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# CITY OF BALTIMORE

Brandon M. Scott – Mayor  
Zeke Cohen – Council President



## Office of Council Services

Nancy Mead – Director  
100 Holliday Street, Room 415  
Baltimore, MD 21202

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## PUBLIC SAFETY COMMITTEE

The Honorable Mark Conway  
CHAIR

### HEARING NOTES

LO25-0013

*Opioids, Harm Reduction, and Overdose Prevention*

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**Hearing Date:** 7/29/2025

**Hearing Start Time:** 1:00 PM

**Hearing End Time:** 4:00 PM

**Location:** Du Burns Council Chamber / Webex

**Total Estimated Attendance:** 30

**Committee Members in Attendance:**

- **Chair** Mark Conway
- Paris Gray
- Antonio "Tony" Glover
- **Vice Chair** Zac Blanchard
- Phylicia Porter

**Additional Councilmembers in Attendance**

- Council President Zeke Cohen
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### MAJOR SPEAKERS

*(This is NOT an attendance record.)*

- Sarah Whaley – Mayor's Office of Overdose Response
  - Assistant Chief James Matz – Baltimore City Fire Department
  - Dr. Megan Buresh – Johns Hopkins School of Medicine
  - Dr. Javier Cepeda – Johns Hopkins School of Public Health
  - Kelly Maher - MATClinics
  - Jennifer Martin – Deputy Commissioner Population Health and Disease Prevention, Baltimore City Department of Health
  - Kevin Jones – Deputy Commission of Operations, Baltimore Police Department
  - Dr. Michael Fingerhood – Johns Hopkins School of Medicine
  - Candy Kerr – Baltimore Harm Reduction Coalition
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### NOTES

- Chair Conway offered some opening remarks
  - This is a long-time coming
  - Important that we talk open about this issue in addition to the helpful hearings in the Health and Environment Committee

- Bringing folks out of the shadows is integral to our city's addressing this issue
- First of two scheduled meetings of this committee on this topic
- Over a year and a half ago coverage brought attention to the city's handling of this issue
- Cannot be solved in closed door rooms
- Over the past few weeks – we have experienced several mass overdose events in the Penn-North area
- Have personally encountered 3 folks in overdose
- Effects those dealing with addiction but also all those they interact with
- City recently published a needs assessment plan and draft response plan – a great start
  - But we need to learn about how we got here and what we are doing to identify gaps in order to be truly effective
- Hope that we can leave with an understanding of how we got here to move forward
- Kelly Maher – MATClinis
  - 8 statewide offices
  - Provide treatment for alcohol and substance abuse disorders
  - Mismatches in care deter people from treatment – some see the level of care as too much
  - Inpatient care is saved for those who truly need it
- Candy Kerr – Baltimore Harm Reduction Coalition
  - Goal is to meet people where they are at – not necessarily moving them into treatment
  - Current strategies desired but not in the City Of Baltimore
    - Overdose prevention centers – a bridge to treatment services that brings people off the streets
- Chair Conway – if we were more strategic about how people are using we could avoid many deaths resulting from those isolated in their homes
- Dr. Megan Buresh – Johns Hopkins
  - Works on frontlines as a primary care doctor and in treatment care vans to distribute buprenorphine
  - Over 10% of Hopkins Bayview hospitalizations have substance use disorder
  - Since 2017 – treated over 5k patients but seeing increasing infections and wounds over time
  - Addiction treatment centers are often resistant to taking those with infections
  - Start people on medication and ensure there is ongoing care
  - Harm reduction is incredibly important – must keep people alive until they are ready for treatment
  - Most overdose deaths happen while people are alone
  - Drug supply is increasingly deadly – we need drug checking
  - OPC's are shown to be effective in other countries, recently saw first legal OPC
  - People also cannot do recovery without safe housing
- Dr. Javier Cepeda
  - Studying substance use and infectious disease for over 15 years
  - 3 points
    - Traditional policing has posed a risk to public health
      - Over policing of nonviolent drug offenses led to massive growth in jailed population
      - Overdoses increase after incarceration because tolerance goes down
      - Fear of arrest deters people from seeking treatment
    - Innovative policing can strengthen public health

