

SYRINGE SERVICES PROGRAM (SSP)

Application Cover Page

Applicant Organization Information

Organization Name: <u>Harm Reduction Institute</u>		Telephone Number: <u>(714) 805-6055</u>
Proposed SSP Name (if different from organization name above): 		
Address (Number, Street, Suite #): <u>P.O. Box 1017</u>		
City: <u>Santa Ana</u>	County: <u>Orange</u>	ZIP Code: <u>92702</u>
Mailing Address if Different From Above (Number, Street, Suite #): 		
City: 	County: 	ZIP Code:
Name of SSP Administrator: <u>Carol Newark</u>		Title: <u>Executive Director</u>
Telephone Number: <u>(714) 497-3074</u>	E-Mail Address: <u>Carol@harmreductioninstitute.org</u>	

Applicant Acknowledgement and Attestation

- 1.) The Applicant attests that upon Certification it will comply with state laws and regulations.
- 2.) The Applicant also attests that it has the capacity to begin syringe exchange services within ninety (90) days of Certification.
- 3.) The Applicant further acknowledges and agrees to the involvement of program participant input into program design, implementation, and evaluation. The Applicant understands that submission of an application does not constitute Certification.

Signature: Carol Newark Date (mm/dd/yyyy): 12-20-23

Program Information / Statement of Need

*INSTRUCTIONS - For all questions, please write your answer in **blue font** in the space provided.*

1. Briefly describe your organization's mission and the services you currently provide to people who inject drugs.

ANSWER:

The Harm Reduction Institute (HRI) is a 501(c)(3) nonprofit organization designed to provide harm reduction services in Orange County, California. Harm reduction is an evidence-based approach to public health that focuses on implementing practical strategies and ideas to reduce the negative community and individual consequences associated with drug use. Harm reduction further aims to reduce the stigma surrounding those living with substance use disorder. The harm reduction approach is universally accepted and promoted by public health and medical professionals.

HRI strives to address the needs of the most marginalized members of our community and provide judgment-free, empathetic, supportive, and needed medical outreach to mitigate the greater health and social consequences of substance use. Providing harm reduction services amid our nation's opioid epidemic will and has been shown to: 1) improve public health; 2) build a supportive and loving community through access to healthcare, social services, and treatment; and; 3) improve health outcomes with respect to substance use disorder.

HRI focuses on keeping clients healthy and maintaining their connection to community services so that they can access treatment when they are ready. HRI has been built by the hard work of individuals who recognize the moral imperative and societal benefits of addressing the needs of those people who are often stigmatized for their struggles and who might otherwise lack advocates and resources when engaging with healthcare professionals. We strongly believe that harm reduction services are essential for the health and well-being of those struggling with substance use disorders and the community at large. HRI currently provides naloxone training and distribution throughout Orange County for both individuals and organizations. Our organization also provides peer support and case management services in English and Spanish in order to refer and link our participants to outside services such as, HIV and HepC testing, Medication Assisted Treatment (MAT), primary medical care, and housing services. Any participants in need of transportation to and from appointments are able to receive this service through HRI's participant rideshare program. HRI's current services are mainly provided via street outreach, where we also provide wound care supplies, safer sex supplies, as well as items for our participants experiencing homelessness such as backpacks, water bottles, hand warmers, and blankets.

2. Please provide a Needs Statement that explains the reason for your request to provide syringe services, using data to describe the needs of the community that your program will serve. Please include information about whether there are other syringe services programs (SSPs) serving your area.

ANSWER:

HRI is applying to be the only SSP in Orange County (OC), which is the sixth-most populous county in the United States with 3.3 million residents. OC is the largest county in the United States without an operational SSP. Syringe access and harm reduction services are vital to the health and well-being of many OC residents, especially considering the substantial prevalence of drug use in the County. A 2012 report from the Orange County Health Care Agency (OCHCA) estimated that approximately 1% of the OC population, or 33,000 people, had used heroin in their lifetime. The report did not include estimates of fentanyl use over the lifetime; however, the use of both heroin and fentanyl has likely risen substantially in recent years as the opioid crisis has accelerated. The same report estimated that 6% of the OC population, or 142,000 people, had used methamphetamine in their lifetime ([Alcohol and Other Drug Use Prevalence: 2012 Survey of Orange County Adults](#)).

