

The Syringe Services Program Standing Advisory Committee Meeting

September 13, 2019

10am-12pm

Cecil County Health Department

401 Bow Street, Elkton MD. 21921

Auditorium

Meeting Minutes

Members Present

Fran Phillips
Erin Russell
Katie Carroll
Dr. Susan Sherman
Terry Prochnow
Harriet Smith
Dr. Gregory Branch
Deanna Dunn
Natasha Mehu
Christine Rodriguez
Robin Lord Smith

Non -Members Present

Marie Stratton	Mike Massuli
David Washington	Stephanie Winfree
Jencia Bennett	Scott Adams
Shante Johnson	Judi Rodemick
Dana Heilman	Rosemary Rich
James Abler	Kyle Kenny
Tricia Christensen	Delegate Lamm
Erin Woodie	Tasha Jamison
Aaron Wright	Jane Lawing
Miera Corey	Mark Robinson
Laurie Humphries	Lisa Parker
Derrick Hunt	Ben Stevenson
Tonya Green-Pyles	Dr. Lauren Levy
Danielle German	Howie Newton

- I. Call to Order & Introductions- Fran Phillips, Deputy Secretary for Public Health Services, Chair of Standing Advisory Committee**
- II. Welcome partners in attendance- Dr. Levy Lowry, Cecil County Health Officer**
- III. Syringe Services Programs at the Federal level- Fran Phillips, Deputy Secretary for Public Health Services, Chair of Standing Advisory Committee**
 - The Syringe Services Programs interrupt transmission of disease, not promoting drug use. As a community, we are obligated to communicate with neighbors and coworkers' states. The movement towards SSP has the endorsement of US federal leadership-director of US CDC and number two ranking person in the federal administration in DHHS. Maryland has been the leader in SSP. We will be called upon to demonstrate what we have done, as models for others.
- IV. Center Staff Update-Erin Russell, Center Chief for Harm Reduction Services**

- **Revised SSP Application-** A shortened version of the SSP application for new programs. In the process of receiving new applications from counties interested in Syringe Services Programs and communicating with nonprofit CBOs in Baltimore City who is interested in applying. Applications will be shared with the advisory committee. Feedback is welcome from the Standing Advisory Committee before it is official.
- **Quarterly SSP Programs Reports-** Programs are now required to submit quarterly reports to MDH that receive funding. This information aligns with the statute regulation.
- **Advancing Cross-Cutting Engagement and Service Strategy for people who use Drugs (ACCESS Website)-** A centralized place for updates, ordering naloxone, harm reduction funding opportunities and providing harm reduction services. For more information, please visit the ACCESS website. bit.ly/MDHaccessHR. If organizations receive funding from MDH, they are expected to provide services that align with the harm reduction framework—three conditions of services provided through CHRS grants and resources.
 1. Engagement of people who use drugs without the expectation that they change their use
 2. Nonstigmatizing and nonjudgmental
 3. Education provided
- **Harm Reduction Grants –** We awarded to 17 LHDs and 10 CBOs. All 10 CBO's are providing naloxone as ORP or SSP. This grant funding supports them in providing comprehensive services aligned with the harm reduction framework. The broader mission of Harm Reduction is how you provide services that make people feel comfortable and trust you and build rapport. Funding several activities that are geared towards people are using drugs, entering recovery, or in between treatment. Activities include but not limited to; support hiring of at least 30 people with lived experience, safe spaces where people who use drugs and engage in sex work can come and receive services that have open drop-in hours, harm reduction support groups, and supporting low threshold buprenorphine access.
- **Identification Cards/Unique Identifiers-** Seeking SAC guidance around the unique identifiers and identification cards. Questions around should counties be responsible for creating their own participant ID cards or create a state-wide ID card.
- **Upcoming Site Visits-** We will be conducting walkthroughs of locations where services are provided. Based on the MD's statutory regulations, sites should be free of clutter and welcoming space. Making sure programs have updated protocols and maintaining updated protocols on file. Incorporate best practices about distribution. Questions about naloxone, making sure all staff is trained to respond to an overdose.

onsite—program safety measures, etc. What referral protocols look like and the referral process. Data collection—how programs are tracking? A question around “should we consider a statewide data collection system”? Review the fiscal side of those LHDs, receiving funding from MDH. MDH doesn’t provide funding for two CBOs in Baltimore City. We will just review to ensure their model adheres to the statutory requirements. The first site visit was earlier this week in Washington county. The training institute will conduct site visits with CHRS. Partner with TA, best practices and supporting harm reduction grantees. We’ll be bringing in national experts and consultants as needed.

- **Maryland Harm Reduction Training Institute-** Offering a large cohort training for new programs every six months. Christine Rodriguez will assume responsibility for training that is needed by current and newly hired SSP staff. Offering mixed models of training- including online training modules. We would like to make the training more flexible so that it’s not taking too much away from current operations to get them trained. Technical assistance for programs will be ongoing.

