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SUPERIOR COURT  
OF CALIFORNIA  
SACRAMENTO COUNTY

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IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF SACRAMENTO  
UNLIMITED JURISDICTION

GRANT PARK NEIGHBORHOOD  
ASSOCIATION ADVOCATES, an  
unincorporated association, MELISSA  
FREEBAIRN, JOHNNY FONT, KEVIN  
VOGEL; and, RENEE GOLDER

Petitioners/Plaintiffs,

vs.

CALIFORNIA DEPARTMENT OF  
PUBLIC HEALTH; SANDRA SHEWRY,  
in her official capacity as Interim Director  
STATE PUBLIC HEALTH, DR. ERICA  
PAN, in her official capacity as Acting  
State Public Health Officer, HARM  
REDUCTION COALITION OF SANTA  
CRUZ COUNTY (an entity of form  
unknown); DENISE ELERICK and  
DOES 1 TO 50, inclusive

Respondents/Defendants

CASE NO.

INDEX FOR EXHIBITS TO:  
PETITION AND COMPLAINT

EXHIBITS TO:  
PETITION AND COMPLAINT

1 HARM REDUCTION COALITION OF  
2 SANTA CRUZ COUNTY (an entity of  
3 form unknown); DENISE ELERICK, AND  
4 DOES 51 to 100, inclusive

Real Parties In Interest

5  
6 **INDEX FOR EXHIBITS TO: PETITION AND COMPLAINT**

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Letter	BATES#	Title or Description of Exhibit
9 "A"	10 00001- 11 00053	Santa City Public Safety Citizen Task Force
12 "B"	13 00054- 14 00076	COUNTY SEP Needle Exchange Statistics - 2019
15 "C"	16 00076- 17 00118	Santa Cruz County Grand Jury Report/Responses - 2017
18 "D"	19 00119	SOS Environmental Impact of HRCSCC - March 2019
20 "E"	21 00120- 22 00128	HRCSCC First Application - March 11, 2019
23 "F "	24 00129- 25 00139	Santa Cruz Sentinel HRCSCC News Articles - May 2019
26 "G"	27 00140- 28 00149	Santa Cruz City Worker Needle Logs -Oct.Nov.Dec., 2019
"H"	00150	City of Santa Cruz Correspondence - October 2, 2019
"I"	00151- 00152	Grant Park Neighbors Association Correspondence

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"J"	00153- 00167	HRCSCC Second Application - November 20, 2019
"K"	00168- 00171	HSA Emails to/from CDPH regarding Public Meeting
"L"	00172- 00174	Santa Cruz County Board of Supervisors Agenda - Dec. 2019
"M"	00175- 00182	Board Agenda Item and HRCSCC Opposition Letter - Jan. 2020
"N"	00183- 00184	Sheriff Hart HRCSCC Opposition Letter - January 2020
"O"	00185	City of Scotts Valley Opposition Letter - January 2020
"P"	00186- 00187	City of Watsonville Police Chief David Honda Opposition Letter - January 2020
"Q"	00188	City of Capitola Police Chief Terry McManus Opposition Letter - December 2019
"R"	00189- 00191	City of Santa Cruz Police Chief Andy Mills Opposition Letter - December 2019
"S"	00192- 00199	CDPH Environmental Checklist Form - January 2020
"T"	00200- 00222	Sample Public Email Submissions in Opposition to HRCSCC SEP Program
"U"	00223- 00228	Santa Cruz County Syringe Services Characteristics of Clients (September 2017, 2018, 2019, 2020).
"V"	00239- 00240	Santa Cruz County's Second District Supervisor's May 23, 2019 opposition email.

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"W"	00241-00243	CDPH Authorization Letter of HRCSCC - August 7, 2020
"X"	00244-00253	Email from CDPH re: November 2019 start for CEQA "preliminary checklist" and preliminary checklist
"Y"	00254-00265	Notice of Ruling - Summary Adjudication: Orange Co. V. CDPH 10/28/2019
"Z"	00266	Notice of Intent to File CEQA Petition

# EXHIBIT A



## PUBLIC SAFETY CITIZEN TASK FORCE

*Research, Findings and Recommendations: Santa Cruz City Public Safety Citizen Task Force*

### Citizen Task Force Members

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Jim Howes, Vice Chair  
Jeff Cole  
Carolyn Coleman  
Renee Golder  
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Danielle Long  
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December 2013

## Acknowledgements

The Task Force would like to thank the following individuals for their contribution to this effort.

### County of Santa Cruz

Fred Keeley  
Lynn Harrison  
Bill Mañov  
Lisa Hernandez  
Scott MacDonald  
Pam Rogers-Wyman  
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Jeremy Verinsky  
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Judge John Salazar

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Defender's Office  
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### Homeless Services Center

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### Santa Cruz County Homeless

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### Street Outreach Supporters

Emily Ager

### Destination Home

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Nané Alejandrez

### Black Sheep Redemption Program

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Ted Rossiter

### Others

Nate  
Juan

December 3, 2013

Mayor Bryant and City Council  
809 Center Street, Room 10  
Santa Cruz, CA 95060

Dear Mayor Bryant and City Council Members:

On behalf of the 14 members of the Public Safety Citizen Task Force, I am pleased to transmit our Report: *Research, Findings and Recommendations: Santa Cruz City Public Safety Citizen Task Force*. This report serves as the culmination of the six-month process and addresses the charge of the Task Force as stipulated by the April 9, 2013 City Council Agenda Report on the subject.

The Task Force committed to exploring the underlying safety issues impacting our community from a factual basis, and to developing recommendations to bring to City Council for thoughtful consideration. Despite our different backgrounds, perspectives and life experiences, we worked cohesively as a group to learn about the pressing safety issues, to engage a wide array of experts in the fields of public safety and health, and to listen to community-members.

Together we learned that Santa Cruz faces a host of complex public safety challenges, and that our local governments (City and County) and social service providers need to collaborate to address them effectively. Many of the conversations were quite difficult given the sensitive nature of the topics and the Task Force was not in full agreement on each and every recommendation. However, we remained committed to the process, put our personal opinions to the side, analyzed the issues over four months and worked for the last two months to develop feasible recommendations for your review. The recommendations reflect a principled compromise of Task Force members, but not a compromise of our principles. We stand behind this serious work and are deeply appreciative of the time, energy and thought that Santa Cruz County Treasurer Fred Keeley, City of Santa Cruz staff Susie O'Hara and Scott Collins, and the expert panelists added to the process.

Santa Cruz can address these difficult issues; now is our opportunity. We urge the City Council and City staff to review the report and determine how best to operationalize the recommendations. We understand that the City will need time to assess each recommendation and work with its partners to make them a reality. That being said, we ask that the City Council conduct a 6-month and 12-month check-in with the community to measure progress made on these recommendations.

Thank you all for your continued work to make Santa Cruz a safer place to live, work and play.

Sincerely,



Kris Reyes  
Public Safety Citizen Task Force Chair





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## Introduction

Santa Cruz is a community of limitless beauty and opportunity. Towering redwood forests and verdant coastal grasslands dominate the hillside landscape. Pristine beaches and world-class surf breaks bring Monterey Bay and Pacific tides to the edge of the forest. This extraordinary community is tucked in between the sea and the mountains.

Cradled by this exceptional natural environment, Santa Cruz enjoys opportunities not usually found in small rural areas. The community is home to a University of California campus. Students and university jobs bolster the local economy. Research and entrepreneurship are shared values of faculty and local residents, oftentimes leading to remarkable innovation.

Santa Cruz hosts visitors from around the world and its tourism industry is the economic bedrock of the town. Tourists are drawn to Santa Cruz for its recreation, seaside amusement park, bustling downtown, and endless beaches. Art, culture, sustainable agriculture and locally sourced food and drink connect community members and visitors alike in museums, along Downtown streets, on farms and vineyards, and around local restaurant tables.

The community fabric is woven with these threads of beauty and opportunity. People lucky enough to live and spend time in Santa Cruz reap the benefits of this vibrant community. However, the fabric of Santa Cruz also contains different and troubling threads that impact our community.

The small geographical space between the mountains and the sea is also home to metropolitan-level crime and complex societal issues. Santa Cruz property and violent crime rates rival or surpass even those of inner-city California communities.<sup>1</sup> Drug addiction is rampant and fuels high property crime rates and a public health crisis around carelessly discarded hypodermic syringes in public spaces. Alcohol spurs violence in the Downtown entertainment district. Like other Central Coast cities, gang culture exists and impacts the lives of countless at-risk youth and young men of all ethnicities. Youth violence is sparked by gang rivalries, at times ending in homicides. When compared with other cities in California, the city of Santa Cruz has one of the highest per capita rates of homelessness. Many Santa Cruz homeless suffer from crippling addiction and/or mental illness, symptoms of which may result in public nuisance and criminal behaviors.

Large metropolitan cities manage the myriad of public safety issues within their much larger geographic boundaries utilizing substantial budget resources, a broader tax base, health services and all-encompassing criminal justice systems. Further, some metropolitan cities and counties are bundled under one combined government agency, ensuring common public safety goals are achieved through better management of resources and cost-savings.<sup>2</sup>

<sup>1</sup> 2012 Crime rates: California Metropolitan Statistical Area (violent crime rate: 424/100,000 inhabitants, property crime rate: 2767/100,000 inhabitants); Compton (violent crime rate: 1242/100,000 inhabitants, property crime rate: 2447/100,000 inhabitants); San José (violent crime rate: 363/100,000 inhabitants, property crime rate: 2914/100,000 inhabitants); Santa Cruz (violent crime rate: 711/100,000 inhabitants, property crime rate: 5887/100,000 inhabitants)

<sup>2</sup> An example of a bundled city/county management structure is the City/County of San Francisco.



In contrast, Santa Cruz must tackle these same issues with a lean police force, budget and tax base within a high density geographical space. The City's public safety goals have not historically been prioritized by the County even though the City hosts County Health, the Main Jail, the Superior Court, and is the County seat. Lack of inter-agency collaboration and coordination as well as a unified City/County vision is partly to blame for the City's public safety challenges.

Community discourse over Santa Cruz's public safety challenges has evolved over the years. There is widespread support for the funding programs that improve public safety by treating addiction, providing affordable housing, and reducing poverty. However, views on tolerance, which has long been an overarching value of the community, have changed. Many now believe tolerance without accountability is a cause of the City's current safety concerns, especially around drug addiction, related crime, and public health concerns. Recent community discussions are focused on balancing tolerance and compassion with accountability.

Responding to this recent community discourse, and on the heels of a series of horrific events, the Santa Cruz City Council elected to form a Public Safety Citizen Task Force to grapple with the "deep-rooted issues affecting our public safety." 15 members<sup>3</sup> were selected and given six months to arrive at a set of policy recommendations capable of improving public safety conditions in the City. Although a colossal task, Task Force members rose to the challenge, bringing open minds and hearts, a common purpose and respect for each other and the process. After six months of education and heated deliberation, several high-priority recommendations were identified that coalesce around the following topics.

### Prevention

Discarded hypodermic syringes in the City's open spaces, beaches and residential neighborhoods pose a significant public health problem. The Task Force finds that the County has not properly accounted for and mitigated the unintended consequences of locating a Syringe Services Program (SSP) within a residential neighborhood and the geographical boundaries of the City of Santa Cruz. Discarded hypodermic syringes in public and privately-owned spaces must be significantly reduced. Until this public safety crisis is rectified, the Task Force strongly recommends that the County Board of Supervisors consider the management of SSP as a top priority and relocate SSP to a non-residential area.

Current prevention programs for drug addiction and gang involvement are under-serving the community. Additionally, the City's open spaces are not designed and utilized effectively to reduce crime opportunities. The Task Force strongly believes that to reduce criminal conduct and recidivism within its boundaries, the City must re-evaluate its priorities regarding public safety to focus more on drug treatment funding and efficacy to reduce criminal recidivism, support at-risk youth after-school programming, and enhance environmental design and pro-social activation of the City's most crime-ridden open spaces, business districts, and parks.

<sup>3</sup> One member resigned leaving a voting membership of 14 during deliberations on recommendations.



### Strategic Police Enforcement

The Santa Cruz Police Department (SCPD) is understaffed and is thus unable to focus on community policing, directed enforcement, and/or enforcement of low-level crimes and nuisance behaviors in the City's open spaces, gateways and other geographical focal points. This leads to disorder and high crime rates in the City's most beloved areas. The Task Force has identified two critical SCPD priorities. The Task Force recommends the City take immediate measures to staff the SCPD at budgeted levels, and move towards a long-term goal of building a police force-on par with national per capita levels. The Task Force also recommends implementing a targeted policing model that emphasizes enforcement of nuisance crimes in natural, city entry and focal point areas.

### Strategic Code Enforcement

Santa Cruz is burdened with a high number of high-risk alcohol outlets<sup>4</sup> and residential indoor and outdoor marijuana grow operations for medical and recreational purposes. High-risk alcohol outlets contribute to alcohol-fueled violence and crime. Growing, cultivation and processing of marijuana in residential neighborhoods is a serious public safety concern, a code enforcement issue, and often involves secondary criminal activity. The Task Force therefore recommends regulatory reform of the City's high-risk alcohol outlets and medical marijuana grows.

### Offender Assistance with Accountability/Recidivism Reduction

Repeat offenders are an ongoing challenge to the City. A relatively small number of individuals are responsible for an excessive number of arrests and citations.<sup>5</sup> A new collaborative management model, in partnership with the City's regional partners in Health Services, non-profits, and criminal justice system, is needed to reduce the impact of repeat offenders on the community. The Task Force recommends a specialty court model for veterans, substance abusers, mentally ill and/or homeless offenders. The specialty court is a proven model in halting the revolving door of recidivism by linking offenders to treatment and rigorous judicial monitoring. Specialty courts are highly collaborative, bringing together the criminal justice system and service providers to enforce court-ordered sanctions. The Task Force finds that the specialty court model would provide offenders with the right balance of treatment assistance with accountability.

### Criminal Justice Accountability

The Task Force finds that the Santa Cruz County Courts have failed the community with regards to criminal sentencing. Improved accountability should come in the form of increased

<sup>4</sup> According to the City of Santa Cruz Ordinance No. 2010-02, "a high-risk alcohol... retail outlet [is] where alcoholic beverages are sold such as a bar, tavern, liquor store, convenience store, nightclub, banquet facility, and/or premise where live entertainment and/or dancing occurs."

(<http://www.cityofsantacruz.com/Modules/ShowDocument.aspx?documentid=12253>)

<sup>5</sup> See Introduction and Background for more information.



transparency, consistent adjudication of the City's municipal code violations, and implementation of a specialty court model (as noted above).

The Task Force recommends the following measures be implemented by the Santa Cruz County Superior Court:

- Court to issue a misdemeanor warrant to individuals following three failures to appear in a six-month period. This automatic warrant issuance will eliminate the need for the City Attorney to prosecute repeat municipal code infraction offenders who fail to appear.
- Compel the Presiding Judge of the Santa Cruz County Superior Court to appear before the Santa Cruz City Council twice a year to share what the Court is doing to address high repeat offender rates in the City of Santa Cruz and receive input from the City Council and City Attorney.

#### Collaborative Accountability and Appropriate Funding

The Task Force strongly recommends that the City communicate with each jurisdiction named in the report and ask that it be responsive, in writing, to the recommendations that impact their operations. Further, the Task Force recommends the City Council and County Board of Supervisors consider an alternative funding mechanism to support any Task Force recommendations that are outside of the City and County's regular budget.

#### Conclusion

Santa Cruz's public safety problems are complex, but can be solved. Multiple factors including substance abuse, tolerance without accountability, and lack of inter-agency collaborative strategies among the City, County and Court system have led to a serious public safety problem within the City. Fourteen City residents took on the challenge of identifying solutions through education, collaboration, and respectful dialogue, a trend that will hopefully spread to others throughout the rest of the County. The outcome of the Task Force process is a set of policy recommendations capable of far-reaching influence and a community united behind positive change. Change will only happen with the full commitment of the City, County, criminal justice system, social service nonprofits, and residents to move together towards a common goal of improved public safety for all.

## Introduction

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### Background

Set on the idyllic central coast of California, Santa Cruz, a small city of 62,000 residents, has grappled historically with a difficult dichotomy. Santa Cruz is both a tight-knit community with strong preservationist values, and an isolated city that depends on outsiders to sustain its economy. These seemingly paradoxical qualities of protection and openness have long been the overarching management principles of Santa Cruz government and politics. This dichotomy is also a large part of Santa Cruz's public image.

As far back as the late 19th century, local leaders communicated the Santa Cruz image and lifestyle to would-be migrants and tourists. Public safety and the efficacy of the police force was a hot topic in one 1896 publication, *Santa Cruz County, a Faithful Reproduction in Print and Photography of its Climate, Capabilities and Beauties*, whose aim was to promote Santa Cruz and "to attract the attention of people in other parts of the country. "

The orderliness and sobriety of Santa Cruz is one of its best features. I know of no place in the United States which can surpass its admirable record, I doubt if there is one of the same size which can equal it. The three officers whose pictures appear on this page constitute the entire night and day police force of this city of nine thousand inhabitants, and they are found amply sufficient to police it... The few arrests are due wholly to the almost total lack of drunkenness and crime.



Setting aside the unavoidable influx of pickpockets and petty thieves which comes upon such occasions as the great Water Carnival week, along with the thousands who then throng the city, the record of the police docket is practically clean all the year round. In the two years falling under the writer's observation no man has drawn a pistol, nor does the writer believe that a dozen men in the whole population carry such

a weapon... It is absolutely safe for a woman or child, unattended, to traverse the streets of Santa Cruz after nightfall in any direction she chooses. Not only is a woman perfectly safe from danger of harm, but she is perfectly certain of immunity from anything bordering on insult. I dwell on these facts not because they excite any comment here, where they are taken as matters of course, but because they will help to eradicate from the Eastern reader's mind the absurd and unjust notion that the far West is "wild and woolly" ...

Over a century later, each of the public safety themes noted in the 1896 publication: disorder, substance abuse, petty crime, and violence, are at the forefront of Santa Cruz community discourse. But the tone has changed dramatically. Rather than a story of a pristine and "safe"





environment meant to attract newcomers, contemporary perception is that "outsiders" are responsible for an unsafe environment for Santa Cruz residents. Of course, it is questionable that the 1896 characterization of public safety in Santa Cruz was entirely genuine, nor is it the case that the current public safety challenges are the sole responsibility of a transitory population.

Nevertheless, over the last five years community concern around public safety has reached a critical mass, with many residents calling into question supposed community tolerance and apathy towards illegal activity. During this period, multiple violent events jolted the community, each seemingly more senseless than the previous. In addition, persistent quality-of-life crimes, a large unsheltered homeless population, perceived disorder, and lack of pro-social opportunities in public spaces, coupled with these acts of violence, tipped the scale for many in Santa Cruz, leading to calls for more protection and security.

Much of the current community unease began with the 2009 and 2010 murders of Santa Cruz teenagers Tyler Tenorio and Carl Reimer. Both murders were gang-related and galvanized a number of robust and vocal community groups into action.

Following 2011, a year in which Santa Cruz County saw 14 homicides, the months between May 7, 2012 and February 28, 2013 could only be described as a perfect storm of criminal activity in Santa Cruz. On May 7<sup>th</sup>, local shop owner Shannon Collins was brutally murdered at midday by a mentally-ill homeless man who had recently been released from prison due to a clerical error and who had been an overnight client of the Homeless Services Center (HSC). Her death sparked debate over the management of the HSC and the local effects of Assembly Bill 109 (AB109).<sup>6</sup>

In August of the same year, 12-year old Joey Mendoza was gunned down in a gang-related drive-by shooting on his way home from football practice. His death opened up festering wounds from the 2009 and 2010 deaths of Tenorio and Reimer and prompted new community conversations regarding the prevalence of gangs and youth violence.

In November of 2012, a combination of heightened property crime and media attention around drug dens above Cowell Beach and illegally discarded hypodermic syringes found across town catalyzed community debate over the potential role of Syringe Exchange in perpetuating drug addiction, environmental and health hazards and neighborhood crime.

The fallout over discarded syringes lasted for several weeks with no resolution to the debate. Shortly thereafter, on February 9, 2013, 32 year-old Pauly Silva was shot and killed outside of a Downtown bar and eatery. His murder began a cycle lasting 17 days, in which Santa Cruz experienced no less than four acts of violent crime.<sup>7</sup> The last event of that tragic cycle brought

<sup>6</sup> In 2011, Governor Edmund G. Brown Jr. signed Assembly Bills 109 and 117, legislation that has helped California close the revolving door for low-level inmates who cycle in and out of state prisons. It is the cornerstone of California's proposed solution for reducing the number of inmates in the state's 33 prisons to 137.5 percent of design capacity by June 27, 2013, as ordered by the Three-Judge Court and affirmed by the U.S. Supreme Court. All provisions of AB 109 and AB 117 are prospective and implementation of the 2011 Realignment Legislation began October 1, 2011. (<http://www.cdcr.ca.gov/realignment/>)

<sup>7</sup> February 11<sup>th</sup>, UCSC student shot in the head during a robbery ([http://www.santacruzsentinel.com/ci\\_22574410/](http://www.santacruzsentinel.com/ci_22574410/))  
February 13<sup>th</sup>, Food Bin robbed at gunpoint (<http://santacruz.patch.com/groups/police-and-fire/p/santa-cruz-food-bin-held-up-wednesday-night-police-saa2967fe31d>)



the community to its knees. On February 26<sup>th</sup>, Sergeant Lorán "Butch" Baker and Detective Elizabeth Butler were murdered by a recent transplant with a criminal history. Their deaths ignited a firestorm of community speculation around the reputed "draw" of criminals to Santa Cruz, and renewed debate over the legitimacy of the "Keep Santa Cruz Weird" motto.

The narrative of the previous several months of violence, property crime and discarded hypodermic syringes forced the community to question the consequences of tolerance for drug abuse and illegal activity, and ultimately the dichotomy of protection and openness. The nature of the crimes and their perpetrators contributed to a perception about the "draw" of mentally ill, drug-addicted, or gang-affiliated outsiders to Santa Cruz and raised questions about how the criminal justice system is managing this supposed segment of the population.

But even as the community wrestled with such difficult questions, in the weeks following the officer shootings, Santa Cruz came together to memorialize the fallen officers and found new energy for collaboration. An important opportunity arose to address the community's most difficult public safety questions. In that spirit of collaboration, the plan for the Public Safety Citizen Task Force crystallized.

#### Formation of the Public Safety Citizen Task Force

The concept of the Public Safety Citizen Task Force was born out of a series of public meetings, commencing with the December 2012 City Council Public Safety Committee. At that meeting, the Committee directed City staff to return in January with "recommendations to address the public safety concerns in the City's parks, beaches, open space, neighborhoods, and commercial areas."<sup>8</sup> The Committee was particularly interested in developing a forum for community input and discussion, as public meetings did not provide sufficient time and space for dialogue and exploration of public safety concerns.

Staff researched other city models and best practices for community collaboration on public safety issues. This research resulted in a recommendation to assemble a citizen task force. Diversity of residential geography, social networks, professions, gender, and age were noted to be critically important to the composition of the proposed group. A broad citizen demographic would bring unique, unfiltered, and oftentimes unheard perspectives from everyday life in Santa Cruz. The Public Safety Committee adopted staff's Task Force recommendation at its January 29<sup>th</sup> meeting. The City Council followed suit on February 12<sup>th</sup>.

Several weeks after the February tragedies, and fortified by a community unified in its call for positive change, the City Council established the scope and charge of the Task Force and confirmed the Mayor's selection of participants.

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February 17<sup>th</sup>, Young woman raped, beaten at UCSC ([http://www.santacruzsentinel.com/ci\\_22611958/officials-young-woman-raped-beaten-sunday-at-ucsc](http://www.santacruzsentinel.com/ci_22611958/officials-young-woman-raped-beaten-sunday-at-ucsc)) determined to be a hoax later in March

([http://www.santacruzsentinel.com/ci\\_22900731/prosecutor-woman-uc-santa-cruz-rape-hoax-solicited](http://www.santacruzsentinel.com/ci_22900731/prosecutor-woman-uc-santa-cruz-rape-hoax-solicited))

February 20<sup>th</sup>, Home Invasion robbery on 500 block of Poplar Ave.

(<http://santacruzpolice.blogspot.com/2013/02/250000-warrant-for-home-invasion.html>)

<sup>8</sup> 1/29/2013 Public Safety Committee Staff Report

(<http://cityofsantacruz.com/Modules/ShowDocument.aspx?documentid=30533>)



As noted in the Council Agenda Report, "the charge of the Task Force is to clearly define the underlying safety issues facing the City of Santa Cruz and present their findings and recommended solutions to the City Council, utilizing quantitative and qualitative evidence and best practice research to support that work. The Task Force will be tasked with exploring the deep-rooted issues affecting our public safety, including, but not limited to: drug abuse and treatment; drug-related crimes; transients; inappropriate social behaviors; mental illness; gang activity; and the impacts [increased calls for service have on our local justice system]. These complex issues require deep thought and analysis, and most importantly, open minds and plenty of room for disagreement and collaboration. Ultimately, the Task Force will develop a report on these issues and provide recommendations [for] short-term and long-term actions to City Council to include programmatic, budgetary, and policy-oriented solutions."

The following City of Santa Cruz residents were appointed to serve on the Task Force as they provided a "well-balanced representation of the community, including members from public safety (past and present), local non-profits, schools, university and community groups:"<sup>9</sup>

- Jeff Cole, Fire Captain, City of Mountain View
- Carolyn Coleman, Executive Director, Encompass Community Services (*formally Santa Cruz Community Counseling Center*)
- Renée Golder, Teacher, Santa Cruz City Schools
- Jim Howes, Assistant Director, Regional Occupational Program, Santa Cruz Office of Education (retired Santa Cruz Police Officer)
- Rod Libbey, Executive Director, Janus of Santa Cruz
- Danielle Long, Social Worker, Santa Cruz County
- Kristin Long, Family Attorney (former Assistant District Attorney)
- Kris Reyes, Director of General Services and External Relations, Santa Cruz Seaside Company
- Reyna Ruiz, Commission member, Commission for the Prevention of Violence Against Women
- Steve Schlicht, Marketing Director, easy on the eye design
- Dennis Smith, Commission member, Santa Cruz Port District Commission, (retired Santa Cruz County Sheriff's Lieutenant)
- Kim Stoner, Real Estate Appraiser and Consultant
- Bernie Tershy, Professor, University of California, Santa Cruz
- Deborah Tracy-Proulx, School Board President, Santa Cruz City Schools
- Patty Zoccoli, Business Co-Owner, Zoccoli's Deli<sup>10</sup>

<sup>9</sup> April 9, 2013 City Council Agenda Report  
(<http://sire.cityofsantacruz.com/sirepub/cache/2/pqw30f45qjv03r3ptdzn13zs/376769411032013025711311.PDF>)

<sup>10</sup> Patty Zoccoli subsequently resigned from the Task Force for personal reasons.



## Task Force Process

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### Introduction

The Task Force initiated their work on May 7, 2013 and focused the first set of meetings on establishing decorum, governance structure, work plan and educational priorities. By request of Mayor Hilary Bryant, Santa Cruz County Treasurer, Fred Keeley, provided guidance to the Task Force at their first meeting, understanding that the 15 members were heading into uncharted territory. Treasurer Keeley offered the following important advice:

- The Task Force should determine rules of engagement early in the process, by consensus.
- Meeting decorum and governance structure are fundamental components of the process.
- Conventional wisdom about issues and policy are not always the truth; therefore Task Force members should come into the process with an open mind.
- Given the diversity of opinion around the issues, the overarching goal of the Task Force should be to "manage principled compromise where no one compromises their principles." Principles are very different from ideas, opinions or notions.

Treasurer Keeley further recommended that the Task Force work plan include four components: study, analysis, solutions and recommendations. He likened the course of study to an "expanding and contracting universe." The Task Force would spend the vast majority of its time in the expanding phase, collecting data, hearing from experts, and broadening its perspectives. Then, in the contracting phase, the Task Force could use that information to assemble thoughtful, well-grounded and succinct recommendations, capable of far-reaching impacts. Finally, he suggested that the recommendations be measurable, adjustable and efficient and be operationalized by the City, County, neighborhoods and/or voters.

Leading up to the inaugural meeting, Task Force members were asked to provide their personal perspectives on the major safety issues facing the City. They identified the following list of critical issues, generally in descending order of community impact (by number of individual Task Force members identifying that issue):

- Violence
- Property/neighborhood crime
- Gangs/Gang activities
- Drug addiction
- Alcohol addiction
- Mental health issues
- Homelessness
- Homeless Service Center "enabling"
- Large number of unstable people in business district
- Transients/transient activities
- Court system/revolving door
- Jail realignment
- Environmental impacts on parks and open spaces
- Traffic safety



- Lack of sense of safety
- Pollution of beaches
- Insufficient public safety resources in City Budget
- Illegal camping
- Siphoning of police and fire resources to social problems
- Perceived high crime rates
- Syringe exchange
- Jail proximity to Downtown
- Party houses
- Aggravated assaults
- Public perception of ineffective law enforcement

The collective list of issues includes both causes and effects and many, if not all, are intrinsically related. In general, most critical issues fall into one of five categories, listed in order of causation: human conditions/afflictions, structural/systemic issues, behaviors and/or activities affecting public/community space, victimization, and public perception.

Equipped with these working priorities and Treasurer Keeley's recommendations, the Task Force elected a Chair and Vice Chair, Kris Reyes and Jim Howes respectively, developed a tentative schedule, and reached consensus on a three-meeting work plan. Heeding advice about keeping an open mind on the issues, the Task Force decided to use its list of critical issues as a baseline, but set educational priorities only after hearing the perspectives and experiences of the general public and the City's department staff. After the inaugural meeting, the next three meetings consisted of the following program:

Table I: Prioritization of Study: Meeting Program		
May 29, 2013	June 12, 2013	June 26, 2013
City-oriented presentation (readily available data and staff testimony)	Public Comment (through survey and meeting attendance)	Prioritization of Themes of Study

Prioritization of Critical Issues/Themes of Study

The Task Force spent significant time distilling the wide range of issues identified down to the priorities it could reasonably address over their 6-month tenure. In establishing the priority list, the Task Force was mindful of incorporating the issues identified as most critical by the public, those issues that were creating significant hardship on City departments, and, in turn, issues that fell outside of the City's management jurisdiction but nonetheless negatively impacted our community. With those variables in mind, the May 29<sup>th</sup> and June 12<sup>th</sup> meetings focused on establishing those parameters and receiving the perspectives of both the City and the community.

City Perspectives

The City's jurisdiction over quality of life and public safety is limited to five distinct categories: municipal infrastructure, natural and waste management; emergency first responder (policing and fire safety); code enforcement; and parks/recreation. All five categories are interrelated and

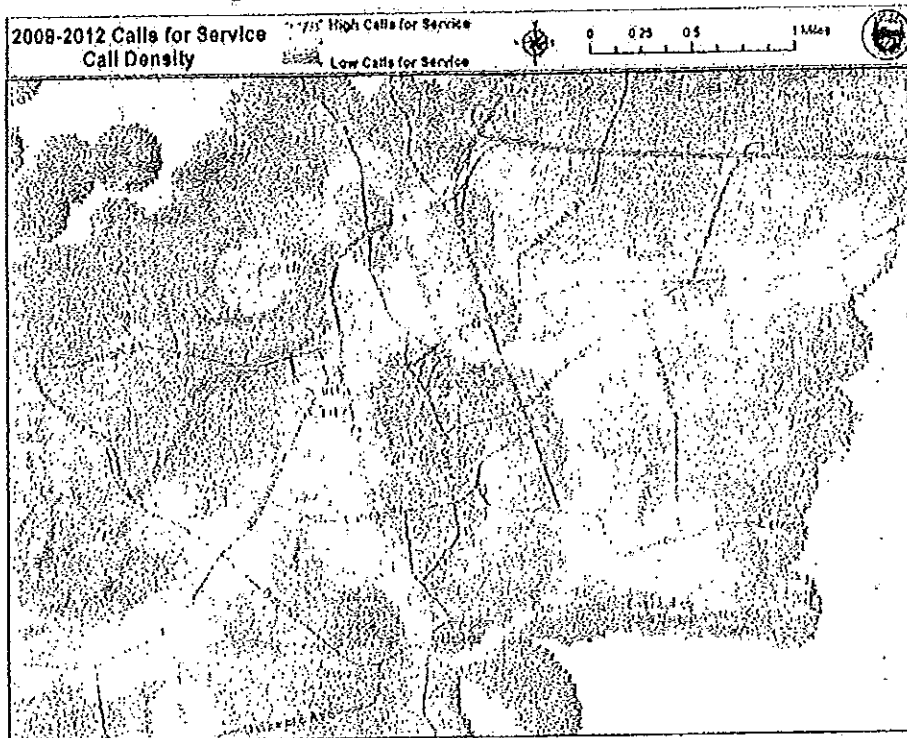
City departments work collaboratively to provide the highest quality of life for the Santa Cruz community.

On an average day, the City runs a seamless, but complex operation to ensure a safe environment for the community. Santa Cruz Police and Fire Departments typically respond to hundreds of calls for service<sup>11</sup> of varying degrees of gravity. The Police Department enforces Federal and State laws and City ordinances. The Fire Department responds to medical calls, fights fires, and performs inspections. Public Works and Park and Recreation Departments maintain City-owned facilities and the right-of-way. Park Rangers monitor the City's parks, beaches and open spaces to ensure order. Code Enforcement upholds the City's building and health standards.

The Task Force asked the City to provide insight on the safety challenges most burdensome to City operations, that is, those requiring the most staff and fiscal resources. City staff provided written material and testimony that highlighted several recurring themes.

Calls for Service: Calls for service are at an all-time high. Police responded to an astonishing 104,836 calls for service in 2012 (15.8% increase from 2011). Calls are trending up for 2013. Mapping of the annual calls for service provides insight on areas of public safety concern, from day to night, high tourist season to low season. The vast majority of calls for service are located in close proximity to the San Lorenzo River basin<sup>12</sup>.

Figure 1: 2009-2012 Calls for Service Call Density

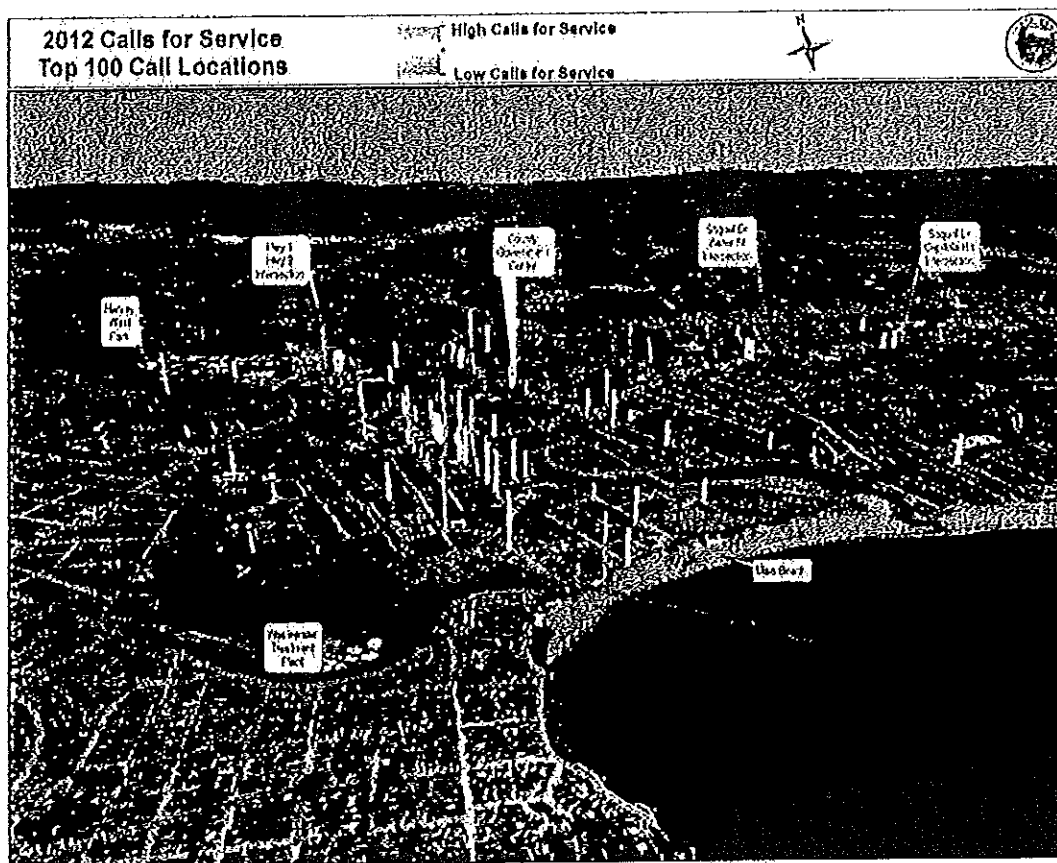


<sup>11</sup> Calls for service generally refers to assignments that are typically distributed to public safety professionals that require their presence to resolve, correct or assist a particular situation. The calls are generally initiated by the public or responding officer and relayed through the emergency telephone service (911).

<sup>12</sup> See Appendix 1 for more information.

Further, a large percentage of calls for service are related to individuals who self-identify as homeless, transient or use 115 Coral Street (the address of the Homeless Services Center) as their personal address. In fielding this record volume of calls for service, Police and Fire Department staffs are diverted from other important functions, limiting the amount of time and resources they can devote to prevention activities, training and community outreach.

Figure 2: 2012 Calls for Service Top 100 Call Locations



Repeat Offenders: Repeat offenders create a significant drain on the City's public safety management resources. The City generated a report in April 2013 to track the number of arrests of repeat offenders (those with more than 10 arrests in the study period). Over a 28-month period—January 2011 to April 2013—146 individuals were arrested a total of 3,598 times. On average, these individuals were arrested 24 times during this period. Over 50 percent of the arrests were related to drugs or alcohol.<sup>13</sup>

Crime Rates: Repeat offenders are a part of an intricate puzzle of crime in Santa Cruz. As a destination city, Santa Cruz sees spikes in crime rates for myriad reasons. On any given summer holiday weekend, the City experiences an influx of hundreds of thousands of visitors to its tourist destinations. Santa Cruz is the entertainment hub for the County, and alcohol-fueled violence and crime are factors on weekend nights Downtown throughout the year. Out-of-town gang members

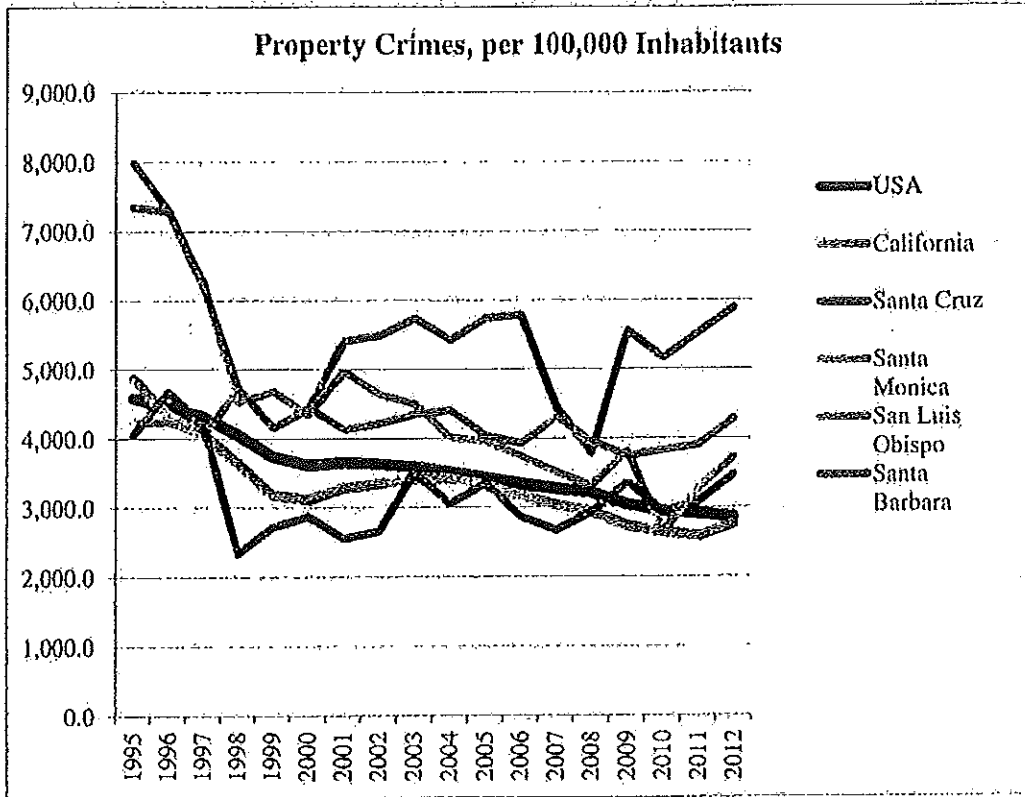
<sup>13</sup> See Appendix 2 for more information.



often spark gang-related violence. Substance abuse and addiction contribute to high property crime rates,

As demonstrated in the following charts, property and violent crime rates have dropped significantly from 1995 to 2012. However, Santa Cruz crime rates remain higher than state and national averages, and other similar communities. In fact, Santa Cruz has seen spikes in crime throughout that 17-year period, and is currently experiencing an uptick in property crime.

Figure 3: Santa Cruz Property Crime Rate Comparison

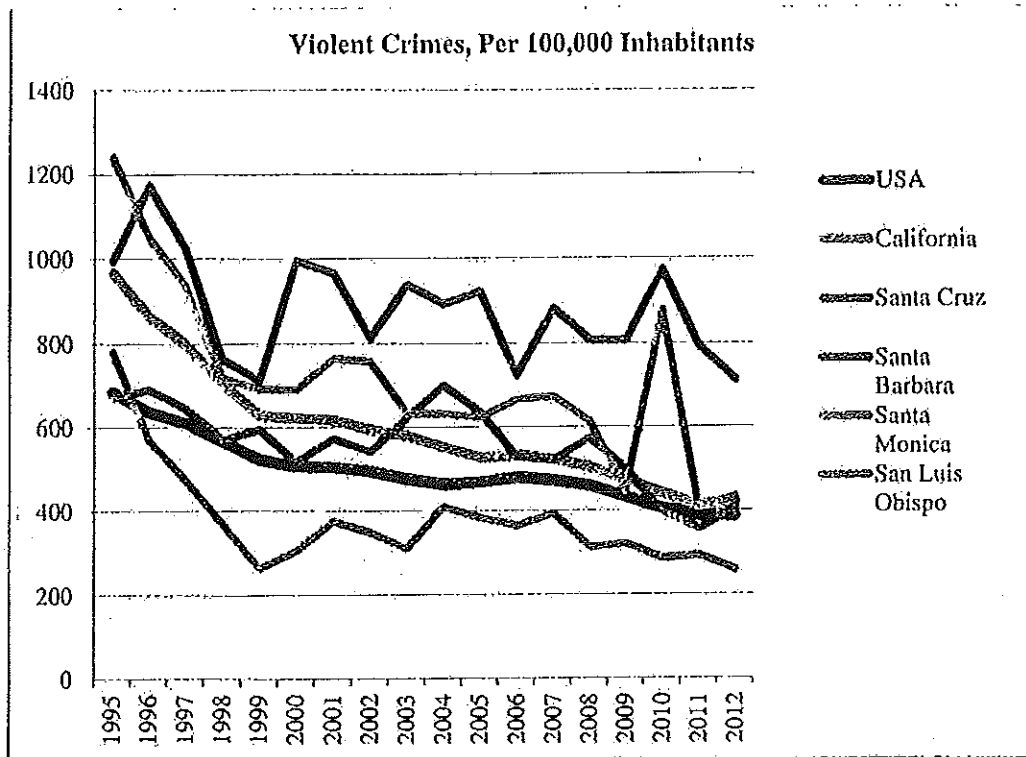


\*Source: <http://www.fbi.gov/stats-services/crimestats>. See Appendix J for more information.





Figure 4: Santa Cruz Violent Crime-Rate Comparison



\*Source: <http://www.fbi.gov/stats-services/crimestats>. See Appendix 3 for more information.

The themes noted above (high volume of calls for service, repeat offenders and disproportionately high crime rates) present a constant set of public safety management challenges for the City. Additionally, several prominent issues routinely compound these challenges, resulting in very few "average days" for City public safety operations. Illegal camping and trash dumping, public nuisance and erratic behaviors, addiction-fueled petty crime, alcohol-fueled violence, gang-related drug trafficking and violence, and a "revolving door" criminal justice system place an extremely heavy load on City resources.

Environmental and geographical factors add to the management complexity of these issues as well. Santa Cruz is the County seat and the city center is home to the vast majority of North County's social and health services, the criminal justice system, and many non-profit social services, resulting in a high concentration of vulnerable people in the heart of the community. The city center is also home to large and forested open spaces, creating an ideal setting to congregate, hide, take drugs, and commit crime. Taken separately, these conditions pose challenges. With all these factors occurring in concert almost every day of the year, the City and our partners' systems are overwhelmed, creating an untenable public safety management scenario.



The outcome of the May 29<sup>th</sup> City-oriented data and testimony validated many of the critical issues identified by the individual Task Force members. Similar top priorities included: substance abuse; environmental and social degradation of City parks, open spaces and business districts; violent crime; and lack of judicial recourse for municipal code violations.

Participating Community Perspective

Staff disseminated an informal poll in early June in preparation of the June 12<sup>th</sup> Public Comment meeting. Within a week of the poll's release, over a thousand responses were tabulated. Although not a statistically relevant data set, poll results were used to shed light on community perception around public safety issues for those who responded.

Poll respondents were asked to select their top three public safety concerns from a list of identified safety issues generated by the Task Force members; alternatively, respondents could provide their own prioritization and feedback. The results of the poll can be found in the table below.

Safety Issue	1st Priority	2nd Priority	3rd Priority	Total	% of Responses
Inappropriate Transient/ Homeless Activity	199	157	134	490	48%
Gang Activity	116	120	85	321	31%
Substance Abuse	108	114	93	315	31%
Violent Crime	108	62	50	220	21%
Homeless Service Center Enabling Homelessness	60	62	60	182	18%
Homelessness	58	58	44	160	16%
Property and Neighborhood Crime	58	72	111	241	23%
Lack of Sense of Safety	47	37	50	134	13%
Mental Illness	45	63	42	150	15%
Lack of Public Safety Funding	44	14	12	70	7%
Syringe Exchange	28	51	47	126	12%
Environmental Impacts on Parks, Open Spaces and Beaches	19	45	56	120	12%
Perceived High Crime Rate	17	12	14	43	4%
Traffic Safety	15	8	27	50	5%
Citizens Feel Law Enforcement is Ineffective	10	12	21	43	4%
Jail Realignment	4	7	11	22	2%
Siphoning of Resources	4	9	17	30	3%
Jail Proximity to Downtown	3	8	8	19	2%
Inappropriate College Student Activity	0	2	7	9	1%

In addition to the results tabulated above, the poll gave respondents an opportunity to provide their own list of priorities and comment on the characterizations of the public safety issues included in the poll. Over 200 responses included a write-in comment or prioritization of issues. For the most part respondents elaborated on the issues included in the poll, but several additional themes surfaced as a result of the write-in option. These included:



- Investment in prevention and treatment of mental illness and addiction has a higher payoff compared to criminalizing those suffering from these issues.
- The City needs more foot patrol police officers.
- The City needs more low-income housing.
- Unemployment plays a large role in our homeless issue.
- There is not an integrated approach to our regional public safety issues.
- Bike safety should be a priority.
- There is a major problem with how the court system handles drug and public nuisance crimes.
- More resources should go to the pursuit and arrest of drug dealers in town.
- Public discourse around these issues should shift to a conversation about unacceptable behaviors and crimes rather than housing and health status.

The public was also provided an opportunity to discuss their concerns with the Task Force at the June 12<sup>th</sup> meeting. Over 30 members of the community, including four Santa Cruz Youth Council representatives, offered public input. Major themes included:

- Overwhelming negative effect of garbage in parks, Levee, open spaces, and other public locations. The need for sharps containers, garbage cans and 24-hour bathrooms.
- The community needs more drug and mental illness treatment programs.
- Identification requirements for social service recipients.
- Need for more affordable housing supply.
- Using youth as a resource.
- Sexual assault and rape should be a high priority.
- Night Walks program could be an effective way to decrease crime.
- Santa Cruz Sanctuary Camp could be a tool for decreasing the effects of illegal camping.
- The HSC needs more monitoring and patrol around meal times.

In addition to the themes highlighted above, one community member summarized his correspondence with Santa Cruz Police Department (SCPD) Chief Kevin Vogel regarding his perspective on these issues. In these exchanges, Chief Vogel identified the following four broad topics for the Task Force to consider:

1. The negative impacts of AB109 on our community.
2. The negative impacts of the County Superior Court's current handling of municipal code infraction citations through a civil process.
3. The negative impacts of lack of treatment programs for drug addiction.
4. The negative impacts of the high number of high-risk alcohol outlets within the City of Santa Cruz.

The outcome of the public comment session yielded very similar results to the other contact points with the community, City staff and Task Force members. Comments provided by Chief Vogel particularly resonated with the oft-noted challenges around substance abuse and the criminal justice system.



Prioritization and Educational Strategy

The Task Force, with input from City staff and the general public, identified three areas of critical interest or themes of study: environmental degradation and behaviors affecting our sense of safety in the City's parks, open spaces, beaches and businesses districts; substance abuse, drug trafficking and related non-violent crime; and gang violence/violent crime. These three critical issues draw significantly on the City's budget and staffing resources, and increasingly limit the ability to provide the core municipal public safety functions expected by the community. Additionally, the Task Force wanted to understand the interaction of the three identified critical themes with current local and statewide criminal justice and governance policies. The Task Force decided to host a seven-meeting education program to hear from experts in the field, dialog with the City's partner agencies, and gain a broader perspective on the role of the City and its criminal justice regional partners in managing these critical issues. The seven-week program was scheduled as follows:

Task Force Meetings	Theme Covered	Expert Panelists
July 10, 2013	Theme 2: Drug and Alcohol Abuse, Drug Trafficking, and Related Non-Violent or Petty Crime.	<ol style="list-style-type: none"> <li>1. Deputy Police Rick Martinez, Santa Cruz Police Department</li> <li>2. Current Addict/Criminal Justice Recidivist</li> <li>3. Lynn Harrison, Drug and Alcohol Program Manager, Santa Cruz County Health Services Agency</li> <li>4. Rod Libbey, Task Force Member and Director of Janus (Santa Cruz, CA)</li> </ol>
July 24, 2013	Theme 2: Drug and Alcohol Abuse, Drug Trafficking, and Related Non-Violent or Petty Crime.	<ol style="list-style-type: none"> <li>1. Bill Manov, Program Chief, Santa Cruz Health Services Agency Drug and Alcohol Program</li> <li>2. Scott MacDonald, Santa Cruz County Probation Chief</li> <li>3. Lisa Hernandez, MD, Medical Services Director/County Health Officer, Santa Cruz County Health Services Agency</li> <li>4. Emily Ager, Community Health and Harm Reduction Supervisor, Street Outreach Supporters (Santa Cruz, CA)</li> </ol>
August 7, 2013	Theme 1: Environmental Degradation and Behaviors Affecting our Sense of Safety in the City's Parks, Open Spaces, Beaches and Business Districts Spaces, Beaches and Justice System)	<ol style="list-style-type: none"> <li>1. Rick Martinez, Deputy Chief, Santa Cruz Police Department</li> <li>2. Julie Hendee, Redevelopment Manager, City of Santa Cruz</li> <li>3. Monica Martinez, Director, Homeless Services Center (Santa Cruz, CA)</li> <li>4. Ray Bramson, Homeless Encampment Project Manager, City of San José</li> </ol>
August 21, 2013	Theme 1: Environmental Degradation and Behaviors Affecting our Sense of Safety in the City's Parks, Open Spaces, Beaches and Business Districts	<ol style="list-style-type: none"> <li>1. Pam Rogers-Wyman, Acute Services Program Manager, Santa Cruz County Health Services Agency</li> <li>2. Judge Ariadne Symons, Santa Cruz County Superior Court</li> <li>3. Ky Le, Director of Homeless Systems,</li> </ol>



**Table 3: Seven-Week Program**

Task Force Meetings	Theme Covered	Expert Panelists
		Santa Clara County 4. Jennifer Loving, Executive Director, Destination Home (Santa Clara, CA)
September 3, 2013	Theme 4: Criminal Justice System and Governance Structure	1. John Barisone, City Attorney 2. Phil Wowak, Santa Cruz County Sheriff and Jeremy Verinsky, Chief Deputy 3. John Salazar, Presiding Judge, Santa Cruz County Superior Court
September 18, 2013	Theme 4: Criminal Justice System, Violent Crime and Governance Structure	1. Bob Lee, Santa Cruz County District Attorney 2. Jerry Christensen and Larry Biggam, Santa Cruz County Public Defenders
October 2, 2013	Theme 3: Gang Violence	1. Officer Joe Hernandez, Santa Cruz Police Department 2. Nane Alejandrez, Director, Barrios Unidos (Santa Cruz, CA) 3. Mario Sulay, Commander, Santa Cruz County Gang Task Force 4. Willie Stokes, Executive Director and Founder, Black Sheep Redemption Program (Santa Cruz, CA)

\*The Task Force elected to study Theme 2 first, given that drug addiction is considered a primary cause of many public safety issues in Santa Cruz.

The educational meetings provided an opportunity for the Task Force to work with the City and its regional partners to examine the causes and effects of the critical themes of study. The resulting dialog transitioned public discourse around these issues from broad-based assumptions, conjecture and perceptions to an evidence-based and data-driven understanding of these public safety challenges. The Task Force grappled with issues and perceptions very sensitive in nature to the community, from the role of the homeless and transient populations in perpetuating the effects of Theme 1 and Theme 2, to the role of City and County governmental and criminal justice policies in creating a perceived "draw" to Santa Cruz for those participating in all of the identified themes.

### Study/Analysis Phase

#### Introduction

The Task Force's early discussions with City staff and the public established a framework for the remaining proceedings. Given that testimony and data, it was apparent that not only are the issues extremely complex, but also fundamentally related. Each thematic issue compounds and intensifies the challenges of the others, with substance abuse and addiction seemingly being the catalyst for much of the public nuisance behaviors and crime in the City.



In order to establish a comprehensive narrative, and equip themselves with enough information to make informed decisions, the Task Force was required to be strategic in its course of study. First, given that impressions can greatly influence community image and how community members interact with each other and their environment, it was critically important for the Task Force to understand the competing perceptions around each theme and the evolution of those perceptions. Additionally, it was important to evaluate carefully the relationship between the themes. Within that context, developing an understanding of root causes such as addiction, homelessness and mental illness became the priority in that management of symptoms alone has limited effectiveness.

Lastly, in order to identify highly effective solutions to these challenges, the Task Force needed to understand the current systems in place, outside of the City's jurisdiction, to manage the most critical public safety challenges. Social service and criminal justice systems offer prevention, intervention, enforcement and accountability measures to reduce crime and other safety challenges. Within a systems discussion framework, those working in the social service and criminal justice systems could help identify where program inefficiencies exist and be part of the dialogue to build stronger and more collaborative recommendations that connect the various public safety management pieces.

### Theme 2: Drug Addiction and Non-Violent Crime

Substance abuse and addiction are societal problems and Santa Cruz is not unique in feeling their damaging effects. Few in our community are free of some connection to this problem. Whether a family member or friend suffers from the disease, or one witnesses open use of drugs or drug deals, or worse, is a victim of addiction-related crime, this issue impacts us all. Consequently, we each have an opinion of the community's problems based on our personal experiences and the stories we share with one another.

The Task Force heard from individuals who shared their stories as they related to the critical themes of study. While not a full representation of the problem, one such personal reflection from a heroin addict, Nate, sheds light on the relationship between addiction, petty crime and life on the street as an addict in Santa Cruz.

#### Nate

*"If it's (illicit drugs) got a hold of you, you're going to get what you need no matter what. You'd have to throw me in jail, lock me up miles and miles away, to kick this habit."*

Nate is a 21-year old heroin addict. Born and raised in Santa Cruz, Nate split his childhood between stints at his mother's home in Aptos and his grandmother's home on the Westside of Santa Cruz. Nate started smoking marijuana at nine. He tried heroin for the first time at 16, and acquired a hard-core addiction by 18.

Nate lives on the streets in Santa Cruz and sustains his \$80/day heroin habit by stealing from stores, cars and homes. He also steals to pay for sustenance (hotel stays and food). In his testimony, he noted it's easy to hang out Downtown because everything an addict needs is in



such close proximity. When he needs drugs, he calls a friend or finds someone on the streets. Nate panhandles for small change from people on the street when he is hungry and needs a meal. He claimed panhandling is insufficient to support his drug habit in Santa Cruz. Instead, he trades stolen goods for money or drugs.

Nate asserted that he tried for a long time to get into rehab before his first felony conviction. But, he said, it is impossible to get into a rehab in Santa Cruz that is not "overly religious" or does not require hard labor. Nate now has multiple felony convictions and layers of probation, but is no longer interested in going to rehab. He claimed the only way to get clean would be to lock him up in jail, far away from Santa Cruz.

Nate reported what he described as a new trend in Santa Cruz. Heroin has become a trendy drug for Santa Cruz high school and UCSC students, with kids as young as 14 using heroin. Heroin is a drug of choice on the party scene. Nate has frequently seen UCSC students stop their cars and ask to buy heroin from his friends. According to Nate, methamphetamine (meth) is more of a street drug used by homeless people than a recreational drug.

Though Nate has used heroin for years, he has never disposed a used syringe in a sharps container. If needed, he said, he will break off the tip of the syringe and throw it in the trash. He believes that a solution to people stealing for drugs is to have more methadone clinics, free food and clean syringes from an easily accessible syringe exchange.

#### Scope of the Problem/Community Perceptions

Nate is just one example of the highly challenging issues around drug addiction and crime in Santa Cruz, and certainly his story cannot be taken to represent the range of addicts and their circumstances. Nonetheless, his account resonates strongly with local attitudes regarding the nature of drug addiction. There is strong community sentiment in Santa Cruz that substance abuse and drug dealing is more prevalent here than other towns with similar demographics. Many believe that long-term community tolerance for alcohol and "recreational" drug use has contributed to County youth ambivalence towards and acceptance of illicit drug use, while creating a "brand" that draws addicts, dealers and other criminals to our town. From this perspective, such pull factors, coupled with perceived lax drug policies and sentencing of drug related offenses, have created a vicious cycle of drug abuse and petty crime in our community.

Like many communities throughout the United States and California, Santa Cruz is dealing with widespread use of meth. Meth seems to have changed the drug user demographic in Santa Cruz over the last several years. Meth users appear more inclined to indulge in risky and violent behaviors and commit crimes at a higher rate compared to addicts of depressant drugs like heroin. There is strong community sentiment that the high population of younger "transients" coming to Santa Cruz use and abuse meth.

There is little community disagreement that substance abuse is a major problem in Santa Cruz and that addiction leads to myriad crime and behavior issues. However, there are competing positions regarding the solutions to the problem. Many in the community have expressed concern over a lack of adequate substance treatment and prevention programs. Others believe only



stronger enforcement and sentencing of those dealing and abusing drugs and alcohol can root out the problem.

### Expert Panelist Discussion

The Task Force discussed Theme 2 with eight expert panelists. They included:

- Deputy Police Chief Rick Martinez, Santa Cruz Police Department
- Nate, current probationer and heroin addict
- Lynn Harrison, Drug and Alcohol Program Manager, Santa Cruz County Health Services Agency
- Rod Libbey, Janus Executive Director
- Bill Manov, Program Chief, Santa Cruz County Health Services Agency Drug and Alcohol Program
- Scott MacDonald, Santa Cruz County Probation Chief
- Lisa Hernandez, MD, Medical Services Director/County Health Officer, Santa Cruz County Health Services Agency
- Emily Ager, Community Health and Harm Reduction Supervisor, Street Outreach Supporters

Discussion centered on the state of the community, from the perspective of the Santa Cruz Police Department and Santa Cruz County Health, with regard to substance abuse, local treatment options/best practices, and the relationship between the criminal justice system and drug treatment. The efficacy of the County's Syringe Exchange Program was discussed with emphasis on the distinction between enabling drug addiction and harm reduction. Nate, the current probationer/heroin addict, provided a personal perspective on the prevalence of drugs in Santa Cruz County and related crime.

