Preview of May 25 BOS Reports:

SSP Biennial Report (2019, 2020)

Recommendations for consolidated syringe litter reporting and response system

Santa Cruz County SSP Advisory Commission, May 4, 2021
Presented by Jen Herrera, Chief of Public Health
Preview of Draft BOS items for SSP Advisory Commission

• Questions or Feedback?

• Advice on messaging or recommendations?
Core Purpose of Santa Cruz County SSP

Create a safer and healthier community

• Reduce the risk of exposure to infection and disease
• Gateway to integrated services
Syringe Services Programs (SSPs) are an evidence-based, comprehensive community-based prevention and intervention program that...

- Helps prevent transmission of blood-borne infections
- Helps stop substance use
- Helps support public safety

Centers for Disease Control and Prevention, SSP Fact Sheet: https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html
### Santa Cruz County Syringe Services Program

#### Distribution
- Operate the County’s syringe exchange program
- Publish monthly data reports

#### Disposal
- Provide personal sharps containers to pharmacies and public
- Manage public syringe kiosks, countywide

#### Referrals
- Healthcare
- Behavioral Health
- Social services
- Onsite health education
- Onsite HIV/HCV screening and linkage
- Participate in community collaboratives
County Program Directives

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

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

**Distribution:**
1:1 exchange
Max 100 for primary exchange
Max 2 people for secondary exchange

**Collection:**
Coordinate with other jurisdictions to install public syringe kiosks and pay for ongoing servicing

**Oversight:**
County-authorized
SSP Advisory Commission
Public Health Org Structure

DRAFT

...Other County Departments
Department of Public Works
Parks
Human Services Department
Health Services Agency

Public Health Administration

Vital Stats
COVID-19 Response
Communicable Disease unit
HIV CARE Team
Population Health
Whole Person Care (pilot – ends 2022)
Emergency Medical Services
Prevention Unit
Family Health
Children’s Medical Services

Disease Control
Immunizations
Case management
Epidemiologists

Immunizations
STDs
SSP

STDs
TB

Finance & Logistics

Emergency Preparedness

Emergency Preparedness
SUDs Prevention
Community Health Education

Perinatal Services
Child Health and Disability Prevention

California Children’s Services
Medical Therapy Unit

MCAH

Lead Poisoning Prevention

Adolescent reproductive health

California Children’s Services
Medical Therapy Unit

MCAH

Lead Poisoning Prevention

Adolescent reproductive health
DRAFT
Staffing & Budget

Unbudgeted Support:
PH Admin – Chief, ASM, DON, PH Manager
HSA Admin – Director, Admin Director, Fiscal
CARe Team – Manager

Program Coordinator
(1 person)

