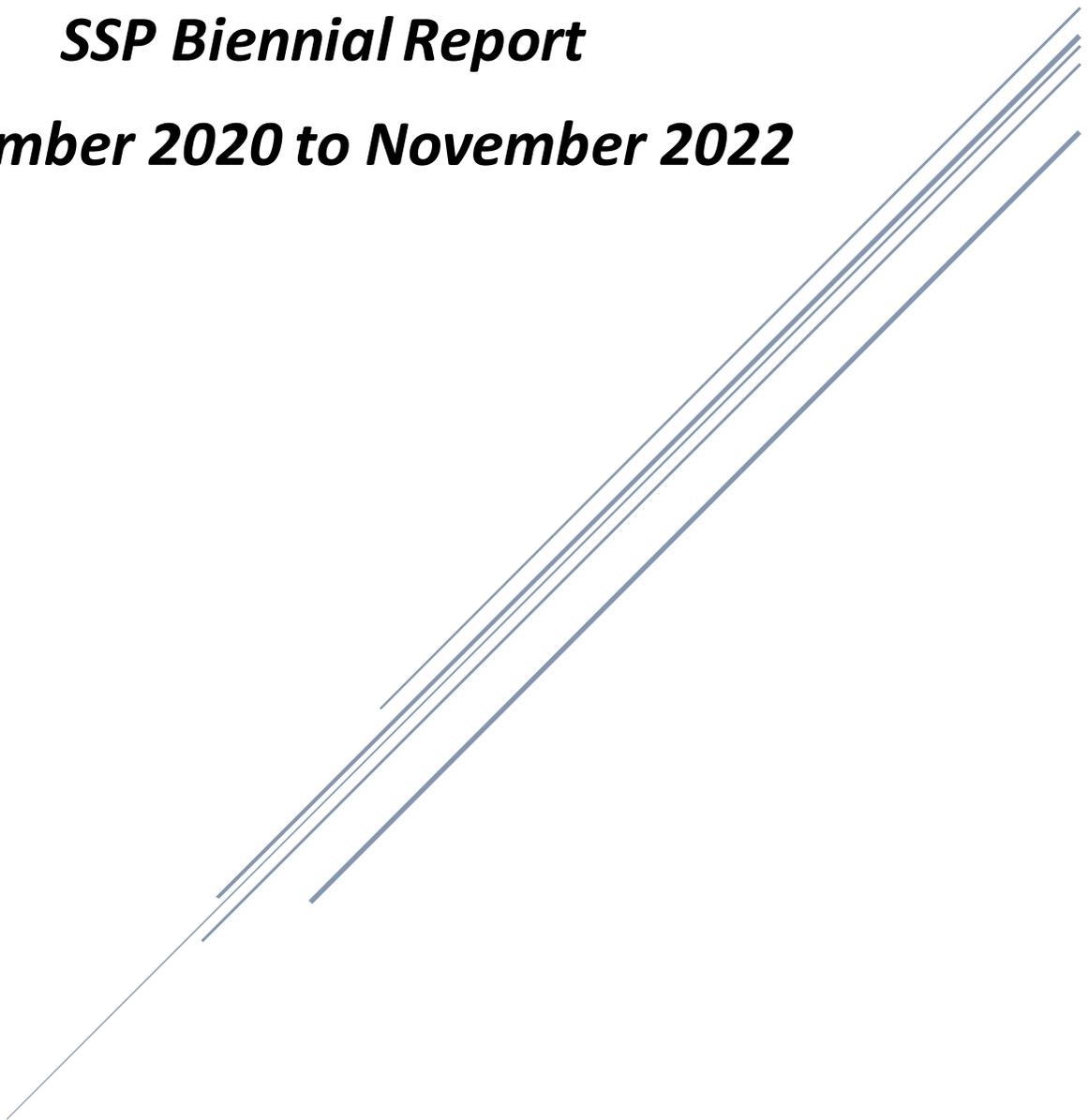


*County of Santa Cruz
Health Services Agency
Syringe Services Program*

***SSP Biennial Report
November 2020 to November 2022***



WELCOME

From the desk of

Damon Bruder, Chairperson

Welcome Supervisors,

The last two years have been an exciting opportunity and challenge for our Commission!

Since our inception, we have learned a lot about our Syringe Services Program, its clients and community, and we remain committed to learning even more.

- We have explored innovative ideas and implemented a few.
- We have outlined an ambitious list of goals to pursue.
- We have developed several recommendations for the board to consider.
- We have achieved all of this while navigating the myriad of challenges created by the end pandemic.

Our public leaders, community partners, and county staff have provided tremendous support and ideas to help us better serve both SSP clients and the community. I would personally like to thank Nicky Meza and Megan Holland for their invaluable help with understanding the rules and policies involved with our Commission and meetings. We couldn't have gotten here without them!

As a Commission, we know that the greater downtown Santa Cruz area is disproportionately affected by syringe litter. We understand that better SSP accessibility and exchange relationships will help combat this issue, as well as improving the overall health and well-being of not only the clients, but the entire community.

I believe that the SSP is vital to our community and that this Commission can help it by learning and developing more ways to improve our program.

