

Santa Cruz County Syringe Services Program Advisory Commission

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Meeting Minutes

DATE: Tuesday, December 8, 2020

TIME: 6:00PM - 7:30PM LOCATION: Remote Meeting

PRESENT: Angela Chestnut (1st District), Jim Hart (2nd District), Damon Bruder (3rd District), Eric

Sturm (4th District), Sharon DeJong (5th District), Patty King (At Large)

EXCUSED: None

ABSENT: Les Gardner (At Large),

STAFF: Megan Holland (Public Health Administration Services Manager), Jennifer Herrera (Chief

of Public Health), Emily Chung (PH Manager), Socorro Gutierrez (Health Services Manager), Rahshan Williams (Program Coordinator), Crystal Garcia (Administrative Aide), Cassie Cheddar (Clinic Nurse), Danny Contreras (Health Services Manager)

GUESTS: 412-686-358# (Guest), CE (Guest), DF (Guest), Kris Younggren (Guest), Margie W.

(Guest), Melissa Freebairn (Guest), MM (Guest), Serg Kagno (Guest),

408-807-7234 (Guest)

1) Call to Order/Roll Call/Introductions

Meeting convened at 6:00PM.

2) Review and Approve November 10, 2020 Meeting Minutes

- Motion to approve by Angela
- Seconded by Jim
 - Question from Damon Request to review section 8, letter d, number 5 of last meeting minutes regarding response to question of frequency of HIV testing offered & followed-up with.

Requested minutes be modified to include in response to question, "SSP is not offering HIV Testing at this point and has not since COVID19." Verbiage added to meeting minutes.

- Motion to approve modified minutes per recommendation of Damon by Angela
- Seconded by Patty King

Angela - Yay, Jim - Yay, Damon - Yay, Eric - Yay, Sharon - Yay, Les - Yay, Patty — Yay Motion to approve Meeting Minutes passed unanimously.

3) <u>Presentations</u>

- SSP Update Rahshan Williams
 - Staff and Scheduling Continuing to work on in order to maintain open doors during furlough days. Have been successful so far in doing so the past month
 - Plan is to remain open during furlough week which is time between Christmas and the New Year
 - Working to maintain experienced staff including extra help, ensuring hours are worked judiciously to be able to continue working as long as possible
 - Continue to train new staff and volunteers, forward planning for months to come
 - o Referrals Planning to meet to work on improving process
 - Changes to database to prompt staff to follow-up on treatment referrals and to enter conversations with participants as drug treatment is noted in past encounters
 - Anonymous program. Continuing to work out process to be able to provide linkage between contact with participant & following up when there has been no follow through
 - Syringe Litter Responding to reports of syringe litter by contacting community partners including Harm Reduction Coalition of Santa Cruz County whom are also performing syringe litter abatement
 - Relationship Building Continue to improve relationships with participants so can continue to make referrals and pass on important information as it comes up
 - Example, passing on information regarding Wound Botulism, carried in black tar heroine
 - Work to continue improving relationship building to have these difficult conversations with participants
- Question from Damon Concerning information given out to participants, in regards to syringe disposal/possession/litter, is it commonly known, that possession of syringes is not illegal anymore? Is this communicated to the participant so they do not feel they have to litter to avoid charges?
 - Response from Rahshan Information is passed out and readily available to participants informing them they are allowed to possess syringes and we are simultaneously promoting the use of Sharps containers, pointing out the importance and intent: to keep people safe.
- Chat from Cassie Unfortunately, our participants often report that they are still hassled by law enforcement about carrying sharps in containers, even when properly stored. These tickets are thrown out in court but entering the court system at all is a harmful time burden when they are trying to be responsible.
 - o Response from Damon That is unfortunately a 'tool' the police (mis)use.
 - Damon acknowledges and thanks Cassie for her service