Several problems resonated through panel remarks and follow-up questions. In summary, Santa Cruz has a high concentration of drug and alcohol addicts. Repeat offenders, of which over 50% commit substance-related crimes, create a significant drain on City and County resources. Santa Cruz appears to provide an environment conducive to untreated and perpetuated addiction due to several factors. There currently is an oversaturation of alcohol outlets and drug dealers in our community. Publicly provided drug abuse treatment is insufficiently funded to meet demand for services. The Serial Inebriate Program (SIP) and Drug Court are successful models for treatment and recidivism reduction, yet remain underfunded, yielding mixed results. The underfunding of treatment options, in combination with overcrowding in the County Jail facilities and light criminal sentencing for drug and non-violent offences, limits the criminal justice system's ability to effectively adjudicate drug offenses. Thus, a perception has been created among the community (offenders and non-offenders alike) that there is little consequence to substance abuse and related non-violent crime.

Violent and non-violent crimes are strongly linked to substance addiction; therefore, prevention and treatment are paramount to reducing victimization in Santa Cruz. Universally, panelists were adamant that funding of prevention and intervention programs within schools, County Health and Human Services, treatment non-profits, and the criminal justice system, are more





cost-effective in reducing crime compared to incarceration. The County is home to a wealth of effective prevention and intervention programs. Unfortunately, most programs are insufficiently funded.

### Conclusion

Drug addiction is pervasive in Santa Cruz and, as a result, our community has an untenable situation to overcome. There are many different interventions that can be effective in breaking the vicious cycle of drug addiction and crime (crimes fueled by drug highs and/or theft to support a habit). Early prevention and treatment are key and oftentimes more effective and less expensive than criminal justice interventions like jail time. But in Santa Cruz these strategic interventions are not currently working to address the high concentration of addicts in our community. Prevention and treatment are grossly underfunded and drug sentencing is lax, often leading to probation for felony drug charge convictions. Without an effective management strategy and interventions working seamlessly, the community is left to deal with scores of drug addicts who are unaccountable for their actions and have no resources to overcome their problems.

### Theme 1: Environmental Degradation and Behaviors Affecting our Sense of Safety

Santa Cruz is a community rich in natural resources including parks, open spaces and beaches. We are a community that thoroughly enjoys the outdoors and all the landscape has to offer. The City's growth policies reflect those values, and as a result, our community is blanketed with forested open space and parks. One can traverse from the hills to the sea without touching foot on pavement.

These segments of open space connect our community's essential business and commercial districts to Downtown and the neighboring residential areas. While a unique and beautiful landscape to enjoy, the City's network of open space creates a significant public safety and health management challenge.

Many in Santa Cruz believe that the community's open spaces and business districts are not enjoyable for several reasons. A high concentration of homeless people live and camp in open areas stretching from the UCSC campus down through the San Lorenzo River Levee and surrounding parks near Downtown and the beach area. At times, this homeless population comes with erratic behaviors, trash, sleeping materials and human waste. Behaviors not perceived as normal can be off-putting to many and even frightening to others. Waste and the resulting deterioration of our public spaces create health concerns, driving away would-be park users, particularly those with small children. One only needs to visit the San Lorenzo Benchlands Park on a weekend afternoon to witness the depth of this problem.

Additionally, a high concentration of crime takes place along the San Lorenzo River corridor. Fear of crime limits pro-social opportunities along the Levee and neighboring parks. For some, this fear translates into an aversion to visit Downtown. Aggressive panhandling, public intoxication, and other unpredictable behaviors along Pacific Avenue and in the beach area are perennial problems and have diminished the potential of the community's most prized business



district to flourish and grow economically.

In an attempt to manage the challenges around our public spaces and business districts, the City has adopted several municipal codes ordinances to regulate public nuisance behavior. However, the current enforcement and accountability strategy of these ordinances is clearly not working. Many in our community witness the same individuals day in and day out behaving in erratic ways, causing disturbances, harassing others, and getting cited for municipal code infractions without consequences. This repetitive behavior and the perception that there is no accountability are genuine concerns and a significant drain on Police, Park and Public Works staff resources.

One example of individuals with repeat municipal code violations and arrests is Miguel DeLeon and Ana Richardson. Their story exemplifies the community's crisis around repeat municipal code offenders and the lack of accountability currently provided by the criminal justice system.

#### DeLeon and Richardson

*"As time went on, he exhibited growing territorial behaviors and a mentality of entitlement. He is almost entirely free of substance abuse charges and/or signs of mental illness. He is completely competent that what he is doing is unlawful, yet he has no regard for the law."*

Miguel DeLeon is a 40-year-old resident of Santa Cruz. DeLeon is a serial municipal code infraction offender and an constant challenge for the Santa Cruz Police Department. DeLeon and his partner, Ana Richardson, together have hundreds of unpaid municipal code citations and have cost the City tens of thousands of dollars and hundreds of hours of Police Department and City Attorney time.

Originally from Elk Grove, DeLeon has lived on the streets in Santa Cruz for several years. Richardson, 32, left her Santa Cruz home at age 14. Both street musicians, DeLeon and Richardson "dream of making a living and making the world a better place with their music."<sup>14</sup>

DeLeon's first contact with SCPD was in 2002, and since that time he has been a constant fixture of the Santa Cruz criminal backdrop. His offenses are varied - illegal camping, urinating in public, in park space after hours, and washing in public fountains, amongst others - but the rate of his offenses is constant. SCPD has been managing DeLeon and his behaviors since the first year he moved from Elk Grove to Santa Cruz.

In 2008, DeLeon began exhibiting territorial behavior around his campsites, at times creating barriers that made entering into businesses impossible for workers and clients. Almost entirely free of substance abuse charges and/or signs of mental illness, he was considered completely competent, and aware that what he was doing was unlawful. Quite simply, he had no regard for the law.

In 2009, with over 60 unpaid citations at the time, and complaints from the post office, Bunny's Shoes, Borders Books, Lulu Carpenter's, and the Palomar Building, the City decided to file a

<sup>14</sup> [http://www.santacruzsentinel.com/ci\\_12483386?source=most\\_viewed](http://www.santacruzsentinel.com/ci_12483386?source=most_viewed)



permanent civil injunction against DeLeon and Richardson to prohibit them from sleeping and committing muni code violations Downtown.

Judge Paul Burdick granted the injunction. Since that time, DeLeon continues to be cited for muni code violations and continues to live on the streets in Santa Cruz. His behavior has not changed; in fact, his offenses have escalated in severity.

In the last year, DeLeon has been arrested 18 times for warrants, probation violations, narcotics, theft, resisting arrest and trespassing. Over that span of 12 months, DeLeon was cited 15 times for municipal code violations and had eight other SCPD contacts.

#### Scope of the Problem/Community Perceptions

DeLeon and Richardson are indeed just one example of Santa Cruz's difficult problem of nuisance behaviors in our public spaces. However, there are many others with similar stories, creating disorder Downtown, along the Levee, and in other parts of the City. While not exclusively a homeless or transient issue, there is strong public sentiment in Santa Cruz that the homeless are responsible for much of the behaviors and activities around Theme 1. Many in our community perceive transients to be drawn to Santa Cruz because of mild weather, easy access to drugs, lax criminal justice policies, and plentiful social service provisions.

Many in Santa Cruz believe there to be a significant public health threat due to human waste and hypodermic syringes in our public spaces. While difficult to quantify, many also believe that our business districts suffer due to the disruptive behaviors and loitering.

There is also strong public sentiment in Santa Cruz that those experiencing homelessness should not be persecuted or become scapegoats for the behaviors and activities around Theme 1. As one of the most vulnerable segments of the Santa Cruz population, many believe that our homelessness problem and the behaviors and activities around Theme 1 are crimes of circumstance (living in the open) and a function of limited affordable housing options, high cost of living, insufficient social services and/or a lack of organized homeless camping.

Thus, there seems to be competing sentiments about the supposed causes and solutions to the behaviors and activities around Theme 1. Some feel that stronger enforcement and penalties are required, others feel that underlying factors (i.e., homelessness and substance addiction), which they perceive to be the root causes of the behaviors mentioned above, should be addressed more effectively. Fortunately, there is common ground to build upon, as most community members attest that less homelessness is better for all, and we need work together to address this difficult issue.



### Expert Panelist Discussion

The Task Force discussed Theme 1 with eight expert panelists. They included:

- Deputy Police Chief Rick Martinez, Santa Cruz Police Department
- Julie Hendee, Redevelopment Manager, City of Santa Cruz
- Monica Martinez, Director, Homeless Services Center
- Ray Bramson, Homeless Encampment Project Manager, City of San José
- Pam Rogers-Wyman, Acute Services Program Manager, Santa Cruz County
- Ky Le, Director of Homeless Systems, Santa Clara County
- Jennifer Loving, Executive Director, Destination Home
- Judge Ariadne Symons, Santa Cruz County Superior Court

Discussion centered on the environmental, economic, programmatic and budgetary impacts to the City caused by quality-of-life crimes, anti-social behaviors, and illegal camping. Panelists offered their perspectives on best-practice solutions to reduce behaviors that fuel these problems, ranging from housing homeless individuals and drug and mental health treatment, to reprogramming/reactivation and enforcement. Several themes crystallized through panel remarks and Task Force follow-up questions.

In summary, Santa Cruz has a disproportionately large homeless population (over 3,500 countywide), many living completely unsheltered.<sup>15</sup> Mental illness and addiction, whether individual conditions or co-occurring, directly influence how a large percentage of our homeless population interacts with the community and our environment. Large swaths of open space, heavily forested and abundant in natural cover, provide ideal spaces to camp illegally and commit crime. Our community's open spaces and business districts are geographically linked, moreover, with the San Lorenzo River corridor providing access from encampments to social services and the Downtown district.

Lack of jail space, treatment options, and ineffective methods for managing quality-of-life crimes within the criminal justice system greatly diminish the Santa Cruz Police Department's capacity to limit these behaviors. Calls for service and arrests are at a record high, with a heavy concentration along the San Lorenzo River corridor. Despite this effort, the problems persist. Without an effective way to manage this problem, potential for crime and drug abuse to escalate is a concern.

Panelists agreed that solutions need to balance prevention with enforcement. Housing the most vulnerable and chronic homeless demonstrably reduces law enforcement costs and could create a marked improvement to community perceptions around homeless behaviors. With substance abuse and mental illness a root cause of the behaviors around Theme 1, prevention and treatment programs should be considered first. Homeless encampment removals can be effective and long lasting with early outreach and services to those affected. Greater collaboration between law

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[http://www.appliedsurveyresearch.org/storage/database/homelessness/santacruz/Homeless2013\\_SantaCruz\\_FullReport.pdf](http://www.appliedsurveyresearch.org/storage/database/homelessness/santacruz/Homeless2013_SantaCruz_FullReport.pdf)



enforcement and the courts is necessary to create more accountability for public nuisance offenders. It is essential for each of these solutions to work in concert, thus requiring strong collaboration between jurisdictions and social service providers.

### Conclusion

Santa Cruz has a staggering homelessness problem with over 3,500 individuals countywide living without a home. This overwhelming number challenges all public and non-profit systems, from hospitals, health care, service providers, and shelters, to parks and open space, to police and the Superior Court. The impacts on our community members from hosting such a large population of unsheltered people are real; residents, business owners, visitors, community service workers, public safety officers and homeless individuals themselves feel these impacts on a daily basis.

From a tangible perspective, illegal encampments pepper the landscape throughout the City and County. The accumulation of human waste, trash, and spent hypodermic syringes create real public health hazards and safety issues for park and open space attendees. Further, attitudes of entitlement from illegal campers create physical and social barriers to communal use of many of our open spaces and parks. From a theoretical perspective, as a community of both housed and unsheltered residents, Santa Cruz is faced with a difficult moral dilemma as we share space with fellow citizens living in substandard conditions that affect physical health, mental health and spirit. Competition over the use of public and community spaces creates divisions within a community, leading to breakdowns of social cohesion.<sup>16</sup>

While the vast majority of homeless individuals in the community abide by the law, Santa Cruz is burdened by a segment of the homeless population that is responsible for escalated disorder and public health concerns. Disruptive behaviors and flagrant disposal of human waste, illegal trash and hypodermic syringes, oftentimes symptoms of substance abuse and mental illness, are a major public health concern and exacerbate fear of crime in Santa Cruz. A commonly held perception that homelessness is uniquely tied to crime and substance abuse further marginalizes that segment of the community.

A solution to Santa Cruz's homelessness problem is incredibly complex and falls outside of the charge of the Task Force. However, there are systems in place to reduce the effects of this staggering problem. Providing housing to those most vulnerable and likely to benefit from additional services is a primary goal. It is equally important to build new prevention and intervention techniques within the social service and criminal justice systems to manage the most disruptive criminal element of the population.

### Theme 3: Gang Violence and Violent Crime

Many kids in Santa Cruz County, especially those from under-represented families, are tangled in a complex web of gang culture. Predominately Hispanic Norteño/Northerner and Sureño/Southerner gangs have established territorial lines all over the County. Gangs prey on and

<sup>16</sup> *Understanding How Homelessness Affects Us All*, Renfrew Collingwood Steering Committee, Vancouver, Canada.



victimize families experiencing poverty and other social inequities, recruiting youngsters looking for a culture of support and connection. Oftentimes, kids are simply victims of their geographical circumstances, with neighborhoods across the County claimed by certain gangs. Simply living in specific areas increases one's risk to experience gang violence and rivalry issues. Families in Beach Flats and Lower Ocean understand this problem first hand.

Many in our community have no personal experience with the damaging effects of gang violence in Santa Cruz. But that does not make the problem any less severe for those families involved in gang culture. One such story, of a teenage boy from South County, demonstrates the critical need for everyone in Santa Cruz to understand the issues around gang violence and culture.

### Juan

*"Are you optimistic about your future? No, not really. I think I'll probably be dead in a few years."*

Juan is a teenager from Santa Cruz County. A son of migrant farm workers, Juan has spent his entire life in the same house in a rural neighborhood. His parents pick berries for a living. He is the oldest of the family.

Juan spends every minute of his waking hours fearing for his life. Although he has never been "jumped in," Juan is a Sureño gang member by affiliation. Juan is a victim of poor judgment and a set of circumstances far outside of his control. His story is tragic but is no different than the stories of countless kids living in Santa Cruz County.

Juan's parents migrated to Santa Cruz County as teenagers and had Juan when they were 19 years old. In the berry season, his father and mother pick from 6:00 am - 6:00 pm, making \$1.40 box and \$4.00/hour in wages. Picking labor is strenuous and exhausting, leaving Juan's parents oftentimes too tired to care for their children above their most basic needs. On school days growing up, Juan was left to his own devices. He was never self-motivated in school and did not receive consistent support from his parents.

Juan's neighborhood is traditionally Sureño. Growing up with kids from the neighborhood with Sureño familial ties, by his middle school years, Juan was identified Sureño simply by association. While not interested in being officially initiated into the gang, Juan considered himself Sureño and spent most of his school days smoking weed with his friends. He was not involved in after-school programs and no one paid attention to his grades.

Juan attended a local high school for two years but only managed to accrue 10 credits while he was there. He failed nearly every class, leading to his expulsion for failing grades. He transferred to an alternative high school to finish his high school education. With most kids at the alternative school affiliated with Norteño gangs, Juan was quickly identified as a Sureño scrub. Juan's stint at the alternative school lasted only six months because he was jumped and severely beaten. He was so traumatized by the experience, he finished high school through the Santa Cruz County Office of Education with their independent study program, commuting to weekly Santa Cruz to take classes.



Although done with high school and currently employed full time, Juan continues to be plagued by his Sureño affiliation. His life has been threatened multiple times. Recently, while sitting in his car in a parking lot, a Norteño gang member pointed a gun at his head but did not pull the trigger.

Juan is expecting a baby with his teenage girlfriend who lives with her mom in his neighborhood. Her family doesn't know she's having a baby. While excited to be a parent and meet his child, Juan worries about how to provide for his girlfriend and his child. He doesn't have the means to rent an apartment. He doesn't have a plan for building a career. He feels stuck and has no optimism for his future. In fact, he's not hopeful about seeing his child grow up.

Juan believes that kids join gangs for the lifestyle. Guns, drugs, girls and partying are the main draw for kids. Initiated young, middle school kids are not aware of the risks involved in gangs or don't believe they'll be involved in the most violent acts. Juan believes that if kids had other interesting things to do, they might be able to stay out of gangs. Most importantly, he maintains that strong family and community support are essential for the survival of Latino youth in Santa Cruz County.

#### Scope of the Problem/Community Perceptions

While in recent months much of the community discourse over our public safety challenges has focused on Theme 1 and Theme 2, there continues to be very deep concerns around gang violence. Juan's story, including the exceedingly difficult circumstances of his life, is a prime example of how a large segment of our community is suffering because of gang issues. Gang violence has plagued his life even though he never formally joined a gang.

Over the last several years, Santa Cruz has experienced many high-profile aggravated assaults and murders, both with and without gang associations. There is much community speculation on the role of local gangs in drug trafficking, and how much violent crime is tied to drug deals. Gang initiations create a sense of randomness around youth violence. It is apparent that rival gang interactions often end in acts of extreme violence.

In contrast to the first two themes, there does not seem to be competing discourse on how to solve the problems around gang violence. In fact, this theme seems to be the least understood or discussed by those participating in the Task Force proceedings. There was strong agreement, however, that gang violence needs to be examined closely and addressed by the Task Force.

#### Expert Panelist Discussion

The Task Force discussed Theme 3 with four expert panelists. They included:

- Officer Joe Hernandez, Santa Cruz Police Department
- Nane Alejandre, Director, Barrios Unidos
- Mario Sulay, Commander, Santa Cruz County Gang Task Force
- Willie Stokes, Director, Black Sheep Redemption Program



Discussions centered on the nature of gang activity and violence in Santa Cruz County, what gangs are involved, and the social and economic structures in our community that catalyze gang assemblage, drug trafficking and violence.

Gangs within the City of Santa Cruz span racial lines, with territorial rivalries predominately fueling violent crime. Santa Cruz County has approximately 1,200 documented gangs members, of which 64% are 25 years or younger. Current County programs, both preventative and suppression, concentrate resources on the predominately Hispanic Norteño/Northerner and Sureño/Southerner gangs, as these gangs are responsible for the vast majority of gang crime and violence in the region.

The Santa Cruz County Gang Task Force deploys predominately in South County, where 75% of the gang cases take place. Rival gang members from outside of the area frequently spark Santa Cruz City's gang-related violence. South County and neighboring region gang members elect to commit crime in Santa Cruz to avoid detection from local law enforcement. Neighborhoods in Santa Cruz, particularly concentrated in Beach Flats and the Westside, fall victim to territorial gang rivalries, much of which does not originate with Santa Cruz gang-affiliated residents.<sup>17</sup>

Overwhelmingly, panelists agreed that prevention and early intervention are critical to limit the number of young males entering gangs in Santa Cruz County. Because active and supervised youth are much less likely to join a gang, after-school enrichment programs are essential for under-represented and at-risk school children. Families from under-represented and low socio-economic classes need community support and outreach, with wraparound models providing services, counseling and familiarity with law enforcement officials. Panelists agreed that more structured and supervised activities during the 3:00-9:00 pm timeframe are essential for the engagement of youth in a positive direction.

### Conclusion

At-risk youth in Santa Cruz and all across the County are highly susceptible to joining a gang. Economically disadvantaged families often spend a disproportionately high amount of time working, leaving children to the own devices after school and on weekends.

While gang violence is not experienced community-wide, Santa Cruz has an obligation nonetheless to manage this problem with prevention and enforcement. After-school programming is essential for pre at-risk and at-risk kids. A child that stays in school and is active after school is much less likely to commit crime, try drugs or join a gang. While an important gang desistance technique, youth programs are capable of far-reaching effects, and have the potential of long-term benefit for crime reduction.

### Theme 4: Criminal Justice System and Governance Structure<sup>18</sup>

The criminal justice system has two overarching goals: preventing and controlling crime and achieving justice. It is comprised of many different parts, all-working simultaneously to process

<sup>17</sup> See Appendix 4 for more information.

<sup>18</sup> Violent crime was discussed within Theme 4 rather than Theme 3.





the defendant. Above all, the system is intended to be fair and equally responsive, affording criminal defendants their full rights and societal privileges. When applied appropriately, the criminal justice system can have a positive impact, reducing crime, advocating for victims, correcting behaviors, and successfully reintroducing offenders back into society. When misapplied, the system has the potential to fail in any or all of those desired outcomes.

Many in Santa Cruz believe our local criminal justice system is failing. SCPD is making more arrests than ever, but crime rates remain high and repeat offenders routinely victimize the community. While difficult to pinpoint the precise causes, it is obvious that the essential elements of the system are not working together as efficiently and effectively as possible.

Bryan Matthew Martin was a habitual offender in Santa Cruz and is now serving a 16-year prison sentence for burglary. His story demonstrates the failure of the criminal justice system in managing our community's repeat offenders.

#### Bryan Matthew Martin

*"The trial court found true that [the] defendant had two prison priors... The court sentenced him to the aggravated five-year term for the robbery (Pen. Code, § 213, subd. (a)(2)) and one year for each prior prison term, but suspended execution of the sentence and placed defendant on probation."<sup>19</sup>*

While awaiting trial for stealing a backpack from a hotel worker's car, Bryan Matthew Martin escaped from the Rountree medium-security prison during a lunch break from a recidivism reduction class. He and accomplice, Blaine Richard Collamore, simply walked out of the building, broke into a neighboring house, stole the resident's car and purse and drove away. Martin was arrested two days later and subsequently sentenced to 16 years and 8 months in prison. That sentence term culminated his eleven-year criminal history in Santa Cruz County.

Born in 1983, Martin is a Santa Cruz local. He was convicted as an adult in 2001 for a felony theft. He received probation for that first adult conviction. Since that time, Martin wracked up the following record:

- 2003: Felony Check Fraud, probation
- 2003: Felony meth possession, probation
- 2003: Resisting Arrest, misdemeanor, probation
- 2004: Felony Check Fraud, prison sentence
- 2005: Felony Auto Theft, prison sentence
- 2006: 18 counts, 13 felonies (drug, theft), 4 years, 8 months suspended prison sentence, Delancy Street Program
- 2008: Falsify Information, misdemeanor, probation
- 2008: Under the Influence, misdemeanor, probation
- 2008: Drunk in Public, misdemeanor, probation
- 2011: Under the Influence, misdemeanor, probation

<sup>19</sup> <http://www.courts.ca.gov/opinions/nonpub/H037468.PDF>



Martin went to prison twice in 2004 and 2005 and was convicted of 13 additional felonies in 2006. The court ordered a 4 year, 8 month suspended prison sentence at that time, meaning if he violated his probation he would automatically serve the imposed sentence.

Following the 2006 convictions, Martin was convicted of four misdemeanors from 2008-2011. He was given probation for each, rather than the suspended sentence.

While on probation, Martin was convicted of robbery in 2011. The District Attorney in that case asked for prison time, especially given his suspended sentence from 2006 and the subsequent repeat misdemeanors. The judge declined, sentencing Martin to one year in County Jail and suspended another 7-year prison term.

Due to the Court's soft handling of Martin, he was allowed to victimize the community to the tune of 30 convictions of 18 felonies, receiving only two years of prison time over the course of a decade. It took Martin's brazen escape from Rountree and subsequent melee for him to finally receive a significant sentence. Prior to that incident, each time his prison sentence was suspended by a Santa Cruz Superior Court judge, subsequent judges failed to impose the sentence for significant probation violations, leaving Martin free to repeatedly victimize the community.

#### Scope of the Problem/Community Perceptions

There are numerous other repeat offenders in Santa Cruz, many with felony convictions. Many repeat offenders are low-level criminals that accumulate municipal code infraction citations, and then, over time, escalate in criminality to misdemeanors and felonies. Because of the problems around repeat offenders, there is substantial public sentiment that local and state-wide criminal justice and governmental policies contribute directly to the severity of Themes 1-3. Many believe that the Santa Cruz Superior Court and jail system are essentially "revolving" doors for criminals, particularly those with substance abuse issues.

There is also significant public concern around the issuance of civil penalties for the City's municipal code infractions. Many in the community believe this civil process to be completely ineffective and partially responsible for the perceived "draw" of criminals and transients to Santa Cruz.

The local effects of AB109 are also widely speculated on by the public. Many believe that Santa Cruz has seen a shift in demographics of our homeless and transient population as a result of this legislation, with many more violent criminals on our streets and committing crimes.

#### Expert Panelist Discussion

The Task Force discussed Theme 4 with seven expert panelists. They included:

- John Barisone, Santa Cruz City Attorney
- Phil Wowak, Sheriff, Santa Cruz County Sheriff's Office
- Jeremy Verinsky, Chief Deputy of Adult Corrections, Santa Cruz County Sheriff's Office
- John Salazar, Presiding Judge, Santa Cruz County Superior Court



- Bob Lee, District Attorney, Santa Cruz County
- Jerry Christensen, Public Defender, Santa Cruz County
- Larry Biggam, Public Defender, Santa Cruz County

The two-part meeting covered a range of topics, but focused particularly on the role of the criminal justice system in managing the behaviors and activities around the other three themes of study. The panelists identified several problems. Although all of the specific issues had been raised at previous meetings, the City's criminal justice partners voiced several areas of heightened concern.

The City Attorney, acting as municipal code infraction prosecutor, lacks adequate resources to prosecute effectively the concentration of nuisance crimes committed locally. As a result, the City Attorney pursues only the most egregious cases. However, a relatively small number of individuals, around 100 in a typical year, are responsible for the vast majority of the unadjudicated citations.

The community's serial inebriate population is a significant drain on public resources across the spectrum, from law enforcement to hospital emergency rooms. With jail overcrowding and funding constraints, the SIP program is not as effective as it could be.

A significant portion of the City's crime takes place along the San Lorenzo River corridor. The environmental design of the Levee and lack of programming in the adjoining parks and neighborhoods contributes to the prevalence of loitering, problematic behaviors and crime along the river corridor. All panelists voiced support for revitalizing and reprogramming the Levee and adjoining areas.

Panelists further discussed Santa Cruz crime rates. There was consensus among the panelists that the rates of crime are decreasing, across all types of offenses, in line with California and national crime rates. However, they posited that crime rates remain too high, and our rates are skewed because we are an extremely popular destination (for tourists, students, families, transients and criminals alike) and the central city for Santa Cruz County (county seat, home to the main jail and major entertainment district in the region, etc.)

A current case study of violent criminals, specifically those in custody for murder, was discussed. Of the 18 cases currently pending, 17 are local residents, and 15 went to high school in Santa Cruz County. The point was made that our violent criminals are primarily local, and not out-of-towners drawn to Santa Cruz for services and community tolerance of criminogenic lifestyles.<sup>20</sup>

This information was in contrast to a case study provided earlier in the proceedings by Judge Symons. That case study focused on a number of homicides committed within the homeless or transient population over the last several years and noted a common series of events leading to the tragedy. Symons argued that there is a transient population in our community drawn to Santa Cruz to live a criminogenic lifestyle. Fueled by addiction and sustained by social service

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<sup>20</sup> See Appendix 5 for more information.



provisions, the offenders committed crimes of escalating significance over several months, starting with public nuisance violations and ending in homicides. Heavier enforcement of the lesser crimes, consistent with the "broken window" theory of crime prevention, was suggested by Judge Symons as a way to intervene in this series of events.<sup>21</sup>

The expert panelists discussed management of violent criminals. All were in agreement that violent crime is effectively adjudicated within the criminal justice system. Police enforcement and investigations are streamlined, the District Attorney builds solid cases, conviction rates are high, but trials are fair, and the Public Defender's office frequently prevails when evidence does not suggest a guilty verdict. Juries in Santa Cruz do not shy away from convicting violent criminals. This may be in contrast to juries on lower level offenses.<sup>22</sup>

Both panels highlighted insufficient early prevention and education as contributors to the safety issues in Santa Cruz. School-aged children are our most vulnerable population; therefore early and effective prevention of drug abuse and truancy would greatly reduce future crime locally. Finally, the panelists voiced strong support for problem solving courts like Drug, Homeless, Veterans, etc.

### Conclusion

Literally hundreds of individuals in our community walk through the doors of the Superior Court every day. Hundreds are in our local jails. Hundreds more are contacted, cited, and arrested by our police officers. Each person bears a unique set of conditions that propelled him or her into the criminal justice system. Some may be experiencing homelessness or suffering from addiction or mental illness. Others may have been recruited into a gang as a youngster. Many have cycled through the system for years, never achieving successful rehabilitation and assimilation back into society.

A community's trust and confidence in its criminal justice system is built upon perceptions of fairness and effectiveness. These perceptions may be widely skewed depending on an individual's relationship with the system (offender, victim, observer, community member) and how the system is portrayed in the media (both social and traditional).

<sup>21</sup> See Appendix 6 for more information.

<sup>22</sup> The recent spike in violent crime contributed to the creation of the Task Force and was one of the highest concerns of individual Task Force members at the beginning of the process. However, the course of study and follow-up questions did not focus directly on violent crime, but rather its intersection with the other major themes of study. This is likely because panelists exhibited confidence in the criminal justice system as it relates to the management of violent offenders. In addition, violent crime is a more difficult issue to tackle, with many dynamic variables. Unlike the other themes of study, violent crime is less of a systemic issue with common root causes. Causes are widespread, variable and dependent on many factors.

This decision of the Task Force was not made lightly, nor does it reflect upon the importance of the issue. Violent crime scars victims and their families for life, and contributes to perceptions around safety in the community. However, the time constraints placed upon the group and the realities of violent crime (i.e., it is typically random and sporadic) led the Task Force to focus on themes of study that were systemic and citywide, and which the Task Force was relatively optimistic it could improve.



Testimony received by the Task Force indicates that Santa Cruz's confidence in its criminal justice system is low and in line with the rest of the Country. Recent Gallup polls demonstrate that only a third of Americans have confidence in their criminal justice system. This is in striking contrast to confidence levels in policing, with 60% of respondents expressing a great deal or quite a bit of confidence in that institution.<sup>23</sup> Our community's support for our police force is likely at an all-time high.

As demonstrated by the data and testimony provided by the expert panelists, Santa Cruz's criminal justice system is overburdened and dealing with an extenuating set of circumstances. Rates of addiction are high, leading to property crime. A segment of the homeless population is susceptible to escalating criminality; victimization among our homeless is a grave concern. Repeat offenders, especially those with low-level, non-violent and drug offenses are difficult to adjudicate for lack of jail space and treatment options. But even though the criminal justice system is burdened with these challenges, it has a real obligation to the community of Santa Cruz to apply justice and rehabilitation in an effective manner and to reduce the impact criminals have on the community. Our community's trust in the system will not increase unless steps are taken to rectify these very serious concerns.

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<sup>23</sup> <http://www.gallup.com/poll/163175/minorities-less-confident-police-small-business.aspx>



## **Deliberative Process**

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Treasurer Fred Keeley convened the Task Force deliberations on recommendations. The Task Force adopted a legislative process for this aspect of its work. The fundamentals of the legislative process are outlined as follows:

- City Staff provided a draft report of recommendations for the first round of deliberations.
- The Task Force moved, line by line, through the document and was asked to indicate where they had tentative agreement and items for amendment.
- The voting membership of the Task Force was fourteen (14) members. A majority was eight (8). It was suggested that the Task Force resolve as many issues as possible by consensus. For those points where a consensus could not be reached, a majority vote prevailed.
- In order to provide the maximum opportunity for reaching consensus on the final work product, the Task Force adopted a "Caucus" procedure. This gave individual members a moment to speak in a less formal setting.
- Each deliberative meeting produced a new draft recommendation report. Subsequent deliberative meetings followed the same procedure until each recommendation was voted on and adopted.

## **Policy Recommendations**

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The following recommendations came from a variety of sources – experts, community members and individual Task Force members. Every recommendation presented was considered by the Task Force. The Task Force was provided with substantial data, material and testimony and used that information to make these recommendations.

Public safety policy recommendations consist of a four-pronged approach: prevention, strategic enforcement with accountability, collaborative oversight, and appropriate funding.

### **Highest Priority Prevention Initiatives**

Although more long-range in nature, preventative programs are essential to reduce crime and victimization in a sustainable fashion. The Task Force recommends policy changes to be heavily weighted towards prevention initiatives, with the City, County, schools, neighborhoods and our non-profit service partners playing an integral role in funding, implementation and management.

Prevention initiatives should include the following highest priorities:

1. Environmental design and protection of high crime areas and open spaces
2. Enhancement of drug and alcohol treatment funding
3. Expansion of pro-social youth programs



## Environmental Design and Protection of High Crime Areas and Open Spaces

### Findings

Crime Prevention Through Environmental Design (CPTED) and reactivation of spaces are data-driven crime prevention programs. With proven efficacy in many cities, CPTED reduces criminal opportunity through landscape and architectural design of space (lighting, visibility, cover reduction, etc.) while reactivation is intended to create pro-social activities in public locations. Environmental design and pro-social activities are lacking in the City's greenbelt and commercial areas, particularly along the San Lorenzo River corridor, on Pacific Avenue, and in Harvey West.

The County's Syringe Services Program (SSP) is effective in lowering the transmission of blood borne diseases such as HIV and Hepatitis C for intravenous drug users. However, the Task Force finds that the County has not properly accounted for and mitigated the unintended consequences of locating a syringe exchange within a residential neighborhood and the geographical boundaries of Santa Cruz. No spent hypodermic syringes should be found in the City's open spaces, parks, neighborhoods, beaches and business districts. Until this public health crisis is rectified, the Task Force finds that the County Board of Supervisors should consider the management of SSP a top priority.

### Recommendations

The Task Force recommends a comprehensive environmental design and programming study of the City's most crime-ridden public and commercial areas. The study's implementation plan should be phased to target the community's highest areas of safety concern. While the study is underway, the City should immediately improve lighting on the San Lorenzo River Levee and Park and the Harvey West area to discourage illegal behavior and reinvigorate those public spaces.

With regard to the County's Syringe Exchange Program, the Task Force recommends that City staff and the City Council work with the County Health Services Agency and 3<sup>rd</sup>/5<sup>th</sup> District Supervisor Office to ensure the public safety efficacy (harm reduction of users and community affected by discarded syringes) of the County's Syringe Services Program. The following measures are considered the highest priority by the Task Force:

- Insist that the County Board of Supervisors address the community-wide impacts of SSP on their work plan/agenda.
- Ensure best practices are in place for SSP to mitigate impacts to the City's public spaces and neighborhoods.
  - Relocate SSP to County-owned property located in a non-residential area.
  - Implement a syringe identification tagging program (e.g. color coding or serial number).
  - Exchange to be on a true one-for-one basis with an actual physical count of syringes being exchanged. No estimations should be allowed.



- Account for both syringes being distributed and returned. Account separately for syringes without identification tag.
- City should prevent additional syringe exchange programs from operating or opening within the City limits.

### Enhancement of Drug and Alcohol Treatment Funding

#### Findings

Treatment of drug addiction is underfunded in Santa Cruz County. Given that addiction treatment lowers the rate of criminal recidivism, the Task Force finds that investment in (and greater collaboration between) proven effective treatment programs is essential.

#### Recommendations

The Task Force therefore recommends that City Council and staff work with the County Board of Supervisors and the County Health Services Agency staff on the County Strategic Plan for Alcohol and Drug Treatment and Intervention to insure that proven, evidence-based interventions and treatment programs that address specific City needs are included in the Strategic Plan and adequately funded.

Needs specific to the City noted by the Task Force include the following:

- Reduce public anti-social behaviors caused by serial inebriates and drug users.
- Reduce both violent and non-violent crime caused by addiction to opiates and other drugs.

With these measures, the Task Force believes that the County's Strategic Plan will further help to delineate the problems and their interventions and treatment that contribute to unsafe environments.

### Expansion of Pro-Social Youth Programs

#### Findings

The Task Force finds that an investment in our youth is part of an essential strategy to reduce future criminal behavior. Children that stay in school and are active under adult supervision during after-school hours are far less likely to try drugs and/or alcohol, develop addiction, join gangs, and engage in criminal activity as young adults.

#### Recommendations

The Task Force recommends leveraging existing programs and, if necessary, consider creating new programs to provide pro-social activities, focusing on the 3-9 p.m. period, that serve both at-risk and pre at-risk youth. These programs should include activities that appeal to particular





cultures and subcultures (e.g., baile folklórica and skate boarding) as well as programs that bring different cultures and subcultures together (such as Little League and soccer). These programs should be both attractive to a wide variety of youth and focus on minimizing barriers to participation, such as costs, accessibility, complex sign ups/initiation processes, location of programs, hours and duration of programs.

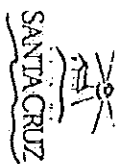
- City should create a mechanism to inform community residents, businesses and non-profits on how to provide scholarships for Task Force recommended youth programming initiatives.
- City Park and Recreation Department (P&R) shall develop an outreach strategy that targets underserved youth in our community with the goal being to involve them in more P&R programs. The outreach should be both in English and Spanish.
- Ensure that the long range plan for P&R includes appropriate facilities for demographic trends and to increase participation rates.
- Youth Programming recommendations should include information published by the Criminal Justice Council Report on Youth Violence.

#### **Secondary Priority Prevention Initiatives**

Additional preventative recommendations were identified by the Task Force for City Council consideration. These include more specific youth programming initiatives, truancy enforcement enhancements, education and neighborhood connection, and enhancements to social service activities.

Table 4: Prevention/Education/Connection

#	
	<b>Youth Programming</b>
1	City partner with Santa Cruz City School's District (SCCS) and Santa Cruz County Office of Education (COE) to support and expand existing after school programming, specifically academic enrichment (e.g. Arts Academy) and scholastic sports programs.
2	Partner with SCCS and COE to develop mentoring/internship programs for high school students. City to incentivize businesses, non-profits and local non-governmental agencies (NGOs) to participate in mentoring/internship programming.
3	Work with Santa Cruz Metro (Metro) to explore transportation options for youth and families, specifically in regard to getting kids to school in the morning and home from school and after school programming.
4	Collaborate with SCCS and the COE to address the summer gap in programming.
5	The City to collaborate with SCCS and COE to support and expand Adult Education with emphasis on General Education Development (GED) and High School (HS) diploma programs.
6	City Council to partner with Santa Cruz Youth City Council to develop all Youth Programming recommendations herein.
7	Leverage existing programs and, if necessary, consider creating new programs to provide mentoring and job opportunities to local teenagers.
	<b>Tuancy Enforcement</b>
8	City partner with SCCS and COE to enhance and strengthen tuancy policies and enforcement processes.
9	Increase the number of school resource officers to four.
	<b>Environmental Design/Recreation of Spaces</b>
10	Instruct the City representatives to the Metro Board to ensure that the new transit hub is designed to minimize illegal behavior and promote positive use. (External review may be necessary).
	<b>Social Service Enhancements</b>
11	Add questions that concern the City to the point-in-time Homeless Census Survey.
12	Expand the Homeward Bound program.
13	Recommend that City and County Planning Departments encourage landlords within the City and County to support investment in HUD recognized best practice programs including Housing First models such as 180/180, and any kind of incentive to renting to special needs populations. See "Santa Clara program."
14	City to coordinate with faith-based, government and non-governmental organizations to operate social service programs (soup feeds, overnight shelter, RV parking, etc.) in order to ensure public safety impacts to community are minimized.
15	City to develop and publicize self-supporting alternative to giving money to panhandlers. Program will include mobile application and other possible ways of donating such as web-based. Proceeds of program will go to proven effective programs to support people who are homeless, mentally ill and substance abusers.
	<b>Education</b>
16	Increased community education (includes schools on certain topics) in the areas of substance abuse, domestic violence, bullying, sexual assault, mental health, gang desistence/prevention, and perhaps other related topics.
	In the design, development, and implementation of prevention, education and other programs that will promote a higher level of safety for Santa Cruz residents, the City will make a special effort to include marginalized and under-represented communities. In particular, the City should identify members of those communities with the knowledge and leadership necessary to insure cultural competency in those programs.
17	Collaborate with SCCS and COE and others to ensure all youth are educated around the issues of: <ul style="list-style-type: none"> <li>• Recreational drug use</li> </ul>



PUBLIC SAFETY CITIZEN TASK FORCE  
Policy Recommendations

Table 4: Prevention/Education/Connection

#	
	<ul style="list-style-type: none"><li>• Underage alcohol use</li><li>• Gangs</li><li>• Sexual assault</li><li>• Domestic violence</li><li>• bullying</li></ul>
	City to provide relative data to support grant renewal of elementary counselor positions to build on existing social curriculum.
	<b>Connection</b>
18	Recommend the City conduct community outreach "see something, say something" campaign to engage the public in crime prevention.
19	Every resident should belong to a neighborhood group and be civically engaged. Neighbor to neighbor networking outreach is recommended.
	Revitalize the Neighborhood Services Team to meet quarterly or more frequently as needed to collaborate with all existing neighborhood groups to address collectively issues impacting neighborhoods throughout the City.
20	Increase City coordination, financial support, and social services outreach for volunteer clean-up efforts (such as the Levelles, Clean Team, Save our Shores, Beach Flats, Community Center, NoLo).



## Highest Priority Strategic Enforcement with Accountability Initiatives

### Findings

The mission of the Santa Cruz Police Department (SCPD) is to provide protection and services to our community. With a \$23 million annual budget and 94 budgeted sworn officers serving a population of 62,000, the force runs a lean operation. In fact, an average police force for a city of 60,000 is about 140 sworn officers.<sup>24</sup> As a destination spot for summer tourists, University of California at Santa Cruz (UCSC) students, and transients, and as an entertainment hub for Santa Cruz County and beyond, the SCPD is often stretched extremely thin.

SCPD currently has 6 vacant officer positions, with several officers out on work related and non-work related injuries, and several other individuals in the training process. In total, SCPD are at 75 percent of sworn strength in the field. Currently there are no gaps in service or coverage. However, this shortage puts a significant strain on those officers serving the community. While there are a number of factors contributing to officer attrition (the recent tragedy, long-term disability, retirement, etc.), SCPD historically has had difficulty maintaining a fully-staffed force. With current staffing levels, it becomes difficult to effectively balance department priorities: crime prevention, investigations, community programming, etc.

Public nuisance/quality of life crimes and repeat offenders put a heavy strain on SCPD resources. Calls for service are at an all-time high, and individuals that self-affiliated with the Homeless Services Center (by providing 115 Coral Street address at the time of arrest) accounted for about 40% of arrests and 30 % of citations in 2012. Repeat offenders, averaging 100 individuals per year, are responsible for a staggering number of total arrests.<sup>25</sup> Over 50 percent of repeat offender arrests are in some manner related to drugs or alcohol.

SCPD's record volume of repeat offender arrests and municipal code violations is a symptom of a failing criminal justice system for low-level crimes in Santa Cruz County. Lack of jail space, treatment options, Probation Department capacity, and the Superior Court's apparent indifference to nuisance crimes has created an endless cycle of recidivism among low-level criminals.

Santa Cruz is burdened with a high number of high-risk alcohol outlets. Santa Cruz is approved by Alcohol and Beverage Control (ABC) for 102 alcohol outlets and currently has 249. In addition, Santa Cruz is overburdened with residential indoor and outdoor marijuana grow operations for medical and recreational purposes. High-risk alcohol outlets contribute to alcohol-fueled violence and crime. Growing, cultivation and processing of marijuana in residential neighborhoods is a serious public safety concern, a code enforcement issue, and often involves criminal activity. The Task Force finds that a strategic intervention is required to improve community conditions around addiction-related crime and public nuisance behaviors in our neighborhoods, open spaces, parks, and business districts. Therefore, the Task Force recommends four priorities: strategic police and code enforcement, offender assistance with accountability/recidivism reduction, and criminal justice system accountability.

<sup>24</sup> <http://www.bjs.gov/index.cfm?ty=tp&tid=71>

<sup>25</sup> See Introduction and Background for more information on repeat offenders.



## Recommendations

### Strategic Police Enforcement

The Task Force has identified several critical priorities for SCPD. The Task Force recommends the City, with the highest priority and utmost urgency, fill existing and budgeted SCPD vacancies and, further, to increase the SCPD police force to national averages. The Task Force recommends moving to a targeted policing model, with a strategy that emphasizes enforcement of nuisance crimes in natural, city entry and focal point areas (i.e., a "broken window" policing model).

In addition, to enhance the City's enforcement of repeat municipal code offenders, the City Council should designate existing infractions as misdemeanors in the municipal code for current infractions such as depositing of public waste, multiple offenses for illegal camping, and other offenses that the City Council designates to curb quality of life crimes in the City. This recommendation would include a request to the County to fund a municipal code prosecutor as well as designating the revenue from current infraction penalties to fund the increased court costs.

### Strategic Code Enforcement

The PSTF recommends two priorities for enhanced code enforcement:

- City Council to work with Code Enforcement to reduce and reform high-risk alcohol outlets.
- Rewrite the municipal code 6.90.040 to prohibit the cultivation and processing of marijuana in residential properties in Santa Cruz City. Marijuana should be subject to the same zoning regulations as other agriculture.

### Offender Assistance with Accountability/Recidivism Reduction

The Task Force recommends a specialty court model for substance abusers, veterans, mentally ill and/or homeless offenders. The specialty court model is proven to halt the revolving door of recidivism by linking offenders to treatment and rigorous judicial monitoring. Specialty courts are highly collaborative, bringing together the criminal justice system and service providers to enforce court-ordered sanctions. The Task Force finds that the specialty court model would provide offenders with the right balance of treatment assistance with accountability.

The Task Force recommends that the City collaborate in developing a strategic multi-disciplinary team (enforcement, criminal justice, drug treatment, social service providers) to identify individuals repeatedly exhibiting behaviors and crimes harmful to the community (i.e., the "top offenders" as identified by SCPD). This strategic team will develop an intervention and accountability plan on a case-by-case basis for each offender in order to reduce criminal behavior and harm to the community. The overall goal of the team would be reduce recidivism and crime in the City. The strategic team would work with SCPD to identify those that are generating the most calls for services, arrests, and municipal code infraction citations.



Additionally, after implementation of the photo identification system and gate at the Homeless Services Center (HSC) campus, the City should work with HSC campus managers to minimize unintended negative impacts of homeless services to Santa Cruz community, while maximizing program effectiveness. Agencies located at Coral Street (on HSC campus) should cooperate with SCPD in recommendations to modify or eliminate services to persons identified as chronic offenders who threaten public safety.

The purpose of this recommendation is to improve accountability for those that continually break the law and have repeat municipal code violations.

#### Superior Court Accountability

The Task Force finds that the Santa Cruz County Courts have failed the community as it relates to criminal sentencing. Improved accountability should take the form of increased transparency, consistent adjudication of the City's municipal code violations, and implementation of a specialty court model (as noted above).

The Task Force recommends the following measures be implemented by the Santa Cruz County Superior Court:

- Court to issue a misdemeanor warrant after three failures to appear in a six-month period. This automatic warrant issuance will eliminate the need for the City Attorney to prosecute repeat municipal code infraction offenders who fail to appear.
- Compel the Presiding Judge of the Santa Cruz County Superior Court to appear before the Santa Cruz City Council twice a year to share what the Court is doing to address high repeat offender rates in the City of Santa Cruz and to receive input from the City Council and City Attorney.

#### Secondary Priority Strategic Enforcement with Accountability Initiatives

Several additional recommendations were identified by the Task Force with regard to Strategic Enforcement with Accountability. In general, secondary priority recommendations are more specific about new policing strategies, code enforcement, and additional accountability measures within the criminal justice system.

Table 5: Strategic Enforcement With Accountability

#	Strategic Police Enforcement
21	In order to achieve maximum organizational efficiency and performance relative to public safety, it is recommended that an external review be conducted of the City of Santa Cruz Police Department (SCPD), City Manager's Office, Planning and Community Development, Public Works and Parks and Recreation Departments.
22	City will consider setting SCPD total compensation packages at a level that will improve recruitment and retention.
23	City to explore alternative staffing positions such as reserve officers and expand community service officers.
24	Increase SCPD foot/bike/street patrols.
25	Vigorous enforcement of bike license law/illegal to have unlicensed bike or bike with shaved serial numbers.
26	Coordinated strategy with community groups to reactivate one public area at a time, starting with San Lorenzo (SL) park and Harvey West.
27	Explore civil litigation against Caltrans, local railroads, Army Corps of Engineers, State of Nevada, State of California & other property owners/businesses who create "crime pollution externalities" as defined in the literature.
28	City to identify, fund and promote improved ways to report crimes, track City response to reported crimes and judicial system response to crimes. System should be easy to use, integrated and include web, text- and application-based systems.
29	City to implement non-judicial consequences for multiple failures to appear.
30	Maintain curfew at Cowell Beach.
31	The City and University of California, Santa Cruz (UCSC) ban and enforce all public celebration of illicit drug use.
32	City and UCSC police should vigorously enforce state marijuana laws regarding minors, public spaces, and driving under the influence (as stipulated by Measure K).
<b>Strategic Code Enforcement</b>	
33	City of Santa Cruz Code Enforcement should explore a zoning ordinance regarding indoor agriculture. City should support landlords in eviction process against tenants who have made illegal/unsafe modifications to property to support indoor agriculture.
34	Recommend to City to make a high priority to fund additional code enforcement officers with an emphasis on life-threatening violations and public safety in Santa Cruz.
35	Recommend City review and implement strict parking and overnight camping ordinance related to RVs on City streets. Increase enforcement of municipal code violations related to RV parking in the City of Santa Cruz.
36	City to implement a time limit (example 4-hour parking) within selected City-owned parking spaces/lots along West Cliff and East Cliff Drives during daylight hours. Enforcement recommended by City parking control by marking tires and issuing parking tickets.
37	Recommend City to coordinate with California State Parks (e.g., obtain a letter of trespass to patrol Lighthouse Field during darkness to enforce illegal camping, drug use and sales, litter, pollution, and other unsafe activities).
38	Explore relocation of recycling center from Harvey West to another area of the City.
39	City Council to work with Code Enforcement to reduce and reform medical marijuana dispensaries.
40	City consider a priority to either reactivate or revisit the SCPD's Alcohol Education Monitoring and Compliance Program Officer to collaborate with Alcohol and Beverage Control (ABC), all other government non-government and community groups to address the alcohol issue in Santa Cruz.
41	City develops and implements new web-based reporting process for code enforcement with a priority on public safety.
42	Where statute allows, implement cost-recovery from the responsible party for police response and enforcement of misdemeanor and/or felony convictions and drunk in public arrests.
43	Develop or increase penalties for property owners that refuse to address habitual code compliance violations.
44	Penalties (like party house ordinance) for high crime residential addresses. Three (3) violations in six months will be charged with a municipal code

Table 5: Strategic Enforcement With Accountability

#	
45	<p>misdemeanor (also including 647(FS)).</p> <p>In all commercial and agricultural rental agreements, there shall be written permission from the landlord to grow or process marijuana on the property.</p>
46	<p><b>Offender Assistance with Accountability</b></p> <p>Work with County to increase funding to facilitate Roundtree as a coerced treatment facility for serial inmates/substance abusers, and as a mental health treatment center for County inmates already in custody.</p>
47	<p><b>Criminal Justice System Accountability</b></p> <p>Publicly available reporting on Santa Cruz Superior Court judges' decision records.</p>
48	<p>Compel Santa Cruz County Probation Chief to appear before City Council twice per year to inform what the Probation Dept is doing to address probation-related offenses on adult chronic reoffenders.</p>
49	<p>Grand Jury investigation (external review) of the current Santa Cruz Superior Court bench as it relates to the use of discretionary power of sentencing of offenders.</p>
50	<p>More jail space for short term incarceration post-conviction.</p>
51	<p>Recommend the City hire a part-time or full-time paralegal to process failure to appears on municipal code violations.</p>
52	<p>City develop 3 or more non judicial mechanisms to deal with 3 failures to appear.</p>
53	<p>Work with County Probation to improve transparency of AB109 released prisoners into the county. Recommend County increase staffing levels of probation officers for adult population to adequately deal with AB109.</p>
54	<p>Recommend that the County Jail has access to funds for transportation in order for inmates to return to community of origin whenever possible, unless they are released on their own recognizance (ROR).</p>





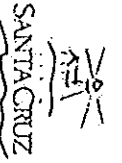
**Highest Priority Collaborative Accountability and Appropriate Funding Initiatives**

Within three months of accepting the Task Force report, the City shall notify in writing, each department, agency, and organization outside of their jurisdiction of the Task Force recommendations that impact their operations and ask that those named agencies respond in writing as to how they will begin to work towards achieving the objectives in the relative recommendations.

The Task Force recommends the City Council and County Board of Supervisors consider an alternative funding mechanism to fund any programs identified herein that are outside of the City and County's regular budget. The City should consider various options to fund many of these new recommendations, including but not limited to a city alcohol tax with proceeds going directly to fund public safety programs, a city or county sales tax dedicated to funding public safety programs, as well as innovative private funding and federal grant opportunities such as "Pay For Success" programs and Social Impact Bonds. The city should re-evaluate Measure E funding for specific use of clean-up programs on the San Lorenzo Riverway. The city should also consider using municipal code violation revenue to specifically fund a specialty to deal with recidivist violations. The city should also tie the distribution of Community Development Block Grants as it relates to public safety to results-based programs and require measurable deliverables.

**Secondary Priority Collaborative Accountability and Appropriate Funding Initiatives**

Two additional priority recommendations were identified by the Task Force including creating a Department of Public Safety to review all City public safety-related actions and coordinate between the other departments.



PUBLIC SAFETY CITIZEN TASK FORCE  
Policy Recommendations

Table 6: Accountability, Collaborative Oversight and Appropriate Funding

#	
55	Collaborative Oversight Create Dept. of Public Safety to review all city actions and integrate City Departments.
56	Instruct the City to report at a council meeting regarding their progress on the IF recommendations 6 months and 12 months after accepting the TF recommendations.

# EXHIBIT B



Santa Cruz County  
CA

Agenda Item  
6454

Consider 2017-2019 Biennial Report and presentation on the Syringe Services Program (SSP), and direct the Health Services Agency to return in September and December 2019 with reports, as outlined in the memorandum of the Director of Health Services

Information

<b>Department:</b>	Health Services Agency; Public Health Division	<b>Sponsors:</b>	Director of Health Services Agency Mimi Hall
<b>Category:</b>	HSA PH - Board Letter	<b>Projects:</b>	Master Calendar
<b>Functions:</b>	Health & Human Services		

Links

**Origin** DOC-2017-558 ; Consider the Health Services Agency's Biennial Report for the Syringe Services Program, as outlined in the memorandum of the Director of Health Services

Attachments

Board Memo  
Report on Hepatitis A Outbreak - Exhibit 1  
Analysis SSP Control of Hepatitis A - Exhibit 2  
Wound Botulism Info Sheet - Exhibit 3  
Opioid Overdose Snapshot - Exhibit 4  
Orange Co. Needle Exchange, draft Syringe Litter Report - Exhibit 5  
Civil Grand Jury 'Sharper Solutions' and HSA Response (Aug 14, 2017 BOS) - Exhibit 6  
HSA SSP Advisory Board Presentation - Exhibit 7  
Strategies for Preventing Opioid Overdose - Exhibit 8  
Issue Brief - Syringe Distribution Policies - Exhibit 9  
HSA Data Report - Syringe Services Program - Exhibit 10  
State Guidelines for SSP - Exhibit 11

Financial Impact

The total cost of this program from March 2017 through February 2019 was \$220,521 under account 362100/H21200. For the next operational period, it is estimated that the program will have an annual expenditure of \$240,000 funded by State realignment revenues. This estimate reflects the steady increase in distribution and collection efforts, as well as increased staff time to work on data analysis and quality improvement of the program.

Board Letter

**Recommended Actions:**

- 1) Accept and file the Health Services Agency (HSA)'s 2017-2019 Biennial Report for the Syringe Services Program (SSP); and
- 2) Direct HSA to implement the following recommendations to improve the SSP adherence to scientifically proven best practices, respond to recommendations from the 2016-2017 Santa Cruz County Civil Grand Jury Report Titled "Sharper Solutions", and reduce the presence of syringe litter:

- a) Expand SSP hours at the Emeline Campus and Watsonville Health Center up to 20 hours per week, as staffing resources become available from collaborating programs (Medically Assisted Treatment, Homeless Persons Health Project, and Integrated Behavioral Health).
- b) Incorporate SSP into the Homeless Persons Health Project clinical field services.
- c) Collaborate with the California Department of Public Health (CDPH), to complete a study of syringe litter to be conducted in Santa Cruz County, and return to the Board on or before September 24, 2019 to report on the findings and provide recommendations.
- d) Use the results of the CDPH syringe litter study to develop a pilot program to reduce public syringe litter using the Citizen Connect application and return to the Board by December 10, 2019 with a proposed plan, implementation and evaluation for the pilot program.

### **Executive Summary**

HSA requests that the Board accept and file the Biennial Report of the SSP for 2017-2019. The goal of the SSP is to protect and promote the County of Santa Cruz residents' health and safety by preventing the spread of infectious diseases associated with injection drug use, and by decreasing the number of improperly disposed syringes in the community.

New initiatives including Whole Person Care (WPC), Drug Medi-Cal Organized Delivery System (DMC-ODS), Integrated Behavioral Health (IBH), and the expansion of Medication Assisted Treatment (MAT) make HSA better positioned than ever to help SSP clients interrupt the cycle of addiction, poverty and homelessness. This report details HSA's plan to leverage new capacity to create a better SSP and increase public health and safety.

### **Background**

#### **Relevant Public Health Concerns:**

SSP is an evidence-based public health intervention with the goal of reducing the risk of exposure to infection and disease, and preventing opioid-related death in Santa Cruz County through safer injection practices. Listed below are public health concerns which have intersected with SSP from 2017 to 2019.

#### **Hepatitis A**

California experienced a significant hepatitis A outbreak in 2016-2018, primarily among persons experiencing homelessness and/or using drugs in settings of limited sanitation. Although the outbreak in California is now over, other states continue to experience outbreaks in similar populations of at-risk people. This outbreak began in San Diego County in November 2016 and spread to the counties of Santa Cruz, Los Angeles and Monterey. San Diego and Santa Cruz reported the greatest number of cases. By the end of the outbreak, Santa Cruz County had reported 76 cases, 33 hospitalizations and one death related to hepatitis A. Attached is a CDPH summary of the statewide outbreak (Exhibit 1: CDPH Report Hepatitis A Outbreak, April 2018).

During the outbreak, HSA's SSP was a beneficial venue to engage with the at-risk population. Approximately one third of all people who inject drugs (PWID), including a third of those also experiencing unstable housing, were able to be vaccinated for hepatitis A using the SSP. An additional benefit of using the SSP as an opportunity to vaccinate is the rapport built over time - as some clients took multiple visits before they agreed to be vaccinated. Attached is additional information about Santa Cruz County's epidemiological analysis of SSP utilization during the hepatitis A outbreak (Exhibit 2: Council of State and Territorial Epidemiologists (CSTE) Conference - Use of Syringe Exchange in the Control of an Outbreak of Hepatitis A Among Injection Drug Users Who Are Experiencing Unstable Housing, Santa Cruz County, California 2017, Abstract, June 13, 2018).

#### **HIV Outbreaks in Other States**

Although diagnoses of human immunodeficiency virus (HIV) infection among persons who inject drugs in the United States are declining, an HIV outbreak among such persons in rural Indiana demonstrated this population's vulnerability to HIV infection. A Yale study of the outbreak concluded that it could have been prevented, had State leaders acted sooner to heed public health leaders' recommendations to establish syringe exchange and other programs to prevent HIV transmission.

In August 2018, Public Health–Seattle and King County (PHSKC) identified a cluster of cases of HIV infection among persons living homeless, most of whom injected drugs. Investigation identified 14 related cases diagnosed from February to mid-November 2018 among women who inject drugs and men who have sex with women (MSW) who inject drugs and their sex partners. All 14 persons were living homeless in an approximately three-square mile area and were part of a cluster of 23 cases diagnosed since 2008. Twenty-seven cases of HIV infection were diagnosed among women and MSW who inject drugs in King County during January 1 to November 15, 2018, a 286% increase over the seven cases diagnosed in 2017. The outbreak is part of a larger increase in HIV infection among heterosexual persons who inject drugs that is ongoing in King County. During 2018, King County experienced a nearly threefold increase in new HIV infections among women and MSW who inject drugs.

