

Syringe Services Program Biennial Report

COUNTY OF SANTA CRUZ

PREPARED BY THE HEALTH SERVICES AGENCY, PUBLIC HEALTH DIVISION



Health Services Agency



Public Health

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INTRODUCTION

What is an SSP?

According to the National Harm Reduction Coalition, harm reduction is a set of strategies and ideas that aim to reduce poor outcomes related to substance use. These strategies include but are not limited to safer use, managed use, abstinence, and meeting people where they are at. Harm reduction provides people who use drugs resources and opportunities to achieve the highest level of health possible. Syringe services programs (SSPs) are just one example of the implementation of a harm reduction strategy.¹

Syringe services programs (SSPs) are community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.

SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes. Providing testing, counseling, and sterile injection supplies also helps prevent outbreaks of other diseases.

Nearly thirty years of research shows that comprehensive SSPs are safe, effective, and cost saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections.²

Syringe exchange programs are most effective at reducing HIV/Hepatitis transmission and harm related to drug use when delivered as part of a continuum of care. Successful syringe service programs regularly engage individual injection drug users over time to provide ongoing opportunities to link them into an array of services that create opportunities for improvement in their health. No single set of services or stand-alone provider can effectively address the needs of the wide range of races, ethnicities, social identities, risk behaviors, clinical statuses, and service expectations of clients throughout the county. An effective service delivery system relies on

establishing and maintaining a network that ensures access, retention and coordination of all required care and support services.

An effective continuum of care is characterized by a full complement of client-focused, multidirectional interventions. The service delivery system model must include coordination, collaboration, comprehensiveness, co-location, and cultural competency. It must be a system that is non-coercive and low barrier with multiple points of entry. It embraces the reality that clients consume services in very different proportions, sequences, and frequencies. It should be designed to improve integration, cooperation and focused outreach among an extensive provider network and incorporate early intervention, prevention, counseling and testing, and care services for people who use drugs. The SSP must be an integral part of a broader system that recognizes the importance of every link in the chain.³

Legal Framework for Syringe Services in California

California law related to syringe dispensing and possession has evolved over the course of the past 30 years. Initially, the first government authorized SSPs in the state operated under emergency ordinances enacted by local governments. The state legislature eventually codified this practice in Health and Safety Code 121349, giving city and county governments the power to authorize SSPs. Later, the state Department of Public Health (CDPH) was also granted the power to authorize SSPs anywhere in the state, in recognition that such services are needed in locations where there is no local capacity to undertake authorization or a lack of political will.

According to state law, people may lawfully possess syringes under **any of the following circumstances:**

- If they are prescribed by a physician
- If they are obtained from a physician or pharmacist without a prescription
- If they are obtained from a syringe services program
- If they are containerized in a standard sharps' container (e.g. red or black rigid containers distributed by SSPs and other sources)

In addition, California Health and Safety Code 121349.1 clarifies that syringe services staff and volunteers, and participants may lawfully possess and distribute “any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability during participation in an exchange project.” In California, this includes all safer injection materials made available to SSPs, including in Santa Cruz County, by the CDPH Syringe Supplies Clearinghouse.^{4,5}

Implementation of the County-authorized SSP in Santa Cruz County

Syringe Services Programs (SSPs) have existed in California since the late 1980s. Initially founded as a response to the early HIV epidemic – at the time approximately 40% of new infections were related to injection drug use – SSPs began providing a wider range of public health and other services to address a variety of needs related to viral hepatitis, overdose, access to healthcare including substance use disorder treatment, housing, nutrition, and more.

The first SSP in Santa Cruz County was started in 1989 and was organized by a community volunteer group called the Santa Cruz Syringe Access Program. Eventually, the services evolved to provide syringe services via home delivery and mobile exchange through the Street Outreach Services (SOS) community volunteer group. On April 30, 2013, in response to increasing community concern regarding syringe services and discarded syringes in public places, the Board approved the County’s Health Services Agency (HSA) to develop and operate a SSP to provide direct County oversight of the program activities, including syringe disposal efforts. With the implementation of the County-authorized SSP through HSA, the home delivery and mobile exchange services provided by SOS were discontinued.

The Board approved HSA's administration of a new SSP without additional funding for operations or staffing. 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 program has had a community advisory group since March 2013, until the group was replaced by the SSP Advisory Commission in 2020.

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 2019 as a stand-alone service, with temporary staffing assignments rotating amongst existing staff. 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. In July 2020, the program was moved to Public Health's CARE Team Integrated Services (CTIS) Unit, based on programmatic fit.

PROGRAM REVIEW

Program Background

Santa Cruz County Health Services Agency (HSA) began the administration of a Syringe Services Program (SSP) on April 30, 2013. The primary goal of the SSP is to work in partnership with the community to help prevent the spread of infectious disease associated with injection drug use through early identification of injection infection (testing), referral to treatment, community education, behavioral counseling, and by providing harm reduction supplies. HSA seeks to connect injection drug users with treatment and resources throughout the County of Santa Cruz including cities and unincorporated areas, which can assist with case management, public health, primary care, mental health, substance use disorder services, partner notification, and other medically necessary services. This is accomplished through education, referral/linkage and prevention services provided on-site at various locations in the County of Santa Cruz.

The Santa Cruz County HSA Syringe Services Program (SSP) utilizes a three-pronged approach framework to guide program activities. The SSP strives to prevent the spread of costly and deadly communicable diseases and address the community's concern regarding used syringes and trash being found on the streets, beaches, and encampments as well as illegal drug activities.

Prong #1: Syringe Distribution

The first prong is focused on syringe distribution at the two specified County exchange sites. The SSP is data-driven and strives to adopt policies that are evidence-based and adhere to best practices. Periodic reports are to be reviewed by the SSP Advisory Commission and submitted to the County Board of Supervisors. Utilization data and reports are regularly posted on the HSA website www.santacruzhealth.org/SSP.

Prong #2: Syringe Collection

The second prong of the SSP is focused on syringe collection. The SSP funds Downtown Streets Inc. (DST) to train and support team members who collect syringe litter from hotspots in the city of Santa Cruz. The program works with other stakeholders to coordinate periodic cleanup efforts in affected neighborhoods and in unincorporated areas of the County. In addition to the on-site locations for SSP, syringe disposal kiosks are placed throughout the county for easy public use.

Prong #3: Enhanced Linkages and Referrals

The third prong of the SSP is focused on enhanced referrals and linkages. The program works with community providers, stakeholders, and other County departments to enhance referrals and linkages for the participants of the SSP to access appropriate and needed services including drug treatment, mental health services, HIV, Hepatitis and other sexually transmitted disease testing and primary care.

Program Structure in the Public Health Division

As of July 2020, the program was moved to CARE Team Integrated Services (CTIS), which has expertise in client engagement, harm reduction and linkage

and navigation to health and social services. However, the program continues to depend on cross-collaboration among the various units in HSA's Public Health Division, including Public Health Administration and the Communicable Disease Unit. The program also continues to have support from epidemiologists in the Population Health Unit to analyze and review program data.

Program Operations Based on Board of Supervisors Directives

The County SSP program has been in operation since 2013 under specific local direction:

- **Fixed Locations:** the program is only allowed to operate out of the Emeline campus in Santa Cruz and the County HSA Watsonville campus, per Board direction from June 18, 2014.
- **Fixed Hours:** the program is only allowed to operate 12 hours per week at the Emeline campus and 7 hours per week at the Watsonville location (per Board direction from June 18, 2014 and Dec 10, 2019).
- **Distribution Policies:** the program distributes syringes on a one-for-one basis, with a maximum of 100 syringes exchanged per primary visit (Board direction from June 18, 2014). Secondary exchange is limited to two people per encounter (Board direction Dec 10, 2019).
- **Collection Policies:** the program collaborates with other County departments to organize collection efforts, including the installation of public syringe kiosks (Board direction June 18, 2014). The Board has also directed the program to coordinate installation and financing of syringe kiosks in other jurisdictions (Board direction June 11, 2019).
- **Reporting Policies:** the program has been directed to provide a report to the Board every two years (June 23, 2015).
- **Oversight:** the program provides administrative support to the County's SSP Advisory Commission. The commission's purpose is to support program recommendations and improvements (Dec 10, 2019).

