



## Overdose Prevention Team (OPT) Meeting Minutes

Wednesday, December 10, 2025

10:00 a.m.-11:00 a.m.

Hybrid

### Agenda:

#### I. Call to Order

#### II. Introductions

- A. Community Partners' Introductions and Ice Breaker
- B. Updates from Previous Meeting

#### Attendees

Amy Young, Anne-Marie Combs, DJS-, Avery Meyer, MOOR-, Brenda Arnett, SMCHD-, Charles Eible, Charles Howsare, MDH-, Dara DeCola, Jennifer Alvey, Joanne Luke, SMCHD-, Marie Stratton, MDH-, Patrice Duperval-Colas, Sabrina Gattine, Sue Holtery, Tayler Swilling, LCSW-C, Taylor Nickerson, SMCHD, Terry Prochnow, DHS - St. Mary's County, Theron Hudson, SMCHD.

**Taylor Nickerson-SMCHD-**: Thank you so much for being here.

#### III. Approval of Minutes

#### IV. Overdose Prevention Team Update

##### A. OPT Survey Quarter 3-Quarter 4 Updates

I want to start with our Overdose Prevention Team survey covering Quarters 3 & 4 for 2025. This is a survey that Avery Meyer, who's also on the call, sends out to all the facilitators to complete and it encompasses programming not only of inclusive of the Health Department, but other agencies as well such as the local hospitals, social services, probation, and lots of other agencies and our external partners.

I just want to go through and get everyone's thoughts and ideas before I send that over to Avery to compile into the report for the State.

The first plan came out in 2017, then we updated the plan in 2019 and more recently in 2023. All of those reports are linked on our Overdose Prevention Team Webpage. I can share the URL if you all would like to check it out.

We actually just recently got an academic detailer on board, Amber Helson. This is prevalent in St. Mary's County Public Schools. We do have a Harm Reduction team located at the Health Department. We do have our syringe services program, our rapid analysis of drugs, Hepatitis C treatment, case management, fentanyl and Xylazoine test strip distribution. and we did have a part-time wound care nurse (I believe that position is currently vacant). We're getting down to the STOP Act Compliance, which is the statewide targeted Overdose Prevention Act, which was effective July 1, 2022, which requires certain organizations to provide Naloxone or Narcan or another opioid overdose reversal drug to the people they serve.

We also have nonfatal post overdose outreach here at the Health Department where our peer recovery specialists will go out and meet with folks and offer them referrals to programs, some Harm Reduction supplies and really work with them for whatever they need. They'll assist them in their goals. We also have the mobile crisis team, which is the affiliated Santé Group. I will confirm if the mobile crisis team operates 24/7.

We're getting into medications for opioid use disorder. All of which we have outpatient SUD services, residential services, a treatment facility that accepts people with wounds. We have noted that Pyramid Health Care accepts people with wounds. We don't currently have any program planned for EMS field induction.

**Amy Young:** There are other places that accept people with wounds. There's a place in Maryland and a place in Delaware. I will get the information and relay it to you offline.

**Taylor Nickerson:** We recently applied for a grant called the Rural Advancement for Maryland Peers Grant.

**B. Opioid Restitution Fund General Updates**  
Skipped due to time restraints

**C. Prevention & Promotion Upcoming Events**

None to share at this time

**D. Overdose Response Strategy & MDH Joint Presentation on merging drug trends, program overviews, and available resources (Marie Stratton, Charlie Howsare, Sabrina Gattine, & Brent Kluttz) 25-30 minutes**

We will now move to our joint presentation with overdose response strategy, emerging drug trends, program overviews and available resources from MDH. We have Marie Stratton, Charles Howsare , Sabrina Gattine, and Brent Klutz here.

**Marie Stratton:** I really appreciate the opportunity to share some of our data and resources available to your team. I'm the Overdose Data to Action Program Manager. We will spend some time talking about and looking at the data related to emerging drugs and trends of concern. Then we'll share a little bit of response guidance based on those trends and make sure that we're sharing lots of the available resources to you.

