but did not pass. It would provide a provision permitting emergency petitions for people with substance use disorder diagnoses. Montgomery County DHHS's recommendation is to support the bill, but Dr. Crowel tasked Ben Stevenson II with seeking input on the bill from AODAAC and other relevant groups including the Overdose Intervention Team, law enforcement, etc.
- The bill lacks definitions of terms in the bill like "danger to self or another" that would make an involuntary admission permissible.
- Florida has the Marchman Act, and 37 other states have similar legislation permitting involuntary admissions for substance use.
- Arguments against the bill include that there are already limited resources and beds for voluntary substance use treatment, and that there is a lack of evidence that coerced substance use treatment is effective.
- Arguments for the bill have included lived experiences of people expressing their thankfulness that this law was in effect in their state for themselves or loved ones.

- Johns Hopkins received federal funding to explore best practices related to substance use involuntary admissions. Their proposal was in support of the bill but with significant amendments. They are using their funding to explore why 37 states have established this as their best practice for substance use crises, what the outcomes have been, what alternatives exist, and the positive and negative consequences this type of legislation has had in states.
- A cost analysis by the Maryland General Assembly's legal services calculated that implementing the bill would cost \$3.9 million per year, but they did not comment on whether this is considered a large or a feasible cost for the initiative.

Discussion

- Margaret expressed concerns about the risk of emergency petitioned individuals being sent to jails instead of treatment if there are not enough beds. The bill does not address increasing medical treatment facility beds to accommodate involuntary admissions.
- Cristina asked if there is enough data on involuntary admissions from states who have implemented it to show whether it benefits patients in their recovery trajectories. Laura suggested examining procedures that are already being done regarding emergency petitions for mental health reasons, too. **Cristina and Margaret will work together to look for more data from NIDA and other states.**
- Margaret asked if there is a deadline for AODAAC to provide their opinion on the bill to DHHS. Dr. Santiago said **AODAAC should submit an opinion by November or December.**

Ex-Officio Reports

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

- **See his full report at the end of this minutes document (Pages 9-11)**
- Elyse voiced that his report mainly focused on opioid use, but there is a lot of data on increased binge drinking at home and dangerous drinking during COVID. She asked if anything is being done at the county level to address alcohol-related harms.
- Ben Stevenson II said he has explored trend data on increased intoxication deaths related to alcohol consumption and is in conversation with Alcohol Beverage Services to campaign for education around alcohol consumption during COVID. He is also exploring how to expand the county's harm reduction services to include effective strategies to assist people with alcoholism. Alcohol overdoses have especially increased among Hispanic males.
- Elyse elaborated that legislative changes are also important—alcohol to go has had harmful impacts that may have harmed public health more than it has benefitted businesses. **Man Cho invited Elyse and other AODAAC members to follow up with him to further discuss education in conjunction with Alcohol Beverage Services.**

Lt. Brent Kearney, Montgomery County Police Department (MCPD)

- There were 11 suspected opioid fatalities in September.
- YTD in 2021 there have been 192 nonfatal overdoses and 85 fatal overdoses. This is a 29% increase in fatalities and a 45% increase in nonfatal overdoses compared to the same time frame in 2020.
- 94% of all overdoses have involved fentanyl or fentanyl compounds.

Celia Serkin, Mental Health Advisory Committee (MHAC)

- **See her full report at the end of this minutes document (Page 12)**
- MHAC plans to have a speaker at their November meeting on assisted outpatient treatment. The speaker will be Julie Solomon of the police department or Brian Stetter of the Treatment Advocacy Center who monitors assisted outpatient treatment policy across the country.
- The issue crosses a number of BCC's. As of 2019, 1 out of 3 states did not have assisted outpatient treatment, and there is great variation in how it is being implemented even in states that do.
- MHAC is creating an ad hoc committee on assisted outpatient treatment that all are welcome to join.
- The Montgomery County Federation of Families has a new grief support group for family members who have lost a loved one to drug-related issues and suicide related to addiction. Click [this link](#) for more information.

Dr. Kyle Potter, Montgomery County Public Schools (MCPS)

- **See his full report at the end of this minutes document (Page 13)**
- [SUPRE](#) has received referrals and will start this year's first cohort class in the next few weeks.
- November is Mental Health Awareness Month
- MCPS has several Mental Health Awareness events planned for the week of November 8th.