Comparison to Best Practices

The County SSP strives to align with best practices to conduct the program. There is a strong body of evidence highlighting certain approaches that are more effective at reducing disease, injury, and death, and promoting safer communities. Aligning the County’s program with these approaches will ensure that the County SSP is a science-driven program.

In 2020, the Centers for Disease Control and Prevention developed a list of best practices for SSPs through a scientific literature review, and the experiences and current practices of a diverse mix of SSP directors, key stakeholders, and experts in harm reduction.⁶ The table below details how the County SSP compares to best practice approaches for syringe service programs, as compiled by the CDC in the five strategy areas through the use of a County SSP developed self-assessment tool, AIM (Aware/Implementing/Meeting). The results of the assessment for the 2021-2022 reporting are below.

Strategy	Approach	AIM Assessment	Local AIM Rationale
Involve people with lived experience of injection drug use, substance use disorder, homelessness, or other pervasive issues affecting the population served	Involve people who inject drugs (PWID) in all phases of program design, implementation, and evaluation	Implementing	California Harm Reduction Initiative (CHRI) grant emphasizes involvement of PWID and SSP program leans on PWID to inform activities and the provision of harm reduction supplies. Peer Mentors from the County’s Medication Assisted Treatment (MAT) Program have been supporting syringe distribution.
	Create meaningful engagement opportunities to encourage participant ownership of program	Implementing	CHRI grant provides opportunities and staffing resources for this approach.

	Recognize the expertise of SSP participants and compensate appropriately	Implementing	CHRI grant compensates surveyors with lived experience and participants for survey feedback.
Planning, design, and implementation	Needs-based distribution is the best approach	Aware	County program is a one-for-one exchange.
	Delivery model should be informed by thorough and ongoing needs assessment	Implementing	Assessment of South County participants informed expansion in current total hours of operation from 5-7. Participant feedback on Emeline Exchange location was obtained. Routine needs assessments TBD.
	Partnerships are key to successful SSP implementation	Meeting	Participation in local coalitions such as SafeRx, California Syringe Exchange Programs Coalition, National Harm Reduction Coalition, collaboration with city and county jurisdictions and other social/health service organizations. Partnering with Community Action Board to inform services in South County.
	SSPs should link PWID to care, whenever possible and desired	Meeting	Process in place for referring participants to medical, social, and behavioral services as needed. Onsite access to HIV and hepatitis C testing.
Providing core versus expanded services	Syringe distribution and safe disposal education are core services	Meeting	Process and program policies in place for these core services.
	Expanded services complement core services and establish continuum of care. Broadly, these include:	Meeting	Process and program policies in place for these core services. Expanded services such as education about safer injection techniques, overdose prevention, viral hepatitis, and

	<ul style="list-style-type: none"> • Naloxone distribution and training • Infectious disease screening/treatment, or immediate linkage to care • Other expanded services 		HIV is provided. Naloxone is offered and distributed. Enhanced referrals and linkages are one of the major services provided by the County program.
Collecting data to inform planning, implementation, and evaluation	SSPs should collect data on trends, needs and overall program effectiveness	Meeting	Ongoing metrics analyzed and published monthly.
	Data collection should be sufficient to meet needs and never a barrier to service delivery	Meeting	Data collection is minimal and sufficient.
Ensuring program sustainability	Foster relationships with a variety of stakeholders to increase and diversify community support, both financially and socially	Meeting	Program relies on partnerships to sustain core and expanded services.
	Street outreach fosters relationships with clients and neighbors when they see services being provided	Meeting	CHRI grant supports outreach and engagement efforts, primarily in South County. Collaboration with existing street outreach efforts and community partners leverages additional resources.
	Diversify funding sources for increased program sustainability	Meeting	CHRI grant has expanded services with increased staffing and fostered a partnership with Community Action Board.
	Create a sense of shared purpose with the community to reduce stigma for both SSPs and the communities they serve	Implementing	SSP Advisory Commission
<p>Aware/Implementing/Meeting (AIM)</p> <p><u>Aware</u> = the program is aware of the approach, but has not taken formal steps to implement</p> <p><u>Implementing</u> = the program is taking steps to formalize the approach in the program</p> <p><u>Meeting</u> = the program has formalized the approach in its operation</p>			

PROGRAM UPDATES FOR 2021 & 2022

Staffing

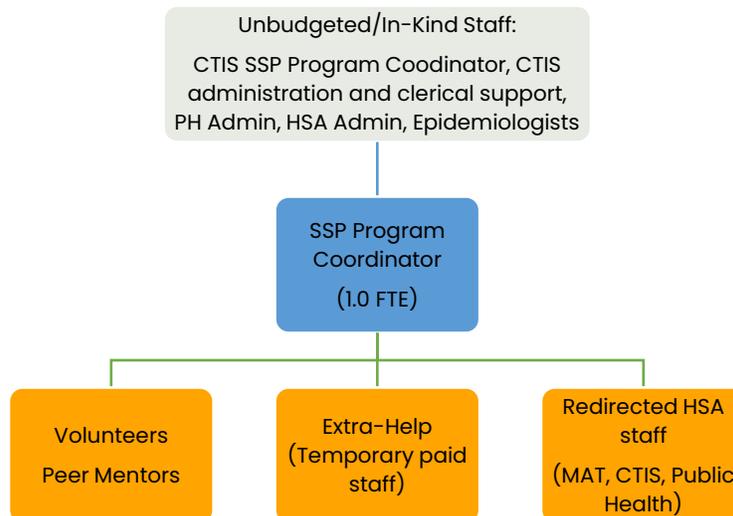
Permanent Staffing

During the 2021–2022 timeframe, the County SSP operations, including onsite support during all exchanges, were overseen by a permanent, full-time Program Coordinator. The full-time Program Coordinator was hired back in March of 2020 and is primarily funded through County General Funds from CARE Team Integrated Services (CTIS) Unit. A very small portion of the Program Coordinator position is offset by the CHRI grant and reimbursement through County Medicaid Administrative Activities (CMAA) occurred in calendar year 2021. CTIS has leveraged staffing by incorporating existing permanent staff into exchange shifts to support continuity of services.

Support Staffing

Support staffing to ensure exchange shifts are covered includes volunteers, extra-help, Medication Assisted Treatment (MAT) staff and Homeless Person’s Health Project staff. The program continues to strengthen its collaboration with the MAT program by incorporating peer mentors and volunteers into exchange staff roles.

The program relies heavily on support from Public Health Administration and HSA Administration to sustain efforts for coordinated syringe collection and supporting the SSP Advisory Commission.



County SSP Organizational Chart

Budget

In FY 20/21, the SSP transitioned from a standalone service to a program within CARE Team Integrated Services (CTIS) of the Public Health Division in the Health Services Agency. The program was moved to leverage the existing infrastructure of CTIS's expertise with harm reduction, client engagement, and care coordination. This move has created opportunities for the program to leverage other funding for population-based health, collaborate with new and existing programs that support and impact the same population served by the SSP including to support people newly diagnosed with HIV and/or hepatitis C.

The SSP primarily operated with County General Funds. In the last Biennial Report Period, the SSP accounted for 21% of the entire Public Health Division's County General Fund allocation. During this Biennial Report Period, the SSP accounted for 13% as 8% was offset by the California Harm Reduction Initiative (CHRI) grant. This multi-year grant for a total of \$329,439 began on August 1, 2020, and ends on June 30, 2023. The majority of CHRI program activities were implemented during the first and second quarters of 2022 due to COVID-19 and delays in hiring Extra-Help staff. In addition to supporting increased staffing and operations of syringe distribution and collection, the County SSP is utilizing the funding to reimburse individuals with lived experience for their time to participate in the assessment of existing services offered through the South County exchange program. The information collected will be utilized to inform future SSP programming and implementation.