Thank you for this opportunity to be of service to our community.

Gratefully,

Damon Bruder
Chairperson

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MANDATES FROM THE BOARD

As set forth in Santa Cruz County Code, Chapter 2.125, the Commission shall perform the following duties:

1. Help increase coordination between agencies, departments, jurisdictions, and other stakeholders related to the delivery of services provided by the Syringe Services Program.
2. Review policies related to the delivery of services under the Syringe Services Program and make recommendations to the Board of Supervisors regarding any proposed changes.
3. Review pending State and federal legislation that may impact the Syringe Services Program, consumers, and/or providers and make recommendations to the Board of Supervisors regarding any proposed changes.
4. Stay informed and educated on syringe services and related public health strategies; and
5. Provide a forum for consumers and other parties interested in syringe services to contribute ideas to policy and program development.

Damon Bruder, Chairperson, Third District

“The value of an SSP is derived from its effectiveness in preventing the spread of communicable diseases such as HIV and Hep C throughout the community. While it is mainly accessed by addicts, it is an extremely important component of an overall ‘Harm Reduction’ approach to the health and safety of the entire community. When properly implemented, an SSP can help discover and monitor trends involving communicable diseases, drug use, medical well-being, and even mental health of participants, among other things. And as we know there is always more work to be done to improve our SSP, and to utilize the data that it may be able to collect to improve the quality of life for our entire community.”

COMMISSION STRUCTURE

The Syringe Services Program Advisory Commission is established under the authority of California Government Code Section [31000.1](#). [Ord. 5315 § 1, 2019].

2.125.020 Membership.

The Syringe Services Program Advisory Commission shall consist of seven voting members, residents of the County, appointed by the Board of Supervisors in the following manner:

(A) Each Supervisor shall nominate one person who may reside within the Supervisor's district: and

(B) The remaining two members shall be appointed at-large. [Ord. 5315 § 1, 2019].

2.125.030 Term of office.

Each member nominated by an individual Supervisor shall serve for a term of four years, commencing on April 1st of the year in which such member's nominating Supervisor begins a full term. At-large members shall serve for a term of four years, commencing on the date of appointment. [Ord. 5315 § 1, 2019].

2.125.040 Organization and procedures.

(A) General Organization. The Commission shall comply in all respects with SCCC [2.38.110](#) through [2.38.250](#), unless otherwise provided herein.

(B) Quorum. The quorum for the Commission shall be one person more than one-half of the appointed members. This quorum requirement constitutes an exception to SCCC [2.38.150](#).

(C) Support Staff. The Health Services Agency of the County shall provide administrative staff support to the Commission. [Ord. 5315 § 1, 2019].

2.125.050 Powers and duties. (See "Mandates" above)

Steve Plumb, Commissioner, First District

"Drug addiction is a dangerous disease, but it is treatable. Many people have been able to escape their dependence on drugs and to lead productive and fulfilling lives. They hold jobs, raise families, and contribute to their community. The social, psychological, and financial benefit is immense. But recovery will not happen without assistance. Besides counseling and drug treatment, they need to be offered protection from the lethal risks of their disease with clean needles, opioid reversal kits, alternatives to injections, personal hygiene kits and protection from the elements. The investment that the county and the syringe services commission is making is small compared to the cost of caring for the complications of drug addiction and pales in comparison to the reward of a recovered substance abuser."

COMMISSION STAFF

The Public Health Division has generously provided several staff members to assist SSP Commission activities by way of administrative oversight and direct program support. A summary list of these persons includes, but is not limited to:

Dr Gail Newel, County Health Officer

Jen Herrera, Health Services Agency, Assistant Director

Emily Chung, Public Health, Division Director

Megan Holland, Public Health, Administrative Services Manager

Socorro Gutierrez, Public Health, Health Services Manager

Rahshan Williams, Syringe Services Program Coordinator

Nicole "Nicky" Meza, Public Health, Administrative Aide

And numerous others, who furthered the success of SSP ideas, goals, and recommendations.

