OPIOID RESTITUTION FUND

ADVISORY COUNCIL

Meeting Notes

Friday, September 26, 2025

11 am–12 pm

I. Welcome & Introductions

Special Secretary of Overdose Response Emily Keller welcomed council members and the public to the meeting. She took roll call to ensure that a quorum of members was present to conduct council business. She stated that the meeting's primary purpose was to continue discussions on the recommendations for the Opioid Restitution Fund (ORF).

Avery Meyer with Maryland's Office of Overdose Response summarized the council's previous discussions on the topic and additional feedback that had been received since the last meeting.

II. Council Recommendation Discussion

Transportation

Recommendations for transportation services, specifically for treatment services, were presented. Howard Ashkin advocated for the inclusion of opioid treatment programs (OTPs), noting their historical exclusion from other funding sources and the necessity of frequent patient presence for induction and retention. Marcus Webster proposed expanding transportation to include employment opportunities, healthcare appointments, and recovery support meetings, drawing parallels to the "compass program" model. Lauren Levy added education to the list of services requiring transportation, and Pete Fitzpatrick suggested catch-all language like "wraparound services" to ensure comprehensive coverage.

Develop Substance Use Workforce

Recommendations for the substance use workforce were presented, which included funding for educational opportunities, tuition coverage, improved efficiency for licensing and credentialing approval, and peer support training. Pete Fitzpatrick suggested including support for internships through initiatives, like the Governor's Service Year option, an idea Emily Keller supported, noting the potential for organizations to host service year members and the office's ability to gather more data on this. Marcus Webster also recommended exploring the creation of certified

peer recovery specialist tracks within existing social work programs at higher education institutions, citing a model being explored by the University of Maryland.

Treatment in Correctional Settings

Recommendations for treatment in correctional settings were presented, focusing on continued funding and support for evidence-based treatment, expert counseling, peer support, re-entry planning, and pre-release service coordination. David Myles suggested adding a separate recommendation for treating children and adolescents with substance use disorder due to unmet needs. Marcus Webster emphasized the importance of transportation from correctional facilities upon re-entry as a transitional support to prevent overdose. Pete Fitzpatrick also recommended including pre-trial detention as an area for service provision, given that individuals can be held there for extended periods without service.

Treatment for Youth

Recommendations for youth treatment were presented. Marcus Webster suggested incorporating clubhouse and peer recovery support specialist models within school systems to support youth impacted by opioid use disorder. David Myles added that continued funding for the residential substance use disorder treatment program for minors should be included, referencing a state-implemented program.

Importance of Harm Reduction

Recommendations for harm reduction were presented, which addressed concerns about federal guidance impacting the availability of services and suggested using ORF funds if major access gaps are identified. Howard Ashkin proposed considering safe consumption sites and overdose prevention sites within harm reduction, an idea Emily Keller clarified would require legislative approval.

Housing during or after Substance Use Treatment

Recommendations for housing were presented, emphasizing better access to quality and certified recovery housing, as well as long-term housing options. Howard Ashkin suggested striking "after" from "after substance use treatment" to broaden the scope to include individuals in outpatient treatment who also need housing. Carlos Hardy recommended using "supportive housing" instead of "recovery housing" to avoid stigma, particularly when engaging with community associations. Marcus Webster encouraged supporting multiple pathways to recovery, including abstinence-based housing, to ensure broad funding support.

Evidence-Based and Upstream Prevention

Recommendations for evidence-based and upstream prevention services were presented, focusing on non-fear-focused programming like Botvin Life Skills, trauma-informed approaches, and building resiliency. Marcus Webster suggested adding programs such as "Project Alert" and the "HOPE model" (Healthy Outcomes for Positive Experiences). Lauren Levy highlighted the

importance of including youth voice in the development of youth programming, and more generally, input from impacted populations in decision-making on programs. Emily Keller then brought up the public feedback regarding support for families, which Marcus Webster agreed with, such as grief support is a form of prevention.

Public Messaging

Recommendations for public messaging were discussed, including anti-stigma campaigns, recovery-focused messaging, and naloxone access. Marcus Webster recommended additional public messaging related to the RAD program to inform about the drug supply and to clarify for jurisdictions and community organizations what opioid remediation and abatement entail. Carlos Hardy emphasized the need for continued education on harm reduction to dispel the notion that it implies consent to drug use and to highlight its life-saving benefits.

Process Recommendations

Process-related recommendations were presented, including clearer public communication about the ORF, technical assistance for local governments and CBOs accessing ORF funds, and the inclusion of impacted individuals in program decision-making. Pete Fitzpatrick suggested adding language to encourage cooperation between local governments to avoid duplication of efforts.

III. Public Comment

Ann Ciekot emphasized that addiction treatment should be considered healthcare, not an extra service, and urged that costs be integrated into healthcare contracts for correctional facilities. She also agreed with the distinction between certified recovery residences and supportive housing, and stressed that housing should not be tied solely to treatment but should be available throughout recovery. Ms. Ciekot also expressed disagreement with supporting abstinence-based housing, citing state policy, federal law, and the potential for continued stigma against those using medication in their recovery. She also recommended against listing specific models within the prevention recommendation, suggesting they could be detailed in the description, and also proposed that recovery supports be explicitly included as part of prevention efforts, particularly for preventing reoccurrence.

IV. Vote on Recommendations

Emily Keller facilitated a vote on the recommendations, offering the option to vote on the document as a whole or item by item. The council opted to vote on each section, with all recommendations, including transportation, substance use workforce, treatment and corrections, youth treatment, harm reduction, housing, prevention, public messaging, and

process recommendations, receiving approval. Marcus Webster moved to approve the recommendations, and Lauren Levy seconded the motion, which passed unanimously.

Follow-Up Tasks:

1) Avery Meyer will formalize and refine the document before sending it to the council for review.