

OCCC Minutes
July 12, 2018

Meeting called to order at 5:20 pm by Chairperson Allen. Twenty members (no guests) participated in the meeting. Ms. Allen explained the difference in designation of persons on sign-in sheets between actual members and interested participants. Went over list of persons who were unable to attend and then did introductions around the table.

Meeting minutes for June were approved as published.

Announcements: August 31, Friday, is International Overdose Awareness Day. This is the 3rd year it has been observed in Howard County. Location is St. John's Episcopal Church at 9120 Frederick Road. Actual program is from 1900-2000 but tables will open at 1730 and Dr. Levy and Capt. Leonard (HCDFRS) will present a "Response to Overdose" demonstration at 1815. The purpose is to celebrate those in recovery and do a candle light vigil for those lost to any substance related cause. All are invited to attend and/or assist.

September 15, Saturday, there will be a Recovery Walk at the Assembly of God Church at 10660 Frederick Road. Currently, there is a flier being developed. Purpose is to celebrate those in recovery.

October 3 is the 10th anniversary of the Parity Act, which prohibits bias on the part of insurance companies for coverage of those suffering from behavioral health issues. With little actual progress there is a targeted effort in Maryland and across the US to improve coverage for mental health and/or SUD treatment needs.

July 17, next Tuesday, there will be a Behavioral Health Advisory Council (BHAC) meeting. These meetings are open to the public. Collaborating with the MD Behavioral Health Administration, BHAC is another option to learn about the many efforts being made in Maryland.

Report/Information Sharing

Dr. Levy suggested that the Council explore options for service lines. He is working with the Health Department on distribution of Naloxone kits after a response to an overdose. Reported that 22 kits had already been distributed or "left behind" as it is referred to. Also doing urgent follow-up program with impacted families is proving to be a very good partnership.

Ana Parks, My Life Foundation, handed around their new flyer announcing two additions to their programs for Asian communities: Safe & Sober Program (Alcohol & Drug Program) and Driver Improvement Program. Contact Ana for more information.

Marianne Gibson (HC Health Department) handed out a new flier for Grassroots titled OPIOID CRISIS in Howard County. Includes educational information on what is an opioid, side effects, signs of misuse. Consider getting copies for any outreach you may be doing.

Sean Ford reported on the submission of the OMPP, the Opioid Misuse Prevention Program, that he and Marianne Gibson did on behalf of the OCCC. Areas to be stressed are to address lack of knowledge about referral for treatment, disposal of drugs, an effort to more directly engage with community

organizations, barriers to treatment, and knowledge of Good Samaritan Law. Suggested that targeted material be developed to reach the public.

Drug take-back days, which are currently held twice a year, were discussed. Some locations which have drug boxes where medications may be dropped off throughout the year are Maryland State Police Barrack, Waterloo, and CVS pharmacies. Locations must be secure in order to have these drug boxes. Some discussion ensued about how best to publicize these drop-off locations. Marianne Gibson from HCHD talked about Detera bags, which retail for about \$10 each and can deactivate various drugs immediately.

The Good Samaritan Law, in relation to drug overdose reporting, was discussed. It was stressed that people must be able to trust guidelines promulgated about the program or they may be hesitant to report. The integrity of the law must be maintained. If you are not participating in the emergency, and are on the scene, you could be subject to arrest, so full understanding is key. It was suggested that perhaps the OCCC could help ensure that all relevant information is easily obtainable.

Sheets were handed out which described areas of action for the OCCC. A lengthy discussion ensued about each item. Much information was shared, comments made and ultimately the Council updated the priority items. The following are the agreed-upon items in each area, to be ranked in order of importance by each participant:

Prevention:

1. Continue to engage school system to increase educational opportunities.
2. Promote "Talk to your Doctor" campaign.
3. Create "Athletics' against Opioid Use' through athletic leagues.
4. Promote educational opportunities for physicians.

Enforcement/Adjudication

1. Recognition Dinner for first responders.
2. Education on expungement process
3. Promote SBIRT initiative and other detention center programs.
4. Q&A with enforcement and providers (**HOLD: Unclear on intent and goal. Unranked**)
5. Ask drug court how we can help.

Treatment/Recovery

1. Advocate for expanded resources for treatment and recovery.
2. Bridge gap in peer support, support family, assist until bed is available
3. Healthy Living Program (financial, healthy foods, exercise, job skills, grooming, dress)
4. Expand long-term supportive sober housing in the county. Educate, promote how interested parties can create successfully run recovery housing, how to fund, identify successful programs currently in place
5. Education programs for families with loved ones suffering SUD. Includes any sources of information –online, counseling, etc.
6. Identify affordable treatment (inpatient, IOP, PHP, etc.) based on appropriate level of need. Includes the needs of juvenile/adolescents.

Business/Community Engagement

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

Communications

NOTE: Look for opportunities to engage in advocacy for SUD related goals.

1. PSAs featuring families who have lost individuals to SUD, holding zip codes and photos of persons impacted
2. Communication campaign to include 1) Tips, “In Plain Sight” video program 2) Re-creation of overdoses to bring home reality. 3) provide fact based information such as around how the Good Samaritan law works.
3. PTAC- meet with all PTA members to get programs into their schools/ educate on SUD. PTAHC information shared.
4. Healing tree in the mall for individuals who have lost their lives to opioid use disorder
5. Promote and support anti-stigma campaigns around SUD (**Notice this is also under business/community engagement**)
6. Create video and feature monthly forums
7. HCPSS - mandatory presentations on opioids for those when they get their parking permits
8. Update YTD opioid OD stats once weekly in conjunction with HCDFRS signage **NOTE: New signage is going up around the county with stats from PD and FRS.** (Discussion around including information for where to go for help.)

Each person present ranked the updated sheets. Chairperson Allen collected all input sheets from attendees and will tally results, which will be promulgated to the OCCC.

Ms. Allen noted that neither she nor Caryn will be present for the August meeting. Beth Harbinson volunteered to run the meeting on her behalf.

Meeting adjourned at 7:52 pm.