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Preview of May 25 BOS Reports:

SSP Biennial Report (2019, 2020)

Recommendations for consolidated
syringe litter reporting and response
system

Santa Cruz County SSP Advisory Commission, May 4, 2021

Presented by Jen Herrera, Chief of Public Health

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Preview of Draft BOS items for SSP Advisory Commission

- Questions or Feedback?
- Advice on messaging or recommendations?

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Core Purpose of Santa Cruz County SSP

Create a safer and healthier community

- Reduce the risk of exposure to infection and disease
- Gateway to integrated services



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Syringe Services Programs (SSPs) are an evidence-based, comprehensive community-based prevention and intervention program that...

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

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Santa Cruz County Syringe Services Program

Distribution

- Operate the County's syringe exchange program
- Publish monthly data reports

Disposal

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

Referrals

- Healthcare
- Behavioral Health
- Social services
- Onsite health education
- Onsite HIV/HCV screening and linkage
- Participate in community collaboratives



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County Program Directives

Fixed Locations:

Emeline campus in Santa Cruz
Freedom campus in
Watsonville

Fixed Hours:

Emeline: 12hrs/week
Freedom: 5hrs/week

Distribution:

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

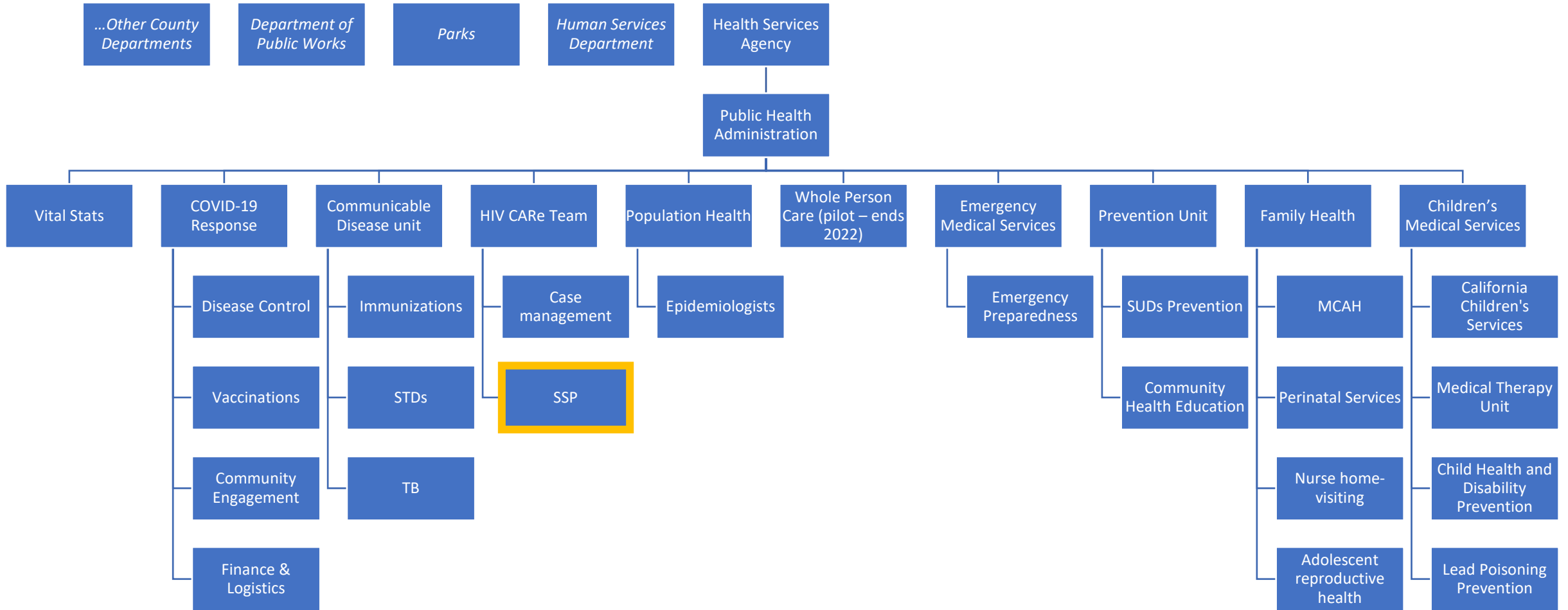
Collection:

