

**OCCC minutes  
August 1, 2018**

Attendance:

**[In Person]**

Beth Harbinson  
Drema Bonavitacola  
Mark Donovan  
Joan Webb Scornaienchi  
Jack Matthews  
Ana Park  
Sean Ford  
Melissa August  
Pam Long  
Maria Bernadzikowski  
Theresa Collins  
Christopher Adams  
Deidre McCabe  
Roe Rodgers-Bonccorsy  
Kim Oldham  
Alexandra Podolny  
Joanie Elder

**[Virtual]**

Sean Hughes  
Robin Rynn  
Barbara Allen

The meeting was called to order at 5:26 pm by Beth Harbinson on behalf of Barbara Allen. 18 members and 1 guest participated in the meeting; all members introduced themselves.

**Approval of July 12, 2018 Meeting Minutes**

July meeting minutes were approved at 5:31pm.

**Council Education Moment – Harm Reduction, Alexandra Podolny, HCHD**

Ms. Podolny explained that Howard County is in the capacity building phase of introducing a syringe program. In 2016, legislation went through that made it permissible for County health departments and community-based organizations (CBO) to apply to have a syringe program in their jurisdictions.

Ms. Podolny then spoke about her role in the Health Department providing community outreach and education on syringe services and provided a definition of harm reduction. Harm reduction is a series of strategies that can be employed to reduce substance abuse disorder or behaviors. For example, Narcan

is a major harm reduction initiative. Harm reduction is all about meeting people where they're at, being compassionate, and trying to contradict any negative experiences they may have had in the past.

Ms. Podolny mentioned that if anyone from the Council is interested, the Health Department is having an all-day event on September 6<sup>th</sup>, 2018 to discuss some of the basics of harm reduction. A flyer was distributed and the link went out in Chairwomen Allen's last email.

Ms. Podolny then answered a series of questions from the committee.

- The Howard County Health Department will have a presence at International Overdose Awareness Day and will offer a way for attendees to anonymously contact them, so that they can stay up to date with any information about the syringe program.
- The Council can help promote the mission of harm reduction services by filling out the Health Department's Harm Reduction survey and attending the Harm Reduction Summit on September 6<sup>th</sup>. The Health Department is looking for community champions who can assist with de-stigmatization and getting the services up and running in a successful way.
- The intended audience of the September 6<sup>th</sup> event is a mix, diverse audience, but it may be most helpful for professionals who are working to combat the Opioid Crisis.
- Safe consumption sites are not in any kind of short term plans for Howard County right now. However, the Health Department is looking to have the pilot program for sterile need exchange application in by the Fall. This would initially run out of the Health Department and then grow organically. Part of this program is giving an identification card to those using the services, so if they are pulled over by the police with these syringes from the needle exchange program, it wouldn't be considered paraphernalia. However, if the needles have drugs in them, the understanding is that the person would be charged with a crime.

Ms. Podolny passed out the Harm Reduction surveys to the committee.

### **Discussion – Results of Prioritization**

After July's meeting, Chairwoman Allen took all of the prioritized forms that were submitted, pulled out the data from each form, and categorized it into a new document. It was noted that the Council will agree on priorities within each category. From there, the subcommittees will work on how to make each priority happen.

Ms. Harbinson then opened it up to the group for discussion.

### **Prevention**

A discussion was had about combining two of the ideas (engaging the school system and creating athletics against opioid use) and expanding the priority to include non-athletes.

### **Prevention:**

1. Continue to engage school system to increase educational opportunities among students of different ages and interests (i.e. athletes vs. non-athletes)
2. Promote "Talk to your Doctor" campaign.
3. Promote educational opportunities for physicians.

### Enforcement and Adjudication

A discussion was had about the purpose of including the SBIRT initiative as a priority for the Council, as that is a program that is already occurring and being promoted. It's difficult to promote the initiative because it's a limited program that requires specialty training.

The decision was made to move priority 3 (promote the SBIRT initiative and other detention center programs) to Treatment and Recovery and to remove the last part of the sentence that refers to detention center programs.

A discussion was also had to clarify the details behind the Recognition dinner for first responders. The details haven't been confirmed; this is just an idea. If meals are served, it will need to be a catered event in order for first responders to attend.

#### **Enforcement/Adjudication:**

1. Recognition Dinner for first responders
2. Education on expungement process
3. Q&A with enforcement and providers
4. Ask drug court how we can help

### Treatment and Recovery

A discussion was had about advocating for more inpatient programs. The argument was made that there isn't demand for more inpatient programs because they aren't full. The issue is that people aren't getting into the programs and they need a longer continuum of care (i.e. 29 day+). It was determined that numbers 1, 2, and 6 should be combined into one priority: crisis stabilization, and 3 and 4 should be combined into one priority: continuum of care. Below is the amended, prioritized list.

#### **Treatment/Recovery:**

1. Crisis Stabilization: advocate for expanded resources for treatment and recovery, identify affordable treatment (inpatient, IOP, PHP) based on appropriate level of need, and bridge gap in peer and family support
2. Continuum of Care: Healthy living program (financial, healthy foods, exercise, job skills, grooming, dress) and long term supportive sober housing in the County. Educate, promote how sober housing developers can successfully run programs, how to fund, identify successful programs currently in place.
3. Education programs for families with loved ones suffering from SUD. Includes sources of information online, counseling, SBIRT.

### Business/Community Engagement

Anti-stigma campaigns are currently listed under both Business/Community Engagement and Communications Categories. It was the consensus of the group that they be removed from Business/Community Engagement.

## **Business/Community Engagement**

1. Bridges to employment. Try to partner with businesses that want to train/hire individuals with substance abuse disorders - “supportive employment”. Create a list of individuals who are willing to hire individuals in recovery. Network with others in recovery who own/run businesses for hiring, retaining support.
2. Mentors for employment/coaching by business/community members. Engage to support teaching life skills to persons in recovery via sober homes, treatment providers, etc.
3. Prepare a wish list from what we’d like from business community.
4. Education to employees, EAPs, to increase awareness of SUD and encourage/provide ways to support and assist employees.

## Communications

1. Communication campaign to include 1) Tips, “In Plain Sight” video program 2) re-creation of overdoses to bring home reality and 3) provide fact-based information around how the Good Samaritan law works.
2. PSAs featured families who have lost individuals to SUD, holding zip codes and photos of persons impacted
3. Healing tree in the mail for individuals who have lost their lives to opioid use disorder
4. Create video and feature monthly forums

The determination was made that breakout committee forming would be done by email self-selection. Chairwoman Allen will send out consolidated information and then, council will need to set up goals for each group. The meeting closed at 6:54 pm.