Fort Wayne-Allen County Department of Health Minutes
Board of Directors Meeting
April 18, 2016

The regular meeting of the Board of Directors of the Fort Wayne-Allen County Department of Health was called to order in the Council Chambers located at 200 East Berry Street, Fort Wayne, Indiana, at 5:45 p.m., pursuant to the notice sent to all Directors in accordance with the bylaws.

The following Directors were present: Dr. William Pond, Patricia Hays, Deb Lambert, Dr. Todd Rumsey, Tim Pape, Mary Hess and Ted Sobol.

Dr. William Pond, President, presided over the meeting. Jennifer Miller recorded the proceedings of the meeting.

Dr. Pond called the meeting to order at 5:45 p.m. The minutes from the previous meeting were approved. Motion was made and approved to accept the January 25, 2016 minutes.

Summary of Motions Passed at this Meeting:

- Motion was made by Tim Pape to approve the January 25, 2016 minutes. Todd Rumsey seconded the motion. (MPU)
- Motion was made by Tim Pape to reaffirm the board's prior decision to recommend to the Commissioners of Allen County the Syringe Services Program with the modification that all data be reviewed by the Board of Directors. Ted Sobol seconded the motion. (MPU)

VISITOR PRESENTATIONS:

Presentations from various people/entities regarding the proposed Syringe Service Program (SSP)- and Board to discuss any needed changes to plan for SSP:

- Commissioner Nelson Peters spoke to the board about two changes he would like to see in the SSP protocol. He said, "I understand why the recommendations came to me in the way that they did. I have to weigh the cost to the community of not doing anything with the law enforcement impact and what it means to the prosecutor's office and the sheriff's department, and thirdly (truly not the largest of all) the political sense of the community and I use that with a small p." He continued, "You are talking to a fairly conservative constituency in Fort Wayne and Allen County and when you bring a decision like this to be made of such a magnitude there are a lot of people who begin to come out of the wood work both pro and con. As someone who ultimately ends up making a decision you have to balance those three issues. I was a labor negotiator for a number of years and if I can find a way to split the difference I am going to look for a way to enhance the greatest benefit to the greatest number of people. I am going to provide a proposal to you that might just do that."

- Commissioner Peters said the two things that seem to be the biggest point of contention in the meetings he has been having are the actual needle exchange and testing. "I personally like to see that we are moving the needle in this community," said the Commissioner. "While I understand that the CDC studies show success in Baltimore and Washington and other communities. I like to see what has been working in this community. So if anyone has been pushing, it has been me," he said.

- Commissioner Peters said that the current SSP proposal which would use a 3:1 negotiated needle exchange causes him concern. He said he thinks most people will always come into the program with one needle and always expect three in exchange. "My concern is that we are going to end up with more needles going out; much like I think has been the case in Madison County. Where I think they had 5,000 needles in and gave 15,000 needles out. It gives me concern when I hear people say if there are more needles going out, you will find them in the drains gutters and places in downtown Fort Wayne. What would happen if we said something like the first time through, you get the number of needles that you need. Second time back, we begin the one to one exchange. You may have lost some of the needles to the streets but you are now giving the addict the exact number they are bringing in. The needles would come back to you in a plastic container so that they can be counted. Here is where the testing portion comes in: I don't know what the number is, but you could pick a number of needles or a period of time that says: after you have received your 150th needle you will begin to submit to some of the testing. Or maybe it's not a needle number maybe it's a period of time: after 6 months – you will submit to this testing. Why I think this makes sense is that I heard the Department of Health say is that it will take time to build trust. After a while they believe some of the addicts will come in and voluntarily submit to testing. Maybe so – Maybe not. This is a time period that will allow the Department of Health to gain that level of trust with the addicts. They will more compliantly submit to that testing. If that is not the case, there will be mandatory testing. Basically what I am proposing is that a half of loaf is better than no loaf. I suggest that if you were to follow something similar to what I have proposed it has a much better chance of getting through the next step than it may at this particular point. So we are looking at a certain number of needles to be turned in the first time and any number can be given back and then the next step begins the one for one needle exchange-- up to a certain number of needles or a certain time period in which mandatory testing begins so we can see if down the line through this program we are moving the needle here in Allen County."

