Syringe Service Program Delivery Models

Overview

There are different service delivery models which can be used to make syringes available to persons who inject drugs (PWID) or injection drug users (IDUs). Syringe Service Programs (SSPs) or Syringe Access Programs (SAPs) can use single delivery models or combine models to reach more participants and expand program reach. The Santa Cruz County SSP is a large program.[1] We currently use a Fixed Site service delivery model for syringe distribution and incorporate a Secondary or Peer-Delivery Model, allowing participants visiting our fixed sites to reach PWID who are unable to access our locations and hours of service.

Purpose

This document provides information regarding various service program delivery models with strengths and weaknesses to assist the SSP Commission in addressing the Santa Cruz County Board of Supervisors directive from August 23, 2022, that directs the "Syringe Services Advisory Commission to look at the possibility of moving the North County Syringe Services Program out of Emeline and look at other physical sites at HPHP at Coral Street or mobile vans to operate the program." The Commission's recommendation will be presented in conjunction with our biennial report to the S.C. County Board of Supervisors on April 25th, 2023.

When choosing a service delivery model, many factors may inform which approach or approaches are adopted such as:[2]

- Local drug scene
- Resources and budget
- Staff/volunteer availability
- Organizational structure
- Geographic context (e.g. urban vs. rural)
- Political climate

Service Delivery Models

***Fixed Site*:** Fixed Site models include hospital/clinic-based settings, integrated syringes access services, and collaboration or satellite structures. Typically in fixed-site models, the SSP is located in a building or specific location, such as a storefront, office, or other space with street-level access.[3]

Current operations

Syringe distribution is offered on a one-for-one transaction model at two fixed sites located on the Emeline campus in Santa Cruz and at 1430 Freedom Blvd. in Watsonville.

Assumptions

Moving the syringe services program from the Emeline location and maintaining the exchange location at 1430 Freedom Blvd., Ste. B in Watsonville, which was responsible for 14% of our participant encounters in 2020.[4]

Strength	Weakness
-It is easier for other social service agencies to refer their clients to the SSP because there is a set location with predicable hours.[3] -May allow for expansion of service integration with our SSP activities including HBV, and STD testing; TB screening and prophylaxis; buprenorphine treatment; abscess and wound care; housing and employment assistance. (May find more centrally located site more accessible to population of IDUs. -If site moved from or hours reduced at Emeline exchange it may satisfy some of Emeline neighborhood resident concerns. -Having a permanent site makes it easier to tailor the space to the needs and preferences of the participants.[3] -if co-located with other programs which serve IDUs, could increase linkage/referral connections and bolster services to participants of both programs. -SSP services can be provided in private.[3] -The location provides shelter from weather and street-based activity.[3] -On-site storage space may be available to house materials. -Access to services may be enhanced through additional locations and expanded operating hours through fixed site collaboration or satellite structure.[3] -If located in a hospital/clinic, Concerns about stigma are lessened because visiting hospitals and clinics is not associated specifically with drug users.[3]	-A fixed-site is more costly to maintain because of higher overhead and upkeep.[3] -Drug users may be reluctant to go to the site because of concerns about stigma.[3] -The community may not support the site's location.[3] -Transportation to site can be a barrier.[5] -Fixed sites based in clinics or other healthcare settings may deter participants due to previous experiences of stigma or poor treatment.[5] -Supply storage and distribution may be more limited. -Staff transportation to and from exchange could be more difficult/time consuming. -Parking may be more difficult. -Location may be less discreet. -Participants have to find new location and continue to meet program where it is at. -Pre-existing rules and regulations may make it challenging to implement certain services (e.g., Hospitals and clinics may require the confidential collection of identifying information from SSP participants. This expectation would conflict with SSP that permits anonymous access to services by participants.)[3] -The environment may be too "clinical" and uninviting.[3] -With the collaboration or satellite structure fixed site model, the parent organization and satellite site may have different policies or procedures, which can lead to inconsistencies or discord.[3]

Recommendation:

We would not recommend moving our fixed site syringe exchange from the Emeline campus at this time.

- Methadone maintenance treatment programs, homeless shelters, case management programs, research or clinical studies, and housing providers are all suitable settings for integrated services.[3]
- It would be useful to explore partnering and integrating with other organizations to offer services at their locations, but removing exchange from the Emeline campus may reduce syringe access for participants who use our program while on campus to receive other services at the 1080 clinic, Janus, Behavior Health, etc.
- Collaboration or Satellite Structure approach works best in health jurisdictions where SSPs are supported and there is need to increase access through multiple modalities.[3] There is existing

partnerships with agencies that serve IDU's that can be explored to assess hosting our SSP exchange site if moved from the Emeline campus.