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

- **See his full report at the end of this minutes document (Pages 13-14)**
- The 8th ever Montgomery County Mental Health Court graduation commencement was one week ago. There were 16 graduates which is the highest number yet. Channel 9 news interviewed the State's Attorney and one of the graduates.
- BHCS manager Athena Morrow of Adult Forensic Services (behavioral health in the jails) has announced her retirement on December 1, after 32.5 years.

Ben Stevenson II, Montgomery County DHHS, Harm Reduction

- Harm Reduction has increased the number of leave-behind Narcan kits by Fire & Rescue. All emergency vehicles in the county have kits onboard when responding to emergencies, and fire stations have kits that anyone can walk in and request.

- They have started putting fentanyl testing strips in select Narcan kits too for those who are likely to use them.
- They are currently switching out 223 MCPS Narcan Kits with new ones that last until 2024.
- Syringe Services is up and running at 1500 E. Gude Drive. Clients have been attending, allowing staff to build relationships for if and when they wish to transition into treatment.
- They have launched a fentanyl risk reduction campaign through bus ads and social media.

Ingrid Gonzalez, Parole and Probation

- All parole and probation staff has now received naloxone training through the state, and they have Narcan kits in their office. This will allow them to respond in case of an overdose. They are also looking to distribute Narcan kits to people on parole, but they are not yet there.
- Ingrid/ Parole and Probation has participated with both Mental Health Court and Drug Court.

Man Cho, Board of License Commissioners

- **See his full report at the end of this minutes document (Page 15)**
- There have been 2 hearings since the last AODAAC meeting.
- There has been an uptick in businesses applying for alcohol sales licenses, which is expected as COVID restrictions ease. 18 new licenses have been issued so far in FY2022. 78 total licenses had been issued in all of FY2021.
- There has been a huge increase in violations. There were 62 total violations for all of FY2021. In just 2-3 months so far of FY2022, there have already been 58 violations.
- Violations include not having someone at the facility certified to sell or serve alcohol, unauthorized alcohol documentation, etc.
- They still are not doing the compliance checks using an undercover minor.
- The Board has a vested interest from a sales and services standpoint to not serve intoxicants alcohol, so AODAAC can be helpful in advising Alcohol Beverage Services around educating licensees and the public at large to reduce dangerous alcohol use during COVID.

Gabriela Monzon-Reynolds, Alcohol Beverage Services (ABS)

- **See her full report at the end of this minutes document (Page 16)**

The meeting was adjourned at 8:55 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

Department/Agency Reporting: Behavioral Health and Crisis Services (BHCS), Department of Health and Human Services (DHHS), Montgomery County, MD

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.

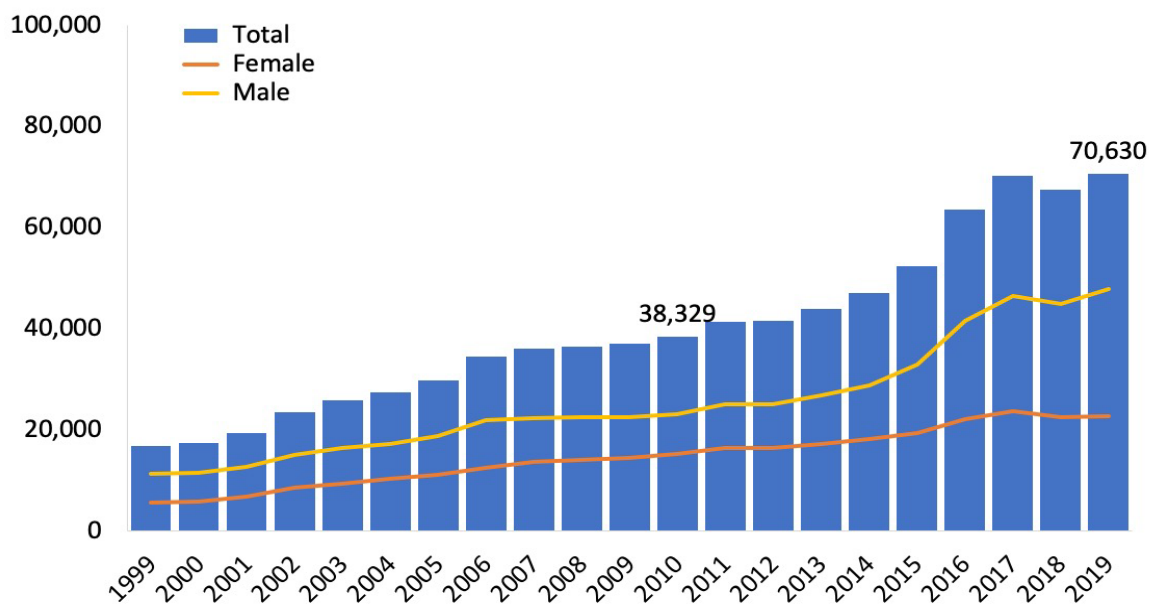
Actions/updates since last report:

