

The Syringe Services Program Standing Advisory Committee Meeting
May 31, 2019
10am-12pm
Maryland Department of Health
500 North Calvert Street, Baltimore, MD 21201
2nd Floor Large Conference Room

Meeting Minutes

- I. Call to Order & Introductions- Fran Phillips, Deputy Secretary for Public Health Services, Chair of Standing Advisory Committee**
- II. Center Staff Update-Erin Russell, Center Chief for Harm Reduction Services**
 - Turnover personnel in the Center for Harm Reduction. Lost a key important influential staff Andrew Bell, Division Chief of Workforce Development and Training.
 - On policy and program management side—Shante and Liz are both new since last meeting. Shante, new harm reduction program Manager. Overseeing grants that support SSP, working on new data collection tools. Liz is naloxone outreach and training specialist—drove around state providing naloxone to every recovery residence in the state. Built on her relationships, connected in community. Back to continue that work, going to be at pride festivals, homeless shelters—recruiting new ORPs, fill gaps we have right now in naloxone access.
 - Kyle new member of team. Operations manager. He’s critical to the team as we’re trying to get new funding out the door to SSPs and need help doing that.
 - Erin Russell, Center for Harm Reduction Services is fully engaged and part of the team, along with Peter DeMartino, Director of the Infectious Disease Prevention and Health Services bureau.
- III. Future Meetings- Fran Phillips, Fran Phillips, Deputy Secretary for Public Health Services, Chair of Standing Advisory Committee**
 - This meeting is open meeting and we are subject to open meeting statues which allows us to consistently announce in advance the time and location for committee meetings, meeting agenda, presentations, and other documents through the Maryland register. This information will also be located MDH’s ACCESS (Harm Reduction Website). This information must be shared with the public per Maryland’s Open Meeting Act. Harm reduction on a roll throughout the state. Hence, future meetings in non-central MD counties will take place. This will allow us to connect with other counties and community organizations.
- IV. Review and Approve of minutes from last meeting (March 6, 2019)**

V. Standing Advisory Committee Membership- Fran Phillips, Fran Phillips, Deputy Secretary for Public Health Services, Chair of Standing Advisory Committee

- Per existing statute, the Standing Advisory Committee are committed to 18 members. Fran thanks and value input of those who serve as members on the committee. Each member has a term and 1/3rd of members have terms that will expire on September 30, 2019. Fran wants all to review their term. If you don't have that information, please check with Erin Russell. If term is set to expire and you would like to renew, please indicate so. Erin Russell will get you the form to make that request known to the governor's office-secretary appointment.

VI. Update ACCESS & Naloxone Distribution- Erin Russell, Center Chief

- The ACCESS webpage is where centralizing resources available from state for harm reduction, simple webpage now but goals to make it more comprehensive. Toolkits putting out, grant opportunities, new program options. As resources become available, for example, if able to get more testing strips, opening for naloxone, will be on ACCESS.
- Anyone receiving services through access must commit to providing services to people using drugs without expectation that they stop using. Must engage people who use drugs in nonjudgmental and nonstigmatizing manner, provide accurate and complete information about reducing harms as much as possible.
- 26 ORPs request naloxone, 34,000 doses of naloxone, about 7000 were IM naloxone. FTS, bought 66,000. Christine held a training of trainers. Everyone who received test strips sent a representative to that training. That training and pdfs of all latest articles about test strips, resources, labels, training materials, are an Intern will be joining to provide capacity to collect surveys to programs handing out strips. The goal is to obtain 20 surveys from each location. Hope to have report in the fall about outcomes. That information is available at bit.ly/MarylandFTS.
- The Center put out a request for application from nonprofits for harm reduction projects that adhere to the tenets of HR. Application closed yesterday at 2PM. Open to both nonprofits and health departments. Will review all those applications at once and making funding decisions for FY20. Funding will go out the door in July.
- Kyle will also oversee centralized purchasing. We're placing order at state and shipping to local programs, allows us to provide naloxone to nonprofits that we couldn't before.

VII. Community Based Organizations approved for SSP

- Since our last meeting two new community-based organization programs have been approved. Baltimore Harm Reduction Coalition (BHRC) and Charm City Care Connection (CCCC). To approve a CBO, joint approval for CBO from MDH and local health officer/dept—in the city, it's the health commissioner. Long process of working through that application with both entities. First time we are doing a joint approval in this way.