Several factors might contribute to King County's vulnerability. First, although access to HIV care and prevention in the county is generally good, this outbreak was concentrated in an area where syringe and clinical services for persons who inject drugs are limited, highlighting the need to expand access. Second, like much of the United States, King County faces growing epidemics of opioid overdose and homelessness. From 2007 to 2018, the number of heroin overdose deaths in the county increased 264%, and from 2007 to 2017, the number of county residents living homeless increased 47%. Among SSP users surveyed in 2017, 43% were living homeless, and an additional 26% were unstably housed, a 19% increase from 2015.

Thus, the area has a rapidly growing population who inject drugs and are living homeless, a group for whom accessing services is particularly difficult. These factors have resulted in a new population-level susceptibility to HIV transmission. (Source: Golden MR, Lechtenberg R, Glick SN, et al. Outbreak of Human Immunodeficiency Virus Infection Among Heterosexual Persons Who Are Living Homeless and Inject Drugs — Seattle, Washington, 2018. *MMWR Morb Mortal Wkly Rep* 2019; 68:344–349. DOI: <http://dx.doi.org/10.15585/mmwr.mm6815a2>)

### **Wound Botulism**

Botulism is a rare but serious paralytic illness caused by a nerve toxin that is produced by the bacterium *Clostridium botulinum*. Wound botulism is caused by toxin produced in a wound infected with *Clostridium botulinum*. Untreated, botulism can progress to respiratory paralysis and death. All forms of botulism can be fatal and are considered medical emergencies.

Every year in the United States, about 20 people are diagnosed with wound botulism. California recently experienced clusters of wound botulism associated with the injection of contaminated black tar heroin. Santa Cruz County sustained one confirmed case of wound botulism in a local resident in early 2019. Attached is a public information document, produced by the Communicable Disease Unit of HSA's Public Health Division, regarding wound botulism (Exhibit 3: HSA Information Sheet - Wound Botulism, March 2019).

The risk of getting wound botulism increases with injection drug use, especially black tar heroin, under the skin ("skin popping") or into the muscle ("muscle popping" or "muscling"). Skin or muscle popping creates an environment conducive to the formation of the botulinum toxin.

Botulism is known to be prevalent in contaminated black tar heroin. Black tar heroin use poses a heightened risk for wound botulism due to its production, preparation, and practice. Black tar heroin is a dark, gummy drug that often contains adulterants to increase its bulk. It may contain contaminants introduced during illicit transport to the United States, such as inside car tires or other unsanitary locations where the drug might be exposed to soil containing *C. botulinum* spores. People who use this drug prepare the black tar heroin for injection by cooking it; however, the botulinum toxin can survive high heat and later germinate to produce nerve toxin.

### **Opioid Overdose**

Santa Cruz experienced 18 deaths due to all opioid-related overdoses in 2017, the most recent calendar year of data available. The annual crude mortality rate during that period was 6.9 per 100k residents. This represents a 37% decrease from 2015. Though the trend is decreasing, Santa Cruz County's opioid-related death rate is higher than the State's rate. Attached is a CDPH report of data for opioid overdose data for Santa Cruz County for approximately three years from 2015 Quarter 4 to 2018 Quarter 3 (Exhibit 4: CDPH Santa Cruz County Opioid Overdose Data, 2015 to 2018).

### **Statutory Requirements:**

On January 1, 2006, AB547 became law and legalized services for health care providers to exchange used intravenous syringes for new clean ones (syringe exchanges) in California without the need for a declaration of a state of local emergency due to a significant risk of the spread of Human Immunodeficiency Virus (HIV) infection by injection drug users. Subsequent laws passed, AB110 (2007) and AB604 (2011), which require:

"(a) The health officer of the participating jurisdiction shall present biennially at an open meeting of the board of supervisors a report detailing the status of clean needle and syringe exchange programs, including, but not limited to, relevant statistics on bloodborne infections associated with needle sharing activity and the use of public funds for these programs. Law enforcement, administrators of alcohol and drug treatment programs, other stakeholders, and the public shall be afforded ample opportunity to comment at this biennial meeting. The notice to the public shall be sufficient to ensure adequate participation in the meeting by the public. This meeting shall be noticed in accordance with all state and local open meeting laws and ordinances, and as local officials deem appropriate."

### **County Implementation History**

**April 30, 2013** – Following statewide legislation vastly increasing access and availability of syringes, and in response to increasing community concern regarding the accountability of syringe services and a high prevalence of discarded syringes in public places, the Board approved HSA's administration of a new SSP without additional funding for operations or staffing. SSP home delivery and mobile exchange services that were previously provided by a volunteer group, Street Outreach Services (SOS), were discontinued after HSA assumed program responsibility. In addition to the program's core component of syringe collection and distribution, the SSP also provided education and referrals for substance use treatment. The SSP Advisory Group first convened in March 2013. Since then, the group has met regularly to provide guidance for the program.

**June 18, 2014** – The Board approved HSA's recommendations to reduce SSP hours from 18.5 to 10 hours per week at the Emeline site. Additionally, Board direction resulted in capping the number of syringes distributed per individual to 1:1 and allowing exceptions to 1:1 exchange only for those meeting criteria for Medical or First Encounter exceptions.

**June 23, 2015** - The Board accepted a report and update of the SSP and directed HSA to provide the next program status report biennially, as delineated by Assembly Bill 604.

**June 6, 2017** – The Board authorized HSA to discontinue the provision of additional syringes via Medical or First Encounter exceptions.

### **Program Staffing, Evolution, & 2019 Reorganization:**

The initial goals of the program were to implement a public health intervention proven to reduce transmission of blood-borne pathogens, and to reduce the number of improperly discarded syringes in the community. Due to limited hours, funding and staffing, HSA operated the program until very recently as a stand-alone service, with temporary staffing assignments rotating amongst existing staff.

Since 2017, HSA made dramatic strides in implementation of new programs including: WPC, DMC-ODS, IBH, and MAT. HSA has increased integration and availability of these broad-reaching programs and services that address physical and behavioral health needs of residents as well as social determinants of health such as housing. This new capacity created an opportunity to optimize SSP as venue to reach populations who are homeless, mentally ill, and struggle with addiction, who would otherwise not access available education, health care, and housing services.

In February 2019, SSP was reorganized from a stand-alone, part-time program to operate within the Public Health Division Communicable Disease Unit (CDU), under the oversight of the Director of Nursing. Nurses, program staff, and epidemiologists of the CDU have begun working in SSP to identify opportunities for quality-improvement in programmatic operations and SSP data analysis. Collaborative planning resulted in a new staffing structure in which SSP is implemented by a team of program, public health nurse, and certified addiction counseling staff working in partnership with WPC, DMC-ODS, IBH and MAT. With this change in oversight and program structure, the program's metrics and performance indicators are being evaluated to create sustainable, continuous quality improvement.

### **Syringe Litter:**

The SSP has maintained three community syringe disposal kiosks (one in Watsonville and two in Santa Cruz). In this operational period, the program has collected 1,589,234 syringes, compared with 1,053,379 syringes dispensed during the personalized client services. The program has partnered with the County's Department of Public Works (DPW) to service kiosks and oversee other syringe litter collection throughout the County. HSA has contracted, both directly and through DPW, for increased cleanup in areas at high-risk for syringe litter. SSP has three additional syringe disposal kiosks in storage for immediate placement in areas with high needs, such as the homeless encampment near Gateway Plaza in Santa Cruz. Finally, HSA is willing to collaborate more deeply with the City of Santa Cruz as they work to address the syringe litter issue within the city limits.

All SSP participants are offered personal sharps containers and education on safe disposal of used syringes. Established SSP participants typically return their used syringes in an appropriate sharps container. The perception among SSP participants is that the accessibility of SSP assists with reducing needle litter in the community. People who are actively using drugs have expressed they do not want to carry or hold onto large amounts of syringes until the next available day of SSP. It is impractical to have a surplus of supplies, especially for those who are homeless. However, if the SSP is unavailable, people may hold onto their unused syringes, thus increasing the risk of improper disposal. By improving the accessibility of the program, the frequency of SSP participation may increase, therefore minimizing the risk of improper syringe disposal.

Although there is existing research indicating that increased syringe distribution services are not correlated with increased syringe litter, further local assessment is warranted to assist the SSP with developing focused interventions to improve syringe disposal. CDPH has offered to conduct an evaluation of syringe litter in Santa Cruz County. This study would include field observations of areas identified to be at-risk for improper syringe disposal as well as focus groups with people who inject drugs. The focus groups would ask questions related to the participant's behavior and attitude around syringe disposal. CDPH would collaborate with the SSP to tailor the evaluation for the County's needs, similar to the study conducted for Orange County (Exhibit 5: Orange County Needle Exchange Program Expanded Service Area Syringe Litter Report, Draft.). This study would provide HSA with data regarding where to focus resources to reduce the presence of syringe litter.

### **2016-2017 Grand Jury Report:**

The 2016-2017 Civil Grand Jury issued the following relevant Findings and Recommendations in its 'Sharper Solutions' report approved by the Board of Supervisors on August 22, 2017 (Exhibit 6: 2016-2017 Santa Cruz County Civil Grand Jury Report 'Sharper Solutions', June 27, 2017; and the Health Services Agency Response, August 14, 2017).

- Finding #F4: The SSP currently operates without a budget or permanent staff, which hinders the success of program goals.
- Finding #F6: Limited hours, space, and staff hamper referrals to counseling, treatment, and support programs, reducing the number of people receiving assistance.
- Finding #F8: Some injection drug users don't travel to SSP sites, thus preventing them from receiving assistance from other health programs.
- Recommendation #R5: HSA should devote more time and resources to community outreach to promote rehabilitation and counseling of SSP clients.
- Recommendation #R6: HSA should implement a mobile needle exchange unit to increase access to SSP services.
- Recommendation #R7: HSA should post hazardous waste signs with a single contact number for advice or reporting, available 24/7, in areas where syringes are commonly found.

### **California Department of Public Health Best Practices:**

At the most recent Advisory Group meeting on April 30, 2019, a CDPH representative provided a presentation on state recommendations and best practices for Syringe Service Programs. Currently, the



County of Santa Cruz's policies are more restrictive and do not follow CDPH best practices. Attached is a presentation that summarizes HSA's SSP operations for its SSP Advisory Group (Exhibit 7: SSP Presentation and SSP Advisory Group Participants, April 30, 2019).

The following recommendations to adhere to Public Health Best Practices were made to HSA, at the close of the April 30, 2019 Advisory Group meeting:

1. Improve SSP accessibility and availability by addressing current practices such as one-for-one exchange, limits on syringes per client per visit, limited hours and locations of service.
2. Increase the ability to maintain secondary syringe collection and distribution. Current practice limits secondary services due to stock on hand.
3. Ensure dedicated program funding and staffing for a sustainable, high quality program
4. Improve information dissemination regarding current law (Health and Safety Code 121349.1) stating that individuals in possession of syringes and associated materials necessary to prevent communicable disease shall not be subject to criminal prosecution.
5. Transition to needs based distribution from the current practice of one-for-one exchange and requiring a clinic visit for individuals without syringes to exchange.
6. Increase accessibility and availability of syringe disposal kiosks in outlying communities and in partnership with other municipalities.
7. Utilize the Citizen Connect application as a tool for the public to report syringe litter and track litter "hot spots" to more effectively deploy clean up resources.
8. Formalize the Advisory Board by developing a charter, by-laws, membership and operations.

The SSP continues to be transparent and post monthly reports with syringe distribution, disposal, and information on linkages for participants on the County website, [www.santacruzhealth.org/ssp](http://www.santacruzhealth.org/ssp).

## Analysis

### July 1, 2019 – June 30, 2021 Operational and Reporting Period:

After almost six years of directly operating the SSP, HSA will focus on sustaining practices that work and implementing changes that support best practices. Given the existing foundation for this program and the ongoing request to ensure high-quality implementation of the SSP, HSA proposes the following measures to be implemented for the next two-year operational and reporting period:

- a) **Improve accessibility of this program by expanding SSP hours and locations.** Attached is a CDC position paper that presents guidelines for preventing opioid overdose (Exhibit 8: CDC Evidence Based Strategies for Preventing Opioid Overdose, 2018). According to the CDC (Exhibit 8), and an issue brief from CDPH (Exhibit 9: CDPH Issue Brief – Syringe Distribution Policies), Syringe Services Programs should be "low-barrier," meaning that the program should be easily accessible and user-friendly. The program's current practices have supported this by improving the client visitation space at the Emeline location, providing minimal client data-entry requirements, and ensuring training for all SSP staff on providing respectful care for the program's participants.

During this next operational period, HSA proposes to enhance accessibility of the program by expanding hours (not to exceed more than 20 hours per week) as staffing resources become available amongst the programs collaborating with SSP (Medically Assisted Treatment, Homeless Persons Health Project, and Integrated Behavioral Health) to meet the needs of the community, and expanding access points outside of the HSA Clinic locations through Homeless Persons Health Project clinical field services.

These improvements align with requests contained in Finding #F6 of the Grand Jury Report (Exhibit 1), which notes that SSP limited hours lead to less referrals to counseling, treatment and support programs, reducing the number of people receiving assistance; and align with Finding #F7 which

notes that some injection drug users don't travel to SSP exchange sites, thus preventing them from receiving assistance from other health programs.

**b) Improve access for safe disposal of syringes.**

Through continued partnership with DPW, working with local jurisdictions to install sharps kiosks in public locations, and expediting syringe disposal and improved tracking of syringe litter through the Citizen Connect application, HSA will improve safe dispose of syringes.

HSA's SSP will continue to provide information and guidance to participants on safe and proper syringe disposal. The SSP will work with the community, including SSP participants, on identifying areas where publicly available syringe kiosks are most needed, and will continue to partner with DPW and local organizations for organized, continuous cleanup of syringe litter.

Additionally, HSA will incorporate syringe litter reporting through the existing Santa Cruz County Citizen Connect application. This application already allows Santa Cruz County residents to report environmental hazards such as potholes, illegal dumping and graffiti. HSA will leverage this existing tool to expedite syringe disposal and improve the tracking of syringe litter.

Lastly, upon Board approval, HSA will collaborate with CDPH to conduct a study of syringe litter in Santa Cruz County to provide an assessment of local syringe litter issues to utilize for future planning efforts. These efforts will help address Recommendation #R7 in the Grant Jury Report and are in alignment with improvements noted as needed in Finding #F11.

**Program and Client Statistics:**

The SSP continues to collect data on syringe distribution, syringe collection, and linkages through the program. Reports are posted monthly on the SSP website. Attached are consolidated biennial and annual data reports of client characteristics for the last two program years (Exhibit 10: HSA SSP Client Characteristic Data March 2017 through February 2019).

Data highlights for the period of March 2017 through February 2019 include:

- Served 870 unduplicated participants (This number is not equivalent to the sum of unique ID's from prior years due to overlap of unique clients over the two-year period).
- Provided 7,431 participant visits.
- Dispensed 1,053,379 new syringes.
- Collected 1,589,234 used syringes, including 534,168 syringes from three kiosks (estimated from 5,676 pounds of sharps waste), and 1,055,066 from onsite exchange.
- 88% of clients were given additional education and/or referral to medical care, HIV/Hepatitis C testing or drug treatment.

	Year 1 (Began April 30)	Year 2	Year 3	Year 4	Year 5	Year 6
	MAY 2013 - FEB 2014 <sup>1</sup>	MAR 2014 - FEB 2015	MAR 2015 - FEB 2016	MAR 2016 - FEB 2017	MAR 2017 -- FEB 2018	MAR 2018 -- FEB 2019
Visits:	2,627	3,641	3,781	4,318	4,173	3,258
Unique ID Clients:	775	963	778	789	631	578
TOTAL Syringes Dispensed: <sup>2</sup>	165,704	201,336	258,512	339,070	460,205	593,174
Syringes Collected by Onsite Exchange:	169,854	205,144	256,817	331,818	457,079	597,987
Syringes	46,396	84,134	83,570	151,705	213,724	320,445

Collected by Klosks: <sup>13</sup>	(493 lbs)	(894 lbs)	(888 lbs)	(1,612 lbs)	(2,271 lbs)	(3,405 lbs)
TOTAL Syringes Collected:	216,250	289,278	340,387	483,523	670,803	918,432

<sup>11</sup> Note: Select numbers have changed slightly from previous reports due to updated data-cleaning efforts and improved unique ID tracking.

<sup>12</sup> Note: The portion of total syringes dispensed as both Medical Exceptions and First Encounter:  
 Year 1 = 1,041 (0.6%) Medical Exceptions + 2,624 (1.6%) First Encounter = 3,665 (2.2%);  
 Year 2 = 1,065 (0.5%) Medical Exceptions + 1,834 (0.9%) First Encounter = 2,899 (1.4%);  
 Year 3 = 1,913 (0.7%) Medical Exceptions + 1,809 (0.7%) First Encounter = 3,722 (1.4%);  
 Year 4 = 1,913 (0.6%) Medical Exceptions + 5,975 (1.8%) First encounter = 7,888 (2.3%).

<sup>13</sup> Note: Ratio approximated as 1 pound (lb) sharps waste = equivalent to 94.11 syringes.

For this report's biennial period of March 2017 through February 2019, demographic data for program participants is as follows:

- Gender: Male (64%); Female (36%); and Other (<1%).
- Age: 18 to 24 (5%); 25 to 44 (71%); 45 years or older (23%); and Unknown (< 1%).
- Ethnicity: White (83%); Latino (12%); and Multi-ethnic or Not Reporting (5%).
- Living location: North County (82%); Mid County (4%); South County (9%); Out-of-County (2%).

#### Blood-Borne Pathogens Associated with Intravenous Drug Use:

The following table shows the last 10 calendar years (January 2009 through December 2018) of data for newly identified cases reported annually within Santa Cruz County of blood-borne diseases related to intravenous drug use:

Newly Reported Cases Annually*	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
HIV	19	10	23	23	13	22	12	23	7	11
Hepatitis B	10	19	21	43	19	55	65	49	44	33
Hepatitis C*	393	377	351	318	302	428	424	440	427	327
Hepatitis A	2	0	3	2	2	3	0	1	77	0

\*Note: Hepatitis C infection often causes little or no apparent illness at the time of infection, and often goes undiagnosed. The numbers shown here do not differentiate between newly acquired infections and infections that may have occurred as long as several decades ago, when infection rates were many times higher than today. Judging by nationwide estimates of newly acquired infection rates, the numbers shown here probably consist almost entirely of older, previously undiagnosed infections.

#### Enhanced Referrals and Medication Assisted Treatment:

As of June 2017, per Board direction, the program discontinued authorizing Medical Exceptions. SSP facilitates a transfer to HSA Clinic Services personnel for participants who do not have syringes to exchange. From April 2018 to April 2019, SSP referred 71 participants to Emeline Clinic, of which, 64 were unduplicated patients and two left the clinic before being seen. In addition to syringes, the referred participants were interested in wound care. All these patients received information and warm hand-off to a MAT counselor, and all were given follow-up appointments for a follow-up Clinic visit to establish care with a medical provider.

In 2017, HSA's SSP started distributing Naloxone to participants. Naloxone (also known as Narcan) is a medication that immediately reverses the effects of opioids, preventing death in someone whose breathing has slowed or stopped due to opioid overdose. Naloxone can be given by nasal spray or injection by a lay person with some basic training on its use. SSP staff provide an initial training for participants on proper use of Naloxone, and regularly check in with participants if they have questions or concerns. Most of HSA's SSP program participants have received the initial training to administer Naloxone.

The biennial distribution of Naloxone is listed in the following table.

Timeframe	Naloxone distributed (2 doses per kit)
Mar 2017 – Feb 2018	707
Mar 2018 – Feb 2019	1,904
<b>Total:</b>	<b>2,611</b>

**Program Expenditures:**

The CDPH Center for Infectious Disease, Office of AIDS, has established a Syringe Exchange Supply Clearinghouse, a collaboration with the North American Syringe Exchange Network (NASEN). The Supply Clearinghouse has provided a baseline level of supplies to authorized California syringe exchange programs (SEPs) for the purpose of enhancing the health and wellness of people who inject drugs and to increase the stability of California SEPs. Funds for the program, which were authorized by Section No. 14 of California Senate Bill 75 (2015) are ongoing and total \$3 million annually statewide, administered by CDPH. Attached is a list of CDPH requirements to receive State funds for SSPs (Exhibit 11: CDPH Guidelines for SSP, July 2018). These CDPH Guidelines include policies and procedures that align with Harm Reduction Principles – a set of strategies to reduce drug-related harm experienced by individuals, families and communities, but do not require the drug user to cease or modify their drug use prior to taking action to reduce harm.

As of September 2016, the SSP began receiving SSP supply shipments directly from NASEN. No funding reductions are anticipated from the new federal administration. The table below shows the NASEN award for the past two fiscal years.

Timeframe	NASEN Award
July 1, 2017 – June 30, 2018	\$34,236
July 1, 2018 – June 30, 2019	\$46,330

SSP has increased its investment in coordinated syringe disposal for the community. In November 2018, the program contracted with DPW to enhance syringe cleanup in the community. The following table describes financial partnerships between HSA, DPW and three community organizations.

Organization	Allocation for FY 18-19	Purpose
Save Our Shores	\$15,000	Beach clean-up and litter prevention education at County beaches
Community Vendor	\$15,000	Clean-up of homeless camp and illegal dump sites in the County
Downtown Streets Team	\$10,000	Ongoing weekly litter patrol and clean-up along the North Santa Cruz County coastline, including beaches, creeks, and County-maintained roadways

HSA's SSP program operates with no permanent staff or budget. As in prior years, SSP staff continue to be mobilized from HSA's Clinics Services Division and Public Health Division to provide temporary personnel for SSP services. The program has also utilized extra-help staff and volunteers. In addition, the Mental Health Client Specialists in the Integrated Behavioral Health Program at HSA Clinics have utilized SSP to engage with the population for MAT outreach.

The following table lists actual costs of the program.

Expenditures	Mar 2017 - Feb 2018	Mar 2018 - Feb 2019
Personnel (Salary & Benefits)	\$67,210	\$113,711

Services & Supplies	\$10,750	\$28,850
<b>Total:</b>	<b>\$77,960</b>	<b>\$142,561</b>

## Body

### **Strategic Plan Element**

This item supports the County Strategic Plan Element 1.A, Comprehensive Health & Safety: Health Equity by promoting a safe and healthy community that nurtures body and mind across all ages and social conditions.

## Discussion

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Report  
99120

Receive report from the Public Health Department relating to the Needle Exchange Program

Information

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Category: Report

Links

Link 100706 ; Receive report from the Health and Hospital Committee relating to the meeting of November 13, 2019. (Similian)

Attachments

Printout

Body

**FISCAL IMPLICATIONS**

Receipt of this report has no fiscal implications, as this is an informational report.

**REASONS FOR RECOMMENDATION**

The Needle Exchange Program reporting requirement established by Assembly Bill (AB) 547 (Berg, Chapter 692, Statutes of 2005) requires that, in counties implementing a needle/syringe exchange program, the local public health officer present annually a report detailing the status of the program, including any relevant statistics on blood borne infections associated with needle sharing activity, at an open meeting of the Board of Supervisors. AB 110 (Laird, Ch. 707, Statutes of 2007) amended the reporting requirement to include a report on the use of public funds for clean needle/syringe exchange programs. In 2011, AB 604 changed the minimum frequency of the reporting requirement to biennially.(1) However, annual reports have continued to be submitted to ensure that the Board of Supervisors and the community have timely, relevant information on the status of the NEX Program.

As the NEX Program may prevent HIV and viral hepatitis infections among clients, their sex partners and their offspring – as well as providing an added benefit of decreasing acute complications associated with injecting drugs such as skin abscesses and cardiovascular infections – this service is in line with County of Santa Clara Health System's Strategic Road Map Triple Aim Plus Objectives by reducing the burden of illness and cost of care and increasing the number of healthy life years. It is also aligned with the Public Health Department's Strategic Priority to strengthen prevention and response to current and emerging infectious diseases. The NEX Program also supports the Getting to Zero initiative in eliminating new HIV infections.

**CHILD IMPACT**

The recommended action will have no/neutral impact on children.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

**BACKGROUND**

Needle exchange or syringe access programs are one of a suite of evidence based HIV prevention interventions that avert new HIV infections. Research supports the association of these programs with a reduction in HIV transmission among people who inject drugs (PWID) and demonstrates they are cost-effective.<sup>(2)(3)</sup> In addition to preventing HIV, needle exchange programs also prevent transmission of other blood borne pathogens such as hepatitis B and C viruses and can reduce the risk of other life-threatening infections of the skin, blood vessels and heart valves.

#### *STATUS OF SYRINGE EXCHANGE PROGRAM*

##### *Summary*

The County of Santa Clara's NEX Program, a function of the STD/HIV Prevention & Control Program within the Public Health Department, is one of 50 authorized needle exchange programs in California, and is California's fourth longest operating needle exchange program. The program has been at the forefront of public health efforts to promote safer behaviors proven to reduce new infections of HIV and other blood borne infections.

Syringe access programs are community- or street-based programs that provide sterile, unused needles and other injection equipment to persons injecting drugs, hormones, steroids, vitamins, insulin, or other substances. Clients are encouraged to deliver used syringes when sterile syringes are provided in order to promote safe disposal of used syringes as well as access to safer injection equipment and other harm reduction resources.

NEX clients may be primary users (individuals exchanging their own needles) or secondary users (individuals whose needles are exchanged for them by a primary user or other client). Materials such as alcohol swabs are also provided to help prevent abscesses and other bacterial infections due to injection. NEX also provides an opportunity to deliver other services to this high risk/underserved population who may not otherwise connect with health care or social services. Such services include three-site STD testing; HIV and Hepatitis C (HCV) testing and treatment referral; resources for sexual and injection risk reduction; referral to substance abuse counseling; and information regarding shelter, food services, targeted vaccination campaigns, and other health and social services. NEX Program staff have been cross-trained to provide HIV, HCV and STD testing and counseling at all eight needle exchange sites and to incorporate new training in opioid overdose prevention.

Rates of heroin and opioid use nationwide provide insight into the opioid epidemic and its origins. From 2006 through 2016, all United States census regions experienced an increase in the use of heroin in every demographic group, and a rise in opioid related deaths. In 2016, a total of 15,469 heroin-related deaths were recorded, a 19 percent increase compared to the year before.<sup>(4)</sup> In the same time period, the regions that experienced the greatest increase in deaths attributable to heroin and opioids were also those with the lowest income per capita. Heroin related admissions from 2005 through 2015 were highest among persons ages 20 to 34 years, demonstrating the disproportionate impact of heroin use among the young adult population.<sup>(5)</sup> The Southwest border remains the principal entry point of heroin and other opioids into the United States.<sup>(6)</sup>

Paralleling national trends, Santa Clara County experienced an increase of heroin and opioid use in recent years. Consequently, the NEX Program has seen a substantial rise in the number of clients served at seven out of its eight site locations. To account for this recent surge in number of clients served (a 27.1% increase from July 1, 2018 through June 30, 2019), the NEX Program extended its hours at two site locations and implemented service expansion to further address client needs. The service expansion included remodeling the mobile clinic facility that NEX staff directly operates to accommodate the provision of the Opioid Overdose Prevention Program (including the distribution of Naloxone) and HIV, HCV and STD testing. Due to the nature of activities that NEX clients engage in (e.g., injection drug use, potential sharing of syringes), they have a significantly higher risk of acquiring HIV, HCV and STDs compared to people who do not inject drugs.<sup>(7)</sup> This was a critical determinant in the decision to implement HIV, HCV and STD testing at all NEX sites.

##### *Operating Locations*

During FY 2019, the NEX Program operated at eight recurring sites:

- Knox Avenue, San José
- Second Street and Highway 280, San José
- Crane Center, 976 Lenzen Avenue, San José

- Jose Figueres Avenue and Alexian Drive, San José
- Valley Health Center—Fair Oaks, Sunnyvale
- Highland Avenue, San Martin
- Valley Health Center—Gilroy, Gilroy
- Little Orchard Street, San José

*Program and Client Statistics*

According to the 2018 National Survey on Drug Use and Health, the lifetime prevalence of "ever" engaging in injection drug use (of cocaine, heroin and/or methamphetamine) was 1.6% among those aged 12 years and older. Applying these rates to Santa Clara County's population yields a rough estimate of 26,630 who have "ever" used injection drugs.<sup>[8]</sup> Nationally, the estimated number of injection opioid users is rising steadily, attributed primarily to prescription opioid users who transition from oral and/or intranasal prescription opioid abuse to heroin injection.<sup>[9][10]</sup> Additionally, in the county, 13 (7.8%) of the 167 new cases of HIV diagnosed in 2018 were among people who were known to inject drugs, four (4, 2.4%) of whom had no other known risk factors for HIV. For the additional nine individuals, all were also known to be men who have sex with men (MSM).

During the period July 1, 2018 through June 30, 2019 (FY 2019), the NEX Program:<sup>[11]</sup>

- Served 837 unduplicated primary clients (increase of 27.1%);
- Served 6,588 secondary clients (potentially duplicated; increase of up to 41%);
- Had 2,935 client visits (including duplicated);
- Exchanged 438,783 syringes (an average of 36,565 per month; increase of 29% compared to FY 2018); and
- Observed an increase in number of syringes exchanged at seven of eight locations, ranging from 15 to 50 percent increases (Table 1).

*Table 1. Syringes Exchanged by Location, FY 2018 and FY 2019*

Locations	FY 2018 Exchanged	FY 2019 Exchanged	Percentage Change
Knox Avenue, San José	35,303	42,784	+21.19
Second Street and Highway 280, San José	65,793	85,925	+30.60
Crane Center, 976 Lénzen Avenue, San José	50,368	69,897	+38.77
Jose Figueres Avenue and Alexian Drive, San José	27,270	32,538	+19.32
Valley Health Center—Fair Oaks, Sunnyvale	8,871	10,222	+15.23
Highland Avenue, San Martin	6,750	4,314	-36.09
Valley Health Center—Gilroy, Gilroy	51,139	76,959	+50.49
Little Orchard Street, San José	93,477	115,786	+23.87
Other (visiting encampments)	412	358	-13.11
Total	339,383	438,783	+29.29

The anonymous nature of the NEX Program creates a number of challenges to capturing client data. However, the Public Health Department continues to make improvements in its ability to report unduplicated client counts and demographic information, with an eye to monitoring if Santa Clara County has followed national trends of increased opioid use, especially among youth and young adults.

Of the 837 unduplicated primary clients served through the NEX Program in FY 2019:<sup>[12]</sup>

- 69.8% were male, 30.0% were female, 0.2% were transgender.
- 4.4% of the clients were between 18 - 24 years of age; 33% were between 25 - 44 years of age; 26% were between 45 - 64 years of age; and 3.3% were 65 years of age or older. 33% of the clients declined to provide their age.



- Caucasians (37%) and Latinos/Hispanics (19.1%) constituted the majority of the client population. The remainder of the client population consisted of American Indian/Alaskan Native (2.1%), Asian (1.5%), African American (3.8%), Pacific Islander (0.2%), other (1.7%), and unknown (25.8%). 8.8% of clients declined to provide race/ethnicity or left blank.
- 48.5% of the clients reported being homeless, a slight decrease from 51.7% who reported being homeless in FY 2018.
- 59.5% of clients during the visit reported using heroin, while 36.3% reported using methamphetamine. 32.6% reported co-use of heroin and methamphetamine.
- 1.7% of clients reported obtaining syringe access services for use with insulin, steroids and hormones.

#### *HIV Prevalence Among NEX Clients*

Syringe access programs were created to reduce the risk of HIV, hepatitis B and hepatitis C infections among PWID, their sexual partners and their offspring. In Santa Clara County, 4% of all HIV cases reported since 2011 were associated with injection drug use. Another 5% were MSM and used injection drugs.[13] Approximately 8.3% (55) of NEX Program clients in FY 2018 reported having an HIV diagnosis, whereas 10.3% (86) of NEX Program clients reported having a history of HIV in FY 2019.[14][15] However, the true prevalence of HIV infection among NEX Program clients is unknown.

#### *HIV/AIDS in Santa Clara County*[16]

As of December 31, 2018, a total of 3,419 persons were living with HIV disease (HIV and/or AIDS) in the County of Santa Clara. Of these:

- 86% of cases were among men, and 13% were among women.
- 32% of cases were among Whites, 11% among African Americans, 42% among Latinos/Hispanics, 12% among Asians/Pacific Islanders, and 3% among others.
- 49% of all living cases are among those 50+ years of age.
- Sex between MSM, including those who used injection drugs (69%), followed by heterosexual contact (11%) were the leading modes of transmission associated with people living with HIV/AIDS.

#### *Hepatitis B (HBV) in Santa Clara County*[17]

Of the 837 unduplicated clients who accessed needle exchange services between July 1, 2018 and June 30, 2019, there were no reported cases of having a history of HBV infection. Nationally and in Santa Clara County, the prevalence of HBV infection is highest among Asian/Pacific Islanders. Approximately 1 in 12 Asians and Pacific Islanders are estimated to have chronic HBV as compared to 1 in 1,000 non-Hispanic whites nationally. Among newly reported cases of chronic HBV in the County of Santa Clara whose race/ethnicity was known (n=261), 77% were Asian/Pacific Islanders. However, Asian/Pacific Islanders are underrepresented among NEX clients as compared to other race/ethnicity groups. Other non-blood borne modes of transmission include mother to child transmission (e.g. transplacental, perinatal, and via breast milk), and via sexual transmission.[18]

#### *Hepatitis C (HCV) in Santa Clara County*[19]

In Santa Clara County, the estimated prevalence of past and current HCV infection among adults ages 18 and over is 1.7% (25,736 cases).[20] Moreover, there were 2,031 new cases of HCV reported between July 1, 2018 and June 30, 2019 in the County (this figure includes individuals who were previously diagnosed with chronic HCV).[21] Among individuals in the county who tested positive for HCV in the year 2018, a total of 1.0% exhibited co-infection with HIV (this figure includes individuals who were previously diagnosed with chronic HCV).[22] Among the 837 unduplicated clients who accessed needle exchange services during this period, a total of 61% (511) reported having a history of HCV and 6% (50) reported having a history of both HCV and HIV.

Injection drug use remains the most commonly identified risk factor for acute HCV infection, representing 72.6% of the reported cases nationwide in 2014.[23] However, with modern advances

in HCV antiviral medications, individuals identified with HCV can now be referred for safe and effective treatment. Of the 2,491 referrals to community resources distributed to clients between July 1, 2018 and June 30, 2019, 15.5% (386) were provided for Hepatitis A, B and/or C screening and treatment.

#### *USE OF PUBLIC FUNDING*

The October 9, 2013 NEX Program report (legislative file 68656) provided a detailed description of the history and use of public funding.

In December, 2015, federal legislation was enacted that reauthorized the use of federal funding in limited circumstances in Syringe Exchange Programs.

In the approved State FY 2017-2018 budget, State General Fund was allocated to support a Syringe Exchange Supply Clearinghouse. The Supply Clearinghouse was intended to provide a baseline level of supplies to authorized Syringe Exchange Programs to increase the organizational stability of California Syringe Exchange Programs.

#### *FY 2019 NEX Program Expenditures*

<b>County of Santa Clara General Fund</b>	
1.2 FTE Community Health Outreach Specialists	\$204,028.00
Environmental Health Medical Waste-Hauling Services	\$53.00
Fleet (vehicle operation fuel and maintenance)	\$32,608.00
NEX Health Education Materials (HIV and HCV Prevention)	\$202.50
Sterile hypodermic needles and syringes	\$14,260.49
Paraphernalia (cotton pellets, alcohol wipes, sharps containers, gloves, sterile water, hand sanitizer, tourniquets, etc.)	\$4,387.44
Safer Sex Supplies	\$2,038.00
Overdose Prevention (Naloxone)	\$6,500.00
<b>Subtotal</b>	<b>\$264,077.43</b>
<b>State of California General Fund</b>	
Sterile hypodermic needles and syringes	\$4,914.00
Paraphernalia (cotton pellets, alcohol wipes, sharps containers, gloves, sterile water, hand sanitizer, tourniquets, etc.)	\$3,141.79
Fentanyl Test Strips	\$100.00
Naloxone	\$9,463.37
Safer Sex Supplies	\$1,683.50
Fleet (vehicle upgrades and remodeling)	\$6,091.68
<b>Subtotal</b>	<b>\$25,394.34</b>
Federal Funds	\$0.00
<b>TOTAL</b>	<b>\$289,471.77</b>

#### *RELATED LEGISLATION*

The November 4, 2014 NEX Program report (legislative file 73062) provided a detailed history of related past legislation. There has not been any related legislation since that report.

#### *RECENT ACTIVITIES*

##### *Opioid Overdose Prevention Project*

###### *I. Background*

Drug related deaths are the leading cause of injury mortality among US adults.[24] Opioid overdose deaths account for more than half of deaths among PWID.[25] Between 2000 and 2017,

the rate of deaths from drug overdoses more than tripled, including a five-fold increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin).[26] In 2017, a total of 70,237 drug overdose deaths occurred in the United States, representing a one-year increase of 10.4%, from 63,632 drug overdose deaths in 2016. Of drug overdose deaths that occurred in 2017, 47,600 (67.8%) involved opioids. The rate of drug overdose deaths involving opioids in 2017 increased 12% from 2016.[27]

In 2018, 2,311 opioid overdose deaths were reported in California. Meanwhile, by September 2019, the Santa Clara County Medical Examiner's office had verified 59 deaths due to opioids within the County.[28]

Particularly concerning, low-income communities in Santa Clara County are experiencing the greatest losses attributable to the opioid epidemic. Trends in opioid-related overdose deaths in the county indicate particularly high death rates among the geographical regions of South-East San José and Gilroy[29], areas that also have the lowest median annual income per household.[30] The NEX Program continues to serve the most impacted regions of the county with the greatest need, with three site locations in South-East and East San José, and one in Gilroy.

## 2. *Naloxone Distribution*

Opioid overdoses, including heroin, are particularly amenable to intervention. A safe and effective antagonist – naloxone hydrochloride – is available for use by lay responders to reverse the life-threatening effects of opioids during an overdose. AB 635, passed in October 2013, is an expansion of previous Naloxone-related legislation in California, allowing for the prescription and distribution of Naloxone throughout the State.

Senate Bill (SB) 833 (Chapter 30, Statutes of 2016) requires CDPH, subject to an annual appropriation, to award funding to local health departments to support or establish programs that provide Naloxone to first responders and to at-risk opioid users through programs that serve at-risk drug users, including, but not limited to, syringe exchange and disposal programs, homeless programs and substance use disorder treatment providers. A total of \$3 million was allocated on a one-time basis to support this program. CDPH has designated \$47,900 for Naloxone nasal spray (purchased medication sent to the jurisdiction) to the County of Santa Clara Public Health Department, which was then distributed both by NEX and through collaboration with other County programs.

On August 29, 2016, the NEX Program implemented the Opioid Overdose Prevention Program to meet the needs of its clients at high risk for an opioid-related death and/or allow them to become uniquely positioned to respond to and reverse an overdose. NEX Program staff provide clients with training on recognizing an overdose, calling for emergency medical response and caring for someone experiencing an overdose until help arrives. Clients then receive Opioid Overdose Prevention kits that include Naloxone to help reverse the life-threatening effects of opioids, and they receive instructions on safe administration of the medication in accordance with law. From January 1, 2019 through July 30, 2019, a total of 280 opioid overdose kits were disseminated to clients, 96 (34.3%) of which were distributed as the initial starter pack, 68 (24.3%) of which were distributed as refills and 116 (41.4%) of which were distributed due to loss. NEX Program data convey an increasingly high demand for opioid overdose prevention services, including overdose recognition training and distribution of Naloxone.[31] This frequency of use is consistent with the experience of other opioid overdose prevention programs.[32]

The efficacy of the NEX Program's Opioid Overdose Prevention Program can be assessed in reviewing the recent decrease in opioid-related overdose deaths in Santa Clara County. Since the program's implementation in 2016, the county has seen a steady decrease in opioid-related overdose deaths. In Calendar Year (CY) 2016, a total of 68 deaths attributable to overdose were recorded in the county (a 5-year high in the County between CY 2014 and CY 2018). This number declined in CY 2017 (67 recorded deaths attributable to overdose) and CY 2018 (59 recorded deaths attributable to overdose).[33] This timely decrease demonstrates the effectiveness of NEX's Opioid Overdose Prevention Program in helping educate clients on overdose prevention methods and reduce the number of opioid-related overdose deaths in the County of Santa Clara.

## 3. *Fentanyl Testing Strips Distribution*

An added risk to those using drugs is the relatively recent finding of opioid and non-opioid street drugs laced with fentanyl, a synthetic opioid 50-100 times more potent than morphine. In order to reduce the consequences of intended and unintended fentanyl exposure, the County of Santa Clara

Public Health Department established guidelines for the distribution of fentanyl drug test strips through the NEX Program. Clients are given instructions on the use of fentanyl testing strips and harm reduction education, especially pertaining to use of substances in which fentanyl is present. Upon provision of testing strips, clients are requested to return to the NEX site to fill out a voluntary, anonymous survey detailing their findings. On August 7, 2018, the NEX Program began distribution of fentanyl testing strips for clients using syringe access services who were interested in testing their drugs for the presence of fentanyl. In FY 2019, the NEX Program distributed over 250 testing kits to clients.

#### *4. Partnering Stakeholders*

The NEX Program staff work with and are an active participant in the larger opioid overdose and injection drug use prevention programming efforts with the Santa Clara County Opioid Overdose Prevention Coalition (SCCOOP) led by County of Santa Clara Behavioral Health.

Community partners involved in SCCOOP coalition efforts include Stanford Hospital, Veterans' Affairs (VA), County of Santa Clara Health System, Valley Homeless Healthcare Program (VHHP), County of Santa Clara Public Health Department (SCCPHD), County of Santa Clara Department of Correction, County of Santa Clara Office of the District Attorney, County of Santa Clara Probation Department and San José Public Library. Activities and projects that are currently being implemented by the coalition encompass opioid awareness and education events, expanding treatment access, extending medication assisted treatment (MAT) opportunities and services to youth, piloting the introduction of mobile MAT teams to emergency departments, and increasing the capacity of jail services to include suboxone and Naloxone distribution.

#### *5. Mobile HIV/HCV/STD Testing & Field Delivered Therapy*

Mobile STD testing was integrated into existing NEX services beginning in 2018, such that clients are now offered testing for chlamydia and gonorrhea at the time of receiving syringe access and other related services. Currently, all eight NEX sites offer STD testing. For chlamydia and gonorrhea testing, once clients consent to test and provide a brief sexual history, those who meet criteria for screening are prompted to use the restroom on the mobile unit to collect their own pharyngeal, rectal, vaginal, and/or urine specimens.

Individuals who have tested positive for any sexually transmitted infection will be contacted by staff for follow-up at the Crane Center. If the client is unwilling or unable to seek medical evaluation at the Crane Center or from a primary medical care provider, Field Delivered Therapy (FDT) will be offered in accordance with existing pharmacy policies and procedures. The client will also be offered Patient Delivered Partner Therapy (PDPT), using "Partner Packs" to distribute appropriate medications and safety information to partners who may have been exposed to sexually transmitted infections.

Since inception in February 2018, the program has tested 12 individuals, yielding four (4) positive tests. With funding from the CDPH Office of AIDS (OA), much of the testing during the fiscal year was interrupted with modifications made to the NEX mobile unit to better facilitate STD testing services.

#### *FUTURE DEVELOPMENT*

The California Department of Public Health State Office of AIDS recently supported the NEX Program's desire to build team cohesion, ongoing training and documentation of operations. The creation of an annual needs assessment to determine and prioritize community needs and improve program design was emphasized through the hiring of a consultant during FY 2018. In continuation of this focus, updating and revising protocols for standard operating procedures in order to further meet the evolving needs of both NEX Program clients and staff was prioritized.

#### **CONSEQUENCES OF NEGATIVE ACTION**

Failure to receive the report may impact the County's ability to comply with Section 121349.3 of the California Health and Safety Code.

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### Meeting History

Nov 13, 2019 2:00 PM Video **Health and Hospital Committee** Regular Meeting

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# COUNTY OF MONTEREY HEALTH DEPARTMENT

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## Syringe Exchange Program

Published on December 22, 2016. Last modified on December 07, 2019

Syringe exchange is a public health intervention which is proven to reduce the transmission of bloodborne pathogens like HIV and hepatitis C in the community. Syringe exchange programs work by providing people who cannot or will not stop injecting illegal drugs with new syringes and a place to safely dispose of used syringes. In addition, syringe exchange programs serve as a point of access to health education and other physical and mental health services. They provide a wide range of services in addition to syringe exchange and disposal. These services include HIV and hepatitis C testing, overdose prevention training, free naloxone distribution, and referrals to drug treatment, housing, and mental health services. They also provide first aid and basic supplies.

Monterey County Board of Supervisors authorized the first syringe exchange programs in 1994. Syringe exchanges programs have been operating in Monterey County nearly continuously since then. California Health and Safety Code Section 11364.7 (a) guarantees freedom from criminal prosecution for public entities and their agents or employees who distribute syringes or syringes during a lawfully authorized syringe exchange project/program.

As of January 2017, Access Support Network operates a syringe exchange program in Monterey County authorized by the Monterey County Board of Supervisors. Please see below for service locations and dates.

### Monterey County Syringe Exchange Schedule

<i>Location</i>	<i>Days/times</i>
17 Lake Street, Salinas, CA 93901	Mondays and Frldays 2:00pm - 4:00pm*

**\*Syringe Exchange will be closed on the following 2019 holidays:**

- 2/18/2019 Presidents' Day
- 5/27/2019 Memorial Day
- 9/2/2019 Labor Day
- 10/14/2019 Columbus Day
- 11/11/2019 Veterans' Day
- 11/29/2019 Thanksgiving

*Syringe exchange will also be closed Monday, December 23, 2019.*

### Request for Public Comment

The Monterey County Health Department's Public Health Bureau is actively seeking comment from the public about syringe exchange services in Monterey County. Businesses, community groups, and residents are encouraged to provide feedback by contacting Kristy Michie, Program Manager, at 831-755-4503 Monday through Friday between 8:00am and 5:00pm or by emailing MichieKJ@co.monterey.ca.us. Your input helps us better serve our communities. Input received before April 30, 2019, will be incorporated into our 2018 report on syringe exchange services. However, public comment is also welcome throughout the year.

### Syringe Exchange Utilization Data

Monterey County Health Department provides information on syringe exchange utilization to inform stakeholders and the public of syringe exchange activities in Monterey County. Questions about syringe exchange utilization data can be directed to Access Support Network at 831-975-5016 or to Kristy Michie, Monterey County Health Department, at 831-755-4503.

<b>Utilization Category</b>	<b>2017</b>	<b>2018</b>
Total Number of Syringes Distributed	50,892	113,847
Total Number of Syringes Collected	50,899	114,273
Total Number of Individuals Served	3,048	3,727
<b><i>Gender of Individuals Served</i></b>		
Male	67%	63%
Female	32%	32%
Transgender	1%	3%
Other	0%	2%
<b><i>Race &amp; Ethnicity of Individuals Served</i></b>		
American Indian & Other Indigenous Peoples	-	7%



Asian, Non-Hispanic	1%	0%
Black or African-American, Non-Hispanic	9%	6%
Hispanic, Any Race	42%	39%
White, Non-Hispanic	34%	41%
Other and Multi-Racial, Non-Hispanic	15%	7%

***Geographic Region of Residence***

Monterey Peninsula & Big Sur	3%	18%
North County	4%	9%
Salinas Area	90%	73%
South County	3%	0%

***Risk Information***

Injection Drug User	100%	100%
Friend, Family Member, or Sex Partner	0%	0%
Homeless	-	37%
Other	0%	0%

***Assistance Referrals***

Substance Abuse Treatment	Not Collected	29
HIV and/or Hepatitis C Testing	Not Collected	37
Naloxone and Overdose Education	Not Collected	103
Primary Care or Wound Care	Not Collected	13
Housing Services	Not Collected	2
Food Bank and Food Assistance	Not Collected	19
Other	Not Collected	0

**Nonprescription Syringe Sales**

Beginning January 1, 2015, new legislation removes prior limits on the number of syringes pharmacies may sell without a prescription. Many pharmacists are unaware of the current law that allows pharmacies to sell syringes without a prescription or are unclear on what the law allows and requires. While the law allows pharmacies to sell syringes without a prescription, it does not require that pharmacies sell syringes without a prescription. Please check with your pharmacy to determine their policy.

For more information, review the [Office of AIDS Pharmacist Fact Sheet](#) released December 2014.

Additional materials and resources are available on the [Office of AIDS syringe access website](#).

If you have questions please contact Kristy Michie, Program Manager, at [michiekj@co.monterey.ca.us](mailto:michiekj@co.monterey.ca.us) or 831-755-4503.

**Naloxone for Overdose Reversal**

Naloxone is an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose, namely slowed or stopped breathing. Expanding the awareness and availability of this medication is a key part of the public health response

to the opioid epidemic. Naloxone is a safe antidote to a suspected overdose and, when given in time, can save a life. If you or someone you know meets any of the following criteria, there is elevated risk for an opioid overdose.

- Misusing prescription opioids (like oxycodone) or using heroin or illicit synthetic opioids (like fentanyl or carfentanyl).
- Having an opioid use disorder, especially those completing opioid detoxification or being discharged from treatment that does not include ongoing use of methadone, buprenorphine, or naltrexone.
- Being recently discharged from emergency medical care following an opioid overdose.
- Being recently released from incarceration with a history of opioid misuse or opioid use disorder.

Everyone has a role to play in addressing this public health issue.

- Talk with your doctor or pharmacist about obtaining naloxone. Some insurances cover the cost.
- Learn the signs of opioid overdose, like pinpoint pupils, slowed breathing, or loss of consciousness.
- Get trained to administer naloxone in the case of a suspected emergency.

## **Additional Resources**

- [California Dept of Public Health, Office of AIDS, Access to Sterile Syringes](#)
- [Harm Reduction Coalition](#)

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# EXHIBIT C



## **Sharper Solutions**

### **A Sticky Situation That Won't Go Away**

#### **Summary**

The increase of illegal injection drug use and the notable rise in discarded syringes has many in Santa Cruz County uneasy. In 2013, Santa Cruz County started a syringe exchange program to address this issue. However, questions still remain about the mission of the Syringe Services Program (SSP), as public perception is often misguided and misunderstood. In an effort to understand these issues, the Grand Jury investigated the policies and procedures of the SSP and the effects of their implementation.

A lack of transparency between the SSP and the public has created an atmosphere of distrust. Even more important, inadequate funding for drug rehabilitation and services is responsible for the unfulfilled promises of the SSP.

## Background

The earliest record of opium drug use dates as far back as 5000 BC in the Sumerian community located in present day Iran and Iraq. Societies worldwide continue to fight substance abuse in various punitive ways including the death penalty. Sadly, drug abuse continues in spite of these often disturbing consequences.

In 1989, Santa Cruz Syringe Access Program,<sup>[1]</sup> a community volunteer group, set out to curb the spread of HIV, AIDs, and Hepatitis C. They offered free needle exchange in a building on Pacific Avenue where they also provided counseling, drug treatment information, outreach resources, HIV testing, and free condoms. The program also sponsored Sharps containers in public bathrooms. After losing their building they acquired a van as a means to continue their needle exchange services.

In 2011, the California State Assembly passed AB604 authorizing cities and counties to conduct a clean needle and syringe exchange project.<sup>[2]</sup> On April 30, 2013, the Santa Cruz County Health Services Agency (HSA) implemented the Syringe Services Program (SSP). The purpose of the SSP is to reduce the damage associated with using unsterile injection equipment, to offer counseling and rehabilitation services, and to address the community's concern about improperly discarded syringes. Policies and procedures were established along with the creation of an advisory board made up of stakeholders including health staff, law enforcement, mental health workers, rehabilitation personnel, and city and county staff.

Since the inception of the program, there have been numerous media reports and citizen complaints about found needles and accidental needle sticks in Santa Cruz County. In addition, the public has expressed concerns about a lack of communication and transparency by county agencies.

## Scope

The Grand Jury examined the SSP by reviewing its policies and procedures.<sup>[3]</sup> In addition, numerous interviews were conducted with the County Health Services Agency, law enforcement, a community organization, and individuals struggling with the challenges of illegal injection drug use. An on-site tour was conducted of the needle exchange clinic on Emeline Street during off-hours.

## Investigation

SSP Policy and Procedures require an advisory group to assist with the program's implementation, to review reports, and to meet regularly to monitor the program.<sup>[4]</sup> The current advisory group is composed of city and county employees as well as those working in the drug and rehabilitation community. They hold meetings that are not open to the public. The SSP provides several statistical reports on its website and has a link to a comment form, but without public meetings there is no avenue for dialog. We found distrust and confusion by the general public due to the lack of information provided by the SSP. The advisory group should also include members of the general public, including at least one rehabilitated injection drug user, which would provide both greater

transparency of the program and insight into the day-to-day challenges of the injection drug user community.

The SSP uses a three-pronged approach to prevent the spread of deadly and costly communicable diseases. The first is to operate the county needle exchange sites and explore future expansion for more sites, either fixed or mobile. The second is to work with the community's concerns regarding used syringes and drug paraphernalia found on streets, beaches, public parks, residential neighborhoods, and encampments. The third is to provide clients with a variety of medical treatments, services and rehabilitation programs.

The SSP, run by dedicated professionals from the HSA, operates without a budget or permanent staff. Staff are pulled from HSA Clinic Services and other public health divisions, providing temporary personnel. Frequent rotation of staff makes it difficult to develop rapport and trust with clients. This creates yet another challenge to transitioning clients into rehabilitation, and as a consequence the SSP is unable to meet their goals.

The SSP offers two walk-in sites, one in Santa Cruz and the other in Watsonville, with different hours and days of operation. The Santa Cruz exchange site is available on Monday, Tuesday, and Friday for a total of 10 hours per week, while the Watsonville site is open Monday through Thursday for a total of 5 hours per week. During a Emeline clinic visit we found the closet-sized exchange room to be a cramped, windowless, confined space of approximately 50 square feet. During use, this office must accommodate the client and medical staff, as well as various supplies and equipment that is shared with other departments. There are additional challenges of dealing with clients' personal belongings and Sharps containers in this limited space.

There is controversy about whether the policy of a one-to-one needle exchange is currently being enforced. Our investigation revealed that this policy is inherently difficult, if not impossible, to enforce. To increase the safety of staff and clients, staff are instructed to never touch used injection equipment or the containers they arrive in. As a result, they are unable to ascertain the exact number of syringes returned by a participant and must rely on a visual estimate.

The Policy and Procedures provide that a client on their initial visit may receive up to fifteen syringes regardless if they have any to exchange. Subsequent syringe exchanges by the same participant could fall under a *predefined medical exception* which allows up to fifteen extra syringes per exchange.<sup>6</sup> These exceptions, verified by a needs assessment by staff, are:

- A known or self-disclosed HIV or Hepatitis C client
- A client with a partner known to have HIV or Hepatitis C
- A client with evidence or history of skin abscesses
- A sex worker
- A person with a known mental illness

Further exceptions may be authorized by the County Health Officer.

Because some clients are unable to travel to either site, the Policy and Procedures allows for needle exchanges on behalf of others. These exchanges are limited to 100

syringes per visit, unless approved by the County Health Officer. Documentation is required by SSP staff when an exchange exceeds the number of syringes the agency is authorized to distribute per their policy.

Community members continue to voice their concern regarding illegally disposed syringes and the county's apparent inability to implement an effective collection program. According to those who track this data, there have been over 13,000 syringes<sup>[9]</sup> reported found since April 30, 2013. It should be noted that not all syringes are from the SSP. During interviews with five admitted illegal injection drug users, four were unaware of the needle exchange program. When asked how they disposed of their needles, some said they deposited them in the garbage or flushed them down toilets.

What to do if a syringe is found? The county and cities do not post signage with a contact number for those that find hazardous waste including syringes. The SSP has a section on its webpage for directing the public to agencies that will retrieve and properly dispose of syringes; however, this information is very confusing as it lists nine different contacts, and which to use depends on where a syringe is found.

There are currently only three kiosks throughout the county for the collection of used syringes: 701 Ocean St., Santa Cruz, 1080 Emeline St., Santa Cruz, and 9 Crestview Dr., Watsonville. Syringes may be from both the legal use of injected medication for both humans and animals as well as illegal injection drug use. All pharmacies within the county will collect used syringes. For some, it is not worth exchanging at the SSP sites as some pharmacies and online providers will sell syringes without a prescription.

*The Santa Cruz County HSA Syringe Services Program (SSP) is part of the three-pronged approach framework to prevent the spread of costly and deadly communicable diseases and address the community's concern regarding used syringes and trash being found on streets, beaches and encampments as well as illegal drug activities. SSP Policy and Procedures<sup>[2]</sup>*

HSA staff and some community members substantially disagree on how concerns about improperly discarded syringes are being addressed. A citizens' organization has been formed in recent years to assist with communicating public concerns regarding the increasing amount of found syringes and associated paraphernalia they believe are a direct result of the SSP. Complaints have been received by both the HSA and the Board of Supervisors regarding these concerns. However, other than an annually scheduled community clean-up day and three kiosks placed throughout the county, we can find no other HSA or county initiated clean-up effort instituted since the inception of the program. Further, we were unable to locate information in any progress reports, or annual or biennial report with regard to specific HSA initiated clean-up efforts.

The SSP 2013 90-Day Progress Report<sup>[9]</sup> and 2014 Annual Report of the SSP<sup>[9]</sup> state:

*The County has expanded cleanup efforts to alleviate the problem of improperly discarded syringes. The cleanup is a combined effort*

*between HSA, Environmental Health, the Department of Public Works, the Sheriff's Department and the City of Santa Cruz.*

There are no specifics listed as to what exactly these departments are doing. A dedicated section in the SSP's annual and biennial reports, detailing their specific cleanup efforts, would help alleviate public concern and add transparency to county and cities' actions.

## **Findings**

- F1.** The current SSP Advisory Group is composed of city and county employees as well as those working in the drug and rehabilitation community, with no members from the general public who can add a community perspective.
- F2.** The SSP leadership creates an atmosphere of poor communication and a lack of transparency by not holding public meetings or forums for community input.
- F3.** The SSP provides an abundance of information on its webpage but does not have an avenue for public dialog.
- F4.** The SSP currently operates without a budget or permanent staff, which hinders the success of program goals.
- F5.** The SSP needle exchange site on Emeline Street is a confined shared space, making it difficult to provide all services to those in need.
- F6.** Limited hours, space, and staff hamper referrals to counseling, treatment, and support programs, reducing the number of people receiving assistance.
- F7.** The strict one-to-one needle exchange policy can't be followed as the SSP policy prohibits the actual physical counting of syringes.
- F8.** Some injection drug users don't travel to SSP exchange sites, thus preventing them from receiving assistance from other health programs.
- F9.** The community is at risk with syringes found in public and private spaces throughout the county.
- F10.** Without posted signage explaining how to report hazardous waste, the public is confused as to whom to notify or what action to take about found, discarded syringes.
- F11.** There are only three county syringe disposal kiosks, limiting access to proper disposal.
- F12.** There is no combined syringe clean-up effort between local agencies to protect the public.

## **Recommendations**

- R1.** The SSP Advisory Group should include members of the general public, including at least one rehabilitated injection drug user. (F1)
- R2.** The SSP should hold public meetings or forums to encourage dialog and address community concerns. (F2, F3)



- R3. The SSP should stop using the "one-to-one" terminology to describe their needle exchange policy. (F7)
- R4. The Board of Supervisors should allocate funds for a permanent budget for the SSP to function as mandated per SSP Policy and Procedures. (F4)
- R5. The HSA should devote more time and resources to community outreach to promote rehabilitation and counselling of SSP clients. (F5, F6)
- R6. The HSA should implement a mobile needle exchange unit to increase access to SSP services. (F8, F9)
- R7. The HSA should post hazardous waste signs with a single contact number for advice or reporting, available 24/7, in areas where syringes are commonly found. (F9, F10)
- R8. The HSA should install and maintain Sharps containers in bathrooms in high needle-use public areas. (F9, F11)
- R9. The SSP should coordinate specific clean-up events throughout the county on a regular basis and report such efforts in their biennial and annual reports. (F9, F12)

**Commendations**

- C1. The Grand Jury commends the SSP staff for their commitment and resolve to this program under the most challenging of circumstances.

