



County of Santa Cruz Board of Supervisors

Agenda Item Submittal

From: Health Services Agency: Public Health Division

(831) 454-4000

Subject: Syringe Services Program Biennial Report 2019-2020

Meeting Date: June 8, 2021

Recommended Actions:

1. Accept and file the Health Services Agency's 2019-2020 Biennial Report for the Syringe Services Program;
2. Accept and file a report to improve syringe litter reporting and response through a centralized system across all partners; and
3. Direct the Health Services Agency, Department of Public Works (DPW) and Information Services Department 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 reporting back on progress by December 7, 2021.

Executive Summary

The County's Syringe Services Program (SSP) presents its biennial report of activities and progress over the past two years, which includes procurement of new funding and the implementation of the SSP Advisory Commission. The program also provides recommendations to improve syringe litter reporting and response through a centralized system across all partners in the county, which includes collaboration between County departments to implement a syringe reporting system using the My Santa Cruz County mobile application (App).

Background

What is a Syringe Service Program?

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 30 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.

(Reference: <https://www.cdc.gov/ssp/index.html>)

Background on Board Directives

On December 10, 2019, the Board directed HSA to return in June 2020 with recommendations to improve syringe litter reporting and response through a centralized system across all partners. On June 30, 2020, HSA requested a deferral to October 6, 2020 for the recommendations, and also provided a program update related to implementation of new SSP processes.

On October 6, 2020, the Board directed HSA to return by February 2021 with a report back on the recommendations to improve syringe litter reporting and response through a centralized system across all partners. HSA Syringe Services Program (SSP) has had limited progress on the development of a centralized syringe litter reporting system due to prioritizing the emergency response to the COVID-19 pandemic. However, the program has increased collaborative partnerships with community-based organizations which conduct responsive, field-based syringe litter abatement. On February 23, 2021, HSA requested a deferral of this directive to May 2021 during the SSP Biennial Report. HSA also presented a study session on the Injection Drug Use crisis in Santa Cruz County, with presentations from the Sheriff's Office, the Superior Court, and the Health Services Agency.

Statutory Requirements

On January 1, 2006, AB547 became law and legalized services for health care providers to exchange used intravenous syringes for new clean ones (syringe exchanges) in California without the need for a declaration of a state of local emergency due to a significant risk of the spread of Human Immunodeficiency Virus (HIV) infection by injection drug users. Subsequent laws passed, AB110 (2007) and AB604 (2011), which require:

“(a) The health officer of the participating jurisdiction shall present biennially at an open meeting of the board of supervisors a report detailing the status of clean needle and syringe exchange programs, including, but not limited to, relevant statistics on bloodborne infections associated with needle sharing activity and the use of public funds for these programs. Law enforcement, administrators of alcohol and drug treatment programs, other stakeholders, and the public shall be afforded ample opportunity to comment at this biennial meeting. The notice to the public shall be sufficient to ensure adequate participation in the meeting by the public. This meeting shall be noticed in accordance with all state and local open meeting laws and ordinances, and as local officials deem appropriate.”

Analysis

The analysis below represents two items:

- 2019-2020 SSP Biennial Report; and
- The recommendations to improve syringe litter reporting and response through a centralized system across all partners.

2019-2020 SSP BIENNIAL REPORT

Attachment A *SSP Biennial Report for January 2019 - December 2020* contains the full program overview for this reporting period. HSA has shifted the reporting period to align with the calendar year. Previous reports reported on data from March through February.

The program continues to experience funding, staffing and other challenges to meet operational directives. During this reporting period, the County SSP program moved under the oversight of the HIV CARE Team in HSA's Public Health Division in order to leverage relevant funding opportunities and staff expertise to continue the program. While the SSP continues to rely on the County General Fund for primary expenses, it recently received an award through the California Harm Reduction Initiative (CHRI) totaling \$329,439 from August 1, 2020 through June 30, 2023. The CHRI funding will be used to support thoughtful incorporation of people with lived experience into the program design and delivery.

The SSP staff (including volunteers and extra-help) conducted field outreach as part of the Homeless Outreach Support activities for the COVID-19 response. Field outreach activities included distribution of information and was an opportunity to stay engaged with SSP participants who had greater barriers to access services. This outreach did not include distribution of syringes from the County-designated sites.

The program also made major adjustments to its operations to support COVID-19 safety requirements. This included limiting the number of participants in exchange, increasing physical distancing, 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.

During this reporting period, the County SSP acted on directives from the County Board of Supervisors, as noted below:

County Board of Supervisor Directives	County SSP Actions
Develop a plan to manage secondary exchange; only allow up to 2 secondary exchanges per visit	Completed; implemented as of 1/1/2020
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
Develop ordinance to develop the seven-member SSP Advisory Commission	Completed on 10/22/2019
Coordinate 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

Improve system to monitor referrals from SSP to Medication-Assisted Treatment (MAT) services	Ongoing; improving coordination with HSA Clinics to monitor referrals from SSP, using Lean Six Sigma process
Coordinate outreach to syringe litter organizations and SSP listening sessions	Completed; initial report provided in 12/10/2019 Board item
Implement SSP Advisory Commission	Completed; the first meeting convened in November 2020
Develop recommendations to improve syringe litter reporting and response	Completed on 5/23/2021
Return with a contract or contract amendment with providers to collect syringes in “hot spots” throughout the community	Completed on 4/14/2020; agreements with Clean Team Associates and Downtown Streets Team
Coordinate and present a multi-disciplinary injection drug use study session for the Board	Completed on 2/23/2021
Add two additional hours to Santa Cruz and Watsonville exchange sites	Completed for Santa Cruz, pending in Watsonville
Regular community outreach, including Grant Park neighbors	Ongoing but need to re-engage with community groups after pandemic
When applying for funding, HSA directed to operationalize in a manner consistent with the previous action and policy by the Board	Ongoing

County of Santa Cruz 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 both nominated and appointed 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>>.