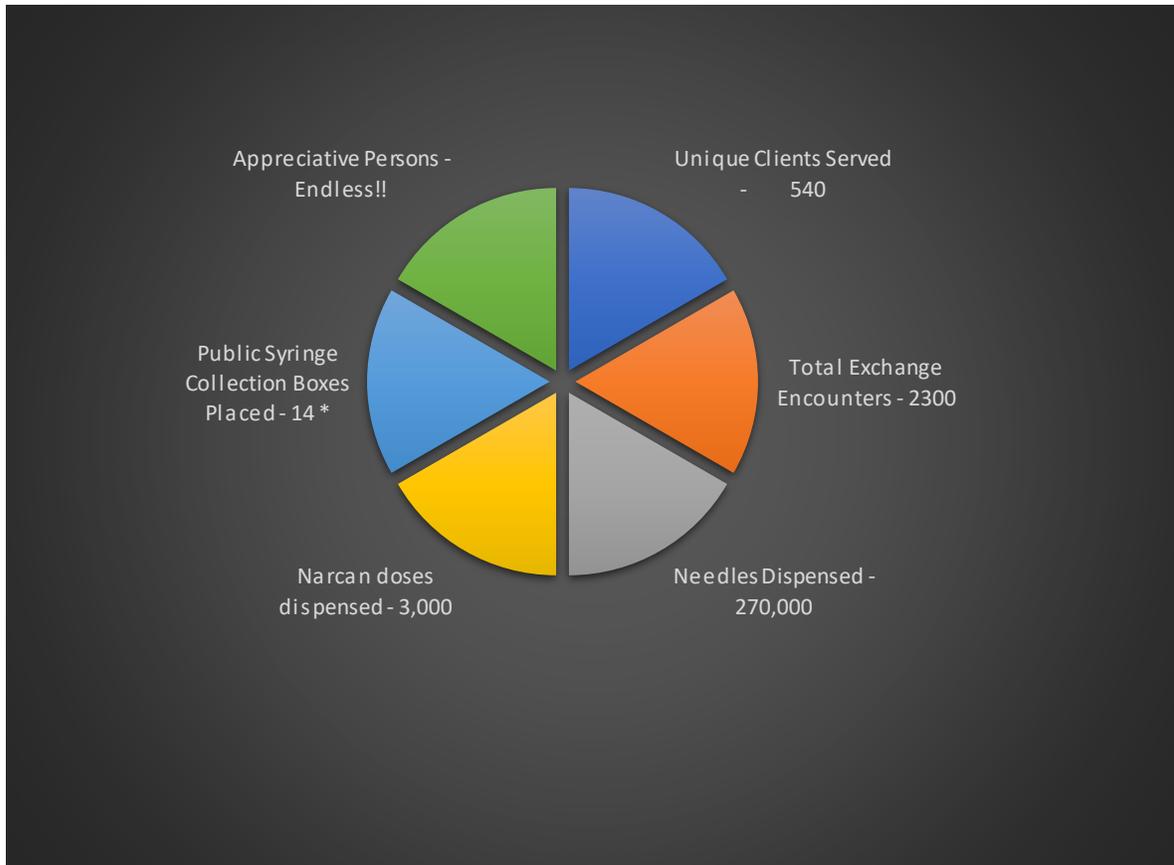
The Commission would like to give special acknowledgements to **Rahshan Williams** for steering our daily SSP operations and finding creative uses of limited public funds, and to **"Nicky" Meza**, whose tireless efforts, attention to detail, and sustaining support gave us the confidence to achieve our work. And finally, the SSP Commission would like to acknowledge the support and contributions of our many **volunteers** who came forward when the need was greatest.

Eric Sturm, Commissioner, Fourth District

"The value of this Commission is to remain vigilant and alert in an ever-changing and dynamic world of substance use. There are always new drugs and ways to use them. And there are always new health threats and diseases waiting for an opportune moment to proliferate. And when use occurs, there will always be an impact to our community; our parks, beaches, and public spaces will likely be affected by discarded needles and other effects. This Commission is at the center of these crossroads, and our assignment is to ensure the orderly flow of communication, information, supplies, and services that help safeguard a vibrant community where all persons may thrive and enjoy good health.

ACCOMPLISHMENTS

The SSP Commission oversaw the following SSP Program activities:



*Up 50% from last year. Also includes placements into other jurisdictions, such as City of Santa Cruz, Benchlands camp

Sarina King, Commissioner, Fifth District

“The Santa Cruz County Syringe Service Program is, at its core, a program designed to support a vulnerable population. This program not only reduces the potential spread of disease amongst our neighbors, brothers, sisters, parents, children, partners, and friends who suffer from substance use disorder - its existence also provides them the entryway to a safety net of resources. Providing a compassionate and practical service to support -at best the well-being and at minimum the harm reduction- of this often-stigmatized community is a necessary component of any public health program. The additional syringe litter clean-up and disposal services the program provides help to keep our broader community safe from improperly disposed of syringes. This program is an essential resource that tends to a community whose basic needs maybe otherwise unmet and also mitigates risk that may befall our broader population. I am honored to serve as a Commissioner of the Syringe Services Program and look forward to continuing to provide and improve this program in Santa Cruz Count.”

ACCOMPLISHMENTS *continued*

- Improved system to monitor referrals from SSP to Medication-Assisted-Treatment (MAT) services
- Invited guest speakers to our Commission meetings to present on diverse and interesting topics
- Took our meeting public, and held an outdoor meeting near Benchlands camp, Aug 2022
- Opened dialogue with other agencies and organizations work in a more aligned accord
- Formed sub-committee to address increased participation of SSP meeting attendance
- Engaged tirelessly to ensure our work and data was clear and accessible
- Helped Initiate and inform a syringe waste collection vendor contract
- Provided meeting attendance options of virtual and in-person
- Learned about Roberts Rules and how to run public meetings
- Encouraged additional open hours to Watsonville Exchange



Temporary Watsonville exchange site in hallway, awaiting new office.