According to data provided by the CDPH Office of AIDS, OC was home to 7,458 people living with HIV (PLWH) in 2020, 480 of whom use injection drugs. An estimated 850 PLWH reported having both male to male sexual contact and using injection drugs. This represents 11% of the total number of PLWH. Santa Ana has consistently had one of the highest rates of new HIV cases of any OC city dating back to at least 2013 ([OCHCA 2013 HIV Disease Fact Sheet](#); [OCHCA 2014 HIV Disease Fact Sheet](#); [OCHCA 2015 HIV Disease Fact Sheet](#); [OCHCA 2016 HIV Disease Fact Sheet](#); [OCHCA 2017 HIV Disease Fact Sheet](#); [OCHCA 2018 HIV Disease Fact Sheet](#); [OCHCA 2019 HIV Fact Sheet](#); [OCHCA 2020 HIV Fact Sheet](#); [OCHCA 2021 HIV Fact Sheet](#); [OCHCA 2022 HIV Fact Sheet](#)). In 2021, the estimated incidence of new HIV cases in Santa Ana was between 12.3 and 18.4 per 100,000 people ([OCHCA 2021 HIV Fact Sheet](#)). This is higher than the 2021 OC rate of new cases, 8.4 per 100,000 people, as well as the overall rate in California, 11.1 new cases per 100,000. ([CDPH Office of AIDS CA HIV Surveillance Report - 2021](#)).

These statistics highlight the urgent need for sustained and reliable syringe access in OC, specifically in Santa Ana, given the risk of HIV transmission among people who share syringes and other injection equipment. HRI participants have reported that prior to June 2020, there were only a few reliable sources of sterile syringes in the county. Some participants resorted to driving several hours to neighboring counties to obtain sterile syringes; however, for the majority of HRI participants without access to motorized transportation, the absence of a local SSP contributed to the reuse and sharing of syringes between individuals (Orange County Needle Exchange Program Expanded Service Area Syringe Litter Report).

In 2022, there were 259 individuals who were newly diagnosed with HIV, 57 of whom were concurrently diagnosed with AIDS, meaning that they were unaware of their HIV status for quite some time. OCHCA estimates that there are 8,204 persons living with HIV in OC. Out of the 259 individuals who were newly diagnosed, 6.6% of them reported being exposed to HIV through injection drug use ([OCHCA 2022 HIV Fact Sheet](#)). In 2018, OC had the second highest number of cases of reported chronic Hepatitis C cases among people who were not incarcerated in state prisons ([CDPH Chronic HCV Surveillance Report, 2018](#)).

According to the [CDPH's drug overdose surveillance data, in OC](#):

- The opioid overdose death rate (15.63/100k) was 23% higher than the state average during 2019-2021 (12.74/100K) and increased 112% in that same time period.
- The fentanyl-related overdose death rate (12.26/100k) was 31% higher than the state average during 2019-2021 (9.38/100K) and increased 430% in that same time period.
- The methamphetamine overdose death rate (9.25/100k) was lower than the state average during 2019-2021 (10.29/100K) but increased 214% in that same time period.
- Emergency department visits related to opioid overdose (36.92/100k) was lower than the state average during 2019-2021(40.62/100k) but increased 88% over that time period.

- [According to the California HIV Surveillance Report](#), in 2020 there were a total of 264 people who were newly diagnosed with HIV infection in OC. From this total, there were 17 people who were Injection Drug Users (IDU) and 13 people who were IDU and had Male to Male Sexual Contact (MMS), creating a total of 30 people (11%) who were IDUs that were newly diagnosed.

3. Describe the core services and any additional services you propose to offer, including how you will provide HIV and viral hepatitis prevention education.

ANSWER:

The SSP will provide harm reduction services, including sterile syringes of different gauges and lengths (depending on participant preferences). The SSP will also encourage and facilitate free and safe disposal of used syringes by providing FDA-approved personal sharps containers of various sizes. We will also offer safer use supplies for people who use drugs to prevent the spread of infectious diseases. Supplies include, but are not limited to: tourniquets, sterile water, cotton filters, cookers, fentanyl test strips, and alcohol prep pads; safer snorting supplies, including straws and sterile saline; wound care supplies, including band aids, gauze, and medical tape; and safer sex supplies, including condoms and lube. Our SSP is also committed to overdose prevention. Therefore, we will provide naloxone and free naloxone training to individuals and nonprofit organizations at their request. We intend to provide hot and pre-packaged food, bottled water, clothing, and blankets as donations allow. We will also provide case management and treatment navigation services for participants by providing referrals to medical care providers for screening for STIs, HIV/HepC rapid testing and A and B vaccination. Our services will include navigation to social and mental health services, including medication-assisted treatment, and referrals to housing services for the homeless and for victims of intimate partner violence. We will provide risk reduction and HIV and viral hepatitis prevention education by counseling people on safer injection and safer sex strategies as well as other ways to reduce risk and improve health. HRI will also provide HIV and Hepatitis C prevention flyers in both English and Spanish as needed to participants.