**Required Responses**

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Board of Supervisors	F4	R4-R9	90 Days September 25, 2017
Santa Cruz County Health Services Agency Director	F1-F3, F5-F12	R1-R3, R5-R9	60 Days August 28, 2017

**Definitions**

**AIDS:** Acquired Immune Deficiency Syndrome

**Hepatitis C:** An infectious disease caused by the hepatitis virus that primarily affects the liver.

**HIV:** Human Immunodeficiency Virus

**Sharps Container:** A trademarked hard plastic container that is used to safely dispose of hypodermic needles and other sharp medical instruments.

**Syringe Services Program (SSP):** A program of the Santa Cruz County Health Services Agency established to provide public health intervention with the goal of reducing the transmission of bloodborne pathogens.

## Sources

### References

1. The Santa Cruz Patch. "The Santa Cruz Needle Exchange Hopes to Exchange Wasted Lives for Productive Ones". January 24, 2013. Accessed May 30, 2017 <https://patch.com/california/santacruz/xxx-e8444f7a>
2. Assembly Bill No. 604. Chaptered October 9, 2011. "Needle exchange programs." Accessed May 30, 2017 [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201120120AB604](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB604)
3. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures". Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf>
4. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures". Page 2 & 13. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf>
5. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures", Page 11. Accessed June 1, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf#page=11>
6. Take Back Santa Cruz Website, "Needles in Public Spaces Report - March 2017". Accessed May 30, 2017. <http://takebacksantacruz.org/needles-public-spaces-report-march-2017/>
7. Santa Cruz County Health Services Agency. Updated August 2014. "Syringe Services Program Policy and Procedures". Page 2. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSP%20Policy%20and%20Procedure%20092014.pdf>
8. Santa Cruz County Health Services Agency. "Syringe Services Program 90-Day Report April 30-July 31, 2013". August 9, 2013. Page 2. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP90Day.pdf>
9. Santa Cruz County Health Services Agency. "Syringe Services Program Annual Report 2014". April 14, 2014. Page 2. Accessed May 30, 2017. <http://santacruzhealth.org/Portals/7/Pdfs/SSP%20Annual%20Report%202014.pdf>

### Site Visits

Emeline Street Needle Exchange Clinic  
Downtown Santa Cruz area

### Websites

Santa Cruz County Health Services Agency [www.santacruzhealth.org/HSAHome.aspx](http://www.santacruzhealth.org/HSAHome.aspx)  
Take Back Santa Cruz <http://takebacksantacruz.org/>  
California Legislative Information <http://leginfo.legislature.ca.gov>



# County of Santa Cruz

## County Administrative Office

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 Phone: (831) 454-2100 Fax: (831) 454-3420 TDD/TTY: call (831) 454-3420  
 Carlos J. Palacios, County Administrative Officer

APPROVED AND FILED  
 BOARD OF SUPERVISORS

DATE: 8/22/17  
 COUNTY OF SANTA CRUZ  
 CARLOS J. PALACIOS  
 EX-OFFICIO CLERK OF THE BOARD  
 BY: *[Signature]* DEPUTY

Meeting Date: August 22, 2017  
 Date: August 14, 2017  
 To: The Board of Supervisors  
 From: Carlos J. Palacios, County Administrative Officer  
 Subject: Grand Jury Responses - Sharper Solutions

Attached for your approval is a proposed Board of Supervisors response to the findings and recommendations contained in the 2016-2017 Santa Cruz County Grand Jury report titled, "Sharper Solutions." A proposed Health Services Agency response to the report is also attached.

It is, therefore, RECOMMENDED that your Board approve the attached Board of Supervisors and Health Services Agency response to the findings and recommendations in the 2016-2017 Grand Jury report, "Sharper Solutions," and request the Chairperson to forward the responses to the Presiding Judge with a copy to the Grand Jury.

Submitted by:

*[Signature of Carlos J. Palacios]*

Carlos J. Palacios, County Administrative Officer

8/17/2017

### Attachments:

- a HSA Response Packet, Sharper Solutions
- b BOS Response Packet, Sharper Solutions



**The 2016–2017 Santa Cruz County Civil Grand Jury  
Requires that the  
Santa Cruz County Board of Supervisors  
Respond to the Findings and Recommendations  
Specified in the Report Titled  
**Sharper Solutions**  
by September 25, 2017**

---

When the response is complete, please

1. Email the completed Response Packet as a file attachment to [grandjury@scgrandjury.org](mailto:grandjury@scgrandjury.org), and
2. Print and send a hard copy of the completed Response Packet to

The Honorable Judge John Gallagher  
Santa Cruz Courthouse  
701 Ocean St.  
Santa Cruz, CA 95060

### Instructions for Respondents

California law PC § 933.05 (included below) requires the respondent to a Grand Jury report to comment on each finding and recommendation within a report. Explanations for disagreements and timeframes for further implementation or analysis must be provided. Please follow the format below when preparing the responses.

#### Response Format

1. For the Findings included in this Response Packet, select one of the following responses and provide the required additional information:
  - a. **AGREE** with the Finding, or
  - b. **PARTIALLY DISAGREE** with the Finding and specify the portion of the Finding that is disputed and include an explanation of the reasons therefor, or
  - c. **DISAGREE** with the Finding and provide an explanation of the reasons therefor.
2. For the Recommendations included in this Response Packet, select one of the following actions and provide the required additional information:
  - a. **HAS BEEN IMPLEMENTED**, with a summary regarding the implemented action, or
  - b. **HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE**, with a timeframe or expected date for implementation, or
  - c. **REQUIRES FURTHER ANALYSIS**, with an explanation and the scope and parameters of an analysis or study, and a timeframe for that analysis or study; this timeframe shall not exceed six months from the date of publication of the grand jury report, or
  - d. **WILL NOT BE IMPLEMENTED** because it is not warranted or is not reasonable, with an explanation therefor.

#### Validation

Date of governing body's response approval: August 22, 2017

If you have questions about this response form, please contact the Grand Jury by calling 831-454-2099 or by sending an email to [grandjury@scgrandjury.org](mailto:grandjury@scgrandjury.org).

**Findings**

F4. The SSP currently operates without a budget or permanent staff, which hinders the success of program goals.

AGREE

PARTIALLY DISAGREE – explain the disputed portion

DISAGREE – explain why

**Response explanation (required for a response other than Agree):**

While it does not have a standalone budget, the Syringe Services Program (SSP) is overseen by the Santa Cruz County Health Services Agency (HSA) administration and embedded within the clinic setting at HSA. With financial assistance from the State, the County provides safe, clean needles to injection drug users. This objective, along with other program principles such as the one-to-one needle exchange, are being met under the current structure.

However, the Board is committed to improving operations, and there are new funding opportunities at hand. Congress recently lifted the federal ban on funding for needle exchange operations, creating potential funding opportunities for SSP. HSA will continue exploring outside funding sources with hopes of securing grants for this program in the future. The County also expects President Trump's recent announcement that he will declare the opioid epidemic a national emergency will free up further resources. The Board recently approved a Whole Person Care (WPC) Pilot grant program that provides funding for individuals with mental illness, substance use disorder, and other health conditions who are homeless or are at risk for homelessness. The Board also understands HSA will pursue funding through future Drug Medi-Cal expansion and other resources to enhance SSP operations.

**Recommendations**

**R4.** The Board of Supervisors should allocate funds for a permanent budget for the SSP to function as mandated per SSP Policy and Procedures. (F4)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

As noted above, there are new and probable funding opportunities available for needle exchange programs and to support intravenous drug users on their path toward recovery that did not exist when the County assumed administration of the program in 2013. The Board believes it necessary to evaluate these opportunities before committing scarce general fund dollars to the program.

The Trump Administration signaled it would declare a national emergency for the opioid epidemic in early August. More time is needed to understand the significance of this move, which appears to be unprecedented. There are likely two avenues to declare a national emergency: the Stafford Act or the Public Health Service Act. In particular, the latter could be utilized to deploy medical staff in underserved areas. At this point, it is too early to say how such a declaration could impact our county.

Furthermore, Whole Person Care and the Drug Medi-Cal expansion are new programs which must be established before we fully understand how they could support the SSP.

R5. The HSA should devote more time and resources to community outreach to promote rehabilitation and counselling of SSP clients. (F5, F6)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

As noted in HSA's response, the agency has worked with a number of groups to train more clinicians in medication assisted treatment (MAT) and counseling. SSP staff are linking clients to drug treatment, medical and behavioral health services.

However, due to the limited rehabilitation and counseling options in Santa Cruz County, our outreach efforts will go for naught without increasing local treatment and rehabilitation options. The Board is committed to that achieving that goal through the expansion of County medical infrastructure, Whole Person Care, the Drug Medi-Cal expansion and other grant programs.



R6. The HSA should implement a mobile needle exchange unit to increase access to SSP services. (F8, F9)

**HAS BEEN IMPLEMENTED** – summarize what has been done

**HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe

**REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)

**WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

Under Board direction, HSA assumed control of the County's sole local needle exchange program. The decision included significant community input, which included criticism of the mobile exchange component. Instead, the Board authorized two fixed sites for exchange services.

Should the SSP Advisory Group recommend that we re-establish a mobile exchange program, the Board would consider that recommendation with input from stakeholders, public safety officials, medical experts and the community.

R7. The HSA should post hazardous waste signs with a single contact number for advice or reporting, available 24/7, in areas where syringes are commonly found. (F9, F10)

**HAS BEEN IMPLEMENTED** – summarize what has been done

**HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe

**REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)

**WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

Under Board direction, SSP staff are working with local jurisdictions to identify and install additional public sharps disposal access points in the areas where syringes are commonly found. Sharps containers will be installed with appropriate signage, contact and program information.

While the Board supports the safe, proper disposal of discarded needles, locating signage in highly effective areas requires the cooperation of our partner jurisdictions. The Board expects SSP leadership will continue working with our partners to obtain the appropriate authorizations and resources needed to achieve that goal.

R8. The HSA should install and maintain Sharps containers in bathrooms in high needle-use public areas. (F9, F11)

**HAS BEEN IMPLEMENTED** – summarize what has been done

**HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe

**REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)

**WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

As previously stated, the Board supports the safe, proper disposal of discarded needles. The Board approved one of the first provider responsibility laws in the U.S. aimed at reclaiming used needles. The City of Santa Cruz and other jurisdictions followed suit, and there are now dozens of needle collection sites throughout Santa Cruz County. (see [http://sharpmedsolutions.org/collection\\_sites/index.html](http://sharpmedsolutions.org/collection_sites/index.html)).

While the County has no jurisdiction over public bathrooms on private property, we continue working with partner jurisdictions to identify additional collection sites throughout the County. Public bathrooms would likely be a focus of those discussions.

R9. The SSP should coordinate specific clean-up events throughout the county on a regular basis and report such efforts in their biennial and annual reports. (F9, F12)

**HAS BEEN IMPLEMENTED** – summarize what has been done

**HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe

**REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)

**WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

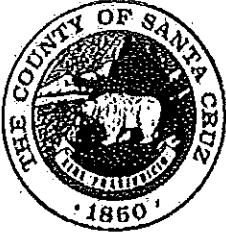
As previously noted by the Grand Jury, the operations of the SSP are absorbed in HSA's budget and the program itself has no full-time staff. A number of community-based cleanup events do occur, and some, such as regular beach cleanups, do receive County funding. In addition, local law enforcement agencies regularly address illegal homeless encampments, at which numerous needles are often found.

Assuming control over those cleanups raises funding, coordination, jurisdictional and safety issues, and requires further analysis.



**Penal Code §933.05**

1. For Purposes of subdivision (b) of §933, as to each Grand Jury finding, the responding person or entity shall indicate one of the following:
  - a. the respondent agrees with the finding,
  - b. the respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.
2. For purpose of subdivision (b) of §933, as to each Grand Jury recommendation, the responding person shall report one of the following actions:
  - a. the recommendation has been implemented, with a summary regarding the implemented action,
  - b. the recommendation has not yet been implemented but will be implemented in the future, with a timeframe for implementation,
  - c. the recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of the publication of the Grand Jury report, or
  - d. the recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.
3. However, if a finding or recommendation of the Grand Jury addresses budgetary or personnel matters of a County department headed by an elected officer, both the department head and the Board of Supervisors shall respond if requested by the Grand Jury, but the response of the Board of Supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected department head shall address all aspects of the findings or recommendations affecting his or her department.
4. A Grand Jury may request a subject person or entity to come before the Grand Jury for the purpose of reading and discussing the findings of the Grand Jury report that relates to that person or entity in order to verify the accuracy of the findings prior to their release.
5. During an investigation, the Grand Jury shall meet with the subject of that investigation regarding that investigation unless the court, either on its own determination or upon request of the foreperson of the Grand Jury, determines that such a meeting would be detrimental.
6. A Grand Jury shall provide to the affected agency a copy of the portion of the Grand Jury report relating to that person or entity two working days prior to its public release and after the approval of the presiding judge. **No officer, agency, department, or governing body of a public agency shall disclose any contents of the report prior to the public release of the final report.**



# County of Santa Cruz

## County Administrative Office

701 Ocean Street, Suite 520, Santa Cruz, CA 95060-4073  
 Phone: (831) 454-2100 Fax: (831) 454-3420 TDD/TTY: call  
 Carlos J. Palacios, County Administrative Officer

APPROVED AND FILED  
 BOARD OF SUPERVISORS

DATE: 8/22/17  
 COUNTY OF SANTA CRUZ  
 CARLOS J. PALACIOS  
 EX OFFICIO CLERK OF THE BOARD  
 BY: *[Signature]* DEPUTY

Meeting Date: August 22, 2017  
 Date: August 14, 2017  
 To: The Board of Supervisors  
 From: Carlos J. Palacios, County Administrative Officer  
 Subject: Grand Jury Responses - Sharper Solutions

Attached for your approval is a proposed Board of Supervisors response to the findings and recommendations contained in the 2016-2017 Santa Cruz County Grand Jury report titled, "Sharper Solutions." A proposed Health Services Agency response to the report is also attached.

It is, therefore, RECOMMENDED that your Board approve the attached Board of Supervisors and Health Services Agency response to the findings and recommendations in the 2016-2017 Grand Jury report, "Sharper Solutions," and request the Chairperson to forward the responses to the Presiding Judge with a copy to the Grand Jury.

Submitted by:

*[Signature]*

Carlos J. Palacios, County Administrative Officer 8/17/2017

### Attachments:

- a HSA Response Packet, Sharper Solutions
- b BOS Response Packet, Sharper Solutions



**The 2016–2017 Santa Cruz County Civil Grand Jury  
Requires that the  
Santa Cruz County Health Services Agency Director  
Respond to the Findings and Recommendations  
Specified in the Report Titled  
**Sharper Solutions**  
by August 28, 2017**

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When the response is complete, please

1. Email the completed Response Packet as a file attachment to [grandjury@scgrandjury.org](mailto:grandjury@scgrandjury.org), and
2. Print and send a hard copy of the completed Response Packet to

The Honorable Judge John Gallagher  
Santa Cruz Courthouse  
701 Ocean St.  
Santa Cruz, CA 95060



## Instructions for Respondents

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  - b. **PARTIALLY DISAGREE** with the Finding and specify the portion of the Finding that is disputed and include an explanation of the reasons therefor, or
  - c. **DISAGREE** with the Finding and provide an explanation of the reasons therefor.
2. For the Recommendations included in this Response Packet, select one of the following actions and provide the required additional information:
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  - c. **REQUIRES FURTHER ANALYSIS**, with an explanation and the scope and parameters of an analysis or study, and a timeframe for that analysis or study; this timeframe shall not exceed six months from the date of publication of the grand jury report, or
  - d. **WILL NOT BE IMPLEMENTED** because it is not warranted or is not reasonable, with an explanation therefor.

If you have questions about this response form, please contact the Grand Jury by calling 831-454-2099 or by sending an email to [grandjury@scgrandjury.org](mailto:grandjury@scgrandjury.org).

## Findings

- F1. The current SSP Advisory Group is composed of city and county employees as well as those working in the drug and rehabilitation community, with no members from the general public who can add a community perspective.

AGREE

PARTIALLY DISAGREE – explain the disputed portion

DISAGREE – explain why

### Response explanation (required for a response other than Agree):

The Santa Cruz County Health Services Agency (HSA) has been very responsive to public input. In April 2013, through HSA's commitment to community engagement and listening to public stakeholder's input, HSA began directly administering the Syringe Services Program (SSP).

Since inception of the SSP, HSA convened and staffed an SSP Advisory Group. While not a requirement of state legislature, HSA identified the need and value of convening a group of community representatives including law enforcement, County Probation, City of Santa Cruz executive management, community pharmacy representatives, California Department of Public Health (CDPH), physicians, community based organizations serving injection drug users and other subject matter experts to help guide the process and mitigate any unintended consequences of operating a syringe services program.

Now that HSA is in Phase 3 of the SSP program, additional members will be welcomed in order to broaden the community perspective. Inviting residents, especially those impacted by addiction, will expand the perspective of the SSP Advisory Group.

F2. The SSP leadership creates an atmosphere of poor communication and a lack of transparency by not holding public meetings or forums for community input.

AGREE

PARTIALLY DISAGREE – explain the disputed portion

DISAGREE – explain why

**Response explanation (required for a response other than Agree):**

The HSA leadership team has participated in many public forums related to SSP. Most recently, the team participated in the Forum on Criminal Justice Reform and Our Community where SSP was a topic and several questions, comments and concerns from the community were addressed. The leadership team has attended neighborhood group meetings, public Board of Supervisors meetings, meetings sponsored by elected officials, law enforcement agencies and community-based organizations.

SSP leadership and staff have made every effort to talk to the public via email, phone, and face-to-face meetings and through the online dialogue feature of the SSP webpage. Through Facebook and other social media outlets, the SSP stays engaged in public discussion, education and uses the aforementioned outlets as a way to notify the public about important meetings, reports, and news related to the SSP. In 2016, HSA convened 11 countywide community health dialogues in which SSP was a regular topic of discussion.

In 2013, 2015 and 2017, the SSP presented annual reports to the Board of Supervisors under Brown Act rules and open meeting policies in order to assure public participation and voice of the community.

Poor communication and lack of transparency are not characteristic of the SSP program.

F3. The SSP provides an abundance of information on its webpage but does not have an avenue for public dialog.

AGREE

PARTIALLY DISAGREE -- explain the disputed portion

DISAGREE -- explain why

Response explanation (required for a response other than Agree):

SSP has provided multiple ways for the public to contact program staff including, but not limited to:

1. Dedicated SSP phone line that is always answered during business hours.
2. General SSP program comment/feedback link on our website.  
(<http://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/SyringeServicesProgram.aspx>)
3. Specific comment/feedback link associated with the monthly published data reports.
4. Facebook postings and dialogue.
5. Eleven community health dialogues were held countywide in 2016 regarding all public health issues, including syringe services.

Whenever possible, all community inquiries, feedback and comments are responded to by SSP leadership within 1-2 days. The public is also invited to provide ideas and potential solutions to programmatic challenges.

F5. The SSP needle exchange site on Emeline Street is a confined shared space, making it difficult to provide all services to those in need.

**AGREE**

**PARTIALLY DISAGREE** – explain the disputed portion

**DISAGREE** – explain why

**Response explanation (required for a response other than Agree):**

As the result of the 2017 SSP annual report to the Board, there will be a change in the direction of the SSP program (Phase 3). There will be further integration of SSP into clinical services. Along with clinic redesign, expansion and improvement, we will see similar improvements to the SSP throughout this process. Funding and space shortages have been an ongoing issue for all of HSA's departments; this issue is not unique to the SSP.

F6. Limited hours, space, and staff hamper referrals to counseling, treatment, and support programs, reducing the number of people receiving assistance.

AGREE

PARTIALLY DISAGREE – explain the disputed portion

DISAGREE – explain why

Response explanation (required for a response other than Agree):

HSA has increased harm reduction education provided to SSP clients, from 70 percent in June 2016 to 86 percent in June 2017. In addition, HSA was recently awarded the Whole Person Care (WPC) Pilot grant program that will provide funding for evidence based approaches. This will allow HSA to effectively and efficiently provide care to individuals with mental illness, substance use disorder, and co-occurring health conditions who are homeless or are at risk for homelessness. HSA will also maximize capitalization of funding advantages through future Drug Medi-Cal expansion and other relevant resources offering potential opportunities to enhance the SSP and usher SSP clients into recovery. Lastly, the Public Health Division is currently drafting their Strategic Plan, and Substance Use Disorder Services was identified as one of the Goal Areas to improve over the next five years. Further prioritizing and subsequent monitoring of this issue will provide additional resources to substance use disorder efforts in Santa Cruz County.

F7. The strict one-to-one needle exchange policy can't be followed as the SSP policy prohibits the actual physical counting of syringes.

AGREE

PARTIALLY DISAGREE – explain the disputed portion

DISAGREE – explain why

**Response explanation (required for a response other than Agree):**

As authorized by the Board of Supervisors, the SSP adheres to a one-for-one policy. The number of used syringes being returned for exchange for new syringes is confirmed both by visual inspection as well as reviewing the database to see how many syringes the client received at their prior visit. Asking staff or clients to physically count and handle syringes would place staff at risk and be in violation of one of the primary goals of the program, which is to prevent the spread of infectious disease.

In order to participate in the state Syringe Exchange Program (SEP) Clearinghouse, all SEPs must adhere to California Department of Public Health/Office of AIDS (CDPH/OA) guidelines for safe handling of sharps waste. Individual SEPs must not adopt policies or procedures that cause individual staff or program participants to come into contact with sharps waste. Specifically:

"SEPs that receive syringe exchange supplies through the California Syringe Exchange Supply Clearinghouse or are funded with OA funds through contracts with local health departments to provide syringe exchange services must have policies and procedures in place that are consistent with harm reduction principles. These policies and procedures must include the following...Syringe collection and disposal policies and procedures that a) encourage program participants to return used syringes to the program, and/or to dispose of them properly; [and] b) *collect sharps waste in such a way to minimize direct handling by program staff, volunteers and clients*" (emphasis added)

F8. Some injection drug users don't travel to SSP exchange sites, thus preventing them from receiving assistance from other health programs.

**AGREE**

**PARTIALLY DISAGREE** -- explain the disputed portion

**DISAGREE** -- explain why

**Response explanation** (required for a response other than **Agree**):

HSA agrees that satellite programs would be useful in reaching these more marginalized populations.

Now in Phase 3 of implementation, the SSP is increasing its reach to more marginalized injection drug using populations by offering immediate medical evaluation on an as-needed basis when clients are seeking SSP services. The mission of this phase of the SSP is to engage and monitor SSP individuals in the clinic setting to receive ongoing primary care, specialty care, and mental health and substance use disorder services.



F9. The community is at risk with syringes found in public and private spaces throughout the county.

**AGREE**

**PARTIALLY DISAGREE** – explain the disputed portion

**DISAGREE** – explain why

**Response explanation** (required for a response other than **Agree**):

It is the mission of the Public Health Department to protect, prevent and promote public health. Through the Santa Cruz County SSP, HSA aims to reduce the risk of disease transmission caused by re-use or improper disposal of used syringes in Santa Cruz County and provide recovery from the national opioid epidemic.

Research has found that syringes obtained from syringe service programs are more likely to be safely disposed than syringes obtained from other sources. And, syringes are more likely to be safely disposed in cities with syringe service programs compared to those without<sup>1 2 3 4 5 6</sup>.

While the risk of disease transmission to the public from improperly discarded needles is not nonexistent, studies have found the risks to be negligible.<sup>7 8 9 10 11</sup>

<sup>1</sup> Cleland CM, Deren S, Fuller CM. (2007). Syringe disposal among injection drug users in Harlem and the Bronx during the New York State Expanded Syringe Access Demonstration Program. *Health Educ Behav*, 34(2):390-403

<sup>2</sup> Coffin PO, Latka MH, Latkin C, et. al. (2007). Safe syringe disposal is related to safe syringe access among HIV-positive injection drug users. *AIDS Behav*, 11(5):652-62.

<sup>3</sup> Wenger LD, Martínez AN, Carpenter L, et. al. (2011). Syringe disposal among injection drug users in San Francisco. *Am J Public Health*, 101(3): 484-6.

<sup>4</sup> Quinn B, Chu D, Wenger L, et. al. (2014). Syringe disposal among people who inject drugs in Los Angeles: the role of sterile syringe source. *Int J Drug Policy*, 25(5): 905-10.

<sup>5</sup> Riley ED, Kral AH, Stopka TJ, et. al. (2010). Access to sterile syringes through San Francisco pharmacies and the association with HIV risk behavior among injection drug users. *J Urban Health*, 87(4):534-42.

<sup>6</sup> Tookes HE, Kral AH, Wenger LD, et. al. (2012). A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug Alcohol Depend*. 2012 Jun 1;123(1-3): 255-9.

<sup>7</sup> Makwana N, Riordan FA. (2005). Prospective study of community needlestick injuries. *Arch Dis Child*. 90(5):523-4.

<sup>8</sup> Nourse CB, Charles CA, McKay M, Keenan P, Butler KM. (1997). Childhood needlestick injuries in the Dublin metropolitan area. *International Journal of Medicine* 90(2): 66-9.

<sup>9</sup> Aragon Pena, A.J., Arrazola Martínez, M.P., García de Codés, A., Davila Álvarez, F.M. and de Juanes Pardo, J.R. (1996). Hepatitis B prevention and risk of HIV infection in children injured by discarded needles and/or syringes. *Atencion Primaria*, 17: 138-140.

<sup>10</sup> Montella, F., DiSora, F. and Recchia, O. (1992). Can HIV-1 infection be transmitted by a discarded syringe? *Journal of Acquired Immune Deficiency Syndromes*, 5: 1274-1275.

<sup>11</sup> Russell FM, Nash MC. (2002). A prospective study of children with community-acquired needlestick injuries in Melbourne. *Journal of Pediatric Child Health*. 38(3): 322-3.

F10. Without posted signage explaining how to report hazardous waste, the public is confused as to whom to notify or what action to take about found, discarded syringes.

AGREE

PARTIALLY DISAGREE – explain the disputed portion

DISAGREE – explain why

**Response explanation (required for a response other than Agree):**

The SSP webpage has detailed information on what to do if members of the public find a discarded syringe. All publicly accessible kiosks have signage for proper disposal.

SSP staff will continue to listen to and consider public input and collaborate with other jurisdictions and agencies in order to continuously improve and simplify the process and increase access to proper syringe disposal.

The Board has given direction, and this issue will be added to the SSP Advisory Group agenda, to identify and strategize the highest priority locations for additional sharps disposal access points.

F11. There are only three county syringe disposal kiosks, limiting access to proper disposal.

**AGREE**

**PARTIALLY DISAGREE** – explain the disputed portion

**DISAGREE** – explain why

**Response explanation** (required for a response other than **Agree**):

The County purchased and offered kiosks to all Santa Cruz County jurisdictions, resulting in the placement of only three outdoor kiosks. There are several other sharps disposal access points throughout the county. Under Board direction, SSP program staff continue working with cities to identify and install additional public sharps disposal access points.

This issue will be added to the SSP Advisory Group agenda to identify and strategize the highest priority locations for additional sharps disposal access points.

F12. There is no combined syringe clean-up effort between local agencies to protect the public.

AGREE

PARTIALLY DISAGREE – explain the disputed portion

DISAGREE – explain why

**Response explanation** (required for a response other than **Agree**):

HSA, Department of Public Works and the Sheriff's Office have worked cooperatively with community agencies on ongoing cleanup efforts. Beginning in Fiscal Year 2014-15 funds were designated for community cleanup efforts.

This issue will be added to a future agenda of the SSP Advisory Group to discuss and analyze options for future clean-up efforts and multi-jurisdictional collaborations.

### Recommendations

R1. The SSP Advisory Group should include members of the general public, including at least one rehabilitated injection drug user. (F1)

- HAS BEEN IMPLEMENTED – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED – explain why

#### Response explanation, summary, and timeframe:

HSA has been very responsive to public input. In April 2013, through HSA's commitment to engaging the community and listening to public stakeholder's input, HSA began directly administering the SSP.

Since SSP's inception, HSA has staffed an SSP Advisory Group of community representatives including law enforcement, County Probation, City of Santa Cruz executive management, community pharmacy representatives, the California Department of Public Health, physicians, community-based organizations serving injection drug users and other subject matter experts to help guide the process and mitigate any unintended consequences of operating a syringe services program.

Now that HSA is in the Phase 3 of the SSP program, additional membership will be welcome in order to broaden the community perspective. Inviting residents, especially those impacted by addiction, will expand the perspective of the SSP Advisory Group.

Members of the public and the injection drug use community have been identified for invitation to the SSP advisory committee. Before the next SSP advisory meeting, outreach, orientation and training will be provided to those identified.

R2. The SSP should hold public meetings or forums to encourage dialog and address community concerns. (F2, F3)

- HAS BEEN IMPLEMENTED – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED – explain why

**Response explanation, summary, and timeframe:**

The SSP leadership and staff have and will continue to represent SSP at various public meetings.

This issue will be added to a future agenda of the SSP Advisory Group to discuss and analyze the need for public forums and plan accordingly.

R3. The SSP should stop using the "one-to-one" terminology to describe their needle exchange policy. (F7)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

As authorized by the Board of Supervisors, the SSP adheres to a one-for-one policy at two designated SSP sites located at the County's Emeline Clinic and Watsonville Health Center.

R5. The HSA should devote more time and resources to community outreach to promote rehabilitation and counselling of SSP clients. (F5, F6)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

The SSP program has been working with a number of groups, including Janus and the safety net clinics, in order to train more clinicians in medication assisted treatment (MAT) and counseling.

SSP clients currently have limited options for rehabilitation and counseling. Through newly acquired grants and increased collaboration between Behavioral Health, Clinics and the Homeless Person's Health Project (HHP), SSP clients have experienced the benefit of increased access to services such as counseling and drug treatment services specifically, MAT. Currently SSP is staffed by a Public Health Nurse from HHP and a case manager from the MAT grant program. These critical staff are able to link clients to drug treatment, medical and behavioral health services and provide an increased level of continuity.

HSA will continue to monitor and apply for grant funds that become available in response to the national opioid epidemic prioritizing SSP support services as a primary area of funding. With additional funds, SSP plans to provide more comprehensive services to SSP clients.



R6. The HSA should implement a mobile needle exchange unit to increase access to SSP services. (F8, F9)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

The former needle exchange program managed by the volunteer group Street Outreach Supporters (SOS) had a mobile exchange component. HSA assumed responsibility and oversight for the SSP in April 2013. Due to public concern the mobile exchange was discontinued; the Board of Supervisors authorized two fixed sites for exchange services.

This issue will be added to the agenda of the SSP Advisory Group for analysis and discussion. If the Advisory Group approves, the item will be taken to the relevant policy makers in order to take action.

R7. The HSA should post hazardous waste signs with a single contact number for advice or reporting, available 24/7, in areas where syringes are commonly found. (F9, F10)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

Under Board direction, SSP program staff continue working with cities to identify and install additional public sharps disposal access points in the areas where syringes are commonly found. Sharps containers will be installed with appropriate signage, contact and program information.

This issue will be added to the agenda of the SSP Advisory Group for analysis and discussion. With recommendations from the Advisory Group, SSP leadership will work with relevant policy makers and jurisdictions to get appropriate authorization and designation of resources for necessary changes.

See also R8.

R8. The HSA should install and maintain Sharps containers in bathrooms in high needle-use public areas. (F9, F11)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

HSA has met several times with various jurisdictions regarding possible locations for additional sharps containers, including identifying areas in which most improperly disposed needles are found or reported. Once those locations have been identified, sharps containers will be installed and set up on a maintenance schedule. The containers will display appropriate hazardous waste signs with a point of contact for container-related issues, as well as SSP program information.

This issue will be added to the agenda of the SSP Advisory Group for analysis and discussion. With recommendations from the Advisory Group, SSP leadership will work with relevant policy makers and jurisdictions to get appropriate authorization and designation of resources for necessary changes.

R9. The SSP should coordinate specific clean-up events throughout the county on a regular basis and report such efforts in their biennial and annual reports. (F9, F12)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT BEEN IMPLEMENTED BUT WILL BE IMPLEMENTED IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

**Response explanation, summary, and timeframe:**

There are a number of community volunteer activities that participate in general clean-up and also pick up syringes left in the community. SSP staff are working with the appropriate jurisdictions to determine the most effective way to have consistent clean-up of syringes in high use areas.

This issue will be added to the agenda of the SSP Advisory Group for analysis and discussion. With recommendations from the Advisory Group, SSP leadership will work with relevant policy makers and jurisdictions to get appropriate authorization and designation of resources and ongoing, collaborative clean-up efforts.

**Penal Code §933.05**

1. For Purposes of subdivision (b) of §933, as to each Grand Jury finding, the responding person or entity shall indicate one of the following:
  - a. the respondent agrees with the finding,
  - b. the respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.
2. For purpose of subdivision (b) of §933, as to each Grand Jury recommendation, the responding person shall report one of the following actions:
  - a. the recommendation has been implemented, with a summary regarding the implemented action,
  - b. the recommendation has not yet been implemented but will be implemented in the future, with a timeframe for implementation,
  - c. the recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of the publication of the Grand Jury report, or
  - d. the recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.
3. However, if a finding or recommendation of the Grand Jury addresses budgetary or personnel matters of a County department headed by an elected officer, both the department head and the Board of Supervisors shall respond if requested by the Grand Jury, but the response of the Board of Supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected department head shall address all aspects of the findings or recommendations affecting his or her department.
4. A Grand Jury may request a subject person or entity to come before the Grand Jury for the purpose of reading and discussing the findings of the Grand Jury report that relates to that person or entity in order to verify the accuracy of the findings prior to their release.
5. During an investigation, the Grand Jury shall meet with the subject of that investigation regarding that investigation unless the court, either on its own determination or upon request of the foreperson of the Grand Jury, determines that such a meeting would be detrimental.
6. A Grand Jury shall provide to the affected agency a copy of the portion of the Grand Jury report relating to that person or entity two working days prior to its public release and after the approval of the presiding judge. **No officer, agency, department, or governing body of a public agency shall disclose any contents of the report prior to the public release of the final report.**

# EXHIBIT D



Save Our Shores  
345 Lake Avenue, Suite A  
Santa Cruz, CA 95062-4600  
(831) 462-5660

April 22, 2019

TO: TBSC Needles Solutions Team  
VIA: [needlessolutions@gmail.com](mailto:needlessolutions@gmail.com)  
RE: Opposition to the application of a local "harm reduction group"

To whom it concerns,

As Executive Director of Save Our Shores, I am writing in opposition to a local group organizing under the moniker "the Harm Reduction Group" whose goal is to increase distribution of syringes in Santa Cruz. We particularly oppose increased needle distributions at the existing "Ross Camp," but also at any other location where significant numbers of homeless drug users who may also be in need of mental health care currently congregate or may congregate in sanctioned or unsanctioned "camps."

Save Our Shores is weighing in on this issue because of our concern re: the exceptionally high number of needles we have found on our local beaches this winter season. While the largest volume of needles we've found have been in locations adjacent to the outflow of rivers and creeks, we have also been finding needles on beaches where we have not typically found them in past years. This suggests, in addition to the increased numbers we are finding on beaches like Seabright where the San Lorenzo joins the Monterey Bay, some needles are being swept out into the open Bay before we are able to collect them and then washing back ashore in another location.

To be clear, we agree that a needle exchange program can help reduce the spread of disease and we are certainly in favor of that. However, we also firmly believe that such exchange programs must be operated by professional, licensed health care service providers such as Santa Cruz County's Health Services Agency. We understand this agency is already running a needle exchange program and operating the program in compliance with local government oversight and controls. Therefore, we see no rationale for approval of an additional volunteer program, which may not be subject to the same accountability as the approved health agency.

Increased needle distribution is not in the best interest of anyone. We urge the Santa Cruz Board of Supervisors to unequivocally deny the Harm Reduction Group's application.

Sincerely,

Katherine O'Dea,  
Executive Director



# EXHIBIT E



## SYRINGE EXCHANGE PROGRAM (SEP) Certification Application

**I. Applicant Organization Information**

Organization Name: <b>Harm Reduction Coalition of Santa Cruz County</b>		Telephone Number: <b>(831) 345-0838</b>	Date of Application (mm/dd/yyyy): <b>3 / 11 / 2019</b>		
Proposed SEP Name (if different from above): <b>Harm Reduction Road Show</b>					
Address (Number, Street, Suite #): <b>1649 Cheryl Way</b>		City: <b>Aptos</b>	County: <b>Santa Cruz</b>	State: <b>Ca</b>	ZIP Code: <b>95003</b>
Mailing Address (if different from above):		City:	County:	State:	ZIP Code:
Name of SEP Administrator: <b>Denise Elerick</b>		Title: <b>coordinator</b>	Telephone Number: <b>(831) 345-0838</b>	E-Mail Address: <b>HRCofSCC@gmail.com</b>	

**II. Services Applicant Currently Provides to Injection Drug Users (IDUs)\* (check all applicable boxes)**

Drug Abuse Treatment Services	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
HIV or Hepatitis Screening	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Hepatitis A and Hepatitis B Vaccination	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Screening for Sexually Transmitted Infections	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Housing Services for the Homeless, Victims of Domestic Violence, or Other Similar Housing Services	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Distribution of Condoms	<input checked="" type="checkbox"/> Directly	<input type="checkbox"/> Via Referral
Risk Reduction Education	<input checked="" type="checkbox"/> Directly	<input type="checkbox"/> Via Referral
* IMPORTANT: All services must be currently offered (directly or via referral) in order to apply for Certification.		

**III. Applicant Organization Description**

Please briefly describe the organization's mission and core services:  
 The Harm Reduction Coalition of Santa Cruz County is a community based organization serving the injection drug using community of Santa Cruz County. Our goal is to slow the spread of preventable blood-borne viruses and other injection related infections and to serve as a liaison in the drug using community to provide overdose prevention naloxone with training on how to properly store and use. The best practice for HIV prevention and care for injection drug users is to provide comprehensive services and referrals that focus on overall health and wellness. This approach emerges from the philosophy of harm reduction; acknowledging that a behavior will take place and doing all we can to minimize the harm to the individual and the community. Referrals to food, clothing and shelter provision, HIV and Hep C testing and treatment as well as substance use disorder treatment can be made upon request.

Please provide a description of the proposed syringe exchange services and any additional services that will accompany syringe exchange, such as overdose prevention supplies and education:  
 Please refer to attached file "Description of Services"

IV. Description and Summary of Proposed SEP

Program Service Delivery Mode (check one): <input type="checkbox"/> Fixed Site <input checked="" type="checkbox"/> Mobile Site <input checked="" type="checkbox"/> Both Fixed and Mobile Sites	Estimated Annual Number of Clients to be Served: <b>150</b>	Estimated Annual Number of Syringes Dispensed & Collected: <b>100,000</b>	<b>75,000-100,000</b>
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SEP Location(s), Days and Hours of Operation (if more than three locations, provide at of the requested information below for each additional location in an attachment):	Name of Location	Address of Location	County	Days and Hours of Operation (e.g. Monday - Friday 2pm to 8pm, Saturday 11am to 2pm)
1.	see attached file			
2.				
3.				

Is there a neighborhood association affiliated with the location(s) of your proposed SEP site(s)?  Yes  No  
 If yes, please provide the contact name, phone number, and e-mail for the neighborhood association(s) for each location.

Contact Name	Phone Number	E-mail Address
1.	( )	
2.	( )	
3.	( )	

For each of the SEP locations above, please describe the staffing (please indicate number of staff, titles of positions, and a brief description of their duties):

	Number of Staff	Title of Position(s)	Description of Duties
1.	#4	coordinator	accept returned syringes, dispense clean works and syringes and Narcan and Fentanyl Test strips
		server	serve meal, provides education on safe injecting, treatment, testing referrals, condoms
		back up support	assists with both of the above
		back up support	assists with both of the above
2.	#3	coordinator	accepts used syringes, dispenses clean equipment, Narcan, Fentanyl test strips
		back up support	helps day of and prepping all the equipment
		back up support	helps day of and prepping all the equipment and clean up and reorganizing
3.	#3	coordinator	accepts used syringes, dispenses clean equipment, Narcan, Fentanyl Test strips
		back up support day of	helps day of and prepping all the equipment
		back up support day of and before	helps day of and prepping all the equipment and organizing once we are done

Please provide a short summary paragraph that will be posted on the California Department of Public Health, Office of AIDS website, which summarizes the proposed program and includes the name of the applicant organization, the name of the SEP (if different), the location(s), hours and days of service, and types of services to be delivered (not to exceed 150 words):

In order to prevent the spread of HIV and Hepatitis C and to distribute overdose prevention education to include Naloxone distribution in Santa Cruz County, the Harm Reduction Coalition of Santa Cruz County will operate mobile services.

HR Road Show will include education around proper syringe disposal, receive syringes for disposal, overdose prevention & naloxone distribution, syringe and injection supplies access, condom distribution, drug testing (fentanyl test strips), information on safer injection practices, referral to hepatitis C and HIV testing and counseling, referral and collaboration with numerous service providers. Referrals for substance use disorder treatment services, hepatitis A and hepatitis B vaccinations, screenings for sexually transmitted infections can be provided upon request. HRC of SCC will be an integral contact for people who have needs beyond the immediate need for safer injection practices. We will strive to include input from people that use drugs.

V. Needs Statement

Please provide the rationale for the request for Certification in the location(s) specified and use data and other objective sources to document the need. Examples include statistics on HIV infection among IDUs in the local health jurisdiction (LHJ), statistics on viral hepatitis among IDUs in the LHJ, and the presence or absence of other syringe exchange services in the proposed location(s).

We would like to increase outreach in our diverse community with some isolated rural underserved areas to people who use drugs. Many people will not use the county fixed site due to mobility issues, transportation, hours of operation, apprehensions to use a government based medical model program, fear of carrying 'paraphernalia.' We want to adhere to an evidence based best practices program. Need shall be determined by how many syringes are used in one day and how often an individual can access syringe services. Santa Cruz County has a high rate of overdose deaths. We are currently ranked 41st in 58 counties affected by the overdose crisis. Watsonville saw a significant overdose increase in 2018. The areas specified are as listed:

VI. Additional Required Information

Additional requirements for SEP Certification are listed in the California Code of Regulations Subchapter 15, Sections 7000 through 7016, Title 17, Division 1, Chapter 4. Applicants must attach a copy of each of the following:

- a) Syringe Dispensing Plan as described in Section 7012(a);
- b) Syringe Collection and Disposal Plan as described in Section 7012(b);
- c) Service Delivery Plan as described in Section 7012(c);
- d) Data Collection and Program Evaluation Plan as described in Section 7012(d);
- e) Community Relations Plan as described in Section 7012(e); and
- f) A budget for the program which includes a minimum projected income and costs for personnel, outside services and operating expenses, including but not limited to rent, utilities, equipment, materials including syringes and disposal containers, transportation, insurance, training, meetings, syringe disposal services, and indirect costs.

A description of each plan can be found on the CDPH/OA Syringe Exchange Certification Program Application Checklist.

VII. Applicant Acknowledgement and Attestation\*\*

The following SEP services must be provided to all participants by State-certified SEPs per Health and Safety Code Section 121348(d)(3):

- Needle and syringe exchange services;
- HIV and viral hepatitis prevention education services; and
- Safe recovery and disposal of used syringes and sharps waste.

The Applicant attests that upon Certification it will comply with state laws, regulations, and local ordinances.

The Applicant also attests that it has the capacity to begin syringe exchange services within ninety (90) days of Certification.

The Applicant further acknowledges and agrees to the involvement of program participant input into program design, implementation, and evaluation.

Signature: Denise Elerick Date (mm/dd/yyyy): 03-11-19

*Denise Elerick*

\*\* IMPORTANT: Submission of an application does not constitute Certification.

Completed applications for Certification can be submitted via:

Mail: California Department of Public Health, Office of AIDS  
 Attention: SEP Certification Program  
 P.O. Box 997428, MS 7700  
 Sacramento, CA 95899-7428

or:

E-Mail: [SEPAApplication@cdph.ca.gov](mailto:SEPAApplication@cdph.ca.gov)

Additional Information on SEP Certification can be found at:  
[https://www.cdph.ca.gov/programs/CID/DOA/pages/OA\\_prev\\_sep.aspx](https://www.cdph.ca.gov/programs/CID/DOA/pages/OA_prev_sep.aspx)

Category	Hourly Wage	Hours Monthly	Total Annual
<b>A. Operating Expenses</b>			
Harm Reduction Supplies			\$20,000
Transportation (Gas reimbursement)			\$5,000
Food and water			\$5,000
Sharps Waste Disposal			
Insurance	not clear if this is needed		
Safe Sex materials			donations SCAP
Service Equipment (Tarps, pop up covers, plates, cutlery, napkins)			donated GPCC church
Printing- posters pamphlets fliers			\$2,000
<b>B. Personnel Expenses</b>			
- 3 staff members 5 hours per week X 52 weeks at \$15 an hour.			11,700
5 additional volunteer staff members			
Program Coordinator	Volunteer at this time		\$2,000
<b>C. Other Costs</b>			
Auditor CPA			\$45,700
<b>Category B</b>			
D. operating income			\$20,000
Inkind donations			\$10,000
Syringe access grants			
Cleaninghouse sponsorship	\$ to be determined		\$25,000 ?
		<b>Total</b>	

## Description of Services:

Harm Reduction Road Show is focused on public health outreach, emphasizing HIV and Hepatitis C prevention among high risk, underserved populations. We do this by providing specific support services to people practicing high risk behaviors. These services are all free, confidential and anonymous. All of our services are organized and will be provided by trained volunteers. While we currently have no paid staff and we have an offer from a local non profit to act as fiscal sponsor and allow us to seek donations and grant funding. (United Services Agency 501c3)

## Our services will include:

- Mobile syringe exchange provides free, confidential, anonymous access to safe injecting supplies in a non judgmental harm reduction model. The supplies include: access to sterile syringes and other safe injecting supplies which are otherwise not widely available. Our success is built on trust and consistency in providing service. We arrive at specific locations on a predictable and regular basis.
- Syringe disposal is a free service for anyone with a syringe. Currently our county has only three anonymous kiosks, and several pharmacies participate in syringe disposal in part because of our robust Extended Producers Responsibility Ordinance. The purpose is to keep used syringes off the streets and out of trash cans where they can cause accidental sticks.
- We will provide free intranasal and/or injectable naloxone to distribute among the drug using community.
- We will provide fentanyl test strips to empower people who use drugs with information regarding their drug supply that will enable them to make decisions about safety while using (to not use alone, to make sure naloxone is available, to use a smaller amount and use more slowly, to inform their community that fentanyl may be present)
- Free condoms for any person: Unprotected sex is a high risk behavior which can be a concern.
- HIV testing to anyone: We will refer to agencies that provide free anonymous testing and we will invite Santa Cruz AIDS Project staff to join us in outreach to offer free testing.
- Referrals: we provide referrals to various social welfare programs, including but not limited to; food, shelter, clothes, health access, legal assistance, and substance use disorder treatment and MAT programs.
- We have volunteers that go out into the community and talk to people about our services and make other referrals. We will give out various supplies including, socks, soap shampoo, conditioner, razors, and literature to people who might otherwise not have access to these items.

## Section VI

### A. Syringe Dispensing Plan

The syringe transaction model will be a needs based/ negotiated distribution model. The client and volunteer will determine how many syringes will be distributed based on the number of individuals he or she is supporting with clean equipment, the number of times per day supplies are needed and the individual's ability to visit any of the syringe access mobile or fixed sites. (once a week, once a month , every two weeks etc.)

All clients are urged to return used syringes and dispose of them properly with us or the County Health Services Syringe Services Program utilizing sharps containers, kiosks or pharmacy drop offs. Clients are urged to reduce the risk of needle stick to others by not disposing in a garbage can or improperly leaving syringes in bathrooms or other areas where they may inject.

There will not be a limit on the number of syringes provided as the goal is to meet the U.S. Public Health Service recommendation of having a new sterile syringe for each injection.

We will provide safe injection supplies such as cookers, cotton, water, alcohol wipes, and tourniquets as recommended to prevent sharing and cross contamination, which can lead to disease transmission. Clients will be instructed on the need for proper disposal of the above supplies.

The number of syringes dispensed is a reporting requirement to the California Department of Public Health/Office of AIDS on a biannual basis.

### B. Syringe collection and disposal plan

- A. All staff/volunteers are expected to follow the Sharps Waste Management Plan for the disposal of sharps and other potentially infectious material generated in the Syringe Exchange Program.
- B. All sharps are to be placed in a sharps container labeled with the word "Biohazard" and the international biohazard symbol.
- C. The sharps container will be a rigid puncture-resistant container which when sealed is leak resistant and cannot be reopened without great difficulty.
- D. During Syringe Access and Disposal Program transactions, sharps containers should be placed between the participant and staff/volunteers. Staff/volunteers should never hold the sharps container during an exchange; the container should

be placed on a secure table, and should be kept level at all times.

- E. Any injection equipment that falls outside of the sharps container should be retrieved by the participant and placed in the sharps container. If this is not possible, staff/volunteers should use tongs to retrieve the injection equipment.
- F. Sharps containers should never be filled beyond the manufacturer's fill line; the container should never be more than 75% full. Staff/volunteers should not insert their hands into the sharps container or forcibly push used injection equipment down into the container.
- G. All needles and syringes shall be kept and transported in puncture proof containers designed specifically for this purpose.

The Santa Cruz Public Health Agency has an existing contract with "Sharps Solutions" to dispose of sharps waste in a manner that is compliant with existing regulations. Depending on the amount collected, other contractors may be sought out to reduce the cost of proper disposal.

### C. Service delivery plan

Fixed Site and Mobile. We have determined a need for mobile services in two locations in Santa Cruz and Felton. In addition, we will provide fixed site services at the Salvation Army day services center in Watsonville as well as one mobile site in Watsonville. The Harm Reduction Road Show recognizes that geographic, transportation, physical limitations in mobility, work schedules and other barriers exist to accessing Harm Reduction supplies.

Description of service locations:

1. Santa Cruz – area bounded by Coral Street and Harvey West Boulevard, northbound to Limekiln Street, and turning right on Coral Street to River Street. Sundays 7:00 p.m. to 8:30 p.m.
2. Felton – area bounded by CA-9 and Plateau Drive north to Graham Hill Road, east on Covered Bridge South Road. Thursdays 10:30 a.m. to 12:00 p.m.
3. Watsonville – Salvation Army, 214 Union Street, Watsonville, CA 95076. Mondays 9:00 a.m. to 11:00 a.m.

4. Watsonville - San Juan Road and Porter Road east to Salinas Road, south to Stender Avenue, north to San Juan Road. Mondays 1:30 p.m. to 3:00 p.m.

#### *Staff and Volunteer Training*

- a) The staff/volunteers complete core education on the Syringe Access and Disposal Program prior to providing services. Thus far we have 15 volunteers actively available to attend mobile outreach, some of whom have volunteered or worked at the County Syringe Service Program. We can hope to offer pay as we fundraise and grow. Volunteer burnout is something we want to prevent. We have a fiscal sponsor that has volunteered to let us work under their non profit. The United Services Association ( Paul Lee and Herb Schmidt)

The basic topics included in the education are as follows:

1. Comprehensive education on the program standard operating procedures; Syringe Dispensing Plan, Syringe Collection and Sharps Waste Disposal Plan, and the Service Delivery Plan.
2. Overview of harm reduction as is incorporated into the program.
3. Participant education.
4. Referral process to medical, substance abuse treatment, mental health and other services as needed.
5. Cultural and linguistically appropriate service standards.
6. HIV and viral hepatitis transmission and prevention.
7. Overdose prevention and naloxone distribution.
8. Legal basis for the program.
9. Participant confidentiality protocols

Additional recommended training when available includes: polysubstance use, conflict resolution and de-escalation, specialized interviewing techniques such as motivational interviewing.



#### **D. Data collection and program evaluation plan**

We will record the number of clients, male, female, Latinx, African American, Caucasian, number of syringes received, number of syringes dispensed, number of naloxone kits given out. Data along with a description of program services and accomplishments will be reported on a biennial basis to the CDPH Office of AIDS and the Santa Cruz County Health Officer. In addition, we will participate in the annual survey and/or other data collection efforts conducted through CDPH/OA and the Syringe Services Supplies Clearinghouse.

#### **E. Community relations plan**

We are recording several interviews on Community TV with our Health Officer, Dr Arnold Leff. We have been invited to speak to Capitola Soquel Rotary Club on 2/28. We table at events such as the Opioid Symposium on March 1 at the Cocoanut Grove in Santa Cruz. We have ongoing meetings with Santa Cruz Police Department and will reach out to the Watsonville Police Department. The Syringe Services Advisory Group meets occasionally and we have representation on this group. The Board of Supervisors mandates this advisory group. In preparation for this proposal we have met with County Health officer, the Director of County Health Services in addition to health department staff. We have a good relationship with the Mayors of each city and will meet with each individually.

We will record adverse and favorable incidents

We will record feedback from participants- we will collect data on how we are doing from program participants being mindful of ways we can improve or areas we need to make changes.

- Disposal lead- a member of each outreach group that will dispose of safely secured sharps.

# EXHIBIT F

OPINION > COLUMNISTS

## Needle exchange has bigger issues | Mayor's message

By JACK DILLES |  
May 18, 2019 at 3:00 p.m.

There has been a lot in the news lately about needles. If you have not heard, there is a new coalition that has applied to the State Department of Public Health to distribute needles to support individuals suffering from substance disorders at three locations in Santa Cruz County.

The "Harm Reduction Coalition of Santa Cruz County, Harm Reduction Roadshow" proposes to offer mobile services in Santa Cruz, Felton and Watsonville, and at a fixed site in Watsonville. I understand that providing clean needles to these individuals may help them and also reduce the transmission of diseases. This is a worthwhile goal and I believe the proponents of this program have good intentions.

However, the story does not stop there.

The coalition had the option of applying to local governments, but chose to apply to the state instead. This means that the decision to approve or not approve the unlimited distribution of needles will be made in Sacramento rather than in Santa Cruz County, with less local community discussion and outreach.



Many Scotts Valley and San Lorenzo Valley residents are concerned because of news stories about the unsafe disposal of large numbers of needles, because there has been little community outreach, because of regional tourism impacts, and because one location has been proposed for the Felton Covered Bridge Park where children play. Community members have raised safety concerns about public health impacts and safety issues for children who may be exposed to needle use in public restrooms and to dirty needles littering the grounds of the park.

In addition, questions have been raised by residents about oversight and the level of qualified medical and mental health professionals involved in the program.

While a true needle exchange program does have value because it reduces the spread of disease between needle users and protects the public health, this proposed program would harm the public because it appears that there would be no requirement or incentive to turn in used needles in exchange for new needles. I believe in helping those who need help in a thoughtful and organized manner, with the goal of protecting everyone in the community. This proposed program does not meet that standard. Instead, the proposal threatens the environment and the safety of community members.

As mentioned, above, the tourism industry is an important part of our local economy. We need to protect our environment, tourism industry and public safety by nurturing healthy communities.

We also need to take care of these vulnerable residents in a manner that requires them to be part of the solution in exchange for the assistance that they receive. We should have community programs that adhere to common-sense expectations like safely disposing of dirty needles.

The Scotts Valley City Council directed our city manager to submit a letter to the state objecting to this proposed program. I encourage everyone who cares about public health and safety to submit comments concerning the Harm Reduction Coalition of Santa Cruz County, Harm Reduction Roadshow to the State at [SEPAApplication@cdph.ca.gov](mailto:SEPAApplication@cdph.ca.gov) or sign the petition at <http://chn.gi/8bL455BnSc> by May 24. Let's create programs that protect the entire community and improve our neighborhoods.

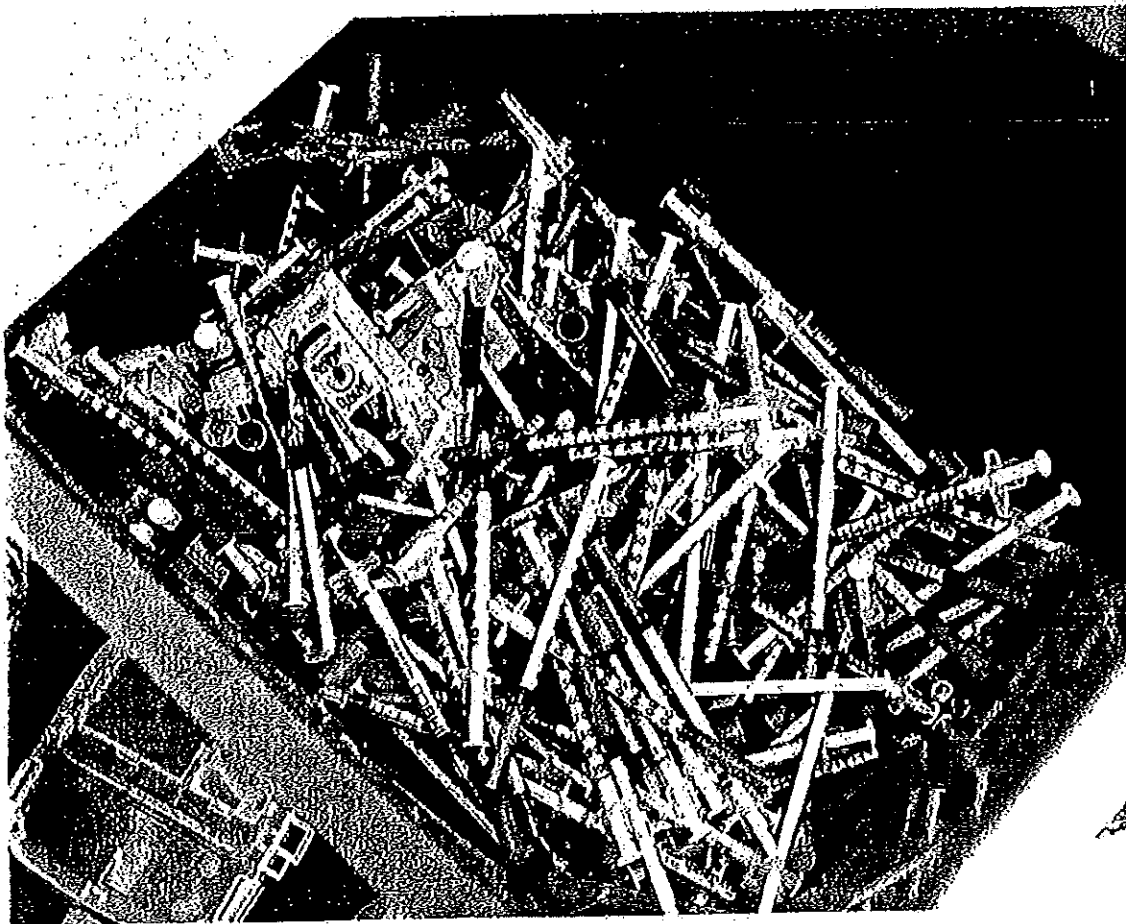
*Mayor's message is a Sunday column by Scotts Valley Mayor Jack Dilles, Watsonville Mayor Francisco Estrada, Santa Cruz Mayor Martine Watkins and Capitola Mayor Jacques Bertrand.*



NEWS > HEALTH

## Santa Cruz County community responds to proposed mobile needle handout

Public comment window closes Friday



Thousands of clean hypodermic needles were distributed and a similar amount of used syringes collected by the Harm Reduction Coalition on one day last month at the former homeless camp behind Gateway Plaza. (Dan Goyro — Santa Cruz Sentinel file)

By JESSICA A. YORK | [jyork@santacruzsentinel.com](mailto:jyork@santacruzsentinel.com) | Santa Cruz Sentinel  
PUBLISHED: May 19, 2019 at 2:45 p.m. | UPDATED: February 27, 2020 at 1:40 p.m.



SCOTTS VALLEY — This week, the Scotts Valley City Council joined a growing list of public officials voicing objections to a proposed mobile hypodermic needle distribution program.

The Harm Reduction Coalition of Santa Cruz County's application for state backing of the new needle access program has come under local fire during the California Department of Public Health, Office of AIDS' 45-day public comment window, which closes Friday.





City workers found hundreds of drug injection needles left behind in vacated tents at the Ross camp earlier this month. (Dan Coyro — Santa Cruz Sentinel file)



According to her application to the state, coalition leader Denise Eterick is applying to offer once-a-week services in Santa Cruz's Harvey West neighborhood, Felton's Covered Bridge Park, a triangular area south of San Juan Road in Pajaro and at a fixed site at the Salvation Army in Watsonville, though the Salvation Army's Capt. Harold Laubach Jr. has denied on social media his approval of the group's use of his site.