- **Questions for Commissioner Peters:**
- Dr. Rumsey asked, "The recommendations from the department are standards of care or models that have proven successful in other communities. Do you have examples of other communities that have used your examples successfully?" Commissioner Peters responded, "No I do not. I have done about as much research on these issues as anything I've done while I have been Commissioner. I understand the CDC said this is a program that works and others have agreed. My contention is that maybe there is a way to make it better and maybe this is a way to do it. No I do not have any quantifiable, empirical data." Dr. Rumsey said, "So the clinician in me says: If we have a standard of care, if we have a recommendation from someone we trust, whether it be NIH whether it be the CDC, whether it be a global population of examples of needle exchange programs, why would we not start there and then after a period of time say after 12, 18, 24 months, ask ourselves does this fit our community? Rather than vice versa-trying to come up with something new and then retro fit it." Commissioner Peters responded, "Well I think it leaves a guy that is uncomfortable, like me, with the entire notion right now, the opportunity to stair step to that point that the CDC has suggested is successful," answered Commissioner Peters.

- Patti Hays asked, "You mentioned your concern over the disposal of needles as the only driver for the one to one exchange. Are there are any other issues then—or is it simply improper disposal of needles? Commissioner Peters responded, "It has been an interesting study, I have talked to doctors who have been on both sides of the fence and have talked to clinicians who

have been on both sides of the fence, I talked to a number of addicts who have been on both sides of the fence. One of the addicts told me, we are just going to go out and sell the needles so we can get our next fix."

- Tim Pape asked, " After your study- have you reached any conclusion that needle exchange programs as they are commonly implemented pursuant to the standards are successful or not?" Commissioner Peters responded, "I have seen that there has been some success in cities like Baltimore and Washington. That's Baltimore that's Washington – this is a whole different game I think in Allen County." Tim Pape asked, "Why is it a different game here?" Commissioner Peters replied, "I think the culture is different. The mindset is different. The way people think is different here. Just because you tell me or just because it's worked in Baltimore and Washington doesn't convince me that is going to work in Allen County."

- Dr**.** Pond said, "I share with you the concern of giving out more needles than we are taking back in and increasing the needle burden of the community. But I have had teenage boys and if the number of socks I gave them was the number they gave back, after four or five months, I would have a bunch of sockless kids running around. How do we make sure that we try to minimize the number of needles we have floating around in the community but by the same token we do not take away the ability for people to get clean needles?" Commissioner Peters responded, "If you tell the kids they are going to be sockless after a period of time. I think they are going to be a whole lot more accountable." Dr. Pond responded, "I wish that were the darn truth. You kind of get the idea, you start your program and most of the people will bring back 90 percent of the needles but there will be a certain percentage that do go out and sell the needles. Those are the ones we don't want to keep giving needles to if they are not going to bring them back. I'm wondering if we should make it a certain percentage that you have to bring back and if a person is routinely making that (percentage) – that is a person who is reasonable and trying to comply with the program as opposed to a person who gets needles and never brings them back."

- Dr. Rumsey commented, "Recently, I was in a McDonalds south of Seymour Indiana, not a community unlike ours in values and their conservative nature, and in that McDonalds bathroom there was a needle sharps container. If I am a Fort Wayne person and I don't always stay in Fort Wayne, I might have a sharps container at McDonalds or at the airport or another place that needles are routinely, appropriately disposed. I guess I am still going to land—when my patients come to see me and they ask me what I recommend, is going to be something that is tried and true and proven clinically. It's not going to be something that I anecdotally believe is best. I just can't get there Commissioner Peters." Commissioner Peters responded, "Doctor with all due respect how do you get to that next level in science? You experiment. You try things." Dr. Rumsey responded, "You take the standard and then in a controlled fashion we modify the standard- but we start with the standard." Commissioner Peters, "I guess that is sort of what I am talking about doing. Taking that standard but modifying that on the front end." Dr. Rumsey replied, "I guess I land where until we prove that the standard doesn't do the job – there is no reason to change the standard. Respectfully."

- Deb Lambert asked, "Because these issues are hard issues, I tend to go back to mission vision, when you have such a pressing issue. Our mission is, with guidance from the Indiana State Department of Health, we make best practice decisions. I am wondering if there is some wiggle room here – we have to prove the theory. Do we run two concurrent types of programs? We run the standard program that the CDC recommends and then we try your program and then we

compare them to each other to see if Fort Wayne is an anomaly and your program is better? If we don't do something like that I am not certain how we will ever prove or disprove your theory because we will not have a comparison group."