County General Funds are utilized for countywide syringe collection, as well as expanded supplies, including the purchase of wound care and syringe disposal supplies. The program also receives an allocation from the California Department of Public Health (CDPH) to purchase safer-injection supplies through the California Syringe Exchange Supply Clearinghouse.

The SSP continues to fulfill the Board's directive to contract with Downtown Streets Team to collect needles in "hot spots" throughout the community.

The program contracted with the following providers for enhanced syringe cleanup:

- Downtown Streets Team, \$78,520 per year for a five-member clean up team that identifies one member to pick up syringes, operating four days per week at 4-hour shifts and one day per week at a 2-hour shift.
- Clean Team Associates, \$5,000 per year for litter and syringe cleanup in difficult-to-reach areas around the Emeline campus.

During this reporting period the program expanded the syringe kiosk program, through the deployment of three additional kiosks in the City of Santa Cruz and one in Watsonville. This past year, kiosk-related expenditures included the one-time expense of each kiosk and installation in addition to the ongoing expense for monthly servicing.

Permanent staffing expenses are generally not budgeted in the program. Rather, they are in-kind expenses, reflecting the braided operation of this program within HSA. The CHRI grant was the first funding source to expand services and pay for permanent staffing in FY 20/21 and FY 21/22. This funding source was included in the SSP budget reflecting an offset in General Funds. The cost of permanent staff, extra help staffing, and syringe disposal costs have been offset by the CHRI grant. The program's primary expenses include supplies for safer injection and disposal, and communitywide syringe cleanup efforts. The staffing resources involved with planning and convening the SSP Advisory Commission is approximately \$23,000 per year.

Budget Table

The budget table below includes details of the County SSP's revenue and expenses during this reporting period.

Santa Cruz County SSP Budget	FY 2020-2021	FY 2021-2022	FY 2022-2023
Revenue	268,918	397,594	305,431
California Harm Reduction Initiative (CHRI) Grant	54,398	131,754	143,287
General Funds (Net County Cost, PH Realignment)	214,520	265,840	162,144
Budgeted Expenses	268,918	397,594	305,431
*Permanent and Extra-Help Staffing	130,406	208,835	102,000
Medical supplies (not covered by CDPH Clearinghouse)	48,670	46,170	46,170
Syringe litter contracts	70,000	83,520	93,520
Syringe kiosk services	13,000	33,300	31,000
CHRI subcontractor	0	0	25,891
CHRI participant compensation	0	0	4,000
Office and Mileage expenses	6,842	850	2,850
Subtotal	0	0	0
*Permanent staff funded by CHRI			
In-Kind Approximate Expenses	303,08	306,752	322,604
Salaries and Benefits (FY 20/21, FY 21/22, FY 22/23)	258,535	243,478	250,793
<i>Admin Services Manager (.10 FTE, .05 FTE, .05 FTE)</i>	16,903	8,452	8,706
<i>Chief of Public Health/PH Director (.10 FTE, .10 FTE, .10 FTE)</i>	24,873	24,873	25,619
<i>County Health Officer (.05 FTE, .025 FTE, .025 FTE)</i>	8,055	8,055	8,297
<i>Epidemiologist (.50 FTE, .05 FTE, .05 FTE)</i>	7,379	7,379	7,600
<i>Health Services Manager (.25 FTE, .15 FTE, .25 FTE)</i>	26,189	26,198	26,984
<i>HSA Agency Director (.025 FTE, .025 FTE, .025 FTE)</i>	9,147	9,147	9,421
<i>HSA Dir of Admin Services (.05 FTE, .025 FTE, .025 FTE)</i>	13,229	6,614	6,812
<i>Administrative SSP Commission Support (3-.10 FTE)</i>	11,812	11,812	12,177
<i>Program Coordinator (1.0 FTE, 1.0 FTE, 1.0 FTE)</i>	125,389	125,389	129,151
<i>MAT Counseling Staff (.15 FTE, .15 FTE, .15 FTE)</i>	15,559	15,559	16,026
<i>Volunteers (12-20 hours per week)</i>	0	0	0
Supply allocation for CDPH clearinghouse	44,542	63,274	71,811
Grand Total	-303,087	-306,752	-322,604

Programmatic Updates

Additional Syringe Service Program in Santa Cruz County

In 2020, the community-based organization Harm Reduction Coalition of Santa Cruz County (HRCSCC) was authorized by the state to conduct syringe services in Santa Cruz County. As a state-authorized program, HRCSCC is allowed to operate for two years and must adhere to requirements set by the state, as outlined in the document: Guidelines for Syringe Exchange Programs Funded by the California Department of Public Health, Office of AIDS.⁷

HRCSCC provides home-delivery of sterile injection equipment, harm reduction education and referrals to social and health services. The HRCSCC days of home-delivery service are Mondays, Wednesdays, and Fridays and they do not have a fixed-site. They conduct a “needs-based” distribution, which means that they distribute the number of syringes that participants need, rather than requiring an exchange of used syringes. The program also conducts syringe litter cleanup throughout the county and has an email address for the public to contact them to request response to syringe litter. Since their authorization, the County SSP has collaborated with HRCSCC to coordinate syringe services in the community. From September 2021 through April 2022 the SSP hosted meetings with the HRCSCC, City of Watsonville Public Work representatives and Watsonville Works to coordinate syringe litter response and promote better communication between organizations. The SSP periodically meets with HRCSCC staff to discuss participant trends and HIV/HCV testing and linkage. The County also uses signage to refer participants to contact the HRCSCC for syringe access when the SSP exchange is closed on holidays.

Impact of COVID-19

In 2021-2022, the County SSP continued its operations to support COVID-19 safety requirements. Masking was required and restrictions on the number of participants allowed in the exchanges was limited to 3 persons. The SSP distributed take home COVID-19 tests to its participants and referred participants to County Clinics for COVID-19 vaccinations. SSP staff conducted

homeless outreach services alongside other County departments as part of the COVID-19 response assisting with referrals for vaccination, distribution of PPE and Harm Reduction supplies.

In 2022 the SSP exchange at 1060 Emeline was made available to provide COVID-19 for testing of County personnel. Testing of County personnel was offered outside of shift times and did not affect service delivery for the participants.

After new staff were trained and safety protocols were put into place, in November of 2021 the SSP ended its pause of onsite HIV and Hepatitis C testing and counseling through the Emeline exchange.

Board Directives

Over this biennial period, the program has gone through major program changes, driven by multiple board directives. The program implemented these directives with the additional Program Coordinator, however there was no added funding. Below is a list of board directives and SSP activities for the last two reporting periods.

