Santa Cruz County Syringe Services Program
Biennial Report 2019-2020

Health Services Agency, Public Health Division
Dr. Gail Newel, County Health Officer
Jennifer Herrera, Chief of Public Health
Agenda

• Overview of Local Syringe Services Programs
• Program Highlights
• County Biennial Report 2019-2020
• Recommendations for Syringe Litter Reporting
What is a Syringe Service Program?

- Syringe services programs (SSPs) are community-based prevention programs that utilize a harm-reduction approach

- Evidence-based
  - 30+ years of research show that SSPs are safe, effective and cost-saving

- Reduce Disease and Death
  - Reduce the transmission of viral hepatitis, HIV and other infections
  - Reduce deaths related to infection, disease and/or overdose
  - SSPs can be a bridge to substance use treatment, medical care and social services
Authorized SSPs in Santa Cruz County

**County SSP** operated by HSA, Public Health Division

- County-authorized in 2013
- Funded by grants, County General Fund, and in-kind allocations from CDPH and HSA
- Adheres to CDPH and Local requirements

**Harm Reduction Coalition of Santa Cruz County**

- State-authorized in 2020
- Funded by donations, grants and in-kind allocation from CDPH
- Adheres to CDPH requirements
County SSP – 3-pronged approach

1) Syringe Distribution
   - Actions: Clean syringes and supplies for every use
   - Outcomes: Found syringes less likely to spread disease
   - Goals: Reduced risk of exposure to infection and disease

2) Syringe Collection
   - Actions: Decreased availability of used syringes
   - Outcomes: Less chances of needlesticks for all
   - Goals: Cleaner and safer environment for all

3) Enhanced Linkages and Referrals
   - Actions: Overdose prevention, Naloxone availability
   - Outcomes: Access to social, behavioral and medical care
   - Goals: Improvement of health and well-being for PWID
County SSP Biennial Report
Jan 2019 through Dec 2020
Status of Board Directives
Program Review
Related Data
Highlights from 2019 and 2020

✓ Maintained core services during the pandemic
✓ No significant outbreak of diseases associated with injection drug use
✓ Greater Intelligence
  ✓ Community listening sessions
  ✓ Syringe Access and Disposal assessment
✓ Increased partnerships
  ✓ SSP Advisory Commission
  ✓ State-authorized exchange (HRCSCC)
  ✓ Strengthened partnership with County MAT and peer mentors
  ✓ Collaboration with Santa Cruz City for additional syringe kiosks
✓ More capacity for County SSP
  ✓ Hired a full-time Program Coordinator
  ✓ Awarded funding to improve program
  ✓ Installed 3 additional syringe kiosks
  ✓ Contracted with organizations for additional syringe litter cleanup
<table>
<thead>
<tr>
<th>County Board of Supervisor Directives to the County SSP 2019-2020</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a plan to manage secondary exchange; only allow up to 2 secondary exchanges per visit</td>
<td>Met</td>
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<tr>
<td>Collaborate with CDPH to complete a study of syringe litter in Santa Cruz County, and report back to the Board</td>
<td>Met</td>
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<tr>
<td>Develop ordinance to develop the seven-member SSP Advisory Commission</td>
<td>Met</td>
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<tr>
<td>Coordinate outreach to syringe litter organizations and SSP listening sessions</td>
<td>Met</td>
</tr>
<tr>
<td>Implement SSP Advisory Commission</td>
<td>Met</td>
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<tr>
<td>Develop recommendations to improve syringe litter reporting and response</td>
<td>Met</td>
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<tr>
<td>Return with a contract or contract amendment with providers to collect syringes in “hot spots” throughout the community</td>
<td>Met</td>
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<tr>
<td>Coordinate and present a multi-disciplinary injection drug use study session for the Board</td>
<td>Met</td>
</tr>
<tr>
<td>Add two additional hours to Santa Cruz and Watsonville exchange sites</td>
<td>In Process</td>
</tr>
<tr>
<td>Coordinate installation and payment of syringe kiosks in other jurisdictions, per letter from the Board Chair to the local jurisdictions</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Improve system to monitor referrals from SSP to Medication-Assisted Treatment (MAT) services</td>
<td>Ongoing</td>
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<tr>
<td>Regular community outreach, including Grant Park neighbors</td>
<td>Ongoing</td>
</tr>
<tr>
<td>When applying for funding, HSA directed to operationalize in a manner consistent with the previous action and policy by the Board</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
County SSP Operational Directives