- BHCS-DHHS received the second SAMHSA Community Behavioral Health Center (CBHC) grant for \$2.5M to open a limited capacity stabilization room (four-recliner, 24/7) at the Crisis Center, and to enhance crisis services and assessment for school-age students. We have also started partnering with other grantees across Maryland who have received the first Certified Community Behavioral Health Clinic (CCBHC) grant, and this grant.
- The Mobile Crisis and Outreach Teams (MCOTs) at the Crisis Center have collaborated in a multi-system response to the mass shooting that occurred a couple of months ago at Plum Gar Recreational Center and have provided invaluable support to the response de-escalating tensions and offering an array of services needed by youth involved and their families.
- Crisis Center staff reports it is observing an increase in referrals from the schools of students who are experiencing suicidal ideations, depression and anxiety.
- The four Residential Crisis Service (RCS) beds at the Crisis Center will be closing at the end of October for a few weeks due to significant plumbing repairs.
- Access to Behavioral Health Services (ACCESS) program moved to newly renovated space at 27 Courthouse Square in Rockville (formerly the Grey Courthouse). The courthouse was recently renovated and is now home to a variety of County programs. Staff at ACCESS help uninsured adults and those covered by Medicaid or Medicare find behavioral health services. ACCESS staff also provide consultations, assessments, brief case management and transitional psychiatry services. Call the ACCESS program at 240-777-1770 for assistance or email Accesstobehavioralhealth@montgomerycountymd.gov. The program is open Monday through Friday, from 8:30 a.m. to 5 p.m.
- The Specialty Behavioral Health Programs which include Adult Drug Court and Medication Assisted Treatment Programs, have moved from 981 Rollins Avenue to 1500 East Gude Drive in Rockville.

- The Mental Health Court Graduation was today, Thursday October 7, 2021 @ 1:30 PM. Media coverage highlighting this event was on the Channel 9 Morning News with an interview of State's Attorney, John McCarthy and one of the graduates.

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

**Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2019**

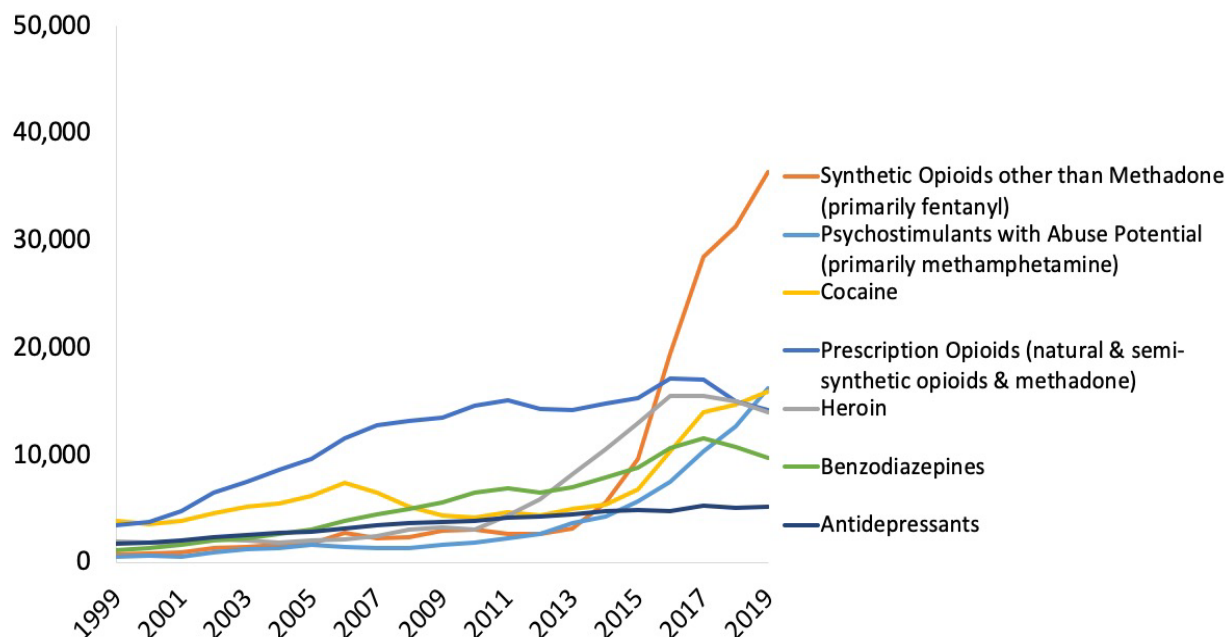


*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Figure 1. National Drug-Involved Overdose Deaths—Number Among All Ages, by Gender, 1999-2019

