



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
- 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

Frank Phillips retired. Have a new acting Deputy Secretary, Dr. Jinlene Chan. She has been very involved in the state response to COVID-10. 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

- 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 persons 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 not 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