Date	County Board of Supervisor Directives	SSP Actions
6/11/2019 12/10/2019	Develop a plan to manage secondary exchange. Only allow up to 2 secondary exchanges per visit.	Completed and implemented as of January 1, 2020
6/11/2019	Collaborate with CDPH to complete a study of syringe litter in Santa Cruz County, and report back to the Board.	Completed; presented to the Board on 12/10/2019
6/11/2019	Develop ordinance to develop the seven-member SSP Advisory Commission.	Completed on 10/22/2019
6/11/2019	Coordinated installation and payment of syringe kiosks in other jurisdictions, per letter from the Board Chair to the local jurisdictions.	Ongoing; installed 3 kiosks in the City of Santa Cruz.
6/11/2019	Improved system to monitor referrals from SSP to MAT services	Ongoing; improving coordination with HSA Clinics and documentation processes
9/24/2019	Coordinated outreach to syringe litter organizations and SSP listening sessions	Completed; initial report provided in 12/10/2019 Board item
10/22/2019	Implement SSP Advisory Commission	Completed; after members were appointed, the first meeting convened in Fall 2020
12/10/2019	Develop recommendations to improve syringe litter reporting and response	Completed on 5/23/2021

12/10/2019	Return with a contract or contract amendment with providers to collect syringes in "hot spots" throughout the community	Completed on 4/14/2020; agreements implemented with Clean Team Associates and Downtown Streets Team
12/10/2019	Coordinated a multi-disciplinary injection drug use study session	Completed on 2/23/2021
12/10/2019	Add two additional hours to Santa Cruz and Watsonville exchange sites	Completed for Santa Cruz June 2020, and Watsonville on 6/17/2023
12/10/2019	Regular community outreach, including Grant Park neighbors	Ongoing Program Staff has met with Grant Parks neighbors' leadership and is communicating to arrange participation in group meetings
2/11/2020	Make sure when this item comes back [March 24, 2020], that it include not only contract(s) with the streets team or other agency to clean up syringe litter in the Emeline neighborhood, but in all the "hot spots" identified in the HSA Syringe Access and Disposal Report -- Pogonip to Coral Street, Depot Park to the Boardwalk and the Riverwalk -- in order to be responsive to the community and to the Board's previous direction on December 10, 2019	Completed on 4/14/2020; funding for Clean Team Associates was increased and Downtown Streets Team agreement implemented
4/28/2020	HSA to return [sooner than October], in June if possible, with the syringe services study session; or at least bring up this subject in June	Deferred to 2/23/2021
10/6/2020	As the Health Services Agency applies for funding for its syringe services program, HSA to operationalize in a	Ongoing

	manner consistent with the previous action and policy by the Board	
10/6/2020	Deferral of this report [study session on IV drug use crisis] to return no later than February 2021, with no further delays accepted on this item	Completed on 2/23/2021; study session on the Injection Drug crisis was conducted in collaboration with the Sheriff's Office and the Superior Court
6/8/2021	DIRECTED the Health Services Agency, Department of Public Works (DPW) and Information Services Department (ISD) to continue to collaborate on a) implementing the My Santa Cruz County App as a tool to address public syringe litter reporting in the unincorporated areas of Santa Cruz County; b) leveraging existing solid waste disposal resources and improving overall litter efforts of the County of Santa Cruz and Cities of Santa Cruz and Watsonville; and c) jointly report back on progress by December 7, 2021	Deferred and completed on 2/15/2022
2/15/2022	Return to the Board on or before June 28, 2022, with a plan to address previous direction provided on June 8, 2021, to use our existing solid waste resources to come up with a systemic response to syringe collection, by either expanding contracts with current providers and/or releasing an RFP or RFQ to solicit such services, including a potential on-demand response component.	Prepared for 6/28/2022
6/28/2022	Return August 23, 2022 meeting with 8 new kiosks and the number of needles	Completed on 8/23/2022; sites for the potential deployment of 8 additional

	collected in kiosks County wide as previously requested.	kiosks were identified and syringe collection data of community partners was presented
8/23/2022	Direct the Syringe Services Advisory Commission to look at the possibility of moving the North County Syringe Services Program out of Emeline and look at other physical sites at HPHP at Coral Street or mobile vans to operate the program.	In progress
11/15/2022	Directed staff to bring back as a regular agenda item to the Board in April of 2023 to consider the recommendations outlined by the Commission.	In progress, recommendation from the SSP Advisory Commission to be presented on April 25, 2023

Data Reports

Program Participation

The program saw decreases in participants served and syringes dispensed, a continuation of a trend from the 2019–2020 reporting period (Table 1).

Additional data reports for 2021 and 2022 are included in the Appendix.

	Year 1 (Began April 30)	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
	MAY 2013 – FEB 2014 ¹	MAR 2014 – FEB 2015	MAR 2015 – FEB 2016	MAR 2016 – FEB 2017	MAR 2017 – FEB 2018	MAR 2018 – FEB 2019	JAN 2019 – DEC 2019	JAN 2020 – DEC 2020	JAN 2021 – DEC 2021	JAN 2022 – DEC 2022
Visits:	2,627	3,641	3,781	4,318	4,173	3,258	2,235	2,119	1,584	1,298
Unique ID Clients:	775	963	778	789	631	578	468	482	427	368
TOTAL Syringes Dispensed ²	165,704	201,336	258,512	339,070	460,205	593,174	633,143	361,738	194,919	104,132
Syringes Collected by Kiosks ³	46,396	84,134	83,570	151,705	213,724	320,445	409,849	426,883	591,858	611,715
	(493 lbs)	(894 lbs)	(888 lbs)	(1,612 lbs)	(2,271 lbs)	(3,405 lbs)	(4,355 lbs)	(4,536 lbs)	(6,289 lbs)	(6,500 lbs)
TOTAL Syringes Collected:	216,250	289,278	340,387	483,523	670,803	918,432	1,061,293	850,695	814,409	737,760

¹Note: Select numbers have changed slightly from previous reports due to updated data-cleaning efforts and improved unique ID tracking.

²Note: 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%).

³Note: Ratio approximated as 1 pound (lb) sharps waste = equivalent to 94.11 syringes.

Note: The biennial timeframe shifted from March/February to January/December for the 2019–2020 reporting period and the 2021–2022 report follows the same January/December timeframe convention. The alignment with the calendar year makes it easier to compile and make data comparisons.

Table 1: Syringes Dispensed and Collected by year

Supply Distribution

In October of 2020 the SSP began limited distribution of safer smoking materials made available through the California Department of Public Health (CDPH) Syringe Supplies Clearinghouse. The CDPH has determined that safer smoking materials, provided in a harm reduction context alongside health education and other care, may help individuals avoid initiation of injection drug use, and may allow people who inject drugs to transition from injection to safer modes of administration. Injection more frequently is associated with a greater risk of blood-borne pathogen transmission.³ County SSP participants expressed a desire for the smoking materials and indicated that the availability of safer smoking materials may lead to a decrease in their injection use. In January of 2021 the SSP began distribution of safer smoking kits during all exchange shifts. In the 2021–2022 reporting period participants accessing the SSP exchange for syringes only has decreased, however participants accessing the exchange for smoking materials increased through the reporting period (Figure 1). More analysis is needed, including surveying program participants, but there is evidence suggesting some participants have change their modality of use from injection.

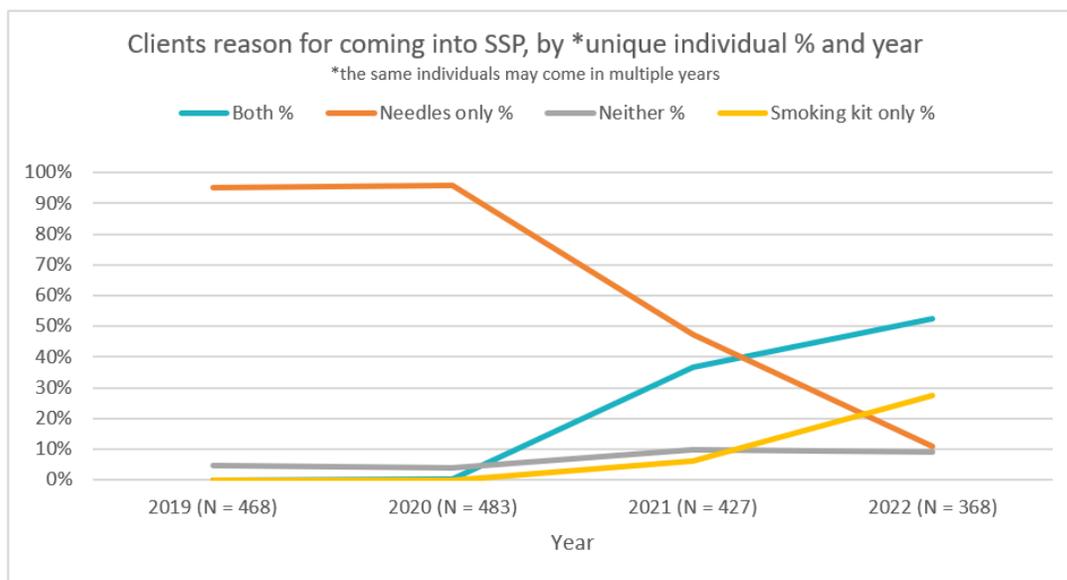


Figure 1: Clients reason for coming into SSP, by *unique individual % and year

Blood-Borne Pathogens Associated with Intravenous Drug Use

Table 2 illustrates provisional counts of selected blood-borne diseases related to intravenous drug use by year of episode date within Santa Cruz County from January 2009 through December 2022.