- Commissioner Peters responded, "What I am proposing today is not hard and fast it is just some random thoughts that came to mind in a way to split the difference. You've got law enforcement and you have a State Sheriff's Association that abhors the program and is dead set against this type of program. Then they begin to plant that type of thinking in the local sheriff and the prosecutors. Then you get the health community and I understand the body of knowledge from which you need to make that decision. I get that there are economic consequences to treating HIV and Hepatitis C Cases. I fully understand that. And you take the conservative values that this community so often represents. That is the tough balancing act that I need to try and begin to perform. It doesn't have to look like exactly what I am describing. But I think there is some middle ground. It may be running a dual course. I don't know."

- Dr. Rumsey said, "I don't see the community big enough to run a dual course and have a study that ends up with statistically significant data that you can even evaluate. Our community isn't that big with that many people exchanging needles so at the end of the day, or five days or five years we have two studies that are statistically significant to compare. We don't have that kind of number in the community. We don't have that kind of number in Indianapolis."

- Commissioner Peters said, "But the reason this whole discussion began was I was told that there was an epidemic. Epidemic to me means large numbers."

- Dr. Rumsey replied, "But to distinguish between two programs is a phenomenally large number of people. We have an epidemic of Hepatitis C. There is no question about it. However, to get the numbers that would prove one better than the other, we are talking about numbers of needle users that dwarf the numbers of people in Fort Wayne. Study wise – I don't see how you can design a study that would do that." Dr. Rumsey asked Dr. McMahan, "Can you think of a way to get meaningful data out of that?"

- Dr. McMahan replied: "I think part of the problem is that it is easy to underestimate how much expertise, how many people you have to have, how much money it takes to improve upon a given standard. Frankly, I feel like when you look at some programs, we don't have anything yet. We don't have any curriculum yet for young people in high school or middle school for teachers to teach them about the dangers of opioids. I would rather invest money in something new where there is a real gap then spending money to try and refine what 20-30 years of science has already proven. The power to be able to prove something is effective or even better – I leave that to the experts at the CDC and NIH. They have the resources to be able to do that. We do not. We don't have the skill sets to do this or the money or the population."

- Mary Hess said, "My perspective is from the front line- I understand your dilemma. I am a medical provider in a school setting. There are not many people who speak my language especially when I hit a really controversial kind of topic. I get a lot of input that is non-medical: social; emotional; safety. People have different perspectives and they want to give advice on what that medical procedure or policy should look like. My experience is that it is always better to go with the recommendation from the CDC. Because if you do not and you do it the wrong

way, there is a lot of room for unsafe practices. When you are working with a gold standard-- It is a safety net. That is the only practical advice I have. I don't have anything nearly as controversial as what you are facing. You certainly have my sympathies. But my recommendation is to go with the CDC recommendations. They are the gold standard when it comes to public health."

- Tim Pape said, "I hear what you are saying about values. I think those are code words so I am not going to use them. I think the value that is being debated here is when you see something out there suggesting there is an epidemic and it creates of risk of getting much much bigger in your community, you have to make a judgement on what to do or not to do. It seems to me that with the scope of the potential risks the community faces on a public health basis that it's a good value to say let's do the cautious prudent thing, some would say let's do the conservative thing, and be on the front end and then second value what's the best scientific evidence and data we have? If we go with that I think you could say that is the conservative thing-- to go with what's tried and true and known. I think these can be code words. There are deep values among those who believe this is the best thing to do to protect the health of the community."

- Commissioner Peters replied, "So then how to you balance that with the other side of the equation which is the law enforcement side that says not so good."

- "I haven't heard from law enforcement," said Tim Pape.

- Commissioner Peters replied, "The State's Sherriff's Association, from what I understand, is opposed to syringe exchange programs throughout the state. I think they have schooled sheriffs accordingly. I do know that the prosecutor is not in favor-- having her own various reasons. Again I understand the health side and I understand you have to make the decision with the best science available. I suspect law enforcement is making that decision with whatever they have available. How do you balance the two?"

- Patti Hays said, "I'm confused. What's the fear? What's the worst than can happen if the program is put in place? I suspect (the concern is) that it is going to entice drug use? From the police side – one less person with HIV / HEP C saves considerable dollars. Help me understand. What is the consequence they are trying to avoid?"

- Commissioner Peters replied, "I don't want to speak for law enforcement because they have their own agenda on this issue but I do think it has to do with the whole resource issue. Are there enough people to deal with what they believe will be additional addicts? Now, I hear what you are saying that needle exchange doesn't necessarily precipitate additional addicts. I'll believe the science. I've also got law enforcement on the other side saying, maybe not."

