

## St. Mary's County Overdose Prevent Team (OPT) Meeting

Wednesday, March 12, 2025

10:00-11:00 a.m.

**Attendees** -Taylor Nickerson, SMCHD Presentation,Amy Young, Maryland Coalition or Families, Anne-Marie Combs -DJS-, Avery Meyer -MOOR-, Brenda Arnett -SMCHD-, Brent Kluttz, Jameika Butler, Jennifer Alvey, Joanne Luke -SMCHD-, Melanie Wellstein, Nicole Barrows -SMCHD-, Patrice Duperval-Colas, Quinn Alsheimer, Rob Elrod, Sabrina Gattine, Tayler Swilling, LCSW-C, Terry Prochnow -DHS- St Mary's County, Theron Hudson -SMCHD-, Zuriel Savoy -SMCHD

Call to Order – 10:02 a.m.- Taylor Nickerson, SMCHD

II. Introductions – Taylor Nickerson, SMCHD Presentation,Amy Young, Maryland Coalition or Families, Anne-Marie Combs -DJS-, Avery Meyer -MOOR-, Brenda Arnett -SMCHD-, Brent Kluttz, Jameika Butler, Jennifer Alvey, Joanne Luke -SMCHD-, Melanie Wellstein, Nicole Barrows -SMCHD-, Patrice Duperval-Colas, Quinn Alsheimer, Rob Elrod, Sabrina Gattine, Tayler Swilling, LCSW-C, Terry Prochnow -DHS- St Mary's County, Theron Hudson -SMCHD-, Zuriel Savoy -SMCHD-

III. Approval of Minutes –

IV. Overdose Prevention Team Updates -

A. Rapid Analysis of Drugs 2024 Calendar Year Quarter 4 Newsletter - Taylor Nickerson -SMCHD-: This was shared with me through an email from Maggie Ryback. I just wanted to share her summary of key findings for this newsletter with everyone. They had a total of 3,813 samples that have been tested through RAD since October 2021. This report specifically looks at 282 samples tested October- December 2024 from 17 syringe service programs in 11 jurisdictions. In the calendar year 2024 there were 54.3% of samples that contained an opioid, with 76.5% of those containing fentanyl.

22.7% of samples contained xylazine; 21.63% of samples contained cocaine; 8.51% of samples contained medetomidine and 51.9% of samples contained multiple active ingredients. Only 15% of all samples with intent to purchase data fully matched what the

person intended to buy. Medetomidine has emerged in the Maryland drug market in calendar year 2024, Quarter 3 which follows a trend seen in Philadelphia. Medetomidine has been seen in less than 1% of RAD samples prior to July of 2024.

In Quarter 4, it was present in again 8.51% of samples. Medetomidine is a sedative similar to xylazine that has been associated with more severe withdrawal symptoms. I just wanted to open the discussion if any other agencies have heard of medetomidine? If you've had any encounters or interactions with it or any further information that anyone would like to share?

Nicole Barrows -SMCHD-: St. Mary's County has seen medetomidine in quite a few of our most recent samples, and it's kind of across the board. It's not just with samples that were tested as fentanyl, but also samples that were tested as cocaine.

Taylor Nickerson -SMCHD-: Thank you, Any other comments, questions about the Quarter 4 newsletter for the RAD program?

Amy Young, Maryland Coalition or Families: You're going to send it out to everybody?

Taylor Nickerson -SMCHD-: Yes, I'll make sure I put that link in the chat. Give me one moment.

Amy Young, Maryland Coalition or Families: I apologize for the substance that the two of you just referenced, what is it?

Taylor Nickerson -SMCHD-: My understanding is it is a veterinary sedative similar to xylazine.

Nicole and Zuriel being in the Harm Reduction Program they probably have more expertise than I do.