- Question from Patty What is the response from participants when it comes to the proper disposal of syringes?
 - Response from Rahshan Participants vary in personality, like all. Some are very cautious & even help promote awareness within their community while there are others not as cautious. In general, as a whole community, would say very responsible for their syringe disposal but not speaking for everyone. We do our best to promote proper syringe disposal.
 - Response from Jen Acknowledges question from Patty stating Jen's report out would cover more about what the participants are like. She will also review the syringe access and disposal evaluation done last year which provides a point-in-time snapshot of those who participant in the program and who they are.
- Focus Group & Survey Findings of SSP Participants (2019) Jennifer Herrera
 - Slide of Syringe Access and Disposal study developed in Public Health July through November of 2019 per Board's Directive to evaluate syringe litter in community
 - Point-in-time/snapshot of visual inspection, individual field survey and focus group discussion of syringe litter in certain areas to get better sense of who participants are and what their behaviors were; whether they chose to dispose correctly or not and what were reasons behind disposal choices. Idea is to offer a sense of perspective
 - o Focusing on demographics and focus group findings of what was found during study
 - In support of Rahshan's comments of participants disposing syringes in large quantities, during the visual inspections, the syringes that were found were already in large containers, usually bags. There is a possibility disposal was left intentionally
 - With findings of disposal in large quantities, shows cleanup efforts turn around have been very good. Not saying syringe disposal isn't an issue but investments made during time of visual inspection seems to have made a difference with not as many syringes found
 - Results were focused in the Santa Cruz area, surveying 133 people
 - ♦ Primarily in the 25-54 Age Group
 - ♦ 25% were Hispanic/Latinx, 62% were Non-Hispanic White
 - ♦ 29% were Female, 69% were Male
 - ♦ 92% spoke English, 8% spoke Spanish
 - ♦ 59% noted they had a Primary Care provider, 30% noted they use Emergency Room/Urgent Care, 6% noted they did not seek healthcare
 - ♦ 59% stated their current sleeping environment was in a public place, 11% stated they lived in a place they pay rent/lease/own, 10% stated they lived in a room/house belonging to a family/friend, 8% stated living in a van/car
 - ♦ 59% noted living in the Santa Cruz/Live Oak are, 29% noted living in Watsonville/Freedom
 - Many of the SSP participants are stably housed

- Slide presentation from Board of Supervisor meeting held on December 10, 2019 while presenting findings of report. Three shared values found during focus groups conducted:
 - Safe Environment
 - Accountability
 - Compassion
- Question from Damon When was study done?
 - Response from Jen Reports were released in December 2019. Activities happened between July & November 2019. Two week visual inspection of syringe litter hotspots done in October 2019.
- Medication-Assisted Treatment (MAT) Overview Danny Contreras
 - Slide of MAT program, services and options provided, program requirements and referral process and workflow
 - Three clinics: Watsonville Health Center (WHC) | Santa Cruz Health Center (Emeline)
 Homeless Person Health Project (HPHP)
 - Contact MAT Team at: 831-454-4808
 - Medication assisted treatment is use of medications in combination with counseling and behavioral therapies for treatment of substance use disorders.
 - Medications currently used at clinics:
 - Buprenorphine & Naltrexone
 - Methadone not currently used. Can be found at Janus clinic in Watsonville, not Emeline Clinic
 - Services provided include:
 - IBH (Therapy & Psychiatry), SSP, Contingency Management & Acupuncture
 - Across clinics, around 24 waivered providers with capacity to see 640+ patients, around seven drug & alcohol counselors, three nurses, two medical assistants, one administrative aide. Program started with one person, (Danny). Built up team.
 - First year provider: Can see 30 patients, increases to 100 after first year and after first year, can increase to 260 depending on where certification sits
 - Working on collaboration with agencies to develop bridges from ER, hospitals, jails etc.
 - During COVID closed all clinics and services in March. Continuing to adapt with working remote, offering employees laptops and County cellphones
 - Attempted online-only programs but participants not very responsive. Re-closed.
 - Re-opened. Max nine participants per group, following proper screening procedures to provide group services outside of clinic. Some doctors remote, computer services offered to provide tele-health.
 - MAT Total Case Management Visits By Year
 - 2016 281 | 2017 1231 | 2018 2464 | 2019 2839