- Ted Sobol said, "I reread the Baltimore study, I'm sure you have read it – it took place in the year 2000, and it is unequivocal. No increase in crime. No increase in crime. I don't know why the sheriff's association or any other organization would conclude otherwise. So many other studies have come down on the same side. World Health Organization. I am strongly persuaded that we need to go with the gold standard."

- Commissioner Peters said, “I read most of the studies out there thanks to the Department of Health. Most of those studies come out of the Clinton Administration. To go back to the Baltimore study of 2000-2001. Are things now like they were 20-25 years ago? Or are things like they were 15 years ago in the 2000 study? Again we are using these studies but has there been anything of late? Society has changed. People have changed. It’s a whole different world out there. Will what applied in 2000 still be applicable today?”

- Dr. Pond asked Commissioner Peters, “Do you think it would be tenable to try and get the program off the ground with the current best practices of the CDC and then put metrics in about the concerns about the number of needles coming back and the rate of hepatitis testing and then come and evaluate this in 6 months to a year? And see if we have gotten enough needles back to keep the program running as we are doing it or if we have to put some sort of numbers in that they have to bring back in the protocol and at least get it off the ground and then see if it is meeting our expectations?”

- Commissioner Peters replied, “I am absolutely open to anything. While it sounds like I have unequivocally made my mind up, I haven’t. I am truly open to suggestions. I merely bring to you something that I thought personally might help split the difference. Maybe that’s part of the answer.”

- Dr. Pond said, “You had very reasonable concerns and they represent a lot of the concerns of the people in this community and we need to be cognizant of those. We also would like to see that we get the program off the ground. And the only way to do that is to get it off the ground in the way that we think is most consistent with good data and good science but also take into consideration those numbers and work with the members of the community, yourself and determine how many needles do we need to get back so we don’t increase the load in the community.”

- Dr. Rumsey said, “It may not be they have to do a 1:1 exchange- if they can account for some of their needles. If they were out of town and they say they put it in a box at McDonalds in Seymour. We know there are boxes in McDonalds in Seymour. Then we have accounted for those needles. Again Commissioner we are willing to play ball here. What we are asking of those in law enforcement and others who do not have a public health background to trust the science first and if we can’t deliver and then I’m glad to be held accountable for what we believe to be community standards. Go ahead and let’s do that. Put us in that box. I’m glad to be there. But I find it difficult to compromise what we know works other places until we know it does not work here.”

- **Presentations by other community members**:
- **Captain Kevin Hunter- Fort Wayne Police Department – Vice Narcotics Division:** “I have been a police officer now for almost 27 years. In my career I have never seen the problems with drug addiction that I have seen recently. Heroin and other opioids are a huge problem for this community and what we are seeing is needle use on a regular basis. We are seeing an increase with methamphetamine use which is also skyrocketing. My detectives have already worked 28 meth labs for this year which is at this point a record. So needles with meth go hand in hand, needles with heroin go hand in hand. It’s a huge problem. As a law enforcement officer, I am still going to do my job; my detectives are still going to do their job. If they encounter someone with

dirty needles, they are going to make an arrest. They are going to send the charges to the prosecutor's office, they are going to prosecute those people and they are going to be put into the system. I don't see our roles changing any because of a needle exchange program. But what I can tell you is I will order my people not to sit and target people coming or going from a syringe services program. I think that is wrong and it is not something that would benefit the community. I also think being flexible in your thoughts about this program is really what is important. A one for one may exchange may work but you know that something more than that is tried and true. Friday night my detectives did a raid and seized 17 dirty needles. So those are 17 dirty needles that are off the street that we don't have to worry about. Every needle that comes into this program is one less chance of my officers being exposed to Hepatitis C or HIV and that is a huge issue for my detectives right now. I know you have a hard decision in front of you and anyway that I can help I would be glad to."

- Dr Pond asked, "As a police officer, are you aware of the reason the Indiana State Sheriff's Association is opposed to this type of program?" Captain Hunter: "I have heard that directly from Sheriff Gladieux but I have not done any research on my own. " Dr. Pond asked, "Do you have any insight as to what their reasoning is?" Captain Hunter responded, "It goes against the grain of law enforcement to give out drug paraphernalia to drug addicts when it is our job to arrest those for those types of offenses. The real issue here is - we can't arrest our way out of this issue. No matter if we give needles out to drug addicts, they are still going to find a way to get their drug into their system. If we don't give those clean needles out and get those needles back they are going to find other ways to get those needles and inject that drug. And those dirty needles are going to be out in the community, they are already out in the community. We are seeing it every day."