4. What is the estimated annual number of participants you will serve?

ANSWER: 500

5. What is the estimated annual number of syringes you will provide?

ANSWER: 300,000

6. What is the estimated annual number of syringes you will collect?

ANSWER: 180,000

HRI is dedicated to collecting as many used syringes as possible, however, because there are many other places to legally dispose of syringes, HRI cannot assume that it will be able to collect all of the syringes that it distributes. HRI participants may legally dispose of syringes at sharps disposal kiosks in the community and at other syringe services programs. Further, syringes are often confiscated and disposed of by the police. This number reflects these other avenues for syringe disposal.

6. SSP Location(s) – Provide a detailed description of the location(s) where you will offer services. Add rows as needed.
- Fixed – Provide the street address, city, and zip code.
 - Mobile – For each location, provide the street or road, and include the two nearest cross streets.
 - Mobile/Home Delivery and Pick-Up – List the cities and county where you will provide the services, and estimated number of deliveries and pick-ups per year.

Type Fixed Site(s), Mobile Site(s), Mobile Home Delivery and Pick-up	Address or Description	Days and Times
Mobile Home Delivery and Pick-up	We will provide mobile home delivery and pick-up services throughout the city of Santa Ana for clients who contact us to request services. After assessing the client's needs for services, we will gather the supplies requested in preparation for delivery. HRI will deliver the supplies to the client's home, as described by the client. While delivering supplies, we will provide an opportunity for safe disposal of any used syringes the client may need to discard. HRI estimates that it will make 3,000 deliveries per year.	We will offer home delivery and pick-up on Mondays and Wednesdays between the hours of 9AM-4PM. HRI will also be available for mobile waste pick-up only on Tuesday, Thursday, and Friday from 9am-4pm. Participants will be able to contact us at any time, seven days a week, to leave a message to place their order or request waste pick-up.

7. Provide the contact name, phone number, and email for any neighborhood associations affiliated with the location(s) of your proposed SSP.

ANSWER:

See attached list of neighborhood associations and contact information (Appendix A).

8. Provide a short paragraph of no more than 150 words describing your SSP which will be posted on the CDPH/OA website. Please include: the name of your organization, a brief description of your services, the location(s), and hours of operation.

ANSWER:

The Harm Reduction Institute is located in Santa Ana, California and provides harm reduction services including sterile syringes, free disposal of used syringes, and FDA-approved personal sharps containers of various sizes. HRI will also offer safer injection supplies, fentanyl test strips, safer snorting supplies, wound care supplies, and safer sex supplies. HRI intends to provide hot and pre-packaged food, bottled water, clothing, and blankets as donations allow. HRI will carry out home deliveries within the City of Santa Ana on Mondays and Wednesdays from 9am-4pm. HRI will be available for syringe disposal, and will provide naloxone training and distribution services, as well as case management and treatment navigation services Monday through Friday between 9am and 5pm.

Operating Plan

Each applicant must submit this Operating Plan. The Operating Plan must include policies and procedures for each of the following aspects of program operations:

- I. Service Delivery
- II. Syringe Dispensing
- III. Syringe Collection and Disposal
- IV. Needlestick Injury Protocols
- V. Data Collection and Program Evaluation
- VI. Community Relations

Instructions – for the tables, check all boxes that apply. For all other questions, please respond in blue font in the space provided.

I. Service Delivery

For each of the services listed in the table below, check below to indicate if you will provide the service directly or will refer participants to community partners (“via referral”). *All services below are required to be provided either directly or via referral.*

Substance use disorder treatment services	Directly	<input type="checkbox"/>	Via Referral	<input checked="" type="checkbox"/>
HIV or hepatitis screening	Directly	<input type="checkbox"/>	Via Referral	<input checked="" type="checkbox"/>
Hepatitis A and hepatitis B vaccination	Directly	<input type="checkbox"/>	Via Referral	<input checked="" type="checkbox"/>
Screening for sexually transmitted infections	Directly	<input type="checkbox"/>	Via Referral	<input checked="" type="checkbox"/>
Housing services for the homeless, victims of domestic violence, or other similar housing services	Directly	<input type="checkbox"/>	Via Referral	<input checked="" type="checkbox"/>
Distribution of condoms	Directly	<input checked="" type="checkbox"/>	Via Referral	<input type="checkbox"/>
Risk reduction education	Directly	<input checked="" type="checkbox"/>	Via Referral	<input type="checkbox"/>
HIV and viral hepatitis prevention education, including the provision of supplies for safer sex practices (must be provided directly)	Directly	<input checked="" type="checkbox"/>		
Syringe exchange services (must be provided directly)	Directly	<input checked="" type="checkbox"/>		
Safe recovery and disposal of used syringes (must be provided directly)	Directly	<input checked="" type="checkbox"/>		

- A. Describe your protocols to strictly limit the disclosure of participant identification information and protect participant confidentiality.