Newly Reported Cases Annually*	County SSP started												Current reporting period	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
HIV (Regardless of AIDS status) **	19	10	28	21	13	22	12	23	7	11	7	15	20	15
Hepatitis B (acute and chronic)	12	19	21	43	19	55	65	49	44	33	40	17	41	39
Hepatitis C* (past or present)*	393	377	351	318	302	428	424	440	427	327	352	226	240	62
Hepatitis A	2	0	3	2	2	3	0	1	77	0	0	1	2	2
<p>*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.</p> <p>**Note: Designates a preliminary count</p>														

Table 2: Rates of Infectious Diseases Associated with IV Drug-use by Year

Collection Efforts

During this reporting period, the program conducted the following syringe collection activities:

- **Syringe Exchange:** at all syringe exchange encounters, used syringes are collected.
- **Distribution of sharps containers and individual education:** the program continues to provide personal-sized syringe containers for SSP participants, along with education on safe disposal. There are no limits to the number of sharps containers distributed to participants. Program staff also distribute sharps containers when performing outreach with program with exchange shift hours listed on the containers. After consulting with the City of Watsonville Public Works staff, the program began distribution of small sharps containers at the Watsonville levee with all locations and hours where sharps could be disposed of in the jurisdiction, including pharmacies. When requested, the program provides sharps containers to organizations including Save our Shores for litter abatement activities. The SSP also purchased 6 syringe disposal lock boxes along with containers at the request of and for the City of Santa Cruz for deployment at managed encampments.
- **Public kiosks:** Syringe kiosks were installed at 4 new locations in 2021-2022 including one within the City of Santa Cruz Benchlands encampment which has since been removed after camp closure. The SSP worked with the City of Watsonville to designate an acceptable location for a second kiosk in the jurisdiction and installed one at the Waste and Recycling Center on Harvest Drive. Accessible syringe disposal kiosks are used by participants and the broader community, and the program continues to work with partners to identify new locations for installation.
- **Syringe litter cleanup contracts:** this includes the Syringe Litter Abatement Team through Downtown Streets Team and additional services through Clean Team Associates.

- **Syringe litter reporting:** In response to direction from the Board, HSA worked with the County's ISD, DPW, and other partners to develop a syringe reporting function on the MySantaCruzCounty platform. [Report Issues - My Santa Cruz County](#) Through collaboration with and respect for the work of ISD, DPW and other organizations the SSP was able to leverage the resources of partners to address reports of syringe litter by linking the reports to emails of designated respondents. The reporting function gives Santa Cruz County residents a tool to report syringe litter and have the location recorded. This not only allows the responding partner to remove the litter but collects data to identify areas in need of more resources to address the root cause. The SSP receives monthly reports of syringe litter removal from Save our Shores, Downtown Streets Team, and County DPW roads crews and continues to work with other jurisdictions to improve the collection of syringe litter data.

Referrals and Linkages

The program continues its strong partnership with HSA Clinics' Medication Assisted Treatment (MAT) Program to implement harm reduction supply distribution and develop trust with the participants. Through the MAT Program, the SSP uses volunteers and Peer Mentors to staff syringe exchange shifts and contribute to program planning and development. In December 2022 the SSP's fixed site exchange in Watsonville completed its move to 1430 Freedom Blvd, Ste. B where it now shares space with MAT program staff. The move made the exchange more participant centered by offering seating, more space to display harm reduction education, better access to all program supplies and better facilitation of referral linkage for those ready to speak about treatment with a MAT counselor.

The SSP continued to provide education and resources to participants, including distribution of MAT referral information. During this reporting period, the program engaged Substance Use Disorder (SUD) treatment providers at County Clinics, Janus, Encompass, Salud Para la Gente, Plazita Medical Clinic,

and Santa Cruz Community Health Centers to gather information about their treatment options and contact numbers and now include a bi-lingual (Spanish/English) flyer with the information with each supply distribution. The program continues to work on strategies to accurately collect data on the number of participants who enter treatment as a direct result of a referral from the program, but it remains difficult due to the anonymity of the exchange encounters.

The SSP worked closely with County Clinic's MAT Program and The Homeless Persons Health Project (HPPH) to apply for a grant through the Sierra Health Foundation to increase access to MAT. The Program's goal is to use funding provided to improve the success of the program's MAT referrals and improve data tracking by providing exchange participants resources and access to care coordinators to help overcome barriers and link them with Clinic MAT providers.

In addition to linkage to treatment services, SSPs can reduce overdose deaths by educating individuals who inject drugs how to prevent and respond to a drug overdose. This is done by providing participants training on how to use naloxone, a medication used to reverse overdose, and providing a supply of naloxone to them. Distribution of naloxone and training on overdose prevention continues to be an important function of the County SSP. Through collaboration with SafeRx and other community partners the program has increased the awareness of tools to prevent opioid overdose including fentanyl test strip and their accessibility through the SSP.

In the 2021-2022 reporting period, the program dispensed 4,272 naloxone kits to program participants and community partner organizations. In that time participants using the exchanges have reported using Narcan to reverse an overdose and save a life 323 times. The SSP distributed over 700 Narcan kits to the City of Santa Cruz for use at their managed encampments in 2021-2022. In addition to City of Santa Cruz staff, the SSP distributed Narcan and offered training on its use to staff from Juvenile Hall, CA Parks Rangers, County

Behavioral Health, the Santa Cruz Sheriff's department, UCSC, the City of Watsonville and other organizations who were seeking access to the lifesaving overdose prevention drug.

SSPs also play a role in the early detection of infectious diseases associated with IV drug use, this can include HIV and Hepatitis C screening. Following pausing the service in 2020 due to COVID-19, in November of 2021 the SSP reinstated HIV/HCV antibody testing and counselling through the Emeline exchange site. The service was expanded to include the Watsonville exchange in April of 2022. Participants who receive reactive or positive test results are referred to CARE Team Integrated Services staff for support, linkage to follow up care and treatment. SSP staff also support HPHP street medicine outreach efforts by providing test counseling and referrals for confirmatory testing at sites in Watsonville and Santa Cruz.

California Harm Reduction Initiative (CHRI) Grant

In August 2020, the County of Santa Cruz's Syringe Services Program was awarded \$329,439 in funding from the California Harm Reduction Initiative Grantmaking and Capacity-Building for California Syringe Service Programs – a collaboration between the National Harm Reduction Coalition, the California Department of Public Health, and the Drug Policy Alliance.⁹ The California Harm Reduction Initiative, or CHRI, was established by the California Budget Act of 2019, which included \$15.2 million to strengthen substance use disorder response by supporting syringe services programs (SSPs). This program represents the single largest government investment in harm reduction in the history of California – funding 37 syringe services programs across 21 counties in the state. The aim of the funding is three-fold:

- Expand harm reduction approaches throughout the state of California.
- Increase capacity to connect individuals to a variety of services.
- Reduce the impact of drug-related harms.

With support from the CHRI grant, the County SSP has been able to expand its reach to people who use drugs (PWUD) throughout the county, with specific focus on improve access to services in South County, a historically under-served region.

Since its inception, the funding has supported .10 FTE of a full-time Program Coordinator who provides operational oversight of the program. It's allowed for the hire of an extra-help Senior Health Educator, responsible for engaging with SSP participants and persons with lived experience using drugs to provide feedback on program design, and the development of educational materials to raise awareness of the SSP in the community.