The HSA Public Health Division convened the first Advisory Commission meeting on November 10, 2020 and has since held four meetings. The commission members have been engaged with learning more about the program and provide 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). Since the County Health Officer and the Health Improvement Partnership's Safe Rx Coalition are subject matter experts on public health practices to reduce impacts from opioid use through harm reduction, the Board may consider requesting nominations from them for future at large vacancies on the Advisory Commission.

Planning for the next Biennial period, 2021-2022

It will be difficult to sustain current SSP programming, given the current landscape of Public Health directives, and even more challenging to add additional or expanded program activities without commensurate funding. The Public Health Division has a responsibility to ensure a sustained response for the COVID-19 pandemic, likely for the next two years, and continued provision of legally required local health jurisdiction services. In this next reporting period, Public Health will utilize a data-driven approach to assess and prioritize programs and services based on mandates, community health needs and resources available to improve, protect and promote overall population health.

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 any changes in utilization of its own services to inform future program planning.

RECOMMENDATIONS TO IMPROVE SYRINGE LITTER REPORTING AND RESPONSE THROUGH A CENTRALIZED SYSTEM ACROSS ALL PARTNERS

Attachment B *HSA Recommendations for Consolidated Syringe Litter Reporting and Response*, includes the full report on this Board directive.

Expansion of syringe collection efforts will not be possible without additional resources. To improve syringe litter reporting and response through a centralized system across all partners, HSA's recommendations are centered around leveraging the existing infrastructure for litter collection and promoting collaboration among County departments. A summary of the recommendations includes the following:

1. Relevant County departments, such as HSA and DPW, should continue to collaborate on countywide strategies to reduce syringe litter.
2. Maintain existing syringe disposal strategies through the County SSP, 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 App for easier reporting and response in the unincorporated county regions.

The SSP will continue to collaborate with partners to support proper syringe disposal and mitigate syringe litter, as syringe disposal is a core component of the program. The

program will continue to partner with the other jurisdictions on the deployment and maintenance of public syringe kiosks. SSP will assess the syringe-litter reporting verbiage on its website, and attempt to streamline the instructions. Moving forward, the SSP requires strong collaboration with other stakeholders to deliver a coordinated and sustainable approach for syringe litter reporting and response.

Financial Impact

SSP has FY 2021-22 proposed financing of \$265,840, including \$131,754 from a CHRI grant, and \$134,086 in General Fund contribution. FY 2021-22 proposed expenditures of \$265,840 include \$102,000 in extra-help staffing, \$46,170 in medical supplies, \$85,520 in litter abatement contracts, \$33,300 in syringe kiosk services, and \$850 in miscellaneous expenses. The budget does not reflect in-kind services provided by HSA staff across divisions of \$231,666.

Strategic Plan Elements

This item supports the following County Strategic Plan Elements:

- 1.A (Comprehensive Health & Safety: Health Equity)
- 1.B (Comprehensive Health & Safety: Community Support)
- 1.C (Comprehensive Health & Safety: Local Justice)
- 6.A (Operational Excellence: Customer Experience)
- 6.D (Operational Excellence: Continuous Improvement)

Submitted by:

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Recommended by:

Carlos J. Palacios, County Administrative Officer

Attachments:

- a SSP Biennial Report 2019-2020 - Attachment A
- b Recommendations for Consolidated Syringe Litter Reporting and Response - Attachment B
- c Public comments from May 25, 2021 BOS #08

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

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.¹

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.²

¹<https://www.cdc.gov/ssp/index.html>

²<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

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

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.

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) 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:

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

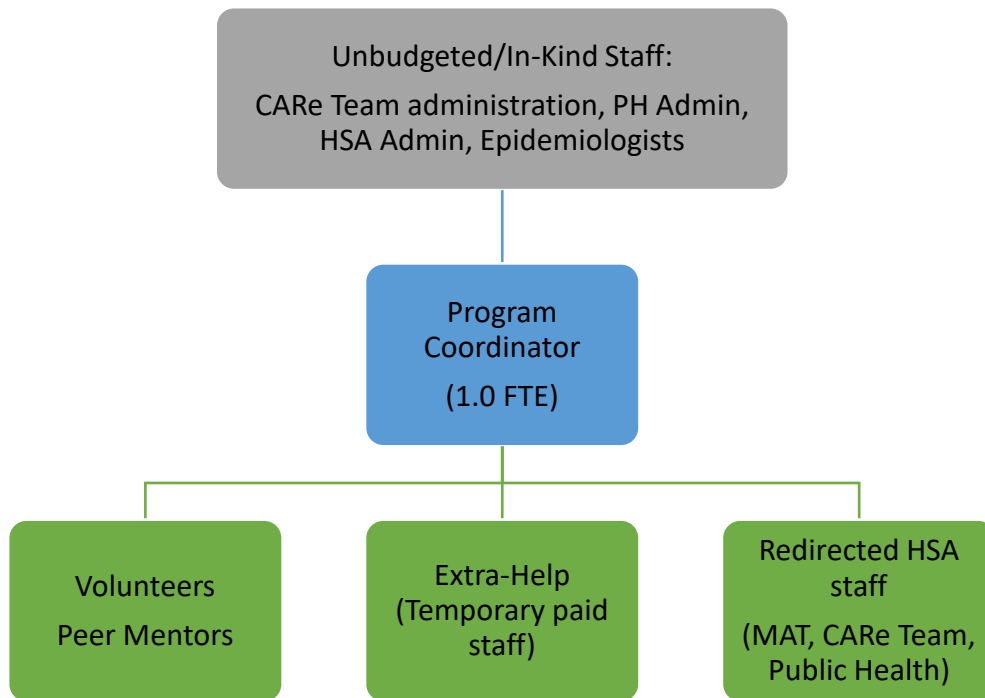
Strategy	Approach	AIM Assessment	Local AIM Rationale
Planning, design, and implementation	Needs-based distribution is the best approach	A	County program is a one-for-one exchange.
	Delivery model should be informed by thorough and ongoing needs assessment	I	Recent assessments informed current hours of 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.
Providing core versus expanded services	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: - Naloxone distribution and training - Infectious disease screening/treatment, or immediate linkage to care - Other expanded services	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.
Collecting data to inform planning, implementation, and evaluation	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.
Ensuring program sustainability	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

