

# County of Santa Cruz Syringe Services Program Biennial Report, 2019/2020

Prepared by the Health Services Agency's Public Health Division

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# INTRODUCTION

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## What is an SSP?

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.<sup>1</sup>

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.<sup>2</sup>

<sup>1</sup><https://www.cdc.gov/ssp/index.html>

<sup>2</sup><http://santacruzhealth.org/Portals/7/Pdfs/SSP/SSPPoliciesProcedures.pdf>

## 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.

Additional information can be found on the California Department of Public Health’s website: [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sep.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx)

## 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.

There has been an SSP in Santa Cruz County since 1989, originally 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 Unit, based on programmatic fit.

## PROGRAM REVIEW

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### Program Background

Santa Cruz County Health Services Agency (HSA) began the administration of a Syringe Services Program (SSP) beginning 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 through a syringe services program. 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) is part of the three-pronged approach framework 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.

The first prong is focused on syringe distribution at the specified County sites. The SSP is data-driven and based on evidence-based and 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](http://www.santacruzhealth.org/SSP).

The second prong of the SSP is focused on syringe collection. The program works with other stakeholders to coordinate for periodic cleanup efforts in affected neighborhood 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.

The third prong of the SSP is focused on enhanced referrals and linkages. The program will work 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 the HIV CARE Team, which has expertise in client engagement, harm reduction and linkages 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 to analyze and review program data.



## Program Operational 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 (per Board direction from June 18, 2014 and Dec 10, 2019). The program operates 5 hours per week at the Watsonville location.
- **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 other Counties

There are more than fifty programs in California that provide syringe services. Many have fixed locations, but others operate at various locations and times throughout the week. Each syringe exchange program must adhere to the State's minimum requirements (link:

[https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf)) in order to receive materials through the California Syringe Exchange

Supply Clearinghouse. However, the statewide programs vary widely in program structure, so it is difficult to draw conclusions from comparisons of program data. A comparison of Santa Cruz County to neighboring counties is below:

<b>County</b>	<b>Monterey</b>	<b>Santa Clara</b>	<b>Santa Cruz</b>
<b>Operated by</b>	Access Support Network	County Public Health	County Public Health
<b>Reporting Year</b>	2020	2020	2020
<b>Operating Hours</b>	*Mondays 2-4pm Fridays 2-4pm	10hrs per week, with 2hrs per location No Weds or Thurs	12 hours/week in Santa Cruz 5 hours/week in Watsonville
<b>Locations</b>	One fixed location in Salinas	5-7 locations throughout the county	Two fixed sites, one in Watsonville and one Santa Cruz
<b>Exchange Policy</b>	<ul style="list-style-type: none"> <li>- One for One</li> <li>- No cap on # of syringes dispensed</li> </ul>	<ul style="list-style-type: none"> <li>- Needs-based</li> <li>- May provide 40 syringes to those without syringes to exchange</li> <li>- Prepare "syringe kits" and partner with other health agencies for further reach.</li> </ul>	<ul style="list-style-type: none"> <li>- One for One</li> <li>- Max 100 syringes per primary exchange encounter</li> <li>- Limited secondary exchange</li> </ul>
<b>Participants Served</b>	168	687	482
<b>Syringes Distributed</b>	313,220	355,324	361,738

\*Note: Monday operations ended after first 3 months of 2020. Currently only operating on Fridays



## 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.

The table below details how the County SSP compares to best-practice approaches for syringe service programs, as compiled by the Centers for Disease Control and Prevention (found here: <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>). The CDC developed this list through a review of scientific literature as well as from the experiences and current practices of a diverse mix of SSP directors, key stakeholders, and experts in harm reduction.

In April 2021, the County SSP developed a self-assessment tool, AIM (Aware/Implementing/Meeting) to compare the program to the approaches within the five strategy areas in the CDC document. The result of the assessment is below.

### Aware/Implementing/Meeting (AIM)

*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*

Strategy	Approach	AIM Assessment	Local AIM Rationale
<b>Involve people with lived experience of injection drug use, substance use disorder, homelessness, or other pervasive issues affecting the population served</b>	Involve people who inject drugs (PWID) in all phases of program design, implementation, and evaluation	I	CHRI grant will focus on this approach. 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	A	CHRI grant is focused on this approach.
	Recognize the expertise of SSP participants and compensate appropriately	A	CHRI grant is focused on this approach.

Strategy	Approach	AIM Assessment	Local AIM Rationale
<b>Planning, design, and implementation</b>	Needs-based distribution is the best approach	A	County program is a one-for-one exchange.
	Delivery model should be informed by thorough and ongoing needs assessment	I	Recent assessments informed current hours of operation and supplies provided. Routine needs assessments TBD.
	Partnerships are key to successful SSP implementation	I	Participation in local coalitions such as SafeRx, collaboration with jurisdictions and other social/health service organizations.
	SSPs should link PWID to care, whenever possible and desired	M	Process in place for referring participants to medical, social, and behavioral services as needed.
<b>Providing core versus expanded services</b>	Syringe distribution and safe disposal education are core services	M	Process and program policies in place for these core services.
	Expanded services complement core services and establish continuum of care. Broadly, these include: <ul style="list-style-type: none"> <li>- Naloxone distribution and training</li> <li>- Infectious disease screening/treatment, or immediate linkage to care</li> <li>- Other expanded services</li> </ul>	M	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.
<b>Collecting data to inform planning, implementation, and evaluation</b>	SSPs should collect data on trends, needs and overall program effectiveness	M	Ongoing metrics analyzed and published on a monthly basis.
	Data collection should be sufficient to meet needs and never a barrier to service delivery	M	Data collection is minimal and sufficient.
<b>Ensuring program sustainability</b>	Foster relationships with a variety of stakeholders to increase and diversify community support, both financially and socially	M	Program relies on partnerships to sustain core and expanded services.
	Street outreach fosters relationships with clients and neighbors when they see services being provided	I	Implemented during COVID-19 only, as part of Homeless Outreach Services
	Diversify funding sources for increased program sustainability	I	Recently awarded CHRI grant for expanded staffing
	Create a sense of shared purpose with the community to reduce stigma for both SSPs and the communities they serve	I	SSP Advisory Commission

