

HSA, Public Health



Public Health

County of Santa Cruz Syringe Services Program (SSP) Advisory Commission Program Updates

March 14, 2023

Agenda

- 1) Status on Grant Applications
- 2) Harm Reduction Supply Distribution
- 3) Summary of Key Points from Commission and Program Staff
- 4) Comparison of Service Delivery Models
- 5) Recommendations

Status on Grant Applications

NASTAD Grant

Status:

- Notified on 3/2/2023 that we were not funded

MAT Access Point Grant

Purpose:

- Provide low-Barrier Opioid Treatment at SSPs
- Fund extra help staff to work with participants to overcome barriers to entering drug treatment
- Collaborate with the County Medication Assisted Treatment (MAT) team and Homeless Person's Health Project
- Improve tracking of Substance Use Disorder treatment referrals

Status:

- Notified of award on Monday, March 13

Harm Reduction Supply Distribution

Fixed Site Distribution

- Syringes
- Harm Reduction Supplies (safer sex, hygiene, injection etc.)

Staff Distribution at outreach/engagement

- All supplies but smoking kits and syringes
- From September 2022–December 2022 nearly 1000 encounters

Distribution to Community Partners:

- Downtown Streets Team
- Health Services Agency Behavioral Health
- Community Action Board
- Homeless Person's Health Project (HPPH)

Board of Supervisors Direction for SSP Advisory Commission

August 23, 2022

- **Direct 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**

Summary of Key Points from Commission Meetings Regarding Directive

- Concerns about non-participants not being surveyed when Emeline exchange participants were asked about keeping the Emeline exchange location.
- Cost of mobile van and operation of mobile exchange services was requested.
- Advised not to set up exchange at HPHP brick and mortar locations or no-use shelters.
- Support expressed for partnering with HPHP.
- Implement pilot program by reducing hours at Emeline exchange, collaborate with HPHP and purchase a used vehicle.
- Opportunities to fill gaps by communicating/collaborating with HRCofSCC.
- Reduction of exchange service hours at Emeline reduces foot traffic and redirects hours to improve accessibility.
- Program sustainability increases with increased participation by going where people are at.
- Continuity of Emeline exchange services with reduced hours responds to current participant input and addresses community concerns.
- Emeline exchange allows for storage of harm reduction supplies.
- Request for more information on HPHP services.

Summary of Key Points from Program Staff Regarding Directive

Best Practices

To “create meaningful engagement opportunities to encourage participant ownership of program” is a strategy approach recommended by the CDC for SSPs.

- Emeline exchange participants surveyed expressed desire to keep the brick-and-mortar model of existing location as it provides confidentiality.
- It is easier for other social service agencies to refer their clients to a fixed-site because there is a set location with predictable hours.
- Adding syringe exchange to outreach locations will facilitate syringe litter reduction and collection of syringes in locations where IDU’s congregate while increasing the access to sterile syringes and harm reduction supplies where they are at.

To “support the integration of syringe provision into all programs serving IDUs even where IDU service is not the principal activity.”

- Equitable to offer exchange services in collaboration with HPHP’s Street Medicine program activities in Watsonville and Santa Cruz.
- Support from HPHP to continue and expand partnership.
- Co-location of services increases IDU’s access to other services.

Sources

- Pros and cons of SSP program Delivery Models is available on our webpage [Syringe Services Program \(santacruzhealth.org\)](https://www.santacruzhealth.org) under Tuesday, February 14, 2023 Advisory Commission Meetings.
- Some of the sources sighted in that document can be found on our webpage [Syringe Services Program \(santacruzhealth.org\)](https://www.santacruzhealth.org). Including several which pertain to designing successful SSPs.

Comparison of Service Delivery Models

Model	Assumptions	Start Up Costs	Ongoing Costs	Community Benefit
Mobile Van	<ul style="list-style-type: none"> Location(s) and hours of service to be determined Funding secured Space Remove fixed location and fixed hours directive Hire 2 staff 	<ul style="list-style-type: none"> *Estimated \$131,950 for van and retrofitting 	<ul style="list-style-type: none"> *Estimated annual cost of \$21,000/yr. for van 2 full time staff at 244,000/year 	<ul style="list-style-type: none"> Flexibility to change van locations and hours to increase access
Hybrid Model	<ul style="list-style-type: none"> Maintain sites at Emeline and Watsonville Utilize personal or County vehicle Transport supplies Collaborate with HPHP Remove fixed location and fixed hours directive Utilize existing staff and volunteer resources 	<ul style="list-style-type: none"> Estimated annual mileage cost of \$1500 	<ul style="list-style-type: none"> Estimated annual mileage cost of \$1,500 	<ul style="list-style-type: none"> Expand access for sterile syringes and syringe disposal Flexibility to change outreach locations and times to increase access Provides stability and confidentiality for existing exchange participants Co-location of expanded services with HPHP Street Medicine

* Mobile van costs based on Humboldt County Public Health

Recommendations

- Commission recommends piloting a hybrid model maintaining exchange services at Emeline and Watsonville, while providing exchange services at outreach in collaboration with HPHP's Street Medicine.
- Commission recommends Board of Supervisors (BOS) remove directive on providing services at a fixed location to move forward with pilot program.
- Commission to consider recommending removal of BOS directive on fixed hours to allow flexibility and ability to adjust to community need.
- Staff to consult with and report to SSP Advisory Commission on program participant engagement using hybrid model.
- Staff to report back to the BOS for 2023-2024 Biennial reporting period (Spring of 2025) with service delivery recommendations based on participant input, community response and SSP Advisory Commission recommendations.

Thank You