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.

Santa Cruz County SSP Budget	FY 2019-2020	FY 2020-2021	FY 2021-2022 <i>pending approval</i>
Revenue	223,916	268,918	265,840
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
Budgeted Expenses	223,916	268,918	265,840
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
Subtotal	0	0	0
In-Kind Expenses	383,258	291,274	231,666
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
Grand Total	-383,258	-291,274	-231,666

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).

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.

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, pending for Watsonville participants surveyed for ideal hours
12/10/2019	Regular community outreach, including Grant Park neighbors	Ongoing but need to re-engage after pandemic
10/6/2020	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.

	Year 1 (Began April 30)	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
	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
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:^{*2}	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: ^{*3}	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

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

*² 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%).

*³ 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. 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

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), 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

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

	Emeline Clinic		Watsonville Clinic		TOTAL¹	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
Total Visits	2,027	91%	208	9%	2,235	100%
		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>
Unique IDs	423	100%	63	100%	468	100%
Clients who came to both clinics¹	--		--		18	
Frequency of Visits						
Single Visit in time period	174	41%	35	56%	209	45%
Multiple Visits in time period	249	59%	28	44%	259	55%
Age Group						
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%
Gender						
Male	263	62%	39	62%	295	63%
Female	159	38%	24	38%	172	37%
Unknown	0	0%	0	0%	0	0%
Ethnicity						
White	355	84%	45	71%	385	82%
Latinx	43	10%	15	24%	56	12%
Other / Multi-Ethnic / Unknown	25	6%	3	5%	27	6%
Area of Residence²						
Aptos / Capitola / Soquel	26	6%	3	5%	28	6%
San Lorenzo Valley	20	5%	0	0%	20	4%
Santa Cruz ³	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%
Homeless	247	58%	25	40%	267	57%
Drugs Injected⁴						
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>
Total Visits	2,027	91%	208	9%	2,235	100%
Type of Visit		<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 #</u>		<u>AVG #</u>		<u>AVG #</u>
		<u>PER VISIT</u>		<u>PER VISIT</u>		<u>PER VISIT</u>
Syringes Collected	639,916	316	11,528	55	1,061,293	475
Via Exchange	639,916	316	11,528	55	651,444	291
Deposited in Kiosks (lbs) ⁵	--	--	--	--	409,849	4355
Syringes Dispensed	621,629	307	11,514	55	633,143	283
#Collected - #Dispensed	18,287	9	14	0	428,150	192
#Syringes Dispensed per Visit ⁶		<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%
Narcan Kits Dispensed	1,533	--	0	--	1,533	--
Education Offered ⁷						
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.

