



County of Santa Cruz

HEALTH SERVICES AGENCY

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GIANG T. NGUYEN
HEALTH SERVICES AGENCY DIRECTOR

AGENDA: SUPPLEMENTAL BUDGET

May 21, 2015

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

APPROVED AND FILED
BOARD OF SUPERVISORS
DATE: 6/23/15
COUNTY OF SANTA CRUZ
SUSANA MAURIELLO
EX-OFFICIO CLERK OF THE BOARD
BY: *[Signature]*
DEPUTY

SUBJECT: 2015 REPORT ON THE SYRINGE SERVICES PROGRAM

Dear Members of the Board:

The Health Services Agency (HSA) is pleased to submit the 2015 Report for the Syringe Services Program (SSP) for the time period from March 1, 2014 through February 28, 2015. This report provides information regarding the status of the SSP, relevant statistics on blood-borne infections associated with needle sharing activity, and the annual cost of program as delineated by Assembly Bills 547, 100, and 604.

SUMMARY OF PROGRAM STATUS (MARCH 1, 2014 - FEBRUARY 28, 2015)

A. Program and Client Statistics

For 2014-15, the SSP:

- Served 1,002 unduplicated clients
- Provided 3,641 client visits (duplicated number)
- Collected 205,144 used syringes (notably, more collected than dispensed)
- Dispensed 201,348 new syringes (approximately 17 sterile syringes dispensed per unduplicated client each month over the twelve month report period)
- Collected a total of 894 pounds of sharps waste from three kiosks (two located at County health clinics and one at the 701 Ocean Street main government center)

The following table compares SSP services data from the previous year 2013-14 reporting period to 2014-15. The 2013-14 reporting period is 2 months shorter than 2014-15 because the program began on April 30, 2013. Additionally, in 2014-15, the hours of

operation were reduced, the number of syringes given to clients was capped at 100 per visit for primary exchange, and the third collection kiosk was added to the program. The County Health Officer continues as the authorizing agent for medical exception and secondary exchange. The one-for-one medical exceptions were less than 1% of syringes collected during this 12 month period. SSP continues to collect more syringes than dispensed. The operational budget decreased by \$4,654.

	04/30/13 - 02/28/14 (10 months)	03/01/14 - 02/28/15 (12 months)
Visits:	2,633	3,641
Unique ID Clients:	876	1,002
Syringes Collected:	170,373	205,144
Syringes Dispensed:	165,712	201,348
Kiosk Collection (pounds):	493	894

For 2014-15, demographic participant data is as follows:

- 67% were male; 33% were female; and <1% were identified as other (such as transgender or unknown).
- 16% of the clients were between the ages of 18-24; 57% were between the ages of 25-44; 27% were 45 years or older; and <1% of the clients declined to provide their age.
- White (80%) and Latinos (14%) comprised the majority of the client population, with 1% not reporting their race/ethnicity.
- The majority of the clients, 72%, identified as living in North County; 6% in mid-County; 12% in South County; 4% in San Lorenzo Valley; 1% from out of County; and 2% identified as unknown residence^[1].

B. Statistics on Blood-Borne Pathogens Associated with Injection Drug Use

HIV/AIDS

For 2014-15, 869 cases of Human Immunodeficiency Virus (HIV) were residents of Santa Cruz County at the time of their diagnosis and have been reported into the HSA Public Health database system. Of these, 680, 78% also have Acquired Immune Deficiency Syndrome (AIDS). Of those diagnosed, 476 are presumed living, including 443 living in Santa Cruz County with HIV and/or AIDS and the remainder having moved to another area. Of those presumed living in Santa Cruz County:

- 88% are male and 12% are female.
- 59% are White, 30% are Latino, 4% Black, 3% Asian/Pacific Islander, and 1% other, multiple race or not available.

- Nearly 70% are 45 years of age or older.
- 65% reported their only risk factor as being men who have sex with men, 11% reported only high-risk heterosexual contact, and 6% reported injection drug use as their only risk factor; 10% reported some combination of those three risk factors, and 7% of exposure modes are unknown.

Hepatitis B & C

For 2014-15, in Santa Cruz County, a total of 55 chronic Hepatitis B infections (HBV) and 428 cases of chronic Hepatitis C (HCV) were reported.

C. Program Expenditures

For 2014-15, the cost to operate the SSP was \$166,895.82. There was no new permanent staff added, and staff from HSA Clinic Services and Public Health Divisions continue to be mobilized as a team to provide personnel for the SSP.

Line Item	March 1, 2014 - February 28, 2015
Personnel (Salary & Benefits):	\$118,661.70
Travel:	\$ 0.00
Disposal:	\$ 1,104.00
Supplies:	\$ 47,130.12
Total:	\$166,895.82

Economic studies have predicted that syringe exchange programs could prevent HIV infections among clients, their sex partners and offspring at a cost of about \$13,000 per infection averted.^[2] This is significantly less than the lifetime cost of treating an HIV-infected person, which is estimated to be between \$253,000 and \$402,000 per person depending on the stage of the disease at time of diagnosis.^[3]

SUMMARY AND CONCLUSION

HSA is committed to fulfilling its mandates and mission to protect and promote the public health and safety of the community. The SSP is part of the solution to this issue, and is a part of a comprehensive public health services continuum necessary for injection drug users to reduce transmission of blood borne diseases.

It is, therefore, RECOMMENDED that your Board:

1. Accept the Health Services Agency's 2015 Report for the Syringe Services Program (SSP); and
2. Direct the Health Services Agency to provide the next program status report biennially, as delineated by Assembly Bill 604.

Sincerely,



Giang T. Nguyen
Health Services Agency Director



Lisa Hernandez, MD MPH
Public Health Officer

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

[1] For the purposes of this report, North County consists of the Bonny Doon, Davenport, Live Oak, and Santa Cruz vicinities; mid-County consists of the Aptos, Capitola, and Soquel vicinities. South County consists of the Freedom, La Selva, and Watsonville vicinities.

[2] Cohen, D.A., Wu, S-Y., Farley, T.A. Cost-effective allocation of government funds to prevent HIV infection. Health Affairs 2005; 24:915-926.

[3] J Acquir Immune Defic Syndr. 2013 Oct 1;64(2):183-9. doi: 10.1097/QAI.0b013e3182973966. Updates of lifetime costs of care and quality-of-life estimates for HIV-infected persons in the United States: late versus early diagnosis and entry into care.