



Public Health
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Harford County
Health Department

Harford County MOOR (Maryland Office of Overdose Response) Opioid Prevention Team (OPT)

Meeting Notes | September 30, 2025 | 8:30-9:30 AM
Hybrid

- **Call to Order**
 - Shawn Martin, OPT Chair, started the meeting by welcoming everyone in the room and those who joined online. He reminded everyone that this meeting is an opportunity for us to review data, share updates, and collaborate on strategies to reduce overdoses and strengthen recovery support in Harford County.

- **Updated Fatal & Non-Fatal Overdose Data (CY2025)**
 - All official records originate with the Office of the Chief Medical Examiner and are reported through the Vital Statistics Administration. From there, we use two main tools.
 - The first is the Weekly Local Health Department report. This report provides faster updates and concise year-to-date totals, but it includes only limited data fields.
 - The second is the Overdose Fatality Review Dashboard. This dashboard offers more comprehensive detail, such as toxicology reports and all listed causes of death. However, it typically lags three to four weeks behind the weekly report.
 - It's important to note that both tools reflect the exact same underlying OCME/VSA records. The differences are about timing and level of detail, not accuracy. Records always align once finalized.
 - For today's presentation, we are using the Overdose Fatality Review Dashboard as the primary source. And just to clarify, our focus is on January through July data for both 2024 and 2025, year-to-date.
 - In 2024, there were 38 deaths during this period. In 2025, we've seen 20 so far — representing a 47% decline.
 - Looking at patterns, 2024 had a distinct spring peak with 8 deaths in March and 7 in April. In contrast, 2025 has been flatter, with two to four deaths per month.
 - While totals may rise slightly as the data is preliminary and is subject to change, the mid-year comparison already shows a significant decline in fatal overdoses this year.
 - In 2024, the 35 to 44 age group accounted for about a third of all deaths. In 2025, that shifted younger, with the 25 to 34 group representing the largest share at 35 percent.
 - In terms of gender, 2024 was overwhelmingly male at 76 percent. By 2025, the balance shifted — it's now nearly even, with a slight female majority.
 - Looking at race and ethnicity, non-Hispanic White residents remain the majority in both years, though their share declined from 76 to 65 percent. Non-Hispanic Black residents increased from 24 to 30 percent. Hispanic residents remained a very small share, with minimal change.
 - These changes are relatively modest, so they should be seen as potential shifts rather than definitive trends. Still, they suggest the profile of decedents is becoming somewhat younger, with more balance by gender and modest diversification by race and ethnicity.

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- Looking only at January through July for both years, for incident locations, in 2024 the largest shares were in Aberdeen, Bel Air, and Baltimore, with smaller but notable numbers in Havre de Grace and Joppa. In 2025, Aberdeen now represents nearly a third of all incidents, Edgewood becomes more prominent, and Bel Air declines sharply.
- For residential locations, in 2024 overdoses were concentrated in Bel Air, Aberdeen, Edgewood, and Havre de Grace. By 2025, Aberdeen increases its share, Edgewood and Havre de Grace remain steady, and Bel Air drops significantly. At the same time, smaller communities like Abingdon and Cockeysville appear with single cases, each about 5%.
- Opioids remain central. In 2024, 84% of cases involved an opioid, with fentanyl present in more than two-thirds. In 2025, those numbers decreased slightly to 75% and 55%, respectively.
- Cocaine is also a major contributor, present in over half of all cases both years. Meanwhile, xylazine's involvement dropped from 16% in 2024 to just one case so far in 2025.
- The key takeaway is that fentanyl remains the dominant factor, though trends suggest a modest decline, with cocaine continuing to be a consistent secondary driver.
- Unlike fatal overdoses, which originate with the Medical Examiner, non-fatal data begins with EMS and hospital emergency departments. That information flows through the Maryland Institute for Emergency Medical Services Systems and is shared at the state level. HCHD uses two primary tools to access it. The first is the CRISP Direct non-fatal overdose notification system, which is part of a statewide pilot that began in 2022. CRISP sends daily notifications to local health departments through a secure dashboard and email system, allowing us to see key incident details and quickly connect individuals to outreach services.
- The second is the Overdose Fatality Review dashboard, which now includes non-fatal cases in addition to fatal ones. This dashboard allows for more in-depth analysis, including linking cases and reviewing demographic or substance information.
- Both of these tools are built from the same EMS and hospital reporting. The main difference is timing and detail: CRISP is real-time and focused on notifications, while the OFR dashboard provides detailed reports but with a delay.
- In 2024, there were 121 cases, compared to 74 this year — a 39 percent decrease.
- Last year we saw sharp spring peaks, especially in March, May, and June. In 2025, the trend has been flatter, with small bumps in February and May.
- Overall, non-fatal overdoses are declining in line with fatal overdoses, but they remain an important early warning indicator.
- The 35–44 group remains the most affected, but adults 55 and older now make up a larger share of cases. Gender stayed relatively stable, with women the majority in both years. By race, White residents still account for most cases, though their share dropped, while Black residents grew from about a quarter to nearly 40%. Overall, the picture

