OPIOID RESTITUTION FUND

ADVISORY COUNCIL

Meeting Minutes

April 24, 2023

3:00 p.m. – 4:00 p.m.

I. Welcome and Introductions

ORF Council Chair, Tiffinee Scott, welcomed advisory council members and those viewing the meeting as members of the public.

Members present: Kristin Thomas, Marcus Webster, Emily Keller, Howard Ashkin, Carlos Hardy, Lauren Levy, Meghan Westwood, Tiffinee Scott, Brian Edmunds (for AG Anthony Brown), Dr. David Myles, Kelci Reiss (for Marian Bland)

Members not in attendance: Tricia Roddy, Delegate Samuel Rosenberg, Senate Representative

II. Motion to Approve March Meeting Minutes

ORF council approves minutes

III. Debrief

Presented by Tiffinee Scott, Council Chair

- Spoke briefly on past meeting and the creation of subcommittees

IV. Jamboard

Presented by Emily Keller, OOCC Special Secretary of Opioid Response

- From the 8 agreed upon priority areas, the council should shift the discussion to recommendations that are specific to the ORF allowable uses that fit within those 8 identified priorities. The council should make specific recommendations to utilize the funds.

Priority Areas (ranked by public vote in March)

1) Support Recovery Communities
2) Expand Access to Evidence-Based Treatment for Opioid Use Disorder
3) Promote Comprehensive Care Coordination
4) Expand Harm Reduction Services
5) Expand Maryland's Crisis Response System
6) Improve Statewide Infrastructure for Opioid Initiatives
7) Increase Awareness of Substance Use Disorder
8) Promote Youth Resiliency

ORF Allowable Uses that Fit Within the 8 Priority Areas

1) Supporting peer support specialists and screening, brief intervention and referral to treatment (SBIRT) services for hospitals, correctional facilities and other high-risk populations
2) Research regarding and training for substance use treatment and overdose prevention
3) Organizing primary and secondary school education campaigns to prevent opioid use
4) Expanding and establishing Safe Stations, mobile crisis response systems and crisis stabilization centers
5) Improving access to medications proven to prevent or reverse and overdose
6) Supporting the behavioral health crisis hotline (988)
7) Expanding access to crisis beds and residential treatment services for adults and minors
8) Increasing access to medications that support recovery from SUD
9) Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment
10) Evidence-informed prevention, treatment, harm reduction or pilot programs or demonstration studies

V. Discussion

Presented by Tiffinee Scott, Council Chair

Below are the 8 priorities ranked, followed by the ORF allowable uses that fit with each priority area.

1. Support Recovery Communities

- Supporting peer support specialists and screening, brief intervention and referral to treatment (SBIRT) services for hospitals, correctional facilities and other high-risk populations
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Expand Access to Evidence based Treatment for Opioid Use Disorder

- Increasing access to medications that support recovery from SUD
- Expanding access to crisis beds and residential treatment services for adults and minors
- Improving access to medications proven to prevent or reverse an overdose
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Improve Comprehensive Care Coordination

- Supporting peer support specialists and screening, brief intervention and referral to treatment (SBIRT) services for hospitals, correctional facilities and other high-risk populations.
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Expand Harm Reduction Services

- Improving access to medications proven to prevent or reverse an overdose
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Expand Crisis Response System

- Expanding and establishing Safe Stations, mobile crisis response systems and crisis stabilization centers
- Expanding access to crisis beds and residential treatment services for adults and minors
- Supporting the behavioral health crisis hotline (988)
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Improve Statewide Infrastructure

- Research regarding and training for substance use treatment and overdose prevention
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Increase Awareness of SUD

- Organizing primary and secondary school education campaigns to prevent opioid use
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Promote Youth Resiliency

- Organizing primary and secondary school education campaigns to prevent opioid use
- Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment

Council Discussion

- Lauren Levy: Youth resilience programming in schools is critically important.
- Emily Keller: Getting in front of our youth is a priority and having an honest conversation is important.
- Carlos Hardy: Public awareness is needed, not just school age but the general public.
- Howard Ashkin: Make sure to pay attention to the MDH budget.
- Emily Keller recommended treatment as a priority. Struggles with the idea of assigning a dollar amount to each recommendation. If we get 15 proposals and 5 for another and all are viable, I would hate to see a viable project not get funded.
- Tiffinee Scott how does this fund support rural communities? Jackie Ward appreciates being here and keeping rural in the conversation.

