
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

PUBLIC SAFETY COMMITTEE

The Honorable Mark Conway
CHAIR

HEARING NOTES

LO25-0013

Opioids, Harm Reduction, and Overdose Prevention

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

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

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 major 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 – MATClinics
 - 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 of 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 infections 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

FURTHER STUDY REQUESTED

COPY IN SPREADSHEET

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

Notes by: Ethan Navarre
Notes Date: 7/29/2025

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