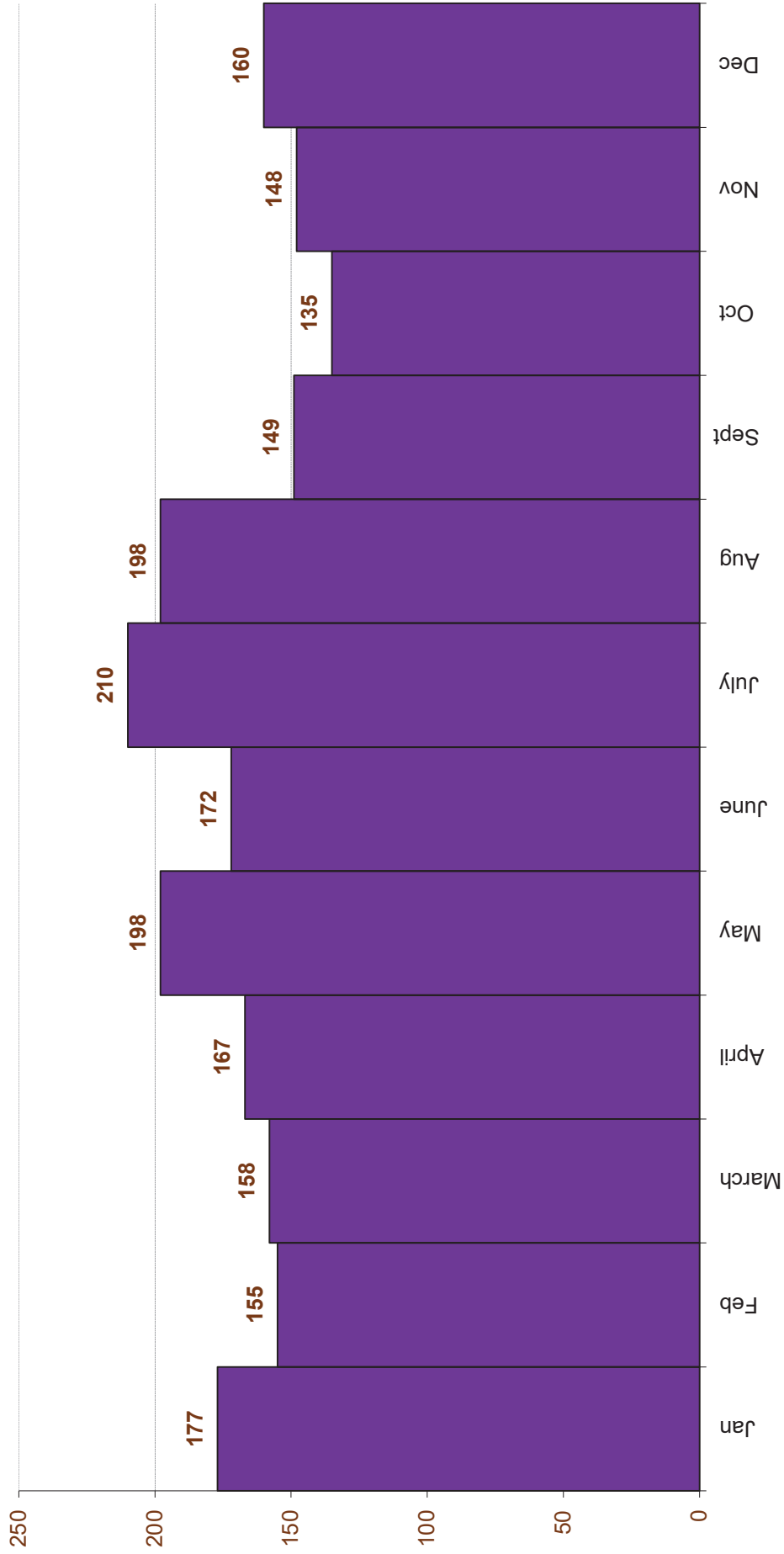
4: A person may list more than one drug, and this question is often not answered, so %'s do not add up to 100%.

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

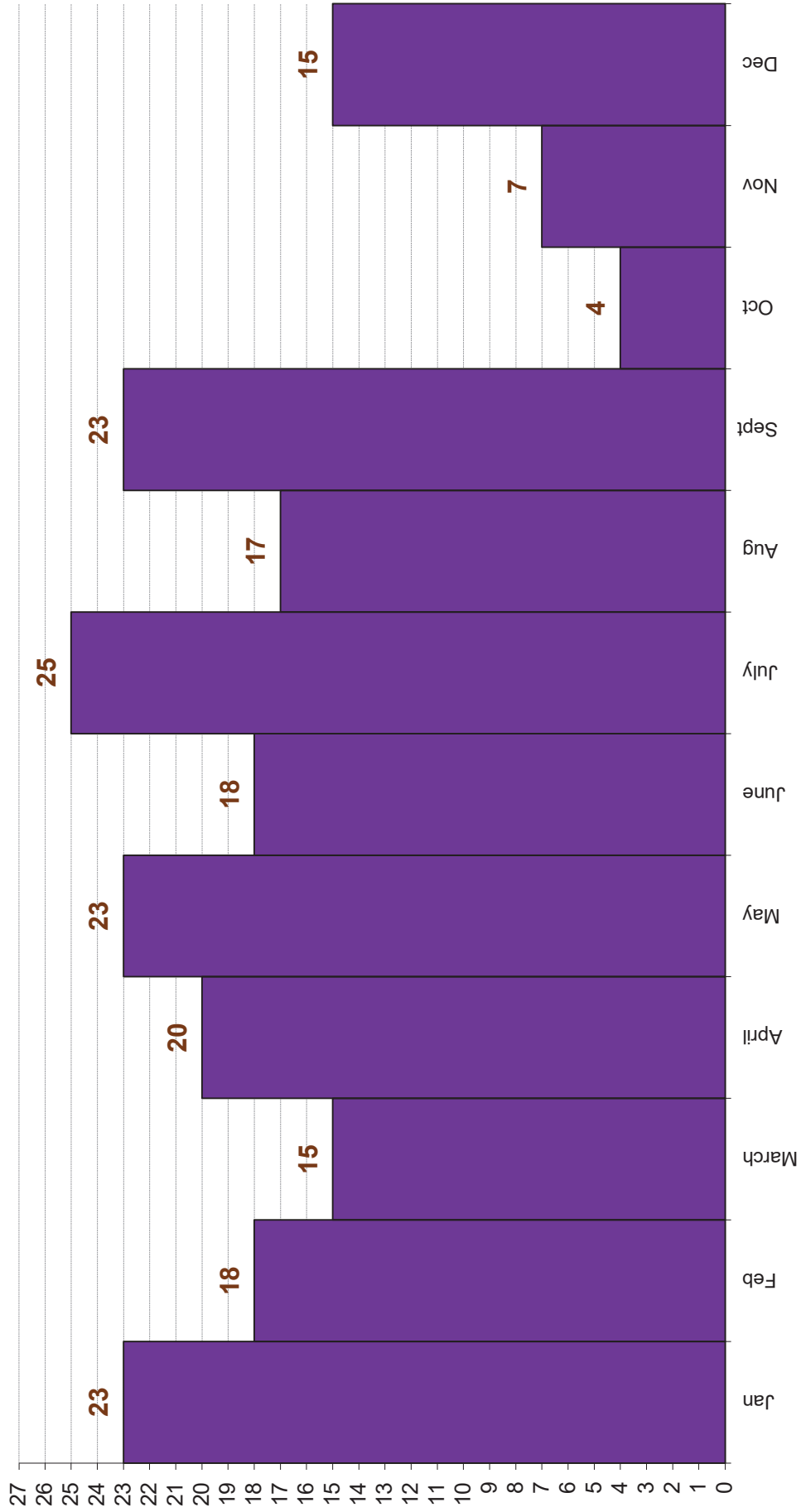
6: The maximum number of syringes dispensed per primary (self-only) visit was reduced to 100 on September 15, 2014.