COMMISSION GOALS

1. Invite a new guest speaker or community group to Commission meetings (quarterly) to help inform us about their program areas, share information, give focused insights into their accomplishments, and explore opportunities for partnership.
2. Consider alternate Commission meeting sites, including north, mid, and south county locations, including two meetings per year outdoors to help meet clients where they are, and encourage meeting input, collaboration, and participation.
3. Add a standing meeting agenda item for Federal or State [SSP] legislative updates. Commissioners and staff alike will contribute findings.
4. Re-structure meeting minutes in a way that captures data for easier compilation of the next biennial report in two years.
5. Consider adjusting Commission meeting schedule from monthly, to ten times a year with July and December off.
6. Fill all vacant commission seats.



One of several collection boxes placed into the community.

PROGRAM RECOMMENDATIONS

1. Consider moving the Emeline SSP exchange off-campus to an alternate site.
2. Consider trial implementation of a *mobile* syringe exchange-vehicle that can help solve access/equity issues for mobility-challenged clients. The vehicle may also serve as a mobile response tool to collect syringe litter when reported within our community.
3. Consider the feasibility of a SSP MOU between the cities and county to provide better service and consistency throughout the program area.
4. Work with local hospitals to identify total dollars spent in treating infections from patients who inject drugs.
5. Explore additional funding opportunities (net county costs, grants, or other funding sources) to increase the accessibility, services, and positive impact of the SSP program.



A larger "kiosk" box for public use.

APPENDICES

APPENDIX 1: SSP WEBSITE [Syringe Services Program \(santacruzhealth.org\)](http://santacruzhealth.org)

APPENDIX 2: SSP PARTNER RECOGNITIONS

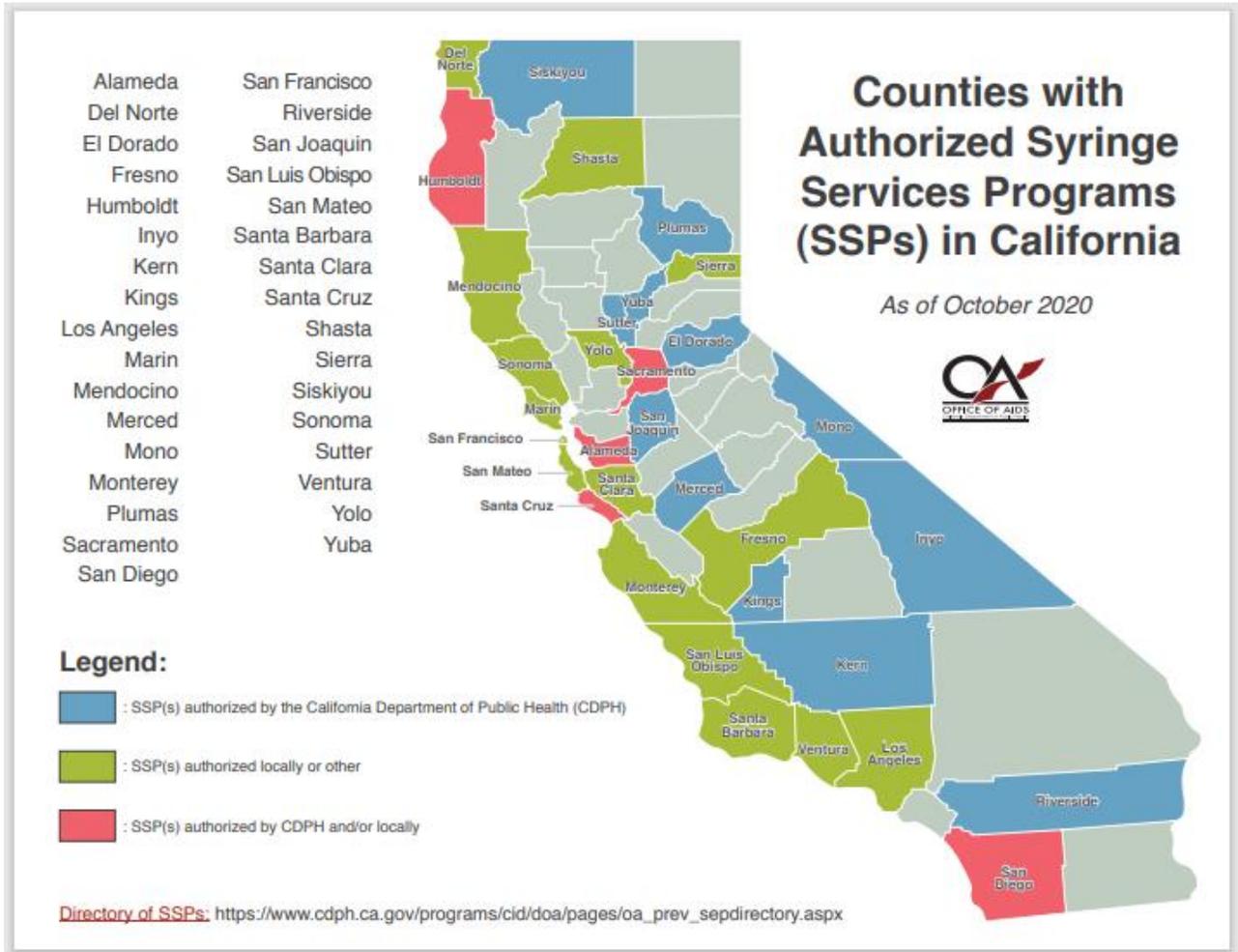
- County of Santa Cruz, Public Health Division
- County of Santa Cruz, Public Works Department
- County of Santa Cruz, IT Department
- County of Santa Cruz, Human Services Department
- City of Watsonville
- City of Santa Cruz
- Downtown Streets Team
- Save Our Shores
- Homeless Persons Health Project

And all other partners and volunteers that contributed towards our community's health, safety, and prosperity.