- **Dr. Scott Steinecker-**, **Parkview Health Infectious Disease Physician:** "We have seen a dramatic escalation of Hepatitis C cases and HIV. We take care of, if not the majority, a very substantial number of people of this population. I personally have treated patients with needle sticks. I have treated those who have stuck themselves on discarded needles as well as those who have done injection drug use, suffering not only the Hepatitis but MRSA which has been a particular problem. Our society, the Infectious Disease Society of America, has supported the concept of needle syringe exchange for more than a decade, now almost two decades. Our position paper advocates increasing IV drug users access to clean injection equipment, reforming and decriminalizing syringe possession and paraphernalia laws, legalizing over the counter syringe access, legalizing physician prescribing of sterile syringes to injection drug users and allowing federal and other funding for syringe exchange programs. All of these activities must be coupled with increased provision and access to drug treatment. Note these policy statements are based on expert opinion as you are already aware of where the CDC is but this expert opinion and scientific data goes all the way back to 1993 and in fact some originating from San Francisco goes back even further. The AMA has strongly supported syringe exchange programs when combined with addiction counseling, since 2000. So despite plenty, nay 30 years, of evidence and not just in the United States, we are talking hundreds if not thousands of cities have instituted these programs across the world, and have uniformly demonstrated a decrease in the rates of HIV transmission and Hepatitis C transmission. So sadly we are very late to this game and it is something we desperately need. Because treating one addict for Hepatitis C is $120,000 and treating one addict for HIV will cost us tax payers certainly a magnitude more. So I think it is in our own best interest clearly what we have done to date hasn't worked and continuing to do it more is not going to make it work better. That would be the definition of madness. So we do

need to make a fundamental change in our approach. It is also very clear to me that we hand out needles to our diabetic patients all the time. We are talking about hundreds of thousands of needles that are passed out in this city every year and yet we don't find such a huge problem because people put them in appropriate containers for disposal. An issue I am not particularly excited about is looking into a container and trying to guess how many needles are in there. In my position as the Medical Director of Epidemiology and Infection Prevention, it is my job to keep people from being infected by doing things like that. I would say it would be against our professional ethos to try and count needles by shaking that jar around – just don't even go there. That's just dangerous. We don't need health care workers stuck in the process of trying to accrue that data."

- **Sara Seifert, Positive Resource Connection:** "We provide case management services to people who are already HIV positive in the community as well as testing for those at risk. I do not support the 1:1 needle exchange for multiple reasons. One of which is people are already actively sharing needles. We do not want to give them the same amount of needles to go back and share and also I think you have to be careful when you are implementing a syringe services program to build trust with people who are very disenfranchised with many communities, including the medical community and the law enforcement community. We will have very few chances to build a relationship to keep people coming back. The purpose of the Syringe Service Program is to make it so there are no new cases of Hepatitis C or HIV. The purpose is not to bring back every dirty needle. It is not to make people feel better about the level of addiction in their community. It is simply to prevent the spread of new diseases and you do that by getting as many clean needles out there as you can. The true purpose is to make it so everyone who is injecting IV drugs has a clean needle for every injection time. We cannot do that if we are requiring people to be responsible for every needle we give them because they have an active addiction. I am hopeful that they will give these needles to other people who are using who are too afraid to come in and seek the service themselves. I feel that is a very appropriate use of a needle exchange program and a bi-product that happens. We support giving people what is called a needs based program. If we are only going to be open one day a week, we need to give you as many needles as you need to make it through the week so you can have a clean needle injection every time. If we get those back I am thrilled, if we don't, I don't care. I am also very against mandating testing in any way shape or form. I think if we are going to build a relationship with the people who are going to come in and get the clean needles, which is the only way we are going to prevent the spread of HIV and Hepatitis C, we can't have barriers to them and words like regulation or mandatory or submitting to testing. I don't think that's going to work for anyone. It is not going to accomplish our goal of getting people eventually, hopefully to treatment for their addiction. We are going to offer it, it will be there, it will be available and we hope that one day they will take us up on it. But requiring them to do so, is not going to make them any more likely to use the needle exchange program which is what we want them to do." Mary Hess asked, "Do you work on the front lines with your clients?" Sara replied, "Yes." Mary Hess continued, "I think it is important for anyone listening to understand that is definitely a different perspective and I am thinking it is something we should always consider. Learning the culture of this high risk group is extremely important to the success of any programming we do. I deal with some high risk groups in my work and I agree, if you miss the opportunity or you fail to provide a trusting relationship that is extremely hard to get back. Thank you." "We can do this wrong out of the gate," said Sara, "We want to start with what is proven. We are in an era where we want to make ourselves feel better about decision instead of just doing what has