- Sample of current participants indicated they liked our current location.[6]
- We would run the risk of encountering new community push-back at an alternate fixed site location away from the Emeline campus.
- If there is a need to move from our current exchange room in the 1060 Emeline building, we could explore a combined exchange location with CARe Team Integrated Services office space (also in the 1060 building) with minimal disruption to service delivery for our participant.
- For the SSP to move from Emeline to another location, the directive on providing services at the Emeline campus would need to be evaluated.

***Mobile/Street Based Model*:** Mobile/street-based programs are conducted on foot, bicycle or by vehicle (e.g., van, bus, or recreational vehicle). This model is also referred to as outreach.[3]

Cost considerations

The cost of mobile sites can vary based on the style of outreach implemented and the transportation needs. For example, some mobile sites involve setting up a cart with supplies on a street corner, whereas others use recreational vehicles. Aside from the cost of a vehicle, other costs must be considered, including automobile insurance, parking, maintenance and gasoline.[3]

Strengths	**Weaknesses**
-The informal and easily accessible location may help put participants at ease.[3] -Flexibility if the drug scene or neighborhood changes.[2] -May encounter less resistance from the local community because it will not attract congregations of IDUs.[3] -Existing participants base of IDUs can help promote the time and place of services to their peers.[3] -Informal and easily accessible location may help put participants at ease.[3] -Van potentially allows for expanded service provision.[2]	-Need off-site storage.[2] --Supply inventory may be reduced in variety and quantity. -Very time intensive and expensive to drive to distant locations. -Strenuous work conditions (Due to elements and/or issues of personal safety.[2] -Difficulty parking during operations and when not operating. -Potential for vehicle vandalization. -Van involves high overhead because of insurance, fuel, upkeep, parking, driver, etc.[2] *Chevy cargo van costs between 17,600 – 50,000 depending on whether it's used, new and the year of the model. *Retrofitting begins at about 10,000 and higher depending on needs. • Insurance cost – TBD • Maintenance – TBD • Fuel -2 staff required for an approximate cost of 244,000 per year.

	-Services can be interrupted if the vehicle needs repair. -Participants will be seen out in the open, which may create privacy concerns.[2] -Inclement weather can dissuade participants from coming.[2] -Staff need valid driver's license if vehicle involved. -Harder to deliver ancillary services than with a fixed site.[2] -It may be more challenging to obtain law enforcement support (thus, SSP certification) for mobile routes comprised of multiple locations.[3]

Recommendation:

We would not recommend moving our Emeline exchange to a fully mobile or street-based model.

- Most of our exchange participants access our services through our Emeline exchange.[4]
- Closing our city of Santa Cruz Emeline campus fixed site exchange would leave our Watsonville exchange site as the sole remaining fixed site exchange location in the county.
- Evidence shows that closing of a fixed site needle exchange had an adverse effect on already vulnerable clients and reduces access to comprehensive harm reduction services.[7]
- While this model could potentially expand service to more rural areas of the county where IDUs have difficulty accessing our programs fixed sites it also eliminates the availability of a discreet location that some participants have noted as a benefit to the Emeline exchange.[6]
- Vehicle cost, maintenance, parking, insurance, and staffing of the exchange when not partnered with other programs or services are considerations which make this model less stable and sustainable.
- The Harm Reduction Coalition of Santa Cruz County currently operates a Mobile/Street Based Program and Delivery Model 4 days a week which would risk redundancy of service models if we were to switch to a completely Mobile/Street Based model.
- Mobile/Street-Based delivery is often used in conjunction with a fixed site program.[2]

Hybrid Model (Maintaining Fixed-Site Locations and Expanding Syringe Access during Outreach with HPHP Street Medicine):

Background

Incorporating multiple models may be the most effective way for programs to expand syringe coverage and reach the greatest number and diversity of IDUs within a given health jurisdiction.[3]

Combining models literally works to "meet IDUs where they're at" and increases the likelihood that syringes will reach even the "harder to reach" IDUs.[2]

Considerations

When using multiple program models, it is important to be sure that all aspects of the program will be sustainable. Multi-approach models can require significant resources and demand more from staff. Nonetheless, for participants, the same standard of consistency will apply. If one aspect of the program loses credibility, it is possible that all aspects of the SAP will suffer. However, when well-executed and fully resourced, multi-approach services can be a valuable, comprehensive approach.[2]