**Fixed Locations:**
- Emeline campus in Santa Cruz
- Freedom campus in Watsonville

**Fixed Hours:**
- Emeline: 12hrs/week
- Freedom: 5hrs/week

**Distribution:**
- One-for-One exchange
- Max 100 syringes for primary exchange
- Allowed to exchange on behalf of 2 people (secondary exchange)

**Collection:**
- Coordinate with other jurisdictions to install public syringe kiosks and pay for ongoing servicing
- Contract for enhanced syringe collection in “hot spot” areas

**Oversight:**
- Santa Cruz County SSP Advisory Commission
Comparison to Best Practices

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
<th>County SSP Status</th>
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<tbody>
<tr>
<td>Involve people with lived experience</td>
<td>Involve PWID in all phases of program planning and development; meaningful engagement</td>
<td>Partially met</td>
</tr>
<tr>
<td>SSP planning, design and implementation</td>
<td>Needs-based distribution Data-driven approach Partnerships to enhance linkages for participants</td>
<td>Partially met</td>
</tr>
<tr>
<td>Providing core and expanded services</td>
<td>Core: syringe distribution and disposal Expanded: social, behavioral, and medical care</td>
<td>Met</td>
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<tr>
<td>Collect data to inform planning, implementation and evaluation</td>
<td>Collect baseline data Ensure data collection is not a barrier for services</td>
<td>Met</td>
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<tr>
<td>Ensure program sustainability</td>
<td>Foster relationships with variety of stakeholders Conduct street outreach Diversify funding</td>
<td>Partially met</td>
</tr>
</tbody>
</table>

Reference: [https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf](https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf)
The County SSP accounts for over 20% of the Public Health Division’s General Fund allocation

<table>
<thead>
<tr>
<th>County SSP Budget</th>
<th>Actual FY 19/20</th>
<th>Actual FY 20/21</th>
<th>Proposed FY 21/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$223,916</td>
<td>$268,918</td>
<td>$265,840</td>
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<tr>
<td>Expenses</td>
<td></td>
<td></td>
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<tr>
<td>Program Related</td>
<td>$160,916</td>
<td>$185,918</td>
<td>$149,020</td>
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<tr>
<td>Litter Related</td>
<td>$63,000 (28%)</td>
<td>$83,000 (31%)</td>
<td>$116,820 (44%)</td>
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<tr>
<td>In-Kind Expenses</td>
<td>$383,258</td>
<td>$291,274</td>
<td>$231,666</td>
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</table>
The County SSP is primarily supported by in-kind HSA staff, volunteers, and extra-help.

- Program Coordinator (1.0 FTE)
- In-Kind HSA staff: MAT, CARe Team, Public Health
- Volunteers: Peer Mentors
- Extra-Help Temporary paid staff
## County SSP Data