Volunteers
Peer Mentors

Extra-Help/Temp

Redirected HSA staff

• FY 20/21 Total Program budget $223,916

• Revenue
  • NEW Grant $54,398
  • Net County Cost $169,518

• Expenses
  • Salary (Extra Help) $102,000
  • Supplies & Office Costs $121,916
    • (includes $40K-$62K supplies credit
<table>
<thead>
<tr>
<th>Date</th>
<th>County Board of Supervisor Directives</th>
<th>SSP Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/11/2019 12/10/2019</td>
<td>Develop a plan to manage secondary exchange. Only allow up to 2 secondary exchanges per visit.</td>
<td>Completed and implemented as of January 1, 2020</td>
</tr>
<tr>
<td>6/11/2019</td>
<td>Collaborate with CDPH to complete a study of syringe litter in Santa Cruz County, and report back to the Board.</td>
<td>Completed; presented to the Board on 12/10/2019</td>
</tr>
<tr>
<td>6/11/2019</td>
<td>Develop ordinance to develop the seven-member SSP Advisory Commission.</td>
<td>Completed on 10/22/2019</td>
</tr>
<tr>
<td>6/11/2019</td>
<td>Coordinated installation and payment of syringe kiosks in other jurisdictions, per letter from the Board Chair to the local jurisdictions.</td>
<td>Ongoing; installed 3 kiosks in the City of Santa Cruz.</td>
</tr>
<tr>
<td>6/11/2019</td>
<td>Improved system to monitor referrals from SSP to MAT services</td>
<td>Ongoing; improving coordination with HSA Clinics and documentation processes</td>
</tr>
<tr>
<td>9/24/2019</td>
<td>Coordinated outreach to syringe litter organizations and SSP listening sessions</td>
<td>Completed; initial report provided in 12/10/2019 Board item</td>
</tr>
<tr>
<td>10/22/2019</td>
<td>Implement SSP Advisory Commission</td>
<td>Completed; after members were appointed, the first meeting convened in Fall 2020</td>
</tr>
<tr>
<td>12/10/2019</td>
<td>Develop recommendations to improve syringe litter reporting and response</td>
<td>Completed on 5/23/2021</td>
</tr>
<tr>
<td>12/10/2019</td>
<td>Return with a contract or contract amendment with providers to collect syringes in “hot spots” throughout the community</td>
<td>Completed on 4/14/2020; agreements implemented with Clean Team Associates and Downtown Streets Team</td>
</tr>
<tr>
<td>12/10/2019</td>
<td>Coordinated a multi-disciplinary injection drug use study session</td>
<td>Completed on 2/23/2021</td>
</tr>
<tr>
<td>12/10/2019</td>
<td>Add two additional hours to Santa Cruz and Watsonville exchange sites</td>
<td>Completed; participants surveyed to determine ideal hours</td>
</tr>
<tr>
<td>12/10/2019</td>
<td>Regular community outreach, including Grant Park neighbors</td>
<td>Ongoing but need to re-engage with after pandemic</td>
</tr>
<tr>
<td>10/6/2020</td>
<td>When applying for funding SSP, HSA to operationalize in a manner consistent with the previous action and policy by the Board</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Comparing to SSP Best Practice Strategies and Approaches

AIM Self-Assessment

**Aware** = the program is aware of the approach, but has not taken formal steps to implement

**Implementing** = the program is taking steps to formalize the approach in the program

**Meeting** = the program has formalized the approach in its operation

Reference: Centers for Disease Control and Prevention

[https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf](https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf)
Involve people with lived experience of injection drug use, substance use disorder, homelessness, or other pervasive issues affecting the population served.

<table>
<thead>
<tr>
<th>Approach</th>
<th>AIM Assessment</th>
<th>Local AIM Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve PWID in all phases of program design, implementation, and evaluation</td>
<td>A</td>
<td>CHRI grant will focus on this approach. Program is also utilizing MAT Peer Mentors to implement the program.</td>
</tr>
<tr>
<td>Create meaningful engagement opportunities to encourage participant ownership of program</td>
<td>A</td>
<td>CHRI grant is focused on this approach.</td>
</tr>
<tr>
<td>Recognize the expertise of SSP participants and compensate appropriately</td>
<td>A</td>
<td>CHRI grant is focused on this approach.</td>
</tr>
</tbody>
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# SSP Planning, Design and Implementation

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<tr>
<th>Approach</th>
<th>AIM Assessment</th>
<th>Local AIM Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs-based distribution is the best approach</td>
<td>A</td>
<td>County program is a one-for-one exchange.</td>
</tr>
<tr>
<td>Delivery model should be informed by thorough and ongoing needs assessment</td>
<td>I</td>
<td>Recent assessments informed current hours of operation and supplies provided. However, routine needs assessments yet to be developed.</td>
</tr>
<tr>
<td>Partnerships are key to successful SSP implementation</td>
<td>I</td>
<td>Participation in local coalitions such as SafeRx, collaboration with jurisdictions and other social/health service organizations.</td>
</tr>
<tr>
<td>SSPs should link PWID to care, whenever possible and desired</td>
<td>M</td>
<td>Process in place for referring participants to medical, social, and behavioral services as needed.</td>
</tr>
</tbody>
</table>

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Providing “Core” and “Expanded” services