Q: Does “Improving access to medications proven to prevent or reverse an overdose” refer to naloxone or MOUD?

- Dr. David Myles answered: Both. Medications that we use to treat substance use disorder should be part of the conversation. Many have their first encounter with opioids are in the emergency room or dental room. Children are suffering from this.
- Kristin Thomas: To avoid duplicating funding, the council could consider supporting programs to have naloxone distributed into vending machines, safe boxes and other innovative ways.
- Meghan Westood: medications are covered, adolescents coverage is not. Many community based providers do not provide MOUD to adolescents.

Q: Howard Ashkin asked- What might we expect annually coming from the funds? Do we have any sense from the Maryland hospital association on what the need might be to support staffing peers?

- Brian Edminds mentioned 396 million spent over 4 years J&J Settlements, reached by the state and subdivisions. 70% subdivisions 30% statewide spending
- Emily Keller confirmed 60 million dollars total for years 1 & 2

Q: Marcus Webster asked - In what manner do the recommendations and strategy that are outlined in the OOCC’s plan align with our discussion?

- The 8 priority areas, which are the goals in the 2022 Inter-Agency Opioid Coordination Plan, that were ranked through the poll will serve as a means for prioritizing the funding recommendations.

Q: The council requested information about how much funding is being spent on crisis services.

- Teresa will inquire and report back during the next meeting.

Public Feedback / Recommendations

Dr. Carolyn McIlree provided feedback regarding access to treatment in local detention centers. She indicated that less than 50% jails are HB116 compliant because of funding and over 70% of individuals who are incarcerated have a substance use disorder.

Dr. Carolyn McIlree recommended that the council consider supporting overdose prevention sites, such as On Point in New York City. Multiple people expressed agreement with this idea in the chat.

Q: Ann Chekot asked - If we are providing grants to organizations, is there an expectation for funding after that specific year? Will this be sustainable?

A: The length of the grants is still to be determined.

Don Matthis raised the point of the recent data of 55+ are in the addictive community and are at a greater risk of overdose.

Motion to Approve, Oppose or Amend Recommendations on Priority List

○ Kristin Thomas motion to remove the expanding crisis response systems from the priority list.
○ Howard Ashkin - “second”
○ Council was all in favor and removed all expanding crisis response systems from the priority list.
○ Emily Keller asked, are we not going to accept applications if this is removed or just basing this on scoring? Kristin Thomas said this is already funded through the state so the idea of using the ORF funds is not the best way to utilize the funds. Emily Keller this is such a hot topic why should we not make this a priority?
○ Lauren Levy, can we get a list of the funding streams and discuss at the next meeting?
○ Tiffinee Scott, this was already voted upon by the council. We can pull it back for division of the house.
○ Emily Keller, did we take a vote or just a first and second?
○ Tiffinee Scott called it back.
○ Kristin Thomas motion to remove the expanding crisis response systems from the priority list.

○ Members voted in the chat.
○ Kristin Thomas said it was split down the middle. Scott tabled the crisis conversation for a later date.

Motion to Approve, Oppose or Amend Recommendations on Priority List

○ Lauren Levy motion to remove supporting the behavioral health crisis hotline (988) from the priority list
○ Kristin Thomas - "second"
○ Council was all in favor and removed supporting the behavioral health crisis hotline (988) from the priority list

Motion to Approve, Oppose or Amend Recommendations on Priority List

○ Kristin Thomas motion to include transportation to the priority list
○ Teresa Heath: We cannot add to the list of allowable uses under the ORF. However, this could potentially fit as a way to improve access to evidence-based treatment. The council can also consider submitting an amendment to the ORF legislation during the 2024 session.
○ Howard Ashkin: In DC they are using a taxi service and retention in treatment has gone up. Would like to discuss helping patients with transportation in getting back and forth from treatment. Even if it is just 30-60 days or until reliable transportation is available.

Motion to Approve, Oppose or Amend Recommendations on Priority List

○ Kristin Thomas motion to prioritize promote youth resiliency but focus on supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment
○ Emily Keller - "second"
○ Council was in favor of promoting youth resiliency and focusing on youth substance use treatment. Lauren Levy was opposed, and cited the importance of evidence-based youth resiliency programs in schools.

Closing

- Tiffinee Scott, community is very important, if you did not get your questions answered you can email the OOCC at help.oocc@maryland.gov

Motion to Adjourn

○ Next meeting May 8, 2023 at 3pm
○ Next public listening session needs scheduled