ANSWER:

- To provide tracking of HRI services, each participant will be assigned a unique identifier ID code at enrollment. This identifier will ensure that participants maintain confidentiality.
- The unique identifier ID will be used for all future participant transactions to track program services.
- The unique identifier ID code will consist of the participant's first and last initial, followed by their birthdate (mmddyy).
- Participants will be provided with a card that includes their code upon their enrollment.
- Our staff members and volunteers will have updated logs of all participant identifier codes to access on service delivery days. If participants forget their identifier code, staff members and volunteers will remind participants of the way the unique ID is set up to help them remember.
- All participants will have the option to remain anonymous or use a pseudonym. HRI staff members will still record supply data provided to any participants who request to remain anonymous.
- Mobile home delivery and pick-up services will ensure the privacy of our participants.
- Our staff members and volunteers will be trained in our confidentiality protocols.

II. **Syringe Dispensing**

A. Describe how your program will provide syringes and other supplies to program participants. Your answer must include:

- a) A description of how you will dispense supplies. Design your policies and procedures to meet the needs of participants and support the use of a new, sterile syringe for each injection.

ANSWER:

- HRI will implement a needs-based approach for all syringe transactions. A needs-based approach is defined as providing participants with sterile syringes upon request with no restrictions. The needs-based approach is strongly supported by the CDC because evidence demonstrates that this is the best practice for reducing HIV and hepatitis infections.
- Participants will be able to contact HRI on a hotline phone number. Participants will be able to leave voicemails, text messages, and emails to request syringe services at their location in Santa Ana.
- HRI will not limit the number of syringes provided to participants but may limit syringe distribution if HRI does not have sufficient supplies to serve all participants on a weekly basis. This policy will support the use of a new, sterile syringe for each injection.
- With every syringe transaction, HRI will provide participants with a personal sharps container and stress the importance of proper syringe disposal.
- In addition, HRI will provide harm reduction supplies for safer injection practices, such as alcohol wipes, tourniquets, and cotton balls.
- HRI will contract with a licensed medical waste disposal service to safely dispose of all sharps waste on a weekly basis. Funding for the disposal contract will be covered by the California Clearinghouse.

- b) A description of the method you will use for tracking the number of syringes dispensed.

ANSWER:

- HRI will track the number of syringes dispensed to each individual participant using a paper log that will be updated weekly on a digital spreadsheet. Each participant will have an anonymous identification number that will be provided to them at their first delivery. HRI will record the participants' identification numbers at each delivery and record the number of disposed syringes. HRI will also track the number of syringes provided at each visit.
- In addition to tracking syringe distribution and disposal, HRI will also track the following: the total number and type of referrals and linkages to resources provided to participants; whether participants used their naloxone to save a life since their last visit; and the type of naloxone dispensed to participants (intramuscular or nasal).

III. Syringe Collection and Disposal

A. Describe how the program will collect sharps waste from program participants and how the program will dispose of sharps waste. Your answer must include:

- a) A description of how you will collect sharps waste. Your policies and procedures must be designed to maximize return of used syringes without increasing risk of needlestick injury to staff, volunteers, or program participants.

ANSWER:

- All syringes that HRI collects will be directly placed in a sharps container labeled with the word "Biohazard" and the international biohazard symbol.
- All sharps containers will be rigid puncture-resistant containers. When the container is sealed, it will be leak resistant and will be difficult to open.
- All sharps waste will be stored and transported in puncture proof sharps containers that are designed to be sealed.
- No staff or volunteers will directly handle syringes. Any syringes found on the ground will be safely retrieved with grabbers or tongs which will be handled with puncture-resistant gloves.
- All staff members and volunteers will be required to attend an initial and annual training focused on safely handling syringes in the field before they are able to assist with home deliveries with participants.
- HRI will provide syringe recovery and disposal at all delivery locations. Staff members and volunteers will conduct visual inspections of the area to collect any syringe litter with grabbers or tongs and properly dispose in sharps containers.
- HRI's operations will provide the only mobile syringe disposal option in the City of Santa Ana.
- HRI will operate a hotline where the public can notify HRI staff about littered syringes in the City of Santa Ana. Litter locations will be tracked, and syringes will be picked up as promptly as possible
- In order to dispose of sharps waste after it has been collected from HRI participants, HRI will contract with Biomedical Waste Disposal to dispose of sharps waste on a weekly basis. Disposal costs will be covered through the California Clearinghouse.

- b) A description of the method you will use to track the number of syringes returned. Your policies and procedures must eliminate direct handling of sharps waste and must not interfere with service provision.

