

**SYRINGE SERVICES PROGRAM (SSP)**  
Application Cover Page

**Applicant Organization Information**

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

**Applicant Acknowledgement and Attestation**

<p>1.) The Applicant attests that upon Certification it will comply with state laws and regulations.</p> <p>2.) The Applicant also attests that it has the capacity to begin syringe exchange services within ninety (90) days of Certification.</p> <p>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.</p> <p>Signature: <u><b>Carol Newark</b></u>      Date (mm/dd/yyyy): <u><b>01/05/2023</b></u></p>
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## **Program Information / Statement of Need**

INSTRUCTIONS - For all question, put your response where it says ANSWER. Please use blue font

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1. Briefly describe your organization's mission.

ANSWER:

The Harm Reduction Institute (HRI) is a 501(c)(3) nonprofit organization that provides 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

2. Provide a description of the core services and any additional services that you will offer.

ANSWER:

The HRI SSP will provide harm reduction services, including sterile syringes of different gauges and lengths (depending on participant preferences), encourage and facilitate free and safe disposal of used syringes, and FDA-approved personal sharps containers of various sizes. HRI will also offer safer use supplies for people who use drugs to prevent the spread of infectious diseases. Supplies include, but 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. HRI is also committed to overdose prevention. Therefore, HRI will provide naloxone and naloxone training free. HRI intends to provide hot and pre-packaged food, bottled water, clothing, and blankets as donations allow. HRI will also provide case management and treatment navigation services for participants who are in need of medical care as well as social and mental health services, including medication assisted treatment, and HIV/HepC rapid testing.

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

Rev 7/2022

ANSWER: 1,500

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

ANSWER: 500,000

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

ANSWER: 300,000 - Because there are many other places to legally dispose of syringes, HRI cannot assume that we will be able to collect all of the syringes that we distribute. 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. A fixed location is one with a mailing address. A mobile site is an outdoor location.

<b>Type</b> (Fixed, Mobile, Home Delivery/Pick Up)	<b>Address or Description</b>	<b>Days and Times</b>
<a href="#">Home Delivery</a>	<a href="#">We will do home delivery services throughout the city of Santa Ana for clients who contact us and request services. After assessing the client's needs for services, we will pick up the supplies needed, drive to their location, and drop them off at their location in all neighborhoods in Santa Ana.</a>	<a href="#">We will offer home delivery on Mondays and Wednesdays between the hours of 9AM-4PM. Participants will be able to contact us other days of the week to place their order.</a>
<a href="#">Choose an item.</a>		
<a href="#">Choose an item.</a>		
<a href="#">Choose an item.</a>		
<a href="#">Choose an item.</a>		
<a href="#">Choose an item.</a>		

If you do not have enough rows, submit the information requested for the additional locations in an attachment.

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

[See attached list of neighborhood associations and contact information \(Appendix A\)](#)

8. Provide a short paragraph describing your SSP that OA will use to post on our website. The name of your organization, a description of your services, the location(s), and hours of operation must be included.

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 safe 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 on Mondays and Wednesdays from 9am-4pm.

9. Needs Statement – Why does your community need harm reduction services? Please use data to describe the needs in your community that your program will serve.

ANSWER:

HRI is applying to be the only syringe services program (SSP) in Orange County (OC), which is the sixth-most populous county in the United States with 3.3 million residents. Orange County 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 Orange County residents, especially considering the county's substantial prevalence of drug use. 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 does not include estimates of fentanyl use over the lifetime; however, both use of heroin and use of fentanyl have 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, Orange County was home to 7,458 people living with HIV (PLWH) in 2020, 480 of whom use injection drugs. 850 PLWH reported having both male to male sexual contact and using injection drugs. This represents 11% of the total number of PLWH. In 2021, the estimated incidence of new HIV cases in Santa Ana was between 12.3 and 18.4 per 100,000 people ([OCHCA 2019 HIV Fact Sheet](#); [California HIV Surveillance Report 2019](#)). This is higher than the 2020 OC rate of new cases, 8.2 per 100,000 people, as well as the overall rate in California, 9.9 new cases per 100,000. (CDPH Office of AIDS CA Surveillance Report 2020).

These statistics highlight the urgent need for sustained and reliable syringe access in Orange County, 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 2020, there were 265 individuals who were newly diagnosed with HIV and a total of 6,548 persons living with HIV in Orange County. Out of the 265 individuals who were newly diagnosed, 6.4% of them were injection drug users ([OCHCA HIV Fact Sheet, 2020](#)). In 2018, Orange County 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 [CDPH's drug overdose surveillance data](#) Orange County's average:

- 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.
- 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.
- 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 Orange County. 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 (MMSM), creating a total of 30 people (11%) who were IDUs that were newly diagnosed.