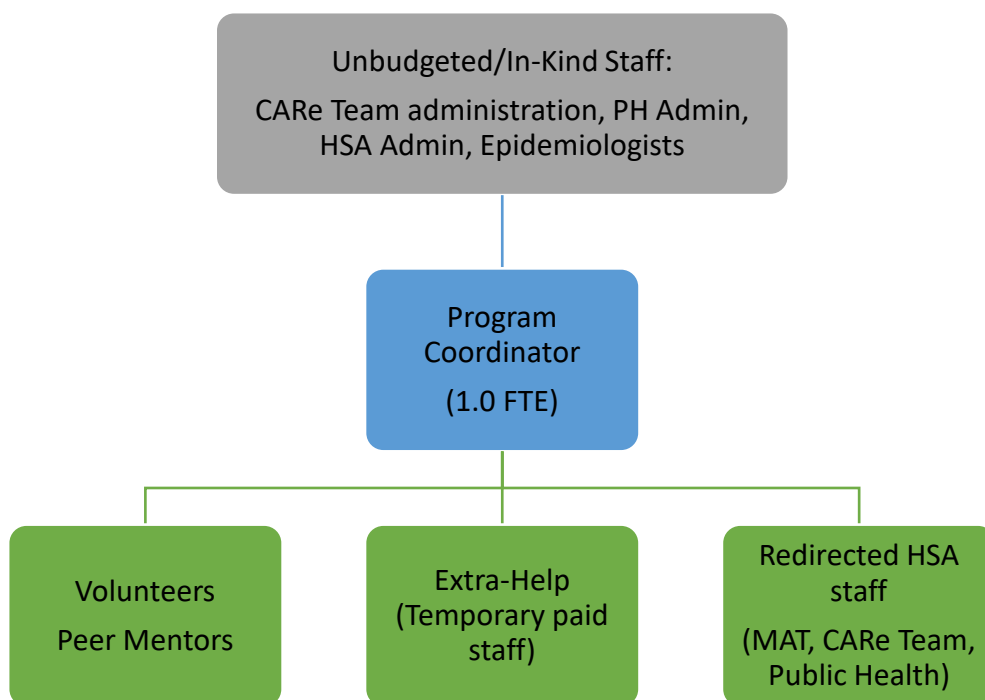
## PROGRAM UPDATES FOR 2019 and 2020

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### Staffing

During the 2019-2020 timeframe, the County SSP program continued to be staffed by a mix of volunteers, extra-help, Medication Assisted Treatment (MAT) staff, and staff from a variety of HSA programs. In fiscal year 2020/2021, the program onboarded a permanent, full-time Program Coordinator to oversee the program operations, including onsite support during all exchanges. This position is funded through the CARE Team budget and is partially offset by various grants and reimbursement through County Medicaid Administrative Activities (CMAA). The program has also strengthened its collaboration with the MAT program by incorporating peer mentors into staffing roles. However, due to the pandemic and furlough impacts, maintaining consistent staffing to sustain basic operations continues to be a challenge for the SSP.

In addition to operating the syringe exchange, 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.



*Staff organization chart for County SSP*

## Budget

The SSP has transitioned from a standalone service to a program within the HIV CARE Team Unit of the Public Health Division in the Health Services Agency. The program was moved to leverage the existing infrastructure of CARE Team's expertise with harm reduction, client engagement, and care coordination. By moving SSP to CARE Team, it creates opportunity for the program to leverage other funding for population-based health, including to support people newly diagnosed with HIV and/or hepatitis C.

*The County SSP accounts for 21% of HSA Public Health Division's total County General Fund allocation*

The program primarily operates with County General Funds, accounting for 21% of the entire Public Health Division's County General Fund allocation. Most of this funding is utilized for countywide syringe collection, as well as expanded supplies (including the purchase of wound care kits and fentanyl test strips). 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.

During this reporting period, the program was awarded a multi-year grant from the California Harm Reduction Initiative (CHRI), totaling \$329,439. The CHRI funds will be used to support additional staffing and operations of syringe distribution through 2023. Specifically, the County SSP will utilize this funding to compensate people with lived experience to participate in the program planning and implementation of the County's syringe services.

In fulfillment of the Board's directive to contract with providers to collect additional 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 Syringe Litter Abatement team, operating five days per week, 4-hour shifts
- Clean Team Associates, \$3,150 per year for litter and syringe cleanup in difficult-to-reach areas around the Emeline campus

The program expanded the syringe kiosk program, including deployment of 3 additional kiosks in the City of Santa Cruz. This past year, kiosk-related expenditures include the one-time expense of each kiosk and its installation and the ongoing expense for monthly servicing.

## Budget Table

The table below includes details of the County SSP's revenue and expenses during this reporting period, as well as the proposed budget for next fiscal year. A significant portion of the staffing expenses are not budgeted in the program. Rather, they are in-kind expenses, reflecting the braided operation of this program within HSA. The program's primary expenses include supplies for safer injection and disposal, and communitywide syringe cleanup efforts.