In the latest program denouncement, the City Council voted Wednesday to send a letter to the Department of Public Health in opposition of the program's certification and authorized Police Chief Steve Walpole to do the same. The city joins law enforcement and elected officials from across the county. Councilman Jim Reed, who requested the item be put on last week's agenda, said studies show lives are saved "if you've got a well-regulated needle exchange program where they have access to services, where they can get counseling, hopefully get treated for their addiction." The proposed mobile program, he said, was not that.

According to its state certification application, the Harm Reduction Road Show will provide sterile syringes in addition to syringe disposal and education on proper disposal practices; overdose prevention and naloxone distribution; harm reduction and first aid supplies; referrals to HIV/HCV testing, vaccinations, substance use disorder treatment and services for people experiencing homelessness.

Vice Mayor Randy Johnson joined his council peers in raising concerns about the program's naming of the Felton Covered Bridge County Park as a site for needle distribution, saying he feared that needle giveaways amount to "almost like tacit approval," compared to putting more funding "into a positive resolution and treatment."

"If you have a problem with alcohol, we don't send around a beverage cart with Jack Daniels minis or something like that to help out, because that doesn't benefit them," Johnson said.

Mayor Jack Dilles said he believed proponents of the mobile program desired to help those struggling with drug addiction but critiqued the group's method of moving forward. Scotts Valley and neighboring Felton want to "project a wholesome healthy image and grow our tourism and not shoot ourselves in the foot," he said.

"I looked at the rules online, and this could be a local decision. This group has the option of applying either through local jurisdictions, city councils or supervisors or to the state," Dilles said. "And they chose to go to the state. And I think this should be more of a local discussion and decision so we have more local control."

## **First-hand experience**

Scotts Valley resident Sharon de Jong also has been among those vocal in her concerns about the mobile program's organization. She wrote a letter to council members, asking them to take a stance on the budding effort.



An addict in recovery who has been clean for more than 27 years, de Jong said she supports sterile syringe programs with connected health, treatment and counseling services, but is "terrified" about a program secondary to the county-run Syringe Services Program. She's particularly worried that the grassroots program's efforts to ensure that those receiving the needles are at least 18 years old may not be as stringent as the county's. Ideally, de Jong said, the public outcry will put a "pause button" on the Harm Reduction Road Show, derailing efforts to "normalize the drug lifestyle."

"You don't need a prescription to buy syringes, you can go in — they're 50 cents. If the guy's got enough money and enough wherewithal to go meet his dope dealer a quarter mile away, they've got the wherewithal to walk into Walgreens and buy syringes, too," de Jong said. "Some people might say, well, that's shameful and stigmatizing. Well, you know, that's part of addiction. There are shame-producing things that we do, that just comes with the territory."

While many who have spoken out against the program have highlighted their preference for a program that, like the county's program, have a "one-to-one" needle exchange policy, the state, said Elerick in a previous interview, does not certify new programs that limit needle exchanges to one-for-one, as that procedure is no longer considered "best practice" by state health officials. The county syringe program is regularly under public fire, including in a June 2017 grand report highlighting increasing needle litter, less-than-full transparency and limits on public access to services.

In addition to community members raising alarms on social media and at least one Change.org petition's more than 1,400 signatures as of Friday, other public opponents to the program to date have included Santa Cruz County Sheriff Jim Hart, Santa Cruz Police Chief Andy Mills, Watsonville Police Chief Dave Honda and Santa Cruz County Supervisors Bruce McPherson and Ryan Coonerty.

## Officials weigh in

"I cannot support a needle exchange expansion without local oversight and accountability, a plan to reduce discarded needles and ensuring the effectiveness of reducing infection rates," Santa Cruz Police Chief Mills wrote in his blog last month. "When these standards are met, I'll gladly support a harm deduction program expansion."

"A new exchange would rob the County's exchange of the opportunity to connect with clients, counsel them and connect with clients, counsel them and connect them to treatment," County Supervisors Coonerty and McPherson wrote to the state. "Santa Cruz County has worked very hard to design and implement a Drug Medi-Cal Organized Delivery System, which has significantly expanded treatment capacity and the County's syringe program is in the best position to be able to connect injection drug users with treatment."



"I am not aware of any outreach by the Harm Reduction Coalition to the proposed committee they would serve. The Board of Supervisors, the business community, the Parks Department, the schools and I were not contacted about this proposed program," Sheriff Hart wrote to the state. "If outreach were done, I believe the Harm Reduction Coalition would hear that this program is not wanted or needed."

"In reviewing the application, I am concerned regarding the following issues," Watsonville Police Chief Honda wrote to the state. "The applicant refers to a "significant overdose increase" in the City of Watsonville in 2018. In reviewing our statistical data there is no indication of an increase in overdoses in our City, in fact, there was no change from 2017 to 2018.


The applicant makes no distinction between overdoses from those involving syringes to those related to pills or alcohol. Our statistical data indicates the majority of our reported overdoses were from the use of pills and alcohol, not syringes."

*More information: [cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_secapp.aspx](http://cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secapp.aspx).*

Tags: Homelessness, Newsletter

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## Jessica A. York | Reporter

Jessica A. York covers Santa Cruz government, water issues and homelessness for the Sentinel. She has been a working journalist, on both coasts, since 2004.

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NEWS &gt; HEALTH

## Santa Cruz needle service's nonprofit sponsorship clarified

By JESSICA A. YORK | [jjork@santacruzsentinel.com](mailto:jjork@santacruzsentinel.com) | Santa Cruz Sentinel

PUBLISHED: May 21, 2019 at 5:31 p.m. | UPDATED: February 27, 2020 at 1:40 p.m.

SANTA CRUZ — A cofounder for a long-time Santa Cruz social justice-focused nonprofit organization is distancing his group from a mobile hypodermic needle distribution program seeking state certification.

Rev. Herb Schmidt, who helped form United Services Agency Inc. (USA) with homelessness issues advocate Paul Lee in 1970, told the Sentinel on Tuesday that it recently came to his attention that the Harm Reduction Coalition Road Show application to the California Department of Public Health, Office of AIDS lists his group as its nonprofit fiscal sponsor. Schmidt said the misunderstanding appeared to stem from communication between Lee and Harm Reduction Coalition leader Denise Elerick.

"When Paul brought it to me, I said, well, she should go to the county health department and have them sponsor it, because we don't have any medical expertise and I think she really needs someone who has medical expertise to help them in doing it, to make sure that it's the best thing for the homeless population," Schmidt said. "We didn't even bring it to our board. So, I just forgot about it."

Elerick, an Aptos resident and dental hygienist, has been leading recent efforts to turn an informal mobile needle exchange effort into an organization with state standing that would allow the group to seek sterile drug injection supplies directly.

### State certification



Nonprofit fiscal sponsorship allows an entity to seek grants and solicit tax-deductible donations. Elerick said by email from out of the country that fiscal sponsorship is "not really a required piece of our application but I added in to be thorough." The group now has sponsorship from Tacoma, Washington-based North American Syringe Exchange Network, she said.

"Paul Lee had made the offer," Elerick wrote. "When Herb needed more information there was some hesitancy because of 'needing insurance' and the likelihood that USA will be closing down most likely."

Schmidt said he found out about the program's certification application from former Santa Cruz Mayor David Terrazas, who recently phoned to question Schmidt on his group's ties to the Harm Reduction Coalition. Schmidt said he was a "little disturbed" to hear that his group's name was attached to the effort without formal approval, and he has since written letters to the Santa Cruz City Council and the state clarifying the issue.

"We have no medical expertise. No idea about what the fiscal liability would be. We don't have any way of knowing if what she's doing is helpful or not helpful," Schmidt said. "I've got my own questions about that. My own feeling is, that as important as it is to give needles that aren't contaminated — that's very important — but more important is that we get people into treatment. And that seems to me the big problem here in our county."

The state's 45-day public comment deadline and opportunity for officials to confer with the local health officer and local law enforcement officials on the pending certification ends Friday. Department of Public Health officials then have 30 days to decide whether or not to certify the application.

## **'Exchange' vs. distribution**

The volunteer-run needle service program, which has been operating informally for years as an unauthorized conduit between the existing Santa Cruz County-run Syringe Services Program and drug users, has come under fire in recent weeks by local law enforcement, community members and elected officials. Concerns have run the gamut from fears of increased needle litter and the "enablement" of drug addiction to lack of professional training or oversight and sufficient referral to addiction and health services.



One key sticking point for many outspoken on the issue is that the Harm Reduction Road Show would not enforce a one-to-one needle exchange policy. However, the California Department of Public Health, Office of AIDS in an issue brief on its website advises syringe exchange programs to adopt "needs-based distribution policies" versus one-for-one exchanges and per-person limits on syringe program participants.

"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 (people who inject drugs)," according to the state brief. "These concerns have not been born out in research on syringe distribution policies."

Needle exchange programs gained traction and political backing nationally in the 1980s, in the midst of the AIDS epidemic. Use of dirty needles is cited as putting people at greater risk of viral and bacterial infections, including HIV, viral hepatitis and skin and soft tissue infections. Santa Cruz County health officials launched its own needle exchange program in 2013, eventually replacing the existing nonprofit Street Outreach Supporters.

Tags: Homelessness, Newsletter

## Jessica A. York | Reporter

Jessica A. York covers Santa Cruz government, water issues and homelessness for the Sentinel. She has been a working journalist, on both coasts, since 2004.

[jyork@santacruzsentinel.com](mailto:jyork@santacruzsentinel.com)

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# EXHIBIT G

## Needles Found March 2020

DATE	WEST	CENTRAL	EAST	RANGERS	BOMBARDI - WHARF	HICKS - GOLF C.
1			2 Grant		0	
2			12 Tannery Levee		3 - Wharf Compactor enclosure # 2	
3			120 levee, 1 Grant		1 - West Cliff Trestle trash can	
4			2 SLP RR		0	
5		30-evergreen wkway	1 Grant, 5 Felker	1200 - Pogonip mid- meadow	0	
6			1 Levee	50 - Pogonip (L) off of Golf Club inside and further up from the gate	0	
7					0	
8					0	
9		14-evergreen wkway	2 RGP, 2 west levee, 3 SLP		1 - Main Beach river mouth 1 - Cowell RR	
10			1 RGP, 2 SLP, 1 Grant, 2 Tannery, 10 Water ST		0	
11			1 George, 46 Levee		0	
12					1 - Cowell trash can	
13					0	
14		3-town clock 14-pogo gate 6-evergreen wkway			2 - Cowell trash can. 1 - Collins cove 1 - Cowell RR	
15		1-city hall courtyard 2-HW Blvd			1 - West Cliff Trestle 5 - Main Beach river mouth	
16						

Needles Found March 2020

17						10 - Main Beach wrack line 1 - Wharf compactor enclosure	
18						0	
19						1 - Cowell trash can	
20						0	
21						0	
22						1 - Cowell trash can	
23						0	
24						0	
25						0	
26						0	
27						0	
28						4 - Main Beach Volleyball courts	
29						0	
30						3 - West Cliff Trestle 2 - Beach Street RR	
31						4 - West Cliff Trestle 2 - Main Beach sea wall	



Needles Found May 2020

DATE	WEST	CENTRAL	EAST	RANGERS	BOMBACI - WHARE	HICKS - GOLF C.
1					0	
2					0	
3					1 - West Cliff Trestle	
4					1 - West Cliff Trestle trash can	
5					1 - West Cliff Trestle trash can	
6					0	
7					0	
8					0	
9					0	
10					1 - West Cliff Trestle	
11					2 - West Cliff Trestle	
12					0	
13					2 - West Cliff Trestle trash can	
14					0	
15					0	
16					0	
17					0	
18					1 - Main Beach Westbrook Ramp	
19					3 - Pogonip mid- meadow	15 - West Cliff Trestle
20					7 - Neary Lagoon along the RR-tracks	0
21		1-HWP clubhouse BBQ			0	
22				800 - Pogonip between	0	

Needles Found May 2020

			the RR-tracks and Highway 9	0	
23				0	
24				0	
25				0	
26		1 Grant, 1 SLP		1 - West Cliff Trestle	
27	9-HW Blvd	Levee 4 El Rio		0	
28				0	
29		41 Benchlands		0	
30				0	
31				2 - West Cliff Trestle	

# Needles Found June 2020

DATE	WEST	CENTRAL	EAST	RANGERS	BOMBACI - WHARF	HICKS - GOLF C.
1			15 Felker, 5 SLP, 4 Seniors, 5 Grant		1 - Collins Cove 1 - Cowell under hotel	
2			5 Mike Fox		0	
3			14 Levee Water St. BRDG.		0	
4			1 RGP.		0	
5					0	
6					0	
7					1 - Main Beach wreck line 1 - Main Beach Promenade 1 West Cliff Trestle	
8					0	
9					0	
10					0	
11					0	
12		1-HWP-buckeye BBQ			0	
13					0	
14					0	
15		1-parks yard by homeless dumpster			0	
16					0	
17					0	
18					0	
19		7-evergreen wkway			0	
20					4 - West Cliff Trestle	
21		3-HWP club BBQ			0	
22					0	
23					0	

Needles Found June 2020

24				0	
25				0	
26				0	
27	2-HW Blvd			1 - Beach St. RR	
28	2-HW Blvd			0	
29	3-city hall			0	
30	1-cliff st wkway 1-HWP friendship 22-HWP main restrm				
31					

# Needles Found July 2020

DATE	WEST	GREENWAYS	NPT and Downtown	OPENS SPACE	BOMBACI - WHARF	HICKS - GOLF C.
1			Dela 3, George 1	100 - Neary Lagoon, WWTF fence-line	0	
2					0	
3					0	
4					1 - Cowell beach	
5					1 - West Cliff Trestle	
6					1 - Beach St. RR	
7		6-east levee		4 - Pogonip Nature Loop, northeast end	0	
8					0	
9					0	
10					0	
11			1 O.V.		1 - Cowell stairs	
12					0	
13			3 City Hall		0	
14		1-arana @ Agnes St. 18-east levee by SLP			0	
15					0	
16		6-levee by ross 2-bethany curve by Alta st.	8 SCO, 1 Trescony	38 - Pogonip lower meadow.	0	
17					0	
18					1 - West Cliff Trestle trash can	
19					0	
20		1-east levee	Rincon 1	6 - Pogonip, Golf Club gate.	0	
21		1-east levee	2 Frederick		1 - Main Beach trash can 1 - West Cliff	

## Needles Found July 2020

22	1-east levee	5 Seniors	1 - Moore Creek, Highway 1 gate.	Trestle	0	
23	3-east levee-felker 1-levee b-40 creeko 1-levee @ hwy 1 bridge	3 Mike Fox			0	
24					0	
25		2: East Cliff			0	
26					0	
27	4-east levee	4 SK8 park	9 - Pogonip, Golf Club gate		0	
28	2-east levee 2-west levee 2-west cliff @ stockton	1 SOS			0	
29		1 City Hall, 1 OV	400 - Pogonip, Highway 9		0	
30		2 Seniors			0	
31					0	

## Needles Found August 2020

DATE	WEST	GREENWAYS	NPT/ Downtown	OPEN SPACE	BOMBACI - WHARF	HICKS - GOLF C	LNCC- Rae
1					0		0
2					0		0
3		29-arana marsh trail	4 Sk8 Park	2 - Pogonip along RR-tracks	0		0
4			2 Fred		0		0
5		6-east levee	1 Pacific	25 - Pogonip - Mid-Meadow site down from clubhouse	0		0
6		4-west levee	1 SOS	2 - Pogonip, Nature Loop near bridge, northwest end	0		0
7				120 - Pogonip, acacia patch adjacent to the upper meadow.	0		0
8					0		0
9					1 - Cowell Bear Can		0
10		6-levee water st bridge	5 East Cliff		1 - Cowell stairs		0
11		2-arana by furniture store			0		0
12			1 Grant		0		0
13					0		0
14		12- levee @ felker	4 Grant	150 - Pogonip lower meadow, down from split rail fence	0		0
15		7-levee @ food not bombs			1 - Main Street on curbo		0
16		11- west cliff caves			0		0
17					0		0

## Needles Found August 2020

18				10 - Pogonip, Highway 9, by port-a-potty	0		0
19		28-east levee		6 - Sycamore Grove, near turn-out	1 - Beach St. RR		0
20		5-east levee 3-west levee			0		0
21		6-east levee			0		0
22		33-east levee 3-west cliff			1 - West Cliff Trastle 3 - Cowell Bear Can 1 - Main Beach at point		0
23		4-east levee 8-top of nearys			0		0
24		6-east levee	2 Fred	75 - Pogonip, acacia patch off the right of Golf Club going up to clubhouse	1 - Cowell near Dream Inn 1 - Cowell trash can		0
25		3-yard dumpster 5-east levee 4-west levee	6 Mike Fox		0		0
26		5-west levee	6 NIAC building		0		0
27			4 Grant		0		0
28				2 - Pogonip, along RR-tracks	0		0
29					1 - Beach St. RR		0
30					1 - Cowell RR trash can		0
31				50 - Delaveaga, lower Dela backside of the dog park			0



# EXHIBIT H



MAYOR AND CITY COUNCIL

809 Center Street, Room 10, Santa Cruz, CA 95060 • (831) 420-5020 • Fax: (831) 420-5011 • citycouncil@cityofsantacruz.com

October 2, 2019

The Honorable Ryan Coonerty and Members of the Board of Supervisors  
County Board of Supervisors  
701 Ocean Street, Room 500  
Santa Cruz, CA 95060

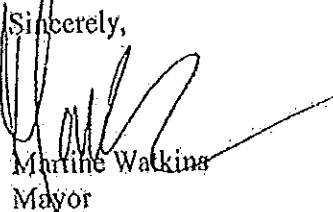
Dear <sup>Board</sup> Chair Coonerty and Members of the Board of Supervisors:

In response to your letter dated June 12, 2019, the Santa Cruz Council, at its meeting on September 24, 2019, directed the Mayor to write a letter expressing openness to four additional syringe disposal kiosks with locations to be determined by the City Manager's Office, and with all costs and labor for the placement and maintenance of these kiosks to be covered by the County and their contractors in perpetuity. A number of smaller, secure syringe disposal bins may also be appropriate in certain locations, installed and serviced at the County's expense. In addition, to address the scourge of needle litter in our community, the City urges the County to establish a 24/7 needle litter response program.

As the County revisits its harm reduction programs, conducts community outreach, and gathers data on feasibility and effectiveness of its various programs, the City intends to engage with the process before consideration of safe injection sites, syringe exchange sites, or secondary syringe exchanges are considered; and, in any event, would expect the County to have prior City approval before such programs and/or services are located within the City of Santa Cruz' jurisdiction.

The City greatly appreciates the County's attention and outreach on this issue and desires to continue an active partnership.

Sincerely,

  
Martine Watkins  
Mayor

cc: City Clerk

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# EXHIBIT I

**GRANT PARK NEIGHBORS**  
*For direct correspondence, reply to Brad Angell*  
236 Coulson Avenue, Santa Cruz, CA 95060  
grantpark95060@gmail.com / grantparkneighbors.org

SEP Certification, California Department of Public Health

John Leopold, District 1 County Supervisor  
Zach Friend, District 2 County Supervisor  
Ryan Coonerty, District 3 County Supervisor  
Greg Caput, District 4 County Supervisor  
Bruce McPherson, District 5 County Supervisor

Mimi Hall, Director Health Services Agency

Justin Cummings, Mayor of City of Santa Cruz  
Tony Elliot, Director Parks and Recreation  
Andrew Mills, Chief of Santa Cruz Police Department

January 20, 2020

**RE: OPPOSITION TO HARM REDUCTION COALITION OF SANTA CRUZ COUNTY  
SYRINGE EXCHANGE PROGRAM CERTIFICATION APPLICATION**

Dear Administrators of the State-Certified Syringe Services Program:

Grant Park Neighbors (GPN) is an organized neighborhood group with an active email list with just over 100 members and roughly 30 active stakeholders that meet every two weeks in Grant Park. Nearly a year ago, GPN collectively wrote this vision statement:

**Grant Park Neighbors works with the Parks & Recreation Department, Santa Cruz City and County to promote a safe and welcoming environment for neighbors and the community to gather for recreational, leisurely and family activities, and to enjoy the beauty of the park.**

Grant Park and the surrounding neighborhood are directly impacted by the programs, services, and administrative reach of the Emeline County Campus (ECC), including the Syringe Exchange Program. GPN supports County leadership in their opposition to the Harm Reduction Coalition (HRC)'s syringe exchange program application to the California Department of Public Health (CaPH). Most GPN members believe that any syringe exchange program administered in the County should be **directly administered** by the County's Health Services Agency. After our regular meeting on January 12, 2020, the GPN members in attendance outlined three principle reasons for opposing the HRC's application to the CaPH:

- 1) We believe HRC is directly the cause for an oversupply of needles in our community. An oversupply of needles into the local community creates a real and ongoing health hazard to Grant Park, one that has highly impacted our neighborhood over the past two years.

This impact has forced the City to close the park at length, and continues to cause regular disruption of park services.

- 2) HRC's method of providing needle exchange services counteracts any hope for County treatment and hampers the agency's power to directly address the opioid crisis. With the HRC, clients of the syringe exchange program never have an opportunity to be exposed to legitimate treatment.
- 3) GPN is unconvinced the HRC will hold any accountability in regard to the impacts of their services under the current CaPH application; further, we do not believe the HRC has the professional capacity to provide the treatment services their clients deserve.

Sincerely,



Brad Angell  
Director, Grant Park Neighbors

# EXHIBIT J

## SYRINGE EXCHANGE PROGRAM (SEP) Certification Application

### I. Applicant Organization Information

Organization Name: <b>Harm Reduction Coalition of Santa Cruz County</b>		Telephone Number: <b>( 831 ) 769-4700</b>	Date of Application (mm/dd/yyyy): <b>11 / 20 /2019</b>	
Proposed SEP Name (if different from above):				
Address (Number, Street, Suite #): <b>PO Box 3415</b>	City: <b>Santa Cruz</b>	County: <b>Santa Cruz</b>	State: <b>CA</b>	ZIP Code: <b>95063</b>
Mailing Address (if different from above):	City:	County:	State:	ZIP Code:
Name of SEP Administrator: <b>Denise Elerick</b>	Title: <b>Coordinator</b>	Telephone Number: <b>( 831 ) 769-4700</b>	E-Mail Address: <b>HRCofSCC@gmail.com</b>	

### II. Services Applicant Currently Provides to Injection Drug Users (IDUs)\* (check all applicable boxes)

Drug Abuse Treatment Services	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
HIV or Hepatitis Screening	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Hepatitis A and Hepatitis B Vaccination	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Screening for Sexually Transmitted Infections	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Housing Services for the Homeless, Victims of Domestic Violence, or Other Similar Housing Services	<input type="checkbox"/> Directly	<input checked="" type="checkbox"/> Via Referral
Distribution of Condoms	<input checked="" type="checkbox"/> Directly	<input type="checkbox"/> Via Referral
Risk Reduction Education	<input checked="" type="checkbox"/> Directly	<input type="checkbox"/> Via Referral

\* IMPORTANT: All services must be currently offered (directly or via referral) in order to apply for Certification.

### III. Applicant Organization Description

Please briefly describe the organization's mission and core services:

See Attachment 1

Please provide a description of the proposed syringe exchange services and any additional services that will accompany syringe exchange, such as overdose prevention supplies and education:

See Attachment 1

**IV. Description and Summary of Proposed SEP**

Program Service Delivery Mode (check one): <input type="checkbox"/> Fixed Site <input checked="" type="checkbox"/> Mobile Site <input type="checkbox"/> Both Fixed and Mobile Sites		Estimated Annual Number of Clients to be Served: <b>200</b>	Estimated Annual Number of Syringes Dispensed & Collected: <b>150000 &amp; 160000</b>
SEP Location(s), Days and Hours of Operation (if more than three locations, provide all of the requested information below for each additional location in an attachment):			
Name of Location	Address of Location	County	Days and Hours of Operation (e.g. Monday - Friday 2pm to 8pm, Saturday 11am to 2pm)
1. See Attachment 1			
2.			
3.			
Is there a neighborhood association affiliated with the location(s) of your proposed SEP site(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the contact name, phone number, and e-mail for the neighborhood association(s) for each location.			
Contact Name	Phone Number	E-mail Address	
1.	( )		
2.	( )		
3.	( )		
For each of the SEP locations above, please describe the staffing (please indicate number of staff, titles of positions, and a brief description of their duties):			
#	Number of Staff	Title of Position(s)	Description of Duties
1.	#		See Attachment 1
2.	#		
3.	#		
Please provide a short summary paragraph that will be posted on the California Department of Public Health, Office of AIDS website, which summarizes the proposed program and includes the name of the applicant organization, the name of the SEP (if different), the location(s), hours and days of service, and types of services to be delivered (not to exceed 150 words):			
See Attachment 1			



V. Needs Statement

Please provide the rationale for the request for Certification in the location(s) specified and use data and other objective sources to document the need. Examples include statistics on HIV infection among IDUs in the local health jurisdiction (LHJ), statistics on viral hepatitis among IDUs in the LHJ, and the presence or absence of other syringe exchange services in the proposed location(s):

See Attachment 1

VI. Additional Required Information

Additional requirements for SEP Certification are listed in the California Code of Regulations Subchapter 15, Sections 7000 through 7010, Title 17, Division 1, Chapter 4.

Applicants must attach a copy of each of the following:

- a) Syringe Dispensing Plan as described in Section 7012(a);
- b) Syringe Collection and Disposal Plan as described in Section 7012(b);
- c) Service Delivery Plan as described in Section 7012(c);
- d) Data Collection and Program Evaluation Plan as described in Section 7012(d);
- e) Community Relations Plan as described in Section 7012(e); and
- f) A budget for the program which includes a minimum projected income and costs for personnel, outside services and operating expenses, including but not limited to rent, utilities, equipment, materials including syringes and disposal containers, transportation, insurance, training, meetings, syringe disposal services, and indirect costs.

A description of each plan can be found on the CDPH/OA Syringe Exchange Certification Program Application Checklist.

VII. Applicant Acknowledgement and Attestation\*\*

The following SEP services must be provided to all participants by State-certified SEPs per Health and Safety Code Section 121349(d)(3):

- Needle and syringe exchange services;
- HIV and viral hepatitis prevention education services; and
- Safe recovery and disposal of used syringes and sharps waste.

The Applicant attests that upon Certification it will comply with state laws, regulations, and local ordinances.

The Applicant also attests that it has the capacity to begin syringe exchange services within ninety (90) days of Certification.

The Applicant further acknowledges and agrees to the involvement of program participant input into program design, implementation, and evaluation.

Signature: *Christine Bunk* Date (mm/dd/yyyy): 11/20/2019  
DocuSigned by: F12733D1EDEF48A

\*\* IMPORTANT: Submission of an application does not constitute Certification.

Completed applications for Certification can be submitted via:

**Mail:** California Department of Public Health, Office of AIDS  
 Attention: SEP Certification Program  
 P.O. Box 997426, MS 7700  
 Sacramento, CA 95899-7426

**E-Mail:** [SEPapplication@cdph.ca.gov](mailto:SEPapplication@cdph.ca.gov)

Additional information on SEP Certification can be found at:  
[https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/OA\\_priv\\_sep.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/OA_priv_sep.aspx)

### III. Applicant Organization Description

Please briefly describe the organization's mission and core services:

The Harm Reduction Coalition of Santa Cruz County (HRCSCC) is a volunteer-run community organization serving people who use drugs in Santa Cruz County and thereby improving the health of the entire community. Our goal is to support positive changes in the lives of people who use drugs, slow the spread of preventable blood-borne viruses and other injection related infections, and to prevent overdoses. Our coalition has been providing services by working in collaboration with Santa Cruz County's SSP for 18 months.

We follow best practices around HIV & viral hepatitis prevention, care for injection drug users, and provide overdose prevention. We provide services and referrals that focus on overall health and wellness. This approach emerges from the philosophy of harm reduction; acknowledging that a potentially harmful behavior will take place and then doing all that we can to minimize the harm to the individual and the community.

The services we provide and will continue to provide include education on the topics of: safe injection, HIV and viral hepatitis prevention, overdose prevention, and proper syringe disposal; other services include distribution of naloxone, safe sex supplies and fentanyl test strips, collection and safe disposal of used syringes, and access to clean syringes and other crucial injection supplies as needed.

We also offer and will continue to offer referrals to: substance use disorder treatment services, food and shelter programs, viral hepatitis and HIV testing and counseling, Hepatitis A and Hepatitis B vaccinations, and referrals to screenings for sexually transmitted infections. HRCSCC will be an integral contact for people who have needs beyond the immediate need for safer injection practices. We understand that harm reduction is critical in all facets of one's life, and so we are always trying to meet a large variety of needs that people may have in order to improve the health of our entire community.

Above all, we will strive to include input from people that use drugs and to let our participants decide how we provide and expand our services. Taking direction from the people who make use of our services is critical for multiple reasons. It is an evidence-based practice that has been shown to increase engagement with services and improve health outcomes, and it is also a key principle in harm reduction because it gives agency to those most impacted by the harm we are addressing.

We are also committed to lessening the amount of syringe litter throughout our county. We follow evidence-based practices that ensure that we are always having a positive impact on this issue by providing our participants with a convenient and safe way to dispose of used syringes along with the proper sharps containers for them to keep their used syringes in. Our volunteers

are regularly spending time collecting used syringes from the ground every single week. Lastly, our website also provides an easy explanation of how to report a used syringe they have found so that it can be cleaned up safely.

In May of 2019 the Harm Reduction Coalition of Santa Cruz initiated the process to become authorized to operate a supplemental syringe access program. We temporarily withdrew our application to address mapping details and legitimate concerns in the community. A primary concern was that HRCSCC would be providing syringe access in county parks, despite services not having ever been provided in a park. However, we want to value the input we have received by clearly stating that we hereby make a commitment that syringe access services will not occur in any county park, city park or state park.

Please provide a description of the proposed syringe exchange services and any additional services that will accompany syringe exchange, such as overdose prevention supplies and education:

We will run a volunteer-based mobile syringe service as well as a home delivery service. This will be a needs-based exchange program that will be partly staffed by peers with lived experience with drug use, with the rest of the volunteers being people with a strong interest in this work because of how harm associated with drug use has impacted their lives. We will distribute naloxone and provide education on overdose prevention through our exchange; and we will also do mobile naloxone distribution without a syringe component on a regular basis.

The services we provide and will continue to provide include education on the topics of: safe injection, HIV and viral hepatitis prevention, overdose prevention, and proper syringe disposal; other services include distribution of naloxone, safe sex supplies and fentanyl test strips, collection and safe disposal of used syringes, and access to clean syringes and other crucial injection supplies as needed.

We also offer referrals to: substance use disorder treatment services, food and shelter programs, viral hepatitis and HIV testing and counseling, Hepatitis A and Hepatitis B vaccinations, and referrals to screenings for sexually transmitted infections. HRCSCC will be an integral contact for people who have needs beyond the immediate need for safer injection practices. We understand that harm reduction is critical in all facets of one's life, and so we are always trying to meet a large variety of needs that people may have in order to improve the health of our entire community.

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principle in harm reduction because it gives agency to those most impacted by the harm we are addressing.

We are also committed to lessening the amount of syringe litter throughout our county. We follow evidence-based practices that ensure that we are always having a positive impact on this issue by providing our participants with a convenient and safe way to dispose of used syringes along with the proper sharps containers for them to keep their used syringes in. Our volunteers are regularly spending time collecting used syringes from the ground every single week. Lastly, our website also provides an easy explanation of how to report a used syringe they have found so that it can be cleaned up safely.

**IV. Description and Summary of Proposed SEP**

**Staffing:**

Number of Volunteers	Title of Position(s)	Description of Position
1	Coordinator	Organizes other volunteers into roles, facilitates the distribution of supplies and collection of used syringes. Gives referrals.
1	Server	Serves small meals, water to drink, assists with any referrals, clean up curbside when we are finished.
1	Data Collector	Tracks total syringes that come in and go out, demographic data and number of participants served.
2	Helper	Helps with any of the above as needed.
4	Hotline Worker	Answers hotline, directs participants to services
2	Home Delivery	Fills the role of a coordinator and data collector during home delivery shifts, while also being responsible for safe transportation of supplies to and from participants' homes

**Note on Volunteer Breakdown:**

This program includes two distinct forms of outreach, mobile services at a single location and home delivery services. Our mobile services require the following volunteers: a coordinator, a server, a data collector, and 1-2 helpers. Our home delivery services require only two home delivery volunteers to make a delivery.

**Short Summary:**

HRCSCC seeks to operate a SEP, this program will largely be a home delivery service but will also include regularly occurring mobile outreach in the City of Santa Cruz.

The location of that mobile outreach is the same location that our coalition has been providing secondary exchange services in collaboration with Santa Cruz County's SSP for almost 18 months. This location is a stretch of public property on the part of Coral St that is between Limekiln St and River St. This outreach occurs on Sundays between the hours of 9 a.m. and 11 p.m., and our outreach site is always staffed by 5 or more well-trained volunteers.

Our home delivery services will be available to people across the entire county, and the services will be provided where the participants live. We will schedule appointments on request for participants on Mondays, Wednesdays, and Fridays at times of day that are determined based on need. Volunteers will primarily use cars to travel to meet with participants.

We are proposing to continue to provide the services we currently provide as a secondary site which includes education on the topics of: safe injection, HIV and viral hepatitis prevention, overdose prevention, and proper syringe disposal; other services include distribution of naloxone, safe sex supplies and fentanyl test strips, collection and safe disposal of used syringes, and access to clean syringes and other crucial injection supplies as needed.

We also offer referrals to: substance use disorder treatment services, food and shelter programs, viral hepatitis and HIV testing and counseling, Hepatitis A and Hepatitis B vaccinations, and referrals to screenings for sexually transmitted infections. HRCSCC will be an integral contact for people who have needs beyond the immediate need for safer injection practices. We understand that harm reduction is critical in all facets of one's life, and so we are always trying to meet a large variety of needs that people may have in order to improve the health of our entire community.

#### **V. Needs Statement:**

The history of syringe access in Santa Cruz County is founded in mobile outreach and home delivery. Many people will not use the county fixed site due to mobility issues, transportation, hours of operation, apprehensions to use a government based medical model program, and fear of carrying paraphernalia. Our county's program uses a 1:1 model, and we plan to use a needs-based model.

There are isolated people in our county who do not have access to adequate syringe services, and we would like to increase our outreach to them. Santa Cruz County has a high rate of overdose deaths, with the 17th highest rate of opioid overdose deaths among CA's 58 counties. SC's rate (8.2/100k pop) was 48% higher than the statewide rate (5.54/100k). Santa Cruz had the 12th highest rate of heroin overdose deaths, and that rate (4.25/100k) was 136% higher than the statewide rate (1.8/100k) [1]. Watsonville experienced a significant overdose increase in 2018, and the south end of our county receives even less services than the rest of the county, due to limited hours at the Watsonville campus of the county SSP.

Attachment 1

HCV data for Santa Cruz County (2015) shows a rate of 108.1 cases per 100,000 people, which was a significant increase since 2011 and was also significantly higher than the statewide rate [2]. Between 2017 and 2018, a Hepatitis A outbreak in the county led to 76 confirmed cases [3]. Between 2013-2017, 16% of all new HIV infections were people who inject drugs [4].

1. <https://discovery.cdph.ca.gov/CDIC/ODdash/>
2. [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Converted\\_SantaCruz\\_HCV.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Converted_SantaCruz_HCV.pdf)
3. <http://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/HepatitisA.aspx>
4. <https://www.santacruzhealth.org/Portals/7/Pdfs/Reports/Santa%20Cruz%20STD%20HIV%202019.pdf>

## Section VI

### Section VI Additional Required Information

#### A. Syringe Dispensing Plan

The syringe transaction model will be a needs-based model. The participant and a volunteer will determine how many syringes will be distributed based on the number of individuals the participant is supporting with clean equipment, the number of times per day supplies are needed and the individual's ability to visit any syringe exchange program.

We will continue to provide syringes in all sizes requested by our participants and volunteers will assist participants in identifying the size of syringe that works best for them. There will not be a limit on the number of syringes provided to each participant, as the goal is to meet the U.S. Public Health Service recommendation of having a new sterile syringe for each injection.

All clients are urged to return used syringes and dispose of them properly with us or the County Health Services Syringe Services Program, or by utilizing publicly accessible sharps containers, kiosks or pharmacy drop offs. Clients are urged to reduce the risk of needlestick to others by not disposing in a garbage can or improperly leaving syringes in bathrooms or other areas where they may inject.

We will continue to provide safe injection supplies such as cookers, cotton, waters, alcohol wipes, hand wipes, and tourniquets as recommended to prevent sharing and cross contamination, which can lead to disease transmission. Clients will be instructed on the need for proper disposal of the above supplies.

#### B. Syringe collection and disposal plan

##### Collection Procedure:

- All sharps are to be placed in a sharps container labeled with the word "Biohazard" and the international biohazard symbol.
- The sharps container will be a rigid puncture-resistant container which when sealed is leak resistant and cannot be reopened without great difficulty. All syringes collected by the SEP shall be kept and transported in such containers.
- During SEP transactions, sharps containers should be placed between the participant and volunteers. Volunteers should never hold the sharps container during an exchange. The container should be placed on a secure table, and should be kept level at all times.
- Any injection equipment that falls outside of the sharps container should be retrieved by the participant and placed in the sharps container. If this is not possible, volunteers should use tongs to retrieve the injection equipment.

## Section VI

- Sharps containers should never be filled beyond the manufacturer's fill line; the container should never be more than 75% full. Volunteers should not insert their hands into the sharps container or forcibly push used injection equipment down into the container.
- The volunteer filling the role of Data Collector shall be responsible for assessing the estimated number of collected syringes after every exchange session. They will be trained in how to estimate this information from the size of various sharps containers.

### Compliance:

- We will provide volunteers with sharps waste disposal education that ensures they are familiar with state law regulating proper disposal of home-generated sharps waste as referenced in HSC Section 118286. All volunteers will also receive a follow-up refresher training on this topic on a yearly basis. This education should also be available and offered to participants.

### Needlestick Injuries:

- We will use a set protocol to address accidental needlestick injuries, and we will train all volunteers on this protocol. All volunteers will also receive a follow-up refresher training on this topic on a yearly basis. A written copy of this protocol will be kept with any volunteers who are expecting to collect used syringes. The protocol is as follows:
- In the event of a needlestick of any participant or volunteer with a used or potentially used syringe, the following protocol shall be used:
  1. The site should be immediately washed with soap and water.
  2. The exposure should be assessed (type of fluid, type of needle, amount of blood on the needle, etc). Notes should be taken of this information.
  3. If the person who used the syringe in question previously is present, they should be asked if they are aware of any viral infections they have.
  4. The victim of the needlestick should be brought immediately to the hospital.

### Disposal:

- We will apply for funding support to cover disposal contracting costs with the CDPH syringe supplies clearinghouse.

### C. Service delivery plan

HRCSCC seeks to operate a SEP, this program will largely be a home delivery service but will also include regularly occurring mobile outreach in the City of Santa Cruz.

The location of that mobile outreach is the same location that our coalition has been providing secondary exchange services in collaboration with Santa Cruz County's SSP for almost 18 months. This location is a stretch of public property on the part of Coral St that is between



## Section VI

Limekiln St and River St. This outreach occurs on Sundays between the hours of 9 a.m. and 11p.m., and our outreach site is always staffed by 5 or more well-trained volunteers.

Our home delivery services will be available to people across the entire county, and the services will be provided where the participants live. We will schedule appointments on request for participants on Mondays, Wednesdays, and Fridays at times of day that are determined based on need. Volunteers will primarily use cars to travel to meet with participants.

In May of 2019 the Harm Reduction Coalition of Santa Cruz initiated the process to become authorized to operate a supplemental syringe access program. We temporarily withdrew our application to address mapping details and legitimate concerns in the community. A primary concern was that HRCSCC would be providing syringe access in county parks, despite services not having ever been provided in a park. However, we want to value the input we have received by clearly stating that we hereby make a commitment that syringe access services will not occur in any county park, city park or state park.

The services we provide and will continue to provide include education on the topics of: safe injection, HIV and viral hepatitis prevention, overdose prevention, and proper syringe disposal; other services include distribution of naloxone, safe sex supplies and fentanyl test strips, collection and safe disposal of used syringes, and access to clean syringes and other crucial injection supplies as needed.

We also offer and will continue to offer referrals to: substance use disorder treatment services, food and shelter programs, viral hepatitis and HIV testing and counseling, Hepatitis A and Hepatitis B vaccinations, and referrals to screenings for sexually transmitted infections. HRCSCC will be an integral contact for people who have needs beyond the immediate need for safer injection practices. We understand that harm reduction is critical in all facets of one's life, and so we are always trying to meet a large variety of needs that people may have in order to improve the health of our entire community.

Above all, we will strive to include input from people that use drugs and to let our participants decide how we provide and expand our services. Taking direction from the people who make use of our services is critical for multiple reasons. It is an evidence-based practice that has been shown to increase engagement with services and improve health outcomes, and it is also a key principle in harm reduction because it gives agency to those most impacted by the harm we are addressing.

We are also committed to lessening the amount of syringe litter throughout our county. We follow evidence-based practices that ensure that we are always having a positive impact on this issue by providing our participants with a convenient and safe way to dispose of used syringes along with the proper sharps containers for them to keep their used syringes in. Our volunteers are regularly spending time collecting used syringes from the ground every single week. Lastly, our website also provides an easy explanation of how to report a used syringe they have found so that it can be cleaned up safely.

## Section VI

### D. Data collection and program evaluation plan

We will record the number of participants served, their gender, race, and age, total number of syringes received, total number of syringes dispensed, number of recent naloxone reversals reported by participants and total number of naloxone kits given out. We will also keep a record of the number of syringes we pay to have disposed through our medical waste disposal service provider.

Data along with a description of program services and accomplishments will be reported on an annual basis to the CDPH Office of AIDS and the Santa Cruz County Health Officer.

In addition, we will participate in the annual survey and/or other data collection efforts conducted through CDPH/OA and the Syringe Supply Clearinghouse.

To evaluate our program, we will regularly ask participants how we can improve our services and what they feel is missing from our program. Volunteers will also be asked to regularly evaluate our work, but the feedback from participants will be prioritized first and foremost.

Incorporating the feedback of our participants into our work is critical to the success of our programs. Our volunteers are constantly in conversation with our participants about our services, and the peer-based model we use allows for the relationships between our volunteers and participants to be honest and generative. We have created an accessible model of outreach that allows participants to be easily trained to become regular volunteers. Core volunteers meet twice a month to discuss feedback and make decisions about our programs. We also have larger coalition meetings several times a year, and participants are frequently a big part of them. In the future we hope to formalize the role of participants in driving our program, with the eventual goal being a formalized board made up entirely of participants that has decision-making power and a significant voice within our coalition.

### E. Community relations plan

As a community-based program, we take the work of relating to our entire community very seriously. We seek to not only do the work of harm reduction but also to help spread the ideas of harm reduction and build support for our program and the rest of the web of care that supports people who use drugs.

To that end, we are committed to addressing the concerns that have been raised in our County about syringe access and overdose prevention. We are committed to adapting our program to fit our specific local situation, so long as we can continue providing evidence-based services to as many people who need them as possible.

We have already done a huge amount of work to bring the community along with us as we build out our program. The most relevant of that work is listed in Appendix 1.

## Section VI

Our plan for continuing to build support and address concerns with our program is as follows:

- We will record, in a written format, any interactions between local law enforcement and our volunteers or participants in their role as participants. Whether positive or negative, we will ensure that this information is properly collected and kept.
- We will continue to meet with elected officials, community leaders, community organizations, law enforcement, the media, and individual community members. In these meetings we will directly address concerns and communicate clearly if we plan to make changes to our program based on these concerns. We will also use these meetings to build support for our program specifically and harm reduction in general.
- We will use these meetings to determine what forms of community input will work best for our SEP. We will always leave ourselves open to hearing from people who wish to speak about our work, and we are confident that we can find the proper forums for people to address their concerns with us.
- We will work with our allies to ensure there is a consistent presence of visible public support our program. We will do public outreach at events, hold trainings, appear in the news in print and on TV, integrate our message into organizations doing regular canvassing of the community, and post flyers and art publicly.

Category A: Expenses	Hourly Wage	Hours Monthly	Total Annual	In-Kind or Grant Funds
<b>1. Operating Expenses</b>				
Harm Reduction Supplies			\$20,000	In-Kind
Transportation Gas reimbursement			\$5,000	Grant Funds
Food and water			\$8,000	In-Kind
Sharps Waste Disposal			\$5,000	Grant Funds
Safe Sex materials			\$300	In-Kind
Service Equipment (Tarps, pop up covers, plates, cutlery, napkins)			\$500	In-Kind
Printing- posters pamphlets fliers			\$2,000	Grant Funds
Misc			\$1,000	Grant Funds
<b>2. Personnel Expenses</b>				
Mobile Exchange Volunteers	\$20	72	\$17,280	In-Kind
Delivery Volunteers	\$20	72	\$17,280	In-Kind
Coordination	\$20	40	\$9,600	In-Kind
Advocacy	\$20	40	\$9,600	In-Kind
Hotline	\$20	120	\$28,800	In-Kind
Cooking & Sorting	\$20	28	\$6,720	In-Kind
<b>3. Other Costs</b>				
Auditor CPA			\$2,000	Grant Funds
<b>Total In-Kind</b>				\$118,080
<b>Total Real \$\$\$</b>				\$15,000
<b>Total Expenses</b>				\$133,080

Category B: Income	Annual Hours	Value	
1. In-Kind Donations			
Volunteer Time	4464	\$89,280	
Supplies Donated		\$8,800	
2. Grants		blank	
Placeholder Grant #1		\$15,000	
3. Clearing House Sponsorship		blank	
Supplies Sponsored		\$20,000	
<b>Total In-Kind</b>			\$118,080
<b>Total Grant Funds</b>			\$15,000
<b>Total Income</b>			\$133,080

# EXHIBIT K

**Subject:** RE: Santa Cruz County SSP Biennial Report

Thanks Carol and Matt. I'll set up the call for the 21<sup>st</sup> and include Alessandra. Unfortunately, Mimi's schedule looks booked until then, but I can provide some clarification around the request for syringe tracking and the waste stream proposal, and am open to any feedback you have. I'm available today between 1-3:30pm and tomorrow morning before 9 or between 10-11am. If any of those times work, I can text Mimi to see if she could join our call.

Jen H.

Public Health Manager, Director of Nursing  
County of Santa Cruz, Health Services Agency Public Health

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**From:** Crump, Carol@CDPH [mailto:Carol.Crump@cdph.ca.gov]

**Sent:** Thursday, June 13, 2019 12:16 PM

**To:** Curtis, Matt@CDPH <Matt.Curtis@cdph.ca.gov>; Jennifer Herrera  
<Jennifer.Herrera@santacruzcounty.us>

**Cc:** Mimi Hall <Mimi.Hall@santacruzcounty.us>; Ross, Alessandra@CDPH  
<Alessandra.Ross@cdph.ca.gov>

**Subject:** RE: Santa Cruz County SSP Biennial Report

Hi, all –

I'm copying Alessandra here to see if she's willing/able to participate in my stead. I'm going to be on leave from the 21<sup>st</sup> until September, and these conversations need to move forward with or without me!

I'm concerned about the repeated interest expressed by some folks in Santa Cruz in marking syringes. It's a non-solution that often comes up, so I agree with Matt that it's something I hope we can counter with actual science.

Anyway, I'm going to step back for now, bring Alessandra into this conversation, and look forward to re-connecting in September.

Best,

Carol

Carol Crump, MFT  
Behavioral Health Specialist  
Harm Reduction Unit  
California Department of Public Health  
Office of AIDS  
016.449.3965  
carol.crump@cdph.ca.gov  
carol.crump@ucsf.edu

**From:** Curtis, Matt@CDPH <Matt.Curtis@cdph.ca.gov>

**Sent:** Thursday, June 13, 2019 11:57 AM

**To:** Herrera, Jennifer@Santa Cruz County <jennifer.herrera@santacruzcounty.us>; Crump,  
Carol@CDPH <Carol.Crump@cdph.ca.gov>

**Cc:** Hall, Mimi@SantaCruz <mimi.hall@santacruzcounty.us>

**Subject:** Re: Santa Cruz County SSP Biennial Report

Hi Jen & Mimi,

I think the 6/21 time works for us, though let's let Carol confirm since she's typically out of the office the latter part of Friday afternoons. I'll be out of the country from June 25 through July 15.

I had some good debriefs yesterday with several people from HRCSC and Savannah

([oneill@harmreduction.org](mailto:oneill@harmreduction.org)) and Jenna ([haywood@harmreduction.org](mailto:haywood@harmreduction.org)) from HRC, so I think we have a pretty good sense of how things went, but definitely interested in your perspective and what we can do to help. I'm especially keen on understanding exactly what the marching orders from the BOS are. Partly because I'd like to get moving on the disposal study and related questions we might weave into it. Partly in case there are things we need to respond to -- I heard for example that there were suggestions like doing some variety of syringe tracking and some other things that are effectively not possible/advisable. Any chance we could have at least a brief chat before 8 days from now?

Matt

**From:** Jennifer Herrera

**Date:** Thursday, June 13, 2019 at 11:44 AM

**To:** Matthew Curtis, "Crump, Carol@CDPH"

**Cc:** "Hall, Mimi@SantaCruz"

**Subject:** RE: Santa Cruz County SSP Biennial Report

Hi Matt and Carol,

Hope all is well. We look forward to updating you about our meeting, which had great public support, including wonderful testimony from HRC. However, there was much concern regarding the decline of individuals accessing our program and the steady rise of secondary exchange. There were many amendments made to our recommendations, so we are waiting on confirmation of what the board has directed us to do. I believe the proposal for the syringe litter study was approved.

For our follow-up call, let us know which option works best for you:

Friday 6/21, 3:30-4:30pm

Wednesday 6/26, 9:30-10:30am

Also, I wanted to know if you could share Savannah O'Neill's contact info? She made a powerful statement at the board meeting -- that Santa Cruz County has a high comparative rate for a potential HIV outbreak. I'd like to hear more about the analysis that led to this conclusion, and possibly connect her with our new HIV Surveillance Coordinator.

Thank you!

Jen H.

Public Health Manager, Director of Nursing  
County of Santa Cruz, Health Services Agency Public Health

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**From:** Curtis, Matt@CDPH [<mailto:Matt.Curtis@cdph.ca.gov>]

**Sent:** Monday, June 10, 2019 5:19 PM

**To:** Jennifer Herrera <[Jennifer.Herrera@santacruzcounty.us](mailto:Jennifer.Herrera@santacruzcounty.us)>; Mimi Hall <[Mimi.Hall@santacruzcounty.us](mailto:Mimi.Hall@santacruzcounty.us)>; Crump, Carol@CDPH <[Carol.Crump@cdph.ca.gov](mailto:Carol.Crump@cdph.ca.gov)>

**Subject:** Re: Santa Cruz County SSP Biennial Report

Sounds good, thanks, and good luck tomorrow.

Hopefully you're planning to meet her and know this already, but Savannah O'Neill from Harm Reduction Coalition will be there -- not sure if you've met her yet but she's fantastic and did some work in Santa Cruz harm reduction back in the day.

**From:** Jennifer Herrera

**Date:** Monday, June 10, 2019 at 2:59 PM

**To:** "Hall, Mimi@SantaCruz", Matthew Curtis, "Crump, Carol@CDPH"

**Subject:** RE: Santa Cruz County SSP Biennial Report



Hi All, I will schedule a conference call for us, sometime within the next 3 weeks.

Matt, thank you for the summary of the syringe litter study!

Jen H.

Public Health Manager, Director of Nursing  
County of Santa Cruz, Health Services Agency Public Health

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**From:** Mimi Hall

**Sent:** Friday, June 7, 2019 12:46 PM

**To:** Curtis, Matt@CDPH <Matt.Curtis@cdph.ca.gov>; Jennifer Herrera <Jennifer.Herrera@santacruzcounty.us>; Crump, Carol@CDPH <Carol.Crump@cdph.ca.gov>

**Subject:** RE: Santa Cruz County SSP Biennial Report

Thanks, Matt. We understand. I'll let Jen take the lead on coordinating a time for follow-up since she has access to my calendar/schedule.

Mimi Hall, MPH

Director

Health Services Agency

County of Santa Cruz

1080 Emeline Ave., Bldg. D

Santa Cruz, CA 95060

[Mimi.Hall@santacruzcounty.us](mailto:Mimi.Hall@santacruzcounty.us)

O: (831) 454-7519

C: (831) 201-3839

**From:** Curtis, Matt@CDPH <Matt.Curtis@cdph.ca.gov>

**Sent:** Friday, June 7, 2019 12:32 PM

**To:** Jennifer Herrera <Jennifer.Herrera@santacruzcounty.us>; Crump, Carol@CDPH <Carol.Crump@cdph.ca.gov>

**Cc:** Mimi Hall <Mimi.Hall@santacruzcounty.us>

**Subject:** RE: Santa Cruz County SSP Biennial Report

Hi Jen & Mimi,

Your write-up and associated materials for the report look really solid, thanks for sharing.

Unfortunately I'm not going to be able to make it down on the 11<sup>th</sup> – the sense at CDPH is that it's better for us to hang back from public events like this because of the intensity around the HRCSC application. Sorry about that.

We can of course commit to working with you on the syringe litter evaluation. As we discussed, I think that should include (a) visual inspection of areas identified as having / at risk of syringe litter, (b) a short survey offered to anyone using the SSP in a given period, and (c) at least 2 focus groups, ideally involving both SCHSA and HRCSC participants and at least one group outside Santa Cruz city (Watsonville, etc). I think (a) and (c) can be accomplished in a couple days of work; (b) over the course of several days or a week depending on what we decide for a target # of responses. I think we should shoot for mid- or late-August to do it, and imagine it won't take more than a week to draft a report. Budget-wise, I would love for one of your staff to be closely involved in actually doing the data collection and analysis, and if possible 1-2 recruited, paid/stipended participants to help with all aspects of the project. Finally we'll need some money for incentives for focus group participants. It'd be nice to do that for survey respondents too, but we can probably keep it short enough that it

won't be really necessary.

So let's talk about that and get the plan and timeline in place -- let me know when you'd like to get on the phone,

We also should have a few other things relevant to that soon. HRC will soon have a public version of their needs assessment from last year's "harm reduction listening session" in Santa Cruz, which should be pretty useful and includes lots of feedback from SSP participants. CDPH is finalizing a new briefing document on syringe disposal that should be public in about a month. And Carol and Alessandra are going to send the San Francisco Comptroller's Office your way; they've been charged by the mayor with planning around the city's clean streets initiative, which includes work related to syringes; and it sounds like they have some good ideas and also want to learn from other jurisdictions.

Matt

**From:** Jennifer Herrera <[jennifer.herrera@santacruzcounty.us](mailto:jennifer.herrera@santacruzcounty.us)>

**Sent:** Friday, June 07, 2019 10:04 AM

**To:** Curtis, Matt@CDPH <[Matt.Curtis@cdph.ca.gov](mailto:Matt.Curtis@cdph.ca.gov)>; Crump, Carol@CDPH <[Carol.Crump@cdph.ca.gov](mailto:Carol.Crump@cdph.ca.gov)>

**Cc:** Hall, Mimi@SantaCruz <[mimi.hall@santacruzcounty.us](mailto:mimi.hall@santacruzcounty.us)>

**Subject:** Santa Cruz County SSP Biennial Report

Hi Matt and Carol,

Thank you so much for your ongoing support. We will be presenting at the County Board of Supervisors on June 11<sup>th</sup> at 1:30 PM (see Agenda Item #20, [here](#)). One of our recommendations is to collaborate with CDPH to conduct a syringe litter study before Sept 24<sup>th</sup>.

Matt, we look forward to seeing you there. Let us know if you have any questions.

Thank you,



**Public Health**  
*Count Down on Disease*  
**Santa Cruz County**  
*Better Health, Every Day,  
for Everyone*



**Jennifer Herrera, BSN, MPH, PHN**

*Public Health Manager / Director of Nursing*

Public Health Department | Santa Cruz County Health Services Agency  
1060 Emeline Ave, Santa Cruz, CA 95060

[jennifer.herrera@santacruzcounty.us](mailto:jennifer.herrera@santacruzcounty.us)

Desk: (831) 454-4104 | Fax: (831) 454-5049 | Cell: (831) 588-9466

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# EXHIBIT L



## COUNTY OF SANTA CRUZ BOARD OF SUPERVISORS REGULAR MEETING AGENDA

Governmental Center Building  
701 Ocean Street, Room 525, Santa Cruz, CA

December 10, 2019

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9:00	- Call to Order	10:30	- Zone 5 Board of Directors
	- Public Comment	10:45	- BOS Scheduled and Regular Departmental Items
	- Consent Agenda		
	- Scheduled and Regular Departmental Items	12:00	- Lunch
		1:30	- Scheduled and Regular Departmental Items

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**NOTE:** Updates, revisions and additional materials for this agenda will be published on the County's website, Board of Supervisors Meeting Portal, at:  
<https://santacruzcountyca.lqm2.com>

Agenda documents are available for review in person at the office of the Clerk of the Board, Government Center, 5<sup>th</sup> Floor, 701 Ocean Street, Rm 520; and electronically on the County's website, at: [www.santacruzcounty.us](http://www.santacruzcounty.us). Board of Supervisors meetings are televised live on Community Television of Santa Cruz County, at: [www.communitytv.org/watch/](http://www.communitytv.org/watch/).

To comment on individual agenda items, visit the Board's Meeting Portal web page at: [www.santacruzcountyca.lqm2.com](http://www.santacruzcountyca.lqm2.com). Select the meeting date and click on the icon next to an item. Comments must be received before 5:00 p.m. the day before the meeting to be included with agenda materials. Comments received after 5:00 p.m. and before 8:30 a.m. on meeting day will be included in the minutes record. For additional information, call the Clerk of the Board's office at 454-2323 (TTY/TDD call 711).

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### CONSENT AGENDA

Consent items include routine business that does not call for discussion. One roll call vote is taken for all items. Only a Board Member may pull items from Consent to Regular agenda. Members of the public must request that a Board Member pull an item from the Consent Agenda prior to the start of the meeting. Staff is available to address public concerns Monday through Friday, 8:00 a.m. to 5:00 p.m.

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### TRANSLATION SERVICES/SERVICIOS DE TRADUCCION

Spanish language translation is available on an as needed basis. Please make advance arrangements at Clerk of the Board, Room 520, 701 Ocean St., Santa Cruz; or by telephone at (831) 454-2323.  
*Las sesiones de la Mesa Directiva de los Supervisores del Condado pueden ser traducidas del inglés al español y del español al inglés. Por favor haga arreglos anticipadamente con la Secretaria de la Mesa Directiva de los Supervisores en el cuarto número 520, 701 Ocean St., Santa Cruz; o por teléfono al número (831) 454-2323.*

### ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The County of Santa Cruz does not discriminate on the basis of disability, and no person shall, by reason of a disability, be denied the benefits of its services, programs, or activities. The Board of Supervisors' Chambers, located at 701 Ocean Street, Room 525, Santa Cruz, California, is an accessible facility. If you are a person with a disability and wish to attend the meeting and you require special assistance in order to participate, please contact the Clerk of the Board at (831) 454-2323 [TDD: call 711] at least 72 hours in advance of the meeting to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format. As a courtesy to those affected, please attend the meeting smoke and scent free.

**INTRODUCTORY ITEMS**

1. CALL TO ORDER
2. MOMENT OF SILENCE AND PLEDGE OF ALLEGIANCE
3. CONSIDERATION OF LATE ADDITIONS TO THE AGENDA; ADDITIONS AND DELETIONS TO CONSENT AND REGULAR AGENDAS
4. ANNOUNCEMENT BY BOARD MEMBERS OF ITEMS REMOVED FROM CONSENT TO REGULAR AGENDA
5. PUBLIC COMMENT

Any person may address the Board during its Public Comment period. Speakers must not exceed three (3) minutes in length or the time limit established by the Chair, and individuals may speak only once during Public Comment. All Public Comments must be directed to an item listed on today's Consent Agenda, Closed Session Agenda, yet to be heard on Regular Agenda, or a topic not on the agenda that is within the jurisdiction of the Board. Board members will not take actions or respond immediately to any public communication presented regarding topics not on the Agenda but may choose to follow up later, either individually, or on a subsequent Board of Supervisor's Agenda. Public Comments will normally be received by the Board for a period not to exceed thirty (30) minutes. If, at the end of this period, additional persons wish to address the Board, the Public Comment period may be continued to the last item on the Agenda.