Nicole Barrows -SMCHD-: Medetomidine is also an animal tranquilizer that is not approved for human consumption very similar to xylazine. The difference being that medetomidine is about 200 times the strength of xylazine. So, people are either having we just had several fatal overdoses that were most likely going to be a medetomidine related to fentanyl. People are overdosing on medetomidine as well as the xylazine and the fentanyl.

Amy Young, Maryland Coalition or Families: Where's it coming from? How are individuals, say the people that are in the business of selling illegal substances, how are they getting their hands on?

Nicole Barrows -SMCHD-: I can't say for sure. Where the vast majority of the medetomidine is coming from. I would assume it's going to be a veterinary clinics. People are getting their hands on it through them. Down here in St. Mary's County has

such a large population of Amish and farmers. It's pretty common here. But medetomidine was actually first seen in Maryland in 2022.

Taylor Nickerson -SMCHD-: Thank you, Nicole. Brent, not to put you on the spot, but I was wondering if your organization follows the flow of drugs into the State of Maryland. I don't know if it specifically tracks down to St. Mary's County, but I was wondering if this is coming in from Philadelphia or other cities that are around our region?

Brent Kluttz: It's my understanding that it's just word of mouth that's coming out of veterinarian practices. I can't really confirm it but that's the rumor around it. It is something that we are tracking and it is emerging. It's limited knowledge on it at this point.

Taylor Nickerson -SMCHD-: Thank you, Brent, for that insight. Any other comments, questions, or thoughts. I'm going to transition to our Overdose Prevention Team substance use program inventory. So, I'll again share my screen for those of you that appreciate a visual. And I'd like to pass it over to Avery Meyer, associate director of partnerships and programs with the Maryland Office of Overdose Response. Occasionally referred to as MOOR. She's going to give a quick summary and then I'll dive into some more details on the substance use program inventory. This is as of the Fourth calendar Quarter 2024.

B. Overdose Prevention Team Substance Use Program Inventory As of the fourth Calendar Quarter, 2024 – Avery Meyer, MSPH Associate Director of Partnerships and Programs, Maryland's Office of Overdose Response.

Avery Meyer -MOOR-: I actually have some slides I can share if you don't mind me doing so. In case you're not super familiar with our office. We work to collaborate between state and local partners to address the overdose crisis and our work is based on the understanding that substance use disorders affect nearly all aspects of somebody's life. All agencies and community organizations that provide services to people have a role to play in making those connections to care and supporting folks who are seeking recovery. We work specifically with state level agencies that provide supportive services or implement programs related to substance use and overdose. And then, of course, we work with our local partners primarily through our overdose prevention teams.

Quickly our strategic priorities we have five overarching areas and they are: prevention, harm reduction, treatment, recovery, and public safety. After this presentation, I'll drop a link in our chat. We recently released the new state overdose response strategy. It's around those five principles, but we have some more details and guiding principles related to how we see that work playing out in the state. I'll be sure to share that with folks. And then switching into the program inventory, I'll tell you a little bit about how we track local level programs related to substance use and overdose across the state. and

some recent improvements that we made that hopefully are going to make the survey more useful to our local partners. One of the primary responsibilities outlined in the executive order that established our office is coordinating with local partners. Part of this work includes block grant funding that we send to overdose prevention teams every year.

We also work to share best practices and identify potential gaps in programming and opportunities for collaboration. That's really where the OPT program inventory comes in. It tracks implementation of 118 evidence informed strategies that address substance use and overdose. You can see a sample of the inventory on this slide. It shows self-reported implementation status across each county. The survey is kind of hard to look at. I recommend zooming in when you comb through it. We've maintained the inventory for a couple of years, but got feedback. It was really long.

I think it was up to 180 programs and it kind of was dipping into crisis services and some more vague services and we really wanted to narrow it in on substance use specific programs. We redesigned it to categorize all of the programs around our five priority areas. We narrowed that scope, and then we also were really intentional and that we wanted to make sure the programs that were on the inventory are either evidence-based or promising practices. There weren't many that we had to remove, but we wanted to make sure we were propping up the programs with a strong evidence base and we also added a foundation section that identifies some structural best practices for the OPT.