<b>Santa Cruz County SSP Budget</b>	<b>FY 2019-2020</b>	<b>FY 2020-2021</b>	<b>FY 2021-2022 <i>pending approval</i></b>
<b>Revenue</b>	<b>223,916</b>	<b>268,918</b>	<b>265,840</b>
California Harm Reduction Initiative (CHRI) Grant	N/A	54,398	131,754
General Funds (Net County Cost, PH Realignment)	223,916	214,520	134,086
<b>Budgeted Expenses</b>	<b>223,916</b>	<b>268,918</b>	<b>265,840</b>
Extra-Help Staffing	102,000	130,406	102,000
Medical supplies (not covered by CDPH Clearinghouse, including wound kits, fentanyl test strips, etc)	48,670	48,670	46,170
Syringe litter contracts	50,000	70,000	83,520
Syringe kiosk services	13,000	13,000	33,300
Office and Mileage expenses	10,246	6,842	850
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>In-Kind Expenses</b>	<b>383,258</b>	<b>291,274</b>	<b>231,666</b>
Salaries and Benefits	316,910	246,732	231,666
Admin Services Manager (N/A, .10 FTE, .05 FTE)	0	16,903	8,452
Chief of Public Health (N/A, .10 FTE, .10 FTE)	0	24,873	24,873
County Health Officer (.05 FTE, .025 FTE, .025 FTE)	16,110	8,055	8,055
Director of Nursing (.5 FTE, N/A, N/A)	123,034	0	0
Epidemiologist (.5 FTE, .05 FTE, .05 FTE)	73,793	7,379	7,379
Health Services Manager (.25 FTE, .15 FTE, .15 FTE)	43,664	26,198	26,198
HSA Agency Director (.05 FTE, .025 FTE, .025 FTE)	18,293	9,147	9,147
HSA Dir of Admin Services (.10 FTE, .05 FTE, .025 FTE)	26,458	13,229	6,614
Program Coordinator (N/A, 1.0 FTE, 1.0 FTE)	0	125,389	125,389
MAT Counseling Staff (.15 FTE, .15 FTE, .15 FTE)	15,559	15,559	15,559
Volunteers (12-20 hours per week)	0	0	0
Supply allocation for CDPH clearinghouse	66,348	44,542	TBD
<b>Grand Total</b>	<b>-383,258</b>	<b>-291,274</b>	<b>-231,666</b>

## Programmatic Updates

### Additional Syringe Service Program in Santa Cruz County

A significant update this biennial period is that a second syringe service program was authorized to operate in the 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 (link: [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidelines%20for%20SEPs_ADA.pdf)).

HRCSCC provides home-delivery of sterile injection equipment, harm reduction education and referrals to social and health services. 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. For example, when there are reports of found syringes, the County SSP has notified HRCSCC to properly dispose of the syringe litter.

### Impact of COVID-19

In 2020, the County SSP was significantly impacted by COVID-19. The program made major adjustments to its operations to support COVID-19 safety requirements. This includes limiting the number of participants in exchange, increasing physical distancing, installing physical barriers in exchange areas and enforcing face coverings. Furthermore, onsite HIV and hepatitis C testing and counseling were paused due to lack of available staff and inability to maintain the initial COVID-19 PPE requirements for the close encounters. Participants were referred to HSA Clinics for these tests, as requested. General counseling was limited for participants.

SSP volunteers and extra-help staff conducted homeless outreach services alongside other County departments as part of the COVID-19 response. Throughout the year, staff were pulled from SSP to support COVID-19 response activities. The program also had difficulty maintaining volunteers and extra-help staff throughout the pandemic.

## 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 but with no added funding. A list of the Board directives and program activities is below.

<b>Date</b>	<b>County Board of Supervisor Directives</b>	<b>SSP Actions</b>
<b>6/11/2019</b> <b>12/10/2019</b>	Develop a plan to manage secondary exchange. Only allow up to 2 secondary exchanges per visit.	Completed and implemented as of January 1, 2020
<b>6/11/2019</b>	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
<b>6/11/2019</b>	Develop ordinance to develop the seven-member SSP Advisory Commission.	Completed on 10/22/2019
<b>6/11/2019</b>	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.
<b>6/11/2019</b>	Improved system to monitor referrals from SSP to MAT services	Ongoing; improving coordination with HSA Clinics and documentation processes
<b>9/24/2019</b>	Coordinated outreach to syringe litter organizations and SSP listening sessions	Completed; initial report provided in 12/10/2019 Board item
<b>10/22/2019</b>	Implement SSP Advisory Commission	Completed; after members were appointed, the first meeting convened in Fall 2020
<b>12/10/2019</b>	Develop recommendations to improve syringe litter reporting and response	Completed on 5/23/2021
<b>12/10/2019</b>	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
<b>12/10/2019</b>	Coordinated a multi-disciplinary injection drug use study session	Completed on 2/23/2021
<b>12/10/2019</b>	Add two additional hours to Santa Cruz and Watsonville exchange sites	Completed for Santa Cruz, pending for Watsonville participants surveyed for ideal hours
<b>12/10/2019</b>	Regular community outreach, including Grant Park neighbors	Ongoing but need to re-engage after pandemic
<b>10/6/2020</b>	When applying for funding SSP, HSA to operationalize in a manner consistent with the previous action and policy by the Board	Ongoing

## Data Reports

The 2019 and 2020 data reports are included in Appendix A. Starting this reporting period, the biennial timeframe has shifted from March/February to January/December. The alignment with the calendar year makes it easier to compile and make data comparisons.

Compared to the prior reporting period, the program saw a significant decrease in participants served and syringes dispensed. There was a significant decrease in syringes collected from 2019 to 2020.

