Notice of Public Meeting and Agenda
In Person Meeting

Date: Tuesday, June 13, 2023
Time: 6:00 PM – 7:30 PM

Join Microsoft Teams Meeting
Meeting ID: 226 807 668 601      Passcode: pXkJux

Or Call in (audio only): +1 831-454-2222,30724602# United States, Salinas
     Phone Conference ID: 307 246 02#

Physical Location** 1400 Emeline Ave, Rm #206/207
Santa Cruz, CA 95060

1. Roll Call & Introductions
2. Review & Corrections of the Agenda
3. Review & Approval of May 9, 2023, Meeting Minutes
4. Written Correspondence:
5. Oral Communications: Any person may address the Commission on additional matters that are not on today’s agenda, for a period not to exceed 3 minutes, within the jurisdiction of the Commission.
6. Presentation: Joseph Crottogini from Homeless Persons Health Project (HPHP)
7. Program Updates: Rahshan Williams and Socorro Gutierrez
8. New Business/Action Item
   8.1 The future of the community Engagement Ad-hoc subcommittee
   8.2 Discuss alternate site/locations for SSPAC meetings
   8.3 Discuss Commission Recruitment
   8.4 Invite Access Support Network (ASN) staff member to future meeting in August or September
9. Topics for Future Meetings
10. Adjournment

Next Meeting to be held on August 8, 2023, at 6:00 PM

The County of Santa Cruz does not discriminate based on disability, and no person shall, by reason of a disability, be denied the benefits of its services, programs, or activities. If you wish to attend this meeting and require special assistance to participate, please call 831-454-4623 (TTY/TDD: 711) at least 72 hours in advance to make arrangements.

Summarized from Santa Cruz County Code, Chapter 2.125, Commission objectives include: increase coordination between agencies, departments, jurisdictions, and other stakeholders and policies related to delivery of services provided by SSP; review pending State and Federal legislation that may impact SSP, consumers and/or providers; stay informed and educated on SSP and related public health strategies; provide a forum for consumers and other partis interested in syringe services to contribute ideas to policy and program development and make recommendations to the Board of Supervisors regarding any proposed changes.
Action Item: 3, Approval of Meeting Minutes

Action Required

Recommendation

Approve the May 9, 2023, Syringe Services Advisory Committee meeting minutes

Suggested Motion

I motion to approve the May 9, 2023, Syringe Services Advisory Committee meeting minutes
Meeting Minutes

DATE: Tuesday, May 9, 2023
TIME: 6:00 PM
LOCATION: 1400 Emeline Ave, Bldg. K, Rm 206
PRESENT: Damon Bruder (3rd District), Eric Sturm (4th District), Sarina King (5th District), Steve Plum (1st District)
STAFF: Rahshan Williams (Program Coordinator), Socorro Gutierrez (Health Services Manager), Lucero Cosio-Santos (Administrative Aide) Laurel Gazza (Administrative Aide), Gail Newel (Health Officer), Emily Chung (Director of Public Health), Anna Sutton (Director of Nursing),
GUESTS: Julia Anderson (Senior Public Health Educator) presenting

1. Call to Order/Roll Call/Introductions:
   Meeting convened at 6:02 PM.
   Chair Bruder Confirmed attendance.

2. Review and Corrections of the Agenda:

3. Review and Approval of March 14, 2023, Meeting Minutes:
   Motion to approve March 14, 2023, Meeting Minutes
   Motion/Second: Sturm/Plumb
   Motion passed unanimously.

   Motion to approve April 11, 2023, Meeting Minutes
   Motion/Second: Sturm/King
   Motion passed unanimously.

4. Written Correspondence: none

5. Oral Communications:
   Dr. Gail Newel thanks the Commission for their work and for playing an important part in being a bridge between the Syringe Services Program, Public Health, and the Board of Supervisors.
6. **Special Presentation:**
   6.1 On behalf of all the Commissioners, Commissioner Sturm presented Dr. Gail Newel with a letter of appreciation for her support with Syringe Services Program and her efforts to improve the health and well-being of our community through her tenure as Health Officer for the past four years.

