

**SUBSTANCE USE DISORDER COMMISSION AGENDA**

**5:30 p.m., May 10<sup>th</sup>, 2021**

**Call: +1 (916) 318-9542 and enter conference ID 982 695 425#**

**OR**

**Join via video conference (no registration required): Email [Casey.Swank@santacruzcounty.us](mailto:Casey.Swank@santacruzcounty.us) for the meeting link**

**SUDC MEMBERS PRESENT: Jozee Roberto, Colleen McMahon-Sepulveda, Jim Anderson**

**SUDC MEMBERS EXCUSED: Susie O’Hara, Christine Berge**

**SUDC MEMBERS ABSENT:**

**COUNTY STAFF: Casey Swank, Anthony Jordan, Sven Stafford, Rashan Williams, Socorow Gutierrez**

**AGENCY REPS: Stacey Palau, Claire Friedman**

**1.0 CALL TO ORDER, INTRODUCTIONS\***

**2.0 CORRECTIONS TO AGENDA**

**3.0 PUBLIC COMMUNICATIONS**

**4.0 APPROVAL OF MINUTES – March, 8<sup>th</sup>, 2021 – approved**

**5.0**

**5.0 PROVIDER REPORTS**

**5.1** New Life - providers of SUD treatment for 40 years in our community. Despite challenges related to COVID-19, they had a really phenomenal year. This year was unique for many levels. They were able to increase capacity and diversity of clients. Did not have any COVID-19 outbreaks or serious situations with COVID-19. Social Model program with a heavy emphasis with persons re-entering the community. Clients are required to get jobs, seeking employment, going to school or volunteering while they are in treatment. They also allow children to stay with parents while they are in treatment. In September of 2020, one of their longest standing employees (Rory) won the Bill Mano Award and New Life was grateful for the honor. A second highlight of the year was their Drug Medi-Cal certification. In January 2021 they entered into contract with the County and in less than 45 days they were at capacity which highlights the demand. They were told to expect 80% capacity and they have seen 100% capacity fairly consistently. Implemented PHQ9 questionnaire which indicates levels of depression over time. Their questionnaire shows that levels of depression decrease over time while in treatment. They implemented because they wanted to be able to assess various domains of how people are doing in treatment. This year they were told by County that they’ve been impacted financially, and we need to look at cutting back services. Ask that we continue advocating for not reducing services because people are in greater need than every. Stacey asked that we continue to look at ways to provide support.

Colleen suggested that they could speak to their Board to advocate for continued funding.

Jozee asked how they handle relapse – not a one sized fits all approach. If someone is medically compromised due to the substance used they would be referred to the appropriate level of care or medical provider. Other factors include substance used, situation, and/or if laws were broken.

Jim asked about aftercare – New Life encourages everyone to stay connected as we know that people who stay connected do better overall.

**5.2** Sobriety Works – It has been a very different year, a rough year in many ways but an incredible year in many ways and there have been many expected gifts. This year major challenges in staffing and the focus has been mainly on clients being served. No dip in services, easy for them to transition to telehealth services because they had someone on staff who was able to help them with the transition. They were up and running in one week after Shelter in Place They learned how to adapt in many ways. Saw an increase in alcohol use this year. Easy for people to access and something they can do easily at home. Sobriety Works is one of the only providers in the community for Intensive Outpatient. Launched Recovery Support Services this year which is Drug Medi-Cal’s answer to aftercare. A major shift that is happening is that we are moving away from punishing relapse. Using Motivational Interviewing as a main intervention.

Colleen – seems to be a shift in treatment and more funding/support for treatment.

Joze – I've heard good things about Sobriety Works over the years, glad to hear you are thriving. What specifically are your needs regarding SLE's?

Claire –. If you're able to provide another SLE, we'll run it. Also we're hoping to continue to provide telehealth services so we're looking for support because it's some people prefer that.

Joze – have you considered detox beds as a service?

Claire – Not considering withdrawal management because you need medical providers and it's a different level of services and model needed.

## **6.0 REPORTS**

### **6.1 Report of Chairperson**

Colleen – working with Mental Health Board – looking at putting something together to county counsel to merge the two boards. Nothing else to report. Encourage all commissioners to contact their supervisors to advocate for continued support

### **6.2 Commissioner Reports**

Joze – had a meeting with all the commissioners which may have been a first. Had a conversation about their role and relationship with Board. They would like a report every month, want a full summary. Theme of last week is how small changes start adding up. Hearing that there is some fear around women delivery babies at Dominican because of possible stigma.

**6.3 HSA Substance Use Disorder Updates – New Director of SUDS started. It is his 3<sup>rd</sup> week and it's been wonderful to have him here. SUD providers continue to provide services via telehealth, planning and preparing for a transition to**

Colleen – with in person services opening up, will this meeting be held in person in July? Casey doesn't know the answer – will look into it.

