**The Syringe Services Program Standing Advisory Committee**

**Meeting March 6, 2019**

**10:00 AM - 12:30 PM**

**Access Carrol**

**10 Distillery Dr Suite 200, Westminster, MD 21157**

**Meeting Minutes**

Members Present

Fran Phillips

Erin Haas

Andrew Bell

Christine Rodriguez

Katie Carroll

Sarah Kattakuzhy

Ryan Cochran

Susan Sherman

Harriet Smith

Non-Members Present

Zach Kosinski

Beth Schmidt

Debbie Santini

Kirsten Forseth

Michelle Lancaster

Ashly Nelson

Sophia Reed

Mark Robinson

Dwayne Williams

Diane Jones

Tanen Wilson

Howie Newton

David Washington

Christine Marshall

Sabrina Martin

Jacqui Robarge

Erin Woodie

Marie Stratton

Leslie Evans

Samantha Kerr

1. Call to Order & Introductions – Fran Phillips, Deputy Secretary for Public Health Services, Chair of Standing Advisory Committee
   1. 2019 “Year of Harm Reduction”
   2. So many counties represented in the room and on the call that have been doing it for a long time and were early adopters - thank you for your leadership!
2. Welcome New Members – Andrew Bell, Division Chief, Division of Workforce and Program Development, Center for Harm Reduction Services
3. Review and approval of September 7, 2018 meeting minutes
4. Introduction of the Center for Harm Reduction Services: Erin Haas, Chief, Center for Harm Reduction Services
   1. Introducing the Center for Harm Reduction Services
   2. Aligning resources for harm reduction including the Overdose Response Program, naloxone access, and syringe services programs
   3. Review of current gaps in services for people who use drugs
   4. 62,000 self-reported in MD that they use drugs and wanted treatment - only 50% received evidence-based treatment; Myriad of needs not addressed by system due to accessibility, stigma, poverty and racism.
   5. Modeling report from 2018: just focusing on supply (reducing prescription) doesn’t reduce deaths, but harm reduction and services for people who use drugs does; need a comprehensive approach
   6. Mission: to provide services to people who use drugs without expectation that they stop, non-judgemental and non-stigmatizing engagement of people who use drugs
   7. Shared organizational chart for center
   8. Reviewed activities and priorities, including the ACCESS website:
      1. Find what grants are out there for harm reduction
      2. Request for 69,000 fentanyl test strips
      3. Thanks to Christine Rodriguez for providing trainings on how to use strips
      4. Can ship supplies directly
   9. Regrounding Our Response: summits, curriculum and training network to address gaps in knowledge for service providers + behavioral health
5. SSP Updates from Maryland Department of Health: Andrew Bell, Division Chief of Workforce and Program Development, Center for Harm Reduction Services
   1. St. Mary’s and Cecil County just approved for implementation
   2. Update on law enforcement engagement and LEAD expansion around the state
   3. Review of CDC Crisis Funding Projects – SEADS, CBO Capacity Building, and Regrounding Our Response
6. Update Panel from Active Programs – Baltimore County, Washington County, Prince Georges County and Baltimore City
   1. Baltimore County - Kirsten Forseth, Harm Reduction Program Coordinator

Launched in June 2018; 7 staff with fixed site model out of 4 sites / health centers

Bring people indoors and provide comprehensive services

42 unique individuals / participants

Reached over 1000 through outreach (naloxone, condoms, other supplies)

Still working on how to translate outreach to receiving services

Keep getting feedback from PWUD to adjust sites / times

Starting a participant advisory board and to give out test strips

Staff providing navigation to HepC treatment

Hiring outreach worker to translate services better

* 1. Washington County - David Washington, Harm Reduction Program Coordinator

145 participants

3000 syringes per month

Outreach table at community college where they train people to use Narcan

Community Cafe - offer Narcan training, harm reduction education and meals

Working on educating MAT providers to connect participants to SSP and harm reduction services

Leadership academy - community business owners, worked with local reps, to do outreach to businesses in Hagerstown (local reps didn’t know about SB97)

Regularly perform trauma-informed care presentations

Continuing to improve engagement with PWUD (ie - offering luncheon for community advisory board meetings)

Have PA and WV participants too, hard to get them treatment because of insurance in another state

Issues getting the supplies they need

Correctional officers continuing to arrest people for paraphernalia, despite SSP card

Doing rollcalls with law enforcement, where they ask why they don’t have a 1 to 1 policy

Susan Sherman offered to do a presentation to law enforcement

Recently lost 1 staff member

* 1. Prince Georges County - Family Medical and Counseling Services (Diane Jones, Director, and Mark Robinson, Harm Reduction Program Coordinator)

Launched in October 2018 with backpack model

1 year long planning grant where they spoke to PG Co members to see what they thought of SSP (perception of no need / no problem)

Health Department didn’t know about PWUD

Continue to try to bridge that gap and disconnect

Tamir + Duane leading the outreach team

FMCS began in ‘76 in DC and they provide HIV services with 80+ staff

2008 Ron Daniels brought syringe services to them

84 participants (63 unique)

Can’t have direct treatment out of office

Biggest advisors are PWUD (where / what time / what do you need)

Staff starts at 6AM

Just yesterday, someone turned in 200 needles; Very underground community

Hoping to soon provide naloxone and fentanyl test strips as well

Have distributed 2190 syringes and collected 2529 (both clean-ups and people handing them in)

There was discussion around whether outreach staff is discussing fentanyl with people who use drugs and the SAC recommended adding it to their questionnaire. The discussion led to the topic of what the purpose of fentanyl test strips are, with several SAC members answering that it reduces harm and they are a tool of engagement and empowerment. Other members added that they offer an opportunity to engage people who use drugs that are not injecting.

