CECIL COUNTY DRUG AND ALCOHOL ABUSE COUNCIL
MEETING MINUTES FOR June 22, 2017

Meeting Location: Cecil County Health Department

Members In Attendance: Scott Adams, John Bennett, Ken Collins, Stephanie Garrity, Howard Isenberg, Dr. Paul M. Katz, Tyra Kenly, Michael Massuli, Dr. Alan McCarthy, Bob Meffley, Dr. James Ziccardi.


Call to Order: John Bennett called the meeting to order at 3:08 p.m. and welcomed everyone.

COUNCIL BUSINESS:

Chairperson’s Report, John Bennett:
• No report at this time.

Board of Health Report - Stephanie Garrity:
• Health Officer Stephanie Garrity reported that at the Board of Health meeting on May 23, 2017, the discussion included the Governor’s Emergency Declaration for overdoses. Stephanie explained that subsequent to the declaration, Cecil County formed an Overdose Intervention Team (OIT). Membership reflects agencies involved in prevention, treatment, recovery support and public safety. The group met twice at the Department of Emergency Services to discuss their goals which included the identification of gaps in the continuum of services that would benefit from additional funding. The OIT will continue to work with the DAAC’s “Plans, Strategies and Priorities…” document to help in making respective decisions. The County Executive’s number one priority is the opioid epidemic and is looking forward to hearing from everyone to identify gaps in services. The next Board of Health meeting time has not been set.

County Executive Report – Bob Meffley reported for Dr. Alan McCarthy:
• No report at this time.

County Health Officer Report - Stephanie Garrity:
• Reported on exploration for a potential syringe services program and working with the State Health Department to identify funding for this initiative. Mike Massuli and Dan Coulter continue to serve as points of contact for our Health Department. Stephanie will keep the council informed of their progress with this initiative.
• Maryland Local Health Officers invited Ms. Garrity to represent them on a project with the Maryland Board of Professional Counselors and the Board of Social Work to identify and correct workforce barriers to getting people licensed and certified.

Other Committee/ Sub-Committee Reports:
• Workforce Committee: Howard Isenberg reported that they have not met and there is nothing more to report at this time.

DISCUSSION:

Cecil County “Plans, Strategies and Priorities for Meeting the Identified Needs of the General Public and the Criminal Justice System for Alcohol and Drug Abuse Evaluation, Prevention and Treatment for FY18-FY20” – Ken Collins
• With appreciation to the following for participation on the Strategic Plan Workgroup: Virgil Boysaw, Jr., Marc Butler, Sean Cannon, Daniel Coulter, Jackie Hartman, Howard Isenberg, Mike Massuli and Steven Trostle.
• In Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders, the terms “substance abuse” and “substance dependence” were changed to “substance use disorders.”
• Primary prevention-focused initiatives were expanded to include children, as well as adolescents and young adults.
• Goal 1, Objective D, which referred to the Emergency Room Diversion Program, was eliminated due to positive progress toward establishing Behavioral Health Crisis Assessment and Stabilization Center within the county. Managed by Union Hospital, a Crisis Center is anticipated to begin operations during FY 2018.
• The Strategic Plan Workgroup added the following goals:
  o Goal 1, Objective G: Increase community and provider awareness of existing treatment and recovery support resources.
  o Goal 2, Objective D: Re-educate prosecutors, judges, and probation agents on treatment resources and recovery supports available for individuals referred through the criminal justice system.
  o Goal 5, Objective E: Identify and address challenges that discourage emergency response associated with behavioral health incidents. We recognize there is some fatigue with emergency responders going to the same individuals who are struggling with an overdose. We think it’s important for the community and for the DAAC to work towards resolving that and to keep the outreach going forward.
  o Goal 5, Objective F: Increase communication, collaboration, and where possible consolidation, among various stakeholder groups. We want to make sure the groups are working together and achieving progress together.
• The Strategic Plan Workgroup identified three priorities aligned with the Community Health Improvement Plan (CHIP):
  o 1) Goal 3, Objective E: Increase protective factors and resiliency to prevent or delay the initiation of substance use and other high risk behaviors among youth in Cecil County.
  o 2) Goal 9, Objective E: Increase overdose prevention education and related outreach to individuals and groups identified as high risk. Educate community members in overdose recognition and response.
  o 3) Goal 5, Objective F: Increase communication, collaboration, and, where possible consolidation, among various stakeholder groups. Stephanie commented that the sub-committee captured prevention as a priority.
• Members of the DAAC were encouraged to offer additional suggestions and comments:
  o Dr. Katz suggested that telemedicine counseling in the school system be added to the draft in Goal 3, Objective E (Increase protective factors and resiliency to prevent or delay the initiation of substance use and other high risk behaviors among youth in Cecil County). Dr. Katz motioned to add this to Goal 3. Stephanie seconded. Discussion ensued: Dr. Katz pointed out that when at-risk youth are identified in the schools, parents cannot come in person to discuss behavior therapy. This would give the provider the ability to counsel. Ken suggested the addition of “telemedicine” to Goal 5, Objective B. Dr. Katz subsequently revised his motion for Goal 5, Objective B, to read: “Promote the establishment of community based and telemedicine behavioral health services in underserved areas.” Ken seconded the motion. The change was unanimously approved.