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 ¹	
	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>	<u>COUNT</u>	<u>% per Clinic</u>
Total Visits	1,821	86%	298	14%	2,119	100%
		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>		<u>% of UNIQUE IDs</u>
Unique IDs	422	100%	81	100%	482	100%
Clients who came to both clinics¹	--		--		21	
Frequency of Visits						
Single Visit in time period	172	41%	42	52%	214	44%
Multiple Visits in time period	250	59%	39	48%	268	56%
Age Group						
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%
Gender						
Male	242	57%	46	57%	281	58%
Female	178	42%	35	43%	199	41%
Unknown	1	0%	0	0%	1	0%
Ethnicity						
White	347	82%	58	72%	388	80%
Latinx	39	9%	17	21%	53	11%
Other / Multi-Ethnic / Unknown	36	9%	6	7%	41	9%
Area of Residence²						
Aptos / Capitola / Soquel	30	7%	8	10%	35	7%
San Lorenzo Valley	19	5%	0	0%	19	4%
Santa Cruz ³	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%
Homeless	207	49%	33	41%	233	48%
Drugs Injected⁴						
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>
Total Visits	1,821	86%	298	14%	2,119	100%
Type of Visit		<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>
Syringes Collected	400,414	220	23,398	79	850,695	401
Via Exchange	400,414	220	23,398	79	423,812	200
Deposited in Kiosks (lbs) ⁵	--	--	--	--	426,883	4536
Syringes Dispensed	338,530	186	23,208	78	361,738	171
#Collected - #Dispensed	61,884	34	190	1	488,957	231
#Syringes Dispensed per Visit ⁶		<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%
Narcan Kits Dispensed	1,868	--	53	--	1,912	--
Reversals out of Overdose ⁷	204	--	10	--	214	--
Education Offered ⁸						
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)



County of Santa Cruz Health Services Agency Recommendations to improve syringe litter reporting and response through a centralized system across all partners

May 23, 2021

**Prepared for the County Board of
Supervisors by HSA's Public Health
Division, Syringe Services Program**

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Introduction

The distribution of clean syringes, known as a syringe exchange program, started in the late 1980's to stop the spread of HIV among people who inject drugs. Since that time, syringe exchange has been noted as an evidence-based intervention to prevent the spread of bloodborne infectious diseases, such as HIV and hepatitis C, preventing injuries associated with injecting drugs, and preventing death. Preventing spread of disease among persons who inject drugs creates lower disease prevalence overall, leading to a safer community for all. The program encourages participants to utilize a clean syringe for every injection. Syringe exchange programs also teach participants about safe and proper disposal of their syringes.

Similar to all litter, syringe litter is currently addressed by a variety of stakeholders, including Public Works and Parks departments within the city and county jurisdictions, community-based organizations, people who inject drugs and the general public. There is currently no consolidated system to track the total number of syringes collected countywide. The current systems for the public to report found syringes is complicated by the differing processes of each jurisdiction.

On December 10, 2019, the Santa Cruz County Board of Supervisors directed the Health Services Agency to return with recommendations to improve syringe litter reporting and response through a centralized system across all partners.

Background

The County of Santa Cruz's Syringe Services Program (SSP) is a program in the Health Services Agency's Public Health Division, focused on reducing the spread of infectious diseases in the community and increasing access to services for people who inject drugs. The program distributes clean syringes, educates on harm reduction and overdose prevention, provides linkages to health and social services including treatment for substance use disorder (SUD), and promotes safe disposal of used syringes in our community. This countywide and multi-pronged approach is critical to reducing syringe litter in Santa Cruz County. As syringes are dispensed, the program creates accessible opportunities for safe disposal of used syringes through the exchange program. The program also coordinates availability of public kiosks and clean-up services for syringe litter "hot spots". Continued efforts to identify areas of heavy syringe litter, targeted education for community members on proper disposal, resources available for disposal, and improved response to complaints of syringe litter are key to successfully address the issue.

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), the County SSP is 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 is difficult to sustain current 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).

Locally, there are two authorized syringe service programs: the County SSP, operated by the Health Services Agency, and the State-authorized Harm Reduction Coalition of Santa Cruz County (HRCSCC). HRCSCC was authorized in 2020. Both programs conduct core services of syringe distribution and collection, however HRCSCC differs from the County program in that they operate a needs-based syringe distribution in the field (i.e. they are not fixed to a specific building). As HRCSCC conducts syringe services in the field, they also conduct regular syringe cleanup in the community.