VIII. Data Collection and Funding Sustainability

- We are required by statute to collect specific data information. Regulations require to report on quarterly basis. Since this has not been done on a regular basis to date, this is the direction we're moving in. You'll be hearing from Shante about new methods for collecting data for active programs. Intend to collect aggregate level data for each of these points. Will include simple things for demographics and participants. New participants versus total active, zip code, types of drugs that participants report using, numbers of syringes distributed and collected, each location, and number of referrals to services. Welcome program feedback. By the next meeting will have more aggregate data to share.

IX. Peter DeMartino "Maryland HIV Funding"

- The Bureau has three high priority: viral hepatitis, harm reduction, and HIV. In 2000, was added to RW as part of Early Identification of individuals living with HIV AIDS. Gives federal directive that is a responsibility of RW to identify individuals who are undiagnosed and diagnose them. And in that process to engage individuals in care and provide services that will keep them HIV negative. Good portion being spent on harm reduction Continuum Harm reduction fits squarely in what we're doing and how we hope to incorporate you into sustainability of ryan white.
- Bureau budget—44% is federal, 1% is state general funds, the rest is state special funds. MADAP—have program income from that program. Based on 340B drug rebate program. 55% of our dollars are impacted by ryan white system.
- Federal funding: 57% of that is ryan white.
- 50% of dollars being spent on prevention.

X. SSP Updates (Baltimore County, Cecil County, Frederick County, Harford County, Prince George's County, Washington County, Wicomico County)

- **Washington County**-David Washington, Harm Reduction Program Coordinator
In the process of getting LEAD up and running. Working with the prison ministry-jail based programs, local LGBTQ and treatment programs to teach about Harm Reduction. Conducted a street-based (7 months) survey of 158 participants. Still having obstacles with reaching people in rural areas, law enforcement harassing participants, referral process for participants, boundaries for female staff and SSP participants, HIV testing and getting people to labs for hepatitis follow up has been difficult. They started a statewide cultural humility group. Open a crisis center in July 24/7 facility.
- **Wicomico County**-Tasha Jamison, Harm Reduction Program
Still in capacity building. Have been moving forward and hope to submit an implementation application. Partnered with one pharmacy in the community and agreed not signed with a second to do a pharmacy voucher program like Frederick County before approval of SSP to give people opportunity to get needles without coming into facility. Working and doing outreach focus groups with individuals with

PWUD and people in recovery. Working with advisory board. Got applicants back for peer support and community outreach additions, doing interviews to get positions filled. Submitted grant proposal for FY20 hoping to use funds to get fixed spot rather than have spot in overly crowded health department, so space can be more accommodating and comfortable.

Prince George's County (Family and Medical Counseling Services) Mark Robinson and Diane Jones

- Operating with a backpack model, engaging in zip code areas identified as having highest fatality rates and drug trafficking activity. Distributed 7310 syringes and collected 4383 used syringes. 130 new program participants. Word of mouth is advertising throughout community. Recently received Narcan to allow individuals to administer Narcan in case of overdose. Also have Fentanyl Test Strips (FTS).

Harford County- Zach Kososksi Harm Reduction Program Coordinator

- Still in capacity development. Experiencing same challenges of other law enforcement and local government. Taking guidance from health officer. Trying to support community, identify friends and partners there, elevate those concerns and support for HR to decision makers. Assessing landscape, building relationships, exploring partnerships, syringe takebacks with law enforcement, pharmacies, grocery stores. Excited to learn from everyone.

Cecil County -Katie Carroll, Program Coordinator

- Our program kicked off April 1st before a budget was approved. Local county donated 1000 syringes to get started. Working with Voices of Hope, operating in local neighborhoods. Participants have been engaged throughout capacity development. 98 participants enrolled, 165 encounters with individuals. Have collected 1839 syringes and dispensed >2000. Provided 140 safer use kits— wound care kits. Teams have distributed 201 naloxone kits. 91 sharps containers, 57 FTS along with education to use them, and 46 referrals to other services, mostly for rapid HIV/HCV testing.
- Recently started getting hygiene supplies—deodorant, toothbrush, toothpaste, etc Community cleanup with revitalization team in an underserved neighborhood where we do backpack outreach. Peers engaged with overdose survivors' outreach. Got engaged with local medication assisted treatment providers, on agenda in next two weeks to talk about what services would look like in their agencies.
- Looking into satellite site for anyone still experiencing fear of coming to the health department Have mobile van on its way. Local statute restricts mobile outreach, but hopefully can-do testing., and got reports back from people about what tested positive and letting other participants know.

