



MARYLAND
Department of Health

Standing Advisory Committee
Opioid-Associated Disease Prevention and Outreach Programs
September 4, 2020
10:00 AM – 12:00 PM

I. Welcome - Erin Russell, Center Chief
Standing Advisory Committee Roll Call

In attendance:

- Dr. Gregory Burnett
- Katie Carroll
- Dr. Patrick Chaulk
- Freedom Diamond
- Dr. Deanna Dunn
- Dr. Sarah Kattakuzhy
- Samantha Kerr
- Heather Kirby
- Zachary Kosinski
- Lt. Joshua McCauley
- Natasha Mehu
- Dr. Susan Sherman
- Harriet Smith

Not in attendance:

- Dr. Branch
- Terry Prochnow

● Christine Rodriguez

Non-members present:

- Jane Lawing
- Mark Robinson
- Erin Russell
- Dana Heilman
- Marie Stratton
- Elizabeth Murphy
- Kyle Kenny
- Jessica Nesbitt
- Leslie Evans
- Allison Thomson
- Lisa Morrell
- Claudia Jackson
- Ben Stevenson
- Alicia Myers
- Sohail Qarni

- Amy Higgins
- Anita Ray
- Dana Carr
- Danielle Russell
- Erin Woodie
- Jessica Ellis
- Marianne Gibson
- Miera Corey
- Peter Bogusko
- Peter DeMartino
- Romona Gould
- Sherita Hawkes
- Steve Bruno
- Tammy Hubbert
- Tolu Arowolo
- Tricia Christensen
- Joanna Diamond

Introduction of CHRS staff

Introduction of Dr. Chan - will be joining meeting at 10:30AM

Fran Phillips retired. Have a new acting Deputy Secretary, Dr. Jinlene Chan. She has been very involved in the state response to COVID-19. She previously was the Assistant Secretary for Health at MDH and has served as the interim Deputy Secretary in the past.

Jinlene Chan, MD, MPH, FAAP

Deputy Secretary for Public Health Services, Maryland Department of Health

Chair, Standing Advisory Committee

II. MDH Announcements

a. New SSP Approvals:

- i. Organization of Hope, Baltimore City: a nonprofit organization based in

Baltimore City, and serves surrounding communities.

- ii.** Incorporating syringe services into a variety of other comprehensive services
 - iii.** Dr. Williams not present at meeting to provide update
- b.** New Program Introductions and Updates
- i.** Programs approved in 2020 include 3 local health departments in Howard, Anne Arundel, and Wicomico County
 - 1.** Lisa Morrel from Howard County
 - a.** Lisa is new to the Howard County Health Department. She is the Recovery Support and Harm Reduction Supervisor.
 - b.** Provided a brief update on implementation planning
 - c.** Ordered RV for services, and is 95% complete. Have been significant delays due to COVID-19. Expect arrival by second quarter of FY21. In planning stages for various services to be offered on RV, working with peers and clinical team. Plan is to offer HIV and STD testing and referrals. Peers want to distribute harm reduction bags to the community. List of supplies is expanding, as well as agencies requesting them. Passing out harm reduction supplies through other agencies to serve the population: Humanum, Oxford Recovery, Silverman Treatment, the local detention center, State's Attorney's Office, Hope Works, Grassroots, etc. Have distributed 300 harm reduction bags, currently ordering supplies and packing 200 more. Harm reduction bags include baggies, fentanyl test strips, gloves, flashlights, phone charges, baseball hats, sunblock, condoms, lube, chapstick. Obtain input from peers regarding supplies.
 - 2.** Claudia Jackson from Anne Arundel
 - a.** Provided a brief update on mobile services
 - b.** Using the local model- AA Power Program. They set up outreach sites in Annapolis and Anne Arundel, Glen Burnie, and Brooklyn Park. Using Wellmobile to operate in parking lots. Operating consistently- same time and days of week so can accommodate people. Recovery Support Specialists visit locations known to have high drug use and where drug users congregate to provide resources, materials, education, and information about HD programs. They engage people with lived experiences and mobilize community members to provide brief training. Attempt to bridge gaps between the health department and community so they are told what the needs are in the community. Specifically utilize people with lived experience to conduct overdose prevention training. Plan to continue work and provide syringes through the program as well at the Wellmobile, which is staffed by Certified Nurse Practitioner, RN, and Peer. Provides low threshold buprenorphine to residents with active Opioid Use Disorder. Link individuals to treatment and counseling.
 - 3.** Romona Gould from Wicomico County
 - a.** At a stand-still, not allowed back in office. Have all supplies, syringes, the room set up. Have a voucher program for those who are in need of syringes, and can go to two different pharmacies.