1. More than 70,000 Americans died from drug-involved overdose in 2019, including illicit drugs and prescription opioids.
2. The figure above is a bar and line graph showing the total number of U.S. drug overdose deaths involving any illicit or prescription opioid drug from 1999 to 2019.
3. The bars are overlaid by lines showing the number of deaths by gender from 1999 to 2018 (Source: CDC WONDER).
4. [Reference: NIDA at drugabuse.gov](https://www.drugabuse.gov)

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2019



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Figure 2. National Drug-Involved Overdose Deaths by Specific Category—Number Among All Ages, 1999-2019

1. Overall, drug overdose deaths rose from 2018 to 2019 with 70,630 drug overdose deaths reported in 2019.
2. Deaths involving other synthetic opioids other than methadone (primarily fentanyl) continued to rise with more than 36,359 overdose deaths reported in 2019.
3. Those involving psychostimulants with abuse potential (primarily methamphetamine) also continued to increase (Source: CDC WONDER)
4. [Reference: NIDA at drugabuse.gov](https://www.drugabuse.gov)

Current or potential collaborations with AODAAC:

BHCS supports AODAAC by providing support and administrative assistance.

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

Agency Mission (particularly as it relates to AODAAC):

The Montgomery County Mental Health Advisory Committee, 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:

At their meeting on October 7, 2021, the MHAC members received information about the roll-out of 9-8-8 and discussed what was needed to fund and support this.

The Health and Human Services Committee of the County Council will meet with HHS Commissions, who will present their priorities for FY23. Attached is a statement from MHAC about the FY23 priorities.

Current or potential collaborations with AODAAC:

MHAC is planning to have Julie Solomon present on AOT (Assisted Outpatient Treatment). Ms. Solomon was the consultant who spoke with the MHAC Mobile Crisis Subcommittee when she was consulting with the Montgomery County Police Department. She is the Associate Monitor, Crisis Intervention, Chicago Police Department Consent Decree at Schiff Hardin LLP & Project Lead for Crisis Intervention and Officer Wellness-Orlando Police Department at T Bowman Consulting, Schiff Hardin LLP. Ms. Solomon worked with the Montgomery County Police Department on ELE4A (Effective Law Enforcement for All) and performed the following functions:

- o Lead subject matter expert on Crisis Intervention and Alternative Responses to Policing
- o Policy, training, and evaluation assessment
- o Ecosystem evaluation-multidisciplinary advisory council and data collection
- o Develop Formal Report and Recommendations"

AOT in some form is authorized by statute in 47 states and the District of Columbia but is unevenly practiced and not available everywhere it is allowed. (In 2019, the states without AOT statutes were Connecticut, Maryland, and Massachusetts.)

MHAC & AODAAC could have a joint meeting during which Julie Solomon presents. This opportunity also could be expanded to include many other BCCs.

Ex-Officio Member Name: Kyle Potter, Montgomery County Public Schools

Agency Mission (particularly as it relates to AODAAC): Student and Family Support and Engagement: Provide the services and programs needed to promote positive school cultures and advance the academic, physical, social, and psychological well-being of every student.

Actions/updates since last report: Substance Use Prevention and Resiliency Education (SUPRE) is receiving referrals and is in the process of putting together their first official cohort of students/families. Resources are being shared with students and families related to substance use.

MCPS Mental Health Awareness Week will be held the week of November 8th. The week will include pre-recorded presentations as well as live events on November 9th, 11th, and 13th.