The funding has also supported the hire of one bilingual full-time, limited-term Health Program Specialist (HPS). The HPS staffs the SSP program and has expanded services outside the SSP walls, meeting PWUD where they are, by staffing weekly community engagement events. In addition, the full-time, limited term HPS has supported the expansion of HIV/HCV testing services during SSP hours and every other week at community engagement events.

With additional staffing capacity, the SSP has been able to participate in outreach and engagement efforts, expand exchange hours in Watsonville from 5 to 7 hours a week, host weekly community engagement events in Watsonville to distribute harm reduction supplies and provide HCV/HIV testing services. SSP staff connect with an average of 16 unique individuals at each community engagement event, where they provide PWUD with harm reduction education on topics ranging from safer syringe use and disposal, safer sex, HIV/HCV prevention, wound care, overdose prevention, and substance use disorder treatment. Additionally, since September 2022, SSP staff have distributed at least 1091 wound care kits, 328 works kits, 1646 hygiene kits, and 392 boxes of Narcan, to unhoused individuals and/or individuals suffering from substance use disorders at the community engagement events.

CHRI funding has created an opportunity for the County of Santa Cruz's SSP to gather insights from program participants. To date, four point-in-time surveys, asking participants about patterns of substance use, changes in substance use over time, and feedback on SSP services in general have been completed. The results of these point-in-time surveys have been culminated with the other 37-funded SSP's in the state to provide insights into changes in demographics, drug use trends, and service knowledge and barriers to access.

In September 2022, the County of Santa Cruz SSP used CHRI funds to contract with the Community Action Board of Santa Cruz on a syringe litter assessment and SSP access project. Through this partnership with CAB, the SSP was able to hire and train two Community Health Promotores with lived experience to conduct participant surveys and provide SSP promotion and harm reduction education – including safe syringe disposal practices and overdose prevention – to hard-to-reach populations in South County. In addition, with connections and support provided by the Community Health Promoters, the program was able to engage 40 unhoused South County individuals who use drugs to learn about their knowledge of SSP services, gather their feedback on community engagement events, and understand patterns of behaviors regarding syringe use and disposal. Insights gained from these conversations with hard-to-reach, underrepresented segments of the population will inform our promotional strategies moving forward.

SSP Advisory Commission

The Board directed HSA to convene a seven-member advisory commission to provide consultation and feedback on the County SSP. The SSP Advisory Commission consists of a Board-appointed member per Supervisor District and two at-large appointees nominated and elected by the Board. The commission is subject to the Brown Act rules, and all meeting materials are posted on the program website www.santacruzhealth.org/SSP.

On November 15, 2022, the County Board of Supervisors approved the SSP Advisory Commission's revised Bylaws clarifying its regular meeting schedule and accepted its Biennial report. The commission's report included program recommendations, which included considering changes in service delivery locations and models, communication with local care providers to calculate the cost of infections associated with syringe use, and exploring additional funding to increase accessibility, services, and the positive impact of the SSP program.

The commission met 10 times in 2021 and 11 times in 2022, navigating the transitions from virtual to hybrid meetings as guidance in response to the

Covid-19 emergency changed. One of the accomplishments highlighted by the commission in their report was the August 9th of 2022 outdoor meeting near the Benchlands Encampment. Holding the meeting outdoors and at that site removed transportation and technological barriers for the public and program participants to engage with the commission.

SSP program and HSA administrative support staff continue to work with the commission to promote more participation from consumers and other parties interested in syringe services to contribute ideas to policy and program development.

At each meeting, program staff provided updates on program activities, answered questions, and received input and recommendations. The commission members have been engaged with learning more about the program and have provided thoughtful feedback for program improvement, which the County SSP has incorporated. This includes improvements to the monthly program usage reports when enumerating syringes collected by clearly separating the syringes collected in the public kiosks vs. at the exchanges. The program also consulted with the commission in efforts to improve the definition of and reporting of participant referrals for Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD). The commission has the responsibility of staying informed on syringe services and public health strategies, reviewing related state and federal legislation, and helping to increase coordination between stakeholders. To support these duties, it would be helpful to have consistent representation from community members who are part of the system of care supporting people who inject drugs (PWID). The County Health Officer and the Health Improvement Partnership's SafeRx Coalition can support the Board by identifying at-large commission nominees who can fulfill this role, for current and future vacancies.

UPCOMING FOR 2023-2024

- California Harm Reduction Initiative (CHRI) grant funding will end on June 30, 2023. The SSP has used the CHRI grant to fund an Extra Health Program Specialist and Extra Help Senior Health Education staff focused on service in Watsonville which has helped expand the program's outreach and collaboration with Community Action Board (CAB). In 2023 the SSP will look to complete and build upon work started with CHRI funding.
- Compile and present results from South County participant feedback interviews to the SSP Commission.
- Apply lessons learned from South County participant feedback to develop bilingual SSP promotional and educational materials.
- Conduct a syringe litter visual assessment in the South County to learn about hotspot areas.
- Host a series of bilingual Overdose Prevention workshops for Community Health Promoters and SSP participants in collaboration with the Community Action Board of Santa Cruz County.
- Santa Cruz County SSP staff have worked to conduct outreach and community engagement with HPHP Street Medicine, Healing the Streets and other partners in 2021-2022. The SSP will work to continue and strengthen collaboration in 2023-2024. Collaboration with HPHP Street Medicine and other programs reduces the need for multiple SSP staff persons to participate in community engagement, leveraging staff resources across programs, maintaining staff safety, and improving the variety of services and referrals available to the community.
- Developing a comprehensive syringe litter report available to the public will require ongoing work with partnering agencies and the various jurisdictions in Santa Cruz County. The SSP will look to compile the reports it currently receives and continue to work to find all potential sources of syringe litter data and develop a report that can be made available to the public.

- Syringe disposal Kiosks have been a valuable tool for the community to properly dispose of syringes. The SSP will continue to work with partners to deploy kiosks in areas where syringe litter is an issue and where access to disposal locations is a barrier for persons who inject drugs to safely discard syringes.

REFERENCES

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- ² Centers for Disease Control and Prevention. (2019, May 23). *Syringe Services Programs (ssps)*. Centers for Disease Control and Prevention. Retrieved April 4, 2023, from <https://www.cdc.gov/ssp/index.html>
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- ⁴ California Department of Public Health. (2021, April). *Fact Sheet: California Law and Syringe Services Programs*. Retrieved from [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA_La_w_SSPs_Factsheet_ADA%20FINAL%20\(April%202021\).pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA_La_w_SSPs_Factsheet_ADA%20FINAL%20(April%202021).pdf)
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- ⁷ California Department of Public Health. (2020, April 1). *Guidelines for Syringe Exchange Programs Funded by the California Department of Public Health, Office of AIDS*. Retrieved from https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf
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- ⁹ National Harm Reduction Coalition. (2020, August 31). *CA harm reduction initiative*. National Harm Reduction Coalition. Retrieved from <https://harmreduction.org/our-work/action/california-harm-reduction-initiative-chri/>

APPENDIX

Santa Cruz County SSP Program Data Reports, 2021 and 2022

Syringe Services Program

Health Services Agency | Santa Cruz County

Jan – Dec 2021

Characteristics of Clients

	Emeline Clinic		Watsonville Clinic		TOTAL ¹	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
Total Visits	1,406	89%	178	11%	1,584	100%
		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>
Unique IDs	385	100%	57	100%	427	100%
Clients who came to both clinics¹	--		--		15	
Frequency of Visits						
Single Visit in time period	173	45%	28	49%	201	47%
Multiple Visits in time period	212	55%	29	51%	226	53%
AGE GROUP						
18 – 24	10	3%	0	0%	10	2%
25 – 44	244	63%	31	54%	266	62%
45 and Over	131	34%	26	46%	151	35%
Unknown	0	0%	0	0%	0	0%
Gender						
Male	236	61%	36	63%	266	62%
Female	148	38%	21	37%	160	37%
Unknown	1	0%	0	0%	1	0%
Ethnicity						
White	314	82%	31	54%	335	78%
Latinx	45	12%	24	42%	64	15%
Other / Multi-Ethnic	26	7%	2	4%	28	7%
Unknown	0	0%	0	0%	0	0%
Area of Residence ²						
Aptos / Capitola / Soquel	25	6%	2	4%	26	6%
San Lorenzo Valley	18	5%	1	2%	18	4%

