



MARYLAND OVERDOSE RESPONSE
ADVISORY COUNCIL

Citizen Advisory Workgroup

**February 23rd
Meeting Notes**

Attendance:

Barbara Allen
Jessie Dunleavy
Johanna Dolan
LaTonia Rich
Malik Burnett
Megan Murnane
Tammy Collins
Thomas Higdon
Yngvild Olsen

Check In:

Shout out to Jessie, Megan and Barbara for putting the document together

Approve Minutes from last meeting:

No changes, Yngvild Olsen motioned to approve the minutes, Barbara seconded, and no opposed. Minutes approved,

Discuss the compilation of issues:

The compilation of priorities was a three-page document of high-level issues. The group was informed that the document was running and could be added to or subtracted from, with the ultimate goal of developing formal proposals and recommendations to send to the More Act organization. The document currently contains approximately 14 "buckets" of issues.



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Key discussion points and suggestions for additions/changes included:

Focus on Action-Oriented Language: The group agreed that the priorities should be translated from outcomes (like reducing stigma in the workplace) to action-oriented proposals (the specific recommendations to achieve the outcome).

Youth Transitional Housing:

- Latonia suggested adding the need for transitional housing specifically for youth, including programs of 60 to 90 days with family therapy, to help them transition back home from treatment. This type of housing is currently lacking.
- Thomas suggested we add under both of the listed housing buckets.

ADA Compliance in Housing/Treatment:

- Yngvild brought up the lack of ADA compliance in many treatment facilities, recovery housing, and transitional housing, which creates barriers for people with physical health conditions, mobility issues, and disabilities. Finding the gaps.
- Jessie added sensitivity for ADA under marginalized communities and we could move this to be tiered under another bucket
- Barbara suggested including this in both "housing" and "recovery housing" buckets.
- Latonia mentioned "end suffering of unhoused people with SUD/MH co-occurring disorders needs to be clarified. It is currently too vague - how are we going to accomplish this? Needs to be action oriented.

Sustainability and Capacity Building:



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- Joanna raised the issue of program sustainability beyond the limited timeframe of grant funding, suggesting a need for education around "braiding and layering" of various funding sources (like ORF, stored funding, and block grants).
- Joanna also suggested developing programs that explain braiding and layering and provide business education, which could foster partnerships between public and privately held companies.
- Yngvild supported the idea of capacity building for both non-profits and for-profit entities.
- Yngvild mentioned that at SAMSHA that is something they worked on was sustainability and understanding how to maximize funding that is being provided and how to manage it all.
- Barbara mentioned this is what they do in the RCOs
- Thomas expressed concern about essential services being funded by grants that expire. Can we see how funds were/are used?
- Barbara mentioned in regards to ORF funds that certain amounts the state has, MOOR has and each jurisdiction has its own dollars. We need to understand if we recommend something we need to know where it is coming from.
- Thomas mentioned that we are not limited to recommendations and that the policy makers need to do this, but we are citizens advisory council and we will not need to do this, but agree we should reach out to subject matter experts on different topics like expungement

Long-Term Data and Quality of Care:

- Barbara mentioned that we should take advantage of those who are specialized in items like expungement
- Thomas mentioned that 9 bills will be brought up March 3rd on expungement
- Thomas mentioned adding recovery capital under "data"



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- Jessie mentioned that we need to track all data in each jurisdiction and there needs to be a standardized program
- Yngvild suggested from the chat that Recovery Capital Improvement - interest on SUD side - recommendation on supporting of implementation of recovery capital index tool across maryland
- Latonia cautioned against using outcomes to be punitive toward service providers, noting that a person's relapse months after leaving a program is a reflection of their recovery, not necessarily the program.
- Jessie agreed to focus on long-term data, and mentioned that there is a group in Maryland working on fatalities. We are data poor.
- Jessie emphasized that the group's most valuable contribution is their lived experience and identifying barriers to success for individuals.
- The group discussed the need for improved quality measures, moving away from the acute care model (like 28-day treatment) to a chronic care model with long-term follow-up.
- Thomas cited his experience with melanoma follow-up compared to lack of follow-up from substance use treatment programs.
- The members agreed on the importance of longitudinal data to measure the impact on people's lives (e.g., recovery capital improvement) rather than just short-term outcomes (like completion of a program or number of flyers distributed). MOOR used to have a directory (history to use as frameworks to help prioritize); this is something to continue using to find gaps.

Review any action items:

- Barbara volunteered to integrate Cassie's notes and create a revised draft of the compilation of priorities.
- Yngvild offered to draft a few principles for how the group should approach prioritizing the issues.



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- The group decided that the next meeting would focus on reviewing the revised draft, discussing the prioritization principles, and prioritizing the items.
- Members were encouraged to send any missing items, or suggestions for more action-oriented wording to Barbara.
- The next meeting will take place virtually on March 12th at 3pm.