7. **Election of Chair and Vice Chair:**
   7.1 The annual election of the Chair and Vice Chair was conducted.
   Chair Bruder elected to continue as Chair and Commissioner King elected as Vice-Chair
   
   **Motion to elect Chair Bruder for another year as Chair**
   Motion/Second: King/Sturm
   Motion passed unanimously.

   **Motion to elect Commissioner King to Vice-Chair**
   Motion/Second: Bruder/Sturm
   Motion passed unanimously.

8. **Program Updates:**
   8.1 Socorro Gutierrez provided update from the 4/25 Board of Supervisors meeting. The 2021-2022 Biennial Report for the Syringe Services Program was accepted and filed. The Board adopted recommendations from the Commission to pilot a hybrid model that reduces exchange services at fixed locations while providing exchange services in collaboration with Homeless Persons Health Project’s Street Medicine for 18 months. An additional directive is for staff to return in March 2024 to provide a status update on the 18-month hybrid model pilot program, examine alternatives to a fixed North County location including SSP Services and a broader community planning for Coral Street navigation services and other homeless programs.
   8.2 Julia Anderson presented an update on the survey results between November 10, 2022-February 6, 2023, from in-depth conversations with 40 unique unhoused individuals who use drugs in South County. The conversations engaged these individuals to inquire of their knowledge of the SSP and their syringe use behaviors. Some of the feedback; some were not familiar with Watsonville SSP locations. More advertising and promoting needed. A location downtown more accessible to those that walk and provide locations to drop off used syringes such as kiosks. Interest in community engagement events that can connect them to health services and the community. Efforts to improve services continue and include a hybrid service delivery mode, education around proper syringe disposal, advocacy for kiosk placement and SSP promotion campaign to increase awareness.

9. **New Business/Action Items:**
   9.1 The future of the community Engagement Ad-hoc subcommittee
   
   **Motion to keep item for future discussion in place.**
   Motion/Second: Sturm/King
   Motion passed unanimously.
9.2 Discuss alternate site/locations for SSPAC meetings.
   Motion to table items 9.2 and 9.4 for next month’s meeting
   Motion/Second: Sturm/Plumb
   Motion passed unanimously.
9.3 Invite Joseph Crottogini from Homeless Persons Health Project (HPHP) to June meeting.
   Motion to invite Joseph Crottogini to the June meeting or when available.
   Motion/Second: King/Plum
   Motion passed unanimously.
9.4 Commission recruitment
   Motion to table items 9.2 and 9.4 for next month’s meeting
   Motion/Second: Sturm/Plumb
   Motion passed unanimously.
9.5 Invite Access Support Network (ASN) staff to share how the program started.
   Motion to table for future meeting in August or September
   Motion/Second: Sturm/King
   Motion passed unanimously.

10. Adjournment:
    Motion to Adjourn the meeting.
    Motion/Second: Plumb/King
    Motion passed unanimously.

Meeting adjourned at 7:30PM
Submitted by Lucero Cosio-Santos (Administrative Aide)
The mission of the Homeless Persons Health Project is to eliminate homelessness by providing comprehensive health care and housing for everyone.

• Healthcare for the Homeless, Patient Centered Medical Home, Federally Qualified Health Center

• Primary Care, integrated behavioral health, substance use disorder services including medication-assisted treatment & acupuncture
• Recuperative Care Center
• On-site medication dispensary
• Benefits advocacy & money management program
• Permanent Supportive Housing Programs
• Housing Navigation and Case Management
• Outreach + Harm Reduction Services, Narcan distribution program
• Street Medicine
HOMELESSNESS & HEALTH CARE

- Medically Vulnerable
- Increased acute health problems
- Congregate Settings
- Social Determinants of Health
- Stigma and discrimination

2022 – 91 people experiencing homelessness died in Santa Cruz County

- People experiencing homelessness died at 5.6x the rate of the rest of the county population.
- Avg. age of death for housed in Santa Cruz County = 80; for People experiencing homelessness, its 49.
- Accidental overdose #1 cause of death among PEH in CA (CDPH, 2022)
HOUSING IS HEALTH