- b. Waiting on authorization to initiate outreach to engage the community.
 - c. Welcome Allison Thomson, new Harm Reduction Programs Manager at CHRS. Will be responsible for monitoring and providing technical assistance for SSPs

III. Committee Discussion

- a. Review of proposal for statewide participant card
 - i. Statewide Participant Cards has been a common theme over the past year. Have received many reports saying it would be helpful to have a standard participant card in order to address challenges with law enforcement across county lines. If a person gets syringes in Washington County and goes home to Alleghany County, it is legal for them to have syringes, regardless of where they are in the state, but law enforcement in other counties may not be familiar or understand that. Moving toward a statewide card will reflect that this is a state level approved program, aligned with education of law enforcement at the state level. Developed drafts, requesting feedback from committee to give input on how we can make it official, what should be included, what's missing on the draft that would address the issue/problems.
 - ii. Question from Dr. Susan Sherman: Does law enforcement receive training on this, as participants may cross county lines?
 - 1. Response: We do incorporate into lead training. LEAD was launched in Washington County, and has been a good example. SSP is very involved in LEAD. Good understanding of law enforcement and purpose of syringe services. LEAD program does help. Need to have a state level education process, MDH will be talking to state police and police training academy.
 - iii. Question from Joanne Diamond (HCH): What is the timeline for cards to be utilized for SSPs?
 - 1. Response: Needs to be approved by committee, estimated for approval process to be completed this year. CHRS will order the cards and distribute to programs, with no additional expense to programs
 - iv. Question from Claudia Jackson: If our timeline to begin implementation parallels the 6 weeks, should we continue with our plan to order our own cards?
 - 1. Answer: Suggest to not order as many as planned, get a starter pack. This will be a transition, we will phase in statewide cards.
 - v. Thoughts from Zach Kosinski: Discussion around serial numbers and MDH maintaining database of serial numbers for advanced epi reporting: embossed or raised numbers to make it official. If MDH has serial number and programs had serial number and unique ID are connected in data, if programs doing standardized reporting, it could allow for data they submit on participant services, not sharing unique ID with MDH, but sharing it connected with serial number, which might allow MDH to look at and do state level analysis and services. Don't know what would work in terms of anonymity, thinking of utility beyond usefulness of making sure participants aren't harassed by law enforcement.
 - vi. Question: Will cards be waterproof or laminated?
 - 1. Response: As card is, it leaves the ID and program name blank so it can be written in for each participant. Laminating or making waterproof might be challenging

- vii. Question: Do we have to use MDH cards or can we print our own?
 1. Response: Will have to think about this further, stamped and raised seal card is meant to address specific problem of them not being seen as legitimate by law enforcement, with increased statewide education for law enforcement, we may not need this in the future
- viii. Program decision on how to develop unique ID, purpose is to protect anonymity and also track participant engagement. Questions regarding whether program information will be prefilled, and whether program information should be included on card.
- ix. Lt. McCauley agreed on statewide mandate for training for law enforcement - they utilized LEAD training to create roll call materials for their department; also expressed concerns that LE skepticism will continue even with serialized/water mark card unless they can check to see if right person has right card (vs being passed around multiple people)
 1. Need for HIPAA training for law enforcement if they do access persons health information; precedent set by medical marijuana program
 2. Response: previous discussions have always ended in knowing that we have to educate police and law enforcement. Thought occurred to me during this is that when educating the police, if there's going to be a need for them to know the person's name to know its legitimate, need to include HIPAA training for police
 3. Erin Russell: This has been a helpful discussion not just about cards but more broadly about law enforcement. One challenge to connecting the right person to the right card, at the program level is it is truly anonymous. No requirements to produce photo ID or anything like that. Rolling out cards could help restart discussion with state police and the state's attorney and update the police academy curriculum.

IV. Approval of Bylaws and Previous Meeting Minutes - Dr. Jinlene Chan

- a. Approval of previous meeting minutes - Dr. Chan
 - i. March 5 meeting minutes - approved
 - ii. June 13 meeting minutes - approved
- b. Approval of updated Bylaws - Dr. Chan
 - i. Adjusted Fall 2019 to reflect updated attendance policy, to create subcommittee for reviewing program policy and procedures, approving new programs, nominating and selecting new members
 - ii. Reviewed as a group in Winter/Spring 2020
 - iii. Discussion around how people with experience utilizing an SSP could be more explicitly included in the by laws, specifically an active participant of an SSP.
 1. Erin Russell: criteria for committee members is written into statute. Those are what's listed in bylaws from statute. There is space for secretary nominated committee members, have flexibility to add people with different expertise and add people that we think will benefit committee and programs beyond what the list contains
 2. Dr. Chan: In terms of how we focus our recruitment for members of the committee, we'll certainly make sure to focus on that as we recruit for new members or committee, will certainly ask for yours and other people's assistance to find people who would helpful in advisory
 3. Deanna Dunn: We should discuss whether to specifically put in there that we want someone who is currently a participating provider in SSP in Maryland. What we have now is just someone who has experience doing

that. We have four new programs, having that as a particular listed seat may help us to keep that on our priority list.