	<b>Year 1 (Began April 30)</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>	<b>Year 7</b>	<b>Year 8</b>
	MAY 2013 - FEB 2014* <sup>1</sup>	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
Visits:	2,627	3,641	3,781	4,318	4,173	3,258	2,235	2,119
Unique ID Clients:	775	963	778	789	631	578	468	482
TOTAL Syringes Dispensed: <sup>*2</sup>	165,704	201,336	258,512	339,070	460,205	593,174	633,143	361,738
Syringes Collected by Onsite Exchange:	169,854	205,144	256,817	331,818	457,079	597,987	651,444	423,812
Syringes Collected by Kiosks: <sup>*3</sup>	46,396	84,134	83,570	151,705	213,724	320,445	409,849	426,883
	(493 lbs)	(894 lbs)	(888 lbs)	(1,612 lbs)	(2,271 lbs)	(3,405 lbs)	(4,355 lbs)	(4,536 lbs)
TOTAL Syringes Collected:	216,250	289,278	340,387	483,523	670,803	918,432	1,061,293	850,695

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

\*<sup>2</sup> Note: 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%).

\*<sup>3</sup> Note: Ratio approximated as 1 pound (lb) sharps waste = equivalent to 94.11 syringes.



*Blood-Borne Pathogens Associated with Intravenous Drug Use:*

The following table shows 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 2020:

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

\*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.

\*\*Note: Designates a preliminary count

## 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. When requested, the program also provides syringe containers to local pharmacies for distribution with syringe sales.
- **Public kiosks:** expanded from 3 to 6 syringe kiosks throughout the county. The three new kiosks installed this reporting period are located within the City of Santa Cruz in areas noted to have higher instances of syringe litter.
- **Syringe litter cleanup contracts:** this includes the Syringe Litter Abatement Team through Downtown Streets Team and additional services through Clean Team Associates.

The program also developed recommendations for a countywide, consolidated syringe reporting and response system, per Board direction. The recommendations have been presented to the County Board of Supervisors on May 25, 2021 in the exhibit titled *Recommendations to improve syringe litter reporting and response through a centralized system across all partners.*

## Referrals and Linkages

The program continues to have a strong partnership with HSA Clinics' Medication Assisted Treatment (MAT) Program to implement syringe distribution and develop trust with the participants. Through the MAT Program, SSP continues to have MAT Counselors and Peer Mentors conduct the syringe exchanges and contribute to program planning and development.

During this reporting period, the SSP continued to provide education and resources to participants. From 2019 to 2020, there was a significant change in percentage of education offered for drug treatment. The percentage dropped significantly at the Emeline location (from 47% of participants to 8% of participants), while increased significantly at the Freedom location (from 12% to 35%). This is likely due to the program changes in response to the pandemic, which were more significant at the Emeline location. The Emeline location changed their operation and staffing significantly, while the Freedom location was able to have more stability with its smaller operation.

Syringe services programs can reduce overdose deaths by teaching people who inject drugs how to prevent and respond to a drug overdose, providing them training on how to use naloxone, a medication used to reverse overdose, and providing naloxone to them. Distribution of naloxone continues to be an important function of the County SSP. In 2019, the program dispensed 1,533 naloxone kits to SSP participants. In 2020, the program dispensed 1,912 naloxone kits to participants. Participants report that, in 2020, there have been 214 instances of using Narcan to reverse an opioid overdose.

### 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](http://www.santacruzhealth.org/SSP). HSA Public Health convened the first Advisory Commission meeting on November 10, 2020 and have since held four meetings. 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 feedback on the recommendations for a consolidated syringe reporting system and improvements to the program website. 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 Safe Rx Coalition can support the Board with identifying at-large commission nominees who can fulfill this role, for current and future vacancies.

## Upcoming for 2021-2022

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As noted in the County of Santa Cruz Grand Jury report from 2017, “Sharper Solutions: A Sticky Situation That Won’t Go Away” ([http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2017\\_final/SharperSolutions.pdf](http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2017_final/SharperSolutions.pdf)), the County SSP is generally run by dedicated professionals from HSA without a budget or permanent staff. In 2020, HSA’s Public Health Division was able to add a full-time Program Coordinator to support core program operations, leveraging new funding for communicable disease control. However, the majority of program functions continue to depend on redirected staff from other programs (e.g. HSA Clinics’ Medication Assisted Treatment Program), temporary, unbenefited paid staff and unpaid labor (volunteers, uncompensated overtime for County management staff). Currently, the Public Health Division has limited resources to sustain this program. Though the program has value for improving community health, it will not be possible to expand programming without additional resources and partnerships.

It will be difficult to grow and/or sustain current SSP programming, given the current landscape of Public Health directives. The Public Health Division has a responsibility to ensure a sustained response for the COVID-19 pandemic and continued provision of legally mandated essential services. Though SSP is locally mandated by the County Board of Supervisors, it is an unfunded mandate that is not considered an essential service of a Local Health Jurisdiction in California (17 CCR § 1276). In this next reporting period, Public Health will utilize a data-driven approach to assess how to sustain the population-based priorities for the program, given the limited resources.

During this reporting period, the Harm Reduction Coalition of Santa Cruz County became a state-authorized syringe service program. As there are now two legally authorized syringe service programs in the county, the County SSP will continue to assess the need for its services. This includes consideration to phase out part of its services, such as syringe distribution/exchange, and strengthen partnerships with all stakeholders engaged with the issue of safer syringe use and collection.