**Brent Klutz:** I'm the Drug Intelligence Officer with the Washington Baltimore Haida.

**Sabrina Gattine:** The public health analyst for the Overdose Response Strategy in Maryland and the Washington Baltimore IDTA. We have networks that can answer any questions about emerging drug trends, programs that you're interested in trying out, problems that you're having and hopefully, we can get some solutions for our four program strategies to share data systems and to inform rapid and effective community overdose prevention efforts. We support immediate evidence-based response efforts that can directly reduce overdose deaths, design and use promising strategies at the intersection of public health and public safety and disseminate information to support the implementation of evidence-informed prevention strategies that can reduce substance use and overdose. Our main purpose and goal is to help communication and collaboration between public health and public safety. We work across the state and we'll get into some resources that we can help with later.

**Charles Howsare:** We have tried very hard to become kind of accepted leaders and understand what's really going on in the street drug supply in Maryland. MDH started this group as a Xylazine work group in 2023. but this work has expanded into an emerging drug trends work group. Over the last year and a half, we've added people with wider perspectives. We meet on a quarterly basis and the meetings are closed.

I just want to give you a taste of the kind of folks who participate in a lot of this kind of monitoring partnership and sharing of information from the fatal overdose side. It's the office of the Chief Medical Examiner, Vital Statistics Administration and our Sudor's Group which gives us fatal overdose circumstance data. On the non-fatal overdose side, one of our primary groups is our Dose Essence Group. That group does non-fatal syndromic surveillance primarily looking at ED departments in EMS naloxone distribution. Next would be our office of Harm Reduction and the Rapid Analysis of Drugs of which you all are members in good standing. That is our statewide drug checking program and we'll share a little bit more information from that in this presentation. We have our prescription drug monitoring program and then many external partners in Maryland including academic partners from Hopkins who are doing research with people who use drugs and expanding clinical partners including hospital addiction medicine MDs toxicology folks at OCME and the Maryland poison control and then certain local health departments that show interest.

**Sabrina Gattine:** Charlie mentioned, Medetomidine is definitely an emerging substance in Maryland. Medetomidine is a veterinary sedative in the same class of drugs as Xylazine and clonidine. It's a central nervous system depressant and we're really seeing it in combination with fentanyl but also xylazine and a number of other things. We really want to underscore that naloxone should still be administered even if medetomidine is suspected to be involved in the overdose. Naloxone is effective on fentanyl not medetomidine but it's still really important that it's administered.

**Marie Stratton:** We hope to have a report early next year. It was a little delayed by the federal government shutdown, but Cecil County did see a spike in non-fatal overdoses related to medetomidine in the spring. One of the types of technical assistance we can offer is connecting our partners with subject matter experts and technical assistance directly with CDC. This was an example of that where four epidemic intelligence service officers were deployed to Maryland for three weeks to do this rapid investigation with the goal of really understanding what happened, documenting all the work Cecil County did and giving us some practical guidance.

They did over 60 interviews and that included a lot of the clinical partners. Their hospital was really impacted with this increase in non-fatal overdoses, but also people experiencing that severe withdrawal requiring ICU care. We know that the clinical partners really wanted some more support and resources as well as the community-based EMS and all of their other partners involved. The preliminary findings are a lot of the work that OPs are doing in every

county. Really building that trust among partners to allow for that really rapid response. Building those connections with people with experience is critical. That's one of the key data sources when people who use drugs are saying, "Hey, something different is going on here," I'm having new symptoms," and that being a key data source and person to include in that kind of response planning establishes systems for that really timely communication." We have been prioritizing the lock zone distribution. We really need that training and support step by step. How do you do this rescue breathing?

**Taylor Nickerson:** Thank you so much, Charlie, Marie, Sabrina, and Brent. We really appreciate you joining our meeting today. I did share in the chat, the resource packet that Sabrina provided. Attached is a copy of that packet for your review.

**V. Community Member Comments and Updates**

Ran out of time. For any partner updates, please email Taylor to share with the group.

**VI. Adjournment**

**Next meeting: (Hybrid) Wednesday, March 11, 2026, 10:00-11:00 a.m.**

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