V. Program updates

- **St Mary’s—** Currently, have 26 program participants registered. Extending hours from 8 am to 5 pm to reach more people. Looking to hire an RN case manager to provide low barrier services such as vaccines, BP checks, and wound care. Conducting weekend outreach-backpack model. The program has been word of mouth.
- **Baltimore County-** Currently, have 117 program participants registered. Trained and given out over 1,000 Narcan kits. They are delivering services out of liberty health center as a pilot. Have placed sharps kiosks outside of health centers. Three of the kiosks have received needles for disposal. Began, distributing FTS on August 19th. Nursing side of the Harm Reduction program—treated over 40 participants for wound care, 26 vaccines, 12 hep b and hep a vaccine. Have regular clinics—Dundalk and Landsdowne. The goal is to expand to all 9 centers.
- **Cecil County-** Currently have 362 enrolled participants and provided 993 participants encounters. Collected over 3,000 syringes and distributed 4,000. Involved with local treatment providers in trying to make the referral line warm and easy to access. In August, the return rate has fluctuated a lot, up to 76%. Dispensed 1,090 naloxone kits in the community with Voices of Hope partnership that conduct backpack in underserved neighborhoods. Have a fixed site at the health dept. Distributed 222 safer sex kits, 111 referrals for rapid testing offered in house and on the mobile van. Peers in the program are getting linked to training to do rapid testing and Katie completed phlebotomy training to do confirmatory bloodwork. Plans to conduct home visits because rural community transportation is a challenge. Peer wellness day—yoga, meditation, (and

tapping a 2-hour workshop with one of the local providers). Presentations through the county council, drug and alcohol council, chiefs (police fire ems). Working with the state attorney's office working on the verification process and protecting participants from prosecution.

- **Washington County-** Currently, have 329 program participants registered. Distributing FTS and naloxone, conducting rapid testing for HIV, Syphilis, and Hep C. Every Friday they conduct syringe pick up from different department stores. Lots of stores did not know about harm reduction. They were featured in two newspaper articles. Conduct outreach to the LGBT community and partnering with the health department - Washington County goes purple, an initiative that allows people to access treatment. Rob Zellners will be leaving the program.
- **Prince George County (Family Medical and Counseling Services)-** Currently, have 500 program participants registered. Distribute 15,000 syringes and collected roughly 7,000 used syringes. Distribute over 100 Narcan kits and 1,041 fentanyl test strips. Currently, operate 6:30 am to 2:30 pm (Monday- Friday). The team uses the backpack model in areas identified as having the highest fatalities and overdose rates. People enrolled mostly from PG or surrounding areas.
- **Baltimore Harm Reduction Coalition -** They have been offering syringe services in addition to already existing referrals and largely naloxone and overdose prevention training. Officially approved in April 2019. They have raised funds from donors to served 35 unique participants. Had over 60 interactions with 35 participants and in that time gave over 1, 000 sterile syringes and 1,000 pieces of injection equipment. Every person was offered naloxone specifically. Often given more than one kit. Everyone also offered safer sex supplies at each interaction.
- **Baltimore City (Needle Exchange Program)-** Over the last fiscal year, they have 2, 000 new clients. The weekly average is 75-80 clients at heavier sites. They have 4,899 unique clients and 2, 084 new clients. Referred 145 clients for drug treatment, wound care, and other support services. Distributed over 3, 000 kits of naloxone and trained 5,800 clients. Collected 1.11 million syringes and distributed 1 million syringes. Seventeen sites are visited. Expanding to 22 sites. They will have two new sites by end of October first site at Dundalk and Halibird, the next in Belair Edison- those will be two new mobile sites. Changes are being made to the fall schedule. Currently, conducting visits for sites during the day—increasing to 4 sites in the morning and 4 in the afternoon. Evening sites changing from 5 pm-10 pm and will be conducting outreach from 4 pm to 12 am to capture the population we haven't been engaging with. Community engagement liaison has a working relationship with the district police. Working with safe streets to develop support. Distributing naloxone to treatment programs, merchants, the in community.

- **Howard County-** Currently in Capacity Development efforts. Leased a space and purchase a mobile van. Howie Newton is the new Recovery Support and Harm Reduction Supervisor as of August 28th. Strengthening alliances with community stakeholders, community providers, and outreach to PWUD. Conference call on Wednesday, Sept 11th with statewide SSP to seek guidance and support for possible SSP implementation. October 16 will present at LBHA board meeting.
- **Harford County** – Currently in Capacity Development efforts. Distributing naloxone kits, in the process of hiring outreach worker. Focusing on building relationships within the community, making relationships with local partners in the community, nonprofits, substance use treatment providers in the recovery community. They hope to form a community advisory board before the end of the calendar year. In the process of exploring the distribution of FTS through partnerships with MAT program. And working to administer surveys also with MAT programs with incentives to go along with them. Also encouraging them to conduct needs assessment along with CAB. Bel Air Police Department on its way to establishing LEAD—specific to Bel air, not countywide.
- **Wicomico-** Currently in Capacity Development efforts. Plan to move into the leased facility as soon as the internet and security are in place. They received a mobile van and have storage for that. Hired two peer recovery specialists to join the team for the harm reduction services. Started syringe voucher program thanks to Frederick County.

VI. Center for Viral Hepatitis, Maryland Department of Health- Tolu Arowolo, MBBS, MPH, MSc (hepatitis presentation)

VII. Statewide Ethnographic Assessment of Drug use and Services (SEADS), Johns Hopkins University, Bloomberg School of Public Health- Danielle German- slides

VIII. Public and Open Discussion