## Appendix

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### A - Santa Cruz County SSP Program Reports, 2019 and 2020

**Syringe Services Program**  
**Health Services Agency | Santa Cruz County**  
**January - December, 2019**  
**Characteristics of Clients**

	<b>Emeline Clinic</b>		<b>Watsonville Clinic</b>		<b>TOTAL<sup>1</sup></b>	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
<b>Total Visits</b>	<b>2,027</b>	<b>91%</b>	<b>208</b>	<b>9%</b>	<b>2,235</b>	<b>100%</b>
		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>
<b>Unique IDs</b>	<b>423</b>	<b>100%</b>	<b>63</b>	<b>100%</b>	<b>468</b>	<b>100%</b>
<b>Clients who came to both clinics<sup>1</sup></b>	--		--		18	
<b>Frequency of Visits</b>						
Single Visit in time period	174	41%	35	56%	209	45%
Multiple Visits in time period	249	59%	28	44%	259	55%
<b>Age Group</b>						
18 - 24	11	3%	0	0%	11	2%
25 - 44	290	69%	42	67%	318	68%
45 and Over	122	29%	21	33%	139	30%
Unknown	0	0%	0	0%	0	0%
<b>Gender</b>						
Male	263	62%	39	62%	295	63%
Female	159	38%	24	38%	172	37%
Unknown	0	0%	0	0%	0	0%
<b>Ethnicity</b>						
White	355	84%	45	71%	385	82%
Latinx	43	10%	15	24%	56	12%
Other / Multi-Ethnic / Unknown	25	6%	3	5%	27	6%
<b>Area of Residence<sup>2</sup></b>						
Aptos / Capitola / Soquel	26	6%	3	5%	28	6%
San Lorenzo Valley	20	5%	0	0%	20	4%
Santa Cruz <sup>3</sup>	344	81%	18	29%	355	76%
Scotts Valley	3	1%	0	0%	3	1%
Watsonville/ Freedom/ Aromas	21	5%	39	62%	52	11%
Out of County	5	1%	2	3%	5	1%
Unknown	4	1%	1	2%	5	1%
<b>Homeless</b>	<b>247</b>	<b>58%</b>	<b>25</b>	<b>40%</b>	<b>267</b>	<b>57%</b>
<b>Drugs Injected<sup>4</sup></b>						
Heroin	355	84%	56	89%	411	88%
Methamphetamines	251	59%	20	32%	271	58%
Cocaine	12	3%	2	3%	14	3%
Other	24	6%	6	10%	30	6%
Unknown / Withheld	10	2%	1	2%	11	2%

# Syringe Services Program

## Health Services Agency | Santa Cruz County

### January - December, 2019

#### 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>
<b>Total Visits</b>	<b>2,027</b>	<b>91%</b>	<b>208</b>	<b>9%</b>	<b>2,235</b>	<b>100%</b>
<b>Type of Visit</b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	663	33%	208	100%	871	39%
Secondary (Self and Others)	1,229	61%	0	0%	1,229	55%
Others Only	135	7%	0	0%	135	6%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
<b>Syringes Collected</b>	<b>639,916</b>	<b>316</b>	<b>11,528</b>	<b>55</b>	<b>1,061,293</b>	<b>475</b>
Via Exchange	639,916	316	11,528	55	651,444	291
Deposited in Kiosks (lbs) <sup>5</sup>	--	--	--	--	409,849	4355
<b>Syringes Dispensed</b>	<b>621,629</b>	<b>307</b>	<b>11,514</b>	<b>55</b>	<b>633,143</b>	<b>283</b>
<b>#Collected - #Dispensed</b>	<b>18,287</b>	<b>9</b>	<b>14</b>	<b>0</b>	<b>428,150</b>	<b>192</b>
<b>#Syringes Dispensed per Visit <sup>6</sup></b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
0	48	2%	1	0%	49	2%
1 - 24	278	14%	73	35%	351	16%
25 - 49	263	13%	17	8%	295	13%
50 - 99	159	8%	46	22%	172	8%
100-199	384	19%	71	34%	455	20%
200+	941	46%	0	0%	941	42%
<b>Narcan Kits Dispensed</b>	<b>1,533</b>	<b>--</b>	<b>0</b>	<b>--</b>	<b>1,533</b>	<b>--</b>
<b>Education Offered <sup>7</sup></b>						
Drug Treatment	945	47%	24	12%	969	43%
Harm Reduction Education	1,789	88%	207	100%	1,996	89%
Referred to Pharmacy	72	4%	0	0%	72	3%
Medical Referral	286	14%	0	0%	286	13%
HIV / Hep C Testing	842	42%	0	0%	842	38%
Overdose Prevention	1,372	68%	1	0%	1,373	61%

NOTE: Percents may not add to 100 due to rounding

1: There were 18 individuals 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.

