MARYLAND OVERDOSE RESPONSE
ADVISORY COUNCIL

Citizen Advisory Workgroup
Minutes 6/25/26

I. Welcome

II. Review of 6/8 minutes
   A. Motion to adopt from Jessie; Second from Barbara
   B. Minutes passed with no objection

III. Attendance: Thomas Higdon, Barbara Allen, Jessie Dunlevy, Megan Murnane, Sean Baker, Jacqualine Salb, Tammy Collins, Malik Burnett, Amy Young, Johanna Dolan, Jim Raley, Erin Sibel Sezgin, Michael Coury, Ben Fraifeld,

IV. Review of Folder Containing Minutes / Notes
   A. Draft report will be based on materials in folder
   B. Any feedback on materials in the folder is welcome as early as possible to ensure that report reflects any necessary changes

V. July 6 Meeting on Prevention
   A. Seeking a volunteer to take the lead on this
   B. Tammy asks if it is ok for a non-workgroup member to present on this topic
      1. Workgroup members agree that it is okay for a non-workgroup member to kick of the discussion on prevention
   C. Malik suggests narrowing the focus: is there a topic in prevention that is not being done in MD that the MORAC can address?

VI. Teresa reached out to Dr. Yoe, and he is happy to join a meeting
   A. Thomas suggests that Dr. Yoe join to lead a discussion on data for treatment / recovery support services access in the fall (August / September), and other workgroup members agree
   B. Barbara suggests sharing some of his data reports with workgroup members prior to his joining a meeting to give people background information

VII. Thinking ahead to the report

A. The next several meetings will consist of discussions led by workgroup members or guests on CAW priorities, such as recovery, prevention, harm reduction, etc
B. Workgroup members will use the rest of the meetings to have a discussion on the topic
C. Thomas will draft summaries of each topic presentation / conversation, and Barbara will proof read
D. Draft summaries will be shared with workgroup members prior to August

VIII. Review Update for MORAC July
A. Barbara will provide updates at the July 9 MORAC meeting
B. Update to include current progress of the workgroup, timeline of the work / report, and
C. Barbara will send a note to Teresa to make sure that workgroup member bios are up to date
1. Thomas suggests that short biographies of the workgroup members are important to include in the report given that the charge of the workgroup is to bring the perspective of people with lived/living experience

IX. Criminal System and Substance Use
A. Jessie: suggests looking at presentation notes for context on recommendations on this topic
B. Invitation for workgroup members to share their own experiences coming in contact with incarceration re: substance use
1. Amy shares having had a loved one in contact with the carceral system and shares about working with people who have family members incarcerated.
a) A common concern that is raised is the availability of illicit substances within jails/prisons. People raise concern that substances are brought in by correctional officers.
b) People are generally released from incarceration with information on good samaritan law and access to naloxone
2. Barbara shares about her experience of family members in contact with carceral system
a) People commonly share that they are mistreated and demeaned by law enforcement / correctional officers
b) Probation fees can be undue barrier on people who are struggling to pay rent, afford to eat
3. Thomas shares experience

    a) of being mistreated by correctional officers, highlights stigmatizing beliefs that people in positions of power hold
    b) Had to pay $1200/mo as fee for alcohol ankle monitor - “the price of freedom”
4. Jessie:
    a) Jessie has a family member who was incarcerated and while incarcerated was severely mistreated, hungry, abused, exploited
    b) Family members can send cards to be used to purchase food, but people have this stolen from them
    c) Sometimes people are held in a cell for 23 hours a day
    d) Drug court can sometimes be dehumanizing and unfair, and sometimes puts people in impossibly burdensome situations whereby they must stick to a strict schedule of house meetings, probation meetings, work, etc, and risk being sent back to jail for any disruption to this schedule, even when schedule disruptions are outside of their control
    e) Success of drug courts is often touted by citing “graduation” numbers, but this does not account for the people who may have died after the fact.
    f) Most drug courts are 12-step only, which is not helpful for everybody
5. Thomas:
    a) Agrees that drug courts are often not helpful and that courts are not qualified to oversee someone’s SUD treatment
    b) Drug courts have disparate fairness depending on which judge is presiding
6. Tammy:
    a) Works with people who have participated in AA Co. and St. Mary Co. drug court. Has seen a lot of success through drug courts but agrees that it is not for everyone
        (1) St. Mary Co. drug courts are very good
    b) Mental health courts also exist
7. Megan:
    a) Just finished internship with Judge McCormick and AA Co.
    b) The judge in charge has so much influence on the experience. Judges bring different attitudes/beliefs and knowledge to their role
        (1) Training / education for judges should be improved

c) Case managers who work with the judges are also crucial to how the program operates

8. Jessie:
    a) Points out that arrests for possession/personal use of substances is unfair and responsible for racial disparities in incarceration rates and overdose mortality rates.
    b) Maryland has 72% Black prisoners
9. Amy:
    a) Many counties participate in LEAD program (law enforcement assisted diversion)
    b) **State care coordinators** can be very helpful. In Amy's son case, state care coordinator worked with case manager at his facility and helped connect him to services / benefits upon reentry.
        (1) Many people who are incarcerated do not know about these resources. How can awareness be cultivated and spread so that more people know about this?
        (2) Barbara suggests a potential recommendation to expand use of state care coordinators to improve their impact on SUD-related reentry planning
10. Jessie:
    a) Discusses issue of how some jails charge rent for time spent in jail and how people are punished if they are not able to pay this cost
    b) Thomas clarifies that this does not happen in Maryland
11. Barbara:
    a) Sometimes people are trapped in specific treatment system that they are released / discharged into, specific permission is required from judge to change treatment location or provider
    b) Megan shares that she did not see this in AA. Co. during her time interning with their circuit court
    c) Other jurisdictions that lack adequate treatment providers may need to refer out, may have MOUs with specific treatment systems

X. Action Items

A. Tammy to follow up with colleague about presentation on prevention
B. Teresa to follow up with workgroup member bios
C. Barbara will reach out to Dr. Yoe to invite him / will share some reports that she has from him