Ex-Officio Member Name: Hardy Bennett, Behavioral Health & Crisis Services

Agency Mission (particularly as it relates to AODAAC): The mission of Behavioral Health and Crisis Services is to promote the behavioral and well-being 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, 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 evidenced-based practices along a continuum of care. BHCS works with the State's Behavioral Health Administration, HHS service areas, County agencies and the community to provide strength-based and integrated services to persons in need. Two Staff Members, Hardy Bennett (Staff Resource Person for AODAAC) and Corey Berman, (DHHS Staff Liaison for AODAAC) are assigned to officially work with and support the operations of AODAAC

Actions/updates since last report:

- BHCS-DHHS received the second SAMHSA Community Behavioral Health Center (CBHC) grant for \$2.5 M to open a limited capacity stabilization (four-recliner, 24/7) at the Crisis Center, and to enhance crisis services and assessment for school-aged students. DHHS has also started partnering with other agencies across Maryland who have received the first Certified Community Behavioral Health Clinic (CCBHC) grant, and this grant.
- The Mobile Crisis and Outreach Teams (MCOTs) at the Crisis Center have collaborated in a multi-system response to the mass shooting that occurred a couple of months ago at Plum Gar Recreational Center. And have provided invaluable support to the response de-escalating tensions and offering an array of services needed by youth involved and their families.
- DHHS's ACCESS to Behavioral Health Services (ACCESS) program moved to newly renovated space @ 27 Courthouse Square in Rockville (formerly the Grey Courthouse. Staff at

ACCESS can help uninsured adults and those covered by Medicaid or Medicare find behavioral health services, as well as provided consultations, assessment, brief case management and transitional psychiatry services. Call the ACCESS program at 240-777-1770 for assistance or email accesstobehavioralhealth@montgomerycountymd.gov. The program is open Monday to Friday, from 8:30 a.m. to 5:00 p.m. Appointments are available, and walk-ins are welcome during business hours.

- DHHS Specialty Behavioral Health Services (Adult Drug Court Program and Medication Assisted Treatment (MAT) Program, previously located at 981 Rollins Avenue in Rockville are now at 1500 East Gude Drive in Rockville,, MD. This also includes the Community portion of the Jail MAT Program, the Urine Monitoring Program and Harm Reduction Services, including Naloxone training, distribution of Fentanyl test strips and syringe services. Other services formerly located at Rollins Avenue, including the Mobile Medical Clinic, Abused Persons program treatment groups, sexual health training and HIV/STI testing are also available at the new location. The main phone number is 240-777-1680.
- On Thursday October 7, the 8th Commencement Exercise of the Mental Health Court. 16 graduates (an all-time high) were recognized at the graduation. Media coverage highlighting this event was on the Channel 9 Morning News with an interview of State's Attorney, John McCarthy and one of the program's graduates.

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

- The Crisis Center is seeing an increase in suicidal, depressed anxious kids from school referrals

Ex-Officio Member Name: Man Cho, Board of License Commissioners**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 Alcohol 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 Alcohol 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.

Actions/updates since last report:

The Board of License Commissioners held full day hearings on September 16 and October 7. More recently, the Board has experienced an uptick on license applications with full dockets for the last two hearings. The Board expects this trend to continue with new businesses starting to open up given current stabilization of COVID-19.

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

In FY22, the ABS has logged 58 violations by license holders to date. Compare this to 62 violations total for FY21. This includes mainly records and related violations. Routine inspections continue with 857 to date, with zero compliance check inspections. The ABS plans to continue compliance check inspections in the near future contingent on COVID-19 circumstances. The Board has issued 18 licenses this FY to date, compared with 78 new licenses issued in FY21.

Current or potential collaborations with AODAAC:

The Board welcome 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 at large.

Ex-Officio Member: Gabriela Monzon-Reynolds, Alcohol Beverage Services

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 continues to work with license holders who have been approved for the Off-Premises Permission to sell alcoholic beverages by the drink. As of October 7, 142 businesses had been approved for the permission. An ABS-LRE compliance specialist has visited 60% of these businesses to provide resource materials and educate them on the permission's requirements.

A "By the Drink" survey (which is conducted as part of the educational visit) has revealed that 55% of the license holders find the permission very beneficial for their bottom line. 32% of the license holders reported selling 1-2 beverages by the drink per week, while 18% reported selling 15 or more drinks per week.

According to the survey, 75% of the license holders are selling mixed drinks/cocktails under this permission, while 73% of them reported selling bottles of beer. 51% of the license holders reported selling bottles of wine and 42% reported selling wine by the glass. Only 8% of the businesses reported selling six packs of beer.

Per the Rules and Regulations of the Montgomery County Board of License Commissioners, establishments with on-premises licenses can apply to sell alcoholic beverages for carryout, curbside, or delivery (by the drink). License holders may not sell more than one six pack beer, two bottles of wine, or two mixed drinks or cocktails to an individual along with prepared food in a single transaction. Sales and retail delivery is limited to Montgomery County residences with carry out and curbside occurring no later than 11:00 pm daily.

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

See above.