## Operating Plan

Each applicant must submit an 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 Prevention and Response
- V. Data Collection and Program Evaluation
- VI. Community Relations

Instructions – for the table, click on a box to check or uncheck. For all other question, put your response where it says ANSWER. Please use blue font

### I. Service Delivery

- a) For each of the services listed in the table below, check off if you will provide the service directly or if you will refer participants to community partners (“via referral”).

Substance use disorder treatment services	Directly	<input type="checkbox"/>	Via Referral	X
HIV or hepatitis screening	Directly	X	Via Referral	X
Hepatitis A and hepatitis B vaccination	Directly	<input type="checkbox"/>	Via Referral	X
Screening for sexually transmitted infections	Directly	<input type="checkbox"/>	Via Referral	X
Housing services for the homeless, victims of domestic violence, or other similar housing services	Directly	<input type="checkbox"/>	Via Referral	X
Distribution of condoms	Directly	X	Via Referral	<input type="checkbox"/>
Risk reduction education	Directly	X	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	X		

- b) For each service you marked as provided directly by your agency in the question above, please provide a short description of how you will deliver those direct services.

**ANSWER:**

- HRI will have at least one trained staff member to provide HIV and Hepatitis C screening for participants and will also offer HIV or Hepatitis C screening via referral through HRI’s collaboration with Radiant Health Services in Orange County. Participants will also receive HIV and Hepatitis C prevention education.
- HRI receives condoms through the Office of AIDS that it will distribute to any participants who need them
- HRI will counsel participants about ways to reduce risk of disease with safer injection practices and safer sex practices when HRI provides them with supplies. HRI will ask

participants if they need education before offering them supplies at their first visit and will provide verbal education upon request.

## II. Syringe Dispensing

Describe how the program will provide supplies, including syringes, to program participants. Your answer to this question must include the following:

- 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 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 us 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 have a limit on 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.
- With every syringe transaction, HRI will provide participants with a personal sharps container and offer education on 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 to pay 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 number and type of referrals provided to participants, whether they used their naloxone to save a life since their last visit, and the type of naloxone dispensed (intramuscular or nasal).

## III. Syringe Collection and Disposal

Describe how the program will collect sharps waste from program participants and how the program will dispose of sharps and other medical waste. Your answer to this question must include the following:

- 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.
- HRI will offer 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.

- 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:**

- Sharps containers returned from participants for disposal will be weighed. Staff members will use past data to estimate the number of syringes returned based on the weight of the containers. Staff members will not directly handle sharps waste to avoid the risk of needle stick injury.

- 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
- 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.

### III. **Needlestick Injury Protocol**

Describe ways you will prevent accidental needlestick injury and what steps you will follow if an accidental needlestick injury occurs. Your answer to this question must include the following:

- 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 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 in designated sharps containers.
- If a program participant does not have a personal sharps container to dispose of syringes, HRI's staff members and volunteers will provide them with one. Staff members and volunteers will never directly touch syringes.
- When staff members or volunteers receive returned syringes from participants, their sharps containers will be disposed into a larger sharps collection container, following safety protocols. Staff members and volunteers must use tongs if needed to prevent accidental needle stick injuries to program participants and other staff.
- Any items that fall outside of the sharps container must be retrieved by staff members or volunteers using tongs and puncture-resistant gloves to prevent accidental needle stick injuries. Any returned items must never be handled with bare hands.
- Sharps containers should never be filled beyond the manufacturer's fill line. Program staff and volunteers should 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 review 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 vocabulary that is appropriate for 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. 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 that are exposed or injured will need to be documented through completion and submission of an Incident Report and Sharps Injury Log.
  - The 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

**IV. Data Collection and Program Evaluation**

Describe how you will collect and report data and evaluate the impact of their efforts. Your answer to this question must include the following:

- a) A description of the participant confidentiality protocol which defines how you 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 first two letters of the participant's last name followed by the day (two digits) and month (two digits) of their birthdate. 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.
- b) A description of how you incorporate evaluation data into program design.

**ANSWER:**

HRI will hold peer advisory (or focus) groups, once a month with participants who are able to attend. Participants will be incentivized to participate. Questions will focus on their experiences with the program design and ways to improve the program. HRI's staff members will facilitate and record participant responses.

HRI will create and distribute evaluation surveys to participants on a quarterly basis. Survey questions will be created based on responses from the peer advisory groups and will focus on receiving program and service feedback. These surveys will be administered by staff members during service hours and entered into a spreadsheet for analysis.

- c) 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.
- No personal identifiers will be collected to maintain participant confidentiality. The following data will be collected:
  - 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

**V. Community Relations**

Describe how you will conduct community relations. Your answer to this question must include the following:

- 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.