SAC members also recommended that FMCS focus on hiring women outreach staff members as 1/3 of people they serve are women.

* 1. Baltimore City Needle Exchange Program - Lisa Parker, Assistant Director

Solidifying funding from 4 CBOs piloting programs, providing TA and looking to complete funding process

Second stationary site launched at Christian community Church

Community is supportive

West North Ave clinic is providing services via STD clinic

Purchased 2 new mobile units, 1 as back-up and 1 for expansion

Offering overnight services / untraditional hours

Changed some sites because of low turnout, some new hours (will distribute updated schedule)

Offering overdose prevention and naloxone trainings (160+ churches) and harm reduction trainings

1. CDC Harm Reduction CBO Capacity Development
   1. Power Inside - Jacqui Robarge, Executive Director

Review of history of organization

2015 - overdose deaths shot up to crisis levels (800 per year before that)

Services they offer are trauma informed and harm reduction based

Foundation: from what we know, give us information, teach it back to us so we can extend it

Alicia worked on consent decree opened federal lawsuit to change laws and stop shackling pregnant women, trained people to tell their stories re: sexual abuse

Tapping into networks as a vehicle for change (ie - backpack model) to utilize strengths of a community (strength, love and personal gifts)

Connections as a way change is transmitted, the science of compassion

30% of women in jail had a near fatal overdose (sex workers have a 4x higher rate)

Vilification of harm reduction in early 2000s; See this as a rebuilding movement, building harm reduction culture

Harm reduction as a language and methodology to do what is in their hearts and what is right

GOCCP funded harm reduction outreach for underserved survivors of sexual assault (victim services information not getting out there)

Concerns around being locked into activities too specific to opioids

Future thinking - what would systems look like to sustain grassroots harm reduction?

Do we know who is doing harm reduction? Do we know PWUD?

Need to embrace PWUD’s gifts and bring them to the table before designing services

People are setting up their own alternative services just to survive

Women using own social networks to help each other (ie - food stamps, going to court)

Power Inside working on inviting women and their networks to come to their drop-in center

Women Building Bridges program - do projects they think is important, leadership development, setting goals and community organizing

Need for models to bring trauma informed care to peer based work

* 1. Baltimore Harm Reduction Coalition - Harriet Smith, Executive Director

BHRC mission - mobilize community members for health, dignity and safety of people targeted by war on drugs and anti-sex worker policies

Movement for social justice

History - expanding staff, supporting volunteers to be more engaged, ORP and SSP applications, BRIDGES and MHRAN programs, all has to remain rooted in racial justice, grassroots and barrier-less

Harm Reduction - collective action taken for survival is not new and surviving under oppressive circumstances is not new

Capacity building from CDC funding - hired regional ambassadors, starting harm reduction support groups (to root facilitation in harm reduction), working on developing a resource guide to include tips for engagement (ie - which places ask for ID, etc), and doing a landscape analysis of MAT for pregnant people

Tension between providing services and cohesion/sustainability for the long haul

Hard to quantify building relationships

* 1. Voices of Hope - Erin Woodie, Programs Coordinator

Up until CDC grant, all volunteers that worked out of cars with no office space

Office - signed 3 year lease; 11 paid positions, 1 is full time COO

Trainings in Peer movement; 99 volunteers

HOPE Street Outreach - utilizing backpack model, go to 4 most disadvantaged neighborhoods with highest rate of overdose

Partnering with local health department on overdose survivor outreach

Homeless outreach - building relationships

Healing Hearts - overdose death support group

CPRS Training Academy; Recovery housing scholarships

Teen ACA, Eating disorder and SMART recovery meetings hosted at office

HepC rates are high

Total encounters - 596

Safe use bags - 392

Safe sex bags - 307

Narcan - 135

Syringes collected - 129

Peer support includes treatment options

Overdose response program - 132 encounters

1. SAC Members Open Forum

There was discussion around whether there are volunteer opportunities for people are actively using drugs in community-based organizations, and the SAC members encouraged creating opportunities for this participation. Christine Rodriguez offered to assist organizations with cross-state coordination for programs bordering PA and WV.

There was discussion about the mentorship program through MaHRTI to connect Marylanders with harm reduction leaders around the country.

1. Public Comment

Ashly Nelson from St. Mary’s SSP - Thank you for approving their SSP and thank you to their team, already distributed 13,000 syringes and developing their satellite office as a safe space.

Howie Newton from MDH - LEAD expansion is trying to focus on areas with SSPs; working on law enforcement training other law enforcement in Washington Co, focused on trauma, stigma and personal bias.

David Washington requested a resource guide for the state for when people are traveling.

Robin from the Hepatitis Coalition discussed barriers to both care and treatment, and the need to include harm reduction community in hepatitis coalition.

1. Closing statements by Fran Phillips at 12:30 PM.