CLIENT # 11
HOSPITAL AND AMBULANCE UTILIZATION SUMMARY
AT 12 MONTHS PRE AND POST HOUSED

<table>
<thead>
<tr>
<th>12 MOS PRE HOUSING</th>
<th>POST HOUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED VISITS</td>
<td>38</td>
</tr>
<tr>
<td>INPT DAYS</td>
<td>49</td>
</tr>
<tr>
<td>AMB RUNS</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

Graph showing the utilization summary at 12 months pre and post housed.
Permanent Supportive Housing

- HPHP currently supports 100+ clients in permanent supportive housing
- Current clients have been housed an average of 5.5 years
- Total of 195 clients receive case management from HPHP staff
- Working with Coordinated Entry System
MOBILE HEALTH CLINIC

- 2,000 mobile clinics located across the country.
- Expanding access with 6.5 million visits annually.
- Average return on Investment for mobile health is 12:1.
- It is estimated that each mobile clinic results in 600 fewer Emergency Department visits every year.
EFFECTIVE STREET OUTREACH

• Street outreach staff receive regular training in evidence-based practices

• Utilize harm reduction principles

• Liaison to housing services

• Coordinate with other agencies
STREET MEDICINE

- Work with Homeless Service Providers, community agencies.
- Expand access to care — Reach most isolated, difficult to reach populations
- Provide services to people who don't normally go to a clinic.
- Gateway for volunteers and interns to expand service capacity and opportunities for learning and recruitment
- Continuous Engagement
- Preventative Medicine — Prevent outbreaks, decrease ER use
- Low-cost to implement
An Ecological Approach to Mobile Primary Care and Street Medicine

- Primary Care
- HIV/HCV Testing
- Referrals
- MAT
- Case Mgmt
- Wound Care
- Naloxone
- Food
- Shelter
- SSP
- Legal Assistance
- Behavioral Health
- Coordinated Entry/Permanent Supportive Housing
- IOP + Inpatient SUD Programs

Image: Julia South-Cruz, Good Times
WHAT IS HARM REDUCTION?

Harm reduction is a set of ideas and interventions that seek to reduce the harms associated with both drug use and ineffective, racialized drug policies.

(Drug Policy Alliance)

“Any positive change.”

Dan Bigg
PRINCIPLES OF HARM REDUCTION

• Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

• Individual’s decision to use is accepted

• Individual is treated with dignity

• Individual is expected to take responsibility for his or her own behavior

• Individuals have a voice

• Reducing harm, not consumption

• No pre-defined outcomes
BENEFITS OF HARM REDUCTION

- Challenge stigma
- Increase trust with clients and foster engagement
- Improve individual and community health
- Keep individuals engaged in care
- Reduces utilization and cost in medical systems
HARM REDUCTION AS WE KNOW IT:

- Sunscreen
- Condoms
- Seat belts
- Bicycle helmets
- Designated drivers
- Nicotine patches/gum
HARM REDUCTION IN AN OPIOID EPIDEMIC:

- Syringe service/access programs
- Syringe disposal
- Safer drug use
- Overdose prevention education and Narcan distribution
- Medication Assisted Treatment (buprenorphine and methadone)
- Drug treatment (residential and outpatient)
- Safe Injection Sites/Supervised Consumption Sites
- Integrated primary care with linkage to HIV/HCV care, IZ, PrEP
HOW DO SSP’S BENEFIT THE COMMUNITY?

• Increase entry into SUD tx and medication-assisted tx
• Reduce needle stick injury among first responders
• Reduce overdose deaths
• Reduce new HIV and viral hepatitis infections
• Prevention saves money
• Comprehensive harm reduction services
  • Disposal, sterile needles/syringes/works, HIV and hepatitis testing, OD education,
    medical/MH/social services referrals, condoms, vaccinations

**SSP’s don’t increase drug use or crime!**

CDC. Reducing Harms from Injection Drug Use and Opioid Use Disorder with Syringe Service Programs. August 2017.  
OPIOID DEATH RATE

Over 100,000 Americans die every year from an opioid overdose (CDC & Prevention).

