



Sustaining and Building Harm Reduction Programs in Uncertain Times

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HARM REDUCTION SERVICES - SACRAMENTO

SERVICES

Syringe Exchange
HIV/HCV/STD testing
Ryan White Case Management
JVMC – Free medical clinic
Risk Reduction Education & Counseling
Overdose Prevention & Response
ERA- Education Response and Access



Street Outreach

Monday – Saturday

various hours & locations
across several cities





A Little History

Streetside and Rural Services: Real Accessibility

Naloxone Training (Overdose Response)

Syringe Exchange & Disposal

Condoms, Lube and Sexual Health Education

ERA- Education, Response and Access

Health & Risk Reduction Education

Linkage and Referral to Medical, Shelter, Crisis Respite, Housing Resources, Medicaid Enrolment

HIV/HCV Testing

Survival Supply Distribution



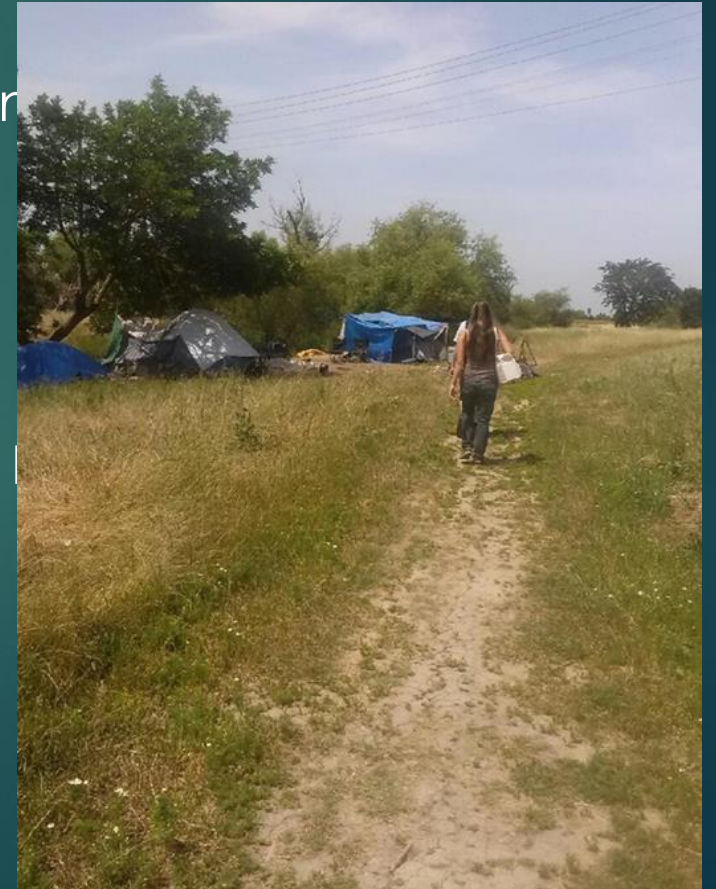


Q:What Do You Mean When You Say Outreach?



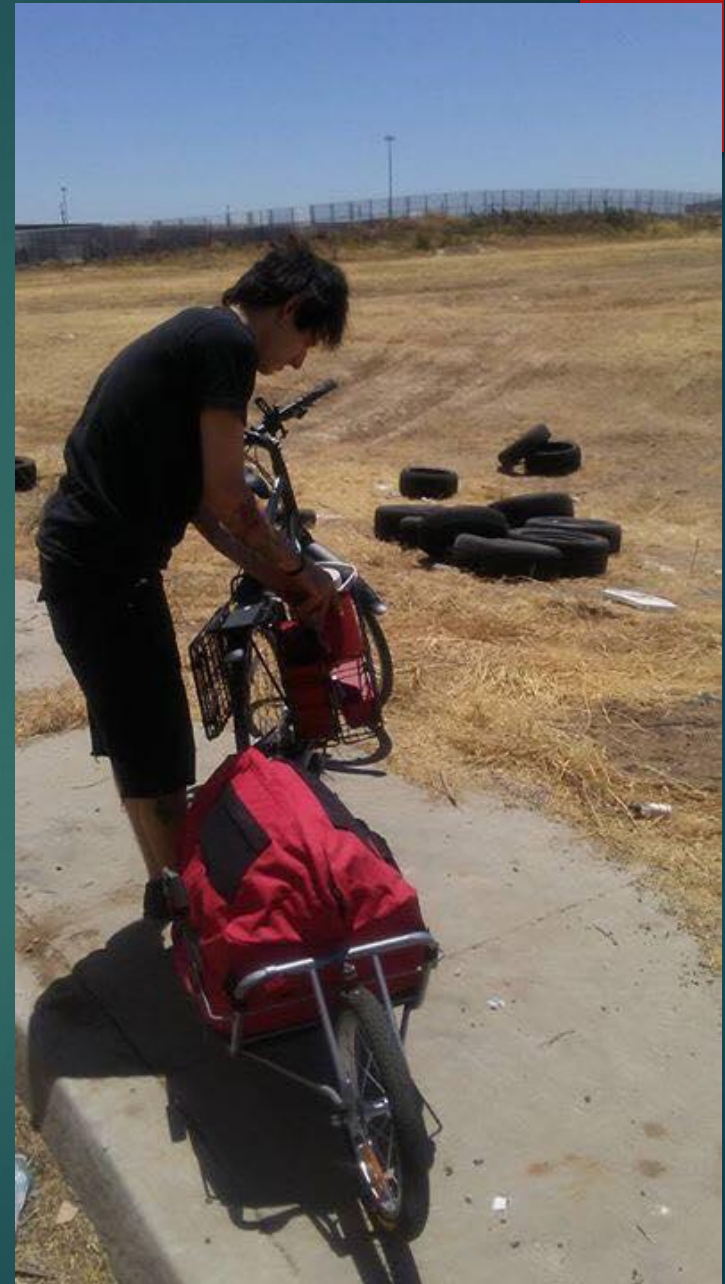
Why Rural Outreach?