**Bring Your Own Device (B.Y.O.D.) Public Presentation System**

*To facilitate the sharing of multimedia content during Public Comment, the BYOD System is now available*

The BYOD system allows users to display content from their own equipment (e.g.; laptop with USB connection port) during Public Comment. In order to ensure a smooth operation, advance notice is helpful. Please contact Clerk of the Board by 4:00 p.m. Friday before the meeting at 831-454-2323 for instructions and to ensure your device is compatible. If advance notice is not possible, check in with the Clerk in Chambers before the start of the meeting. BYOD Instructions are also available at the podium.

**Please note:** Speakers with audio/video materials must adhere to the same time limits as other speakers and will not be granted additional time to address the Board. The County does not guarantee the ability to present audio/video material, will not provide technical support during such presentations, and the Chair may limit or prohibit the use of the County's systems for the presentation of such material.

6. ACTION ON THE CONSENT AGENDA (ITEMS 19-91)

**1:30 PM - SCHEDULED ITEMS**

17. Consider Syringe Services Program policy that manages secondary exchange by allowing clients who only exchange on behalf of others to exchange for a maximum of two people, accept and file an evaluation of syringe litter, and direct the Health Services Agency to return in June 2020 with recommendations to improve syringe litter reporting and response, as outlined in the memorandum of the Director of Health Services
  - a HSA Progress on SSP Board Directives, HSA, June to November 2019 - Exhibit A
  - b Risk for Infectious Diseases Associated with Injection Drug Use in Santa Cruz County, November 2019 - Exhibit B
  - c Syringe Access and Disposal in Santa Cruz County, November 2019 - Exhibit C
  - d Summary of SSP-Related Community Engagement, July to November 2019 - Exhibit D
  - e Sharper Solutions, SC County Grand Jury, June 2017 - Exhibit E
  - f County Board of Supervisors SSP Directives, June 18, 2014 - Exhibit F
  - g Evidence Based Strategies for Preventing Opioid Overdose, CDC, 2018 - Exhibit G
  
18. Consider proposed ordinance adding Chapter 13.31, Mobile Home Park Closure Ordinance, to the Santa Cruz County Code (SCCC) effective January 2020, and schedule the ordinance for final adoption on January 14, 2020, as outlined in the memorandum of Supervisor Leopold
  - a Ordinance adding Chapter 13.31, MHP
  - b Mobile Home Park Closure Study CRLAF
  - c SC County MHP Closure Ordinance Fact Sheet
  - d Mobile and Manufactured Home Commission Recommendation Letter

# EXHIBIT M



**County of Santa Cruz Board of Supervisors**

**Agenda Item Submittal**

**From:** Ryan Coonerty, Third District Supervisor, Bruce McPherson, Fifth District Supervisor  
(831) 454-2200

**Subject:** Opposition to the Syringe Exchange Program Application from the Harm Reduction Coalition

**Meeting Date:** January 14, 2020

**Recommended Action:**

Direct the Chair of the Board to send a letter to the California Department of Public Health opposing the syringe exchange program application from the Harm Reduction Coalition (HRC) of Santa Cruz County.

**Executive Summary**

The Harm Reduction Coalition of Santa Cruz County has applied to the State for certification of a new syringe exchange program that would operate in Santa Cruz County. HRC is proposing a mobile location on Coral Street in the City of Santa Cruz and a home delivery service throughout the County as well. The California Department of Public Health is currently accepting public comments on HRC's application and the deadline for comments is January 20, 2020.

There are numerous serious concerns with this application, including the fact that our community has struggled with a persistent syringe litter problem for many years and a new syringe program that is not a 1 to 1 exchange is likely to exacerbate that problem. Santa Cruz County's Syringe Services Program distributed close to 600,000 syringes this past year to injection drug users and is already meeting the need for clean syringes for this population as evidenced by years of relatively stable disease rates. The County's SSP also provides enhanced access to treatment and testing that injection drug users will not be able to easily access if HRC's application is approved and clients are drawn away from the County's program. In addition, HRC's proposed location, adjacent to the County's only family shelter on Coral Street, is inappropriate and would create further community impacts to our most vulnerable residents.

Santa Cruz County already operates a robust, professionally-run Syringe Services Program. A new volunteer-run syringe program with no local oversight and multiple potential negative impacts to our community is unnecessary, harmful, and should be opposed by our Board.

**Background**

For many years Santa Cruz County has operated a Syringe Services Program (SSP) with the goal of protecting and promoting residents' health and safety by preventing the spread of disease associated with injection drug use, and by decreasing the number of improperly disposed syringes in the community. The County's SSP is staffed by



medical professionals, maintains two locations, and is well known and well utilized. Santa Cruz County has worked very hard to design and implement a Drug Medi-Cal Organized Delivery System which has significantly expanded treatment capacity, and the County's syringe program is in the best position to be able to connect injection drug users with treatment.

In May of 2019 the Harm Reduction Coalition submitted an application for a separate, privately-run state-authorized syringe exchange program to operate in Santa Cruz County. This application raised serious concerns throughout the community and drew more than 2,000 signatures on a petition opposed to the application. While that application was ultimately withdrawn amid community opposition, now the same organization has submitted a new, substantially similar application to distribute syringes in our community.

## **Analysis**

### **LITTER**

Our community has struggled with a persistent syringe litter problem for multiple years now. The Office of AIDS should avoid authorizing a syringe exchange program that could exacerbate syringe litter problems. In Santa Cruz County, in the span of less than 11 months (7/1/18 to 5/15/19), a community clean-up organization picked up nearly 6,000 syringes in public areas. In addition, the City of Santa Cruz Parks and Recreation Department picked up 3,501 syringes in parks and beaches in 2017 and 4,171 syringes in 2018. Save Our Shores, a local environmental non-profit that focuses on clean beaches, has also picked up hundreds of syringes that threaten the health of the Monterey Bay National Marine Sanctuary. While the County's SSP operates on a 1 to 1 exchange policy, the HRC's proposed program would not be a 1 to 1 exchange, which is likely to exacerbate the syringe litter problem. The public health impacts and environmental impacts of syringe litter must be considered.

Santa Cruz County has worked hard to address syringe litter, which we see as a public health issue that needs to be taken seriously. In order to deal with syringe litter, Santa Cruz County has placed sharps kiosks in multiple locations and required local pharmacies to participate in a sharps take-back program. Furthermore, the County's Syringe Services Program provides sharps containers and urges clients to dispose of syringes properly. Yet, despite these efforts, the syringe litter problem has persisted. When syringe litter reaches the volumes that is has in Santa Cruz County (particularly in the City of Santa Cruz) there are significant, far-reaching public health impacts, as some parents don't feel safe bringing their children to local parks and open spaces, using local public bathrooms, and participating in summer recreational programs on the beach due to concerns that their children will step on syringes. These concerns are not unfounded as many County residents have reported needle sticks throughout the years. Residents should not have to live this way.

### **COUNTY'S SSP**

HRC's current volunteer-run syringe distribution effort undermines and draws clients away from the County's professionally-run locally-authorized syringe exchange program. In Santa Cruz County, while the hours and locations of our SSP have remained constant, the number of unique IDs (clients) that visit one of our sites has

dropped drastically (387 visits in Sept. 2017, and only 148 visits in Sept. 2019) and the number of syringes dispensed has increased significantly as a number of volunteer secondary-exchangers associated with HRC have become more active. This secondary exchange activity by community volunteers has diverted injection drug users (who previously visited the County SSP) from the opportunity to see medical professionals who can identify and assist with medical issues, provide testing for diseases, connect clients to treatment and more. In such circumstances, it is a disservice, and potentially even a danger to injection drug users for the state to authorize a separate syringe exchange program to operate, because clients will shift to a syringe source that will not have the critical medical expertise that our SSP offers. Santa Cruz County has worked very hard (and invested heavily) to design and implement a Drug-Medi-Cal Organized Delivery system which has significantly expanded treatment capacity. Therefore our County's syringe program is in the best position to be able to connect injection drug users with treatment such as the County's Medication Assisted Treatment program.

The County-run SSP is accessible and will be increasing hours to become even more accessible per Board action on December 10, 2019. In addition, the SSP is exploring shifting hours to the most optimal times for utilization. The County's SSP continues to allow secondary exchange and provides a range of services. In our relatively small County of 274,000 residents, our SSP dispensed nearly 600,000 syringes in the last year, which is a per capita rate greater than Monterey County, Santa Clara County and San Mateo County's per capita rates combined. Santa Cruz County is not a community that lacks syringe access. County disease data has been relatively level with a downward trend in newly reported HIV cases and significantly fewer new cases of Hepatitis C reported in 2018. The County's program is already meeting the need for clean syringes and an additional syringe exchange program is not needed.

HRC's application doesn't appear to include oversight and involvement of licensed medical professionals. Santa Cruz County's Syringe Services Program is within the Public Health Division of the County's Health Services Agency, and the program is run with the oversight of professional health staff. Additionally, the County has formed a new commission to provide advice on improving our County SSP.

#### **PROPOSED LOCATION**

The HRC describes their proposed location of mobile syringe services as, "a stretch of public property on the part of Coral Street that is between Limekiln Street and River Street. This outreach occurs on Sundays between the hours of 9am and 11pm." This location is completely inappropriate. The described location is in front of the Rebele Family Shelter, which provides emergency shelter for 28 households with children (approximately 90 individuals). The homeless children staying at the family shelter have been through enough adversity and often traumatic experiences. While their family is stabilizing in the shelter and working toward obtaining permanent housing, these children should not have to endure volunteer-run syringe distribution outside their building every Sunday. These vulnerable children and families deserve the state's consideration.

In addition to the family shelter, the Housing Matters campus on Coral Street includes shelter beds for homeless individuals, some of whom have struggled with addiction and are working hard to stay clean. A syringe distribution program that draws substance

abusers (and sometimes their dealers) to that area only makes it harder for the individuals in recovery to resist the temptation to use drugs.

In addition, there have been concerns about syringe distribution volunteers operating at local parks in the past without outreach to the community and without authorization of local jurisdictions. While the HRC states that they won't operate in local parks, there doesn't appear to be a legal prohibition from the state that restricts syringe exchange activities in public parks and open spaces.

It is our understanding that when a state-authorized syringe exchange program proposes changing or adding exchange locations, there is no requirement for the local government and the public to be informed and there is no opportunity to provide input. This is a concern because many locations are not appropriate for syringe exchange and it could be problematic for the HRC to start distributing syringes in a new neighborhood without any local consultation or consideration of impacts.

### **Conclusion**

Our goal is to protect and promote all residents' health and safety. Our Board has consistently supported the continuation of the County's SSP even though it has been controversial at times. The County's SSP remains accessible and access to treatment has been increased. If the State approves the Harm Reduction Coalition's application, it will further polarize our community on this difficult issue and would jeopardize the effectiveness of the County's Syringe Services Program. Our Board should express our opposition to this application to the State.

### **Strategic Plan Elements:**

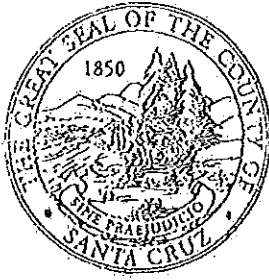
1.A. Comprehensive Health & Safety, Health Equity; 4.B. Sustainable Environment, Natural Resources

### **Submitted by:**

Ryan Coonerty, Third District Supervisor, Bruce McPherson, Fifth District Supervisor

### **Attachments:**

- a Letter of Sheriff Jim Hart opposing HRC's application



# County of Santa Cruz

## BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4089  
(831) 454-2200 • FAX: (831) 454-3282 TDD/TTY - Call 711

**JOHN LEOPOLD**  
FIRST DISTRICT

**ZACH FRIEND**  
SECOND DISTRICT

**RYAN COONERTY**  
THIRD DISTRICT

**GREG CAPUT**  
FOURTH DISTRICT

**BRUCE MCPHERSON**  
FIFTH DISTRICT

January 17, 2020

California Department of Public Health  
Office of AIDS  
P.O. Box 997377, MS 0500  
Sacramento, CA 95899-7377  
[SEPApplication@chph.ca.gov](mailto:SEPApplication@chph.ca.gov)

Dear Director Angell:

Following a unanimous vote of the Santa Cruz County Board of Supervisors, I am writing to you in opposition to the latest application from the Harm Reduction Coalition of Santa Cruz County (HRCSCC) to operate a Syringe Exchange Program (SEP) in the County of Santa Cruz. There are numerous serious concerns with this application, including the exacerbation of the syringe litter problem in our community, the fact that data shows HRCSCC draws clients away from the County's Syringe Services Program, leaving clients with inferior care and less direct access to treatment, and a completely inappropriate proposed location outside a family homeless shelter. Our Board strongly opposes this application.

For many years Santa Cruz County has had a robust professionally-run Syringe Services Program (SSP) with the goal of protecting and promoting residents' health and safety by preventing the spread of disease associated with injection drug use, and by decreasing the number of improperly disposed syringes in the community. The County's SSP is staffed by medical professionals, maintains two locations, and is well-known and well-utilized. Santa Cruz County has worked very hard to design and implement a Drug Medi-Cal Organized Delivery System which has significantly expanded treatment capacity and the County's syringe program is in the best position to be able to connect injection drug users with treatment.

HRCSCC's current volunteer-run syringe distribution effort undermines and draws clients away from the County's professionally-run locally-authorized syringe exchange program. In Santa Cruz County, while the hours and locations of our SSP were

constant, the number of unique IDs (clients) that visit one of our sites has dropped drastically (387 visits in Sept. 2017, and only 148 visits in Sept. 2019) and the number of syringes dispensed has increased significantly as a number of volunteer secondary-exchangers associated with HRC have become more active. This secondary exchange activity by community volunteers has diverted injection drug users (who previously visited the County SSP) from the opportunity to see medical professionals who can identify and assist with medical issues, provide testing for diseases, connect clients to treatment and more. In such circumstances, it is a dis-service, and potentially even a danger to injection drug users for the state to authorize a separate syringe exchange program to operate, because clients will shift to a syringe source that will not have the critical medical expertise that our SSP offers. Santa Cruz County has worked very hard (and invested heavily) to design and implement a Drug-Medi-Cal Organized Delivery system which has significantly expanded treatment capacity and the County's syringe program is in the best position to be able to connect injection drug users with treatment such as the County's Medication Assisted Treatment program.

The County-run SSP is accessible and has recently increased hours to become even more accessible. In addition, the SSP is exploring shifting hours to the most optimal times for utilization. The County's SSP continues to allow secondary exchange and provides a range of services.

In our relatively small County of 274,000 residents, our SSP dispensed nearly 600,000 syringes in the last year, which is a per capita rate greater than Monterey County, Santa Clara County and San Mateo County's per capita rates combined. Santa Cruz County is not a community that lacks syringe access. County disease data has been relatively level with a downward trend in newly reported HIV cases and significantly fewer new cases of Hepatitis C reported in 2018. The County's program is already meeting the need for clean syringes and an additional syringe exchange program is unnecessary and harmful.

HRCSCC's application doesn't appear to include oversight and involvement of licensed medical professionals. Santa Cruz County's Syringe Services Program is within the Public Health Division of the County's Health Services Agency, and the program is run with the oversight of professional health staff. Clients deserve the better care that the County's SSP provides.

Our community has struggled with a persistent syringe litter problem for many years and a new syringe program that is not a 1 to 1 exchange is likely to exacerbate this problem. The Office of AIDS should avoid authorizing a syringe exchange program that could exacerbate syringe litter problems. In Santa Cruz County, in the span of less than 11 months, a community clean-up organization picked up nearly 6,000 syringes in public areas. In addition, the City of Santa Cruz Parks Department picked up 3,501 syringes in parks and beaches in 2017 and 4,171 syringes in 2018. Save Our Shores, a local

environmental non-profit that focuses on clean beaches, has also picked up hundreds of syringes that threaten the health of the Monterey Bay National Marine Sanctuary. While the County's SSP operates on a 1 to 1 basis, the HRC's proposed program would not be a 1 to 1 exchange, which is very likely to exacerbate the syringe litter problem. The public health impacts and environmental impacts of syringe litter must be considered.

Santa Cruz County has worked hard to address syringe litter, which we see as a public health issue that needs to be taken seriously. In order to deal with syringe litter, Santa Cruz County has placed sharps kiosks in multiple locations, required local pharmacies to participate in a sharps take-back program, and the County's Syringe Services Program provides sharps containers and urges clients to dispose of syringes properly.

Yet, despite these efforts, the syringe litter problem has persisted. When syringe litter reaches the volumes that it has in Santa Cruz County (particularly in the City of Santa Cruz) there are significant, far reaching public health impacts, as some parents don't feel safe bringing their children to local parks and open spaces, using local public bathrooms, and participating in summer recreational programs on the beach due to concerns that their children will step on syringes. These concerns are not unfounded as many County residents have reported needle sticks throughout the years. Residents should not have to live this way. The public health impacts and environmental impacts of syringe litter must be considered.

Furthermore, HRCSCC's proposed location, adjacent to the County's only family shelter, is completely inappropriate and would create further community impacts to our most vulnerable residents. This shelter provides emergency housing for approximately 90 individuals, including 28 households with children. While families are stabilizing in the shelter and working toward obtaining permanent housing, children from these families should not have to endure volunteer-run syringe distribution outside their building every Sunday, and they deserve your consideration. Additionally, the Housing Matters campus on Coral Street includes shelter beds for homeless individuals, some of whom have struggled with addiction and are working hard to stay clean. A syringe distribution program that draws substance abusers, and potentially drug dealers, to that area only makes it harder for the individuals in recovery to resist the temptation to use drugs.

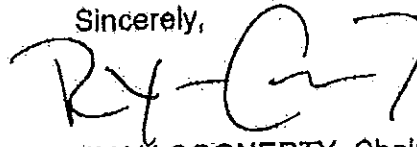
The Board's goal is to protect and promote all residents' health and safety. Our Board has consistently supported the continuation of the County's SSP even though it has been controversial at times. The County's SSP is more accessible than ever and access to treatment has been increased. HRCSCC's application is opposed by all five members of the Board of Supervisors, local law enforcement leaders, and thousands of Santa Cruz County residents. If the State approves the Harm Reduction Coalition's application, there will likely be worse outcomes for injection drug users as they are drawn away from the County SSP (as has been documented) and toward an entity that

Page 4  
January 17, 2020

doesn't have strong treatment connections, and isn't run by professionals. If the application is approved, it will harm our community, will further polarize our community on this difficult issue, and would jeopardize the effectiveness of the County's Syringe Services Program. What would be best for injection drug users and best for the larger community (not to mention the environment) would be to support the County's professionally-run SSP which has the ability to change lives for the better and to deny HRCSCC's application, which would draw clients to an inferior service, potentially putting them in danger. Injection drug users and our larger community deserve better. Our Board voted unanimously to express our opposition to this application to the State.

Please take our comments into consideration and deny this application.

Sincerely,



RYAN COONERTY, Chair  
Board of Supervisors

RC:jfr

CC: Assemblymember Mark Stone  
Senator Bill Morning  
Health Services Agency Director Mimi Hall  
Public Health Officer Dr. Gail Newel  
City of Santa Cruz  
City of Watsonville  
City of Capitola  
City of Scotts Valley  
Santa Cruz County Sheriff Jim Hart  
Santa Cruz Police Chief Andy Mills  
Watsonville Police Chief David Honda  
Scotts Valley Police Chief Steve Walpole  
Capitola Police Chief Terry McManus

# EXHIBIT N





Jim Hart  
Sheriff – Coroner  
County of Santa Cruz

January 7, 2020

California Department of Public Health  
CDPH Office of Aids – MS7700  
P.O. Box 997426  
Sacramento, CA 95899-7426

Dear Ms. Katz,

I am writing to you about the Harm Reduction Coalition's application to operate a mobile syringe delivery program in Santa Cruz County. Our county has an existing syringe waste problem that plagues our cities, parks and beaches. Our county is the second smallest in the state geographically and has about 275,000 residents. The County currently operates a robust SSP from two locations that adequately meets the needs of our I.V. drug-using population and provides wrap-around services.

A secondary program, with little to no oversight and no services other than handing out syringes, is not needed and will only exasperate our syringe waste problem. Approving the HRC's application will negatively impact public safety by putting our community members at risk from exposure to even more syringe litter.

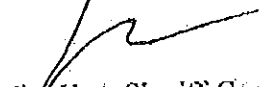
Recently, there have been concerns about HRC staff using local parks as a dispersal point. In their application, the HRC stated they would not operate in local parks; however, there does not appear to be a legal prohibition from the state that restricts services in public parks and open spaces. Additionally, it is my understanding that should the HRC receive state certification; they can apply to the state to expand services and amend their role without seeking approval from the county health officer, local law enforcement, or the public.

The HRC's lack of transparency and full disclosure in their first application has eroded community confidence and trust in this organization, and concern exists that the HRC will not operate within the parameters outlined in their application or seek input/public comment about changes to the program should licensing approval occur.

5200 Soquel Avenue • Santa Cruz, California 95062 • 831-454-7618 • fax 831-454-7608

I have received well over 100 emails from concerned community members opposing this application. I have not received a single email supporting the application. This program is not wanted or needed in our community, it poses a public safety and health concern, and I strongly urge the Department of Health to deny the HRC's application.

Respectfully,

A handwritten signature in black ink, appearing to read "Jim Hart", written over a horizontal line.

Jim Hart, Sheriff-Coroner

# EXHIBIT O



# CITY OF SCOTTS VALLEY

---

OFFICE OF THE CITY COUNCIL  
1 Civic Center Drive • Scotts Valley • California • 95066  
Phone (831) 440-5600 • Facsimile (831) 438-2793 • www.scottsvalley.org

January 17, 2020

California Department of Public Health  
Office of Aids MS7700  
P.O. Box 997426  
Sacramento, CA 95899-7426

**RE: Opposition to Harm Reduction Coalition of Santa Cruz County Application**

Dear Ms. Katz:

On behalf of the Scotts Valley City Council, I write to express concerns and opposition to the Harm Reduction Coalition of Santa Cruz County's application for a new syringe exchange program in Santa Cruz County.

The City Council approached this determination with care: a Council Member representative met personally with the Harm Reduction Coalition and attended a "Listening Session" to learn about the proposed program; data and information about Santa Cruz County's SSP were reviewed; local public safety staff were consulted; and, communications from local residents were considered.

The sum of this work is that while harm reduction practices have a basis in evidence and a place in the public health system, how harm reduction is administered is critically important. Harm reduction solutions must be considered within a more holistic picture of improving the clients' underlying health and addiction. Moreover, the impacts of harm reduction practices on the larger community is a vitally important consideration.

The City Council has concerns that the Harm Reduction Coalition's application does not meet these tests. Specifically, the decoupling of mobile syringe distribution from direct access to medical professionals and addiction treatment that the Santa Cruz County's SSP provides hampers the larger goal of improving underlying health conditions and ending addiction. There are also concerns about public safety and other unintended consequences of an unsupervised, unlimited syringe supply in the greater community. Syringe litter is already a tremendous problem in the county, and strong oversight and controls through a 1:1 exchange is necessary for protection of the community at large.

Accordingly, the Scotts Valley City Council expresses its concern and opposition to the Harm Reduction Coalition of Santa Cruz County's application for a new syringe exchange program.

Sincerely,

Randy Johnson  
Mayor

# EXHIBIT P



## Watsonville Police Department

215 Union Street, P.O. Box 1930  
Watsonville, California 95077  
(831) 768.3100  
[police@cityofwatsonville.org](mailto:police@cityofwatsonville.org)

Chief of Police David Honda

January 14, 2020

California Department of Public Health  
Office of AIDS  
P.O. Box 997377, MS 0500  
Sacramento, CA 95899-7377  
[SEPApplication@chph.ca.gov](mailto:SEPApplication@chph.ca.gov)

Dear Director Sonia Angell, MD, MPH:

I am writing to you in response to the latest application from the Harm Reduction Coalition of Santa Cruz County (HRCSCC) to operate a Syringe Exchange Program (SEP) in the County of Santa Cruz, specifically, in the City of Watsonville. I oppose this application.

In reviewing the application, I am concerned regarding the following issues:

- In Section IV - Description and Summary of Proposed SEP - The applicant has indicated that there are no neighborhood associations affiliated with the proposed SEP sites. However, the SEP proposes home delivery services throughout the entire county. In Watsonville there are countless neighborhood associations (Bay Village, Pajaro Village, Portola Heights, and Pajaro Vista to name a few) which should be consulted. The applicant's proposal is open ended and seeks to operate an all-volunteer mobile exchange program purportedly anywhere, any place without any support or outreach by local neighborhood associations.
- In Section V of Attachment 1 - Needs Statement - The applicant indicates that Watsonville experienced a significant overdose increase in 2018. The application does not reference a specific source for this data. In reviewing our statistical data there is no indication of an increase in overdoses in our City. In fact, there was a significant reduction in calls for services related to overdoses from 2017 to 2019. In addition, the applicant makes no distinction from reported overdoses from those involving syringes to those related to prescription drugs, pills, alcohol, or other illegal substances. In a meeting with the HRCSCC they did reference a report published by the Santa Cruz County Coroner's Office. That report is an overview of acute drug related deaths from 2008-2018. The report does not specify or distinguish between incidents related to syringe usage and those that are not. It also does not take into consideration all reported overdose cases that did not result in death.
- In Section V of Attachment 1 - Needs Statement - The applicant indicates that the south end of the county receives less services than the rest of the county due to limited hours at the Watsonville campus of the County Syringe Services Program (SSP). However, in November



Watsonville Police Department  
215 Union Street, P.O. Box 1930  
Watsonville, California 95077  
(831) 768.3300  
[police@cityofwatsonville.org](mailto:police@cityofwatsonville.org)

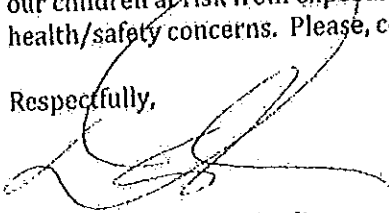
Chief of Police David Honda

2019, the County of Board of Supervisors authorized an increase in the hours of operation of the County SSP Watsonville campus as well as the Santa Cruz campus. There is no evidence presented by the applicant of the need for a State Certified SSP to operate independent of the County's SSP.

- In Section VI (E) - Community Relations Plan - The applicant states that they have completed community work in support of their proposed second application. However, despite a reference to it, they did not include Appendix 1, which lists this work. Presently, it is unclear what outreach, if any, has taken place in Watsonville. Since the submission of the application, I have been inundated with messages from community members and leaders strongly opposing this application.
- The scope of HRCSCC's services are broad and present significant public health and safety concerns. The phrase "where participants live" includes encampments and other places that people without homes "live." It is imperative that trained County Health Professionals continue their management of the County authorized SSP to mitigate public health and safety risks to some of the most vulnerable members of the Community.

To reiterate what I stated in my previous letter, I believe in programs that assist our community members, who have addiction issues, help overcome their addictions, protect them from infections, and improve their health. I also believe we have a responsibility to protect the balance of our community from the hazards of syringe litter and other health and safety issues that arise within our encampments. I cannot support a program that will put our families and our children at risk from exposure to improperly discarded syringes/needles or other health/safety concerns. Please, consider these concerns and deny the application.

Respectfully,

  
David Honda, Chief of Police  
City of Watsonville

CC:

Senator Bill Monning, 17<sup>th</sup> Senate District  
Assemblymember Robert Rivas, District 30  
Ryan Coonerty, Chair, Santa Cruz County Board of Supervisors  
Mayor Rebecca Garcia, City of Watsonville  
Council of the City of Watsonville  
Matt Huffaker, City Manager, City of Watsonville  
Jim Hart, Sheriff-Coroner, Santa Cruz County  
Director Mimi Hall, County of Santa Cruz Health Services Agency  
Officer Charles Bailey, President - Watsonville Police Officers Association

# EXHIBIT Q



From: McManus, Terry  
Sent: Monday, December 23, 2019 1:10 PM  
To: Sheriff, Santa Cruz County  
Subject: Harm Reduction Coalition of Santa Cruz County

To Whom It May Concern

I am strongly opposed to any "secondary syringe exchange" programs in Santa Cruz County, especially the current program supported by the Harm Reduction Coalition of Santa Cruz County. As you may be aware, there was widespread community opposition to a group's application for state certification. Law enforcement leaders in the County (with the exception of UCSC PD, which per UC regulations is not permitted to take a stand) strongly opposed this secondary exchange group and their efforts during their previous attempt to operate in Santa Cruz County. Despite the lack of proper certification and huge opposition, the operators of The Harm Reduction Coalition of Santa Cruz County deliberately obtained thousands of syringes from the County and distributed them at various locations in the City of Santa Cruz and perhaps other municipalities without authorization. This group's operation has resulted in a drastic decrease of

https://www.google.com/url?hl=en&sa=U&url=https://www.researchprotocols.org/2019/1/e16628/ and https://www.researchprotocols.org/2019/1/e16628/

1/15/2020

Grad - HRCSCC

clients seeking the County's Syringe Services Program, meaning that there are fewer individuals receiving medical attention and exposure to critical rehabilitation opportunities.

Although I appreciate community efforts to mitigate the many negative consequences of narcotic usage and addiction, programs such as the one being considered by the Harm Reduction Coalition will likely expose our community to further harm rather than decrease exposure to harm and safety concerns.

Respectfully,

Terry McManus  
Chief of Police  
Capitola Police Dept.

Terry McManus  
Chief of Police  
Capitola Police Dept.

From: Big Jon [mailto:jon@harmreduction.org]  
Sent: Wednesday, January 15, 2020 1:41 PM  
To: McManus, Terry  
Subject: HRCSCC

Dear Chief McManus

# EXHIBIT R

From: Andrew Mills <[amills@cityofsantacruz.com](mailto:amills@cityofsantacruz.com)>  
Date: Wed, Dec 11, 2019 at 9:36 AM  
Subject: RE: Harm Reduction Coalition of Santa Cruz County (HRCSCC) SEP Application  
To: Katz, Marjorie@CDPH <[Marjorie.Katz@cdph.ca.gov](mailto:Marjorie.Katz@cdph.ca.gov)>  
Cc: [ryan.coonerty@santacruzcounty.us](mailto:ryan.coonerty@santacruzcounty.us) <[ryan.coonerty@santacruzcounty.us](mailto:ryan.coonerty@santacruzcounty.us)>, Martin Bernal <[mbernal@cityofsantacruz.com](mailto:mbernal@cityofsantacruz.com)>, City Council <[citycouncil@cityofsantacruz.com](mailto:citycouncil@cityofsantacruz.com)>

Dear Ms. Katz,

As the Chief of Police, I am once again asked to weigh-in on needle exchange programs authorized by the County of Santa Cruz and positioned in the City of Santa Cruz.

I received many inquiries from community members regarding needle exchange and harm reduction strategies proffered by the Harm Reduction Coalition of Santa Cruz County. Police officers care about this issue because they are exposed daily to dirty needles. Frequently our officers receive needle sticks as people try to hide them in clothing, backpacks, and tents. Accordingly, police officers have a lot at stake in promulgating thoughtful policy.

Harm Reduction makes sense from a public health, public finance and community safety policy perspective. Reducing the number of HIV/AIDS and Hep C cases in a community of high intravenous drug users is wise. The thought being fewer cases of disease equates to fewer exposures.

Let be honest. Syringe litter is a problem. Any proposal to distribute additional needles must include a method to further reduce needle litter and provide local community oversight. I need to see an actual thoughtful procedure, not a simple reference to an evidence based practice. While research indicates that needle exchange, distribution and collection can reduce needle litter, we frequently experience discarded needles in Santa Cruz. We have collected needles out of parks, from beaches and in rivers.

For a needle distribution volunteer program to be acceptable and have the confidence of this community, county oversight and community accountability is critically important. An oversight group must weigh the risk of increased infection by intravenous drug users with the risk of accidental exposure by the greater community. Any needle exchange project must balance the risk of increased infection rates and likely overdoses, with the impact on the greater community. Santa Cruz has reached a tipping point where accidental exposure to dirty needles, and death by enabling overdoses is greater than the efficacy of preventing the use of used needles. Several drug users who get free needles told me personally they continue to share dirty needles in spite of getting clean ones.

I cannot support a needle exchange expansion without local oversight and accountability; a plan to reduce discarded needles, and ensuring the effectiveness of reducing infection rates and drug overdoses. When these standards are met, I'll gladly support a harm reduction program expansion, but not at the location (Limekiln and Coral) identified by HRCSC.

Best,

Andrew G. Mills  
155 Center Street  
Santa Cruz, Ca. 95060  
Chief of Police, Santa Cruz  
(831) 420 5816 desk  
(831) 212 9801 cell  
Twitter: @ChiefAndyMills  
FB: [www.facebook.com/andy.mills.75](http://www.facebook.com/andy.mills.75)  
Instagram: chiefandymills  
[www.chiefmills.com](http://www.chiefmills.com)

-----Original Message-----

From: Katz, Marjorie@CDPH [mailto:[Marjorie.Katz@cdph.ca.gov](mailto:Marjorie.Katz@cdph.ca.gov)]  
Sent: Wednesday, December 11, 2019 7:49 AM  
To: Andrew Mills <[amills@cityofsantacruz.com](mailto:amills@cityofsantacruz.com)>  
Subject: Harm Reduction Coalition of Santa Cruz County (HRCSCC) SEP Application

Harm Reduction Coalition of Santa Cruz County (HRCSCC) has submitted an application to the California Department of Public Health, Office of AIDS (CDPH/OA) for authorization of a syringe access and disposal program. HRCSCC has been providing services by working in collaboration with Santa Cruz County Health Services Agency's syringe services program (SSP) for the past 18 months. HRCSCC proposes to provide syringe services along with education on the topics of safer injection, HIV and viral hepatitis prevention, overdose prevention, and proper syringe disposal. Other services include distribution of naloxone, safer sex supplies, fentanyl test strips, collection and safe disposal of used syringes, and access to other crucial injection supplies as needed. The population HRCSCC proposes to reach is made up of hard-to-reach individuals not currently utilizing or underutilizing the county SSP.

HRCSCC proposes operating at the following times and locations: Coral Street between Limekiln and River Streets on Sundays between the hours of 9 a.m. and 11 p.m. This is the same location that HRCSCC has been providing services in collaboration with Santa Cruz County Health Services Agency's SSP for 18 months. The proposal also includes

home delivery. Home delivery will be provided where the participants live, by appointment on Mondays, Wednesdays, and Fridays.

The application from HRCSCC is attached. OA staff has determined that the application meets the baseline requirements of Health and Safety Code Section 121349 <[http://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=HSC&division=105.&title=&part=4.&chapter=18.&article=>](http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=105.&title=&part=4.&chapter=18.&article=>)>, which outlines the application process and requirements state-authorized SSPs must meet. OA has initiated the next step in the process by opening a 45-day public comment period through a posting on the CDPH/OA website <[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sepapp.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sepapp.aspx)>. Public comment closes on January 20, 2020.

In accordance with requirements in Health and Safety Code Section 121349, CDPH is seeking consultation with the local health officer and the chief law enforcement officials for the city of Santa Cruz and the county of Santa Cruz. In consultation, CDPH is asking for any input or comment you may have pertaining to the authorization request. Input may be provided by email or written correspondence. Please reply by January 20, 2020

More information about syringe services programs is available on our website: [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sep.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx). On this page, under Media, you will find an educational documentary made by CDPH in cooperation with the Los Angeles Police Department (LAPD) which explores the way that SSPs can help keep law enforcement officers and their communities safer.

In addition to the application itself, attached you'll also find a one-page overview of the CDPH syringe services program authorization process.

**Mailing Address:**

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Thank you in advance for your attention to this matter.

Marjorie Katz  
Harm Reduction Specialist  
CDPH - Office of AIDS  
Prevention Branch

# EXHIBIT S

California Department of Public Health – Office of AIDS  
ENVIRONMENTAL CHECKLIST FORM

Syringe services program name: Right on Point

Lead agency name: Harm Reduction Coalition of Santa Cruz County (HRCSCC)

Lead agency address: PO Box 3415, Santa Cruz, CA 95063

Contact person name: Denise Elerick

Contact person phone number: 831-769-4700

Proposed location:

HRCSCC will provide services on Sundays in the City of Santa Cruz, on Coral Street between Limekiln and River Streets, from 9 a.m. to 11 p.m. HRCSCC has been providing syringe services in this location since June, 2018, as part of work with the Santa Cruz County Health Services Agency's syringe services program. Additionally, HRCSCC will provide home delivery to individuals in the County of Santa Cruz, by appointment, Mondays, Wednesdays, and Fridays at times of day that are determined by need. Volunteers will travel by car to appointments.

Description of activity: (Describe the whole action involved, including but not limited to later phases of the activity, and any secondary, support, or off-site features necessary for its implementation. Attach additional sheets if necessary.)

This HRCSCC outreach site on Coral Street is staffed by 5 or more trained volunteers. Staff will dispense syringes and other supplies, including personal sharps containers, and collect used materials. Staff will provide education on the topics of HIV and viral hepatitis prevention, overdose prevention, safer injection, and proper syringe disposal. Other services include distribution of naloxone, safer sex supplies, and fentanyl test strips. Staff will also provide counseling, education and referrals.

Surrounding land uses and setting: (Briefly describe the surroundings)

The location on Coral Street is public property and was assessed by Office of AIDS staff. The surrounding area is dedicated to industry with some businesses. There are no parks or residential properties present. There is a population of unhoused people camping and staying in the area. See attached photos of surroundings.

**ENVIRONMENTAL FACTORS POTENTIALLY AFFECTED:**

The environmental factors checked below would be potentially affected by this project, involving at least one impact that is a "Potentially Significant Impact," as indicated by the checklist on the following pages.

Aesthetics	<input type="checkbox"/>	Agriculture / Forestry Resources	<input type="checkbox"/>	Air Quality	<input type="checkbox"/>
Biological Resources	<input type="checkbox"/>	Cultural Resources	<input type="checkbox"/>	Energy	<input type="checkbox"/>
Geology/Soils	<input type="checkbox"/>	Greenhouse Gas Emissions	<input type="checkbox"/>	Hazards and Hazardous Materials	<input type="checkbox"/>
Hydrology/Water Quality	<input type="checkbox"/>	Land Use / Planning	<input type="checkbox"/>	Mineral Resources	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Population / Housing	<input type="checkbox"/>	Public Services	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Tribal Cultural Resources	<input type="checkbox"/>
Utilities / Service Systems	<input type="checkbox"/>	Wildfire	<input type="checkbox"/>	Mandatory Findings of Significance	<input type="checkbox"/>

**DETERMINATION**

1. Does the action involve exercising discretionary powers by a public agency?  
 Yes  No

2. Will the action result in a direct or reasonably foreseeable indirect physical change in the environment? Is the action as a whole a "project" under CEQA?  
 Yes  No

3. Does a Statutory Exemption apply?  
 Yes  No

If yes, based on which statute:

4. Does a Categorical Exemption apply?  
 Yes  No

If yes, which exemption and a brief explanation why?

Minor Alterations to Land - 14 CCR Section 15304, temporary land use.

Signature: **Alessandra Ross** Digitally signed by Alessandra Ross  
 Date: 2020.01.24 12:35:49 -08'00' Date:



## See Explanations Below

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
<b>I. AESTHETICS.</b> Except as provided in Public Resources Code Section 21099, would the project:				
a) Have a substantial adverse effect on a scenic vista?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Substantially damage scenic resources, including, but not limited to, trees, rock outcroppings, and historic buildings within a state scenic highway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) In nonurbanized areas, substantially degrade the existing visual character or quality of public views of the site and its surroundings? (Public views are those that are experienced from publicly accessible vantage point). If the project is in an urbanized area, would the project conflict with applicable zoning and other regulations governing scenic quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Create a new source of substantial light or glare which would adversely affect day or nighttime views in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>II. AGRICULTURE AND FORESTRY RESOURCES.</b> In determining whether impacts to agricultural resources are significant environmental effects, lead agencies may refer to the California Agricultural Land Evaluation and Site Assessment Model (1997) prepared by the California Dept. of Conservation as an optional model to use in assessing impacts on agriculture and farmland. In determining whether impacts to forest resources, including timberland, are significant environmental effects, lead agencies may refer to information compiled by the California Department of Forestry and Fire Protection regarding the state's inventory of forest land, including the Forest and Range Assessment Project and the Forest Legacy Assessment project; and forest carbon measurement methodology provided in Forest Protocols adopted by the California Air Resources Board. Would the project:				
a) Convert Prime Farmland, Unique Farmland, or Farmland of Statewide Importance (Farmland), as shown on the maps prepared pursuant to the Farmland Mapping and Monitoring Program of the California Resources Agency, to non-agricultural use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Conflict with existing zoning for agricultural use, or a Williamson Act contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Conflict with existing zoning for, or cause rezoning of, forest land (as defined in Public Resources Code Section 12220(g)), timberland (as defined by Public Resources Code Section 4526), or timberland zoned Timberland Production (as defined by Government Code Section 51104(g))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Result in the loss of forest land or conversion of forest land to non-forest use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Involve other changes in the existing environment which, due to their location or nature, could result in conversion of Farmland, to non-agricultural use or conversion of forest land to non-forest use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>III. AIR QUALITY.</b> Where available, the significance criteria established by the applicable air quality management district or air pollution control district may be relied upon to make the following determinations. Would the project:				
a) Conflict with or obstruct implementation of the applicable air quality plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Result in a cumulatively considerable net increase of any criteria pollutant for which the project region is non-attainment under an applicable federal or state ambient air quality standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Expose sensitive receptors to substantial pollutant concentrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Result in other emissions (such as those leading to odors) adversely affecting a substantial number of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
<b>IV. BIOLOGICAL RESOURCES. Would the project:</b>				
a) Have a substantial adverse effect, either directly or through habitat modifications, on any species identified as a candidate, sensitive, or special status species in local or regional plans, policies, or regulations, or by the California Department of Fish and Wildlife or U.S. Fish and Wildlife Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Have a substantial adverse effect on any riparian habitat or other sensitive natural community identified in local or regional plans, policies, regulations or by the California Department of Fish and Wildlife or U.S. Fish and Wildlife Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Have a substantial adverse effect on state or federally protected wetlands (including, but not limited to, marsh, vernal pool, coastal, etc.) through direct removal, filling, hydrological interruption, or other means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Interfere substantially with the movement of any native resident or migratory fish or wildlife species or with established native resident or migratory wildlife corridors, or impede the use of native wildlife nursery sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Conflict with any local policies or ordinances protecting biological resources, such as a tree preservation policy or ordinance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Conflict with the provisions of an adopted Habitat Conservation Plan, Natural Community Conservation Plan, or other approved local, regional, or state habitat conservation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>V. CULTURAL RESOURCES. Would the project:</b>				
a) Cause a substantial adverse change in the significance of a historical resource pursuant to § 15064.5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Cause a substantial adverse change in the significance of an archaeological resource pursuant to § 15064.6?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Disturb any human remains, including those interred outside of dedicated cemeteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VI. ENERGY. Would the project:</b>				
a) Result in potentially significant environmental impact due to wasteful, inefficient, or unnecessary consumption of energy resources, during project construction or operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Conflict with or obstruct a state or local plan for renewable energy or energy efficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VII. GEOLOGY AND SOILS. Would the project:</b>				
a) Directly or indirectly cause potential substantial adverse effects, including the risk of loss, injury, or death involving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Rupture of a known earthquake fault, as delineated on the most recent Alquist-Priolo Earthquake Fault Zoning Map, issued by the State Geologist for the area or based on other substantial evidence of a known fault? Refer to Division of Mines and Geology Special Publication 42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii) Strong seismic ground shaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii) Seismic-related ground failure, including liquefaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv) Landslides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Result in substantial soil erosion or the loss of topsoil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
c) Be located on a geologic unit or soil that is unstable, or that would become unstable as a result of the project, and potentially result in on- or off-site landslide, lateral spreading, subsidence, liquefaction or collapse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Be located on expansive soil, as defined in Table 18-1-B of the Uniform Building Code (1994), creating substantial direct or indirect risks to life or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Have soils incapable of adequately supporting the use of septic tanks or alternative waste water disposal systems where sewers are not available for the disposal of waste water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Directly or indirectly destroy a unique paleontological resource or site or unique geologic feature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VIII. GREENHOUSE GAS EMISSIONS. Would the project:</b>				
a) Generate greenhouse gas emissions, either directly or indirectly, that may have a significant impact on the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Conflict with an applicable plan, policy or regulation adopted for the purpose of reducing the emissions of greenhouse gases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>IX. HAZARDS AND HAZARDOUS MATERIALS. Would the project:</b>				
a) Create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Create a significant hazard to the public or the environment through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Emit hazardous emissions or handle hazardous or acutely hazardous materials, substances, or waste within one-quarter mile of an existing or proposed school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Be located on a site which is included on a list of hazardous materials sites compiled pursuant to Government Code § 65962.5 and, as a result, would it create a significant hazard to the public or the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) For a project located within an airport land use plan or, where such a plan has not been adopted, within two miles of a public airport or public use airport, would the project result in a safety hazard or excessive noise for people residing or working in the project area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Impair implementation of or physically interfere with an adopted emergency response plan or emergency evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Expose people or structures, either directly or indirectly, to a significant risk of loss, injury or death involving wildland fires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>X. HYDROLOGY AND WATER QUALITY. Would the project:</b>				
a) Violate any water quality standards or waste discharge requirements or otherwise substantially degrade surface or ground water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Substantially decrease groundwater supplies or interfere substantially with groundwater recharge such that the project may impede sustainable groundwater management of the basin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Substantially alter the existing drainage pattern of the site or area, including through the alteration of the course of a stream or river or through the addition of impervious surfaces, in a manner which would:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
i) result in a substantial erosion or siltation on- or off-site;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii) substantially increase the rate or amount of surface runoff in a manner which would result in flooding on- or offsite;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii) create or contribute runoff water which would exceed the capacity of existing or planned stormwater drainage systems or provide substantial additional sources of polluted runoff; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv) impede or redirect flood flows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) In flood hazard, tsunami, or seiche zones, risk release of pollutants due to project inundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Conflict with or obstruct implementation of a water quality control plan or sustainable groundwater management plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XI. LAND USE AND PLANNING. Would the project:</b>				
a) Physically divide an established community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Cause a significant environmental impact due to a conflict with any land use plan, policy, or regulation adopted for the purpose of avoiding or mitigating an environmental effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XII. MINERAL RESOURCES. Would the project:</b>				
a) Result in the loss of availability of a known mineral resource that would be a value to the region and the residents of the state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Result in the loss of availability of a locally important mineral resource recovery site delineated on a local general plan, specific plan or other land use plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XIII. NOISE. Would the project result in:</b>				
a) Generation of a substantial temporary or permanent increase in ambient noise levels in the vicinity of the project in excess of standards established in the local general plan or noise ordinance, or applicable standards of other agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Generation of excessive groundborne vibration or groundborne noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) For a project located within the vicinity of a private airstrip or an airport land use plan or, where such a plan has not been adopted, within two miles of a public airport or public use airport, would the project expose people residing or working in the project area to excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XIV. POPULATION AND HOUSING. Would the project:</b>				
a) Induce substantial unplanned population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Displace substantial numbers of existing people or housing, necessitating the construction of replacement housing elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XV. PUBLIC SERVICES. Would the project:</b>				
a) Result in substantial adverse physical impacts associated with the provision of new or physically altered governmental facilities, need for new or physically altered governmental facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, response times, or other performance objectives for any of the public services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
Fire protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Police protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other public facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XVI. RECREATION.</b>				
a) Would the project increase the use of existing neighborhood and regional parks or other recreational facilities such that substantial physical deterioration of the facility would occur or be accelerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Does the project include recreational facilities or require the construction or expansion of recreational facilities which might have an adverse physical effect on the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XVII. TRANSPORTATION. Would the project:</b>				
a) Conflict with a program, plan, ordinance or policy addressing the circulation system, including transit, roadway, bicycle and pedestrian facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Conflict or be inconsistent with CEQA Guidelines § 15064.3, subdivision (b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Substantially increase hazards due to a geometric design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Result in inadequate emergency access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XVIII. TRIBAL CULTURAL RESOURCES.</b>				
a) Would the project cause a substantial adverse change in the significance of a tribal cultural resource, defined in Public Resources Code § 21074 as either a site, feature, place, cultural landscape that is geographically defined in terms of the size and scope of the landscape, sacred place, or object with cultural value to a California Native American tribe, and that is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Listed or eligible for listing in the California Register of Historical Resources, or in a local register of historical resources as defined in Public Resources Code section 5020.1(k), or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii) A resource determined by the lead agency, in its discretion and supported by substantial evidence, to be significant pursuant to criteria set forth in subdivision (c) of Public Resources Code § 5024.1. In applying the criteria set forth in subdivision (c) of Public Resources Code § 5024.1, the lead agency shall consider the significance of the resource to a California Native American tribe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XIX. UTILITIES AND SERVICE SYSTEMS. Would the project:</b>				
a) Require or result in the relocation or construction of new or expanded water, wastewater treatment or storm water drainage, electric power, natural gas, or telecommunications facilities, the construction or relocation of which could cause significant environmental effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
b) Have sufficient water supplies available to serve the project and reasonably foreseeable future development during normal, dry and multiple dry years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Result in a determination by the waste water treatment provider, which serves or may serve the project that it has adequate capacity to serve the project's projected demand in addition to the provider's existing commitments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Generate solid waste in excess of state or local standards, or in excess of the capacity of local infrastructure, or otherwise impair the attainment of solid waste reduction goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Comply with federal, state, and local management and reduction statutes and regulations related to solid waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**XX. WILDFIRE.** If located in or near state responsibility areas or lands classified as very high fire hazard severity zones, would the project:

a) Substantially impair an adopted emergency response plan or emergency evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Due to slope, prevailing winds, and other factors, exacerbate wildfire risks, and thereby expose project occupants to pollutant concentrations from a wildfire or the uncontrolled spread of a wildfire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Require the installation or maintenance of associated infrastructure (such as roads, fuel breaks, emergency water sources, power lines or other utilities) that may exacerbate fire risk or that may result in temporary or ongoing impacts to the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Expose people or structures to significant risks, including downslope or downstream flooding or landslides, as a result of runoff, post-fire slope instability, or drainage changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**XXI. MANDATORY FINDINGS OF SIGNIFICANCE.**

a) Does the project have the potential to substantially degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, substantially reduce the number or restrict the range of a rare or endangered plant or animal or eliminate important examples of the major periods of California history or prehistory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Does the project have impacts that are individually limited, but cumulatively considerable? ("Cumulatively considerable" means that the incremental effects of a project are considerable when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Does the project have environmental effects which will cause substantial adverse effects on human beings, either directly or indirectly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Explanations:

There is unlikely to be an impact to aesthetics, due to the fact that HRCSCC has already been providing services at the Coral Street location for 18 months and the service plan for that location is unchanged. The plan to add home delivery and pick up in the county will increase disposal options for people unable to attend the fixed-site programs. Additionally, CDPH will fund a dedicated litter clean-up team to mitigate any litter problems that currently exist in the county.

The Santa Cruz Health Services Agency Syringe Services Program is unable to go into the community to collect syringes. By contrast, HRCSCC volunteers have returned syringes to the county from their outreach activities at the Coral Street location. By being in the community and having a dedicated team focused on syringe litter (collection) there is a likelihood that HRCSCC will collect far more used syringes than dispensed as they will continue to collect syringes from people who have received their syringes from other sources, including the county.

# EXHIBIT T



From: Steven Haddock  
To: CDPH OOA SEP Application (CDPH-OOA)  
Subject: HRC of SC County application  
Date: Monday, December 16, 2019 11:20:42 AM

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EXTERNAL SENDER [REDACTED] Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

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I am a Santa Cruz resident who lives with my family within a block of the Emeline County offices.

The Harm Reduction Coalition application for Santa Cruz County should be denied. The county program already has had a dramatic increase in the number of needles distributed, while serving a REDUCED number of clients. We do not have information on the number of users, the number of people served, the number with HepC or HIV, nor good counts of the number of needles collected vs distributed (estimates vs actual counts).

The major flaws in the HRC application are (A) it is a "needs based" distribution model instead of aiming for 1:1. This means they will continue to distribute to clients and their colleagues without controlling for the number of needles which are lost to the environment. This happens at the same time that the county is moving to \*reduce\* their secondary exchange.

(B) The HRC will only offer referrals, and not offer health services which can actually improve the lives of addicts.

(C) HRC will not have data that integrated into the county's statistics, so our understanding of the magnitude and nature of the problem will not be understood.

(D) Giving out needles to help curb the spread of HepC and HIV is doing \*nothing\* to address the root cause of the problem, and ignores the affliction that is ruining these people's lives. Overdoses and diseases are the symptoms of addiction, and not the root cause. No number of needles will make these problems go away.

Secondary exchange at the county's own Syringe Services program has skyrocketed from 5% receiving > 200 needles in 2014 to 37% in 2018, including up to 57% of the visits in mid-2018. These increases are due in part due to HRC efforts. We need more and better information, not a second program which increases the flow of untracked needles.

-Steve Haddock

From: ed heffner  
To: CDPH OOA SEP Application (CDPH-OOA)  
Subject: HRCSCC SEP Application  
Date: Thursday, January 16, 2020 8:42:01 PM

**\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED]**  
Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

**OVER 10,000 contaminated syringes found in less than a year in our parks and beaches!!!**

The Santa Cruz Sentinel reported on December 11, 2019, OVER 6,000 syringes were found from July, 2018 through May, 2019. The Parks Department reported an additional 4,171 syringes found littering our parks and beaches in 2018!!! Here's the quote from the paper:

Available data shows the litter is primarily concentrated within the city of Santa Cruz, where more than 6,000 littered syringes were found in the downtown area from July 2018 to May of this year by the Downtown Streets Team. The city's Parks Department reported collecting an additional 4,171 syringes in 2018.

"We have to do better," Santa Cruz resident Paige Concannon told supervisors Tuesday, rattling a plastic water bottle filled with seven syringes she said she found during a single morning walk in her Seabright neighborhood. "This is insane."

**The volunteer group seeks to distribute needles throughout the county when it is clear the organization cannot be trusted. Major modifications to the program, following the Washington D.C. example, need to be incorporated.**

The weighing of returned used needles for determining a one-to-one exchange is hopelessly flawed. If there is a needle distribution plan, it absolutely must have a definitive method to determine whether distributed needles and syringes are returned or exposing innocent people, particularly vulnerable, curious children on our beaches and in our parks.

The District of Columbia Code for needle distribution requires at § 48-1103.01(f), that all needles be: "identifiable through the use of permanent markings or color coding,..." so that all needles and syringes distributed can be effectively identified.

If this ill-conceived program proceeds, such markings should be required so that there is a definitive answer as to whether the distributed needles are returned or ending up on our streets, in our parks and on our beaches.

A link to the District of Columbia plan is found below:

[https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/dc\\_code\\_needle\\_exchange\\_programs.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/dc_code_needle_exchange_programs.pdf)

Further, the non-professionals advocating for the program are UNTRUSTWORTHY. The earlier application was withdrawn when there was a public outcry and now a second sneaky attempt is being made.

If there is to be a needle exchange, there will need to be:

- <!--[if !supportLists]-->1. <!--[endif]-->Extensive government oversight with spot checks to insure only marked needles are being distributed;
- <!--[if !supportLists]-->2. <!--[endif]-->An effective enforcement mechanism to insure compliance. Fines of at least \$1,000.00 for each distribution of an unmarked needle should be imposed upon the individual who provided the needle and the distributing organization should receive a separate fine as well. The first offense should be at

least \$1,000.00, with each subsequent offense resulting in an escalating additional \$1,000.00 per violation, with no cap.

From: Erick H  
To: CDPH COA SEP Application (CDPH-COA)  
Subject: HRCSCC's application for state certification of a Syringe Exchange Program  
Date: Friday, December 20, 2019 10:07:55 AM

**\*\*EXTERNAL MESSAGE\*\* FROM: [REDACTED]**  
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Hello:  
I am writing to share my OPPOSITION to the HRCSCC's application for state certification of a Syringe Exchange Program. Santa Cruz County already has a program in place which should be reviewed and revised as necessary rather than adding a group that does not, and has not, had support from the community at large, including law enforcement and local city government. Please do not approve their application.  
Sincerely,  
Erick Herrmann  
[REDACTED]  
Santa Cruz, CA 95060

From: Lindsay Dye  
To: CDPH\_OOA SEP Application (CDPH\_OOA); john.leopold@santacruzcounty.us; zach.friend@santacruzcounty.us; ryan.coonerty@santacruzcounty.us; greg.caput@santacruzcounty.us; bruce.mcpherson@santacruzcounty.us; Hall, Mimi@SantaCruz; Newel, Gail; amills@cityofsantacruz.com; David.honda@cityofwatsonville.org; policechief@ci.capitola.ca.us; swalpole@scottsvalley.org; Jim.Hart@santacruzcounty.us; Rebecca.garcia@cityofwatsonville.org; jbertrand@ci.capitola.ca.us; jdilles@scottsvalley.org  
Subject: HRCSS Needle Distribution application  
Date: Friday, January 17, 2020 4:19:04 PM

\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED]  
Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

To Whom It Concerns,

I wish to express my concern over this HRCSS Needle Distribution application submitted for consideration in Santa Cruz:

<https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HRCSCC%20SEP%20Application.pdf>

Fixed distribution locations are too vague, and it is not apparent that there will be any significant local oversight, if there is any at all. If our community is going to continue to provide needles, I'd like to see more stringent control of the process, with residents able to have a say in the locations for distribution.

Sincerely,  
Lindsay Dye, Santa Cruz

From: cly BSEE  
To: CDPH OOA SEP Application (CDPH:OOA)  
Cc: Newel, Gail  
Subject: I oppose the Harm Reduction Coalition of Santa Cruz County's (HRCSCC) application dated November 20, 2019  
Date: Thursday, January 02, 2020 11:02:02 AM

\*\*\*[EXTERNAL MESSAGE]\*\*\* FROM: [REDACTED]

Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

I oppose the Harm Reduction Coalition of Santa Cruz County's (HRCSCC) application dated November 20, 2019, for an expanded Syringe Service Program in the City of Santa Cruz and for mobile delivery services across the entire county. Our City and County are already overflowing with discarded syringes in parks, on the streets, and in our neighborhoods. We ask that you allow our locally elected leaders to continue to manage and operate our locally authorized Syringe Services Program (SSP) and deny the HRCSCC's application. Please deny this application and defer to local authorities to continue their operation of a professionally managed County SSP with local oversight and accountability.

Thank you,  
Corrie VerBraken  
[REDACTED]  
Santa Cruz CA 95062

From: Jim McGowan  
To: CDPH OOA SEP Application (CDPH-OOA)  
Subject: I OPPOSE THE HARM REDUCTION COALITION OF SANTA CRUZ COUNTY PROPOSING A SYRINGE SERVICES PROGRAM  
Date: Sunday, December 22, 2019 4:40:43 PM

\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED]

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The County Board of Supervisors, the County Health Department and many citizens have already come out against this group distributing more needles in our community without accounting for where they end up (our parks, beaches and public lands as well as private). The County runs a needle exchange program with counseling that isn't far from this needle give away that is on a public street not far from Costco. It seems totally unneeded and a public health hazard. Please stop this unsupervised give away by non-medical or mental health staff. These people need counseling along with a clean needle to get off the needle! Thank you for your consideration of our community.

Sincerely, James C. McGowan

[REDACTED]  
Santa Cruz, CA 95060  
[REDACTED]

From: Chick Webb  
To: CDPH QOA SFP Application (CDPH-QOA)  
Cc: [REDACTED]  
Subject: I Oppose The HRC of Santa Cruz County's SSEP Application  
Date: Monday, January 20, 2020 3:37:11 PM

\*\* [EXTERNAL MESSAGE] \*\* FROM: [REDACTED]

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I write to you to express my opposition to the HRC of SCC Secondary Syringe Exchange Program application, and also to provide direct evidence of the lengths to which the program's representatives, including and especially Denise Elerick, are willing to go in order to push this program onto our community, despite overwhelming opposition.

I happen to live near Ms. Elerick, and she and I are both members of an online community called Nextdoor. Because we're in the same "neighborhood" she can see and respond to my posts. Recently I started a post urging my neighbors to express to you their opposition to the HRC application during this public comment period.