Public Health Analysis

Best Practices to Address Syringe Litter

According to the Centers for Disease Control and Prevention (CDC), the best way to deal with syringe litter is to provide multiple options for disposal (e.g. sharps containers, kiosks) and building a community-wide support for safe syringe disposal, including from people who inject drugs (PWID) and law enforcement, will help in reducing syringe litter in the community. Studies have found that syringe litter is more likely in areas without SSPs, and that more restrictive approaches do not reduce syringe litter in communities. Additionally, PWID will dispose of used syringes safely when given the options to do so and change their syringe-disposal behavior in response to increased safe disposal options. In addition, drug paraphernalia laws, which can criminalize the possession of syringes, are also associated with an increased likelihood of unsafe and improper syringe disposal. Communities concerned about syringe litter could consider examining their drug paraphernalia laws in addition to policies that affect the presence of an SSP. For example, a state may exempt syringes from the definition of drug paraphernalia entirely or only under certain circumstances (e.g., if a person is a participant in an SSP).

The CDC also notes some strategies to promote safe disposal of used syringes, which have been implemented by SSPs and other health departments across the nation:

- Emphasizing the value in returning used needles/syringes through education and providing sharps containers with every visit.
- Conducting community clean-ups and engaging the community in this effort.
- Developing strong relationships with law enforcement to educate them on their role in promoting safe disposal.
- Empowering police officers to collect used syringes safely by providing sharps containers for squad cars.
- Providing syringe disposal boxes in communities most convenient to PWID to collect used needles/syringes.
- Supporting programs where people in need of employment are hired by the city to pick up trash/recycling to include syringe pick up. This approach requires safety training and supplies.
- Establishing a call number for community members to report the presence of syringe litter and ensuring a short timeframe for pick up.

Reference: https://www.cdc.gov/ssp/docs/CDCSSP-FAQ_508.pdf

Local Assessments of Local Syringe Litter

From July through November 2019, the County SSP engaged with the community assess the current perceptions of the County program¹, and to identify areas for improvement. One meeting included a consultation with litter collection organizations, including Save Our Shores, Downtown Streets Team, Needle Solutions Team, Clean Team Associates and the County Department of Public Works. The participants from this meeting noted the following:

- Most syringe litter is seen in North County and is seasonal
- Agencies that provide litter cleanup often get calls from the public who want to report syringe litter
- Most of the organizations regularly collect data on the syringes they collect, though with varying methodology

The feedback from this meeting helped to develop a visual assessment of syringe litter in the county.

In the Fall of 2019, the County SSP assessed local syringe disposal options, which is documented in the report Syringe Access and Disposal in Santa Cruz County, CA¹. This assessment included individual field surveys, focus group discussions and a visual litter inspection.

During the two-week visual litter-inspection period of cross-sectional data collection, observation teams found 310 syringes (includes syringes with intact needles as well as syringe barrels without needles) and 506 pieces of injection equipment. *Non-sharp* injection equipment (e.g., syringe caps, sterile water vials, etc.) was found 1.6 times more often than syringes (sharps).

Syringe litter was not proportionately located throughout the community during the inspection period; it was often aggregated into piles and found near encampments, away from public bystanders. Out of the 310 syringes found in the visual inspection, three specific piles accounted for 60% (n=186) of the syringe litter found. Still, 40% (n=114) of syringes were found alone or in smaller piles (in groups of 2 to 12) in more public areas, such as outhouses, parking lots, or the tree outside the downtown public library.

¹ A full summary of these reports found at the County SSP's report to the Board of Supervisors on Dec 10, 2019: http://santacruzcountyca.igm2.com/Citizens/Detail_LegiFile.aspx?Frame=&MeetingID=1737&MediaPosition=0.000&ID=7842&CssClass=

Overall, during the two-week visual inspection, the amount of syringes that were disposed of safely vastly outnumbered the amount of syringe litter found in the community. The ratio of syringes improperly disposed of compared to those properly disposed of during the inspection period is 0.0103 or 310 to 30,106.755. In other words, for every 1,000 needles disposed of properly within Santa Cruz County, about 10 needles were disposed of improperly as litter.

The results of the visual inspection are specific to syringe *litter* and do not account for the syringes routinely collected by sanitation organizations and community groups. Many of these organizations have noted a recent increase in syringes collected, though there is no consolidated resource for reporting the quantity of syringe litter collected through these organizations. There is also no community-wide agreement defining “syringe litter” from general “syringe waste”, and the understanding for how it would benefit the community to track both metrics.

Syringe reporting and collection in throughout the county is dependent on the jurisdiction where the syringe is found. Each jurisdiction, cities and county, have their own system to track and respond to syringe litter. Recently the SSP Advisory Commission provided feedback to the County program that the current systems to report syringes is confusing for the general public and a centralized system would benefit the community.

In April 2021, the program surveyed local organizations (n=10) who conduct syringe cleanup in the community. The survey results indicate the organizations that collect syringes also collect other types of litter, and all respondents also note that they provide cleanup near encampments. There is also some variation in how syringe litter is defined, as some organizations define it as only a needle while others also include a plunger without a needle. Survey respondents noted that a centralized reporting system like My Santa Cruz County would be useful for their syringe collection efforts, and the majority of the respondents stated that if they received an alert of syringe litter from this centralized system seven days per week between 8am-5pm, they would be immediately responsive to it.

Public Health Priority

From the initial assessments noted above, the majority of syringe waste is routinely collected by the existing infrastructure of sanitation organizations (Public Works departments of all jurisdictions, Parks departments, non-profit groups such as Downtown Streets Team), the syringe services programs (through syringe distribution encounters and public kiosks), and community groups (such as Needle Solutions Team). The County SSP reached out to other California counties on the concept of a resource that is specifically responsive to syringe litter reports. Deploying such a specified resource is expensive and requires resources beyond what is typically

practical for local governments and community-based organizations. Instead, the most feasible solution is to embed syringe clean up with existing infrastructure. In Santa Cruz County, the County SSP contracted with two organizations for syringe litter abatement, both having existing systems to support general litter collection: Downtown Streets Team and Clean Team Associates.