- Changing Spaces
- Intensifying Camp Sweeps and Enforcement/Forced Migration
- Rural Spaces Can Offer More Isolation And Safety For Long Term Camps
- Less Resources and Healthcare Access
- Opiate Overdose Deaths and Abscess Issues Are Very Prevalent
- Exacerbated Infections
- Less Likely To Have Any Preventative Care
- Small Things = Big Things When They Go Untreated
- Geography – Access to Clean Water, Hygiene and Elemental



Thinking Creatively: Getting Education, Services and Resources To The Community

- Bike Outreach with Trailers
- Hiking Into Rural Areas
- Hosting “Community Educational Sessions” In Rural Spaces
- Who Is The Community “Doctor”/ “Nurse”



RESPECT THE STRUGGLE: Empowering Community

- ▶ Listen For Community Expertise: Community Leadership
- ▶ Provide Resources, Referral Info And Supplies To Community Leaders (secondary distribution and connections)
- ▶ Form A Mobile Provider Network – Street Docs
- ▶ Invite Unhoused Community To Share About Challenges, Barriers And Limitations Of Existing Community Resource Systems They Try to Access
- ▶ Center Voices Of Community Members With Lived Experience Of Homelessness, Marginalization, Substance Use, Mental Health Challenges And History Of Oppression

Now How Do We Fund This Stuff?

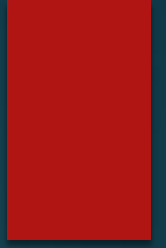
- ▶ AIDS UNITED (Syringe Access Fund)
- ▶ <https://www.aidsunited.org/Programs-0024-Grantmaking/Syringe-Access-Fund.aspx>
- ▶ The Comer Foundation
- ▶ <http://www.comerfamilyfoundation.org/syringe-access-program>
- ▶ Open Society Foundations
- ▶ <https://www.opensocietyfoundations.org/grants>

- ▶ CDPH Syringe Clearinghouse
- ▶ https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf

Getting Creative

- ▶ Whom are your community collaborators?
- ▶ Are there any potential allies?
- ▶ Community and healthcare foundations.
- ▶ Direct Relief
- ▶ Pharma Grants (THEY OWE OUR COMMUNITY)
- ▶ Smaller Charitable Groups
- ▶ Marketing to hospitals and FQHC's

Troy's Story



- Troy Is A 65 year Old Man
- Living Outside Between 10-15 Years
- Avoids Urban Areas
- Isolated And Without Community
- Untreated Type 2 Diabetes
- Untreated High Blood Pressure
- Untreated Paranoid Schizophrenia

- Upon Encounter He Presented With An Aversion To Urban Areas For Fear Of Safety
- Presented With Necrotizing Finger and Foot
- Street Medicine Consult Was Initiated
- Troy Agreed To Be Taken To ER With Support
- Troy Was Hospitalized And Received Amputation of Toe Due To Bone Infection
- Stabilized On BP Meds , Risperidone and Working Towards Insulin Stabilization





Questions & Answers

IN LOVING MEMORY OF DAN BIGG

