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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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# COMMITTEE ON LEGISLATIVE INVESTIGATIONS

**The Honorable Isaac "Yitz" Schleifer**  
**CHAIR**

## HEARING NOTES

*LO25-0037  
Opioid Epidemic Response*

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**Hearing Date:** 1/8/2026

**Hearing Start Time:** 4:30 PM

**Hearing End Time:** 6:00 XM

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

**Total Estimated Attendance:** 30

**Committee Members in Attendance:**

- Chair Isaac "Yitz" Schleifer
- Vice Chair Antonio Glover
- Paris Gray

**Additional Councilmembers in Attendance**

- Council President Zeke Cohen
- Mark Conway

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## MAJOR SPEAKERS

*(This is NOT an attendance record.)*

- Dr. Michelle Taylor – Commissioner,  
Baltimore City Health Department

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## NOTES

- Chair Schleifer began the committee by introducing the Council President and present members of the Committee
  - The chair also explained the reason for today's hearing being Dr. Taylor's prior agreement to discuss her opioid response plan during her confirmation hearing
- Dr. Taylor began her presentation with an overview of the City's behavioral health ecosystem, the overdose needs assessment, city strategic plan, and the new division of public behavioral health
  - Dr. Taylor outlined the city's broader behavioral health ecosystem
    - The state sets regulations and is responsible for oversight, licensure, etc.
    - Beneath, BHSB oversees the city ecosystem. BHSB is chaired by Dr. Taylor
    - The city's system is made up by BCHD, BPD, BCFD, and BCMOOR
  - Dr. Taylor explained that she sees BCHD as the nexus for these programs
- Overdose needs assessment

- Occurred prior to Dr. Taylor's joining the City
- Another will occur this year because the Mayor's executive order requires an assessment every two years
- The needs assessment informed an overdose response strategic plan which was published for public comment in July 2025
  - The plan aims to reduce overdose deaths by 40% by 2040
    - Includes five priorities, 13 strategies, and 47 targeted activities
- New division of public behavioral health
  - Overdose is the leading cause of maternal mortality and significantly affects the older population
  - Dr. Taylor discussed the health impact pyramid (see slideshow in hearing packet) which ranges from micro to macro level efforts
  - 4 core functions
    - Data and epidemiology
    - Policy and strategy
    - Communications
    - Essential services
  - Dr. Taylor also identified a host of programs and initiatives (see slideshow)
  - Dr. Taylor wants to implement an aggressive system that embodies a “no wrong door approach”
- Dr. Taylor also outlined some challenges and gaps
  - Known barriers at policy and system level
    - Illegality of overdose prevention centers and illegality of drug paraphernalia
      - Residents report being concerned to use exchanges for fear of being arrested with syringes
      - Decriminalizing paraphernalia is a priority for the mayor in the upcoming state legislative session
  - Community level
    - Stigmatization
  - Clinical level
    - Lack of availability of treatments
  - Individual level
    - Increased connections and social supports
- Dr. Taylor also identified the new organizational structure and roles they are actively hiring for which would assist in addressing the opioid epidemic
- Mass overdose rapid response protocol
  - City has experienced several recent mass overdoses
  - Objectives
    - Immediate response and life saving measures
    - Public health service delivery
    - Partnership and collaboration
  - Response levels – determined by commissioner
    - Partial activation
    - Full activation
    - Follows incident command system – a nationally recognized system
  - Post acute response

- Recovery
  - Hot wash
- Next steps and priorities
  - Staffing
  - Planning
  - Programming
- Questions
  - Chair Schleifer
    - How many lives were lost in 2025 to opioids
      - Commissioner – not yet finalized, preliminary data shows there were 777 which would be a 26% decrease compared to the previous year
    - Why is the target set at 40% by 2040
      - Commissioner – happened before I arrived but set based on best practices and the intention has always been to amend it based on the results of our efforts
    - It's important for the Council to understand how numbers are moving on an annual basis
      - 2023 to 2025 decreasing by over 50% suggests that lowering by 40% by 2040 doesn't make as much sense
      - Commissioner – we have to be cautious of those numbers
        - For example, we have a flu vaccine year over year and that is helpful each year but some years the vaccine is less effective
        - Data is what's required but we will always be reevaluating
    - From 2025 to 2026, what percentage reduction would we hope to achieve
      - Commissioner – cannot share an exact number but we are evaluating that currently
        - Hoping that it will be at least 10%
        - Still dealing with individuals with a chronic condition
        - Foundation has been laid for significant improvements
  - Council President Cohen
    - Appreciates the Commissioner's work over the past 5 months
    - Did not see a mention of peers in the presentation, this is something that Baltimore does well
      - Why not include peers as part of our strategy
      - Commissioner – peers are a part of the strategy though not explicitly referenced in the slideshow
        - The peer model is very much in play and BCHD is looking to expand that model
    - Thrilled by speed at which the Commissioner is moving to create the division of behavioral health
      - Important that Baltimore continue to be a leader in the behavioral health space
      - Please discuss expectations of what the new division will do

