

SUBSTANCE USE DISORDER COMMISSION AGENDA

5:30 p.m., September 13th, 2021

Meeting being held virtually only

Call: +1 (916) 318-9542 and enter conference ID 403 387 498#

OR

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

SUDC MEMBERS PRESENT: Chris Gunst, Colleen McMahon-Sepulveda, Jackie Heath, Susie O’Hara, Christine Berge, Jozee Roberto, Jim Anderson

SUDC MEMBERS EXCUSED:

COUNTY STAFF: Casey Swank

AGENCY REPS: Courtney Barret, Amanda Magana, Stephanie McWhorter

1.0 CALL TO ORDER, INTRODUCTIONS:

2.0 CORRECTIONS TO AGENDA

2.1 Move CORE presentation to next meeting

3.0 PUBLIC COMMUNICATIONS – none

4.0 APPROVAL OF MINUTES – May 10th, 2021 and July 12, 2021

4.1 both meeting minutes approved as transmitted

5.0 PROVIDER REPORTS

5.1 Janus Medication Assisted Treatment

5.2 Janus Perinatal

Reviewed Janus Mission statement. Summary of care: primary MAT is methadone, some suboxone and vivitrol but mostly methadone. County data shows 2.3% have a Opioid use disorder compared to statewide average of 2%. Fentanyl is pervasive, now leading cause of opiate related deaths. Expanded access to MAT from specialized programs. Currently increasing buprenorphine prescriptions to address opiate addiction. Prescribing in jail and ED Bridge then connected to safety net clinic.

Reviewed demographics of patients (details included in report submitted by provider)

Reviewed service provision overview (detail included in report submitted by provider)

Q from Colleen: Anything commission can do to support :

A: related to homelessness. Difficult to sustain sobriety when people are homeless. Provided example of client who has been temporarily housed in a COVID hotel such as hep c treatment, researching college options. When he is homeless he is unable to do these things because there is no safe place to go, keep his belongings.

Q from Suzie – (1) do you work with HPHP at all for access to MAT services (2) how do you measure outcomes

A from Amanda: 1)we do get frequent referrals from HPHP. Certainly dialogue and connectivity but there could be improvements. Could be more back and forth and mutual benefit (2). Data tracking required from the state monthly (weekly for pregnant women). Others are from a grant reporting requirement. Other data is from counselors reporting from their caseload.

Q from Suzie – related to fentanyl overdoses as it’s been a tragic few months: are you aware of any improvements in this area?

A from Amanda: not more specific data, some overdoses are purely accidental where people are not used to using fentanyl, others seek it out, others stay away from it.

Q from Jim: When you talk about opioids, is prescribed opioids most of the problem or illicit substances that are replacing prescriptions? A: methamphetamine seems to be the biggest issue because it is plentiful, hard to quit and pervasive among many groups.

Courtney: residential/withdrawal management services: Overview of services

Reviewed evidence based practices used

Q: Colleen – question about using money as an incentive for folks in recovery

A: Courtney – state is trying to push a bill but have not seen i

A: Casey provided overview of contingency management, how it's currently used and what we're hearing from the state.

Q: Susie – access to WM beds, is Janus tracking the demand as it relates to our county population SUD users that would be seeking WM. How do you find access for people regarding wait times and funding?

A: As of right now we're able to serve people within 10 days.

Janus Perinatal – Stephanie McWhorter – reviewed mission statement

Reviewed perinatal services

Performance measures: monthly, quarterly reports to County

Reports to SAMHSA and other funding sources

Q: Colleen – what challenges have you faced by providing services virtually?

A: Susie – most services are still provided in person so it is really the IOP program that has had the most challenges. Looking to bring IOP back in person in October.

6.0 REPORTS

6.1 Report of Chairperson

- Initiative to support more affordable housing especially recognizing the need for MH and SLE housing
- Welcome Chris Gunst to the Commission
- Salutations from Sarah Goytia – wanted to say hello and looking forward to participating in all aspects of the Commission for Health Services Agency.
- Recovery month celebration – Jackie has been working on Manov and Neff awards. 100% participating in the voting. Names have been provided to Sarah and she is getting the plaques made and a video about the work that has been done by the winners. Hopefully folks will do some testimonials for the video, if you know of anyone willing to talk about their journey in recovery. Sarah Goytia will receive the video and will coordinate with IT county staff. Proclamation by Zack Friend, Coonerty completed his testimonial already.
- Adopt a provider – add to next agenda

6.2 Commissioner Reports

Christine – nothing to report

Jackie – nothing to report

Jim – nothing to report

Susie – nothing to report

Chris – nothing to report

Colleen – Sarah is going to reach out to County Counsel to see if they can take over the merger with MH Commission.

6.3 HSA Substance Use Disorder Updates

Casey – working a lot on monitoring/auditing, provided updates in light of COVID and provided highlights re: MAT expansion through HMA grant

7.0 NEW BUSINESS

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

8.1 Bi-annual report

8.2 Officers for the Commission – operating without a Vice Chair

8.3 Adopt a provider

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.