



OPIOID RESTITUTION FUND

ADVISORY COUNCIL

Meeting Notes

Tuesday, March 18, 2025

3pm-4pm

I. Welcome & Introductions

Secretary Keller welcomed the council and public to the first Opioid Restitution Fund Advisory Council meeting of 2025. She did roll call to ensure there was a quorum of members to conduct council business. Secretary Keller did a high overview of recent grantee awards by ORF approved recommendations, organization type and jurisdiction.

II. Overview of Recent Awards

Secretary Keller reminded everyone that there were 28 grantees totaling approximately \$12.4 million dollars. All applicants were given an option to be active for 1 or 2 years. 25 projects will be active for 2 years and 3 projects will be active for 1 year.

These awards align with the 2023 recommendations. Chart presented included the following information:

- 36.6% - Expand Access to Treatment for Opioid Use Disorder
- 23.4% - Expand Harm Reduction Services
- 13.5% - Support Recovery Communities
- 8.6% - Promote Youth Resiliency
- 8.6% - Promote Comprehensive Care Coordination
- 4.3% - Expand Maryland's Crisis Response System
- 2.9% - Improve Infrastructure for Opioid Initiatives
- 2.1% - Increase Awareness of the Opioid Crisis

Next, a chart was presented on award breakdown by type of organization. This shows what percentage of the \$12.4 million dollars went to and the amount.

- 44% - Community Organizations - 12 projects = \$5,503,350.80
- 43% - Government Entities - 13 projects = \$5,375,865.50
- 13% - Other: Colleges/Universities & Hospitals - 3 projects = \$1,604,783.50

Finally, a table was presented with a breakdown of awards across Maryland's 24 local jurisdictions. The following includes dollar amount, number of projects and percentage of total funding for each jurisdiction. This totals 28 projects overall.

Baltimore City - 9 projects, \$4,739,008.74, 38% of funding
Baltimore County - 4 projects, \$1,368,164.00, 11% of funding
Carroll County - 1 project, \$454,905.00, 8% of funding
Montgomery County - 2 projects, \$1,240,371.68, 6% of funding
State Wide - 1 project, \$712,437.00, 6% of funding
Worcester County - 1 project, \$656,323.00, 5% of funding
Wicomico County - 1 project, \$542,000.00, 4% of funding
Queen Anne's County - 1 project, \$507,226.00, 4% of funding
St. Mary's County - 1 project, \$501,616.00, 4% of funding
Cecil County - 2 projects, \$522,663.90, 4% of funding
Somerset County - 1 project, \$356,575.00, 3% of funding
Dorchester County - 1 project, \$378,884.00, 3% of funding
Howard County - 1 project, \$241,867.00, 2% of funding
Garrett County - 1 project, \$204,704.00, 2% of funding
Allegany County - 1 project, \$57,434.00, 0% of funding

III. Council Discussion

Howard asked a question on how the local health departments are prioritizing and spending the money they are receiving directly from the state or from the abatement awards. Clarified his questions to include local governments and how they are spending the funds.

Marcus thanked those included in awarding grantees and congratulated the grant recipients! Emily and Lauren Levy echoed Marcus's response.

Pete Fitzpatrick wanted to clarify if projects crossing over areas (ex. harm reduction, crisis response access to treatment) are considered its own category? Also asked why there were no grants awarded in Prince George's County.

Lauren Levy is there an area or type of organization that did not receive applications that targeted outreach would have been beneficial? (ex. Prince George's County)

IV. State Report on Transparency

Secretary Keller moved on to discuss the passage of [Senate Bill 0751](#) and [House Bill 0980](#) from the 2024 legislative session. The state was required to draft a report by December 1, 2024 making recommendations on the best way to make Opioid Restitution Fund expenditure information available to the public. This report is posted on our [website](#).

This decision was made by reviewing National best practices including the Kaiser Family Foundation, National Academy for State Health Policy, OpioidSettlementTracker.com, Center for Health Care Strategies and other state websites.

This report was a one-time requirement and included the following recommendations: maintain transparency, provide greater detail at the local level, provide regular and timely updates, provide greater information related to performance and explore creating an interactive dashboard.

V. Presentation - Dr. Amanda Latimore

[Dr. Latimore, PhD, Center for Addiction Research and Effective Solutions \(CARES\)](#) provided a Measurements for Accountability to All People in Policy Solutions (MAAPPS) Overview.