- Commissioner – initially meant to help those struggling with opioid use disorder but long term the goal is to be broader than that to reimagine what else can be done with the division
    - Team has worked rapidly to meet the expectations set
  - Appreciates the seriousness with which the Commissioner took this assignment
  - Concur that 40% by 2040 is not sufficient because Baltimore is better than that, we can beat expectations substantially
    - Deaths from overdose are already going down substantially
    - Encourage commissioner and team to set your own number
    - What is a realistic-stretch goal that we can accomplish if operating on all cylinders
      - How many lives could we really save
- Vice Chair Glover
  - We know that we are now in a situation with lots of smoke shops in the community
  - Young people now going to smoke shops and other unregulated drugs
  - How do we attack that problem – they could be the next generation of addicts
    - Commissioner – the team has discussed this issue
      - Enhanced communication effort to touch on all other substances to make kids and families aware
      - Enhanced and expanded efforts in schools
        - Substances are being introduced to young people at earlier ages
        - We have a unique opportunity at schools to introduce and discuss these topics
          - We have the capacity to grow the effort via the tobacco program
    - We are ready and able to talk, as are young people in the community
      - Commissioner – that is why we are working to hire a youth prevention specialist
- CM Gray
  - On the full vs. partial activation
    - Multiple agencies have a role
    - Where does the buck stop if there is a disagreement
    - Commissioner – the buck stops with both but from past experience it truly is a unified command, police inform via investigation, etc.
      - It is a robust conversation but more about who is responsible for what role
    - Why is BPD part of the unified command but not OEM or BCFD
      - We had to include the other emergency response plans of the city
      - The Health Department is the lead agency for this sort of response
      - The current assignments are highly detailed so that agencies are clear on their roles
- CM Conway
  - Appreciate the Commissioner's continued efforts
  - Is there any intention or discussion on the distribution of buprenorphine

- Commissioner – it has been discussed within the team and is being debated at the state level
    - Must consult with all partner agencies to ensure everyone is in alignment
    - There have been discussions
  - Treatment centers are not always the best
  - Is the department thinking about how we assess quality in that next step
  - With naloxone distribution, deaths go down but not necessarily addiction
  - Commissioner – has met with relevant partners to ask that exact same question
    - During that meeting, the system was being mapped
    - Yes – that is being thought of more critically
    - Some oversight components live within the state and should but the city will do the oversight that is within its jurisdiction
- Chair Schleifer
  - Are the new positions reclassified current positions or are they newly created and will you be seeking funding
    - Commissioner – a mix
  - What is the current vacancy rate
    - 33.8% and most of those positions are from school health and are required by the state
  - How many total employees
    - Commissioner – around 700
  - So about 230 positions
    - Commissioner – will clarify how many are school health, those positions are highly specialized and require nurses
      - It is difficult to compete with the market and the local hospitals pay higher
  - We discussed this during the budget season
    - This level of vacancy may require a larger change
    - We should consider what a competitive salary and number of positions would be
    - Would like to see that proposed during the budget season
- Commissioner Taylor
  - It has been great to learn about the City and City Health Department

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#### ***FURTHER STUDY REQUESTED***

Request	From	Agency	Expected Timeline
Clarify the exact number and type of vacant positions	Schleifer	BCHD	30 days
Identify an appropriate standard salary to fill vacant school health positions, including an analysis of whether the overall staffing can or should be decreased to accommodate for increased salaries	Schleifer	BCHD	30 days

Identify whether reducing the number of school health positions is something that can be done by the Council or whether it requires state action	Schleifer	BCHD	30 days
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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 by: Ethan Navarre  
 Notes Date: 1/8/2026

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