Opioid overdose is the leading cause of death for persons experiencing homelessness in CA in 2022 (CDPH).

Synthetic opioid deaths in Santa Cruz County jumped 35% between 2019-2021.
HCV Patient Outreach

1. Coordinate with PCP or switch to HSA, contact CARE Team for Case Management

2. Patient identified Zz2 z2 (carrier of viral HCV)
   - Document attempt in Epic in "track Pt outreach"
   - Check Epic & HMIS chart to help get info, send out Bolo, repeat attempt within 1 week.
   - Introduce self & discuss HCV care
   - Update insurance coverage & refer to Health Client Benefits Represent

3. Patient with HSA?
   - Is the patient present?
     - YES: Schedule appt with HCV Provider**, contact CARE Team for Case Management***
     - NO: Update Pt Chart & Pt Lists "Street Medicine HCV"

4. Able to contact patient?
   - YES: Proceed with HCV care
   - NO: Continue attempt

**Use HCV care script. If patient informs staff that they completed HCV treatment, order HCV RNA (LT735) lab test for HCV for patient to complete prior to provider visit.

***For MHPH, HCV providers are Sharon Gebringer, Benjamin Ramussen-Stein, Lilie Pham, Jason Johnston

***Care team Mainehe - EHR-455-4730
Barriers/Challenges:
• Housing instability
• SUD/behavioral health/difficulties navigating
• Conflicting priorities (shelter, food, clothing, etc.)
• No phone or consistent contact, Patient unknown, no photo
• Searching multiple databases to find contact

Lessons Learned:
• Utilizing HMIS and shelter census data increased likelihood of locating a patient
• Use opportunity for re-engagement in services (especially those lost to follow-up) to refer to multiple services.
Homeless Persons Health Project Mobile Clinic Design

**Key Features**
- 23” mobile clinic
- County Seal on door
- Geographic icons of Santa Cruz County
- Represents diverse demographic

**Design Process**
- Input from staff, other HSA departments, Health Commission, community agencies, and patients
- 7 versions considered before final
RESOURCES

• County of Santa Cruz Medication-Assisted Treatment Program - [Medication Assisted Treatment (MAT) (santa-cruz.ca.us)]
• California Overdose Surveillance Dashboard: [https://skylab.cdph.ca.gov/ODdash/]
• Statewide Standing Order for Naloxone, California Department of Public Health: [https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx] + Recovery Position resource: [https://www.healthnavigator.org.nz/health-a-z/r/recovery-position/]
• Naloxone Distribution Project: [https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx]
• Fentanyl, National Institute on Drug Abuse: [https://www.drugabuse.gov/drug-topics/fentanyl]
• Dope Project Overdose Prevention - [Overdose Prevention Resources | National Harm Reduction Coalition]
THANK YOU!
Public Health

County of Santa Cruz Syringe Services Program (SSP) Advisory Commission Program Updates

June 13, 2023
Current Activities

1) Distribution and Collection
2) Safe Disposal
3) Enhanced Referrals and Education
## Syringe Exchange Distribution and Collection

### March–May 2022 vs. 2023

<table>
<thead>
<tr>
<th>Category</th>
<th>March–May 2022</th>
<th>March–May 2023</th>
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</thead>
<tbody>
<tr>
<td>Exchange visits</td>
<td>308</td>
<td>355</td>
</tr>
<tr>
<td>Unique client codes</td>
<td>158</td>
<td>155</td>
</tr>
<tr>
<td>Syringes collected (exchange)</td>
<td>36,742</td>
<td>20,744</td>
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<tr>
<td>Syringes dispensed</td>
<td>32,216</td>
<td>17,209</td>
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</table>
Syringe Disposal and Community Cleanup

Pogonip clean-up efforts
Community Awareness and Education

- SUD treatment referral integration
- Santa Cruz Public Libraries and Naloxone
- Grant Park Neighbors In-the-Park Meetings
- SSP/HPHP Street Medicine Outreach Locations
Thank You