• Howard Isenberg subsequently motioned to accept the revised “Plans, Strategies and Priorities…” document. Jack Foreaker seconded the motion; and the Progress Report was approved by consensus vote.

ANNOUNCEMENTS:

Introduction to Cecil County Behavioral Health Dashboard – Jean-Marie Kelly, Union Hospital
• Jean-Marie works in Community Benefits. Union Hospital has contracted with Healthy Communities Institute, from Berkeley, California to use the Behavioral Health Dashboard.
• The data currently populating the sections has been pulled from the 105+ indicators that are included with UH’s portal contract. All data is Cecil County specific with comparisons to state, national, and Healthy People 2020 data when available.
• All contracted data indicators are updated every six to twelve months. We are able to add local data as long as we keep it updated ourselves. Our account executive will be able to provide direction to us if we decide to start adding some local content.
• The dashboard allows the ability to add a jpeg or pdf and drop it into a report. There is a mapping component and the option of using the Chesapeake Regional Information System for our Patients (CRISP), the Health Information Exchange for Maryland. All claims data for all hospitals that runs through the system for all payers is collected in a large database. It is non-patient specific. PDMP uses it.
• Dashboards related to all of the Community Health Needs Assessment priorities have been added. My intention will be to use this portal in its full capacity, which includes adding local data and engaging community stakeholders.
• Access to data is open to the public on Union Hospital’s website.
• The dashboard may be accessed via the following link: https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/ (On the landing page, click on the blue button labeled, “Find Health Data”. Click on the Behavioral Health dashboard.)
• During discussion, Tyra Kenly requested that numbers be added to represent percentages.
• During discussion, it was reported that since January 1, 2017, there have been 162 overdoses in Cecil County. Out of the 162 overdoses, 21 were deaths. This is preliminary data subject to change from the State Office of the Chief Medical Examiner.

12-Step Recovery Walk/September Recovery Month Planning – Elaine Barclay, Haven House & Serenity Health
• The seventh annual 12-Step Recovery Walk is scheduled for Saturday, September 30, 2017 from 10:00 am – 2:00 pm behind Circuit Court, Elkton, Maryland.
• The event is free and sponsored by the DAAC.
• The purpose of this event is to show that people can recover, family members can support and people can meet us.
• This year we have a budget of $52 from previous donations. Haven House is a 501C3 non-profit and can accept small donations.
• The next planning meeting is scheduled for July 19, 2017 at 3:00 pm at the Cecil County Health Department, Alcohol and Drug Recovery Center.
• All DAAC members are encouraged to help plan for the event and help the day of the event. Many people are needed. Please invite clients as well. The event has grown larger each year.

Outreach to Overdose Survivors Program – Amy Baumgardner, Cecil County Health Department
• The purpose of this program is to reduce overdoses in our county through education and outreach while offering resources to overdose survivors. Amy Baumgardner and the Peer Recovery Specialists contact the overdose survivors using primary and secondary contact information provided by Ray Lynn, Cecil County Sheriff’s Office Heroin Coordinator.
• The following data was provided by Ray: there have been 82 referrals since program inception with 62 contacted. Of the 62 contacts, 48 had primary contact numbers while others were secondary witness numbers. Of the 62 phone calls, twelve were successes in reaching individuals. Eight of the twelve have sought treatment due to support from the Peer Recovery Specialists, the Sheriff and Katricia Thompson, Overdose Prevention Coordinator.
• Stephanie asked what we should do as a community. Amy suggested that Peer Recovery Specialists should continue to make repeat calls to overdose survivors.
• Tyra shared a positive experience where one of the Peers helped her adolescent client.
• Currently we have five Peer Recovery Support Specialists who go out in the community. Ken reported that there are 37 Peers in the State of Maryland and we have five of them. Our County Executive and County Council have been very supportive of our Peer Recovery Support program.
• The contact number to call the Peers is (443) 206-4153. See attached flyer for more information.