4. Sam Kerr: Don't mind what Deanna said, talking about someone with experience of being on receiving end of services
5. Zach Kosinski: Do you think the broadness may be useful in that some counties with operating programs that have community advisory boards that have difficulty getting people to join and attend and meet other requirements in bylaws. If someone is no longer an active participant, what does that mean for filling the role on the committee?
6. Broadness of current language could be helpful to the committee. No motion to change current list. Dr. Chan requested motion to approve bylaws as they stand.
 - a. Motion for approval of bylaws and seconded- approved as written

iv. Discussion regarding subcommittee for new program application review

1. Application process updated and reflects statute requirement for committee to review applications
2. Soft launch with ~5 SAC member volunteers - how is it going?
3. Erin described the current process: launched a new process of having a subcommittee formed of advisory members of three members in a subcommittee who would be on call to review new program applications. New program applications include applications that are filled out in our cognito form, and the applicants attach policies and procedure documents, community engagement plan, program model, and other details in regulation. In statute, committees participate in approval of new programs, formalize by establishing subcommittee. Three members at least with time to review. Had three volunteers who read through the first three proposals approved earlier this year, Deanna, Terry, and Dr. Chaulk. Pulled in new committee members who volunteered. Made the decision to include Dr. Burnett and Zach K who wanted to assist. Put out to all five to see who had time to review, first three to respond to reviewing Calvert County Application that is currently pending. Process: we receive applications at CHRS, we document in the scoring rubric that the applicant has submitted necessary documents. If major changes are needed, go back to the applicant before we send them to the committee. Committee members document their feedback on the same chart, so applicants can see all feedback in one document from MDH CHRS, advisory committee, and local health department if they're involved. In Baltimore City, the risk reduction team played a role in reviewing the Organization of Hope application. That's the process when we get applications from nonprofits., because it does require health offer approval, so engage them early so they can be confident in approving. Would love to hear from committee members how proces is going, improvements we can make to communicate about new programs, scoring rubric.
4. Feedback: Application formats each of the attached documents in a similar way with title of section, same sizing, same formatting, makes it easier to review. Consistency throughout documents is helpful
5. Dr. Kattakuzhy: Would be helpful for the full committee to receive a full application packet for all applicants because all members bring areas of

expertise. Would be helpful for remaining committee members, as time allots, and individuals feel responsible to comment on what their area is

6. Katie Carroll and Harriet Smith agreed
7. Erin Russell: We have two pending applications, received another last week. We are also putting out grant funding, anticipate at least two applications in the next three months. Want to make decisions now because we have an influx of work. Will send to the full committee as we receive them, subcommittee then- do we want to keep it - have 5 volunteers. Would someone like to be the chair of that committee to help facilitate collection of feedback.
8. Deciding to make a final decision in December, Erin will put the proposal in writing. Will stay with three doing reviews to distribute workload, and have 5 members for now.

V. Annual Report of FY20 Syringe Services Program Data - Erin Russell, Chief, Center for Harm Reduction Services, Maryland Department of Health

a. FY20 Annual Report Overview

- i. Report still being finalized and will be shared when completed
- ii. Started collecting data in June 2019 with challenges throughout past fiscal year
- iii. Incorporated feedback from programs to updated data collection process
- iv. Current challenge includes COVID-19 impact on program data (ie - fixed site not able to record data on collecting syringes right now)
- v. Due to ongoing challenges, FY19 will not provide accurate baseline data but help to establish process for data collection
- vi. Highlights include over 30,000 encounters with people who use drugs in Maryland, strength of needs based distribution model, naloxone distribution within programs (not a referral)
- vii. Includes best practices shared by programs throughout the year

VI. Maryland Department of Health Updates - Erin Russell, Center for Harm Reduction Services, Maryland Department of Health

- a. Quick review of Naloxone distribution, Regrounding Our Response, and LEAD training

VII. Public Comment

- a. Deanna Dunn and Tricia Christensen [shared information about ISO](#), important to consider when providing FTS and safer injection support
- b. Future meeting topic could be changes in the drug market

VIII. Closing

- a. Next meeting on December 4, 2020 at 10AM