Discarded syringe debris in a public area.

APPENDIX 3: AUTHORIZED SSP's in CALIFORNIA



APPENDIX 4: CDPH AND US PUBLIC HEALTH SERVICE LETTER ON SSP EXCHANGE RECOMMENDATIONS.



Issue Brief: Syringe Access Policies for California Syringe Exchange Programs

The California Department of Public Health, Office of AIDS advises syringe exchange programs (SEPs) to adopt needs-based distribution policies with the goal of ensuring that program participants have a new, sterile syringe and other injection equipment for each injection.

Restrictive syringe access policies such as variations on one-for-one exchange or the imposition of limits on the number of syringes participants may acquire per transaction are not supported by public health evidence and may impose harm upon SEP participants.

This recommendation follows the U.S. Public Health Service guidance that advises people who inject drugs to use a new, sterile needle and syringe for each injection.

This Issue Brief does not supersede legal requirements for SEP operation established in California state laws or by county or municipal laws.

Issue

Syringe exchange programs (SEPs) have operated in California since the 1980s, and California law allows local governments and the California Department of Public Health (CDPH) to authorize SEPs. Because most California SEPs have been approved by county or municipal bodies, there is significant jurisdictional variation in operating regulations, including policies that govern how program participants may obtain new syringes.

The U.S. Public Health Service recommends that people who inject drugs (PWID) use a new, sterile syringe for every injection,¹ which is reiterated in the CDPH *Guidelines for Syringe Exchange Programs*.² This issue brief reviews public health evidence surrounding various models of syringe distribution for disease prevention among PWID and recommends that SEPs eliminate restrictions on access in order to meet the objectives described in U.S. Public Health Service and CDPH guidance.

Evidence Regarding Syringe Access Policies

California SEPs currently employ several different models of syringe distribution, including (a) strict one-for-one exchange in which used syringes are required to be returned for an equal number of new syringes, (b) "one-for-one-plus" models which provide a fixed number of additional syringes (e.g. 10) beyond the number returned, (c) limits on the total number of syringes that may be acquired during a single transaction, and (d) needs-based distribution that provides an unlimited number of syringes based on how many PWID request. Policymakers have sometimes instituted restrictive syringe access policies in the belief that such policies would reduce syringe litter or serve as a means of changing behavior among PWID.³ These concerns have not been born out in research on syringe distribution policies.

Research has found that needs-based policies are not associated with unsafe syringe disposal.⁴ Syringes obtained from SEPs are more likely to be safely disposed than syringes obtained from other sources.^{5,6,7,8,9} Syringes are more likely to be safely disposed in cities with SEPs compared to those without; a study comparing cities with and without SEP found that PWID were 34 times more likely to safely dispose of used syringes if they had access to an SEP,¹⁰ and the establishment of SEPs in Baltimore was associated with a 50% decline in syringe litter.¹¹ In locations where syringe litter remains a concern, strategies for improving access to safe disposal – such as increasing SEP hours and locations¹² or installing publicly accessible sharps disposal – are appropriate public health responses. In addition, while all SEPs encourage

participants to dispose of syringes safely, other factors may impede PWID's ability to return used syringes. Notwithstanding the public health provisions of California drug paraphernalia law,¹³ police often target people based on syringe possession,¹⁴ which may deter PWID from carrying syringes for safe disposal and increase disease risk.^{15,16,17,18} Moreover, confiscation of syringes by police or other agencies, for example during homeless encampment sweeps, result in PWID being unable to return used syringes in order to obtain new equipment from restricted exchange programs.^{19,20,21}

Public health research has consistently found that restrictive models increase syringe re-use and sharing among program participants. Studies have found that difficulty accessing syringes is associated with receptive syringe sharing,^{22,23,24} which puts PWID at greater risk of viral and bacterial infections including HIV, viral hepatitis, and skin and soft tissue infections.^{25,26,27,28,29} Restrictive syringe access policies contribute to syringe scarcity, which has been found to increase the amount of time that infectious syringes circulate in the community³⁰ and the likelihood that PWID will acquire syringes from potentially non-sterile sources.³¹ Women, young people, African American and Hispanic PWID have been found to be at greater risk of experiencing syringe scarcity.^{32,33}

In California, participants of needs-based SEPs have been found to have 57% lower odds of reusing syringes compared to participants of SEPs with restrictive syringe access policies.³⁴ In another California study examining syringe coverage, PWID with the greatest access to syringes were half as likely to report receptive syringe sharing, and were nearly 40% less likely to share other injection equipment.³⁵