Santa Cruz ³	299	78%	9	16%	304	71%
Scotts Valley	3	1%	0	0%	3	1%
Watsonville / Freedom / Aromas	24	6%	43	75%	58	14%
Out of County	10	3%	0	0%	10	2%
Unknown	6	2%	2	4%	8	2%
Homeless	167	43%	18	32%	178	42%
Drugs Injected ⁴						
Heroin	267	69%	53	93%	320	75%
Methamphetamines	211	55%	15	26%	226	53%
Cocaine	13	3%	1	2%	14	3%
Other	51	13%	7	12%	58	14%
Unknown / Withheld	38	10%	0	0%	38	9%

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>
Total Visits	1,406	89%	178	11%	1,584	100%
Type of Visit		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	589	42%	102	57%	691	44%
Secondary (Self and Others)	773	55%	67	38%	840	53%
Others Only	44	3%	9	5%	53	3%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
Syringes Collected	204,315	145	18,236	102	222,551	140
Syringes Dispensed	176,883	126	18,036	101	194,919	123
#Collected - #Dispensed	27,432	20	200	1	27,632	17
#Syringes Dispensed per Visit ⁵		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
0	17	1%	3	2%	20	1%
1 - 24	11	1%	24	13%	35	2%
25 - 49	236	17%	10	6%	246	16%
50 - 99	148	11%	27	15%	175	11%
100-199	233	17%	88	49%	321	20%
200+	478	34%	26	15%	504	32%
						<u>AVG # PER VISIT</u>
Syringes Deposited in Kiosks (lbs) ⁶	--	--	--	--	591,858	6289
Narcan Kits Dispensed	2,559	--	57	--	2,616	--
Reversals out of Overdose⁷	220	--	0	--	220	--

NOTE 1: Percents may not add to 100 due to rounding.

NOTE 2: All participants receive education on SUD treatment, HIV/HCV testing, Overdose Prevention, Proper Syringe Disposal, and Harm Reduction.

1: There was 15 individual(s) 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%.

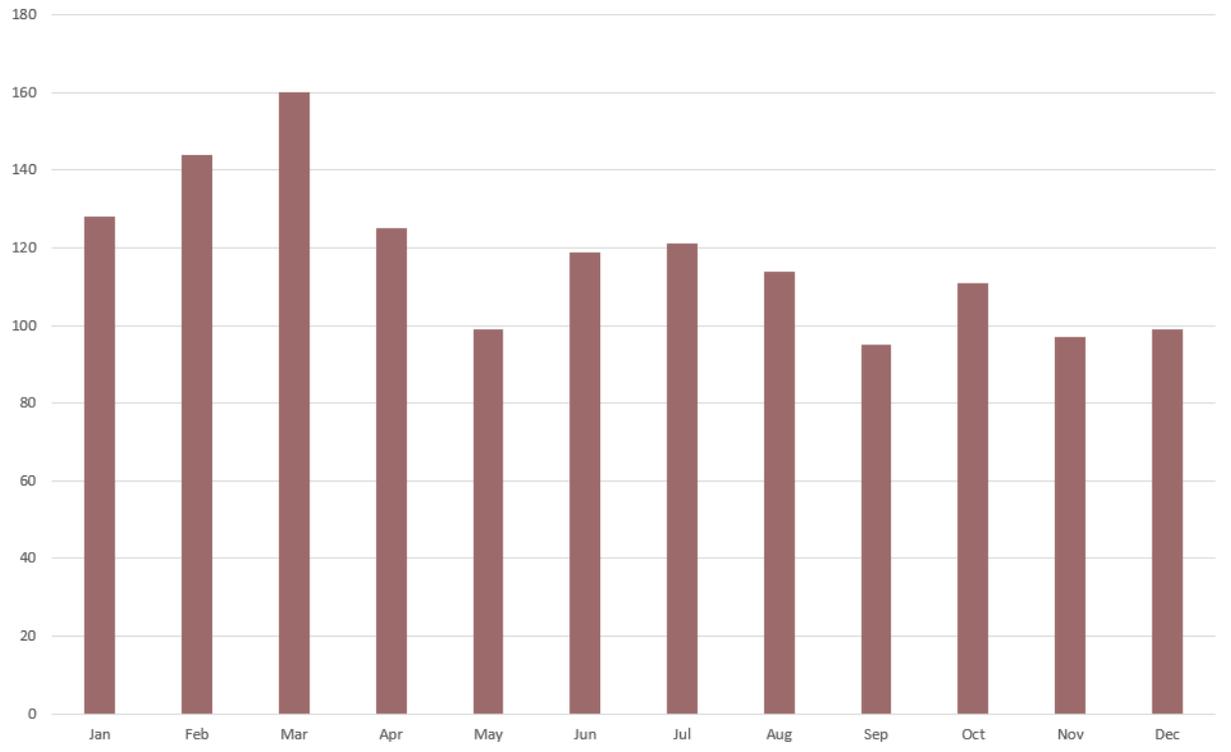
5: The maximum number of syringes dispensed per primary (self-only) visit was reduced to 100 on September 15, 2014.

6: Syringes were collected from 6 kiosk locations: Water Street, Emeline Avenue, Crestview, Coral Street, Felker, and Watsonville Recycling Center.

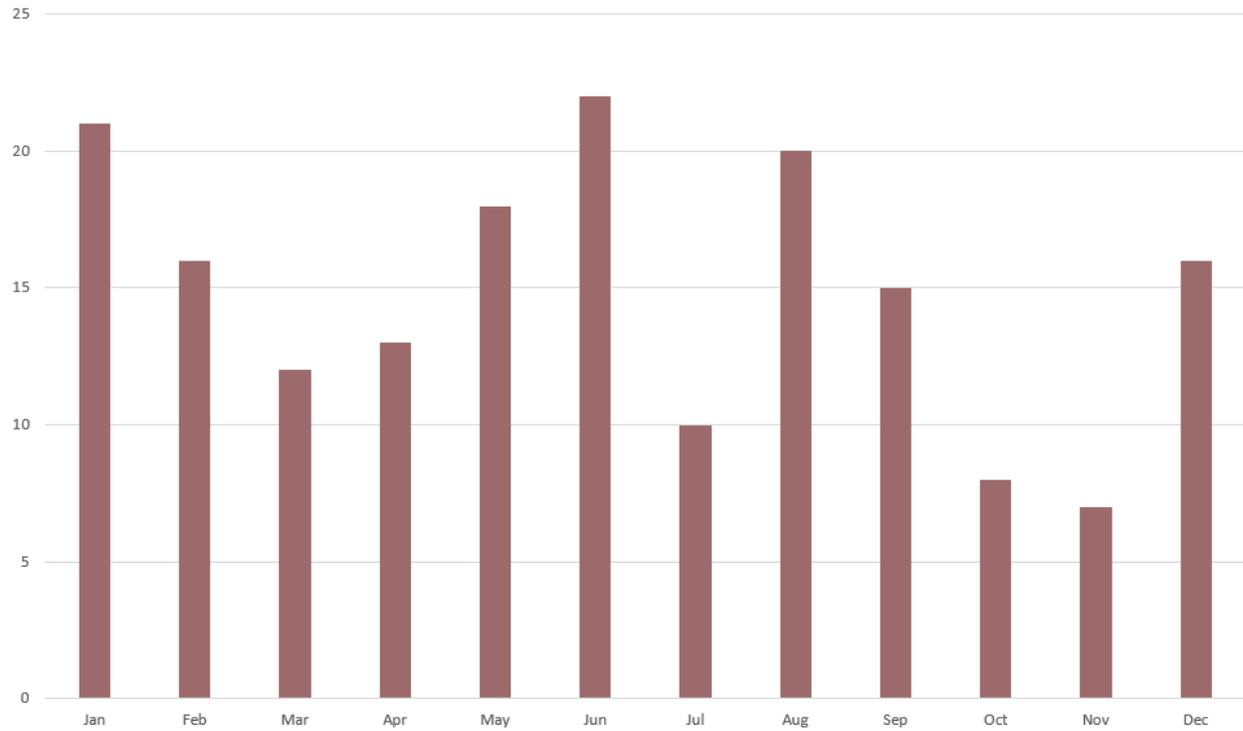
Ratios approximated as 1 pound (lb) of waste collected from kiosks = equivalent to 94.11 syringes.