ANSWER:

- HRI will determine the number of syringes returned from participants by the size of the container in which they are disposed. If participants have lost their sharps container, or are new to the program, they will be given a sharps container to put their syringes in prior to disposal. Harm reduction practitioners have conducted their own research to determine the number of syringes that can fit in all of the different sized FDA-cleared sharps disposal containers. Therefore, HRI has guidelines that it follows for estimating the number of syringes in containers when filled to their maximum capacity, per the CDC guidelines. If the sharps containers are over filled, HRI participants will be asked to transfer syringes into other sharps containers provided by HRI prior to disposal, to ensure safe disposal practices and accurate counting. If sharps containers are filled below the container's maximum capacity, HRI will make an informed estimate as to the number of syringes in the container, based on the containers' maximum capacity.
- c) A description of how staff and volunteers receive sharps waste disposal education. Programs must ensure that staff, volunteers, and participants are familiar with state law regulating proper disposal of home-generated sharps waste as referenced in [Health and Safety Code Section 118286](#).

ANSWER:

- All HRI participants will receive education on proper syringe disposal as defined in HSC 118286 which includes never putting syringes in the garbage.
- All existing staff members, new hires, and volunteers will be extensively trained regarding HRI's disposal policies and needlestick prevention protocol before providing direct services.
- All staff members and volunteers will be required to review and acknowledge receipt of a copy of HRI's protocols and policies concerning needlestick injury prevention.
- All staff members and volunteers will receive an annual training or review on the same policies focused on how to prevent and respond to accidental needle stick injuries during service delivery hours.

IV. Needlestick Injury Protocols

- A. Describe ways you will safeguard staff, volunteer, and participant safety. Your answer must include:
- a) A description of your policies and procedures that eliminate the direct handling of used syringes and sharps waste.

ANSWER:

- All staff members and volunteers will be trained to follow HRI policies and procedures for preventing needle stick injuries, as outlined above, in an effort to minimize exposure and injuries.
- HRI's program staff members and volunteers will never directly handle any injection equipment that is being disposed of by program participants.
- All injection equipment that is being disposed of by program participants will be directly placed in designated sharps containers.
- If a program participant does not have a personal sharps container to dispose of their syringes, HRI's staff members and volunteers will provide them with one and will require participants to place their syringes in the sharps container and seal it before disposing. Staff members and volunteers will never directly touch syringes.
- When staff members or volunteers receive returned syringes from participants, their sealed sharps containers will be disposed into a larger sharps collection container,

following safety protocols. Staff members and volunteers must use tongs and puncture-resistant gloves if needed to prevent accidental needle stick injuries to program participants and other staff.

- Any items that fall outside of the larger sharps container must be retrieved by staff members or volunteers using tongs and puncture-resistant gloves to prevent accidental needle stick injuries. HRI staff members will be instructed to never handle returned sharps containers with bare hands.
- Participants will be instructed by HRI staff members that their sharps containers should never be filled beyond the manufacturer's fill line. Program staff and volunteers will be instructed to never insert their hands into the sharps container or forcibly push any returned equipment into the container.

- b) A description of your methods to document that staff and volunteers receive annual training on all accidental needlestick injury protocols.

ANSWER:

- All new hires, staff members, and volunteers will be required to be trained on HRI's disposal policies and needlestick injury prevention protocol before providing direct services to participants. All staff members will also be required to review HRI's policies and protocols on an annual basis.
- If there are any changes to procedures or tasks, additional training will be provided to all staff members and volunteers.
- All training materials will be written in language that is appropriate to the educational level, literacy, and language of staff members and volunteers.

- c) A description of your process for ensuring staff and volunteers sign a form acknowledging that they have received needlestick injury protocols training.

ANSWER:

- All staff members and volunteers will sign a form prior to providing direct services acknowledging that they have received training on HRI's needlestick injury protocols and policies. All staff members and volunteers will sign a form annually stating they have reviewed all protocols, including confidentiality. All forms will be kept by program staff for five years.

- d) A description of the immediate and subsequent steps staff and/or volunteers will take following an accidental needlestick injury which include the requirements detailed in Cal/OSHA [Title 8, Section 5193 Section \(f\)\(3\)](#) regulations.

ANSWER:

- Any needle stick injuries or exposures to blood that occur during a program transaction are considered a workplace injury. Any staff members or volunteers' exposure or injury will be documented through completion and submission of an Incident Report and Sharps Injury Log.
- Any injured or exposed employee or volunteer will be sent for immediate evaluation and care at a local emergency room, urgent care, or medical clinic.
- The employee or volunteer will follow CDC guidelines to wash any needle stick injuries or cuts with soap and water, report the incident to the program administrator, and immediately seek medical treatment.

- e) A description of the use of a sharps injury log that satisfy the requirements in Cal/OSHA [Title 8, Section 5193 Section \(c\)\(2\)](#) regulations.