Several studies have examined the public health impact of policy changes to move from one-for-one to needs-based syringe access. In Vancouver, a change in local syringe exchange policy to adopt a needs-based model was associated with a greater than 40% reduction in syringe sharing as well as a decline in HIV incidence.³⁶ These results were replicated in Hawaii, where syringe sharing and HIV prevalence declined after a cap on the number of syringes dispensed per transaction was discontinued.³⁷ Similarly, comparisons of U.S. cities with needs-based versus restricted syringe access policies have found that needs-based SEP results in greater syringe coverage and greater relative decline in HIV incidence.³⁸ In contrast, a move toward more restrictive syringe access policy in Baltimore resulted in large decreases in the number of syringes both distributed and returned and the number of SEP participants.³⁹ Partial easing of restrictions (e.g. increasing limits on syringes per transaction from 10 to 30) has not been found to significantly increase syringe access among PWID.⁴⁰

Conclusion

In summary, the U.S. Public Health Service and CDPH/OA recommend that PWID use a new, sterile syringe for each injection in order to prevent disease transmission and other harms associated with injection drug use. Scientific studies of different syringe exchange models have consistently found that needs-based syringe distribution is most likely to achieve that objective. Research has not found needs-based syringe distribution to be associated with increases in unsafe syringe disposal. Restricted syringe access models, in contrast, result in lower coverage and increase syringe re-use and sharing and do not increase safe syringe disposal.

A commitment to high quality harm reduction services is central to *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*,⁴¹ and needs-based syringe access policies are essential to ensuring that PWID have the tools they need to protect themselves. **CDPH/OA recommends that California SEPs employ a needs-based syringe access model in their work.** Doing so reaffirms that California values the lives and contributions of people who inject drugs in our communities and that publically supported SEPs exist to foster safety, health, and wellbeing among the people they serve.

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APPENDIX 5: ISSUE BRIEF -SMOKING SUPPLIES FOR HARM REDUCTION

ISSUE BRIEF: SMOKING SUPPLIES FOR HARM REDUCTION

Injection drug use is associated with disease transmission, injury, and substantial morbidity, mortality, and high costs to the health care system in California. Many drugs that are commonly injected – including heroin, fentanyl, and methamphetamine – may also be smoked or snorted, which is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs.

California Law and Safer Smoking Supplies

In 2018, California [Health and Safety Code section 121349.1](#) was amended in order to expand the scope of materials that may be made available for public health purposes by syringe services programs (SSPs). The law provides that staff, volunteers and program participants,

“shall not be subject to criminal prosecution for possession of needles or syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability acquired from an authorized needle and syringe exchange project entity.”

Further, Health and Safety Code section 120780.2 permits the distribution of “other supplies” to syringe exchange programs.

“In order to reduce the spread of HIV, hepatitis C, and other potentially deadly blood-borne pathogens, the State Department of Public Health **may purchase sterile hypodermic needles and syringes, and other supplies,** for distribution to syringe exchange programs authorized pursuant to law (emphasis added).”

The California Department of Public Health (CDPH) has determined that safer smoking materials, provided in a harm reduction context alongside health education and other care, may help individuals avoid initiation of injection drug use,

and may allow people who inject drugs to transition from injection to safer modes of administration. In addition, availability of safer smoking supplies may reduce the risk of respiratory infections including influenza and tuberculosis, and injuries such as cuts and burns from using damaged pipes. Safer smoking supplies were made available through the CDPH Syringe Supplies Clearinghouse to authorized syringe services programs (SSPs) beginning in January 2020.

People may lawfully obtain and possess safer smoking materials from any [authorized SSP in California](#). State law does not require SSP participants to have a program identification card or receipt for safer smoking supplies materials distributed by an SSP, and SSP participants may lawfully obtain supplies from SSPs located in jurisdictions other than where they live.

What Non-Injection Drug Using Supplies Does CDPH Provide to SSPs?

Safer smoking materials made available through the CDPH Syringe Supplies Clearinghouse may include glass pipes, foil, copper wire filters, and other materials, subject to change based on availability and funding. [For more information on supplies currently offered by the Clearinghouse](#), contact SSPinfo@cdph.ca.gov.

EVIDENCE FOR PROVIDING SAFER SMOKING SUPPLIES TO REDUCE DRUG-RELATED HARM

Non-Injection Routes of Drug Administration are Less Dangerous

Injecting more frequently is associated with a greater risk of blood-borne pathogen transmission.¹ Hepatitis C virus (HCV) transmission particularly affects young people who use drugs,² who may be

at greater risk of infection because of different drug use patterns and less access to prevention services than older people.^{14,15}

A person's overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible^{16,17} and that non-injection routes of administration may pose less risk of overdose.¹⁸ Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection-specific.¹⁹ In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system.^{21,22} For example, the lifetime cost of treating the approximately 200 injection drug use-related HIV infections that occur in California each year is approximately \$90 million. In 2018 California set aside \$70 million with a goal of treating HCV in about 2,000 people that year alone.²³

Sharing Smoking or Snorting Supplies May Transmit Disease

HCV has been found on used pipes,²⁴ and sharing non-injection drug using equipment is associated with HCV infection.²⁵ Pipe sharing has also been implicated in outbreaks of other diseases, such as tuberculosis.^{26,17} As with the risk of other respiratory infections, access to non-injection drug use materials may reduce sharing and the consequent risk of COVID-19 infection; while not yet studied with regard to illicit drugs, the sharing of tobacco cigarettes could be implicated in COVID-19 transmission through salivary droplets.¹⁸