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,
Jan - Dec 2021 (N= 1412)



SSP: Syringe Services Program Number of Visits by Day,
Watsonville Clinic, HSA Santa Cruz County,
Jan - Dec 2021 (N= 178)



Syringe Services Program

Health Services Agency | Santa Cruz County

Jan - Dec 2022

Characteristics of Clients

	Emeline Clinic		Watsonville Clinic		TOTAL ¹	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
Total Visits	1,116	86%	182	14%	1,298	100%
		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>
Unique IDs	329	100%	49	100%	368	100%
Clients who came to both clinics¹	--		--		10	
Frequency of Visits						
Single Visit in time period	164	50%	25	51%	189	51%
Multiple Visits in time period	165	50%	24	49%	179	49%
AGE GROUP						
18 - 24	7	2%	0	0%	7	2%
25 - 44	171	52%	21	43%	185	50%
45 and Over	151	46%	28	57%	176	48%
Unknown	0	0%	0	0%	0	0%
Gender						
Male	209	64%	34	69%	238	65%
Female	120	36%	15	31%	130	35%
Unknown	0	0%	0	0%	0	0%
Ethnicity						
White	263	80%	26	53%	282	77%
Latinx	34	10%	20	41%	51	14%
Other / Multi-Ethnic	32	10%	3	6%	35	10%
Unknown	0	0%	0	0%	0	0%
Area of Residence²						
Aptos / Capitola / Soquel	20	6%	2	4%	21	6%
San Lorenzo Valley	19	6%	0	0%	19	5%
Santa Cruz ³	255	78%	8	16%	259	70%
Scotts Valley	4	1%	0	0%	4	1%
Watsonville / Freedom / Aromas	15	5%	37	76%	47	13%
Out of County	7	2%	0	0%	7	2%

Unknown	9	3%	2	4%	11	3%
Homeless	147	45%	23	47%	166	45%
Drugs Injected ⁴						
Heroin	161	49%	28	57%	189	51%
Methamphetamines	158	48%	21	43%	179	49%
Cocaine	9	3%	0	0%	9	2%
Other	52	16%	5	10%	57	15%
Unknown / Withheld	78	24%	5	10%	83	23%

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>
Total Visits	1,116	86%	182	14%	1,298	100%
Type of Visit		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	551	49%	109	60%	660	51%
Secondary (Self and Others)	507	45%	72	40%	579	45%
Others Only	58	5%	1	1%	59	5%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
Syringes Collected	110,140	99	15,905	87	126,045	97
Syringes Dispensed	89,750	80	14,382	79	104,132	80
#Collected - #Dispensed	20,390	18	1,523	8	21,913	17
#Syringes Dispensed per Visit ⁵		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
0	17	2%	25	14%	42	3%
1 - 24	11	1%	43	24%	54	4%
25 - 49	209	19%	15	8%	224	17%
50 - 99	120	11%	22	12%	142	11%
100-199	90	8%	52	29%	142	11%
200+	240	22%	25	14%	265	20%

						AVG # PER VISIT
Syringes Deposited in Kiosks (lbs) ⁶	--	--	--	--	611,715	6500
Narcan Kits Dispensed	1,585	--	71		1,656	--
Reversals out of Overdose⁷	99	--	4	--	103	--

NOTE 1: Percents may not add to 100 due to rounding.

NOTE 2: All participants receive education on SUD treatment, HIV/HCV testing, Overdose Prevention, Proper Syringe Disposal, and Harm Reduction.

1: There were 10 individual(s) 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%.

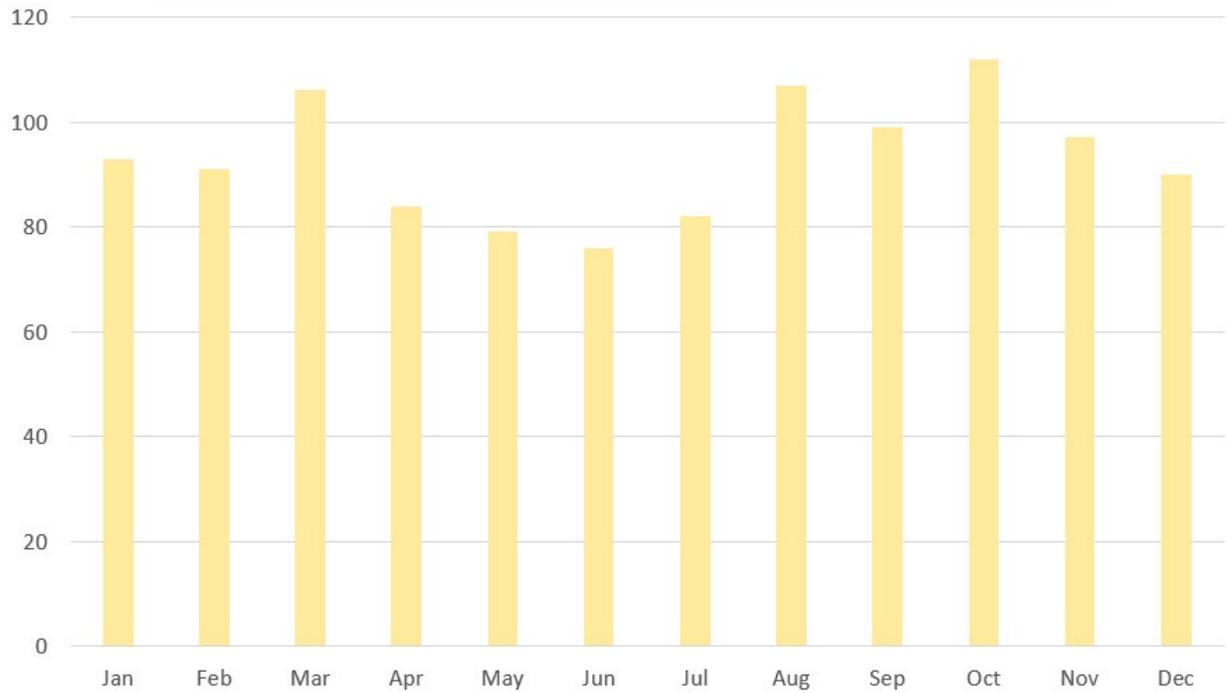
5: The maximum number of syringes dispensed per primary (self-only) visit was reduced to 100 on September 15, 2014.

6: Syringes were collected from 6 kiosk locations: Emeline Ave, Freedom Blvd (Watsonville), Coral St., Felker St., Ocean St (Gov. Center), and San Lorenzo Park. Ratios approximated as 1 pound (lb) of waste collected from kiosks = equivalent to 94.11 syringes.

7: A SSP client may have reversed more than one person.

SSP: Syringe Services Program Number of Visits by Month

Emeline Clinic, HSA Santa Cruz County,
Jan - Dec 2022 (N= 1,116)



**SSP: Syringe Services Program Number of Visits
by Month**

Watsonville Clinic, HSA Santa Cruz County,
Jan - Dec 2022 (N= 182)