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

Oversight:

County-authorized
SSP Advisory Commission

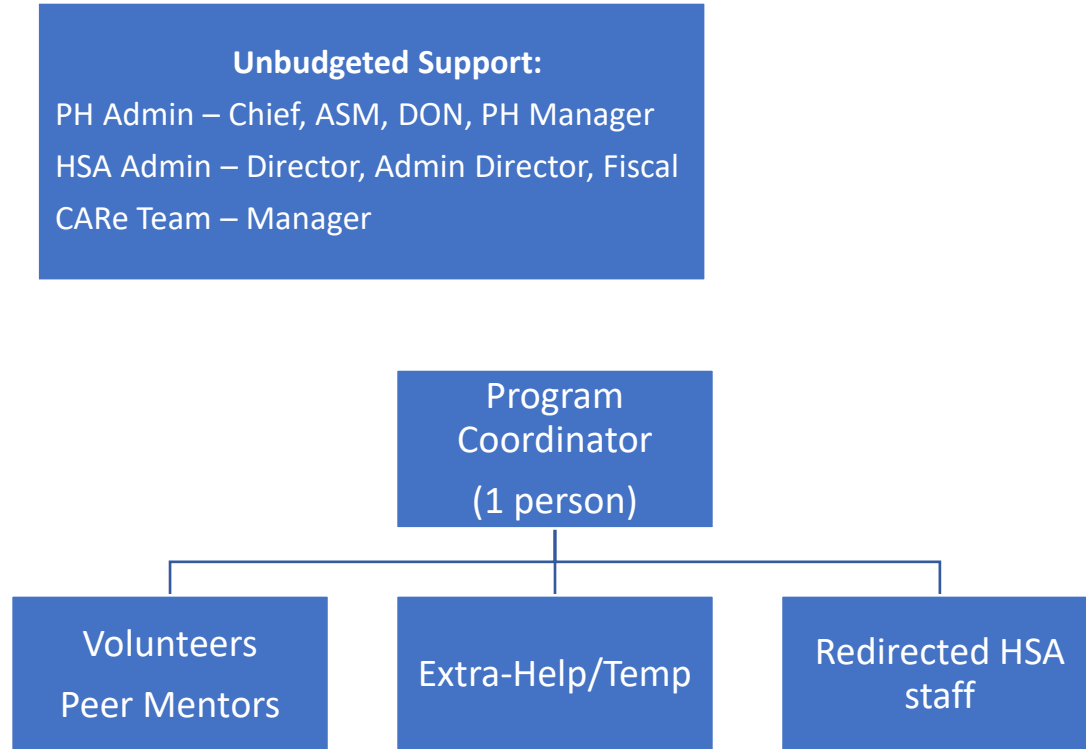
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Public Health Org Structure

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Staffing & Budget



- FY 20/21 Total Program budget \$223,916
- Revenue
 - NEW Grant \$54,398
 - Net County Cost \$169,518
- Expenses
 - Salary (Extra Help) \$102,000
 - Supplies & Office Costs \$121,916
 - (includes \$40K-\$62K supplies credit)

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Directives from County Board of Supervisors

2019 and 2020

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; participants surveyed to determine ideal hours
12/10/2019	Regular community outreach, including Grant Park neighbors	Ongoing but need to re-engage with 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

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Comparing to SSP Best Practice Strategies and Approaches

AIM Self-Assessment

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

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

Meeting = the program has formalized the approach in its operation

Reference: Centers for Disease Control and Prevention

<https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>

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Involve people with lived experience
of injection drug use, substance use disorder, homelessness, or other pervasive issues affecting the population served

Approach	AIM Assessment	Local AIM Rationale
Involve PWID in all phases of program design, implementation, and evaluation	A	CHRI grant will focus on this approach. Program is also utilizing MAT Peer Mentors to implement the program.
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.