ANSWER:

- The log will include space for employees or volunteers to note the following information if available:
 - Date and time of exposure incident
 - Type and brand of sharp involved in the exposure incident
 - A description of the exposure incident, which will include:
 - Job or title of individual (names will be omitted for privacy)
 - Work area or location where injury occurred
 - Description of what employee or volunteer was doing at time of incident
 - How the incident occurred
 - The body part involved in exposure incident
 - Type of device or brand
 - What could have prevented this incident.

V. Data Collection and Program Evaluation

- A. Describe how you will collect and report data and evaluate the impact of your efforts. Your answer must include:

- a) A description of how you incorporate evaluation data into program design.

ANSWER:

HRI will hold peer advisory group meetings once a month with participants who are able to attend. HRI will bring together a total of 10-30 participants to participate in an informal focus group or to complete a short survey. Questions will focus on their experiences with HRI's services and ways to improve the program. HRI staff members will facilitate, administer, and record participant responses during service hours. Participant responses will be recorded on a shared staff drive and will be analyzed. Findings from the focus group or survey will be shared with staff members. HRI staff members will discuss ways to improve program services based on the responses from participants.

- b) A description of how you record, at minimum, the following data elements:
- Total number of persons served,
 - Total number of syringes and needles dispensed, collected, and disposed of; and
 - Total number and types of referrals made to drug treatment and other services.

ANSWER:

- HRI staff members will be responsible for recording and documenting data on service delivery days.
- If there are volunteers assisting, a lead staff member will be identified as the individual responsible for data collection.
- The following data will be collected:
 - Number of participants
 - Participant initials
 - Participant birthday
 - Participant gender identity
 - Participant race
 - Number of syringes collected/disposed

- Number of syringes dispensed
- Number and type of referrals provided for community resources, such as HIV/HCV testing, substance use treatment, and housing
- Number of participant encounters
- Number of naloxone units distributed and type (nasal/intramuscular)
- Number of lives saved from naloxone provided previously.

VI. Community Relations

A. Describe how you will conduct community relations. Your answer must include:

- a) A description of how you will document positive feedback and concerns expressed by program participants, community members, and neighborhood associations.

ANSWER:

- HRI will solicit and collect feedback and concerns from program participants during our monthly peer advisory group meetings. HRI will take record and document participant responses. HRI will also collect feedback through quarterly surveys that will be physically distributed to participants.
- HRI has previously sought input and feedback from local elected and health officials regarding community concerns. HRI remains open to arranging a meeting with law enforcement and city officials at their request.
- To document feedback from the community, HRI will be reasonably available to meet with community members and neighborhood associations to document and appropriately respond to their feedback and concerns. Any adverse and/or positive interactions between community members and staff members, participants, or volunteers will be documented on the Incident Report Form, which will be maintained for a period of three years.

- b) A description of how you will record positive interactions and adverse incidents between local law enforcement and SSP staff, volunteers and/or participants.

ANSWER:

- Any adverse or positive incidents that occur between law enforcement personnel and staff, volunteers and/or participants will be documented on the Incident Report Form, which will be maintained for a period of three years.

- c) A description of how you will document the steps your program has taken to address any reasonable concerns.

ANSWER:

- Program administrators have reached out to local officials in the City of Santa Ana to introduce the program and provide an opportunity to meet and discuss any feedback.
- Program administration staff will make themselves reasonably available to meet with community members or officials to discuss reasonable concerns.
- The program will maintain a website for information on services and how to contact the program with questions.
- Program administration staff will keep a log of efforts taken to address reasonable concerns.

Name of Program:

Harm Reduction Institute

I. Personnel					
Job Title	Annual Salary	FTE	Total	Brief Description	Source of Funds (In-Kind, Grant, Etc.)
Executive Director	\$ 71,385.60	1.00	\$71,385.60	Oversees entire program. Supervises the Program Manager and Case Manager. Applies for new funding and keeps financial records. We have one staff member in this position	Grant funding from the California Harm Reduction Initiative, California Overdose Prevention and Harm Reduction Initiative, and National Council for Mental Wellbeing
SSP Program Manager	\$ 71,385.60	1.0	\$71,385.60	Oversees outreach staff. Coordinates community outreach and deliveries, tracks data, assists case manager. We have one staff member in this position	Grant funding from Sierra Health Foundation Low-Barrier MAT fund
Case Manager	\$ 63,318.00	1.00	\$63,318.00	Links participants to MAT, maintains relationships with community partners, conducts program evaluations with ED, tracks data, makes deliveries to participants. We have one staff member in this position	Grant funding from Sierra Health Foundation Low-Barrier MAT fund
Outreach Coordinator	\$ 63,318.00	1.00	\$63,318.00	Coordinates with community outreach partners and volunteers, conducts street outreach to distribute naloxone in the community, tracks data, makes deliveries to participants. We have one staff member in this position	Grant funding from Sierra Health Foundation Low-Barrier MAT fund
Peer Navigator	\$ 63,318.00	1.00	\$63,318.00	Links participants to MAT and other services, distributes naloxone in the community, tracks data, makes deliveries to participants. We have one staff member in this position	Grant funding from the National Council for Mental Wellbeing
Outreach Specialist	\$ 63,318.00	1.00	\$63,318.00	Conducts street outreach with a focus on Latinx and Spanish speaking participants. Distributes and trains people to use naloxone, makes home deliveries, creates partnerships in the community with services geared toward Latinx and Spanish speaking communit. We have one staff member in this position	Grant funding from the Sierra Health Foundaiton Communities of Color fund
Total Salaries and Wages			\$396,043.20		
Fringe Description		Fringe % Rate			