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<tr>
<td><strong>Visits:</strong></td>
<td>2,627</td>
<td>3,641</td>
<td>3,781</td>
<td>4,318</td>
<td>4,173</td>
<td>3,258</td>
<td>2,235</td>
<td>2,119</td>
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<tr>
<td><strong>Unique ID Participants:</strong></td>
<td>775</td>
<td>963</td>
<td>778</td>
<td>789</td>
<td>631</td>
<td>578</td>
<td>468</td>
<td>482</td>
</tr>
<tr>
<td><strong>TOTAL Syringes Dispensed:</strong></td>
<td>165,704</td>
<td>201,336</td>
<td>258,512</td>
<td>339,070</td>
<td>460,205</td>
<td>593,174</td>
<td>633,143</td>
<td>361,738</td>
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<td><strong>Syringes Collected by Onsite Exchange:</strong></td>
<td>169,854</td>
<td>205,144</td>
<td>256,817</td>
<td>331,818</td>
<td>457,079</td>
<td>597,987</td>
<td>651,444</td>
<td>423,812</td>
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<td><strong>Syringes Collected by Kiosks:</strong></td>
<td>46,396</td>
<td>84,134</td>
<td>83,570</td>
<td>151,705</td>
<td>213,724</td>
<td>320,445</td>
<td>409,849</td>
<td>426,883</td>
</tr>
<tr>
<td><strong>TOTAL Syringes Collected:</strong></td>
<td>216,250</td>
<td>289,278</td>
<td>340,387</td>
<td>483,523</td>
<td>670,803</td>
<td>918,432</td>
<td>1,061,293</td>
<td>850,695</td>
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### Current Reporting Period

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Bloodborne Pathogens Associated with Injection Drug Use (IDU)

Newly Reported Annual Cases

- County SSP started
- Current Reporting Period

Graph showing data from 2009 to 2020:
- HIV
- Hepatitis B
- Hepatitis C
- Hepatitis A

- 2009-2013: Gradual decrease in cases
- 2014: Increase in cases
- 2015-2019: Steady decrease
- 2020: Further decrease

Note: The current reporting period likely indicates a later date post-2020, though not explicitly stated in the figure.
From 2013 to 2019, Santa Cruz County continues to be among the top counties for opioid-related deaths

Reference: https://skylab.cdph.ca.gov/ODdash/
## Comparison to other California counties

<table>
<thead>
<tr>
<th>County</th>
<th>Monterey</th>
<th>Santa Clara</th>
<th>Santa Cruz</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operated by</strong></td>
<td>Access Support Network</td>
<td>County Public Health</td>
<td>County Public Health</td>
</tr>
<tr>
<td><strong>Reporting Year</strong></td>
<td>2020</td>
<td>2020</td>
<td>2020</td>
</tr>
<tr>
<td><strong>Operating Hours</strong></td>
<td>Mondays 2-4pm, Fridays 2-4pm (ended early 2020)</td>
<td>10hrs/wk, with 2hrs per location; No Weds or Thurs</td>
<td>12 hrs/wk in Santa Cruz; 5 hrs/wk in Watsonville</td>
</tr>
<tr>
<td><strong>Locations</strong></td>
<td>One fixed location in Salinas</td>
<td>5-7 locations throughout the county</td>
<td>Two fixed sites, one each in Watsonville and Santa Cruz</td>
</tr>
<tr>
<td><strong>Exchange Policy</strong></td>
<td>- One for One, No cap on # of syringes dispensed</td>
<td>- Needs-based, May provide 40 syringes without exchange, Prepare “syringe kits” and partner with other health agencies for further reach.</td>
<td>- One for One, Max 100 syringes per primary exchange encounter, Limited secondary exchange</td>
</tr>
<tr>
<td><strong>Participants Served</strong></td>
<td>168</td>
<td>687</td>
<td>482</td>
</tr>
<tr>
<td><strong>Syringes Distributed</strong></td>
<td>313,220</td>
<td>355,324</td>
<td>361,738</td>
</tr>
</tbody>
</table>
Recommendations for Syringe Litter Reporting

On December 10, 2019, the Board directed HSA to return with recommendations to improve syringe litter reporting and response through a centralized system across all partners.
How do we manage syringe litter?
Assumptions

Assumptions on where syringes come from:
*Syringes can be purchased, prescribed or obtained through an authorized syringe exchange program*

*People who inject drugs are encouraged to use a new, clean syringe for every injection*
Upstream vs. Downstream