points to a shift toward older adults and a more diverse population of overdose survivors.

- In 2024, Aberdeen was the leading incident city, accounting for over one-third of cases, with Edgewood and Bel Air following. By 2025, that pattern shifted — Edgewood and Bel Air increased their shares while Aberdeen declined. For residential city patterns, 2024 was also concentrated in Aberdeen, Edgewood, and Bel Air, but in 2025 the distribution is more balanced, with Aberdeen and Edgewood tied and Bel Air close behind. The overall implication is that overdoses are less clustered in a single city and more spread across communities.
- **FY2026 MOOR Block Grant Updates**
 - The process was carried out by a volunteer review committee drawn from OPT membership. Members stepped forward to participate, ensuring transparency and fairness. Ultimately, funding was awarded to Veni Vidi Vici's Veni Van Project and the Harford County Sheriff's Office's Detention Center MAT initiative.
 - The grant timeline ran from March through April, with proposals due April 11 and final submission to MOOR by April 30.
 - Three applications were submitted: Addiction Connections Resource for the Harford Recovery Navigation Initiative, Veni Vidi Vici for free MOUD client transportation, and the Harford County Detention Center for a MAT staffing and training project.
 - Each was scored based on alignment with MOOR priorities, impact on overdose prevention, feasibility and sustainability, and budget justification and cost-effectiveness.
 - Veni Vidi Vici's Veni Van will provide 1,000 annual round trips, serving roughly 360 unique clients, addressing a key transportation barrier. The Detention Center MAT initiative will fund a temporary deputy hire, train 10 staff, and expand MAT access to incarcerated individuals.
 - Looking ahead, the OPT will monitor implementation closely through quarterly progress reports, discuss outcomes at our September and November meetings, and continue considering future funding opportunities, especially for projects not supported in FY26.
- **Office of Drug Control Policy Update – “Bad Batch System”**
 - Baltimore experienced two mass-overdose events in July tied to a dangerous benzo-opioid mix. While naloxone still works, its effectiveness is reduced, and airway management is critical. Here in Harford, an event like this could play out differently given our suburban and rural communities, but it could still overwhelm local response. Marcus Webster, Administrator with the Office of Drug Control Policy reached out after Penn North, asking about our capacity and suggesting this be included in today's meeting.
 - Harford's geography is different from Baltimore. We're more suburban and rural, but we are still at risk for cluster overdoses. Right now, we have six Overdose Response Programs spread across the county that can mobilize quickly with naloxone and education.
 - The question for us is, if a spike were to happen here, how would we know about it, and how would these partners coordinate their response?
 - Other Maryland counties have already experimented with ways to alert the public when a dangerous batch is circulating. Baltimore has a longstanding “Bad Batch Alert” text system that they recently paired with lab drug checking. Anne Arundel pushes community advisories through their county alert system, and both Montgomery and Prince George's counties use similar countywide platforms to push health notifications.
 - The question for us is how Harford should move forward. Should we form a subgroup to explore whether a bad batch alert system makes sense here? If so, who should lead — the health department, EMS, law enforcement, or harm reduction partners? We also need to think about whether we should expand

beyond the six ORPs we currently have, and finally, how broad our messaging should be. Should it be internal only, or should it also reach the public and community partners?