- Question from Angela What are hours for MAT hotline?
 - Response from Danny Hotline is available during working hours. During non-working hours, able to leave voicemail that is checked the next morning.
- Question from Angela Referring to past Board of Supervisor's meetings and desire to expand MAT program, what are the main challenges of getting only 22 certified for waiver and what obstacles are still being seen?
 - Response from Danny The waivered providers are able to see 260-270 patients each
 depending on year/certification. There is a capacity to see more patients. To be able to
 see more patients, there would be a need for more staff.
- Question from Eric What would best, short answer be for why patient encounters have increased?
 - Response from Danny As more staff was brought on, (program began with just Danny at maximum capacity) more patients could be seen.
 - Eric acknowledged Danny's response
- Question from Patty How is the relationship between MAT program, other local treatment programs and services such as probation and police departments & what is support system?
 - Response from Danny Any opportunity given, brochures with program information are handed out to police department, sheriffs, jails, etc. providing insights to what services are available to the public & contact information. Would say relationships are pretty good and working to continue growing
- Question from Patty Are there ten detox beds available at Janus?
 - Response from Danny Would be best to refer to Janus for their information
 - o Response from Cassie in chat Believe Janus has 12 detox beds
- Question from Damon Where else are client/referrals given besides SSP?
 - Response from Danny Hotline receives several phone calls, from existing or past
 patients wanting to refer someone they know to calls being made for someone else.
 Through the program building rapport, capable of starting relationships so future
 participants know where they can go

4) Public Comment:

3 minutes per speaker: raise hand or speak up or use chat function

- Question from Melissa Does anyone have the current Hepatitis C & HIV case study data from HSA?
 - Response from Jen We do not have the current annual report; capacity not available to stay on top of reporting. Data should be available at state level.
 - Melissa responds to Jen On State CDPH website, there is no data at this time. Is there time frame for when available?
 - Jen responds to Melissa Offered email to correspond at later time, being respectful
 of time set aside for Public Comment

- 5) New Business/Action Items: Topics for Future Meetings & Action Items
 - a) Review/Discussion Upcoming Board of Supervisor Requested SSP IV Drug Use Study Session (Feb 2021)
 - i. Jen Asked by Board to return February 23, 2021 to present study session of IV drug use in Santa Cruz County. This presentation is also to include presentations from the Sheriff's Office & Superior Court. Already meeting & working with partners on what piece everyone will report out on. Can provide preview of what presentation will look like at next Commission meeting. Partners would like to emphasize over-incarceration is not the answer and should emphasis treatment options recognizing individuals have various readiness for treatment
 - ii. Jim adds An important piece being offered to presentation is data from Forensic Pathologist in terms of overdose deaths in Santa Cruz County over last few years
 - b) Patty addresses Jen Addressing the statement of not having Hepatitis C & HIV case study data, how are analysis of program & community done if there is no data collected to support?
 - i. Jen To clarify, there is data but the data has not been analyzed & is not in report form. Due to events this past year, have not had capacity to produce reports for public view
 - King To confirm, data is being collected but is just not sorted and available to view.
 Noted it is important to have data
 - c) Question from Damon The upcoming Board of Supervisor Study Session is February 23, 2021? Will Public be able to attend?
 - i. Response from Jen Confirms Study Session date on Tuesday, February 23rd and confirms Public can attend; will be held during Board meeting
 - d) Question from Damon Confirming next Commission meeting is January 28, 2021?
 - Response from Sharon Confirms next Commission meeting is Thursday, January 28th
 - e) Question from Megan Regarding scheduling Commission meetings February and going forward, will meetings be held every second Tuesday?
 - i. Response from Sharon Personally, Tuesday work best. Not available Thursday
 - ii. Response from Damon May have a conflict some Tuesdays
 - Suggestion from Eric Send out questionnaire for everyone's availability to schedule accordingly. To be followed up on

6) Adjournment

Sharon motioned to adjourn, Patty seconded.

- Motion to adjourn passed
- Meeting was adjourned at 7:26PM

Respectfully submitted by: Crystal Garcia, Administrative Aide