As expected based on her past behavior, Denise chimed in on this post, and used it to promulgate a literal raft of lies and misinformation, including (and most egregiously) that handing out thousands of needles per month in the city and county of Santa Cruz has not contributed to the large and growing needle litter problems we are experiencing. A problem so bad, that there's a Facebook group devoted to the topic - <https://www.facebook.com/NeedlesSolutionsTeam/>.

I am attaching a set of screenshots that I took today which, together, contain the entirety of the thread that I started, including all of the posts that were made by Denise. I apologize for the number of images, but it was a fairly long thread (thanks mostly to Denise's rambling commentary) and Nextdoor's site doesn't allow you to save or print them. The screenshots are in order from 1-12. After reading Denise's contributions to that thread (highlighted), I'm sure you can see how the concerns of the community, which have been raised on multiple occasions, are blithely ignored by Denise. This is not the person that should be running this program.

Many of us recognize the need for a needle exchange program that does not simply enable addicts in their addiction. Santa Cruz County already has one, in fact. I have written on several occasions to my local county supervisor urging that they expand the existing county-run program so that we can help to ensure the health of these addicts, while also giving them other options than to continue to use. If you approve the HRC application whatever incentives the board of supervisors might have to provide additional resources to their program. That will only further damage the futures of the addicts, but also of the community at large. I urge you in the strongest terms to deny the application.

Thank you for your consideration.

Chick Webb  
Aptos, CA



From: G. Bower  
To: CDPH OOA SEP Application (CDPH:OOA)  
Subject: needle distribution program Santa Cruz  
Date: Wednesday, January 08, 2020 9:02:53 PM

\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED]  
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Gillian Brunelli

[REDACTED]  
Aptos, CA 95003

tel: (831) [REDACTED]

email: [REDACTED]

January 8, 2019

To California Department of Public Health,

I am writing this letter to voice my opposition to the state supporting a needle distribution program by private entity Harm Reduction Coalition.

I am a Santa Cruz County resident, and I would like to report a needle stick injury I received at the parking lot at Cowell's Beach on September 29, 2019. I stepped on a dirty needle, presumably used for heroin, while I was with my two young daughters taking a surf lesson with a local surf school.

After the injury, I went to an urgent care clinic where I was tested for HIV, Hepatitis B, and Hepatitis C. I was re-tested after 6 weeks, 3 months, and will be retested 6 months, and one year later. Although the risk of contracting HIV, Hep B, or Hep C is low, it is not non-existent. Thankfully, all tests show no infection so far.

I learned several things from this injury:

1. Santa Cruz County does not track needle stick injuries.
  
2. Children are the most likely victims of needle stick injuries. In fact, the urgent care physician recently treated an entire family of young children who passed around a needle that the kids had found in the sand. I can understand this. Kids are drawn to shiny objects.
  
3. Santa Cruz County may soon have a needle distribution program for drug users, administered by the private entity called The Harm Reduction Coalition, without tracking the unintended consequences. This needle distribution program is endorsed by retired physician Dr. Arnold Leff, Vice Mayor Justin Cummings and Councilwoman Sandy Brown.
  
4. Needle stick injuries are more common than I would have thought in our county. One of my co-worker's 5 y/o daughter Annalise Dolder also had a needle stick injury at Capitola Beach on 7/12/17. She did not report it, as she felt reporting was futile. Another friend's son also had a needle stick at Main Beach in Santa Cruz during the summer of 2016. His name is Kael Losick. I am sure that there are many other families affected by this.

We need to keep our public spaces clean for our children, our visitors, and our community. Please make positive changes for our community. I wrote this letter because I do not want another child or family to step on a dirty needle at our beaches due to our county and state's incompetence in maintaining public safety. Let's get our heads out of the sand, Santa Cruz.

Sincerely,

Gillian Brunelli

From: Tonia Manners  
To: CDPH OOA SFP Application (CDPH-OOA)  
Subject: Needle exchange application  
Date: Friday, December 20, 2019 1:05:10 PM

\* [EXTERNAL MESSAGE] \* FROM: [REDACTED]

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I oppose the application that has been submitted by the Harm Reduction Team in Santa Cruz. We have a Country run exchange already. That is enough for one town. We have seen an enormous amount of needles that have not been disposed of properly. They are washing up on our beaches. Enough!!! Please don't approve this application.

Thank you,  
I'd love to hear back from someone.

Tonia Manners

From: Kelley Filbin  
To: CDPH OOA SEP Application (CDPH:OOA)  
Subject: No on HRCSCC SEP application  
Date: Friday, January 17, 2020 8:01:50 AM

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\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED] Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

I want to express that I reside in Santa Cruz County and I oppose this application. Our county has become unsafe due to used needles being discarded on sidewalks, private property, rivers, parks and beaches. Distributing more needles will not help eliminate the rampant drug abuse in the county and will negatively impact the health of people that may be accidentally poked by a used needle. Please stop this madness and address the real issue which is the drug addicts. They should be required to have treatment for addiction if they are going to obtain free services not enabled to take more drugs.

Kelley

From: David Gianni  
To: CASH COA SEP Association (CASH COA)  
Subject: Oppose Additional Syringe Distributions in County of Santa Cruz  
Date: Wednesday, December 11, 2019 2:53:09 PM

EXTERNAL SENDER: [REDACTED] Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

Application Evaluation Team,

I am writing to you today to voice my opposition to the recent "Harm Reduction" application to distribute syringes in Santa Cruz County. Santa Cruz County offers a Syringe Services Program (SSP), where used syringes can be returned and new clean syringes obtained. In my view additional free wheeling organizations offering syringe services are redundant.

The fact that additional services would be redundant is not the only reason I oppose a non-medical distribution of syringes. At our county run SSP, an addict is offered professional services, both medical services and drug dependency i.e. recovery counseling. This new "Harm Reduction" proposal offers neither and would in effect reduce the number of drug dependent individuals receiving medical attention and drug counseling thereby causing more harm to the population it purports to serve.

As it stands our county SSP has oversight and is accountable to the county residents and board of supervisors and produces publicly available reports and statistics, while the "Harm Reduction" folks offer neither reports or accountability.

Please add my voice to those opposing the Elerick "Harm Reduction" application.

Sincerely,

David Gianni

From: Becca Rubin  
To: CDPH OOA SEP Application (CDPH-OOA)  
Subject: Oppose the Harm Reduction Coalition of Santa Cruz County's (HRCSCC) application for an expanded Syringe Service Program in the City of Santa Cruz  
Date: Thursday, January 02, 2020 12:19:13 PM

\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED]

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The County of Santa Cruz runs a Syringe Services Program that last year handed out 593,174 needles to 578 IV drug users.

I oppose the Harm Reduction Coalition of Santa Cruz County's (HRCSCC) application dated November 20, 2019, for an expanded Syringe Service Program in the City of Santa Cruz and for mobile delivery services across the entire county. Our City and County are already overflowing with discarded syringes in parks, on the streets, and in our neighborhoods. We ask that you allow our locally elected leaders to continue to manage and operate our locally authorized Syringe Services Program (SSP) and deny the HRCSCC's application. Please deny this application and defer to local authorities to continue their operation of a professionally managed County SSP with local oversight and accountability.

The Santa Cruz County Health Services Agency currently operates its own SSP that is subject to substantial community oversight. This proposed application by the unsupervised volunteer group would create a program with little oversight, control and accountability for the delivery of Health and Safety Programs within our community. Santa Cruz County officials have expressed a commitment to increase SSP program transparency and to increase drug and alcohol treatment programs. This request for State SSP Certification by an all-volunteer organization would directly impact the County's ability to professionally manage and serve those in need. I urge you to oppose this request.

Furthermore, this is the second HRCSCC application requesting State Certification to operate a SSP program independent of the County's SSP. As you know, the HRCSCC withdrew their prior application after widespread opposition by Community Leaders, every Law Enforcement in the County, and Neighborhood Groups, as well as due to numerous inaccuracies in the HRCSCC application itself. Nonetheless, without any notable community outreach or coordination with the County, HRCSCC

has submitted a second application for State authorization. Furthermore, this most recent request seeks to operate a mobile delivery service across the entire County. Therefore, I also oppose the most recent HRCSCC application because this proposed project is inconsistent with California environmental quality regulations.

Please do not grant this application and instead respect local Santa Cruz County SSP program management's authority to maintain SSP operations under the oversight of the Santa Cruz County Board of Supervisors.

Thank you for your time,  
Rebecca Rubin  
Felton, CA

From: Elena N. Cohen  
To: CDPH OOA SEP Application (CDPH-OOA); John.leopold@santacruzcounty.us; zach.friend@santacruzcounty.us; ryan.cooney@santacruzcounty.us; greg.caput@santacruzcounty.us; bruce.mcohen@santacruzcounty.us; Hall.Mimi@SantaCruz; Newel.Gail; Chief.Andy.Mills; David.honda@cityofwatsonville.org; policechief@ci.capitola.ca.us; swalpole@scottsvally.org; Jim.Hart@santacruzcounty.us; Rebecca.garcia@cityofwatsonville.org; jbertrand@ci.capitola.ca.us; jdliles@scottsvally.org  
Subject: Opposition to HRC Application for Syringe Exchange Program Needle Distribution  
Date: Sunday, January 19, 2020 7:20:06 PM

\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED]

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To Whom it May Concern:

I am writing to express my opposition to the Harm Reduction Coalition of Santa Cruz County (HRC) application for the syringe exchange program for needle distribution. Since the County already administers a needle program, I agree with the Santa Cruz County Board of Supervisors, which unanimously advised against this program.

More specifically, I am concerned about: 1) the broad scope of needle distribution, 2) lack of local oversight, and 3) expansion with the state's permission without further important notice.

#### **Overly Broad Scope of Needle Distribution**

I understand that HRC withdrew its previous application after neighborhood groups expressed outrage in response to specific locations listed. HRC's new application, however, has carefully crafted the language to include only one specific location (on Coral Street near the existing homeless services center). However, the rest of their services will be mobile, county-wide, and in any place in the County "where the participants live." I am concerned that the application could be interpreted so broadly as to include, for example, the Ross Camp. The HRC was giving out up to 600 needles per day to the occupants who lived there. When the Camp was closed, City workers had to clean up thousands of dirty needles. There are countless other locations where people "live" that could become syringe delivery sites.

#### **No More Local Oversight**

I understand that, under Cal. California Health & Safety Code Section 121349 et seq., syringe service programs (SSP's) can be authorized either by local government or by the State. I'm concerned that if the SSP is authorized by the state as the HRC is requesting, there is NO local oversight. When, however, an SSP is authorized by local government (such as our County-run SSP), it is subject to local oversight, and is required to allow public comment and present a biennial report at an open Board of Supervisors meeting.

#### **Expansion with State's Permission without Local Notice**

Once the state approves an SSP is approved by the State, the State can "administratively approve" changes to the SSP's operations, "including, but not limited to, modifications to the time, location, and type of services provided." (Health and



Safety Code Section 121349(h)). The State does NOT have to give notice to law enforcement, the county's public health officer, or the public to make these changes. I'm concerned that, while the HRC left off specific fixed locations at this time, they could simply ask the State for an amendment and those who might be affected would not even be informed of this potential change to express opposition.

For these reasons, I request the state reject HRC's current application for needle distribution.

Thank you for your attention.

Sincerely,

Elena N. Cohen  
Santa Cruz

**From:** Dennis Hagen  
**To:** CDPH COA SEP Application (CDPH-QOA); john.leupold@santacruzcounty.us; zach.friend@santacruzcounty.us; ryan.cooney@santacruzcounty.us; greg.capuj@santacruzcounty.us; bruce.mcpherson@santacruzcounty.us; ffall\_fmim@santacruz.com; Newel, Gail; amills@cityofsantacruz.com; David.honda@cityofwatsonville.org; policechief@ci.capitola.ca.us; sylvapole@scottsvally.org; Jim.Hart@santacruzcounty.us; Rebecca.garcia@cityofwatsonville.org; jbertrand@ci.capitola.ca.us; jdilles@scottsvally.org  
**Subject:** Opposition, Santa Cruz County application by Harm Reduction Coalition  
**Date:** Saturday, January 04, 2020 4:51:19 PM

\*\*[EXTERNAL MESSAGE]\*\* FROM [REDACTED]

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I am writing in opposition to the Harm Reduction Coalition of Santa Cruz County's application dated November 20, 2019.

I live in residential zone in the city of Santa Cruz. Within the last three years I have found *two used hypodermic needles in my yard!* I turned both into the Santa Cruz PD, who identified the remaining content in each needle as heroin.

Increasing the number of needles dispensed in the county does *NOT* protect my health, or the health of my neighbors and their children.

Please oppose this application!

Dennis Hagen

[REDACTED]  
Santa Cruz 95060

From: Addison Yeosock  
To: CDPH OOA SEP Application (CDPH-OOA)  
Subject: OPPOSITION: HRCSCC application for an expanded Syringe Service Program in Santa Cruz  
Date: Wednesday, January 08, 2020 10:53:00 AM

\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED]

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To whom it may concern,

The County of Santa Cruz runs a Syringe Services Program that last year handed out 593,174 needles to 578 IV drug users.

I oppose the Harm Reduction Coalition of Santa Cruz County's (HRCSCC) application dated November 20, 2019, for an expanded Syringe Service Program in the City of Santa Cruz and for mobile delivery services across the entire county. Our City and County are already overflowing with discarded syringes in parks, on the streets, and in our neighborhoods. We ask that you allow our locally elected leaders to continue to manage and operate our locally authorized Syringe Services Program (SSP) and deny the HRCSCC's application. Please deny this application and defer to local authorities to continue their operation of a professionally managed County SSP with local oversight and accountability.

The Santa Cruz County Health Services Agency currently operates its own SSP that is subject to substantial community oversight. This proposed application by the unsupervised volunteer group would create a program with little oversight, control and accountability for the delivery of Health and Safety Programs within our community. Santa Cruz County officials have expressed a commitment to increase SSP program transparency and to increase drug and alcohol treatment programs. This request for State SSP Certification by an all-volunteer organization would directly impact the County's ability to professionally manage and serve those in need. I urge you to oppose this request.

Furthermore, this is the second HRCSCC application requesting State Certification to operate a SSP program independent of the County's SSP. As you know, the HRCSCC withdrew their prior application after widespread opposition by Community Leaders, every Law Enforcement in the County, and Neighborhood Groups, as well as due to numerous inaccuracies in the HRCSCC application itself. Nonetheless, without any notable community outreach or coordination with the County, HRCSCC has submitted a second application for State authorization. Furthermore, this most recent request seeks to operate a mobile delivery service across the entire County. Therefore, I also oppose the most recent HRCSCC application because this proposed project is inconsistent with California environmental quality regulations.

Please do not grant this application and instead respect local Santa Cruz County SSP program management's authority to maintain SSP operations under the oversight of the Santa Cruz County Board of Supervisors.

Furthermore, I urge the County Board of Supervisors to schedule an agenda item to vote to send a letter of opposition regarding this request to the California State Department of Public Health Syringe Exchange Program during the 45-day review period.

From: Al Ramadan  
To: citycouncil@cityofsantacruz.com; CDPH OOA SEP Application (CDPH-OOA)  
Subject: HRC application to distribute syringes  
Date: Friday, January 10, 2020 10:51:40 AM

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\*\*[EXTERNAL MESSAGE]\*\* FROM [REDACTED] Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

Council Members and California Department of Public Health,

I am a resident of the city of Santa Cruz and I oppose the licensing of an unregulated needle distribution to the Harm Reduction Coalition.

Our community has struggled with a persistent syringe litter problem for many years and a new syringe program that is not a 1 to 1 exchange is likely to exacerbate that problem. Santa Cruz County's Syringe Services Program distributed close to 600,000 syringes this past year to injection drug users and is already meeting the need for clean syringes for this population as evidenced by years of relatively stable disease rates. The County's Syringe Services Program also provides enhanced access to treatment and testing that injection drug users will not be able to easily access if HRC's application is approved and clients are drawn away from the County's program. In addition, HRC's proposed location, adjacent to the County's only family shelter, is inappropriate and would create further community impacts to our most vulnerable residents.

Santa Cruz County already operates a robust, professionally-run Syringe Services Program. A new volunteer-run syringe program with no local oversight and multiple potential negative impacts to our community is unnecessary and should be opposed by the Board. You can help by urging other Board members, the State, and the Health Services Agency (HSA) to take the community's concerns seriously.

Please do NOT issue this license.

Thank you,  
Al & Christine Ramadan  
Westside Santa Cruz

From: Thomas Deetz  
To: CDPH COA SEP Application (CDPH-QQA)  
Subject: Harm Reduction Coalition of Santa Cruz County syringe distribution application  
Date: Tuesday, December 24, 2019 3:48:28 PM

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\*\*[EXTERNAL MESSAGE]\*\* FROM: [REDACTED] nly open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

I am opposed to the current application of the Harm Reduction Coalition of Santa Cruz County to distribute syringes. As Harm Reduction program in preventing infectious diseases, primarily HIV, Hep C and Hep B, it can be helpful to provide sterile syringes. However there are several very effective cures for Hepatitis C and many effective treatments for HIV that can also prevent the spread of these diseases, even among injection drug using persons. The program does nothing to reduce the use of illegal drugs, whose impact on both the local community as well as the international communities involved in the drug procurement and distribution is tragic. Likewise it does not address the rising incidence of drug overdose and increasing fatalities. The Harm Reduction syringe distribution program does not extend to the many peoples here and abroad whose lives are forever altered or lost by the illegal drug cartels, including murders, environmental destruction, and other harms. Only by combining syringe programs with an intensive effort to encourage and help people stop using drugs with the use of medication assisted therapies, getting tested for infectious diseases, and on treatment where appropriate, can true harm reduction be achieved. The simple supplying of syringes does nothing to curtail the deaths and tragedies of the opioid/meth epidemics, and should not be supported absent of a comprehensive program, such as Counties can provide, to deal with the on-going crisis.

Thank-you for your consideration.

Thomas R. Deetz, M.D.  
Infectious Diseases Specialist  
Watsonville, CA 95076

From: Carolyn Kelley  
To: CDPH QOA SEP Application (CDPH-QOA); processedSEPApplication@cdph.ca.gov  
Subject: Harm Reduction Coalition Public Opinion Request  
Date: Friday, December 20, 2019 10:26:13 AM

\*\*[EXTERNAL MESSAGE]\*\* FROM [REDACTED]

Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

The request for public opinion regarding an expending needle delivery service, including home delivery three days/week was posted on a social media group I'm a member of.

I would like to state that I rarely have time for involvement in anything remotely related to government as I'm juggling three young children. I think that this is the sentiment of many parents of young children. It's self inflicted underrepresentation.

That said, I am taking time for THIS. I believe I stand for most of the parents in Santa Cruz County when I say that I am wholeheartedly against expanding any syringe delivery programs. I, like so many, have found my three year old holding a needle that she found at the laundry mat. We find them in gardens, along sidewalks, at the beach. We are no longer able to enjoy our community for fear of blood born illness. These programs are created to protect individuals who are victims of addiction but they are quite directly affecting children and families of the community in very real ways. That doesn't even include the massive toll on the environment. The risk is families and the environment is not justified by the reward to addicts. I would be more than happy to bring my three kiddos and have them talk about the dozens of times they have had to say "mommy please pick up that needle so that I can play here." As I said, parents of young children are very underrepresented and are some of the most directly affected by these programs, but hopefully that will change!

Sincerely,  
Carolyn Kelley

Carolyn Kelley  
Soil + Sea  
[www.soilandseaphotography.com](http://www.soilandseaphotography.com)

From: Scott Richards  
To: CDPH GOA SEP Application (CDPH:OOA)  
Subject: HRC APPLICATION  
Date: Friday, January 10, 2020 10:42:56 AM

\*\*[EXTERNAL MESSAGE]\*\* FROM [REDACTED]

Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

PLEASE REJECT THE APPLICATION! The letter urges the Board to direct the Chair of the Board to send a letter to the California Department of Public Health opposing the syringe exchange program application from the Harm Reduction Coalition (HRC) of Santa Cruz County.

A new volunteer-run syringe program with no local oversight and multiple potential negative impacts to our community is unnecessary and should be opposed by the Board.

WE DO NOT NEED MORE NEEDLES CARELESSLY LITTERED ON OUR STREETS, PLAYGROUNDS AND BEACHES!

Thank you,

Scott & Terri Richards  
340 Getchell Street  
Santa Cruz

Scott  
[REDACTED]  
Pay It Forward!

# EXHIBIT U



**Syringe Services Program**  
**Health Services Agency | Santa Cruz County**  
**SEPTEMBER 2017**

**Characteristics of Clients**

	Emeline Clinic		Watsonville Clinic		TOTAL <sup>1</sup>	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
Total Visits	385	94%	26	6%	411	100%
Unique IDs	200	100%	19	100%	214	100%
Clients who came to both clinics <sup>1</sup>	--		--		5	
Frequency of Visits						
Single Visit in time period	102	51%	15	79%	117	55%
Multiple Visits in time period	98	49%	4	21%	97	45%
Age Group						
18 - 24	9	5%	0	0%	9	4%
25 - 44	146	73%	11	58%	155	72%
45 and Over	45	23%	8	42%	50	23%
Unknown	0	0%	0	0%	0	0%
Gender						
Male	120	60%	7	37%	127	59%
Female	80	40%	12	63%	87	41%
Unknown	0	0%	0	0%	0	0%
Ethnicity						
White	177	89%	17	89%	190	89%
Latino/a	13	7%	1	5%	13	6%
Other / Multi-Ethnic / Unknown	10	5%	1	5%	11	5%
Area of Residence <sup>2</sup>						
Aptos / Capitola / Soquel	8	4%	0	0%	8	4%
San Lorenzo Valley	13	7%	1	5%	14	7%
Santa Cruz <sup>3</sup>	171	88%	5	26%	173	81%
Scotts Valley	3	2%	0	0%	3	1%
Watsonville / Freedom / Aromas	5	3%	11	58%	15	7%
Out of County	0	0%	2	11%	1	0%
Unknown	0	0%	0	0%	0	0%
Homeless	147	74%	6	32%	152	71%
Drugs Injected <sup>4</sup>						
Heroin	188	84%	15	79%	183	86%
Methamphetamines	101	51%	9	47%	110	51%
Cocaine	4	2%	0	0%	4	2%
Other	5	3%	0	0%	5	2%
Unknown / Withheld	5	3%	0	0%	5	2%

**Syringe Services Program**  
**Health Services Agency | Santa Cruz County**  
**SEPTEMBER 2014**

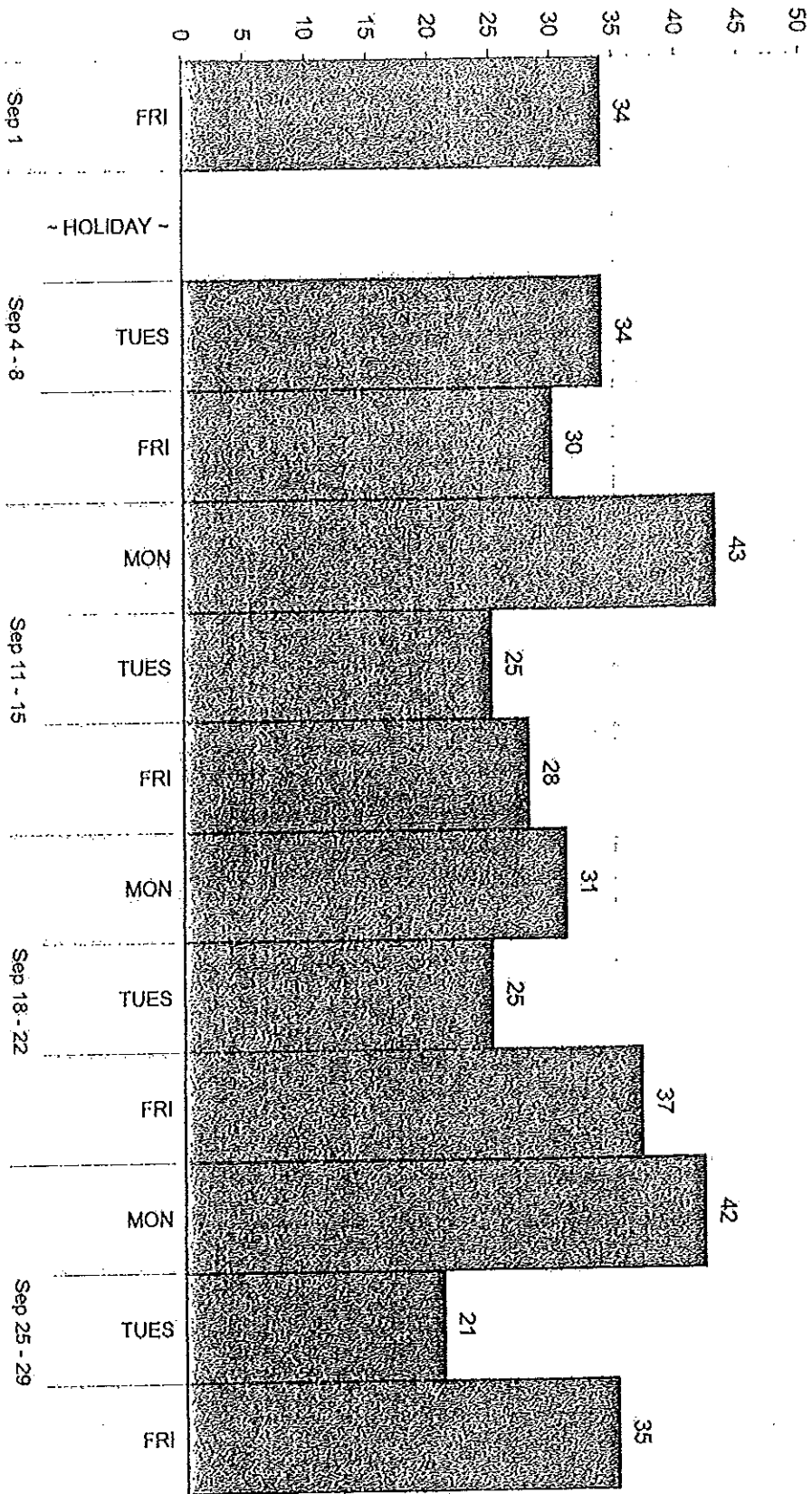
**Visit Details**

	<b>Emeline Clinic</b>		<b>Watsonville Clinic</b>		<b>TOTAL</b>	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
<b>Total Visits</b>	385	94%	26	6%	411	100%
<b>Type of Visit</b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	196	51%	15	58%	211	51%
Secondary (Self and Others)	181	47%	11	42%	192	47%
Others Only	8	2%	0	0%	8	2%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
<b>Syringes Collected</b>	37,085	98	1,270	49	41,461	101
Exchanged	37,085	96	1,270	49	38,355	93
Deposited in Kiosks (estimated by weight) <sup>5</sup>	---	--	--	--	3,106	(33 lbs)
<b>Syringes Dispensed</b>	37,561	98	1,270	49	38,831	94
1:1 or less	36,871	96	1,270	49	38,141	93
Extras	690	1.8	0	0.0	690	1.7
1st Encounter (% of dispensed)	590	1.6%	0	0.0%	590	1.5%
Medical Exception (% of dispensed)	100	0.3%	0	0.0%	100	0.3%
<b>#Collected - #Dispensed</b>	-476	-1	0	0	2,630	6
		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
<b>#Syringes Dispensed per Visit <sup>6</sup></b>						
0	3	1%	0	0%	3	1%
1 - 24	102	26%	11	42%	113	27%
25 - 49	66	17%	2	8%	68	17%
50 - 99	82	21%	7	27%	89	22%
100-199	77	20%	6	23%	83	20%
200+	55	14%	0	0%	55	13%
<b>Narcan Provided</b>	54	14%	0	0%	54	13%
<b>Education Offered <sup>7</sup></b>						
Drug Treatment	9	2%	1	4%	10	2%
Harm Reduction Education	293	76%	25	96%	318	77%
Referred to Pharmacy	0	0%	0	0%	0	0%
Medical Referral	9	2%	0	0%	9	2%
HIV / Hep C Testing	3	1%	0	0%	3	1%
Overdose Prevention	0	0%	0	0%	0	0%

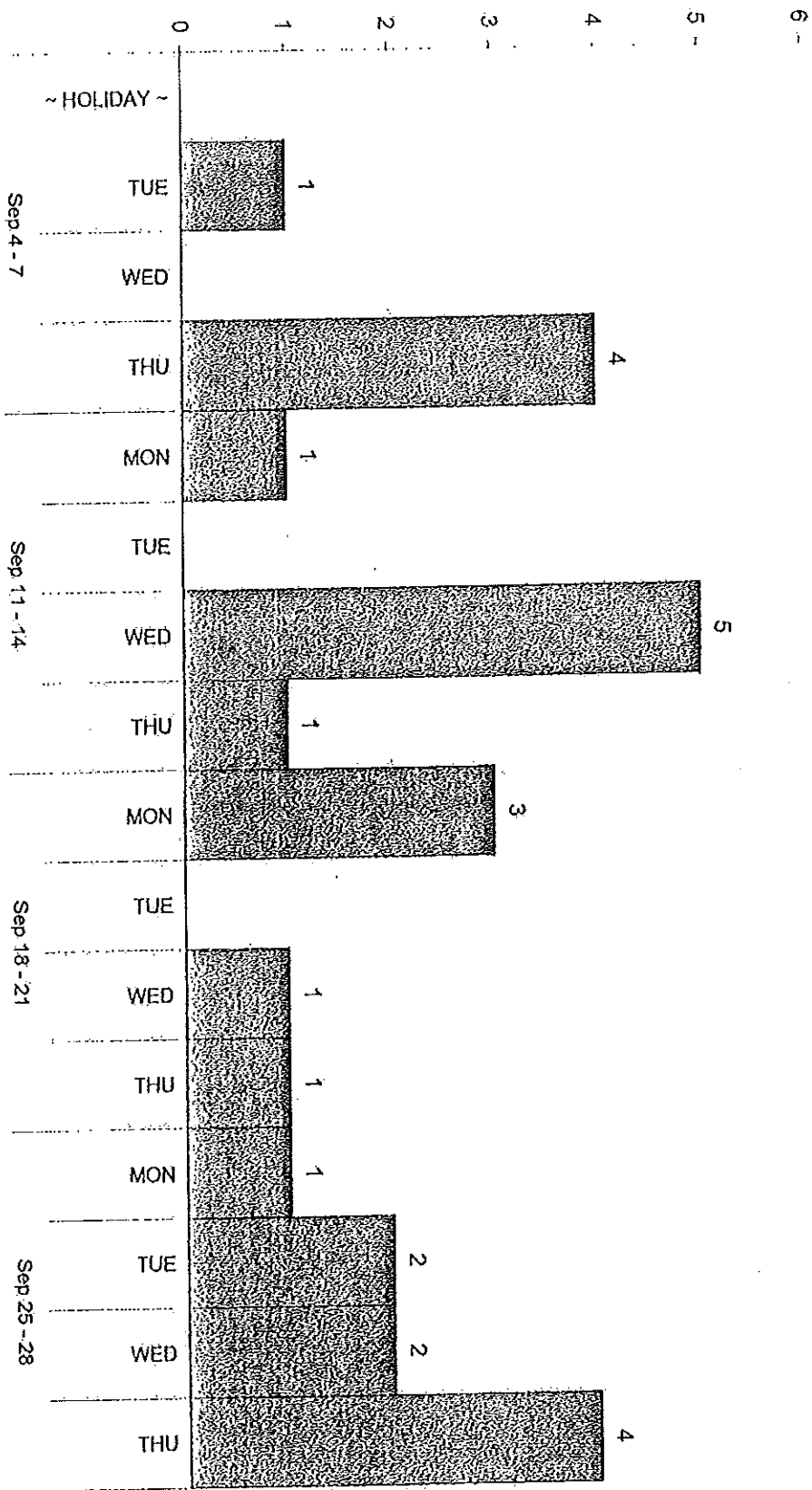
NOTE: Percents may not add to 100 due to rounding

- 1: There were 5 individuals who visited both clinics during the time period.
- 2: Includes residents who are homeless, but have primary areas where they reside.
- 3: Santa Cruz includes Davenport and Live Oak.
- 4: A person may list more than one drug, and this question is often not answered, so %s do not add up to 100%.
- 5: Syringes were collected from 3 kiosk locations: Water Street, Emeline Avenue and Crestview.
- 6: The maximum number of syringes dispensed per primary (self-only) visit was reduced to 100 on September 15, 2014.
- 7: A person may have been offered more than one type of education.

**SSP: Syringe Services Program Number of Visits by Day,  
Emeline Clinic, HSA Santa Cruz County,  
September 2017 (N=385)**



**SSP: Syringe Services Program Number of Visits by Day,  
 Watsonville Clinic, HSA Santa Cruz County,  
 September 2017 (N=26)**



**Syringe Services Program**  
**Health Services Agency / Santa Cruz County**  
**SEPTEMBER 2018**

**Characteristics of Clients**

	Emeline Clinic		Watsonville Clinic		TOTAL <sup>1</sup>	
	COUNT	% per Clinic	COUNT	% per Clinic	COUNT	% per Clinic
Total Visits	234	93%	17	7%	251	100%
Unique IDs	157	100%	13	100%	169	100%
Clients who came to both clinics <sup>1</sup>	--		--		1	
Frequency of Visits						
Single Visit in time period	106	68%	9	69%	115	68%
Multiple Visits in time period	51	32%	4	31%	54	32%
Age Group						
18 - 24	9	6%	1	8%	10	6%
25 - 44	114	73%	5	38%	118	70%
45 and Over	34	22%	7	54%	41	24%
Unknown	0	0%	0	0%	0	0%
Gender						
Male	97	62%	9	69%	106	63%
Female	60	38%	4	31%	63	37%
Unknown	0	0%	0	0%	0	0%
Ethnicity						
White	138	88%	11	85%	148	88%
Latino/a	14	9%	2	15%	16	9%
Other / Multi-Ethnic / Unknown	5	3%	0	0%	5	3%
Area of Residence <sup>2</sup>						
Aptos / Capitola / Soquel	9	6%	0	0%	9	5%
San Lorenzo Valley	10	6%	0	0%	10	6%
Santa Cruz <sup>3</sup>	127	81%	4	31%	131	78%
Scotts Valley	1	1%	0	0%	1	1%
Watsonville / Freedom / Aromas	6	4%	9	69%	14	8%
Out of County	2	1%	0	0%	2	1%
Unknown	2	1%	0	0%	2	1%
Homeless	102	65%	8	62%	109	64%
Drugs Injected <sup>4</sup>						
Heroin	135	86%	11	85%	146	86%
Methamphetamines	96	61%	4	31%	100	59%
Cocaine	4	3%	0	0%	4	2%
Other	4	3%	2	15%	6	4%
Unknown / Withheld	1	1%	0	0%	1	1%

**Syringe Services Program**  
**Health Services Agency | Santa Cruz County**  
**SEPTEMBER 2018**

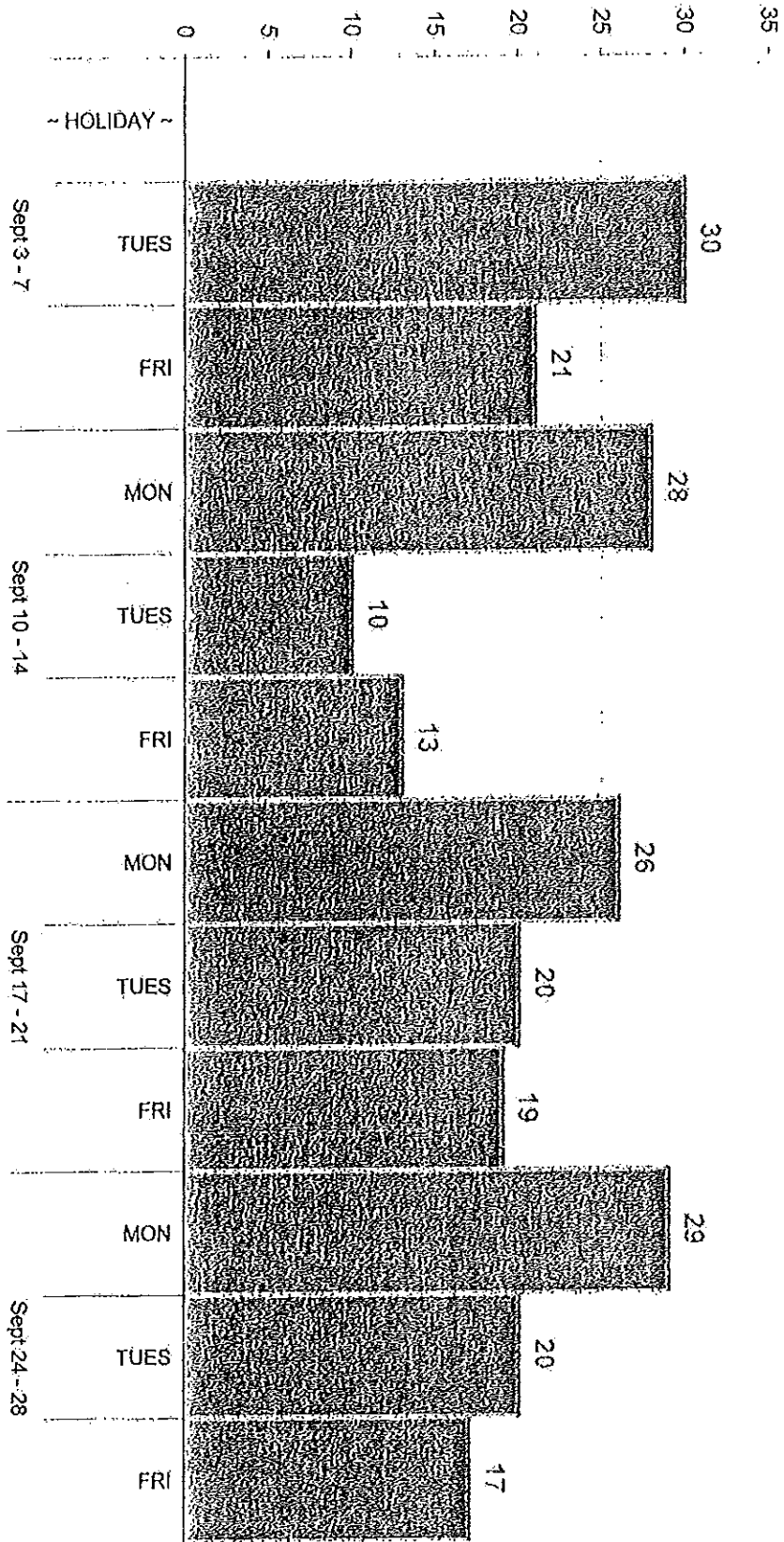
**Visit Details**

	Emeline Clinic		Watsonville Clinic		TOTAL	
	COUNT	% per Clinic	COUNT	% per Clinic	COUNT	% per Clinic
<b>Total Visits</b>	234	93%	17	7%	251	100%
<b>Type of Visit</b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	106	45%	17	100%	123	49%
Secondary (Self and Others)	119	51%	0	0%	119	47%
Others Only	9	4%	0	0%	9	4%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
Syringes Collected	39,395	168	1,137	67	60,860	242
Exchanged	39,395	168	1,137	67	40,532	161
Deposited in Kiosks (estimated by weight) <sup>5</sup>	--	--	--	--	20,328	(216 lbs)
Syringes Dispensed	39,125	167	1,137	67	40,262	160
1:1 or less	39,125	167	1,137	67	40,262	160
Extras	0	0	0	0	0	0
#Collected - #Dispensed	270	1	0	0	20,598	82
<b>#Syringes Dispensed per Visit <sup>6</sup></b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
0	7	3%	0	0%	7	3%
1 - 24	30	13%	4	24%	34	14%
25 - 49	26	11%	2	12%	28	11%
50 - 99	45	19%	2	12%	47	19%
100-199	49	21%	9	53%	58	23%
200+	77	33%	0	0%	77	31%
<b>Narcan Kits Distributed</b>	169	72%	0	0%	169	67%
<b>Education Offered <sup>7</sup></b>						
Drug Treatment	186	79%	0	0%	186	74%
Harm Reduction Education	226	97%	17	100%	243	97%
Referred to Pharmacy	1	<1%	0	0%	1	<1%
Medical Referral	25	11%	0	0%	25	10%
HIV / Hep C Testing	60	26%	0	0%	60	24%
Overdose Prevention	120	51%	0	0%	120	48%

NOTE: Percents may not add to 100 due to rounding.

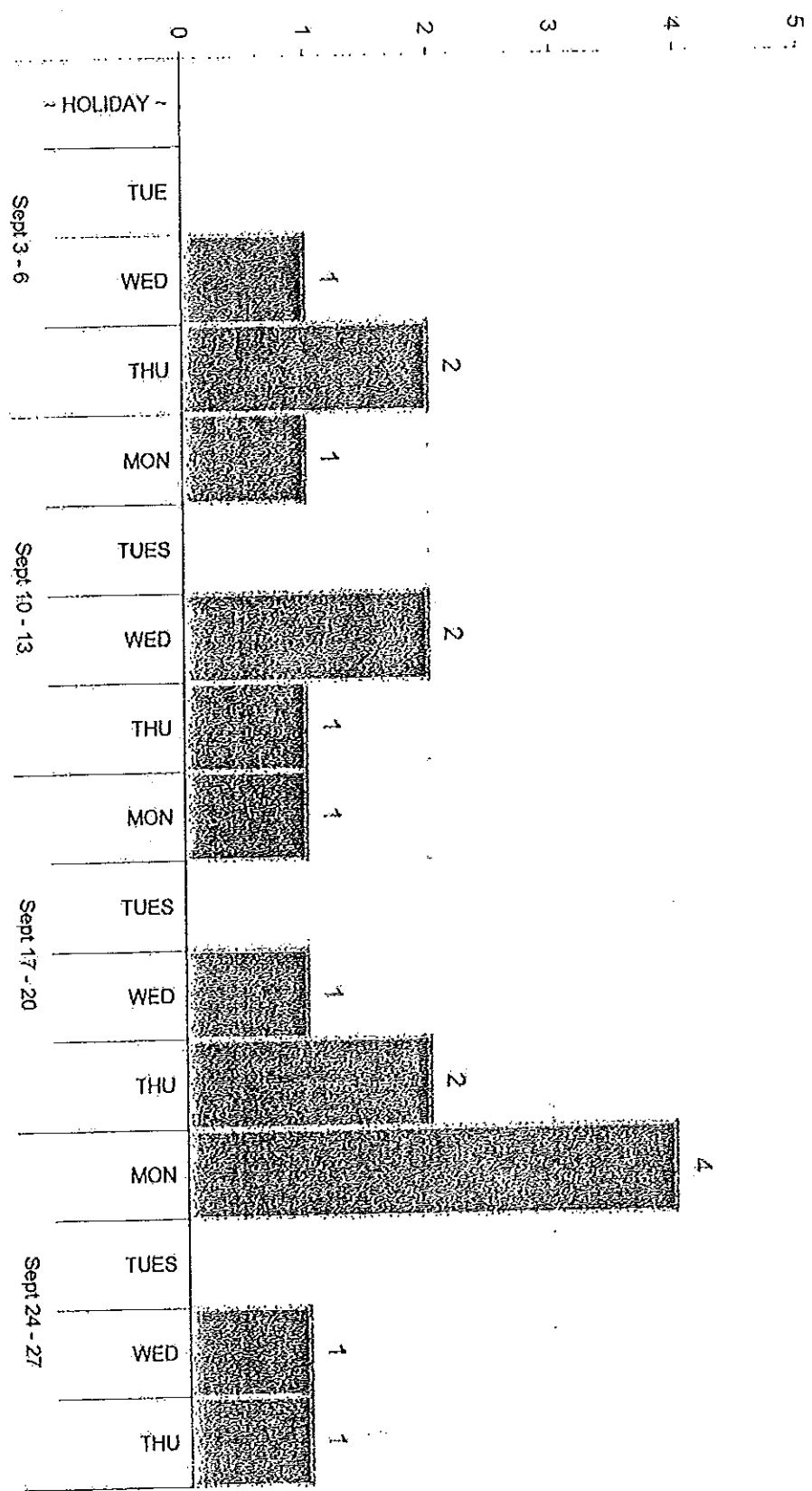
- 1: There was 1 individual who visited both clinics during the time period.
- 2: Includes residents who are homeless, but have primary areas where they reside.
- 3: Santa Cruz includes Dayton and Live Oak.
- 4: A person may list more than one drug, and this question is often not answered, so %'s do not add up to 100%.
- 5: Syringes were collected from 3 kiosk locations: Water Street, Emeline Avenue and Crashview.
- 6: The maximum number of syringes dispensed per primary (self-only) visit was reduced to 100 on September 15, 2014.
- 7: A person may have been offered more than one type of education.

**SSP: Syringe Services Program Number of Visits by Day,  
 Emeline Clinic, HSA Santa Cruz County,  
 September 2018 (N=234)**



*Note: 1 exchange occurred on an unscheduled day.*

**SSP: Syringe Services Program Number of Visits by Day,  
 Watsonville Clinic, HSA Santa Cruz County,  
 September 2018 (N=17)**





**Syringe Services Program**  
**Health Services Agency / Santa Cruz County**  
**SEPTEMBER 2019**

**Characteristics of Clients:**

	Emeline Clinic		Watsonville Clinic		TOTAL <sup>1</sup>	
	COUNT	% per Clinic	COUNT	% per Clinic	COUNT	% per Clinic
TOTAL VISITS	148	87%	23	13%	171	100%
UNIQUE IDs	112	100%	18	100%	130	100%
UNIQUE IDs WHO WENT TO BOTH SITES <sup>1</sup>	--		--		0	
FREQUENCY						
Single Visit in time period	86	77%	13	72%	99	78%
Multiple Visits in time period	26	23%	5	28%	31	24%
AGE GROUP						
18 - 24	5	4%	0	0%	5	4%
25 - 44	77	69%	13	72%	90	69%
45 and Over	30	27%	5	28%	35	27%
Unknown	0	0%	0	0%	0	0%
GENDER						
Male	66	59%	13	72%	79	61%
Female	46	41%	5	28%	51	39%
Unknown	0	0%	0	0%	0	0%
ETHNICITY						
White	97	87%	13	72%	110	85%
Latino/a	11	10%	4	22%	15	12%
Other / Multi-Ethnic / Unknown	4	4%	1	6%	5	4%
CURRENT AREA OF RESIDENCE <sup>2</sup>						
Aptos / Capitola / Soquel	7	6%	1	6%	8	6%
San Lorenzo Valley	7	6%	0	0%	7	5%
Santa Cruz <sup>3</sup>	92	82%	4	22%	96	74%
Scotts Valley	1	1%	0	0%	1	1%
Watsonville / Freedom / Aromas	4	4%	13	72%	17	13%
Out of County	1	1%	0	0%	1	1%
Unknown	0	0%	0	0%	0	0%
CURRENTLY HOMELESS	66	59%	10	56%	76	58%
TYPE OF DRUG BEING USED <sup>4</sup>						
Heroin	95	85%	16	89%	111	85%
Methamphetamines	68	61%	6	33%	74	57%
Cocaine	5	4%	0	0%	5	4%
Other	7	6%	2	11%	9	7%
Unknown / Withheld	0	0%	0	0%	0	0%

**Syringe Services Program**  
**Health Services Agency, Santa Cruz County**  
**SEPTEMBER 2019**

**Visit Details**

	Emeline Clinic		Watsonville Clinic		TOTAL	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
<b>TOTAL VISITS</b>	148	87%	23	13%	171	100%
<b>TYPE OF VISIT</b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	47	32%	23	100%	70	41%
Secondary (Syringes for Self + Others)	93	63%	0	0%	93	54%
Others Only	8	5%	0	0%	8	5%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
<b>SYRINGES COLLECTED</b>	43,888	297	1,336	58	79,574	465
Via Exchange	43,888	297	1,336	58	45,224	264
Deposited in Kiosks (estimated by weight) <sup>5</sup>	--	--	--	--	34,350	(365 lbs)
<b>SYRINGES DISPENSED</b>	42,583	288	1,336	58	43,919	257
<b># COLLECTED - # DISPENSED</b>	1,305	9	0	0	35,655	209
<b>#SYRINGES DISPENSED PER VISIT <sup>6</sup></b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
0	3	2%	0	0%	3	2%
1 - 24	12	8%	7	30%	19	11%
25 - 49	18	12%	3	13%	21	12%
50 - 99	23	16%	6	26%	29	17%
100-199	23	16%	7	30%	30	18%
200+	69	47%	0	0%	69	40%
<b>#NARCAN KITS DISPENSED</b>	89	--	0	--	89	--
<b>EDUCATION OFFERED <sup>7</sup></b>						
Drug Treatment	58	39%	3	13%	61	36%
Harm Reduction Education	131	89%	23	100%	154	90%
Referred to Pharmacy	8	5%	0	0%	8	5%
Medical Referral	25	17%	0	0%	25	15%
HIV / Hep C Testing	91	61%	0	0%	91	53%
Overdose Prevention	85	57%	0	0%	85	50%

NOTE: Percents may not add to 100 due to rounding

- 1: There were 0 individuals who visited both clinics during this time period.
- 2: Includes residents who are homeless, but have primary areas where they reside.
- 3: Santa Cruz includes Davenport and Live Oak.
- 4: A person may list more than one drug, and this question is often not answered, so %s do not add up to 100%.
- 5: Syringes were collected from 3 kiosk locations: Water Street, Emeline Avenue and Creechview.
- 6: The maximum number of syringes dispensed per primary (self-only) visit was reduced to 100 on September 15, 2014.
- 7: A person may have been offered more than one type of education.

Syringe Services Program (SSP) Number of Visits by Day,  
 Emeline Clinic in Santa Cruz, HSA Santa Cruz County,  
 SEPTEMBER 2019 (N=148)

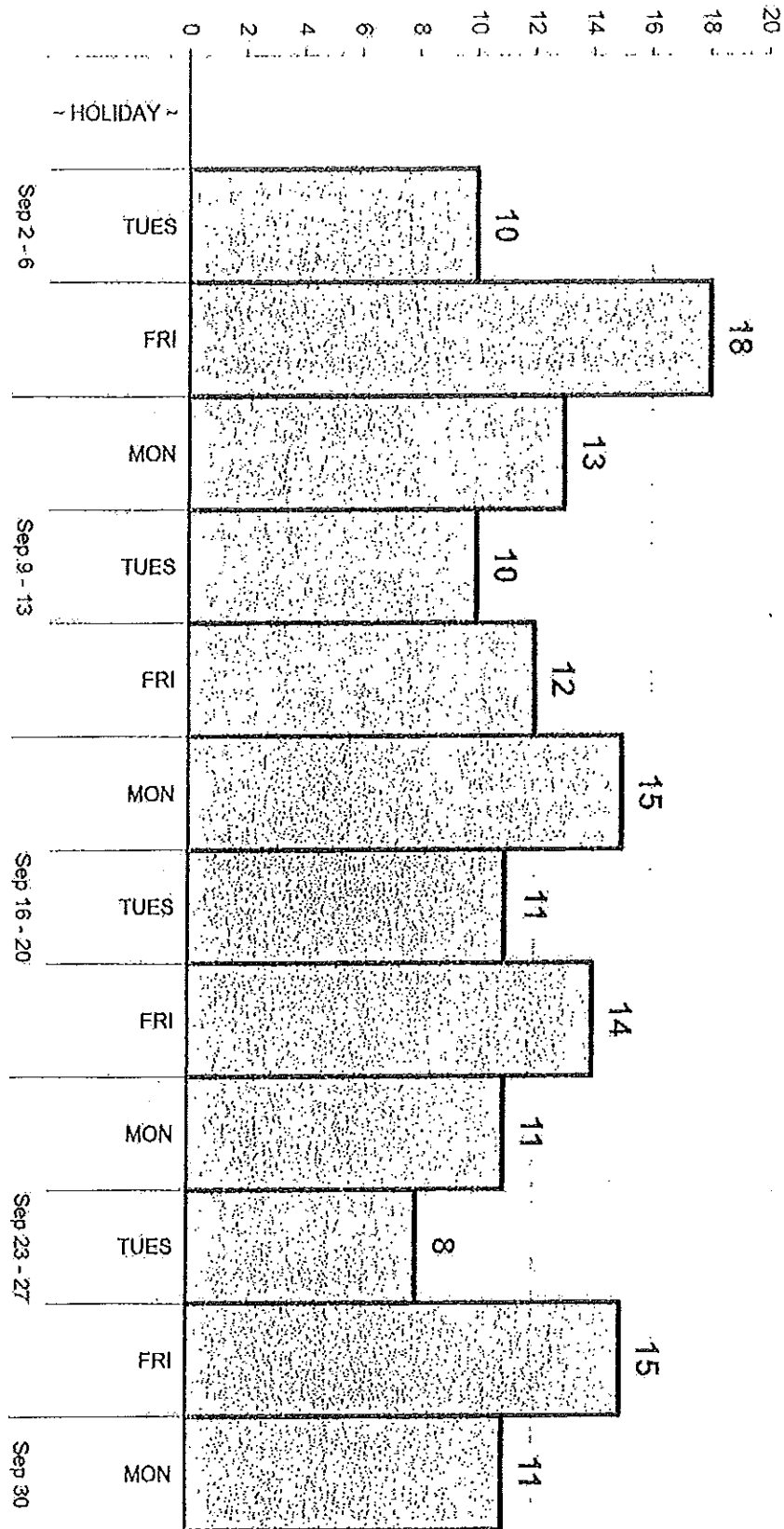


Chart 1

**Syringe Services Program (SSP) Number of Visits by Day,  
Crestview Clinic in Watsonville, HSA Santa Cruz County,  
SEPTEMBER 2019 (N=23)**

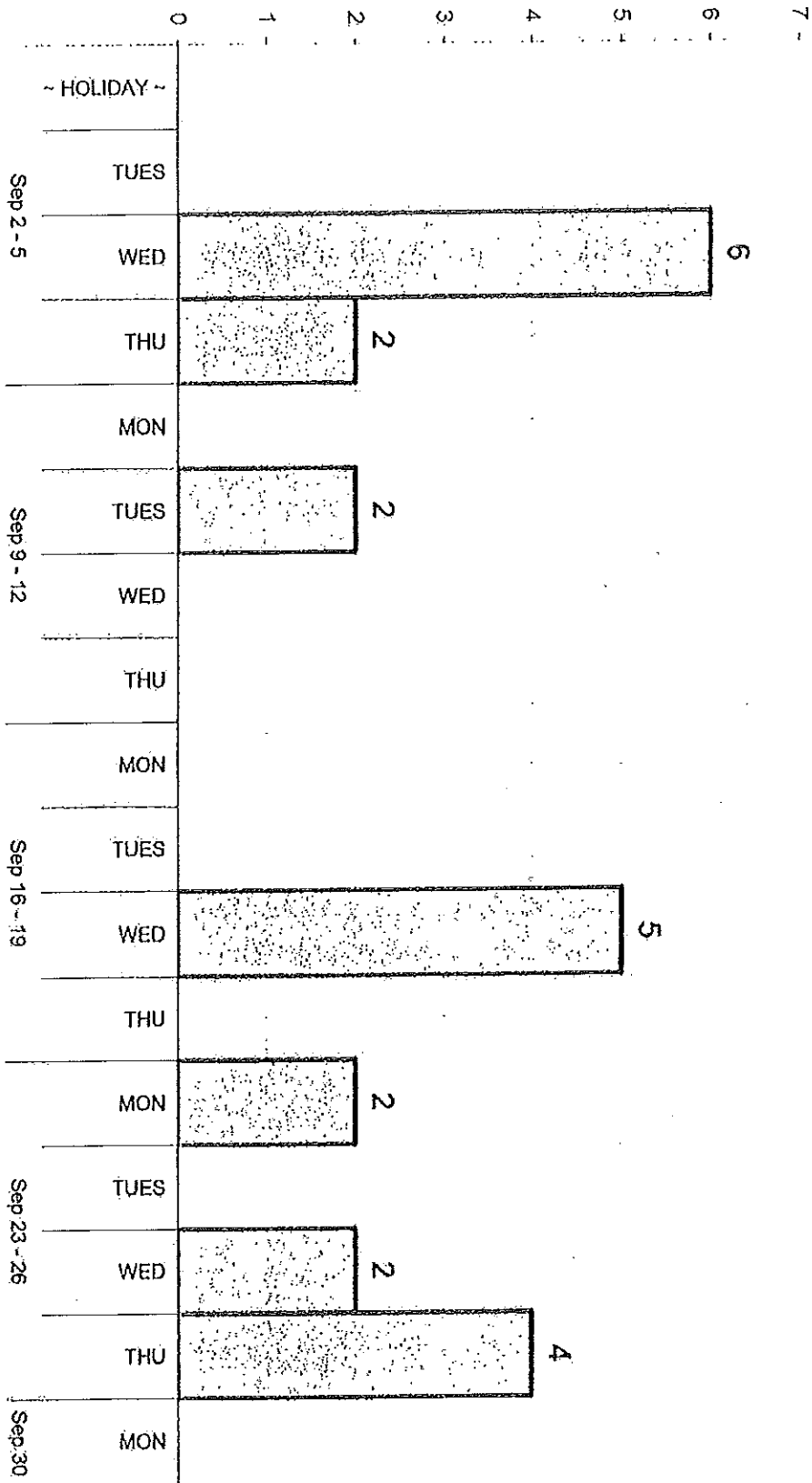


Chart 2

**Syringe Services Program**  
**Health Services Agency | Santa Cruz County**  
**September 2020**

**Characteristics of Clients**

	Emeline Clinic		Watsonville Clinic		TOTAL <sup>1</sup>	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
Total Visits	142	87%	22	13%	164	100%
Unique IDs	104	<u>% of UNIQUE IDs</u> 100%	14	<u>% of UNIQUE IDs</u> 100%	118	<u>% of UNIQUE IDs</u> 100%
Clients who came to both clinics <sup>1</sup>	--		--		0	
<b>Frequency of Visits</b>						
Single Visit in time period	80	77%	9	64%	89	75%
Multiple Visits in time period	24	23%	5	36%	29	25%
<b>AGE GROUP</b>						
18 - 24	5	5%	0	0%	5	4%
25 - 44	73	70%	12	86%	85	72%
45 and Over	26	25%	2	14%	28	24%
Unknown	0	0%	0	0%	0	0%
<b>Gender</b>						
Male	55	53%	7	50%	62	53%
Female	49	47%	7	50%	56	47%
Unknown	0	0%	0	0%	0	0%
<b>Ethnicity</b>						
White	83	80%	10	71%	93	79%
Latinx	14	13%	4	29%	18	15%
Other / Multi-Ethnic / Unknown	7	7%	0	0%	7	6%
<b>Area of Residence<sup>2</sup></b>						
Aptos / Capitola / Soquel	13	13%	0	0%	13	11%
San Lorenzo Valley	8	8%	0	0%	8	7%
Santa Cruz <sup>3</sup>	75	72%	4	29%	79	67%
Scotts Valley	1	1%	0	0%	1	1%
Watsonville / Freedom / Aromas	4	4%	10	71%	14	12%
Out of County	1	1%	0	0%	1	1%
Unknown	2	2%	0	0%	2	2%
<b>Homeless</b>	55	53%	8	57%	63	53%
<b>Drugs Injected<sup>4</sup></b>						
Heroin	84	81%	13	93%	97	82%
Methamphetamines	62	60%	6	43%	68	58%
Cocaine	2	2%	1	7%	3	3%
Other	4	4%	1	7%	5	4%
Unknown / Withheld	1	1%	0	0%	1	1%

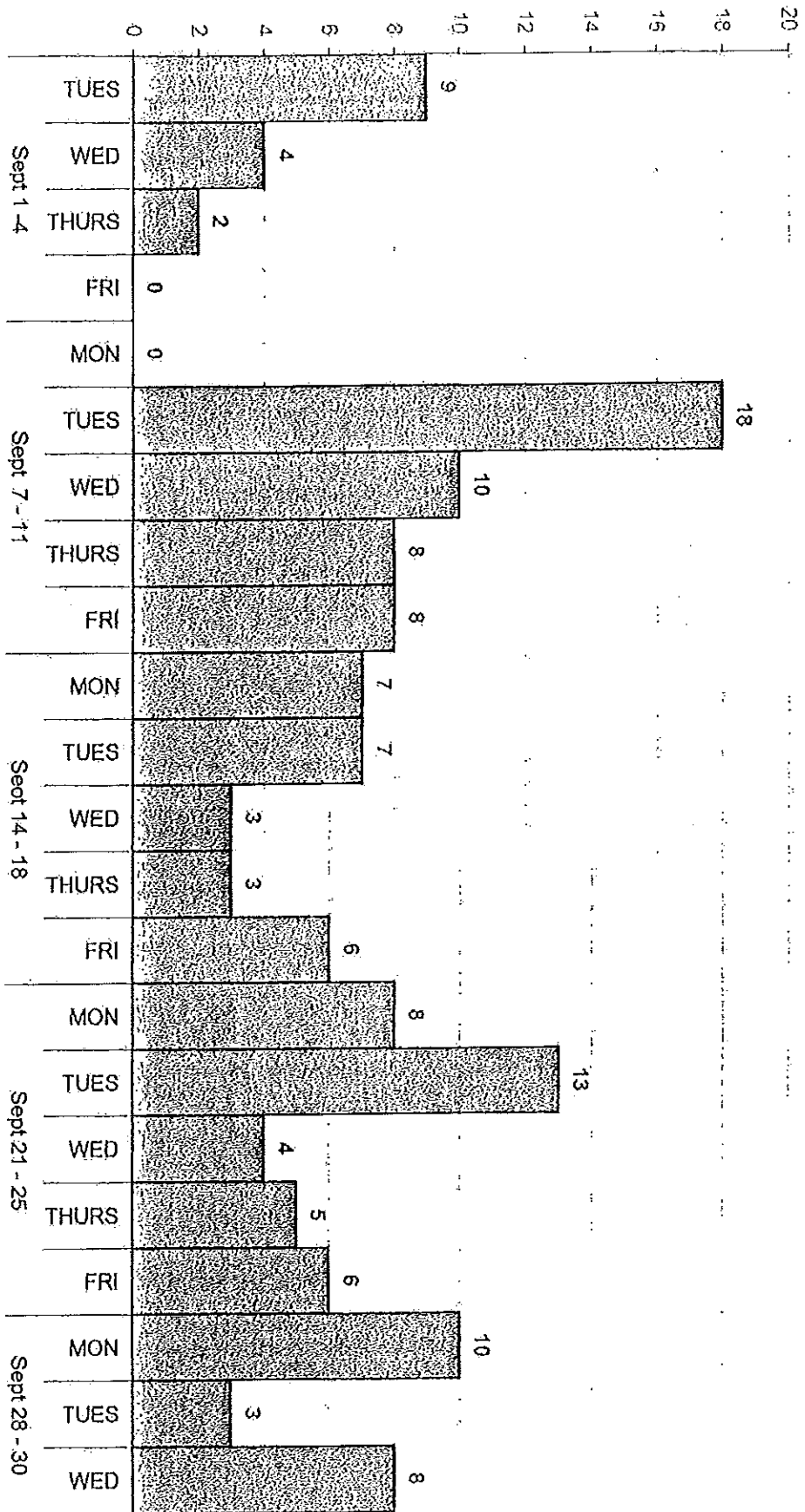
**Syringe Services Program**  
**Health Services Agency | Santa Cruz County**  
**September 2020**  
**Visit Details**

	Emeline Clinic		Watsonville Clinic		TOTAL	
	COUNT	% per Clinic	COUNT	% per Clinic	COUNT	% per Clinic
<b>Total Visits</b>	142	87%	22	13%	164	100%
<b>Type of Visit</b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	39	27%	13	59%	52	32%
Secondary (Self and Others)	103	73%	9	41%	112	68%
Others Only	0	0%	0	0%	0	0%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
Syringes Collected	31,136	219	2,310	105	67,137	409
Via Exchange	31,136	219	2,310	105	33,446	204
Deposited in Kiosks (lbs) <sup>5</sup>	--	--	--	--	33,691	358
Syringes Dispensed	26,666	188	2,310	105	28,976	177
#Collected - #Dispensed	4,470	31	0	0	38,161	233
<b>#Syringes Dispensed per Visit <sup>6</sup></b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
0	7	5%	0	0%	7	4%
1 - 24	9	6%	2	9%	11	7%
25 - 49	55	39%	1	5%	62	38%
50 - 99	49	35%	5	23%	56	34%
100-199	16	11%	9	41%	25	15%
200+	78	55%	5	23%	83	51%
	0		0		0	
Narcan Kits Dispensed	222	--	11	--	233	--
Reversals out of Overdose <sup>7</sup>	9	--	3	--	12	--
<b>Education Offered <sup>8</sup></b>						
Drug Treatment	9	6%	10	45%	19	12%
Harm Reduction Education	135	95%	21	95%	156	95%
Referred to Pharmacy	1	1%	0	0%	1	1%
Medical Referral	5	4%	0	0%	5	3%
HIV / Hep C Testing	1	1%	0	0%	1	1%
Overdose Prevention	140	99%	12	55%	152	93%

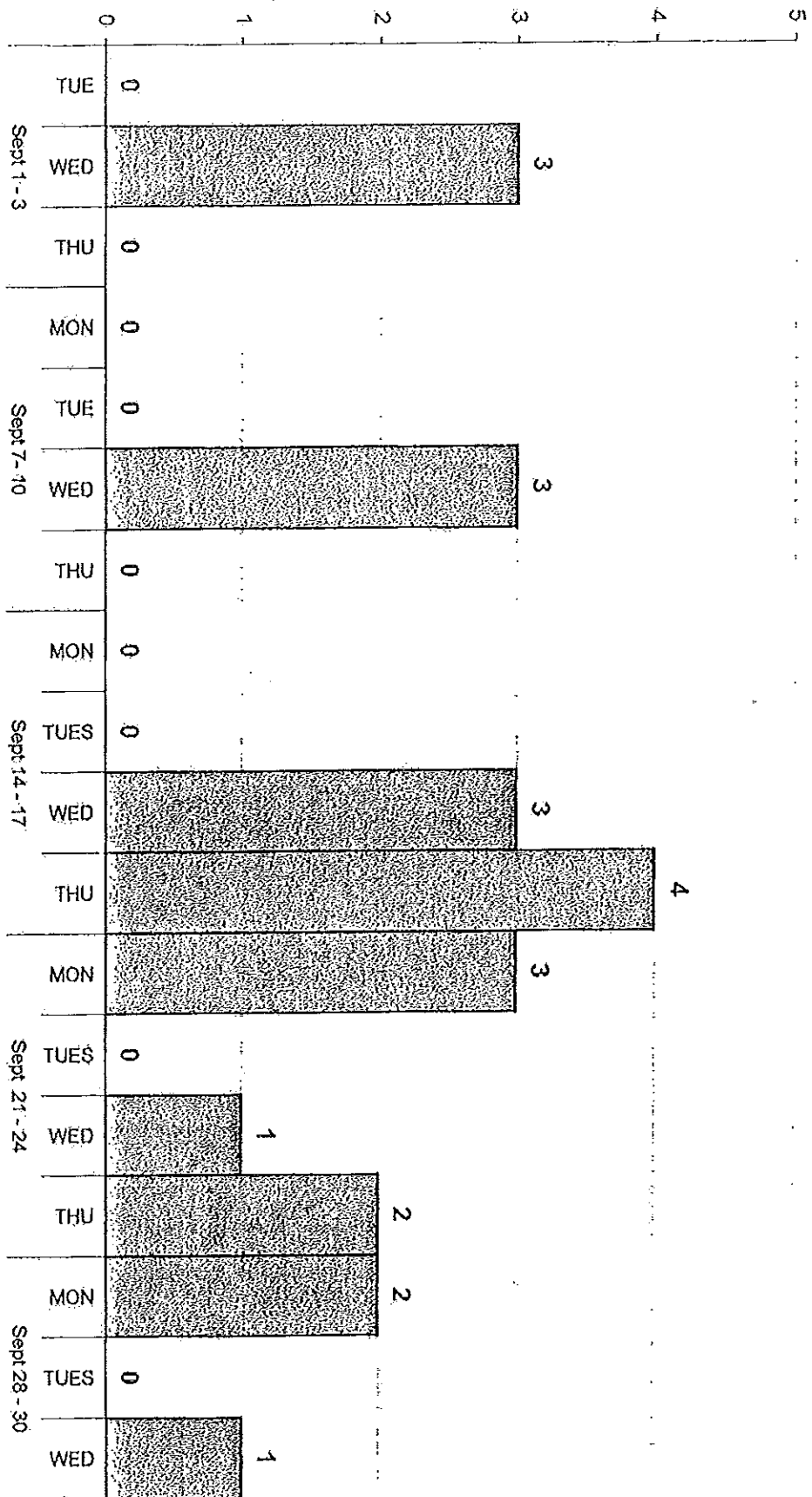
NOTE: Percents may not add to 100 due to rounding.