been proven by other places. We are afraid of hard data and hard research. It may not be the easiest thing to say is the standard and we should follow it. But I really think we should."

- **Others who spoke in favor of the Syringe Service Program**: Jane Grant, retired policy expert from IPFW; Bernadette Gleeson, Executive Director, Trek Limitless Recovery; Tim Stelle, Addictions Counselor; Val Stucky, nurse practitioner and recovery coach; Jason Mutzfeld, father of an addicted son; Michelle Merritt, mother of an addicted son.

- **Board Discussion about recommendation to send to Commissioners**: Dr. Pond thanked all of the speakers who gave presentations and asked them to return when the Commissioners schedule a public hearing about the program. Ted Sobol asked Mindy Waldron to clarify the cost of the program. Mindy said, "Tax dollars will not be used to fund this program. Grant funding would pay for supplies. Grant funding also pays for the position of the staff member who would be operating at the site.. " Dr. McMahan added that the Positive Resource Connection is providing the site for free and Park Center will be providing their services at no cost.

- Dr. Rumsey said, "I think the term Fort Wayne is conservative, if I look at the corollary, we are not liberal and permissive. So if we are not liberal and permissive, we must be conservative. I say conservative is compassionate. What I heard tonight is compassion. I've heard grace. Allow our substance abuse community to live long enough to get help. I think that is a compassionate very conservative community." He continued, "I think this is the compassionate thing to do as a community. This allows us to do one thing with a lot of little value adds. The first thing is we are going to reduce the new diagnosis of Hepatitis C and HIV. In the process, if we bring one person to addiction counseling services that's a bonus, that's icing. I believe that people who use needles in our community don't do so with the intention to give Hepatitis C or HIV to someone else. In fact, I don't think it occurs to them at the time because their disease is overwhelming. In their recovery, and in their journey on recovery, I think it is important for them to know they did what they could to reduce harm to others. And that is compassion. Compassionate on their part. I do live in a conservative community, but by conservative, I mean compassionate and a gracious group of people."

- Tim Pape said, "I am very grateful for everyone who spoke tonight. It was very educational for me. The health care professionals were amazing for what they shared tonight, I'm grateful for Michelle and Jason for what they shared about their family. I think we are talking about conflict in values: public health vs law enforcement. I think about family values, I think about some of the things I've seen. There are some great documentaries about drug addiction – the criminalization of addiction. If you are addicted to alcohol, assuming you are not robbing or stealing, which most aren't, you are not a criminal. If you are addicted to heroin, you are a criminal. I think there have been a lot of good studies that have shown that our criminalization of addiction is ineffective and massively costly. And maybe something that the folks might want to help share with our local law enforcement. By the way, the individual from the Fort Wayne Police Department who spoke, I think that was very brave and incredibly helpful. I hope that folks get to hear that story a little more. We need to educate our law enforcement. They are just doing their jobs. They are great public citizens. We are blessed to have them. They are oriented that way. That's the orientation on the books still. Maybe this is a good start on that education. I hope so."

- Patti Hays said, “I understand the position the police are in. They are doing what we asked of them. They have seen people at their worst. I wish more could hear Captain Hunter and others tonight. This is a disease. There are people who are trying to stave off the disease that could shorten their life. My one question is, is it possible that the recommendation of the board will not be supported by the Commissioners?” Mindy Waldron shared the next step of the process is for the board to finalize their proposal to the Commissioners and then the Commissioners will schedule a public hearing and they will ultimately vote on whether or not to approve the proposal. If the Commissioners vote to approve the proposal, it will then be sent to the State Health Commissioner.