Assumptions on where syringes come from:
Syringes can be purchased, prescribed or obtained through an authorized syringe exchange program

People who inject drugs are encouraged to use a new, clean syringe for every injection
Downstream Strategies

**Reporting syringe litter:** centralized system to report litter, notification of syringe litter for proper response

**Responding to syringe litter:** having public kiosks available, education on safe disposal, cleanup contracts, organized/routine cleanups

---

**UPSTREAM**

Prevent it from happening in the first place

*Structural Determinants*

**DOWNSTREAM**

Address it as it’s happening; lessen the impact

*Immediate Needs*
Midstream Strategies

Access to disposal: syringe disposal containers/kiosks, partnerships to provide containers, increase opportunity for disposal

“Nudging” Individual Behavior:
Capability (knowledge, skills, ability) &
Motivations (attitude, beliefs, confidence, intentions, risk assessment)

Reporting syringe litter: centralized system to report litter, notification of syringe litter for proper response

Responding to syringe litter:
having public kiosks available, education on safe disposal, cleanup contracts, organized/routine cleanups

UPSTREAM
Prevent it from happening in the first place
Structural Determinants

DOWNSTREAM
Address it as it’s happening; lessen the impact
Immediate Needs
Upstream Strategies

**Social Determinants of Health:**
- Prevent Poverty
- Reduce Adverse Childhood Experiences
- Increase access to health/resources
- Increase healthy relationships/connections

**Access to disposal:** syringe disposal containers/kiosks, partnerships to provide containers, increase opportunity for disposal

**“Nudging” Individual Behavior:** Capability (knowledge, skills, ability) & Motivations (attitude, beliefs, confidence, intentions, risk assessment)

**Reporting syringe litter:**
- Centralized system to report litter, notification of syringe litter for proper response

**Responding to syringe litter:**
- Having public kiosks available, education on safe disposal, cleanup contracts, organized/routine cleanups

---

**UPSTREAM**
Prevent it from happening in the first place
*Structural Determinants*

**DOWNSTREAM**
Address it as it’s happening; lessen the impact
*Immediate Needs*
Syringe Litter Abatement

**Social Determinants of Health:**
- Prevent Poverty
- Reduce Adverse Childhood Experiences
- Increase access to health/resources
- Increase healthy relationships/connections

**Access to disposal:** syringe disposal containers/kiosks, partnerships to provide containers, increase opportunity for disposal

**“Nudging” Individual Behavior:**
Capability (knowledge, skills, ability) & Motivations (attitude, beliefs, confidence, intentions, risk assessment)

**Reporting syringe litter:**
centralized system to report litter, notification of syringe litter for proper response

**Responding to syringe litter:**
having public kiosks available, education on safe disposal, cleanup contracts, organized/routine cleanups

UPSTREAM
Prevent it from happening in the first place
Structural Determinants

DOWNSTREAM
Address it as it’s happening; lessen the impact
Immediate Needs
Findings

• A consolidated syringe reporting system will not prevent syringe litter, but it will help mitigate the issue

• There is no centralized, countywide system to track syringe collection

• It is most practical and cost-effective to leverage existing systems for litter control

• Existing local efforts to address syringe litter should be sustained
  • Public kiosks, in partnership with other jurisdictions
  • Syringe cleanup with organizations conducting other litter cleanup
  • Distribution of personal sharps containers
Recommendations to improve syringe litter reporting and response through a centralized system

1. Relevant County departments, such as HSA and DPW should continue to collaborate on countywide strategies to reduce syringe litter.

2. Maintain existing disposal strategies, such as the kiosk program across all jurisdictions.

3. Leverage existing litter-cleanup infrastructure for syringe litter response, including expansion of contracts with litter-cleanup organizations to support syringe cleanup efforts.

4. Utilize the My Santa Cruz county mobile application (app) for easier reporting and response in the unincorporated county regions.