- Group comments:
 - Baltimore cluster showed the importance of rapid alerts.
 - Harford has 6 ORPs but a limited alert system.
 - Questions raised: who should lead, expand ORPs?, alerts public vs. internal.
 - Idea: small subgroup to explore options.
 - RAVE alert system, collaborate with Harford DES group
 - Social Media can be useful in getting the word out
 - Best practice models throughout the state in other jurisdictions. Train the trainer.
 - County PIO group, JIC
 - Crisis task planning workgroup.
 - Keep UM UCH involved, there is a new chief medical officer.
 - People who use drugs should be/stay alerted through outreach methods.
 - Mobilize those resources
- **Local Overdose Fatality Review Team (LOFRT) Updates**
 - At the most recent Local Overdose Fatality Review Team meeting, there were no recommendations brought forward to the OPT. In the coming months, I'll be working closely with our OFR Coordinator to think through how we can better support LOFRT members in making actionable recommendations to this group. The goal is to strengthen the connection between the case reviews and the work of the OPT so that what we learn can more directly guide our planning and response.
- **OPT Survey #2 Results & Gap Discussion**
 - Responses received:
 - Marcus Webster, Administrator, Office of Drug Control Policy:
 - "5: Student/Peer-Led Prevention Programming/Activities: Change to In development. ODCP working alongside HCPS and HCHD to incorporate P2P.
 - 16 A & B: Change to in development. Circling back in regard to the submitted DES grant pending permission from the state to communicate.
 - 22 D: We can assist with getting the shelter more involved.
 - 23: Sandi can assist with this if needed
 - For the other noted gaps, happy to help fill these in or at least move to In Development since we'll be working to address.
 - Christina Alton, LCSW-C, Supervisor of School Social Workers, Harford County Public Schools
 - The only area that needs to be corrected for HCPS is 13D- students do not carry naloxone.
 - Jill Latteri, LCSW-C, Assistant Director for Services, Harford County Department of Social Services
 - I see that DSS for substance abuse exposed newborns - that is still accurate. In addition, we still do not have START funding here.
 - Results:
 - STOP ACT Compliance
 - Requires certain organizations to provide naloxone, Narcan or another opioid overdose reversal drug (OORD) to the people they serve.

- Free MACS Consultation
 - The Maryland Addiction Consultation Service (MACS) offers free phone consults for providers.
 - Topics include buprenorphine prescribing, youth SUD, maternal health, chronic pain.
 - Providers can call 1-855-337-MACS for support.
 - (Source: MDH/MACS Provider Memo, July 2025)
- RAMP Program Launch
 - Governor’s Office announced the Rural Advancement for Maryland Peers (RAMP) Program.
 - \$1.6M in grants to expand certified peer recovery specialist workforce.
 - Focus: rural counties (includes Harford).
 - Proposals due Nov. 21, 2025; pre-proposal conference on
 - Grants up to \$200K for training, certification, and career advancement.
- **Public Comments**
 - Benjamin Fraifeld (MOOR)
 - Faith in the OD community in Baltimore
 - Staffing a workgroup, meeting first and last Tuesday of each month.
 - Angela Gray
 - CHRC awarded funding for community support. 10 service providers in HCPS to meet the needs of students and families. Roots Project
 - Voices of Hope will begin offering services 24 hours a day starting November 3, 2025.
- **Adjournment**
 - Shawn Martin closed the group by providing everyone with next steps:
 - Prioritize 2–3 program gaps, confirm leads.
 - Explore subgroup for “Bad Batch” alert system.
 - Monitor MOOR-funded programs.

Upcoming Meetings: TBD