Name of Program:		Harm Reduction Institute	
Simple IRA matching	3%		
Total Fringe		\$11,881.30	
Total Personnel		\$407,924.50	
II. Operating Expenses			
Line Item		Amount	Description
Costs for sharps waste disposal (required)		\$ 10,000.00	Weekly pickup by BWD for 12 months - Costs covered in kind by the CA Clearinghouse
Rent		\$ 14,000.00	Office Space for 5 employees to complete administrative work
Utilities			n/a
Storage Units		\$ 15,872.00	3 storage units for outreach and SSP supplies for 12 months
Info and materials		\$ 2,000.00	Educational pamphlets, business cards, HRI services flyers, know your rights cards, etc.
Work phones & Plans		\$ 3,000.00	For staff to arrange deliveries and disposals
Harm Reduction Supplies		\$ 110,000.00	SSP harm reduction supplies for deliveries - Costs covered in kind by the CA Clearinghouse
Participant Incentives		\$ 6,000.00	Gift cards for testing, syringe sweeps, program evaluation surveys, etc
Transportation - Mileage reimbursement		\$ 18,600.00	Mileage reimbursement for staff deliveries, outreach events, and taking participants to MAT appointments
Transportation - Participant Rideshares		\$ 6,000.00	Participant rideshares to MAT appointments, medical appointments, social services, peer advisory meetings, drop-in centers, etc.
Outreach supplies		\$ 10,532.50	Outreach supplies not covered by the CA Clearinghouse, including bags, additional wound care supplies, socks, tents, blankets, sleeping bags, etc.
Office Supplies		\$ 2,000.00	Office supplies for outreach program including printer paper, printer ink, pens, notebooks, etc
Printing			n/a

Name of Program:	Harm Reduction Institute		
IT Costs		\$ 23,672.00	Insurance & computer, payroll and accounting software licenses
Equipment			n/a
Total Operating Expenses		\$ 221,676.50	
III. Other Cost			
Line Item		Amount	Description
Jeremy Tolchin		\$ 30,000.00	Legal representation
Babak Naficy		\$ 30,000.00	Legal representation
Healthcare Reimbursements		\$ 14,400.00	Reimbursements for staff who pay for healthcare out of pocket
Jitasa		\$ 2,000.00	Accounting services
Total Other Costs		\$76,400.00	
IV. Indirect Costs			
Line Item		Amount	Description
Total Indirect Costs		\$0.00	
TOTAL BUDGET		\$706,001.00	

V. Revenue		
Grants / Contracts / Donations		Amount
California Harm Reduction Initiative		\$ 59,015.00
California Clearinghouse		\$ 110,000.00
Sierra Health Foundation MAT fund		\$ 323,534.00
Sierra Health Foundation Communities of Color fund		\$ 113,452.00
National Council for Mental Well-being		\$ 100,000.00
TOTAL REVENUE		\$706,001.00

Santa Ana Neighborhood Contact List

[List + Map](#)

Neighborhood Name(s)	Neighborhood Contact Name	Neighborhood Contact Info
Artesia Pilar	President Ruby Woo	(714) 835-8925 No email available
Bella Vista	Leon Jacobs, Tyrone Shipp	leonjacobs20@gmail.com ; tshipp90@gmail.com No phone number available
Bristol Memory Coalition, Casa Bonita, Centennial Park, Edna Park, Mar-Les, New Horizons, Northwest, Republic Homes, South Coast, Sunwood Central, West Grove Valley	Erika Baca	EBaca@santa-ana.org ; 714-647-5062
Bristol Warner	Javier Enriquez, Maria Ocegueda	fje714@gmail.com ; dmary67@sbcglobal.net No phone number available
Casa de Santiago	Danny Vega, Julie Ann Farrell	vegadanny@live.com ; julieannfarrell@yahoo.com No phone number available
Cedar Evergreen	Chris Holland	chrisholland@hotmail.com No phone number available
Central City	Richard Campos	(714) 272-3474 No email available
Concord	Joe Petty	joeapetty@gmail.com No phone number available
Cornerstone Village	Erwin Cox, Melissa Pena	minniestreetfrc@factoc.org ; mpena@marinerschurg.org No phone number available
Delhi	Rosie Montanez	rosiemmm2001@yahoo.com No phone number available
Downtown	Denise Reynoso	dlreynoso24@gmail.com No phone number available
Fairbridge Square	Colin Gawronski	gawronskicolin@gmail.com No phone number available

