



MARYLAND OVERDOSE RESPONSE
ADVISORY COUNCIL

**Citizen Advisory Workgroup
Meeting Notes
June 8, 2026**

Welcome

Approval of Notes from May 28th Meeting - approved

Discussion

Topic: Data

Facilitator: Johanna Dolan

Data Collection Framework and Rationale: Johanna introduced the discussion on data collection, explaining that their objective is to shift the focus from merely tracking service delivery to measuring meaningful improvements in human lives. Drawing on the SAMHSA definition of recovery, Johanna defined the process as an improvement in health, wellness, and self-directed life goals, arguing that data serves as a cross-cutting theme to move from anecdotal feedback to evidence-based advocacy, identify critical gaps, ensure accountability, and drive policy change.

Defining Success Metrics: The group discussed the adoption of "recovery capital" metrics, which prioritize long-term stability factors like housing, employment, social connection, and access to healthcare, over binary classifications like "sober versus not sober".

Data Gaps and Indicators: Johanna identified a "data to action" gap, noting that stigma often hinders the collection of honest data, particularly regarding diverse recovery pathways. They distinguished between lagging indicators, such as overdose deaths and arrest records, and leading indicators, such as Naloxone access, transportation availability, and housing stability, suggesting that the latter are critical for preemptive intervention.

State Data Inventory: Dr. Olsen inquired whether a comprehensive inventory of existing Maryland data metrics has been compiled. Barbara Allen confirmed that Dr. Yo has been conducting a project to collect information on all data currently gathered in Maryland and offered to provide relevant information from that project to the group.

Data Integration Challenges: Dr. Burnett emphasized that while data collection is important, the data must be integrated across disparate entities to be effective. They noted that achieving data sharing agreements between government agencies remains a significant challenge but suggested that the MORAC platform is well-positioned to address this issue.

Standardized Collection Tools: Megan proposed the creation of a standardized, consistent form for collecting recovery data, suggesting it include tangible behavioral metrics such as primary care physician visits and dental appointments to ensure consistency across provider types.

Legislative and Policy Barriers: Dr. Olsen raised the topic of past state legislation intended to create integrated data agreements between state entities. Dr. Burnett and Dr. Olsen discussed the difficulty of facilitating data sharing between agencies, acknowledging that despite potential legal frameworks, actual execution remains difficult.

Harm Reduction and Research Models: Jessie advocated for better data on harm reduction initiatives, such as syringe service programs, citing their role in reducing HIV rates and promoting wellness. Jessie Dunleavy also recommended utilizing longitudinal studies, such as research from NYU on substance use disorder treatment termination, as models for improving the state's data collection practices.

Practical Implementation Strategies: Sean Baker questioned how to practically implement consistent data collection across siloed providers. Johanna suggested leveraging tools such as the "Multi-dimensional Recovery Capital" (MIRC) measurement, which is publicly available, and utilizing systems like the Chesapeake Regional Information System to aggregate clinical and non-clinical data, provided that HIPAA and 42 CFR barriers can be managed.

Consistency in Data Systems: Sean and Dr. Olsen discussed the lack of consistency in data collection over time, noting that shifts in federal systems, such as GIPRA updates, interrupt long-term tracking capabilities. Dr. Olsen

suggested that the group should focus on identifying a core set of critical data elements that could remain consistent despite changing reporting tools.

Criminal System Metrics: Thomas discussed challenges in collecting accurate data from the "criminal system." They noted that current metrics for programs like drug courts focus heavily on program completion, which can be skewed by cherry-picking participants, and fail to track post-program outcomes. Thomas argued for better data on "drug-related" crimes to determine the efficacy of using the criminal system as an investment for addressing substance use.

LEAD Program Discussion: Barbara and Thomas discussed the Law Enforcement Assisted Diversion (LEAD) program. Barbara noted low participation rates in Howard County, while Thomas observed that even where LEAD programs exist, they are often inconsistent or exist in name only, and stated that their organization intends to focus on this topic for future advocacy.

Diversion Programs and Lived Experience Definitions: Thomas discusses exploring legislative or executive actions to encourage jurisdictions to implement robust diversion programs. Barbara highlighted initiatives in Howard County focused on involving individuals in recovery in advocacy and emphasizes the necessity of clearly defining "lived experience," particularly to include family impact, for the Maryland Opioid Restitution Fund Advisory Council recommendations. Jessie shared a personal experience regarding a family member's mistreatment in drug court due to a lack of understanding regarding medical diagnoses, underscoring the importance of incorporating lived experience into policy considerations.

Legislative Advocacy and Evidence-Based Programming: Jessie noted that many programs currently receiving grants are not evidence-based, despite the availability of research on effective interventions. Both Jessie and Barbara expressed frustration that presenting evidence regarding the failures of the war on drugs has not effectively influenced legislative decisions.

Law Enforcement Assisted Diversion Jurisdictions: Barbara agreed to investigate and share information regarding which specific jurisdictions are participating in Law Enforcement Assisted Diversion to provide more context to the group, following up on a general rundown provided earlier by Thomas.

Status of Maryland Chapter 211 and Integrated Data: Dr. Olsen inquires about a previous state law requiring an integrated data set for state agencies. Discussion of the [Data-Informed Overdose Risk Mitigation](#) report that was previously drafted by MOOR and MDH. Teresa clarified that this refers to Chapter 211, which mandated the DORM report but sunsetted in 2024 and explained that the department chose not to pursue the project further after the sunset date.

Substance Use Vulnerability Index: The group discusses a new project by the department known as the Substance Use Vulnerability Index. The group discussed the need to understand if this index is a duplicative, internal resource or a widely available tool, and whether it could inform future legislative efforts.

Federal Data Reliability and State Infrastructure: Johanna noted the risks of relying on federal databases from the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention, stating that they do not always maintain or share information faithfully. Johanna suggested the state could develop its own structure to maintain and distribute data with fidelity, potentially integrating federal data points in the future .

Review Action Items

- Teresa will make a connection with Dr. Yoe regarding data.

Next Meetings & Topics

- June 25 - Review update for July MORAC meeting
- July 6th - Prevention
- July 23rd - Harm Reduction
- August 3rd - Treatment
- August 20th - Recovery

Adjourn