We also switched from quarterly updates to only doing updates twice a year. We found that just because it takes so long to get a lot of these programs upstanding. There wasn't a ton of utility in those frequent updates and we know our local health departments are busy. So, I didn't want to needlessly add another thing to their plate. There wasn't really a lot of information coming out of that. We are also really excited that this year we added only on an annual basis, but there'll be a qualitative data measurement.

We just had our most recent update report released a couple weeks ago and in that there's some qualitative responses from OPTs sharing both successes of collaboration and opts as well as some common challenges. I will be sure to drop that link in the chat as well. You will see that some OPTs talked about how regular meetings offered local partners a space to review and discuss overdose related data from multiple sources from health departments, law enforcement and community-based orgs. Others talked about how they use meetings to discuss improvements to programs to better meet the needs of their community, and some challenges including maintaining regular engagement in meetings and others identified challenges related to data sharing, workforce turnover, state regulations and information silos. Lots of good info in the inventory. I am thankful for the opportunity to speak and we value your partnership, and you can always reach us anytime at [stopoverdose@maryland.gov](mailto:stopoverdose@maryland.gov). Thanks so much.

Taylor Nickerson -SMCHD-: Thank you. Does anyone have any questions for Avery before I dive deeper into the survey report? I'll go ahead and provide a brief summary of some of the figures noted in the report. We'll say this is 11 to 12 pages. I won't take a deep dive into every strategy, but I have shared the link in the chat and then I can follow up in the meeting minutes via email with this as well. Please feel free to check our reporting where there may have been mistakes or changes since we reported out on this information. Feel free to share feedback as we go through this or afterwards via email, phone call, whatever you'd like.

You can see in figure one here, 74% of programs reported to be either partially or substantially implemented their programming while only 10% remained unplanned. While local jurisdictions have made substantial progress in expanding programs in recent years, there's still ample opportunity remaining for program expansion across all jurisdictions. I'll go ahead and scroll down to figure two St. Mary's is highlighted here showing the total program implementation status by local jurisdiction. You'll see St. Mary's County towards the top with 75% substantially implemented, 14% partially implemented, 8% in development, and 3% planned or not applicable in that gray color. Scrolling down to figure three here, this is page five of the report. It shows statewide implementation status by those five priority areas. So foundations, prevention, harm reduction, treatment, recovery, and public safety as Avery mentioned before. Figure four, you'll see substantial and partial implementation status by local jurisdiction in St. Mary's County towards the southern tip, of course, is at 88.1%. and then I'll do a brief overview snapshot of pages 6 through 12 which break down the substance use inventory in more detail. Like I said, I'll follow up with a link to the report. I do ask again that you all take a closer look. Please fact check me. I usually sit down with our Behavioral Health Division Director, Tammy Loewe, or Assistant Behavioral Health Division Director, Jamie Barnes, and go through this inventory. And then if we ever have any questions or uncertainty about a strategy, I typically reach out via email. So, I'll continue to scroll. I know since this has been reported, harm reduction. Thank you, Nicole, for taking the time to look into this. She notified me of a few that may have been misreported. So, we're definitely going to update those. But, as you review it on your own or even now, if you see something that's incorrectly reported, please let me know.

I did want to stop here for the treatment category for the mobile crisis team. For those who don't know, Sante Southern Maryland is our new mobile crisis team. I'll put their number in the chat. They're available from 8:00 am to midnight, seven days a week to help with people in crisis, behavioral health issues, substance use, and intellectual disabilities, as well as other resources. And that's generally a wrap for the substance use program inventory. If anyone has any questions, please feel free to follow up with me. Any questions about the substance use program inventory?

C. HB0852 Educational Institutions – Opioid Overdose – Reversing Medications – Policy Requirements (Protecting Our Kids From Overdoses Act)

I wanted to bring attention to House Bill 0852. This actually came across in an email thread just the other day and I wanted to share this information for folks who may have not seen it yet. So again, it's House Bill 0852 and the title is Educational Institutions, Opioid Overdose Reversing Medications Policy Requirements Protecting Our Kids from Overdoses Act. And the status right now, it's currently in the House.