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</thead>
<tbody>
<tr>
<td>Syringe distribution and safe disposal education are core services</td>
<td>M</td>
<td>Process and program policies in place for these core services.</td>
</tr>
<tr>
<td>Expanded services complement core services and establish continuum of care. Broadly, these include:</td>
<td>M</td>
<td>Process and program policies in place for these core services. Enhanced referrals and linkages are one of the major services provided by the County program.</td>
</tr>
<tr>
<td>- Naloxone distribution and training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Infectious disease screening/treatment, or immediate linkage to care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other expanded services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Collecting data to inform planning, implementation and evaluation

<table>
<thead>
<tr>
<th>Approach</th>
<th>AIM Assessment</th>
<th>Local AIM Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSPs should collect data on trends, needs and overall program effectiveness</td>
<td>M</td>
<td>Ongoing metrics analyzed and published on a monthly basis.</td>
</tr>
<tr>
<td>Data collection should be sufficient to meet needs and never a barrier to service delivery</td>
<td>M</td>
<td>Data collection is minimal and sufficient.</td>
</tr>
</tbody>
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## Ensuring program sustainability

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<th>Local AIM Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster relationships with a variety of stakeholders to increase and diversify community support, both financially and socially</td>
<td>M</td>
<td>Program relies on partnerships to sustain core and expanded services.</td>
</tr>
<tr>
<td>Street outreach fosters relationships with clients and neighbors when they see services being provided</td>
<td>I</td>
<td>Implemented during COVID-19 only, as part of Homeless Outreach Services.</td>
</tr>
<tr>
<td>Diversify funding sources for increased program sustainability</td>
<td>I</td>
<td>Recently awarded CHRI grant for expanded staffing.</td>
</tr>
<tr>
<td>Create a sense of shared purpose with the community to reduce stigma for both SSPs and the communities they serve</td>
<td>I</td>
<td>SSP Advisory Commission.</td>
</tr>
</tbody>
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## SSP Biennial Report

### Table:

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
<th>Unique ID Clients</th>
<th>TOTAL Syringes Dispensed</th>
<th>Syringes Collected by Onsite Exchange</th>
<th>Syringes Collected by Kiosks</th>
<th>TOTAL Syringes Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td>2,627</td>
<td>775</td>
<td>165,704</td>
<td>169,854</td>
<td>46,396</td>
<td>216,250</td>
</tr>
<tr>
<td>(Began April 30)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(493 lbs)</td>
<td></td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td>3,641</td>
<td>963</td>
<td>201,336</td>
<td>205,144</td>
<td>84,134</td>
<td>289,278</td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td>3,781</td>
<td>778</td>
<td>258,512</td>
<td>256,817</td>
<td>83,570</td>
<td>340,387</td>
</tr>
<tr>
<td><strong>Year 4</strong></td>
<td>4,318</td>
<td>789</td>
<td>339,070</td>
<td>331,818</td>
<td>151,705</td>
<td>483,523</td>
</tr>
<tr>
<td><strong>Year 5</strong></td>
<td>4,173</td>
<td>631</td>
<td>460,205</td>
<td>457,079</td>
<td>213,724</td>
<td>670,803</td>
</tr>
<tr>
<td><strong>Year 6</strong></td>
<td>3,258</td>
<td>578</td>
<td>593,174</td>
<td>597,987</td>
<td>320,445</td>
<td>918,432</td>
</tr>
<tr>
<td><strong>Year 7</strong></td>
<td>2,235</td>
<td>468</td>
<td>633,143</td>
<td>651,444</td>
<td>409,849</td>
<td>1,061,293</td>
</tr>
<tr>
<td><strong>Year 8</strong></td>
<td>2,119</td>
<td>482</td>
<td>361,738</td>
<td>423,812</td>
<td>426,883</td>
<td>850,695</td>
</tr>
</tbody>
</table>

### Current Reporting Period:

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
<th>Unique ID Clients</th>
<th>TOTAL Syringes Dispensed</th>
<th>Syringes Collected by Onsite Exchange</th>
<th>Syringes Collected by Kiosks</th>
<th>TOTAL Syringes Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JAN 2019 - DEC 2019</strong></td>
<td>2,235</td>
<td>468</td>
<td>633,143</td>
<td>651,444</td>
<td>409,849</td>
<td>1,061,293</td>
</tr>
<tr>
<td><strong>JAN 2020 - DEC 2020</strong></td>
<td>2,119</td>
<td>482</td>
<td>361,738</td>
<td>423,812</td>
<td>426,883</td>
<td>850,695</td>
</tr>
</tbody>
</table>
Bloodborne Pathogens Associated with IDU