SSP programs are typically operated by local Public Health departments because of its effectiveness at reducing disease, injury and death. It helps lower communitywide prevalence of infectious diseases, such as HIV, by making it possible for people to use a clean syringe with every injection. When an SSP is operated using evidence-based practices, as noted earlier in this report, it has been shown to contribute to a reduction in syringe litter. However, syringe litter is not the sole responsibility of a syringe service program. Syringes are distributed through other venues, such as being prescribed by a medical provider and purchased online or through pharmacies. The use of syringes is not just by people who inject illicit drugs, but by those with medical conditions that require regular injections (such as Diabetes Mellitus). As a program, the County SSP continues to provide resources and education for its participants to ensure syringe disposal is accessible. Both the County SSP and HRCSCC are valuable stakeholders to help the community determine sustainable solutions to prevent syringe litter. However, as SSP services are not considered an essential service for a Local Public Health Department, the County's Public Health Division has to consider the public health benefit and its own capacity to determine appropriate investments in a consolidated syringe collection system.

Developing the Recommendations

The recommendations developed for this report relate specifically to the Board's directive to return with recommendations *to improve syringe litter reporting and response through a centralized system across all partners*. This is a downstream intervention, which is responsive to existing, recurring syringe litter. There are additional upstream interventions which would focus on prevention of syringe litter. Syringe litter is a complex issue, intersecting with other social factors (homelessness, poverty, substance use disorder) that require complex solutions. However, the specific intervention of a well-coordinated syringe reporting and response system could benefit community. Data from this system may also help identify upstream interventions that would prevent syringe litter.

To develop the recommendations, the program reviewed the Syringe Access and Disposal report from October 2019, conducted an initial survey with organizations who conduct syringe cleanup, had conversations with the cities of Watsonville and Santa Cruz, and reviewed potential recommendations with the SSP Advisory Commission. The recommendations for this report have been developed with the County's vision, mission and values in mind.

Recommendations

The Santa Cruz County Health Services Agency recommends that we improve our partnerships and service coordination with our cities, non-profits, and private organizations to have a greater impact on all litter and to ensure syringe litter is addressed efficiently. The Health Services Agency continues to partner with many organizations supporting syringe-litter cleanup, including the County Department of Public Works (DPW). DPW has offered additional funding through new revenue measures to increase cleanup activities in underserved areas. They are also invested in improving the use of the My Santa Cruz County app for reporting syringe and other litter.

Utilizing the My Santa Cruz County application as a centralized reporting tool for our community to report syringes and identify problem areas was supported by the Syringe Services Program Advisory Commission on Tuesday, April 6, 2021. The SSP Advisory Commission noted that a simple reporting system could be useful in the community, though implementation should include promotion of the app so that the public knows how to use it. For the initial implementation, the My Santa Cruz County app will coordinate syringe reporting in unincorporated areas of the county. As this app is developed, continued efforts will be needed to assess and implement interoperability with systems of other jurisdictions, such as the Community Request for Service Portal (CRSP) through the City of Santa Cruz. Ideally, when syringe litter is reported, the issue will be directed to the appropriate jurisdiction to respond.

Syringe clean-up efforts are already underway. Various organizations are performing litter abatement with some specifically focused on syringe litter. Sustaining these organizations' efforts is a key recommendation to complement syringe reporting through My Santa Cruz County. The County DPW has approved funding in the Recycling and Solid Waste budget that can be used to expand syringe cleanup through litter-cleanup organizations throughout the County. The County SSP has existing contracts with the Downtown Streets Team (DST) Inc. and Clean Team Associates for syringe litter abatement. The County SSP also partners with Human Services Department's CalFresh Employment & Training Program (CFET) to support syringe cleanup and offer work experience to CalFresh recipients through work training programs like DST. Leveraging the existing litter-cleanup infrastructure is recommended for sustainable syringe litter abatement.

The County SSP has deployed six syringe disposal kiosks throughout the county, accessible by the public 24 hours a day 7 days a week. One kiosk is on County property in Watsonville and the remaining are located on County and City property in Santa Cruz. Three of these kiosks were recently deployed last year within the City of Santa Cruz. The County SSP directly contracts with Sharps Solutions to service these kiosks. The kiosks are well-utilized by the public and sustaining this program is recommended.

However, no additional funding or staff were provided to the County SSP when the Board directed HSA to perpetually fund the deployment and servicing of the public syringe kiosks. Expansion of the kiosk program will be dependent on available County General Funds allocated to HSA.

Ongoing efforts to address syringe litter requires collaboration among all stakeholders, including but not limited to: all jurisdictions, community members who benefit from access to syringes and safe disposal options, organizations who conduct syringe cleanup, and the SSP Advisory Commission. Collaborations will support a coordinated response and identification of sustainable solutions to address syringe litter. As the My Santa Cruz County app is implemented, the County should continue to collaborate with these stakeholders to collectively address syringe litter.

Below is an estimated annual budget for the recommendations, totaling \$131,940. The project will be dependent on leveraging existing County personnel and infrastructure. As this is implemented, the County will assess resources needed to sustain the system.