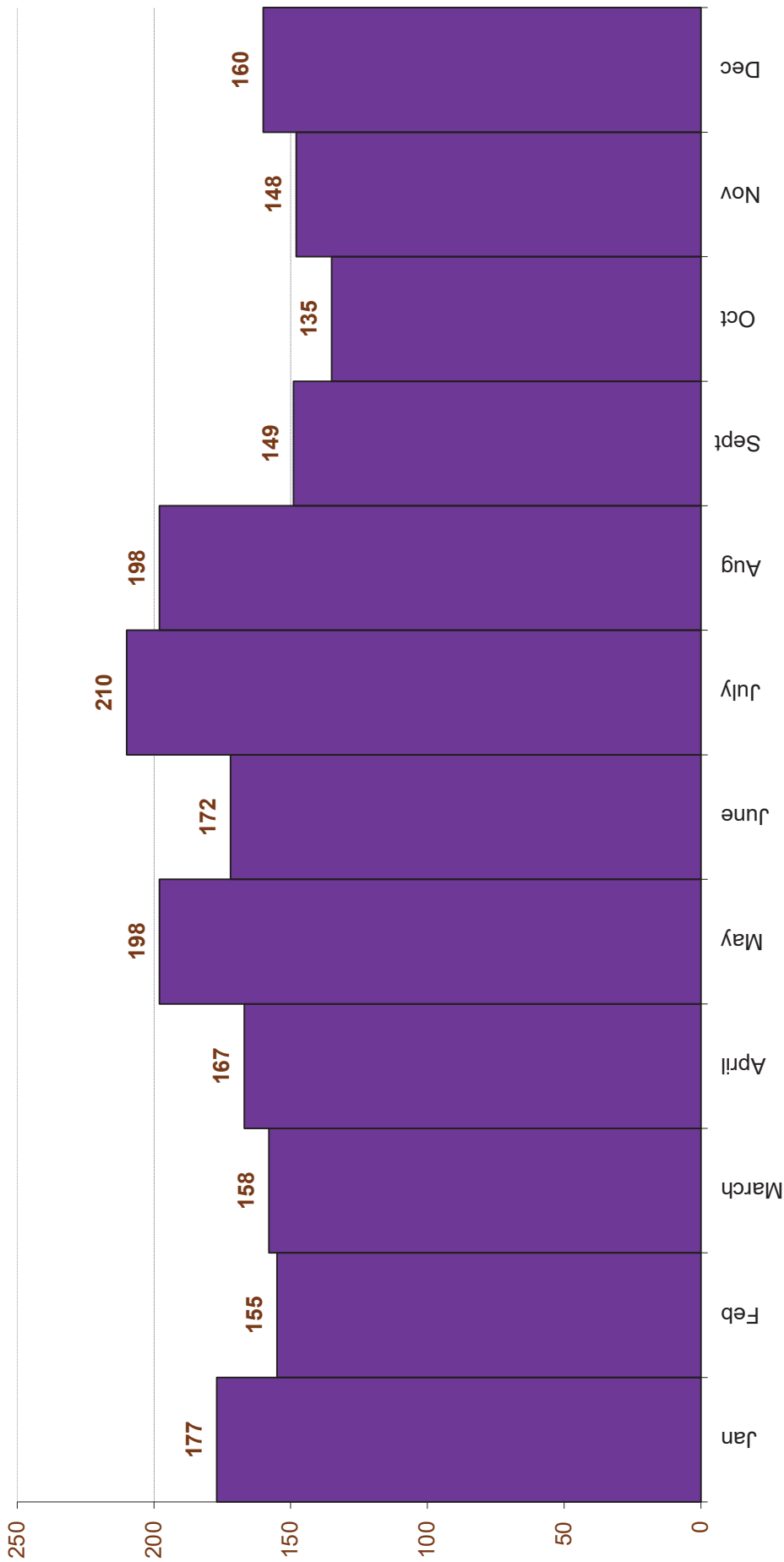
4: A person may list more than one drug, and this question is often not answered, so %'s do not add up to 100%.

5: Syringes were collected from 4 kiosk locations: Water Street, Emeline Avenue, Crestview, and Coral Street.

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

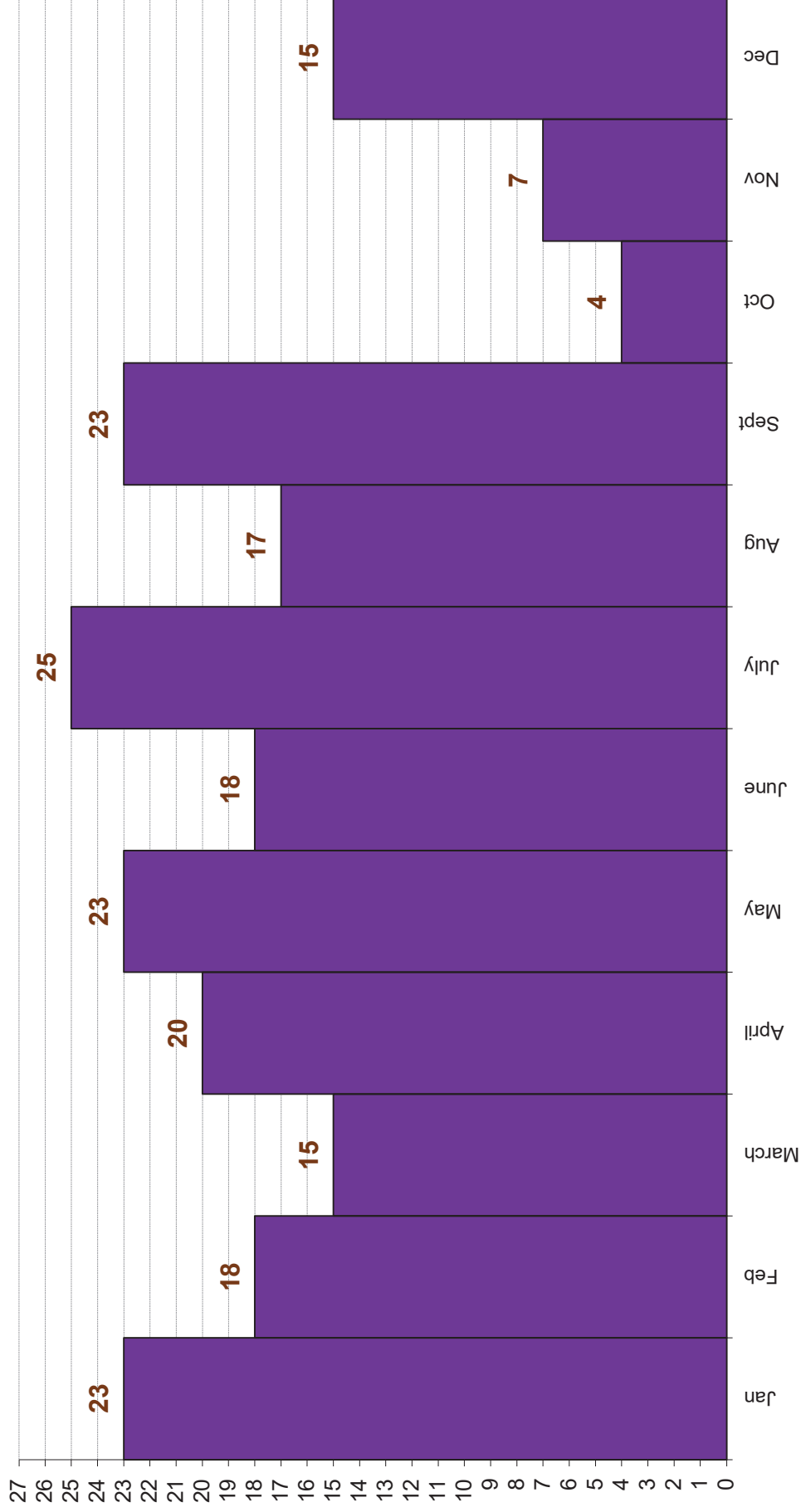
7: A SSP client may have been offered more than one type of education.