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>19</td>
<td>10</td>
<td>23</td>
<td>23</td>
<td>13</td>
<td>22</td>
<td>12</td>
<td>23</td>
<td>7</td>
<td>11</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>10</td>
<td>19</td>
<td>21</td>
<td>43</td>
<td>19</td>
<td>55</td>
<td>65</td>
<td>49</td>
<td>44</td>
<td>33</td>
<td>40</td>
<td>17</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>393</td>
<td>377</td>
<td>351</td>
<td>318</td>
<td>302</td>
<td>428</td>
<td>424</td>
<td>440</td>
<td>427</td>
<td>327</td>
<td>352</td>
<td>226</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>77</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

 County SSP started

 Current Reporting Period
Comparison to other CA counties

<table>
<thead>
<tr>
<th>County</th>
<th>Monterey</th>
<th>Santa Clara</th>
<th>Santa Cruz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operated by</td>
<td>Access Support Network</td>
<td>County Public Health</td>
<td>County Public Health</td>
</tr>
<tr>
<td>Reporting Year</td>
<td>2018</td>
<td>2020 (as of Oct)</td>
<td>2020</td>
</tr>
<tr>
<td>Operating Hours</td>
<td>Mondays 2-4pm Fridays 2-4pm</td>
<td>10hrs per week, with 2hrs per location No Weds or Thurs</td>
<td>12 hours/week in Santa Cruz 5 hours/week in Watsonville</td>
</tr>
<tr>
<td>Locations</td>
<td>One fixed location in Salinas</td>
<td>5-7 locations throughout the county</td>
<td>Two fixed sites, one in Watsonville and one Santa Cruz</td>
</tr>
</tbody>
</table>
| Exchange Policy | - One for One  
- No cap on # of syringes dispensed  
- Pre-pandemic: no secondary exchange | - Needs-based  
May provide 40 syringes to those without syringes to exchange  
Prepare “syringe kits” and partner with other health agencies for further reach. | - One for One  
- Max 100 syringes per primary exchange encounter  
- Limited secondary exchange |
| Participants Served | 3727                      | 687                        | 482                        |
| Syringes Distributed | 50,892                    | 355,324                    | 361,738                    |
Pause for feedback on SSP Biennial Report content
Recommendations to improve syringe litter reporting and response through a centralized system across all partners

Draft findings and recommendations from HSA Public Health
Ways to manage Syringe Litter...

*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*

**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*
Method to develop recommendations

• Reviewed current PH services and funding
• Reviewed literature and reached out to other counties for ideas
• Outreach
  • Surveyed syringe collection partners
  • Met with cities of Watsonville and Santa Cruz
  • Met with County Department of Public Works
  • Met with County Information Services Department
• Previewed My Santa Cruz County app with SSP Advisory Commission
• Now! Previewing draft recommendations and findings with SSP Advisory Commission
Findings

• PH will have difficulty maintaining mandated services if staff/resources are diverted for this work
• Capacity building is needed
  • Limited funding available for this work
  • Additional efforts requires additional resources
• Collaboration is key
• Syringes are available in the community, beyond syringe distribution programs
• Leverage existing infrastructure
  • Other litter-collecting efforts
  • Use existing technology “My Santa Cruz County” and CRSP

Recommendations

1. **Increased Staffing and Funding are NECESSARY to sustain and grow disposal options.** Add additional staff and funding to relevant County departments to support and oversee consolidation of litter cleanup efforts.

2. Maintain existing disposal strategies, such as the kiosk program and syringe cleanup contracts.

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

4. Utilize the My Santa Cruz county mobile application (app) for easier reporting and determine ways to make this system interoperable with other syringe-reporting systems.

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

6. Implement a coalition of stakeholders to develop a strategic plan related to syringe litter. This includes developing shared definitions of syringe litter, feasible metrics, and shared objectives.
Pause for feedback on recommendations to improve syringe litter reporting and response through a centralized system across all partners.