MAAPPS is used to support states in three phases 1) Recognize, 2) Connect/Rebuild, 3) Transform.

Phase 1: Environmental Scan includes summarizing local and current data and policy environment related to disparate risks, resources and outcomes, elevate disproportionate burdens identified by those with PWUD/PWLE, contextualize data with community, commercial, and political admins and synthesize and co-interpret data to prepare for state convening.

Dr. Latimore indicated next week (March 24th) the co-interpretation (Building Bridges Summit) meeting is happening.

Phase 2: Building Bridges Summit which the state is hosting to bring in the following ecosystems that have a shared value space. Systems include: civil society (homeowners, faith-based and community organizations), governance (policy makers, law enforcement, elected officials, etc) and commercial (chamber of commerce, treatment facilities, cannabis facilities, etc).

Phase 3: Apply the measures of success through the state-hosted meetings, and help make decisions, create a strategy moving forward.

Dr. Latimore listed national partners the state is working with that include AIR CARES people with lived(ing) experience as researchers, National Academy for State Health Policies and the O'Neill Institute for National and Global Health Law.

Overall the process of bringing people together for this is beneficial by building on to the work conducted by existing entities and organizing a pathway to evidence-based and community-informed action.

Dr. Latimore added this adding a new way to discuss substance use disorders besides the traditional way including, social determinants of health, evidence of prevention and adverse childhood experiences. We can make space for greater investments.

Presentation Comments/Questions:

Secretary Keller mentioned there will be another presentation once the summit is conducted.

A question on how one can attend the Building Bridges Summit? Dr. Latimore indicated that AIR meets with MOOR and to reach out to Secretary Keller if interested emily.keller@maryland.gov

VI. Discussion of Recommendations for 2026 spending

MOOR has updated Maryland's Overdose Response Strategy to reduce and prevent overdoses in Maryland. We will **no longer** be utilizing the Interagency Coordination plan from prior years.

High level priority goals include:

- 1) Prevention - Interrupt Pathways to Substance Use Disorder
- 2) Harm Reduction - Improve Health and Safety for People Who Use Drugs
- 3) Treatment - Make Evidence-Based Treatment Accessible for People with Substance Use Disorders
- 4) Recovery - Build and Sustain Community Infrastructure that Promotes Recovery Capital
- 5) Public Safety - Improve Outcomes for People Who Use Drugs Who Encounter the Criminal Legal System

You can find more details under each of these priority goals on our [website](#).

2026 Spending Questions/Comments:

Marcus and Lauren asked us to email another copy of the priorities to brainstorm.

Lauren questioned the pending legislation SB594 and the cross file HB729 that it would expand allowable uses to be in alignment with the settlement agreement. Would this impact priorities, RFP's going forward if the legislation is passed?

Emily mentions this aligns with [Exhibit E](#), in the National Settlement and Maryland must use the fund on opioid related projects. This should not affect our priorities, just allow more uses of the funds in jurisdictions.

Teresa mentioned the exciting change of legislation is the removal of restriction of administration expenses.

Secretary Keller mentioned:

- 1) What overdose data does the council want? This will allow us to find the best person to present at the next meeting. Emily asked the council to email emily.keller@maryland.gov their ideas.
- 2) Will present a recap of the 2025 legislation and the impact on the Opioid Restitution Funds after Sine Die.

VII. Public Comment

Members of the public shared the following:

- *Learning more about the AIR Study outcome measures vs. process measures to protect funds and programs and create measurements for success.*
- *Recommended a need for real stories. Measure the impact of real life and not just on the numbers.*
- *Clarity on supplementation of opioid restitution funding; how many projects have always been funded by grants? Looking at projects, how do we allocate funding?*
- *Future grants will be handled by MOOR*
- *Clarification on staying up to date and getting involved in the AIR process is dependent on who the state reaches out too.*
- *Recognition of Sam's 25th birthday (March 19th) by Pete Fitzpatrick*
- *Asked about the anticipated date for the next grant RFP. Looking at 6 months off set from the general fund grants (July). Look out for emails on this from MOOR. [Email Sign-Up](#).*

Follow Up Tasks Secretary Keller mentioned:

- 1) *The council to send anything beneficial for recommendations, feedback, data for presentations email emily.keller@maryland.gov*
- 2) *Next meeting a deeper dive state's priorities and council priorities as recommendations are made for the Lt. Governor and Governor*