- Deb Lambert said, “I too live in a bubble. This has been a huge learning curve for me. Like Commissioner Peters, I have spent time talking with addicts and recovering addicts. This is going to be one step in a multiple step process to truly turn this issue around. The position I have taken with this is- We have two very conflicting paths. One is a health path –which for the Board of Health is our concern and then we have legal path and they are intersecting with this problem. We are going to have to learn how to compromise on this. In the end it goes back to mission vision. And our mission is to use the best evidence we have to make the best health decisions for our community. So I hope that discussion continues. We are going to have to do a lot more. I hope the Commissioners hear this is phase one of a multi-phase approach.”

- Mary Hess said, “I have been really blessed to sit on several task forces and committees across our community. We are lucky to have so many community partners who will come to the table and gather around solving problems. But the thing that always strikes me is when I go to those meetings is people do live in their own bubble. We all have our own experience and we all think everyone else is exactly like we are. Until you have walked the walk – It’s hard to know. We are all being forced out of the bubble and I think that’s good. The testimony here has been fabulous. I would encourage everyone who spoke here tonight to force the decision makers to get out of their bubbles a little bit and really hear your experience. They have a tremendous amount of good will. They want to make sure they make good decisions for the community – but their angle is a little different. They have no experience with this. I really like Dr. Pond and Rumsey’s idea to start with the best practice and then be held accountable for that. If it’s not working we can certainly put our heads together and come up with a better strategy. But it makes sense to start with what’s proven.

- Dr. Pond said, “The testimony tonight was overwhelming in favor of the program. Commissioner Peters was expressing certain concerns but was not opposed to the program. One concern was the needle exchange. It was not so much the exchange but a concern about needles going into the community. Bringing them back is only one mechanism. As Dr. Rumsey pointed out that disposed of in another mechanism, the needles are still out of the community. We probably need to make sure it’s just not needle exchange – it’s removing the needles. The Second is the idea of the mandatory testing and whether or not that is a reasonable thing to do. What we are going to need to do is get a statement or policy of what we would like to do. If we only get 75 percent of the people tested the first year and it’s not mandatory – that’s 75 percent of the people who not have been tested any way. Commissioner Peters- did not say he would be opposed to getting the program off the ground and then we collect our data over the first year to see how we are doing at getting people into the program, getting testing and seeing how the needle exchange worked out at removing the burden from the community. But we can’t do that

until we get the program working. At this point I would like to get a sense or a motion from the board. On the way we ought to proceed."

- Tim Pape said, "Didn't we are already approve this? So are we taking a straw poll?"

- Mindy Waldron said, "The plan, as you approved it, has not significantly changed. We have made minimal changes from a logistics standpoint that law enforcement, the prosecutor's office or the Commissioners have requested. Nothing has changed along the lines of how the program would function as you approved in the fall of last year. Today – you are deciding if you want to sustain or keep that same line of thinking and still propose the same plan that we had."

- Dr. Pond said, "Would we like to reaffirm what our position was when we initiated the program with what I might suggest is the collection of data over the first year of the program to determine what the metrics are in meeting testing standards and the needle exchange?"

- Tim Pape said, "With that modification I move that we reaffirm our prior decision to recommend to the Commissioners that needle exchange program." Ted Sobol seconded the motion. (MPU)

- Dr. Rumsey asked, "If the Commissioners approve this and we have a program that we like. Who holds the ability to revoke or change that? Mindy Waldron replied, "There are certain things we have to submit to the state anyway and in essence ask for them to re-allow it that following year. It is too new to know what that process looks like. So I can't say that we know exactly what that process is yet."

- Laura Maser said, "To begin the process there will have to be a somewhat concrete proposal put in front of the Commissioners, in terms of what the needle exchange looks like and what are going to be the components of it. The Commissioners will then decide whether they want to move forward and submit it to the State Board of Health or not. And if they do and it is approved than the statue says that the public health emergency that leads to the initiation of the exchange will be in effect for a year and can be renewed upon the request of the legislative body of the county. In this case it would be the executive body of the county which is the Commissioners. So it is only opened for a year – in fact you will be required to have this reviewed in some fashion in a year and the body that would do that is the Board of Commissioners. How these are working at the State Department of Health – I can't tell you. I am sure there is a lot of discussion. But statutorily you are up and running for a year with the ability to renew on the recommendation on the Board of Commissioners."

- Dr. Pond asked, "Then would it be reasonable to request at 9 months after the start of operations we have the data back for the board to review and then subsequently make a recommendation to the Commissioners on whether or not to retain the program? "It seems reasonable," said Laura Maser.