- 1: There were 0 individuals who visited both clinics during the time period.
- 2: Includes residents who are homeless, but have primary areas where they reside.
- 3: Santa Cruz includes Davenport and Live Oak.
- 4: A person may list more than one drug, and this question is often not answered, so %s do not add up to 100%.
- 5: Syringes were collected from 4 kiosk locations: Water Street, Emeline Avenue, Crestview, and Copal Street.
- 6: The maximum number of syringes dispensed per primary (self-only) visit was reduced to 100 on September 15, 2014.
- 7: A SSP client may have reversed more than one person.

**SSP: Syringe Services Program Number of Visits by Day,  
Emeline Clinic, HSA Santa Cruz County,  
Sept 2020 (N=142)**



**SSP: Syringe Services Program Number of Visits by Day,  
 Watsonville Clinic, HSA Santa Cruz County,  
 September 2020 (N=22)**





# EXHIBIT V

On Thu, May 23, 2019, 9:34 AM Patrick Mulhearn  
<Patrick.Mulhearn@santacruzcounty.us> wrote:  
I guess this is moot now, but per your request:

*Dear California Department of Public Health:*

*I am writing regarding the application from the Harm Reduction Coalition (Road Show) in Santa Cruz County. I am a Santa Cruz County Supervisor, representing the 2nd District, which includes parts of the cities of Watsonville and Capitola as well as much of the unincorporated area in the mid and south county areas.*

*I write in opposition of the application and also wanted to provide some additional context to my opposition. As you can imagine, this application has received a lot of attention and has, unfortunately, brought a negative reflection not just upon the proposed program but undeservedly upon the greater County run program as well. Long term supporters of needle exchange programs have come out strongly against this application and, based on the phone calls, emails and comments I receive while out in the community, many traditional supporters of public health programs are also questioning why this is being considered.*

*This is unfortunate because the one thing that seems to be universally agreed upon is the need to have a program that is managed with access to other wraparound services. Such a program would traditionally be run by the County with connections to other health services, transparency and responsibilities for proper disposal and removal of any needle waste. However, in this climate the County is unable to engage in any sort of dialogue regarding ways in which the current program can be improved while this application is being considered for approval. Additionally, should the program be approved, it's clear that the current County program will be difficult to separate from this independent program by the greater community. Any resultant lack of transparency, increase in needle waste, public health impacts or other impacts will reflect back upon the County program. I have concerns that any attempts to improve upon the current County program will be nearly impossible to implement in that context - and understandably so.*

*These programs should be run and managed by County Health where the community can have confidence that all public needs, from reduction of communicable diseases to reducing needle waste to reducing the number of those addicted are met. If this application were to be approved, I believe that the overall confidence in the value of the current County needle exchange program will be undermined. Given the difficulty that these programs operate in already, having one run by an independent group, without the same elected official oversight, public reporting and opportunities for community input will mean a greater erosion of support for this type of public health program moving forward.*

*Thank you for taking the time to consider my thoughts. I respect the difficulty of your position and appreciate the work you do for public health for our state.*

*Sincerely,*

*Zach Friend  
Santa Cruz County Supervisor  
2nd District*

-Patrick

Patrick Mulhearn  
Analyst  
Office of Supervisor Zach Friend  
Second District, Santa Cruz County  
831-454-2200

# EXHIBIT W



SONIA Y. ANGELL, MD, MPH  
State Public Health Officer & Director

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

DATE: August 7, 2020

TO: HARM REDUCTION COALITION OF SANTA CRUZ COUNTY

SUBJECT: AUTHORIZATION OF HARM REDUCTION COALITION OF SANTA CRUZ COUNTY SYRINGE SERVICES PROGRAM

This letter is to inform you that the Harm Reduction Coalition of Santa Cruz County (HRCSCC) application to provide syringe services has been approved. The California Department of Public Health (CDPH), Office of AIDS (OA) has determined that HRCSCC's program meets the requirements outlined in California Health and Safety Code (HSC) Section 121349 to qualify for authorization. Additionally, CDPH/OA has determined that conditions exist for the rapid spread of HIV, viral hepatitis, or other blood-borne diseases in Santa Cruz County. HRCSCC is approved to provide:

- In the City of Santa Cruz, mobile services once weekly at Coral Street between Limekiln and River Streets, Sundays between the hours of 9 a.m. and 11 p.m.; and
- In the County of Santa Cruz, home delivery and sharps waste collection by appointment on Mondays, Wednesdays, and Fridays.

Authorization is effective August 7, 2020 through August 7, 2022. HRCSCC may apply for renewal before the end of the two-year period.

Amendment to HRCSCC Operations

In order to address the concerns conveyed during CDPH/OA consultation with local law enforcement and received during the public comment period regarding litter, CDPH/OA will not approve services to be provided in any recreational parks located in Santa Cruz city or county. Additionally, CDPH will provide HRCSCC with a grant to address syringe litter in Santa Cruz County. In accordance with Health and Safety Code Section 121349, Subdivision (h), CDPH/OA is administratively amending the approved HRCSCC authorization to require:

- HRCSCC to conduct syringe litter clean-up to decrease the volume of syringe litter in public spaces and increase community engagement and education on proper syringe disposal. This activity must be conducted at a minimum weekly through community canvassing, targeting known areas where syringe litter is

MS 0500 • P.O. Box 997377 • Sacramento, CA 95899-7377  
(916) 558-1700 • (916) 558-1726 FAX  
Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



found. Additionally, HRCSCC must respond to requests for syringe clean-up made by the general public via a publicly accessible email address. Data collection will include the number of retrieved syringes and geo-mapping to identify prone areas of public syringe litter.

- HRCSCC must follow the Guidelines for Syringe Exchange Programs Funded by the California Department of Public Health (July, 2018), which outline OA's requirements for funded SSPs.
- In addition to providing education on proper disposal and collection of used syringes and sharps containers, HRCSCC must distribute personal sharps containers to participants.

California Code of Regulations, Title 17, Subchapter 15, Syringe Exchange Program Certification, requires that certified syringe services programs (SSPs) record both adverse incidents and positive interactions between local law enforcement and SSP staff, volunteers or participants; document concerns and positive feedback expressed by program participants, community members, neighborhood associations and/or local law enforcement officials; and document steps the program has taken to address any reasonable concerns. CDPH/OA will contact you to discuss these and other data and reporting requirements, and work with you to support your efforts to address any concerns that arise.

We appreciate the dedication of all who worked to submit this application. Thank you for your efforts in HIV and hepatitis C prevention, and we look forward to working with you.

Sincerely,



Marisa Ramos, PhD  
Chief, Office of AIDS

cc: Sonia Angell, MD, MPH  
State Public Health Officer and Director  
California Department of Public Health  
1600 Capitol Ave, Sacramento CA 95804

Erica Pan, MD, MPH, FAAP  
Deputy Director, Center for Infectious Diseases  
California State Epidemiologist  
California Department of Public Health  
1600 Capitol Ave, Sacramento CA 95804

Alessandra Ross, MPH  
Injection Drug Use Specialist  
Office of AIDS  
California Department of Public Health, MS 7700  
P.O. Box 997426  
Sacramento, CA 95899-7426

Marjorie Katz  
Harm Reduction Specialist  
HIV Prevention Branch  
Office of AIDS  
California Department of Public Health, MS 7700  
P.O. Box 997426  
Sacramento, CA 95899-7426

# EXHIBIT X



From: CDPH OOA SSP Info  
To: Conor W. Harkins  
From: Metcher, Loris@CDPH  
Subject: RE: SEP Approval  
Date: Tuesday, March 03, 2020 11:51:00 AM

Good afternoon – Please see responses to your questions below. I understand that you also called today. I have informed Loris that we have responded to your questions through this email.

Thank you,  
Office of AIDS

From: Conor W. Harkins <charkins@chwlaw.us>  
Sent: Monday, March 02, 2020 6:27 PM  
To: CDPH OOA SSP Info <SSPInfo@cdph.ca.gov>; CDPH OOA SEP Application (CDPH-OOA) <SEPApplication@cdph.ca.gov>  
Subject: SEP Approval

\*(EXTERNAL MESSAGE)\* FROM: charkins@chwlaw.us  
Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

Dear SEP Administrator:

I am wondering if you can assist me with a couple of questions about syringe exchange programs ("SEPs").

1. Does the Department of Public Health ("Department") publish comments received during the public comment period for SEP applications and the Department's responses to those comments?

California Department of Public Health does not publish the public comments received. To request copies of public comments an individual must submit a public records request through the Department's portal -

[https://cdph.govqa.us/WEBAPP/rs/\(S\(p4dpm1qt4xm10geapgtia0iy\)\)/SupportHome.aspx](https://cdph.govqa.us/WEBAPP/rs/(S(p4dpm1qt4xm10geapgtia0iy))/SupportHome.aspx)

2. Does the Department publish findings or statements of decision for SEP applications? Once a decision has been made, the Department post the letter to the applicant on the Office of AIDS website. In some instances an FAQ is also posted providing additional information.

[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sepapp.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sepapp.aspx)

3. Has the Department evaluated the applicability of CEQA to SEP approvals? Does the Department publish a notice of exemption or a notice of determination under CEQA for local SEPs?

For SEPs approved by the California Department of Public Health since November 2019, the Department does a preliminary checklist to assess whether CEQA applies and also if any CEQA exemptions apply. The Department does not publish a notice of exemption or notice of determination. The checklist is also available through a public records act request.

Thank you,

**Conor Harkins**

Associate

**Colantuono, Highsmith & Whatley, PC**

420 Sierra College Drive, Suite 140 | Grass Valley, CA 95945

Direct 530-798-2416 Main 530-432-7357 Fax 530-432-7356

[charkins@chwlaw.us](mailto:charkins@chwlaw.us) [www.chylaw.us](http://www.chylaw.us)

This email may contain material that is confidential, privileged and/or attorney work product for the sole use

A444

California Department of Public Health – Office of AIDS  
ENVIRONMENTAL CHECKLIST FORM

Syringe services program name:

Lead agency name:

Lead agency address:

Contact person name:

Contact person phone number:

Proposed location:

Description of activity: (Describe the whole action involved, including but not limited to later phases of the activity, and any secondary, support, or off-site features necessary for its implementation. Attach additional sheets if necessary.)

Surrounding land uses and setting: (Briefly describe the surroundings)

**ENVIRONMENTAL FACTORS POTENTIALLY AFFECTED:**

The environmental factors checked below would be potentially affected by this project, involving at least one impact that is a "Potentially Significant Impact," as indicated by the checklist on the following pages.

Aesthetics	<input type="checkbox"/>	Agriculture / Forestry Resources	<input type="checkbox"/>	Air Quality	<input type="checkbox"/>
Biological Resources	<input type="checkbox"/>	Cultural Resources	<input type="checkbox"/>	Energy	<input type="checkbox"/>
Geology/Soils	<input type="checkbox"/>	Greenhouse Gas Emissions	<input type="checkbox"/>	Hazards and Hazardous Materials	<input type="checkbox"/>
Hydrology/Water Quality	<input type="checkbox"/>	Land Use / Planning	<input type="checkbox"/>	Mineral Resources	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Population / Housing	<input type="checkbox"/>	Public Services	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Tribal Cultural Resources	<input type="checkbox"/>
Utilities / Service Systems	<input type="checkbox"/>	Wildfire	<input type="checkbox"/>	Mandatory Findings of Significance	<input type="checkbox"/>

**DETERMINATION**

1. Does the action involve exercising discretionary powers by a public agency?  
 Yes  No

2. Will the action result in a direct or reasonably foreseeable indirect physical change in the environment? Is the action as a whole a "project" under CEQA?  
 Yes  No

3. Does a Statutory Exemption apply?  
 Yes  No

If yes, based on which statute:

4. Does a Categorical Exemption apply?  
 Yes  No

If yes, which exemption and a brief explanation why?

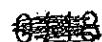
Signature:

Date:

0417

See Explanations Below

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
<b>I. AESTHETICS.</b> Except as provided in Public Resources Code Section 21099, would the project:				
a) Have a substantial adverse effect on a scenic vista?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Substantially damage scenic resources, including, but not limited to, trees, rock outcroppings, and historic buildings within a state scenic highway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In nonurbanized areas, substantially degrade the existing visual character or quality of public views of the site and its surroundings? (Public views are those that are experienced from publicly accessible vantage point). If the project is in an urbanized area, would the project conflict with applicable zoning and other regulations governing scenic quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Create a new source of substantial light or glare which would adversely affect day or nighttime views in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. AGRICULTURE AND FORESTRY RESOURCES.</b> In determining whether impacts to agricultural resources are significant environmental effects, lead agencies may refer to the California Agricultural Land Evaluation and Site Assessment Model (1997) prepared by the California Dept. of Conservation as an optional model to use in assessing impacts on agriculture and farmland. In determining whether impacts to forest resources, including timberland, are significant environmental effects, lead agencies may refer to information compiled by the California Department of Forestry and Fire Protection regarding the state's inventory of forest land, including the Forest and Range Assessment Project and the Forest Legacy Assessment project, and forest carbon measurement methodology provided in Forest Protocols adopted by the California Air Resources Board. Would the project:				
a) Convert Prime Farmland, Unique Farmland, or Farmland of Statewide Importance (Farmland), as shown on the maps prepared pursuant to the Farmland Mapping and Monitoring Program of the California Resources Agency, to non-agricultural use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Conflict with existing zoning for agricultural use, or a Williamson Act contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Conflict with existing zoning for, or cause rezoning of, forest land (as defined in Public Resources Code Section 12220(g)), timberland (as defined by Public Resources Code Section 4526), or timberland zoned Timberland Production (as defined by Government Code Section 51104(g))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Result in the loss of forest land or conversion of forest land to non-forest use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Involve other changes in the existing environment which, due to their location or nature, could result in conversion of Farmland, to non-agricultural use or conversion of forest land to non-forest use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. AIR QUALITY.</b> Where available, the significance criteria established by the applicable air quality management district or air pollution control district may be relied upon to make the following determinations. Would the project:				
a) Conflict with or obstruct implementation of the applicable air quality plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Result in a cumulatively considerable net increase of any criteria pollutant for which the project region is non-attainment under an applicable federal or state ambient air quality standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Expose sensitive receptors to substantial pollutant concentrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Result in other emissions (such as those leading to odors) adversely affecting a substantial number of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Issue	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
<b>IV. BIOLOGICAL RESOURCES. Would the project:</b>				
a) Have a substantial adverse effect, either directly or through habitat modifications, on any species identified as a candidate, sensitive, or special status species in local or regional plans, policies, or regulations, or by the California Department of Fish and Wildlife or U.S. Fish and Wildlife Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have a substantial adverse effect on any riparian habitat or other sensitive natural community identified in local or regional plans, policies, regulations or by the California Department of Fish and Wildlife or U.S. Fish and Wildlife Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have a substantial adverse effect on state or federally protected wetlands (including, but not limited to, marsh, vernal pool, coastal, etc.) through direct removal, filling, hydrological interruption, or other means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Interfere substantially with the movement of any native resident or migratory fish or wildlife species or with established native resident or migratory wildlife corridors, or impede the use of native wildlife nursery sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Conflict with any local policies or ordinances protecting biological resources, such as a tree preservation policy or ordinance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Conflict with the provisions of an adopted Habitat Conservation Plan, Natural Community Conservation Plan, or other approved local, regional, or state habitat conservation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. CULTURAL RESOURCES. Would the project:</b>				
a) Cause a substantial adverse change in the significance of a historical resource pursuant to § 15064.5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cause a substantial adverse change in the significance of an archaeological resource pursuant to § 15064.5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Disturb any human remains, including those interred outside of dedicated cemeteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. ENERGY. Would the project:</b>				
a) Result in potentially significant environmental impact due to wasteful, inefficient, or unnecessary consumption of energy resources, during project construction or operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Conflict with or obstruct a state or local plan for renewable energy or energy efficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VII. GEOLOGY AND SOILS. Would the project:</b>				
a) Directly or indirectly cause potential substantial adverse effects, including the risk of loss, injury, or death involving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Rupture of a known earthquake fault, as delineated on the most recent Alquist-Priolo Earthquake Fault Zoning Map, issued by the State Geologist for the area or based on other substantial evidence of a known fault? (Refer to Division of Mines and Geology Special Publication 42.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Strong seismic ground shaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Seismic-related ground failure, including liquefaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Landslides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Result in substantial soil erosion or the loss of topsoil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
c) Be located on a geologic unit or soil that is unstable, or that would become unstable as a result of the project, and potentially result in on- or off-site landslide, lateral spreading, subsidence, liquefaction or collapse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Be located on expansive soil, as defined in Table 18-1-B of the Uniform Building Code (1994), creating substantial direct or indirect risks to life or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have soils incapable of adequately supporting the use of septic tanks or alternative waste water disposal systems where sewers are not available for the disposal of waste water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Directly or indirectly destroy a unique paleontological resource or site or unique geologic feature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VIII. GREENHOUSE GAS EMISSIONS. Would the project:</b>				
a) Generate greenhouse gas emissions, either directly or indirectly, that may have a significant impact on the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Conflict with an applicable plan, policy or regulation adopted for the purpose of reducing the emissions of greenhouse gases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IX. HAZARDS AND HAZARDOUS MATERIALS. Would the project:</b>				
a) Create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Create a significant hazard to the public or the environment through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Emit hazardous emissions or handle hazardous or acutely hazardous materials, substances, or waste within one-quarter mile of an existing or proposed school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Be located on a site which is included on a list of hazardous materials sites compiled pursuant to Government Code § 65962.5 and, as a result, would it create a significant hazard to the public or the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) For a project located within an airport land use plan or, where such a plan has not been adopted, within two miles of a public airport or public use airport, would the project result in a safety hazard or excessive noise for people residing or working in the project area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Impair implementation of or physically interfere with an adopted emergency response plan or emergency evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Expose people or structures, either directly or indirectly, to a significant risk of loss, injury or death involving wildland fires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>X. HYDROLOGY AND WATER QUALITY. Would the project:</b>				
a) Violate any water quality standards or waste discharge requirements or otherwise substantially degrade surface or ground water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Substantially decrease groundwater supplies or interfere substantially with groundwater recharge such that the project may impede sustainable groundwater management of the basin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Substantially alter the existing drainage pattern of the site or area, including through the alteration of the course of a stream or river or through the addition of impervious surfaces, in a manner which would:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
i) result in a substantial erosion or siltation on- or off-site;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) substantially increase the rate or amount of surface runoff in a manner which would result in flooding on- or offsite;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) create or contribute runoff water which would exceed the capacity of existing or planned stormwater drainage systems or provide substantial additional sources of polluted runoff; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) impede or redirect flood flows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In flood hazard, tsunami, or seiche zones, risk release of pollutants due to project inundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Conflict with or obstruct implementation of a water quality control plan or sustainable groundwater management plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XI. LAND USE AND PLANNING. Would the project:</b>				
a) Physically divide an established community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cause a significant environmental impact due to a conflict with any land use plan, policy, or regulation adopted for the purpose of avoiding or mitigating an environmental effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XII. MINERAL RESOURCES. Would the project:</b>				
a) Result in the loss of availability of a known mineral resource that would be a value to the region and the residents of the state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Result in the loss of availability of a locally important mineral resource recovery site delineated on a local general plan, specific plan or other land use plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XIII. NOISE. Would the project result in:</b>				
a) Generation of a substantial temporary or permanent increase in ambient noise levels in the vicinity of the project in excess of standards established in the local general plan or noise ordinance, or applicable standards of other agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Generation of excessive groundborne vibration or groundborne noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) For a project located within the vicinity of a private airstrip or an airport land use plan or, where such a plan has not been adopted, within two miles of a public airport or public use airport, would the project expose people residing or working in the project area to excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XIV. POPULATION AND HOUSING. Would the project:</b>				
a) Induce substantial unplanned population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Displace substantial numbers of existing people or housing, necessitating the construction of replacement housing elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XV. PUBLIC SERVICES. Would the project:</b>				
a) Result in substantial adverse physical impacts associated with the provision of new or physically altered governmental facilities, need for new or physically altered governmental facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, response times, or other performance objectives for any of the public services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

~~0127~~

Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less than Significant Impact	No Impact
Fire protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XVI. RECREATION.**

a) Would the project increase the use of existing neighborhood and regional parks or other recreational facilities such that substantial physical deterioration of the facility would occur or be accelerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does the project include recreational facilities or require the construction or expansion of recreational facilities which might have an adverse physical effect on the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XVII. TRANSPORTATION.** Would the project:

a) Conflict with a program, plan, ordinance or policy addressing the circulation system, including transit, roadway, bicycle and pedestrian facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Conflict or be inconsistent with CEQA Guidelines § 15064.3, subdivision (b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Substantially increase hazards due to a geometric design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Result in inadequate emergency access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XVIII. TRIBAL CULTURAL RESOURCES.**

a) Would the project cause a substantial adverse change in the significance of a tribal cultural resource, defined in Public Resources Code § 21074 as either a site, feature, place, cultural landscape that is geographically defined in terms of the size and scope of the landscape, sacred place, or object with cultural value to a California Native American tribe, and that is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Listed or eligible for listing in the California Register of Historical Resources, or in a local register of historical resources as defined in Public Resources Code section 5020.1(k), or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) A resource determined by the lead agency, in its discretion and supported by substantial evidence, to be significant pursuant to criteria set forth in subdivision (c) of Public Resources Code § 5024.1. In applying the criteria set forth in subdivision (c) of Public Resources Code § 5024.1, the lead agency shall consider the significance of the resource to a California Native American tribe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XIX. UTILITIES AND SERVICE SYSTEMS.** Would the project:

a) Require or result in the relocation or construction of new or expanded water, wastewater treatment or storm water drainage, electric power, natural gas, or telecommunications facilities, the construction or relocation of which could cause significant environmental effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Issues	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
b) Have sufficient water supplies available to serve the project and reasonably foreseeable future development during normal, dry and multiple dry years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Result in a determination by the waste water treatment provider, which serves or may serve the project that it has adequate capacity to serve the project's projected demand in addition to the provider's existing commitments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Generate solid waste in excess of state or local standards, or in excess of the capacity of local infrastructure, or otherwise impair the attainment of solid waste reduction goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Comply with federal, state, and local management and reduction statutes and regulations related to solid waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XX. WILDFIRE.** If located in or near state responsibility areas or lands classified as very high fire hazard severity zones, would the project:

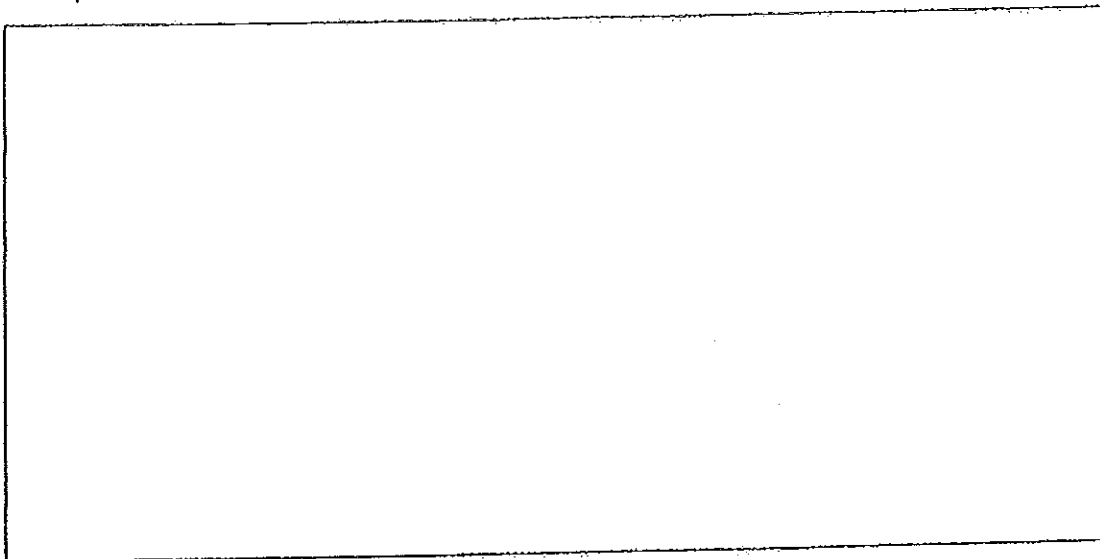
a) Substantially impair an adopted emergency response plan or emergency evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Due to slope, prevailing winds, and other factors, exacerbate wildfire risks, and thereby expose project occupants to pollutant concentrations from a wildfire or the uncontrolled spread of a wildfire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Require the installation or maintenance of associated infrastructure (such as roads, fuel breaks, emergency water sources, power lines or other utilities) that may exacerbate fire risk or that may result in temporary or ongoing impacts to the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Expose people or structures to significant risks, including downslope or downstream flooding or landslides, as a result of runoff, post-fire slope instability, or drainage changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XXI. MANDATORY FINDINGS OF SIGNIFICANCE.**

a) Does the project have the potential to substantially degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, substantially reduce the number or restrict the range of a rare or endangered plant or animal or eliminate important examples of the major periods of California history or prehistory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does the project have impacts that are individually limited, but cumulatively considerable? ("Cumulatively considerable" means that the incremental effects of a project are considerable when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Does the project have environmental effects which will cause substantial adverse effects on human beings, either directly or indirectly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Explanations:



~~SECRET~~

# EXHIBIT Y

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**ELECTRONICALLY FILED**  
Superior Court of California,  
County of San Diego  
10/28/2019 at 07:43:00 AM  
Clerk of the Superior Court  
By E. Filing, Deputy Clerk

8 Attorneys for Petitioners/Plaintiffs, County of Orange and  
Orange County Flood Control District  
9 *Exempt From Filing Fees Pursuant to Gov. Code, § 6103*

10 (Additional Counsel for Other Petitioners/Plaintiffs on Following Page)

11 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
12 **COUNTY OF SAN DIEGO, HALL OF JUSTICE COURTHOUSE**

13 COUNTY OF ORANGE; ORANGE COUNTY  
FLOOD CONTROL DISTRICT; CITY OF COSTA  
14 MESA; CITY OF ORANGE; and, CITY OF  
ANAHEIM,

15 Petitioners/Plaintiffs,

16 v.

17 CALIFORNIA DEPARTMENT OF PUBLIC  
HEALTH; KAREN L. SMITH, in her official  
18 capacity as Director and State Public Health  
Officer, ORANGE COUNTY NEEDLE  
19 EXCHANGE PROGRAM, and DOES 1 through  
20 100, inclusive,

21 Respondents/Defendants.

22 ORANGE COUNTY NEEDLE EXCHANGE  
PROGRAM,

23 Cross-Complainant,

24 v.

25 CITY OF COSTA MESA; CITY OF ORANGE;  
26 and, CITY OF ANAHEIM,

27 Cross-Complainants.

Lead Case No.  
37-2018-00039176-CU-MC-CTL  
Consolidated with Case No.  
37-2018-00042617-CU-TT-CLT

Assigned for All Purposes to:  
Honorable Joel R. Wohlfeil, Dept, C-73

**NOTICE OF RULING RE: PETITIONERS'  
MOTION FOR SUMMARY ADJUDICATION  
OF ISSUES**

Complaint Filed On: 08/03/2018  
Trial Date: 03/13/2020

**NOTICE OF RULING RE: PETITIONERS'  
MOTION FOR SUMMARY ADJUDICATION OF ISSUES**



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28



OFFICE OF THE COUNTY COUNSEL  
COUNTY OF ORANGE

1 The Petitioners' Motion for Summary Adjudication of Issues was heard on October 25,  
2 2019, before the above-entitled court, the Honorable Joel R. Wohfeil, judge presiding. Jones &  
3 Mayer by Gary Kranker, Esq, appeared telephonically on behalf of Petitioner, City of Costa  
4 Mesa. Leon J. Page, County Counsel, by Rebecca S. Leeds, Senior Deputy, appeared  
5 telephonically on behalf of the Petitioners, County of Orange and Orange County Flood Control  
6 District. County Counsel informed the court that all parties submitted on the court's October 23,  
7 2019 Tentative Ruling, which the court adopted as the final ruling, as modified; All references to  
8 the Fourth Cause of Action are revised to reference the Fifth Cause of Action (a true and correct  
9 copy of the October 23, 2019 Tentative Ruling is hereby incorporated herein and referenced as  
10 Exhibit A).

11 DATED: October 25, 2019

Respectfully submitted,

LEON J. PAGE, COUNTY COUNSEL  
REBECCA S. LEEDS, Senior Deputy (SBN 221930)

By: \_\_\_\_\_ /s/  
Rebecca S. Leeds, Senior Deputy

Attorneys for Petitioners/Plaintiffs, County of Orange and  
Orange County Flood Control District

# EXHIBIT

# A

EXHIBIT A

~~EXHIBIT A~~

SUPERIOR COURT OF CALIFORNIA,  
COUNTY OF SAN DIEGO  
HALL OF JUSTICE  
TENTATIVE RULINGS - October 23, 2019

EVENT DATE: 10/26/2019      EVENT TIME: 02:30:00 PM      DEPT.: C-73  
JUDICIAL OFFICER: Joel R. Wohlfell

CASE NO.: 37-2018-00039176-CU-MC-CTL

CASE TITLE: COUNTY OF ORANGE VS CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
[IMAGED]

CASE CATEGORY: Civil - Unlimited

CASE TYPE: Misc Complaints - Other

EVENT TYPE: Summary Judgment / Summary Adjudication (Civil)

CAUSAL DOCUMENT/DATE FILED: Motion for Summary Judgment and/or Adjudication, 07/03/2019

The Motion (ROA # 170, 212, 215) of Petitioners / Plaintiffs COUNTY OF ORANGE, ORANGE COUNTY FLOOD CONTROL DISTRICT, CITY OF COSTA MESA, CITY OF ORANGE, and CITY OF ANAHEIM ("Petitioners") for summary adjudication on their First Amended Complaint ("FAC") against Defendants / Respondents CALIFORNIA DEPARTMENT OF PUBLIC HEALTH and KAREN L. SMITH, in her official capacity as Director and State Public Health Officer ("State Respondents"), is DENIED to cause of action 2, and GRANTED to cause of action 4.

The evidentiary objections (ROA # 211) of Petitioners / Plaintiffs, County of Orange and Orange County Flood Control District, are OVERRULED.

Petitioners' request (ROA # 172) for judicial notice is GRANTED to Exh. "4" and the dates only of Exh's "1 - 3;" otherwise, the Request is DENIED.

2nd COA: Petition for Writ of Mandate

This cause of action seeks a writ of mandate compelling the state to reject the application to operate a mobile needle exchange program because "OCNEP's application to CDPH contained incorrect and incomplete information in several areas, including but not limited to days and hours of operation and neighborhood or homeowner association information .... ¶ ... Moreover, OCNEP's application failed to meet requirements set forth in Health and Safety Code section 121349 et seq ...." FAC at ¶¶ 55 - 56.

The "ORANGE COUNTY NEEDLE EXCHANGE PROGRAM APPLICATION FOR CERTIFICATION AS A MOBILE SYRINGE EXCHANGE" was submitted to CDPH on January 17, 2018. Separate Statement no. 3. This application sought certification to operate a mobile syringe exchange program ("SEP") in areas within Anaheim, Costa Mesa, Orange and Santa Ana. Separate Statement no. 4. The application was approved by CDPH on August 6, 2018, for a two-year period commencing on August 6, 2018. Separate Statement no. 7. This authorization states that in order to address concerns after consulting with local law enforcement and after receiving public comment, "CDPH/OA is administratively amending the OCNEP authorization" pursuant to Health and Safety Code section 121349(h). Petitioner's "Exhibit 4." These changes narrowed the geographic areas of service, and provided new requirements to address syringe litter. *Id.*

"A writ of mandate may be issued ... to compel the performance of an act which the law specially enjoins, as a duty resulting from an office, trust, or station ...." Code Civ. Proc. 1085(a). To obtain writ relief under section 1085, Petitioner must show there is no other plain, speedy, and adequate remedy;

Event ID: 2155809

TENTATIVE RULINGS

Calendar No.:

Page: 1





the respondent has a clear, present, and ministerial duty to act in a particular way; and Petitioner has a clear, present and beneficial right to performance of that duty. County of San Diego v. State (2008) 164 Cal. App. 4th 580, 593. In a traditional mandamus proceeding, the question of abuse of discretion turns not on whether the agency's findings are supported by substantial evidence (as with a writ of administrative mandamus), but whether the agency's action was arbitrary or capricious. Bright Development v. City of Tracy (1993) 20 Cal. App. 4th 783, 795.

Petitioner argues that OCNEP's application to operate the SEP was insufficient and defective in multiple respects such that CDPH had a ministerial duty to reject the application. Generally, mandamus is available to compel a public agency's performance or to correct an agency's abuse of discretion when the action being compelled or corrected is ministerial. AIDS Healthcare Foundation v. Los Angeles County Dept. of Public Health (2011) 197 Cal. App. 4th 693, 700. "A ministerial act is an act that a public officer is required to perform in a prescribed manner in obedience to the mandate of legal authority and without regard to his own judgment or opinion concerning such act's propriety or impropriety, when a given state of facts exists. Discretion, on the other hand, is the power conferred on public functionaries to act officially according to the dictates of their own judgment." Rodriguez v. Solls (1991) 1 Cal. App. 4th 495, 501, 502. Mandamus does not lie to compel a public agency to exercise discretionary powers in a particular manner, only to compel it to exercise its discretion in some manner. AIDS Healthcare Foundation v. Los Angeles County Dept. of Public Health, *supra* at 701. Whether a particular statutory scheme impose a ministerial duty, for which mandamus will lie, or a mere obligation to perform a discretionary function is a question of statutory interpretation. *Id.* The Court must examine the language, function and apparent purpose of the statutes. *Id.* Although the term "shall" is defined as mandatory for purposes of the Government Code (§ 14), the term does not necessarily create a mandatory duty. California Public Records Research, Inc. v. County of Yolo (2016) 4 Cal. App. 5th 150, 178. Even if mandatory language appears in a statute creating a duty, the duty is discretionary if the public entity must exercise significant discretion to perform the duty. *Id.* Thus, in addition to examining the statutory language, the Court must examine the entire statutory scheme to determine whether the public entity has discretion to perform a mandatory duty. *Id.* "Here, though sections 27360 and 27366 require the Board to charge and set copy fees, the Board must exercise significant discretion in deciding how much to charge. Neither statute requires the Board to set fees in any particular amount." *Id.* Mandamus will not lie to control an exercise of discretion, i.e., to compel an official to exercise discretion in a particular manner. Mooney v. Garcia (2012) 207 Cal. App. 4th 229, 232. Generally, mandamus may only be employed to compel the performance of a duty that is purely ministerial in character. *Id.* at 232-233. Mandate will not issue if the duty is not plain or is mixed with discretionary power or the exercise of judgment. *Id.* at 233.

Health and Safety Code sections 121349 et seq. is the statutory scheme that authorizes a SEP in any city or county for the stated purpose of reducing the spread of HIV infection and hepatitis among the intravenous drug user population. The State Department of Public Health may authorize entities "to apply for authorization under this chapter to provide hypodermic needle and syringe exchange services consistent with state standards ...." Health & Saf. Code 121349(c). The authorization to operate a SEP "shall be made after consultation with the local health officer and local law enforcement leadership, and after a period of public comment .... In making the determination, the department shall balance the concerns of law enforcement with the public health benefits." Health & Saf. Code 121349(c). The overall process involves consultation and balancing such that CDPH officials are required to exercise judgment. Thus, the process is inherently discretionary.

The Department of Public health has promulgated regulations governing the operation of SEPs. See 17 C. C. R. 7000, et seq. An application to operate a SEP must include a "Syringe Collection and Disposal Plan as described in Section 7012(b)" 17 C. C. R. 7002(a)(10)(B). A certified SEP must include a "syringe collection and sharps waste disposal plan." 17 C. C. R. 7012(b). This disposal plan must: (1) be designed to maximize return of used syringes without increasing risk of needlestick injury to staff or program participants; (2) track the number of syringes returned in a manner that eliminates direct handling of sharps waste and does not interfere with service provision; (3) include a needlestick injury protocol and a plan; (4) include sharps waste disposal education that ensures staff and participants are

familiar with state law regulating proper disposal of sharps waste as referenced in Health and Safety Code Section 118286; and (5) include a plan and budget for sharps waste disposal. *Id.* "Needlestick Injury Protocol" means policies and procedures, in adherence with the California Occupational Safety and Health Administration protocol as provided in California Code of Regulations, Title 8, Section 5193, to prevent needlesstick injury to SEP staff, including volunteers, and to SEP participants, and that outline both immediate and subsequent remedial and prophylactic actions to take in the event of a needlesstick injury." 17 C. C. R. 7000(a)(16). The applicant/employer must have a "Exposure Control Plan" with specified requirements. 8 C. C. R. 5193(c)(1). Also, sharps containers cannot be opened or accessed. *Id.* at (d)(3)(B). Health & Safety code section 118286 (referenced within regulatory code section 7012(b)) sets forth requirements for the proper disposal and transportation of sharps waste.

In contrast to section 121349(c), a portion of the applicable regulation uses language that upon first impression appears to be mandatory in nature. Section 7004 states as follows:

"The department shall reject an application if any of the following deficiencies exist:

"(a) Information submitted in the application is incorrect or incomplete,

"(b) The applicant does not meet all the requirements listed in Health and Safety Code Section 121349,

"(c) Evidence of projected harm to public safety, presented by local law enforcement official(s), is, in the department's judgment, greater than evidence of projected benefits to public health."

17 C. C. R. 7004.

Clearly, subsection 7004(c) involves discretionary judgment. Potentially, subsections (a) and (b) describe a mandatory duty to reject an application if it contains incorrect information, is incomplete or does not "meet" the statutory requirements. Presumably, this ministerial duty arises upon the initial submission of the application, before consultations, public comment or balancing takes place. In reality, however, section 7004 does not create a mandatory duty, but simply refers back to the discretionary duties outlined within section 121349. As discussed above, the "requirements" set forth within subsection 121349(c) are consultations and the balancing of harms. Section 121349(d) does not set forth bright line requirements, but instead requires the applicant to "demonstrate" that it "complies with ... all of the following minimum standards." A demonstration of compliance necessarily entails the exercise of judgment by CDPH officials; i.e., a discretionary decision as to the sufficiency of any such demonstration. Specifically, subsection (d)(1) requires the applicant to demonstrate that it, directly or through referral, provides drug abuse treatment services, HIV or hepatitis screening, hepatitis vaccinations, screening for sexually transmitted infections, housing services for the homeless, and "services related to provision of education and materials for the reduction of sexual risk behaviors." Whether the applicant's services in this regard are sufficient involves a discretionary judgment. These are not simply a "check the box" requirements. The sufficiency of these services is dependent on various external factors, and is determined on a case-by-case basis after thoughtful and discretionary evaluation by public officials.

Similarly, subsection (d)(2) sets forth a requirement that the applicant "demonstrate" that it "has the capacity to commence needle and syringe exchange services within three months of authorization." Subsection (d)(3) entails a finding that the applicant is adequately funded. Both of these entail a discretionary decision: deciding what constitutes adequate capacity and sufficient funding. Both are subject to the judgment of CDPH officials. Subsection (d)(4) sets forth a requirement that the applicant demonstrate "the capacity, and an established plan, to collect evaluative data in order to assess program impact ...." Again, whether the applicant can collect and compile this data is subject to the judgment of CDPH officials.

Petitioners cite Regulatory Code section 7002(a)(5)(C), which refers to a description of the proposed syringe exchange services that includes SEP services that "provide for the safe recovery and disposal of used syringes and sharps waste from all of its participants." Whether the application provides for safe recovery and disposal is a determination of discretionary judgment in which CDPH personnel must make

a reasoned decision. In fact, the application (Ex. 4) does contain a statement describing the handling and disposal of used syringes. Also, the subject application specifically states that OCNEP "staff will be educated as to the sharps requirements outlined in Health and Safety Code 118286." Also, the available evidence appears to demonstrate that OCNEP protocol does not permit its volunteers to open sharps containers or to touch needles. In addition, it is for the CDPH to determine, in its discretion, whether the needlestick injury protocol is sufficient to prevent needlestick injury. Finally, it is disputed whether Section VII of the version of the application submitted to CDPH includes the required attestations. Separate Statement nos. 33 and 34.

In sum, the premise for this cause of action is flawed such that summary adjudication in favor of Plaintiffs must be denied. "When a court reviews a public entities' decision for an abuse of discretion, the court may not substitute its judgment for that of the public entity, and if reasonable minds may disagree as to the wisdom of the public entity's discretionary determination, that decision must be upheld." California Public Records Research, Inc. v. County of Stanislaus (2016) 246 Cal. App. 4th 1432, 1443. Also, greater deference should be given to an agency's interpretation where the agency has expertise and technical knowledge, especially where the legal text to be interpreted is technical, obscure, complex, open-ended, or entwined with issues of fact, policy, and discretion. Citizens for Beach Rights v. City of San Diego (2017) 17 Cal. App. 5th 230, 241. In this case, reasonable minds may differ as to the wisdom of CDPH's decision to approve the subject application for operation of the mobile SEP. Specifically, reasonable differences may exist regarding the manner in which OCNEP accounts for and disposes of used syringes. However, there is no evidence that the Department committed an abuse of discretion in making this discretionary determination, and its discretionary decision is entitled to deference.

Plaintiffs also argue that CDPH's administrative amendments were improper such that the application is deficient. However, Health and Safety Code section 121349(h) appears to permit CDPH to amend the authorization. This subsection provides: "If the department, in its discretion, determines that a state authorized syringe exchange program continues to meet all standards set forth in subdivision (d) and that a public health need exists, it may administratively approve amendments to a program's operations including, but not limited to, modifications to the time, location, and type of services provided, including the designation as a fixed site or a mobile site. The amendment approval shall not be subject to the noticing requirements of subdivision (e)." In addition, Plaintiff fails to cite authority for the proposition that an unauthorized amendment requires CDPH to deny the application in total.

#### 4th COA: Violation of California Environment Quality Act

This cause of action alleges that state approval of the application to operate a mobile needle exchange program violated CEQA because operation of the needle exchange program "has resulted in syringe litter, which creates environmental impacts to public health and safety that have not been addressed through CEQA environmental review." FAC at ¶ 70.

An action or proceeding premised on CEQA is barred "unless that person objected to the approval of the project orally or in writing during the public comment period provided by this division or prior to the close of the public hearing on the project before the filing of notice of determination ...." Pub. Resources Code 21177(b). Exhaustion of administrative remedies is a jurisdictional prerequisite to maintenance of a CEQA action. Bakersfield Citizens for Local Control v. City of Bakersfield (2004) 124 Cal. App. 4th 1184, 1199. Judicial review is precluded unless the issue was first presented at the administrative level. Resource Defense Fund v. Local Agency Formation Com. (1987) 191 Cal. App. 3d 886, 894 (disapproved on other grounds in Voices of the Wetlands v. State Water Resources Control Bd. (2011) 52 Cal. 4th 499). As stated within section 21177, the exhaustion requirement applies where (1) CEQA provides a public comment period, or (2) there is a public hearing before a notice of determination is issued. Azusa Land Reclamation Co. v. Main San Gabriel Basin Watermaster (1997) 52 Cal. App. 4th 1165, 1210. "In this case, however, because the Regional Board declared that the project was exempt from CEQA, there was no 'public comment period provided by [CEQA]' and there was no 'public hearing ... before the issuance of the notice of determination.' Consequently, Public Resources Code section 21177 has no application in this instance." Id. The only prerequisite to an action challenging an



exemption determination is that it be brought within 180 days of the date of the final decision of the agency. *Id.* at 1210 (citing 14 C. C. R. 15062(d)). In this action, Petitioners were not required to exhaust their administrative remedies prior to bringing suit under CEQA because there was no public comment period under CEQA and no public hearing on the approval.

CEQA establishes a three-tier process to ensure that public agencies inform their decisions with environmental considerations. County of Ventura v. City of Moorpark (2018) 24 Cal. App. 5th 377, 384. An agency must first determine whether an activity is a "project" for purposes of CEQA. *Id.* If it is, the agency determines whether an exemption applies. *Id.* If the project is exempt, no further environmental review is required. *Id.* If the project is not exempt and may cause significant environmental effects, however, the agency must prepare an environmental impact report (EIR). *Id.* There is no requirement that an agency put its exemption decision in writing at any time, and the Guidelines expressly provide that notice of a categorical exemption determination not only need not, but should not be given until after the project is approved. Robinson v. City and County of San Francisco (2012) 208 Cal. App. 4th 950, 961 (citing 14 C. C. R. ("Guidelines") § 15062).

CEQA does not apply if the project is "exempt." Pub. Resources Code 21080(a). In keeping with general principles of statutory construction, exemptions are construed narrowly and will not be unreasonably expanded beyond their terms. County of Amador v. El Dorado County Water Agency (1999) 76 Cal. App. 4th 931, 966. Strict construction allows CEQA to be interpreted in a manner affording the fullest possible environmental protections within the reasonable scope of statutory language. *Id.* The guidelines shall include a list of classes of projects that have been determined not to have a significant effect on the environment and that shall be exempt from this division. Pub. Resources Code 21084(a). "Categorical exemptions" are "classes of projects ... [that] do not have a significant effect on the environment, and they are declared to be categorically exempt from the requirement for the preparation of environmental documents." Guidelines at § 15300. The "class 4" categorical exemption "consists of minor public or private alterations in the condition of land, water, and/or vegetation which do not involve removal of healthy, mature, scenic trees except for forestry and agricultural purposes." Guidelines at § 15304. Examples of class 4 exemptions include "[m]inor temporary use of land having negligible or no permanent effects on the environment, including carnivals, sales of Christmas trees, etc." *Id.* at (e).

Respondent argues that its operation of the mobile SEP is "temporary," and analogous to the operation of a carnival. Even assuming it is reasonable to compare the potential for discarded, used syringes to the garbage associated with a carnival, and thus characterize "sharps waste" as minor, OCNEP's operations are not "temporary" in nature. A carnival comes to town perhaps once per year for a few days or weeks, then packs up and leaves. The authorization issued by the CDPH permitted the needle exchange to operate in four cities during multiple hours, six days per week for a period of two years. See "Exhibit 1." The application estimates that 10,000 people will be served and 1,000,000 syringes dispensed and collected. See "Exhibit 2." The "class 4" categorical exemption does not apply such that Respondent CDPH was required to undertake CEQA review if the application to operate the mobile SEP is classified as a "project."

"Project" is defined as "an activity which may cause either a direct physical change in the environment, or a reasonably foreseeable indirect physical change in the environment." Pub. Resources Code 21065. A local agency's task in determining whether a proposed activity is a project is to consider the potential environmental effects of undertaking the type of activity proposed, without regard to whether the activity will actually have environmental impact. Union of Medical Marijuana Patients, Inc. v. City of San Diego (2019) 7 Cal. 5th 1171, 1197 (quoting Muzzy Ranch Co. v. Solano County Airport Land Use Com. (2007) 41 Cal. 4th 372, 381). The decision in this regard is restricted to an examination of the potential effects that could reasonably be anticipated from the proposed activity. *Id.* "To encapsulate the Muzzy Ranch test, a proposed activity is a CEQA project if, by its general nature, the activity is capable of causing a direct or reasonably foreseeable indirect physical change in the environment. This determination is made without considering whether, under the specific circumstances in which the proposed activity will be carried out, these potential effects will actually occur. Consistent with this

standard, a 'reasonably foreseeable' indirect physical change is one that the activity is capable, at least in theory, of causing .... Conversely, an indirect effect is not reasonably foreseeable if there is no causal connection between the proposed activity and the suggested environmental change or if the postulated causal mechanism connecting the activity and the effect is so attenuated as to be 'speculative.'..." *Id.* (Internal citations omitted). In applying this rule, the Supreme Court continued:

"Applying the foregoing test, we conclude the City erred in determining that the adoption of the Ordinance was not a project. Prior to the Ordinance, no medical marijuana dispensaries were legally permitted to operate in the City. The Ordinance therefore amended the City's zoning regulations to permit the establishment of a sizable number of retail businesses of an entirely new type. Although inconsistency with prior permissible land uses is not necessary for an activity to constitute a project ..., establishment of these new businesses is capable of causing indirect physical changes in the environment. At a minimum, such a policy change could foreseeably result in new retail construction to accommodate the businesses. In addition, as UMMP suggests, the establishment of new stores could cause a citywide change in patterns of vehicle traffic from the businesses' customers, employees, and suppliers. The necessary causal connection between the Ordinance and these effects is present because adoption of the Ordinance was 'an essential step culminating in action [the establishment of new businesses] which may affect the environment.' (Fullerton Joint Union High School Dist. v. State Board of Education (1982) 32 Cal. 3d 779, 797.) The theoretical effects mentioned above are sufficiently plausible to raise the possibility that the Ordinance 'may cause ... a reasonably foreseeable indirect physical change in the environment' (§ 21065), warranting its consideration as a project."

*Id.* at 199.

In this case, the application for operation of a mobile SEP constitutes an activity capable of causing a direct physical change in the environment. There is a possibility that the project will result in an increase in used needle litter, a biohazard. This constitutes a tangible change in the areas surrounding operation of the SEP. In addition, the application acknowledges that OCNEP will serve an estimated 10,000 clients between four sites in Orange County, operating daily between the hours of 10 a.m. and 5 p.m. This activity is capable of causing environmental impacts on the basis that the mobile service will attract and cause car trips; i.e., transportation and circulation impacts to the areas where the SEP is operating. Thus, the activity approved through the CDPH authorization is a "project" subject to CEQA review.

PROOF OF SERVICE

I declare that I am a citizen of the United States employed in the County of Orange, over 18 years old and that my business address is 333 West Santa Ana Boulevard, Suite 407, Santa Ana, California 92701; and, my email address is marzette.lair@coco.ogov.com. I am not a party to the within action.

On October 25, 2019, I served the foregoing NOTICE OF RULING RE: PETITIONERS' MOTION FOR SUMMARY ADJUDICATION OF ISSUES on all other parties to this action in the following manner:

BY ELECTRONIC SERVICE: Pursuant to an agreement between the parties, I caused an electronic version of the document to be electronically transmitted to the persons listed below at their respective email addresses also listed below.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct,

DATED: October 25, 2019

*Marzette L. Lair*  
Marzette L. Lair

OFFICE OF THE COUNTY COUNSEL  
COUNTY OF ORANGE

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PROOF OF SERVICE



# EXHIBIT Z



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A  
PROFESSIONAL  
CORPORATION

December 7, 2020

Sent via Overnight Mail

Sandra Shewry  
Interim Director, California Department of Public Health  
P.O. Box 997377, MS 0500  
Sacramento, CA 95899-7377

**Re: NOTICE OF INTENT TO FILE CEQA PETITION**

Dear Interim Director Shewry:

PLEASE TAKE NOTICE, under Public Resources Code Section 21167.5, that Petitioners Grant Park Neighbors Association Advocates, et.al., intend to file a petition under the provisions of the California Environmental Quality Act (as well as under other California codes and regulations) against Respondents, California Department of Public Health and Sandra Shewry, Interim Director CDPH, Dr. Erica Pan, Acting State Public Health Officer, and Real Parties in interest "Harm Reduction Coalition of Santa Cruz County," and Denise Elerick challenging the Respondents' discretionary approval of the application of the Harm Reduction Coalition of Santa Cruz County to operate a needle distribution program within the incorporated Cities and the unincorporated County, of Santa Cruz County, within the boundaries specified in the approval letter dated August 7, 20220, signed by Marisa Ramos, PHD, Chief, Office of Aids. Among other allegations set forth in the Petition, Petitioners allege that Respondents did not comply with CEQA because they did not consider the environmental consequences of their actions and make CEQA findings before exercising their discretion to approve the project, which was the application of the Harm Reduction Coalition of Santa Cruz County and Denise Elerick.

The Petition will seek a writ of mandamus, declaratory relief, a temporary restraining order, a preliminary injunction, and a permanent injunction prohibiting the operation of the needle distribution program.

Cordially,

[s] Gabrielle J. Korte

[s] Aaron J. Mohamed

[s] David J. Terrazas