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SSP Planning, Design and Implementation

Approach	AIM Assessment	Local AIM Rationale
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. However, routine needs assessments yet to be developed.
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.

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Providing “Core” and “Expanded” services

Approach	AIM Assessment	Local AIM Rationale
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">- 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.

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Collecting data to inform planning, implementation and evaluation

Approach	AIM Assessment	Local AIM Rationale
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.

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Ensuring program sustainability

Approach	AIM Assessment	Local AIM Rationale
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

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SSP Biennial Report

	Year 1 (Began April 30)	Year 2	Year 3	Year 4	Year 5	Year 6	Current Reporting Period	
	MAY 2013 - FEB 2014	MAR 2014 - FEB 2015	MAR 2015 - FEB 2016	MAR 2016 - FEB 2017	MAR 2017 - FEB 2018	MAR 2018 - FEB 2019	Year 7	Year 8
							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:	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:	46,396 (493 lbs)	84,134 (894 lbs)	83,570 (888 lbs)	151,705 (1,612 lbs)	213,724 (2,271 lbs)	320,445 (3,405 lbs)	409,849 (4,355 lbs)	426,883 (4,536 lbs)
TOTAL Syringes Collected:	216,250	289,278	340,387	483,523	670,803	918,432	1,061,293	850,695

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Bloodborne Pathogens Associated with IDU

Newly Reported Cases Annually	2009	2010	2011	2012	County SSP started		2015	2016	2017	2018	Current Reporting Period	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
HIV	19	10	23	23	13	22	12	23	7	11	12	15
Hepatitis B	10	19	21	43	19	55	65	49	44	33	40	17
Hepatitis C	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

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Comparison to other CA counties

County	Monterey	Santa Clara	Santa Cruz
Operated by	Access Support Network	County Public Health	County Public Health
Reporting Year	2018	2020 (as of Oct)	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- Pre-pandemic: no secondary exchange	<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	3727	687	482
Syringes Distributed	50,892	355,324	361,738

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Pause for feedback
on SSP Biennial
Report content

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Recommendations to improve syringe litter reporting and response through a centralized system across all partners

Draft findings and recommendations from HSA Public Health

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Ways to manage Syringe Litter...

Syringes can be purchased, prescribed or obtained through an authorized syringe exchange program

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

Social Determinants of Health:

Prevent Poverty

Reduce Adverse Childhood
Experiences

Increase access to health/resources

Increase healthy
relationships/connections

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

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

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

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



UPSTREAM

Prevent it from happening in the first place
Structural Determinants

DOWNSTREAM

Address it as it's happening; lessen the impact
Immediate Needs

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Method to develop recommendations

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

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Draft Findings and Recommendations

Findings

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

Recommendations

1. **Increased Staffing and Funding are NECESSARY to sustain and grow disposal options.** Add additional staff and funding to relevant County departments to support and oversee consolidation of litter cleanup efforts.
2. Maintain existing disposal strategies, such as the kiosk program and syringe cleanup contracts.
3. Relevant County departments, such as HSA and DPW should continue to collaborate on countywide strategies to reduce syringe litter.
4. Utilize the My Santa Cruz county mobile application (app) for easier reporting and determine ways to make this system interoperable with other syringe-reporting systems.
5. Leverage existing litter-cleanup infrastructure for syringe litter response, including expansion of contracts with litter-cleanup organizations to support syringe cleanup efforts.
6. Implement a coalition of stakeholders to develop a strategic plan related to syringe litter. This includes developing shared definitions of syringe litter, feasible metrics, and shared objectives.

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Pause for feedback on
recommendations to
improve syringe litter
reporting and response
through a centralized system
across all partners