- Training shows reduced burnout and increased ability to make referrals
  - Task-shifting for street level policing to public health
  - This is mutually beneficial
    - Law-enforcement can strengthen efforts towards violent crime
- Dr. Michael Fingerhood
  - Providing care for over 35 years
  - Most proud of clinical work at Hopkins Bayview
  - Over 650 individuals with opioid use disorder
  - Save money over previous models of silo'd care
  - Have a food pantry on-site
  - Cannot always expect patients to come to us
  - Most of those treated in the community are black men over the age of 50
    - Many avoid care for fear of being judge
  - Also a consultant to providers by phone
  - Individuals released from incarceration to home detention cannot be on medication for opioid use disorder
- Kyle McDermott – Investigator with Health Department's COVID-19 Program
  - Behavioral Health Unit built relationships in the community
  - Spent most of his life dealing with addiction both in home and personally
  - On frontlines of opioid epidemic in Vermont – at the time Vermont was leading the country
  - Pandemic impact sent overdose skyrocketing
  - Overdose deaths during COVID in Baltimore were about 2x those of covid deaths
  - Brought this up with supervisors – what is BCHD response to crisis?
    - Never invited to participate in overdose prevention
    - Told that it was not a priority – coming from office of commissioner
  - What could we have done?
    - Where did requests for funding/resources go?
- Questions to public witnesses from members
  - Glover
    - Last year lost family to overdose
    - More and more there are young people being affected
    - What are we doing for young people?
    - What do we have to do to stop people from bringing drugs into communities dealing with poverty and crime?
    - It is not fair to force services on a specific community in a way that suggests it's okay to get high in my neighborhood
  - Chair - We want to see a comprehensive effort to address
  - Porter
    - To MATClinics – how long do you stay somewhere when you deploy medication
      - When someone overdoses, you cannot just apply buprenorphine
      - MATClinics – this is not common at our clinic
      - Dr. Buresh – once you give naloxone you can give buprenorphine immediately after
- Mayor's Office of Overdose Response – Sarah Whaley
  - Current plan is outlined in Mayor's strategic plan

- Outlines use of restitution funds
  - Creates advisory board
- This year's needs assessment identified 5 goals
- In sum reduce overdoses by 40%
- BCHD – Deputy Commissioner Population Health and Disease Prevention Jennifer Martin
  - 5 areas make up behavioral health ecosystem
  - Discussed history of crisis and responses in Baltimore City
  - Some contributing factors include:
    - Overprescription
    - Synthetics
    - Social conditions
    - Stigma
  - Death rate is higher among males, particularly black males
  - Significantly higher rates among those only attaining a high school diploma or less
  - Two harm reduction programs
    - Needle exchanges – since 1994
    - Health care on the spot – buprenorphine treatment since 2018
      - Both distribute naloxone
  - Also provides naloxone trainings in community and online
  - Community Risk Reduction team is in neighborhoods around city with vans and outreach
    - In addition to naloxone – STD testing, syringe services, and more
  - Community engagement
    - Consistently in many communities for over 15 years, some for over 25
    - Selections based on need and community input
    - Will not take vans to communities when told to not
  - Offer services during traditional and non-traditional hours
  - 20% of patients coming from buprenorphine line
  - Baltimore has more PCP's per patient than Maryland or Nation but that does necessarily mean the care is good
- BCFD – Assistant Chief James Matz
  - Primary mission of department is to respond to emergencies including substance abuse
  - Mayor was able to fund population health initiative
    - Unit stood up in 2023
    - Mission to establish relationships with people on the street
  - Held over 2300 events – during which leaving test strips and outside program referrals
  - Two kinds of overdoses
    - Opioid – give narcan
    - Non-narcan
  - Overdose peak times are 9am-9pm; generally 12:00pm
  - 50% of calls refuse treatment
  - Average response time about 7.5 minutes
  - Calls do not usually come in as an “overdose” – looking for signs
- BPD – Deputy Commission of Operations Kevin Jones
  - Provided detailed data request to chair (available in hearing documents)
  - Policy 801 ensures that BPD response is health first approach
  - In frequent collaboration with the Fire Department