## **7.0 NEW BUSINESS**

**7.1 FY2021-23 Operational Plan – Sven Stafford – shared presentation Operational Plan Development. One of his tasks is to implement County's Operational Plan. Purpose of the Operational Plan, timeline, development of objectives and what happens in terms of feedback and next steps. Big focus of the next 2-year plan is equity, recovery from both COVID and fires that happened this past year. In August, the board declared racism a public health crisis. 1<sup>st</sup> step is creating a common language across the county about what equity is. Striving for if there is a disparity, we need to measure it, identify it and figure out why it's occurring so we can improve on it. Create targeted solutions to decrease disparities and this improves programming for everyone. Training on implicit/explicit bias, power, privilege. SMART goals. Presented data from Fuerte program which aims to reduce out of home placements. Data showed that majority of out of home placements happened with Latinx youth. Targeted this and were able to reduce out of home placements by 86%. Timeline – departments submitted by end of last week and CAO is vetting and integrating as needed. Final plan will be submitted for adoption in September.**

**7.2 Presentation on Syringe Services Program and Harm Reduction – in this past year SSP extended hours and days. They were able to stay open and expand even considering COVID -19. Open 5 days a week which was the request of participants. Including participant feedback is part of harm reduction model. Shifted hours from 8 am – noon to 10:00 am - 1:30 pm. Had more participants in 2020 than they did in 2019 but less needles exchanged. Trying to improve linkages to care and coordination with MAT services. We have MAT counselors who work at the exchange on Mondays. In Watsonville, MAT staff provide SSP services. Looking to change location of Watsonville services because the current location is not ideal for a variety of reasons. Received a grant \$400,000 for 3 years. Focus of the grant is to expand services in South County area. We know there is a need but due to staffing and community awareness they do not believe they are serving as many people as they could. Focus is to create an environment that do not feel judged. Many of their clients are in a pre-contemplative stage. They are not looking for recovery but are looking for safer practices. First priority is to reduce infections and reduce overdose. They push Narcan and train on how to do it. This year report of 200 overdoses reversed on account of the exchange. Do not pressure someone for treatment because doing so is not helpful. Meet people where they are at. They have expanded in putting more sharps kiosks in the community.**

Work with Harm Reduction Coalition (HRC) of Santa Cruz County – SSP refers participants to them when SSP is not open such as on holidays and county furloughs. SSP puts signage up so people can contact HRC. HRC is mandated to do sweeps for litter reduction. They can address complaints of syringe litter. Collaborated with HRC and identified an ideal kiosk location at the levy in Watsonville so they contacted the city to see if they are interested in one.

Located at 1060 Emeline.

Colleen asked about syringe sweeps – they are mandated to do 4 per month but they end up doing more than that. SSP also contracts with Downtown Streets team who also does syringe sweeps and litter abatement. They are also working to develop a centralized syringe litter reporting portal. It takes a lot of resources to manage to get it up and going but also to monitor. Policy on Exchange – 1 for 1 exchange. Cannot give out more than is brought in. Cap is 100 per person but if there are 2

persons, they can provide up to 200. Limit is for number of persons they are exchanging for.

Joze – asked if 1 for 1 a successful strategy for serving the community? Rashan’s response is that 1 to 1 is not best practice. Best practice is to provide what is needed. He can empathize with the concern in the community. People are going to get their syringes from somewhere, it’s best if they are getting them somewhere that are sterile. SSP accepts syringes from anywhere. Joze – why not train groups who are doing big sweeps how to clean up syringe litter – Rashan said he agreed and hoping to increase their efforts in.

Joze – like the idea of a hotline.

Colleen – how many do you distribute in a year? Rashan – this past year dispensed approx. 37,000. Through the exchange they collected approx. 42,000. Through kiosks and exchange they collected 850,000.

Colleen – how many organizations/entities also hand out needles? How many needles do you think are out there? Socorow responded that they don’t have all the data on that. Rashan is interested to see if pharmacies have data on needles sold/distributed. As far as other organizations doing work in our county is Harm Reduction Coalition. They are the only other’s authorized, and it happened in the 4<sup>th</sup> quarter of 2020. HRC is not willing to share data with public health. There is a report that HRC sends to the stage that must include how many syringes they have distributed.

Colleen excited to hear there are fewer needles being dispensed. Suggested a map or mechanism so people know where syringe litter hotspots are.

Rashan – current priorities are getting reports together, improving linkages to care and increasing testing.

**7.3** Continue to discuss contacting county SUDS so we can get more clear information about strategic plan – move to next agenda.

**7.4** CORE investments presentation – move to next agenda.

## **8.0 NEW AGENDA ITEMS AND DATE, TIME AND LOCATION OF NEXT MEETING**

July 12, 2021 at 5:30 p.m. at Health Services Agency, 1400 Emeline Ave., Bldg K, Room 207, Santa Cruz, CA

Move 7.3 and 7.4 to next agenda for July 12<sup>th</sup>

Casey to follow-up with Christine on whether or not we can do these meetings remotely.

## **9.0 ADJOURNMENT**

If you need interpreter services for the hearing impaired, please contact Casey Swank at least three working days in advance of the meeting at 454-5499 (voice) or use the California Relay System at 1-800-735-2929 (TDD).

Spanish language translation is available on an as needed basis. Please make advance arrangements by calling 454-4050.

*Traducciones de ingles al espanol y del espanol al ingles estan disponibles. Por favor hagan arreglos por anticipo por telefono al numero (831) 454-4050.*

\* A quorum must be present in order for any matters requiring a vote to be acted on. A quorum shall be one person more than one-half of the appointed members of the Commission.