



November 14, 2021

Honorable President and Members of the Baltimore City Council
City Hall, Room 400
100 N. Holliday Street
Baltimore, Maryland 21202

**RE: City Council Bill 21-0071R
Investigative Hearing – Developing a Coordinated Response to Baltimore's Overdose Crisis**

Dear Council President Mosby and Members of the City Council:

The Mayor's Office of Neighborhood Safety and Engagement (MONSE) appreciates the opportunity to discuss the City's efforts to address Baltimore's overdose crisis. According to the Maryland Department of Health, Baltimore City recorded 514 drug and alcohol-related intoxication deaths in the first six months of 2021.¹ During the same time period in 2020, the city suffered 465 drug and alcohol-related deaths. Of the 514 deaths from January to June in 2021, 67 were heroin-related intoxication deaths (down from 99 in first six months of 2020) and 471 were fentanyl-related intoxication deaths (up from 416).

With Baltimore City on track for over 1,000 intoxication deaths this year, it's clear that we must address this silent pandemic in a coordinated way. There is no single policy or program that will get overdose deaths down to zero. This is a generational problem that requires a multi-pronged approach and intensive coordination. Fortunately, Baltimore City agencies and community partners are already doing the difficult but necessary work to respond to the opioid crisis, including expanding provider coverage, investing in outreach to connect individuals to treatment, offering low-threshold treatment and integrated care, and expanding harm reduction and education efforts. To put it simply, these evidence-based efforts are happening in Baltimore, but we need more of all of it.

It is still too difficult for many individuals to access treatment. We need to increase the capacity of providers and invest in support services, including peer outreach to connect people to treatment and harm reduction groups to provide wraparound services. Specifically, Baltimore needs more low-threshold treatment and support services that remove burdens and meet people where they are. For example, the Behavioral Health Leadership Institute (BHLI) launched a mobile medical support and treatment van in Baltimore fifteen years ago. Recognizing that transportation is a common barrier for individuals seeking treatment, especially for medication-assisted treatment that may require a daily visit, BHLI mobile clinics park outside Baltimore Central Booking & Intake Center and community organizations to increase access.

¹ Maryland Department of Health, "Unintentional Drug- and Alcohol-Related Intoxication Deaths* in Maryland Preliminary data update through 2nd quarter 2021," available at https://health.maryland.gov/vsa/Documents/Overdose/Quarterly%20Drug_Alcohol_Intoxication_Report_2021_Q2.pdf

Building on the success of this non-profit effort, the Baltimore City Health Department launched The Healthcare on The SPOT Mobile Unit. In addition to prescribing Buprenorphine, the SPOT van offers integrated care for all patients, regardless of insurance. Confidential services offered include infectious disease treatment, wound care, case management, and housing resources. By meeting people where they are, low-threshold mobile clinics allow service providers to build rapport and trust, increasing the likelihood that individuals will receive routine care. Even if an individual does not accept services at initial contact, they know they can always come back without judgment.

In addition to increasing provider and clinical team coverage to engage people and connect them to routine care, expanding emergency shelters would strengthen the city's response to the overdose crisis. Medical professionals can prescribe Buprenorphine, Methadone, and Naltrexone, but they cannot prescribe housing and financial support. In order to address high risk use and reduce overdoses, we must provide safe housing. Individuals are at higher risk of an overdose if they are using in the open or abandoned homes. For example, people using in public places are more likely to inject quickly, rather than starting small to mitigate the risks of contamination from fentanyl. Research suggests that stable housing reduces the risk of overdose and makes recovery more likely. A clinic can offer medication, but if an individual doesn't have a safe and stable place to go, they risk their medication being taken away as the result of an assault or arrest. Harm reduction strategies like increasing access to fentanyl testing strips, syringe exchanges, and hotlines or phone apps to reduce the risky activity of using alone are all helpful tools currently in use, but housing is a vital and expensive perennial issue for the most vulnerable community members.

Like reducing gun violence, it will take all of us to substantially reduce overdose deaths. MONSE is committed to being a strong partner in the coordinated response to the opioid crisis and we are pleased to share that we are currently soliciting grant applications from local nonprofits to increase access to expand community education and outreach, increase access to treatment, and fund wraparound services to support individuals in treatment. MONSE is especially interested in funding data-driven public health approaches which incorporate the latest research on what is effective. For example, MONSE encourages applications for programs that provide same-day, low-barrier access to medicated-assistance treatment, Community Reinforcement and Family Therapy, and Contingency Management treatment which incentivizes behavioral change. More information about grant opportunities are available on the MONSE website at <https://monse.baltimorecity.gov/grant-opportunities-0>.

Respectfully submitted,

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