Line Item	Estimated Annual Cost	Description	Funding Source
In-Kind County Personnel	TBD	Staffing for this project will come from HSA, DPW and ISD. Staff activities will include: <ul style="list-style-type: none"> • Project management for implementation • Contract oversight for litter-collection organizations • Develop and oversee public promotion of the app • Collaborate with other stakeholders and determine interoperability of app with other jurisdictions 	TBD
My Santa Cruz County start-up and maintenance	15,408	ISD staff time to accommodate for countywide reporting, interoperability and updating resolution	TBD
Contractors for syringe litter	100,000	Sustaining existing infrastructure of contractors who will be responsive to reports of syringe litter	HSA, DPW Recycling and Solid Waste, HSD CFET
Educational campaign	5,000	Campaign to promote the My Santa Cruz County application and education for community members about disposal and resources	TBD
Three additional syringe kiosks	5,700	Total one-time cost for deployment of three kiosks (\$1,900 x 3) in FY 21/22; 2 in Santa Cruz 1 in Watsonville	County General Funds from HSA
Kiosk maintenance	5,832	Annual service cost of \$648 for 9 syringe kiosks (reflects monthly service). 6 existing kiosks and 3 new kiosks deployed FY 21/22	County General Funds from HSA

Summary of Recommendations

Expansion of syringe collection efforts will not be possible without additional resources and partnerships. To improve syringe litter reporting and response through a centralized system across all partners, HSA's recommendations are centered around leveraging the existing infrastructure for litter collection and promoting collaboration among County departments. A summary of the recommendations include the following:

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.

The County SSP will continue to collaborate with partners to support proper syringe disposal and mitigating syringe litter, as safe syringe disposal is a core component of the program. The program will continue to partner with the other jurisdictions on the deployment and maintenance of public syringe kiosks. SSP will assess the syringe-litter reporting verbiage on its website, and attempt to streamline the instructions. Moving forward, the SSP requires strong collaboration with other stakeholders to deliver a coordinated and sustainable approach for syringe litter reporting and response.

Agenda Management Support

From: Agenda Management Support
To: Board Of Supervisors
Subject: RE: #8 comment_Fisher, A

-----Original Message-----

From: Board Of Supervisors <BoardOfSupervisors@santacruzcounty.us>
 Sent: Monday, May 24, 2021 6:24 PM
 To: Agenda Management Support <agndamgmtsupport@santacruzcounty.us>
 Subject: #8 comment_Fisher, A

-----Original Message-----

From: Allison Fisher <allipoohrn@comcast.net>
 Sent: Monday, May 24, 2021 5:49 PM
 To: Board Of Supervisors <BoardOfSupervisors@santacruzcounty.us>
 Subject: AB-1344

****CAUTION:This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email.****

Good afternoon,

As a parent raising children in Santa Cruz County, I ask that you please write a letter in opposition to amending AB-1344 to allow an exemption to CEQA review for needle and syringe exchange services. Needle and syringe litter is a persistent problem in our community and a danger to our citizens and quality of life. Many of us have seen and picked up syringes on our beaches and in our waterways, which means they enter the ocean at some point. To allow no environmental oversight on such litter seems like a terrible idea.

With respect,

Allison Fisher

Santa Cruz County resident

Attachment: Public comments from May 25, 2021 BOS #08 (10372 : Syringe Services Program Biennial Report 2019-2020)

Agenda Management Support

From: Agenda Management Support
To: Board Of Supervisors
Subject: RE: #8 comment_FitzPatrick, K

From: Board Of Supervisors <BoardOfSupervisors@santacruzcounty.us>
Sent: Monday, May 24, 2021 7:25 PM
To: Agenda Management Support <agndamgmtsupport@santacruzcounty.us>
Subject: #8 comment_FitzPatrick, K

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From: Kristi FP <kristi.fitzpatrick4@gmail.com>
Sent: Monday, May 24, 2021 7:18 PM
To: Board Of Supervisors
Subject: CEQA a must for all needle distributors

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With respect,
 Kristi FitzPatrick
 Santa Cruz County resident

Attachment: Public comments from May 25, 2021 BOS #08 (10372 : Syringe Services Program Biennial Report 2019-2020)

Agenda Management Support

From: Agenda Management Support
To: Board Of Supervisors
Subject: RE: #8 comment_Maynard, N

From: Board Of Supervisors <BoardOfSupervisors@santacruzcounty.us>
Sent: Tuesday, May 25, 2021 6:15 AM
To: Agenda Management Support <agndamgmtsupport@santacruzcounty.us>
Subject: #8 comment_Maynard, N

From: nancy maynard <scrippsmom@gmail.com>
Sent: Monday, May 24, 2021 10:37 PM
To: Board Of Supervisors <BoardOfSupervisors@santacruzcounty.us>
Subject: AB 1344 should not be amended to exclude needles/syringes

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This is a terrible idea... it puts our residents and visitors in danger.
 Thank You
 Nancy Maynard

Attachment: Public comments from May 25, 2021 BOS #08 (10372 : Syringe Services Program Biennial Report 2019-2020)

Agenda Management Support

From: Agenda Management Support
To: Caitlin Smith
Subject: RE: #8 comment_VerBracken, C

From: Caitlin Smith <Caitlin.Smith@santacruzcounty.us>
Sent: Monday, May 24, 2021 6:25 PM
To: Agenda Management Support <agndamgmtsupport@santacruzcounty.us>
Subject: FW: #8 comment_VerBracken, C

From: Corrie VerBraken <verbraken@hotmail.com>
Sent: Monday, May 24, 2021 5:25 PM
To: Board Of Supervisors <BoardOfSupervisors@santacruzcounty.us>
Subject: AB-1344 amendment

******CAUTION:**This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email.****

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With respect,

Corrie VerBraken

Santa Cruz County resident

Attachment: Public comments from May 25, 2021 BOS #08 (10372 : Syringe Services Program Biennial Report 2019-2020)