- Patti Hays said, "It takes a while for data to catch up. I am going to speculate we are going to see a spike in Hepatitis C and HIV only because we are testing more. I would hate to have that interpreted to mean that the program isn't working because we have more HIV and more Hepatitis C when in fact we are just testing more. For the first quarter of this year we have

already seen 92 new cases of Hepatitis C and that's almost as many as we have seen all of last year. And the same thing is true for HIV."

- Dr. Pond said, "That's why we are here to put some understanding to the statistics."

- Laura Maser said, "I would submit from an evidence standpoint – if the numbers of new infection continue to rise- the whole underlying basis for the exchange program is that you demonstrate and epidemic in your community and then that would form the ability to have one of these programs. If the numbers continue to rise there is an argument that there is evidence that there is a need for such a program and not really evidence that the program isn't working. I think you would have to supply evidence of what you are doing and that you are seeing some increase. The whole reason this was passed was because of a demonstration of epidemics in communities. Yes it is a concern- but from an evidence standpoint we could demonstrate that the numbers continue to increase and that demonstrated the need for such a program."

- Dr. McMahan said, "If you look at the practices, they are very clear that the purpose of data collection is not to prove the efficacy of the program. They want to make sure you are looking at the utilization of the program and services. That's what I hope the board will be looking at. Have we been able to create trust and have people been coming in and turning in needles and taking advantage of services and referrals? "

Board Appointment Reports:

Sewer Board Update – Gary Chapple, Director of Pollution Control (the Board's representative and ex-officio member on the Allen County Regional Water and Sewer District):

- Construction is nearing completion on 6 contracts that were previously funded, with a total of about 520 homes. The district will be handling the order to connect this time, but the Department of Health will coordinate the septic abandonment process. The county Commissioners did uphold the latest rate ordinance, following an appeal by some of the rate payers. The sewer district is moving forward on the next round of projects, scheduled to begin late in 2016, which I mentioned in my last report. As usual, the Department of Health will work with homeowners in these new areas that apply for the exemption process. The district is getting close to going out for bid for the next round of septic system replacements in the areas without a sewer option.

Health Commissioner's Report – Deborah A. McMahan, MD:

- Dr. McMahan said the opioid crisis and meth crisis is one of the most consequential public health issues of her career. She said, "Tonight you had the opportunity to hear some of the people I have been talking with about this. Because I found these stories to be as powerful as you did, we created a video series that provides an opportunity for the community to become more aware of this issue from a lot of different perspectives. Megan Reust did a really good job of creating these.**"**

- **Megan Reust, Director of Communications,** explained how to find the 15 videos on the department's web site: allencountyhealth.com. She said the videos cover everything from the scope of the issue, stories of first responders, messages from the Indiana Attorney General,

Health Commissioner, Personal Stories, the State Health Commissioner and more. The board watched a short trailer about the video series. So far the video series has received over 1500 views in the past 20-25 days. Megan is confident that the more community partners the department can get to share these videos – the audience will expand.

- Dr. McMahan said the video series will continue to grow. Megan will be working with Captain Hunter on a video on how to recognize some of the new synthetic street drugs – like the fake Xanax and how to administer Narcan.

- Dr. McMahan discussed further steps that the department is taking to combat the opioid crisis including: increase Medication Assisted Treatment (MAT) and increase the numbers of providers willing to offer MAT. Dr. McMahan also said she is working with community partners to develop a CME to help providers understand their roll in MAT and treating addiction. She pointed out that the SSP is a small part of what the department is trying to do.

- SEE ACTUAL COMMISSIONER'S REPORT FOR ALL OTHER ISSUES.

Communicable Disease Report – Deborah A. McMahan, MD

- SEE ACTUAL COMMUNICABLE DISEASE REPORT FOR ALL information SHARED (but not discussed).

Administrator's Report – Mindy Waldron

- SEE ACTUAL ADMINISTRATOR'S REPORT FOR ALL INFORMATION SHARED (but not discussed).

Personnel Report – Mindy Waldron

- Kelli Roe has been hired as a part-time nurse in the Clinical Services division.
- Lindsay Horace has been promoted to the position of Office Coordinator for the Medical Annex.
- Currently making offer to fill the Medical Assistant position open at the Medical Annex.

Old Business

None

New Business

None

Motion to adjourn was made by Tim Pape. (MPU)

Adjournment: 7:30 p.m.

Next Board Meeting: July 18, 2016, 5:45 p.m.

Respectfully Submitted,

Deborah A. McMahan, MD
Health Commissioner

William Pond, MD
Board President