**SSP: Syringe Services Program Number of Visits by Month,**  
Emeline Clinic, HSA Santa Cruz County,  
Jan - Dec 2019 (N= 2,027)





**SSP: Syringe Services Program Number of Visits by Month,**  
Watsonville Clinic, HSA Santa Cruz County,  
Jan - Dec 2019 (N= 208)



# Syringe Services Program

## Health Services Agency | Santa Cruz County

January - December, 2020

### Characteristics of Clients

	Emeline Clinic		Watsonville Clinic		TOTAL <sup>1</sup>	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
<b>Total Visits</b>	<b>1,821</b>	<b>86%</b>	<b>298</b>	<b>14%</b>	<b>2,119</b>	<b>100%</b>
		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>
<b>Unique IDs</b>	<b>422</b>	<b>100%</b>	<b>81</b>	<b>100%</b>	<b>482</b>	<b>100%</b>
<b>Clients who came to both clinics <sup>1</sup></b>	--		--		21	
<b>Frequency of Visits</b>						
Single Visit in time period	172	41%	42	52%	214	44%
Multiple Visits in time period	250	59%	39	48%	268	56%
<b>Age Group</b>						
18 - 24	15	4%	3	4%	18	1%
25 - 44	299	71%	50	62%	335	70%
45 and Over	107	25%	28	35%	128	27%
Unknown	1	0%	0	0%	1	0%
<b>Gender</b>						
Male	242	57%	46	57%	281	58%
Female	178	42%	35	43%	199	41%
Unknown	1	0%	0	0%	1	0%
<b>Ethnicity</b>						
White	347	82%	58	72%	388	80%
Latinx	39	9%	17	21%	53	11%
Other / Multi-Ethnic / Unknown	36	9%	6	7%	41	9%
<b>Area of Residence <sup>2</sup></b>						
Aptos / Capitola / Soquel	30	7%	8	10%	35	7%
San Lorenzo Valley	19	5%	0	0%	19	4%
Santa Cruz <sup>3</sup>	332	79%	22	27%	341	71%
Scotts Valley	4	1%	0	0%	4	1%
Watsonville/ Freedom/ Aromas	18	4%	50	62%	63	13%
Out of County	12	3%	1	1%	13	3%
Unknown	7	2%	0	0%	7	1%
<b>Homeless</b>	<b>207</b>	<b>49%</b>	<b>33</b>	<b>41%</b>	<b>233</b>	<b>48%</b>
<b>Drugs Injected <sup>4</sup></b>						
Heroin	340	81%	70	86%	410	85%
Methamphetamines	257	61%	40	49%	297	62%
Cocaine	15	4%	2	2%	17	4%
Other	27	6%	7	9%	34	7%
Unknown / Withheld	14	3%	0	0%	14	3%