Lack of access to new pipes is the primary reason drug smokers share pipes and use damaged pipes.²⁸ People who smoke drugs may also resort to altering and using objects such as soda cans as makeshift pipes. This may introduce additional harmful chemicals from any printing or lining that may be on or in the can.²⁹ Providing pipes to people who use drugs leads to decreased risks from sharing pipes, using damaged pipes and improvising other objects as pipes.^{21,22}

Increasing Mortality Related to Methamphetamine and Cocaine

There is an urgent need to better engage people who smoke or snort drugs, especially methamphetamine users, in harm reduction services and related care. California has experienced a significant and alarming increase in deaths related to amphetamines and cocaine in recent years. According to CDPH's drug poisoning surveillance program,²¹ in 2018 slightly more people died from amphetamine-related poisonings* (2,316) than opioid overdose (2,311). Additionally, 33.4% of all opioid overdose deaths also involved amphetamines. Between 2014 and 2018, the California rate of drug poisoning deaths involving amphetamines increased by 99.6%, and African American, Latinx, and Asian-American people had greater rates of drug poisoning deaths than white people.

People Who Smoke Drugs Need Access to Harm Reduction Services

Making pipes and other non-injection drug using supplies available through SSPs can serve as an engagement strategy and bring harm reduction services to people who use drugs, but do not inject. There is a marked decrease of reported drug-related health problems among people who obtain new pipes through SSPs²⁸ and SSPs serve as a point of entry to other services, including linkage to care and treatment services.²⁸

Offering new, non-injection drug using supplies for people who use drugs but who have not previously injected strengthens prevention interventions, including behavioral interventions that are effective in preventing initiation into injection.²⁸

Studies have found that SSP participants are more likely to use a condom than non-participant drug users.²⁷ Crack cocaine and methamphetamine use are associated with risky sexual behavior,^{28,29} and SSPs are well-equipped to provide information and education on reducing risky sexual behavior.

* Presumed to be predominately related to illicit methamphetamine.

Conclusion

Distribution of non-injection drug using equipment is an accepted harm reduction practice. Access to new smoke pipes can lead to the reduction of injection incidents among people who inject drugs, which increases their personal protective behaviors. Expanding harm reduction services beyond people

who inject drugs is an effective strategy to address our opioid and methamphetamine overdose epidemic. It provides equitable access to care and treatment services, regardless the mode of drug consumption.

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APPENDIX 6: MEETING MINUTES FOR THE BIENNIAL PERIOD

SSP Advisory Commission Meetings are recorded when possible. Agenda, meeting minutes, and meeting video can be viewed by clicking on the links provided below, or by visiting [Syringe Services Program](http://santacruzhealth.org) (santacruzhealth.org)

- **Tuesday, November 10, 2020: [Video](#), [Agenda](#).**
 - Meeting Minutes Summary:
 - **Inaugural SSP Meeting- Advisory Commission reviews by-laws and shares an Orientation Presentation.**
 - **[Orientation Presentation](#)**
 - **Public Health Division- Jen Herrera:**
 - ◆ Outlines California Laws for Providing Syringe services
 - ◆ Core Purpose to create a safer and healthier community by reducing the risk of exposure to infection and disease
 - **Program Overview- Rahshan Williams**
 - ◆ Details current program highlights and illustrates plans for the future of SSP
 - **Program Budget- Megan Holland**
 - ◆ Shares revenue, expenses, and staffing costs.

- **Tuesday, December 8, 2020: [Agenda](#)**
 - **[Meeting Minutes](#) Summary:**
 - **SSP Update – Rahshan Williams (SSP- Program Coordinator)**
 - Focusing on program improvement through training, increasing staffing, further developing, and better utilizing SSP Database, and relationship building with SSP participants.
 - **Focus Group & Survey Findings of SSP Participants (2019) – Jennifer Herrera (HSA-Chief of Public Health)**
 - Slide Presentation of Syringe Access and Disposal study developed in Public Health July through November of 2019 per Board of Supervisor’s Directive to evaluate syringe litter in community.
 - **Medication-Assisted Treatment (MAT) Overview – Danny Contreras (HSA-Health Services Manager)**
 - Presents overview of program: Medication Assisted Treatment is use of medications in combination with counseling and behavioral therapies for treatment of substance use disorders utilized in three county clinics.

