



County of Santa Cruz

County Administrative Office

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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**

When the response is complete, please

1. Email the completed Response Packet as a file attachment to 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.

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.

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^{1 2 3 4 5 6}.

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

¹ Cleland CM1, 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

² 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.

³ Wenger LD1, Martinez AN, Carpenter L, et. al. (2011). Syringe disposal among injection drug users in San Francisco. Am J Public Health, 101(3): 484-6.

⁴ 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.

⁵ 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.

⁶ 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.

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

⁸ 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.

⁹ Aragon Pena, A.J., Arrazola Martinez, M.P., Garcia de Codes, A., Davila Alvarez, 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.

¹⁰ 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.

¹¹ 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 (HPHP), 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 HPHP 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.**