A brief synopsis of this bill it would require the State County Boards of Education, and institutions of higher education in the state to update certain drug addiction and prevention education programs to include information on the mitigating effects of naloxone or other opioid overdose reversing medication. Authorized possession for a student, which I don't believe we have here in St. Mary's County, so that would be great and a member of the school staff or any lawful present individual at the school or a school sponsored event or activity and immunity from liability. So, I'll go ahead and drop the link to this House bill in the chat if anyone would like to take a look at it. Of course, we'll continue to track it now that we are aware of it here at the Health Department.

D. Nicole Barrows -SMCHD-: Just so Taylor, St. Mary's College of Maryland does have 30 OEVs and they also have Narcan in each of those boxes and they're provided additional Narcan at request.

Taylor Nickerson -SMCHD-: Thank you, Nicole. Is the same true for CSM as well?

Nicole Barrows -SMCHD-: I don't have any OEBS throughout CSM, but if they would like them, they are more than welcome to have some.

Taylor Nickerson -SMCHD-: We've changed our language here recently in the Behavioral Health Division. We are now the Prevention and Promotion Team. We have some amazing training and events coming up. I just wanted to share three of our upcoming training sessions and events that may be applicable to this group.

The first one is Traumatic Brain Injury in Older Adults training by Anastasia Edmonson. She currently serves as the project coordinator for the Maryland Behavioral Health Administration's federal traumatic brain injury partner. In this capacity, she provides coordination of project initiatives including training on topics of brain injury, person-centered thinking, and planning to professionals who work in the fields of aging, mental health, and addiction, and law enforcement.

Her training objectives. Participants will understand why brain injury incidence is increasing among the older population. Become familiar with the risks associated with

the lifetime history of brain injury as we Describe common brain injury related to physical, cognitive, and behavioral health challenges after TBI. You'll be able to name at least three accommodations that can be used to support individuals with brain injuries. Learn recommended brain injury prevention strategies. And lastly, become familiar with resources available to support older adults living with brain injury who are at risk living with a mental health substance use disorder. She's offering two different dates for this virtual training. The first is Monday, March 24th from 9 to 11:00 a.m. And the second training opportunity is Friday, March 28th, also from 9 to 11:00 a.m. And again, both of these trainings are virtually free to the public.

I'll make sure I follow up with the registration links and more details in my meeting minutes. And then our second event finally got approved is our Ruthie Alcade speaking engagement. For those of you who joined us in 2023 for the Brandon Novak speaking engagement down at St. Mary's College of Maryland, it's a very similar event in nature. So, this will occur Wednesday, April 2nd, from 7 to 8:30 p.m. at the Nancy R. and Norton T. Dodge Performing Arts Center, which is located in St. Mary's City at St. Mary's College of Maryland. And a little bit about Ruthie Alcade for those who are unfamiliar with her, she's from the Real World, Hawaii, and she's an activist on mental health and substance use.

Her experiences behind the scenes on the real world can teach young adults about the entertainment industry, depression, anxiety, prejudice, drug and alcohol awareness, diversity, sexuality, and racism. She has an outgoing personality and sociable persona that makes it easy to relate to her. And lastly for our prevention and promotion spring events for now is our annual medication takeback and shred event. We're partnering with St. Mary's County Health Department Harm Reduction Program. Z and Nicole who are on the call are part of that team. St. Mary's County Department of Aging and Human Services, Maryland State Police, St. Mary's County Sheriff's Office, and the Department of Public Works and Transportation. This will be on Saturday, April 26th from 9:00 a.m. to 1:00 p.m. at St. Mary's Government Campus.

You're welcome to bring documents with personal information that you would like shredded, unused, unwanted, or expired medications, and medical sharps as syringe collection containers will be on site. And Nicole and Z, will Narcan be provided again this year?