- Questions
  - Chair
    - These are not all of the people that we need but everyone here is critical to the response to this point and the response we will need moving forward
    - Going forward MONSE would be helpful to have here, same with housing
    - To Police – previously requested an approach to open air drug markets
      - Where are with that effort?
        - Starting to concentrate street level organizations selling substances that are causing overdoses
        - Learn lessons from focus on violence and target that intelligence to enforcement on opioids and other narcotics
      - Police agree that all officers should have some sort of input on this issue
    - During peak of pandemic, double the city deaths of covid were overdoses – what changes were made to respond to that?
      - BCHD – syringe exchange and healthcare on the spot continued to operate during the pandemic
        - Lots of exceptions to rules for individuals in substance abuse treatment in addition to telemedicine changes
  - Blanchard
    - Will follow up with Dr. Cepeda who had to depart
    - To Harm Reduction Coalition – program 5x more likely to enter treatment, 3x more likely to stop using
      - During covid outreach more than quadrupled
      - Relationships, referrals, and access to care are invaluable
  - President Cohen
    - Thank you to all who are here
    - Believes there is a need to rebuild behavioral health within BCHD
      - Grateful to the work that was done during COVID and there has been some atrophy on behavioral health system in the City Of Baltimore
    - In 2020 city passed legislation making us the first to address trauma through legislation in the country
      - First agency to be trained on trauma informed care was library system
        - Librarians remarked that substance abuse was a major policy concern
        - Peer navigators helped to combat this
    - For BCHD – with next iteration of health department, what does it look like to build internal infrastructure to be able to address the opioid epidemic, trauma, crisis response?
      - BCHD has worked on an infrastructure plan for money coming from restitution fund
      - Have been working to expand behavioral health
      - Working to ensure we have one coordinated voice
        - Council President – a lot of silo-ization sometimes resulting in lack of accountability – we need to be a central aggregator
    - It has sometimes felt chaotic and unclear on who we should go to for the best data
  - Glover

- To BPD – great work at reducing crime of late, open air drug markets remain an issue
  - Communities cannot open their backdoor because homeless encampments due to drug use
  - How can we get BPD to jump in and change the narrative?
- BPD – for individuals living in the communities, we need the calls from the community
  - Sometimes the responses to those areas can happen in other places
  - Following the Penn-North incident, instructed teams to identify proactive response to areas with high calls for service on open-air drug markets
  - To constituents – please call, BPD needs the data to show where it is most concentrated, some areas now are likely underreported
- To BCHD – seems like users are being attracted to the community, how can we from BCHD follow through with the entire recovery process?
  - BCHD – approach is to meet people where they are today
    - Some individuals go into treatment multiple times
- Porter
  - To Hopkins – have you leveraged any influence to share data with recovery homes and programs? Individuals go from emergency room to recovery networks with minimal continuity of care
    - Dr. Fingerhood – we are working with BCHD to create a system to link everything together
  - Need to ensure that resource gaps are filled between hospital and non-hospital
  - On intermediary care – varying levels of acuity
    - Funding is a major issue for wound care centers to then allow people to transition to shelters
  - Hopkins – starting to work to create more places to allow for that transition
- Gray
  - How do these organizations work together? Does Fire Department’s distribution of Narcan go to BCHD? Do Police then try to disrupt that corner?
  - BCHD – a few areas of collaboration but room for improvement, does receive EMS data daily – look for spikes and clusters
    - Produce cluster report and share with partners who have capacity to provide outreach
    - Work with MONSE on how to provide public health resources in communities where law enforcement activity is taking place
  - BPD – yes and no
    - Good but improving
  - BCFD – share nonfatal with health and police; fatal goes to Maryland department of health
- Chair – to BCHD
  - In advance of hearing requested estimate of people suffering from addiction
    - After reducing overdose deaths, lets tackle addiction generally
  - Do we have an estimate of those with opioid use disorder?
    - BCHD – about a decade ago, around 25k suggested

- Estimates are challenging and academic organizations are working to develop better modeling
- Spot van introduced buprenorphine in 2024, any data that can speak to outcomes from that distribution?
  - More people in treatment? Reduction in overdoses and/or deaths?
  - BCHD – no national standards for retention care, meet people where they are
- Public can provide feedback on opioid response plan on health departments website

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***FURTHER STUDY REQUESTED***

*COPY IN SPREADSHEET*

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**Hearing Packet in bill file? -----** ☒ **YES** ☐ **NO** ☐ **N/A**  
**Attendance Sheet in bill file? -----** ☐ **YES** ☐ **NO** ☒ **N/A**  
**Agency reports read? -----** ☒ **YES** ☐ **NO** ☐ **N/A**  
**Hearing televised or audio-digitally recorded? -----** ☒ **YES** ☐ **NO** ☐ **N/A**  
**Certification of advertising/posting notices in the bill file? -----** ☐ **YES** ☐ **NO** ☒ **N/A**  
**Evidence of notification to property owners in bill file? -----** ☐ **YES** ☐ **NO** ☒ **N/A**

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 Notes Date: 7/29/2025

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