Frederick County- Jessica Ellis- Harm Reduction Program Coordinator

- Distributed >4000. 73% return rate. Have 44 participants. Fixed site at health dept. on May 2nd, launched mobile services through van. 7 sites in Frederick County. Pharmacy

Voucher program started in November 2017: distributed 39270 syringes, 418 unique participants as of April 30th. Conducted peer outreach through that pharmacy so people can get connected to SSP through pharmacy. Disposal events: weekly takeback service, will be discontinuing. Annual syringe disposal events and community cleanup. Collected 28,270 sharps during our community clean up. Individuals were informed how to properly dispose of sharps in general trash. Directions from county landfill were placed on participants cards.

- FTS were distributed through SSP, but partnerships right now piloting distribution through the Fire Department and rescue through leave behind and through a case management agency that is in contact with PWUD. New relationships with MAT providers and local churches.
- Conducted first annual Harm Reduction summit, over 150 attendees, big success.

Baltimore County- Kirsten Athany- Program Supervisor

- One year in operation, mid-June. We've had slow uptake. First half of year and then things picked up second half of year.
- We have four fixed sites—health center locations, operated by the health department. Have engaged over 1200 people through outreach activities. Have distributed over 561 naloxone kits across county, mainly people injecting drugs and their networks. Have 70 unique participants and that's over 178 encounters. Distributed over 60,000 syringes. Main challenges and goals over next year is increasing number of participants.
- Hired part time outreach worker, filled vacancy for a peer in March. To reach more people, our nurse provides harm reduction nursing hours at local library branch once a month. One is a library and one is a recovery community center.
- Wound care, vaccination. In the past month or two started providing incentives—10-dollar gift cards—for participating in nursing services and a networking strategy—if someone brings a new participant with them.
- Bus tokens and taxi transportation are given in certain circumstances.
- Working with one community org to make that one of our sites—getting MOU with them. Third presentation to law enforcement this month, for officers going through CIT training. Baltimore county officers were surveyed about experiences with needlestick injury. Officers have started participated in advisory meetings—have been 3 so far, get between 5 and 10 people showing up so far. Summit two weeks ago, just over 100 people attend. Around women, drug use, and harm reduction, presentations on pregnancy and drug use, and sex work. Event went well. Excited to start giving out FTS in next couple weeks. Also, to hopefully hire someone through ACCESS funding to do patient navigation to hep c treatment for people injecting drugs.

- Two peer staff and two partners are going to New York to visit SSPs in the city (wash heights corner project, etc.).

VIII. SAC Members Open Forum

Katie Carroll: Request more clear and consistent guidance/guidelines for state regarding law enforcement. Person's possession of card is not enough to verify that person is enrolled. Concerned about people copying cards, hoarding cards, making their own cards. Have provided so much information about statute, but don't speak legal jargon. Fearful for program participants.

Fran attended a monthly meeting in July held in Philly Region III—PA, WV, Delaware, DC, VA. By unanimous consensus, we talk with HRSA and SAMHSA in harm reduction. Maryland is the lead in harm reduction. We are way ahead of region III.

Delegate Lamm- Continuing to support and create standards/ competencies. Just passed this session. Passed to allow minors to consent for PrEP treatment. Effective Oct 1, providers can give prep to minors who consent to that.

Fran: community health worker front, momentum and moving forward for voluntary certification of programs and individuals. That is a gateway to reimbursement. Discussion in advisory committee about having specialty areas of CHW, HIV being one of them. Peter mentioned visit he had with CDC leadership, Dr. Redfield and assistance secretary for Health. Hosted a meeting in April with CDC leadership, expressing purpose of hearing MD as state and local jurisdictions around ending HIV. Series of presentations with them. Went through basic of epidemic in MD, what it looked like relative to country. Startling visual representation of harm reduction—went through last two decades of incidence of new HIV in Baltimore city, and what happened as result of syringe services programs in Baltimore city. All attention was success in Baltimore city. Baltimore city health dept had role in visit. Follow up to occur in next couple weeks in PG county.

Fran: impressed with progressive orientation of local EMS to incorporate FTS with leave behind program. Learned this week that majority of programs do not have leave behind program.

IX. Public Comment

X. Closing statements by Fran Phillips at 12:00PM