Integration of Sexual Health in Recovery – Donna Runkles, Cecil County Health Department
• Donna Runkles, Acting Clinical Director, ADRC and Ashley Petruno, Peer Recovery Support Specialist, ADRC, are the facilitators for the Sexual Health in Recovery (SHIR) program. SHIR is sponsored by the Maryland Department of Health, Division of Health Promotion and Prevention.
• SHIR is an evidence-based psycho-educational program for anyone 18 years of age or older seeking wellness and to enhance their recovery. We provide education about sex and drug linked behaviors. Discussions focus on how to stop that cycle and how substance use and psycho-health behaviors lead back to relapse. Topics discussed include addressing healthy relationships, current sexual behaviors and making better decisions about their behaviors.
• SHIR is a mobile program allowing us to visit treatment programs, recovery houses and any agency seeking to enhance recovery for their clients.
• In March of 2017, the program facilitated services at the Domestic Violence Shelter. Another program has started within the Health Department and included Peer Recovery Specialists so they can share the message in the community. We would like to do interventions such as connecting individuals with HIV testing and counseling services, offer
educational information and condoms to help stop the spread of STDs and HIV. STDs, HIV and drug behavior are closely linked.

- The SHIR program is free and available for groups of eight to twelve participants.
- All agencies are welcome to share the program information with their participants. To sign up for SHIR, contact Donna or Ashley at (410) 996-5106. See attached flyer for more information.

REVIEW OF MEETING MINUTES FROM - March 23, 2017

Minutes from the DAAC meeting of December 15, 2016 were reviewed and adopted with the following revisions from Ken:

- On page 2, under Dr. Katz’s announcement, there was a typo “Community members seeking care will not turn anyone away.” Suggested edit, to be read as “Community members seeking care will not be turned away”.
- On page 4, under Virgil’s announcement, “Framework” needs to be added to the title for MSPF2.
- On page 4, with appreciation to Jackie for pointing this out, an item was omitted under Council Business. At the end of the last DAAC meeting, Stephanie suggested that the council vote for the DAAC Plan Strategies and Priorities Progress Report.
- The above three edits regarding this Council Business were motioned to accept by Howard Isenberg. Dr. Katz seconded the motion; and the meeting minutes were approved by consensus vote.

FOR THE GOOD OF THE CAUSE:

Dr. Katz, Chesapeake Wellness Center: PDMP and SBIRT training is being held at Union Hospital tonight. Dr. Katz and Dr. Olsen are facilitating the training. CEU and CME credits are available. Dinner will be provided. Please refer to the attached flyer for more information.

Dr. Ziccardi: informed that in Florida, the criminal penalty for selling heroin laced with fentanyl had been increased to a charge of murder. Keep an eye on national news for more on this topic.

Ken Collins, Cecil County Health Department:

- An event sponsored by Ashley Addiction, titled “Substance Use Disorders During Pregnancy – Complications and Treatment,” is scheduled for Monday, July 31, 2017, from 5:00 pm – 7:00 pm. Please refer to the attached flyer for more information.
- Cecil County’s Drug Take Back Event on April 29, 2017 was very successful. With appreciation to Law Enforcement Agencies (including the Cecil County Sheriff’s Office, Elkton Police Department, Maryland State Police in Perryville and North East, Perryville Police Department, and Rising Sun Police Department), the Drug Free Communities Coalition, and special thanks to Reverend Brown and Wrights AME Church for helping to expand this initiative to the faith community. During the April 2016 Drug Take Back Event, Cecil County collected 103 pounds. For April 2017, the collection increased by 232% to 341.8 pounds. The increased promotion and participation by all agencies involved helped to boost our take back collection this year. Appreciation to Jackie Hartman for compiling the data. We’ll explore expanding our future Take Back Events to other underserved areas in Cecil County.
Tyra Kenly, Department of Juvenile Services: reported that sex trafficking is a problem in our county and suggested the DAAC think about addressing the issue and researching a screening tool for this behavior.

Bob Meffley: praised the DAAC plan and will share it with the County Council. Mr. Meffley invited the DAAC membership to visit with the County Council to report on the DAAC Plan and respective progress. John Bennett thanked Bob for his support on the County Executive’s budget.

PUBLIC COMMENT:

Dan Coulter, Cecil County Health Department: reported on the Community Health Advisory Committee meeting scheduled for July 20, 2017 at 4:30 pm in the Cecil County Health Department Auditorium. Topics to be discussed include: progress in the first year of the Community Health Improvement Plan; addressing behavioral health, chronic disease, social determinants of health; and a broad health status update of how Cecil County’s doing. This meeting is open to the public.

Virgil Boysaw, Jr., Drug Free Communities Coalition Coordinator: praised the DAAC Plan and how everything’s coming together and moving forward with respect to collaborative efforts in Cecil County.

Adjourned: 4:31 PM
Next Meeting: September 28, 2017
Submitted by Jackie Hartman