# Syringe Services Program

## Health Services Agency | Santa Cruz County

### January - December, 2020

#### 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>
<b>Total Visits</b>	<b>1,821</b>	<b>86%</b>	<b>298</b>	<b>14%</b>	<b>2,119</b>	<b>100%</b>
<b>Type of Visit</b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
Primary (Syringes for Self Only)	455	25%	267	90%	722	34%
Secondary (Self and Others)	1,307	72%	29	10%	1,336	63%
Others Only	59	3%	2	1%	61	3%
		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>		<u>AVG # PER VISIT</u>
<b>Syringes Collected</b>	<b>400,414</b>	<b>220</b>	<b>23,398</b>	<b>79</b>	<b>850,695</b>	<b>401</b>
Via Exchange	400,414	220	23,398	79	423,812	200
Deposited in Kiosks (lbs) <sup>5</sup>	--	--	--	--	426,883	4536
<b>Syringes Dispensed</b>	<b>338,530</b>	<b>186</b>	<b>23,208</b>	<b>78</b>	<b>361,738</b>	<b>171</b>
<b>#Collected - #Dispensed</b>	<b>61,884</b>	<b>34</b>	<b>190</b>	<b>1</b>	<b>488,957</b>	<b>231</b>
<b>#Syringes Dispensed per Visit <sup>6</sup></b>		<u>% of VISITS</u>		<u>% of VISITS</u>		<u>% of VISITS</u>
0	73	4%	0	0%	73	3%
1 - 24	147	8%	51	17%	198	9%
25 - 49	242	13%	37	12%	281	13%
50 - 99	178	10%	55	18%	199	9%
100-199	258	14%	139	47%	397	19%
200+	1,025	56%	16	5%	1,041	49%
<b>Narcan Kits Dispensed</b>	<b>1,868</b>	<b>--</b>	<b>53</b>	<b>--</b>	<b>1,912</b>	<b>--</b>
<b>Reversals out of Overdose <sup>7</sup></b>	<b>204</b>	<b>--</b>	<b>10</b>	<b>--</b>	<b>214</b>	<b>--</b>
<b>Education Offered <sup>8</sup></b>						
Drug Treatment	140	8%	105	35%	245	12%
Harm Reduction Education	1,717	94%	290	97%	2,007	95%
Referred to Pharmacy	47	3%	0	0%	47	2%
Medical Referral	98	5%	1	0%	99	5%
HIV / Hep C Testing	110	6%	1	0%	111	5%
Overdose Prevention	1,494	82%	39	13%	1,533	72%

NOTE: Percents may not add to 100 due to rounding

1: There were 21 individuals 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%.

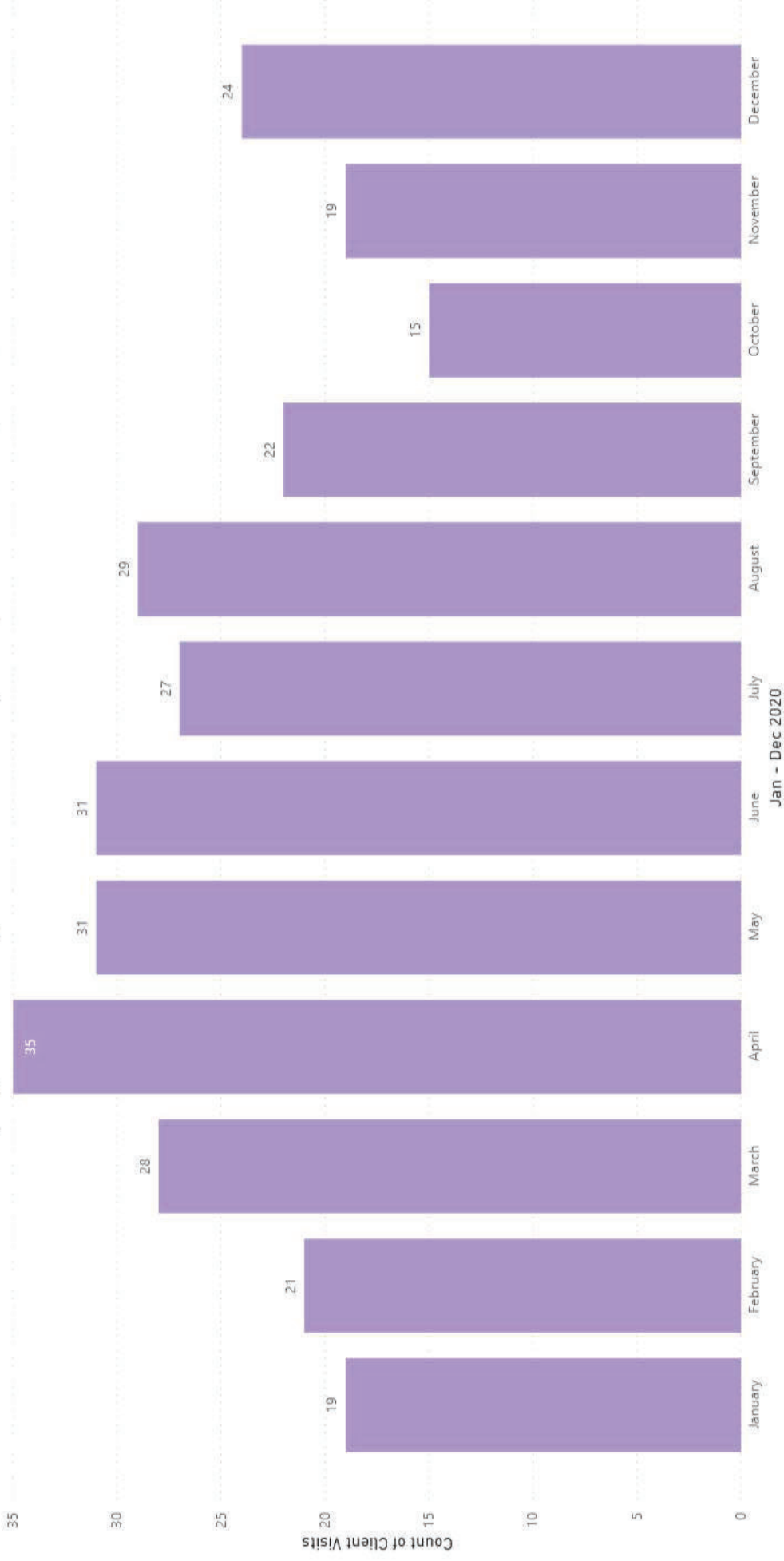
5: Syringes were collected from 4 kiosk locations: Water Street, Emeline Avenue, Crestview, and Coral Street.

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

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

8: A SSP client may have been offered more than one type of education.

SSP: Syringe Services Program Number of Visits by Month, Watsonville Clinic (N= 298)



SSP: Syringe Services Program Number of Visits by Month, Emeline Clinic (N= 1821)