Fairhaven	Charles Jordan	CJordanREBKR@gmail.com No phone number available
Fisher Park	Nancy Collins	nancycollins53@icloud.com No phone number available
Floral Park	Jeffrey Katz	President@FloralPark.com No phone number available
Flower Park	Trisha Torres	flowerparkna@yahoo.com (714) 884-7956
French Court	Larry Haynes	(714) 836-7188 No email available
Grand Sunrise	Janella Simpson	janellasimpson@yahoo.com No phone number available
Heninger Park	Ginelle Hardy	ginelleann@gmail.com No phone number available
Historic French Park	Duane Rohrbacher, Nathan Hittle	me@duanerohrbacher.com ; nhittle@gmail.com No phone number available
Lyon Street, Portola Park, Sandpointe,	Melissa Ortega	MOrtega@santa-ana.org ; (714) 245-8508
Lyon	Joe Andrade, Sam Romero	jandrade13@sbcglobal.net ; (657) 247-2331
Laurelhurst	Enrique Adame	eadamejr@att.net No phone number available
Lacy	Jose Leal	salm23believe_god@sbcglobal.net No phone number available
Mabury Park	Tay Aston, Ricardo Cardenas	taybird54@gmail.com ; cardenas_ricardo@sbcglobal.net No phone number available
Madison Park	Adolfo Sierra	adolfoSierra2019@gmail.com No phone number available
Meredith Parkwood	Winston Covington, Roger Shortall	wrc4homes@aol.com ; gdrhl@aol.com No phone number available
Metro Classic	Carl Benninger	benninger72@gmail.com No phone number available

Mid-City, Pico-Lowell	Irma Macias	imacias1230@yahoo.com No phone number available
Morning Sunwood	Judy Bryant	judyrob22@hotmail.com No phone number available
Morrison Park	Christina Dorsa-Smith	dorsasmithzoo@gmail.com No phone number available
Pacific Park	Selica Diaz, Sandra Pocha Pena Sarmiento	selicadiaz@yahoo.com ; pocha@pocharte.com No phone number available
Park Santiago	Rory Kirk	rorykirk@ymail.com No phone number available
Riverglen	Lynn Fenton	d.lynn.fenton@gmail.com No phone number available
Riverview	Elsie Robles	riverviewna@gmail.com No phone number available
Riverview West	Maria Sandoval, Roy and Julie Melcher	sandoval201371@gmail.com ; jnrmelcher1@aol.com No phone number available
Rosewood Baker	Joe McDonough	joemcd963@msn.com No phone number available
Saddleback View	Desi Reyes	reyesdesi1961@gmail.com No phone number available
Sandpointe neighborhood	None listed	(714) 435-0601 or email sandpointeneighborhood@gmail.com
Santa Ana Triangle	Maureen Telles	(714) 542-2813 No email available
Santa Ana Memorial Park	Pastor Derrell Durley	didurley1@hotmail.com No phone number available
Santa Anita	Felipe Guerrero, Martha Calderon	godfnano@aol.com ; marthacleto123@gmail.com No phone number available
Shadow Run	Cesar Olivares, Dave Lievanos	acolivares72@gmail.com ; davevyer@sbcglobal.net No phone number available
South Coast neighborhood	None listed	SouthCoastNeighborhood@gmail.com

		No phone number available
Thornton Park	Susan Grasse, Lisa Ruvalcava	smgrasse@hotmail.com ; lruvalcava@yahoo.com No phone number available
Valley Adams	Alberta Christy	adchristy@aol.com No phone number available
Washington Square	Tom Lutz, Alton Hitchcock Jr.	luterlutz@aol.com ; melaton@mac.com No phone number available
West Floral Park	Harrison Ziere	ziere101@yahoo.com No phone number available
Willard	Irene Cabanas, Bianca Marchese	irenecabanas101@gmail.com ; bianca@marchesefam.com No phone number available
Wilshire Square	Karen Marx, Marta Rodriguez-Ramirez	sibertmarx@yahoo.com ; marta@openhandsofhope.org No phone number available
Windsor Village	Maria Acevedo-Perez, Loni Paniagua	mdelma_acevedo@msn.com ; lonip@sevengables.com No phone number available
Windsor Village North	Howard Booker, Leonel & Maria Hernandez	bookerfam@sbcglobal.net ; ahernandez1568@gmail.com No phone number available
Young Square	Mary Lou Branch	edmlbranch@netzero.com No phone number available