Strengths	Weaknesses
-Co-location of services increases IDUs' access to other servies.[3] -Access to services may be enhanced through additional locations and expanded operating hours.[3] -We have an established relationship with HPHP - Street Medicine in the north and south county through supporting outreach efforts with SSP and CARe Team Integrated Service staff who perform HIV/HCV test counselling. -May expand the program's reach by attracting new groups of IDUs. -Participant centered in ability to meet client's where they are based on location in North County. -Opportunities to collaborate with other agencies to provide services beyond SSP services. - HPHP Street Medicine would allow for opportunities for onsite confirmatory testing for HCV and HIV, in addition to access to MAT and other medical care services. -Maintaining a fixed site will provide stability and routine for participants who prefer receiving services at a brick mortar site.[6] -Opportunity to leverage staffing resources across multiple programs/departments/agencies -Opportunity to expand into Mid & South County through HPHP – Street Medicine -Opportunity to approach the community with outreach, linkage to care, and syringe litter abatement opportunities. -Replacing hours at the Emeline campus exchange with syringe access offered while working with HPHP Street Medicine. -HPHP Street Medicine operates a mobile van and has experience with outreach which reduces some of the staff and training burden on the SSP.	-Program success may be hampered if SSP services are not prioritized by the agency.[3] -Program autonomy may be limited because of multiple funding streams.[3] -It may be challenging to keep track of inventory if specific systems for doing so are not in place. -unknown availability of resources of need to "borrow" HPHP van or purchase of mobile unit -Not enough room in HPHP van to stock SSP supplies. -Need to identify another vehicle to bring along to store supplies - Only 3 days a week are currently available to partner with HPHP Street Medicine -Partnering at no use policy shelter sites do not make sense to provide syringe access services -Not all sites/encampments have been identified where services could be provided. -Current restrictions to operations set forth by B.O.S. (i.e. hours of operations- specific to location) Locations and hours.[4]

Recommendation:

We recommend moving the County SSP exchange to a Hybrid Model which maintains exchange services through our current brick and mortar sites at 1430 Freedom Blvd, Ste. B in Watsonville and 1060 Emeline Ave. while expanding exchange services at outreach when paired with Homeless Persons Health Project Street Medicine providers.

- This model would require the B.O.S. to remove the directive of for syringe exchange outside of our fixed locations and flexibility to vary site hours.
- SSP staff are currently working with HPHP to support HIV/HCV testing at outreach and allowing for syringe exchange will increase access to services for persons who have difficulty reaching our fixed site exchanges due to transportation or temporal barriers.
- Adding syringe exchange to outreach locations will facilitate syringe litter reduction and the collection of syringes in locations where IDU's congregate while increasing the access to sterile syringes and harm reduction supplies where they are at.
- Pairing syringe exchange with partner organization services minimizes staff impact and could be accomplished with one SSP staff member and supplemented with volunteers.
- When conducting syringe exchange in partnership with HPHP, links to MAT, wound care, and other health services will be easier to facilitate and may bring more IDU's into contact with providers.
- HPHP would continue to operate their outreach van and SSP staff would transport supplies for pop-up services in a separate vehicle.
- Maintaining services at our current fixed sites will provide stability and not break the routine of our current participant base who have expressed their preference for exchange access at our Emeline location.
- Maintaining services at fixed sites allows for more organized storage of supplies, space for construction of supply kits, disposal of sharps containers collected at outreach, and minimizes the risk of complete service interruption if there are vehicle maintenance issues.

References

- (1) Harm reduction and health services provided by syringe services programs in 2019 and subsequent impact of COVID-19 on services in 2020 - PMC (nih.gov)
- (2) Module 1: Planning and Design - National Harm Reduction Coalition
- (3) SAPGuidelinesHealthDeptpdf.pdf (ct.gov)
- (4) DOC-2021-542 Consider 2019-2020 Biennial Report and presentation on the Syringe Services Program (SSP); accept and file report with recommendations to improve syringe litter reporting through a centralized system across all partners; and direct the Health Services Agency (HSA) to collaborate on improving litter efforts and leveraging resources, and report back by December 7, 2021, as outlined in the memorandum of the Director of Health Services - Santa Cruz County, CA (iqm2.com)
- (5) Syringe Services Programs Technical Package (cdc.gov)
- (6) Fixed vs Mobile Delivery Model_and S.C. survey

- (7) Impact: a case study examining the closure of a large urban fixed site needle exchange in Canada | Harm Reduction Journal | Full Text (biomedcentral.com)