- **Tuesday, February 22, 2021:** [Video](#), [Agenda](#)
 - [Meeting Minutes](#) Summary:
 - **[Study Session on Injection Drug Use in Santa Cruz County:](#)** Presentation shared by Jennifer Herrera (Chief of Public Health)
 - A look into the IV drug crisis facing our county, with information requested from the Sheriff's Office, the Superior Court, and the Health Services administration, on the law enforcement, criminal justice system, treatment and prevention efforts that are being made to address this crisis.
 - **Discussion to address Syringe Litter at San Lorenzo River Levee**
 - Utilize and partner with organizations like Fish & Wildlife
 - Community outreach/engagement

- ❖ **Tuesday, April 6, 2021:** [Video](#), [Agenda](#)
 - [Meeting Minutes](#) Summary:
 - **SSP Reporting Data through MySantaCruzPlatform:** Presentation from Aimen Al-Refai (IT Analyst-ISD):
 - Presentation of GIS Map app for the public to report found syringes in community. Demonstration and walk through of capabilities of app.
 - **Understanding the difference between 1:1 Exchange vs. Needs Based Exchange** from Rahshan Williams

- **Tuesday, May 4, 2021:** [Video](#), [Agenda](#)
 - [Meeting Minutes](#) Summary:
 - **[County Operational Plan 2021-2023](#)** presented by Sven Stafford (Principal Administrative Analyst- County Administrative Office)
 - Outline of the 2-year plan to achieve the County's vision and mission while focusing on Equity in developing objectives.
 - **[Draft of SSP Biennial Report \(2019, 2020\)](#)** from Jen Herrera (Chief of Public Health)
 - Presentation of Draft to gather recommendations and feedback from Commission before presenting to Board of Supervisors (BOS) on May 25,2021.
 - Discussion with Commission of recommendations to improve syringe litter reporting and response through a centralized system across all partners.

- **Tuesday, June 1, 2021:** Video [1](#), [2](#); [Agenda](#)
 - [Meeting Minutes](#) Summary:
 - **[SSP 2019,2020 Biennial Report presented by Socorro Gutierrez \(Health Services Manager\)](#)**
 - **An overview of Local Syringe Services Programs and program highlights**

- **County Biennial Report with directives updates for the Board of Supervisors**
 - ◆ Highlights for SSP
 - Maintained core services during the pandemic
 - No significant outbreak of diseases associated with injection drug use
 - Greater intelligence through community listening
 - Increased partnerships with a State authorized exchange, County MAT program, collaboration with Santa Cruz City for additional syringe kiosks
 - ◆ More capacity for County SSP
 - Hired a full-time Program Coordinator
 - Awarded funding to improve program
 - Installed 3 additional syringe kiosk
 - Contracted with organizations for additional syringe litter cleanup
- **Recommendations for Syringe Litter Reporting**
 - ◆ Collaboration with relevant county departments
 - ◆ Maintaining existing strategies -i.e., kiosk program
 - ◆ Leverage existing litter-cleanup infrastructure and expand contracts with organizations to support these efforts
 - ◆ Utilize the My Santa Cruz County mobile app for easier reporting and response in unincorporated county regions.
- **Overview of Sharps Solutions by Larry McCarty**
 - **Sharps Solutions company for medical waste disposal**
 - ◆ Runs Services all of MED and Sharps pick up for the County of Santa Cruz.
 - ◆ Larry answers questions from the commission regarding needle quantification to determine accuracy of data.
- **Tuesday, July 13, 2021: [Video](#), [Agenda](#)**
 - **[Meeting Minutes](#) Summary:**
 - **[Board of Supervisors Update for the SSP Commission](#)** Presented by Jen Herrera (HSA Assistant Director)
 - BOS Accepted Biennial Report and report to improve syringe litter reporting through a centralized system

- BOS Directed HSA, DPW and ISD to collaborate on Implementing the My Santa Cruz County app and to leverage existing solid waste disposal resources and improving overall efforts
- **Program Updates from Rahshan Williams**
 - Watsonville Exchange was temporarily moved as “permanent” location is constructed
 - SSP staff and volunteers have completed counseling portion of training. Setting-up remote certification of finger prick portion of test.
 - Working on Linkages to care, for those who test positive before we roll out HIV/Hep C testing. ○ We have CARE team staff who have experience in case management of those living with HIV, and we’re able to cross train them to work in the exchange
 - Litter Abatement: Downtown Streets Team continues to work in designated hotspot areas while working with city of Santa Cruz to install sharps containers (not kiosk) in benchlands near San Lorenzo Park.
 - 120 reports of OD reversals using Narcan.
- **Med Project Review from County Department of Public Works (DPW) from Tim Goncharoff (Zero Waste Program Coordinator)**
 - Tim reviews why the program is run by DPW. Sites natural logic that it is a waste issue and DPW runs recycling and solid waste programs.
 - Tim provides insight into his program and outlines how Santa Cruz County became involved in the sharps program utilizing federal law and that programs should be funded by pharmaceutical companies.
- **Tuesday, August 3, 2021: [Video](#), [Agenda](#)**
 - Meeting Minutes Summary:
 - **[County of Santa Cruz SSP Program Update](#)** from Rahshan Williams (SSP Program Coordinator) and Jennifer Herrera (HSA Assistant Director).
 - **[Commission Capacity Building- Taking Impactful Action](#)** from Katie McGrew (Commissions Coordinator)
 - Presentation for the Advisory Commission- how to make recommendations to the BOS and developing strategies to fulfill the Commission’s mandate.

All 2022 SSP meeting agendas and minutes may be found at: [Syringe Services Program \(santacruzhealth.org\)](https://www.santacruzhealth.org).

End of Biennial Report

Thank you for your support