Nicole Barrows -SMCHD-: We usually bring additional sharps containers.

Taylor Nickerson -SMCHD-: I've done a lot of talking, so I'll pass it over to the group. Does anyone have any community member comments, updates, upcoming events, trainings, or just information or knowledge that you would like to share with the team?

Amy Young, Maryland Coalition of Families: I'll be hosting a support group at the end of the month March 27th in Charlotte Hall for parents or family members that have been impacted by addiction or mental health. I do not have the flyer complete yet, but when I have it complete, Taylor, as usual, I will send it out to you. And the theme for this month is going to be bring me your baggage. I'm going to have a little brown bag for each person that attends and we're going to have our pieces of paper and we're going to write down our negative thoughts, the things that are weighing on us and we're going to put it in that bag. We're going to talk about it and then we're going to pop the bag and be done. but I'll get you that flyer also one of my colleagues and I'll send you the flyer for this as well. is starting a walking support group and I think her first one is going to be I was pulling up that House bill. but let me take a look and I will send this to you as well. The reason I'm sharing with it is because she's going to host it down at Solomon's Island. first walk March 24th 9:30 to 10:30 on the boardwalk. month mind mindfulness walking. So, I'm going to go ahead and send that to you, Taylor, and then you can send it out to the network.

I also wanted to bring something up and I don't know if this is the appropriate time or maybe it needs to be done later in the meeting. the concern of the Department of Health no longer approving or processing 60-day authorizations for recovery housing as of the end of the month. I'm pretty sure everyone that does what we do for a living has received this notice and probably has some concerns. And like I said, this might not be the time to talk about it. And I don't think there's anything that we can do about it.

We have to start pooling our resources to figure out what nonprofits we can use and other ways to get some of these recovery housings paid for individuals when they were coming directly out of treatment or incarceration.

Taylor Nickerson -SMCHD-: Thank you, Amy, for bringing that up. I had heard that as well. Does anyone else want to comment on the subject?

Seeing that no other hands or anything in the chat, I won't keep you all. I want to say thank you, of course, for joining our Quarterly Overdose Prevention Team meeting. Our next meeting will meet in the same hybrid format on Wednesday, June 11th, from 10 to 11:00 a.m. I'll follow up with meeting minutes.

Avery Meyer -MOOR-: Sorry, I was asleep at the wheel. I have a couple updates that I can share for my office that are particularly funding related. So, I just want to make sure folks are aware. so, the block grant NOFA should have gone out last week, which to our Health Department folks, if you didn't get that, let me know. And then our competitive grant program, that application window closed on February 28th. We got a lot of applications, a total of 167 for 33 million requests. but there were a handful 56 actually that had to be removed for various reasons either not eligible for funding or didn't provide

documentation. So we're down to 111 but there are 36 applications that our grants team has reached out to ask for some more information.

If you applied for the competitive grant process, make sure you're checking your email in case there's communication about additional requirements we may need from you in order to proceed with reviewing. and then review of those applications will start on March 17th. and then I will certainly update you guys as we know when awards might be announced. and then the other funding thing I wanted to let folks know about the RF state discretionary awards were announced last week as well. There were 28 proposals for a total of 12.4 million. Some of those proposals are being funded for two years, some are only for one. So that's why you see a variation in funding amounts. and I will drop the summary of those awards in the chat. And thank you so much and sorry for jumping in last.

Taylor Nickerson -SMCHD-: No, you're okay, Thank you so much for those updates. Does anyone else have any questions, comments for Avery? All right. And it looks like she has put that link in the chat.

V. Community Member Comments and Updates

VI. Adjournment

Taylor Nickerson – SMCHD-: Thank you all again for joining our Overdose Prevention Team meeting.

**Next meeting will meet in the same hybrid format on Wednesday, June 11, 2025, from 10 to 11:00 a.m.**

Meeting ended after 00:31:53 🙌