To document feedback from HRI's community members, HRI has in the past and will continue to reach out to local elected and health officials who govern intended areas of operation to learn about community concerns and receive feedback. HRI will be open and available to meet with any community members or neighborhood associations to document and appropriately respond to their feedback or concerns.

Any adverse and/or positive incidents that occur between community members and staff members, participants, or volunteers will be documented on the Incident Report Form. This form will be maintained for a period of 3 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 or volunteers will be documented on the Incident Report Form. This form will be maintained for a period of three years.

- c) A description of steps the 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 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

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	\$ 52,000.00	1.00	\$52,000.00	Oversees entire program. Supervises the Program Manager and Case Manager. Applies for new funding and keeps financial records	CDPH Project Empowerment Grant
SSP Program Manager	\$ 68,000.00	1.0	\$68,000.00	Oversees outreach staff. Coordinates community outreach and deliveries, tracks data, assists case manager	Sierra Health Foundation Low-Barrier MAT Grant
Case Manager	\$ 63,118.00	1.00	\$63,118.00	Links participants to MAT, maintains relationships with community partners, conducts program evaluations with ED, makes deliveries to participants	Sierra Health Foundation Low-Barrier MAT Grant
Outreach Coordinator	\$ 63,318.00	1.00	\$63,318.00	Coordinates with community outreach partners and volunteers, links participants to MAT, conducts street outreach to distribute naloxone in the community, tracks data, makes deliveries to participants, administers HIV/HCV tests	Sierra Health Foundation Low-Barrier MAT Grant
Outreach Worker	\$ 63,000.00	0.53	\$33,390.00	Links participants to MAT, distributes naloxone in the community, tracks data, makes deliveries to participants	California Harm Reduction Initiative
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
<b>Total Salaries and Wages</b>			<b>\$279,826.00</b>		
<b>Fringe Description</b>		<b>Fringe % Rate</b>			
Insurance coverages , payroll system, website and email system, quickbooks subscription		8%			
<b>Total Fringe</b>			<b>\$22,386.08</b>		
<b>Total Personnel</b>			<b>\$302,212.08</b>		
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	

Name of Program:		Harm Reduction Institute	
Rent		\$ 14,000.00	Office Space for 4 employees to fill orders and meet with participants
Storage Units		\$ 15,872.00	2 storage units for supplies for 12 months
HIV & HCV test kits		\$ 3,600.00	Rapid testing kits for participants interested in getting tested
Work phones & Plans		\$ 3,000.00	For staff to arrange deliveries and disposals
Supplies		\$ 132,928.00	SSP harm reduction supplies for deliveries and outreach - Costs covered in kind by the CA Clearinghouse
Participant Incentives		\$ 24,170.00	Gift cards for testing, syringe sweeps, program evaluation surveys, etc
Mileage reimbursement		\$ 18,600.00	Mileage reimbursement for staff deliveries, outreach events, and taking participants to MAT appointments
Participant Rideshares		\$ 12,000.00	Participant rideshares to appointments, other syringe disposal locations
<b>Total Operating Expenses</b>		<b>\$ 234,170.00</b>	
<b>III. Other Cost</b>			
<b>Line Item</b>		<b>Amount</b>	<b>Description</b>
Jeremy Tolchin		\$ 30,000.00	Legal representation
Babak Naficy		\$ 30,000.00	Legal representation
Healthcare Reimbursements		\$ 5,400.00	Reimbursements for staff who pay for healthcare out of pocket
Marketing		\$ 10,000.00	Website design and photos, branding, staff photos, social media design
<b>Total Other Costs</b>		<b>\$75,400.00</b>	
<b>IV. Indirect Costs</b>			
<b>Line Item</b>		<b>Amount</b>	<b>Description</b>
Fiscal sponsorship fee		\$ 3,500.00	
<b>Total Indirect Costs</b>		<b>\$3,500.00</b>	

Name of Program:

Harm Reduction Institute

**TOTAL BUDGET**

**\$615,282.08**

**V. Revenue**

**Grants / Contracts / Donations**

**Amount**

California Harm Reduction Initiative

\$ 125,707.00

Project Empowerment

\$ 161,500.00

California Clearinghouse

\$ 110,000.00

Sierra Health Foundation

\$ 192,189.00

Clearinghouse Legal Defense Fund

\$ 25,000.00

**TOTAL REVENUE**

**\$614,396.00**

**Santa Ana Neighborhood Contact List**

<b>Neighborhood Name(s)</b>	<b>Neighborhood Contact Name</b>	<b>Neighborhood Contact Info</b>
Artesia Pilar	President Ruby Woo	(714) 835-8925
Bella Vista	Leon Jacobs, Tyrone Shipp	<a href="mailto:leonjacobs20@gmail.com">leonjacobs20@gmail.com</a> ; <a href="mailto:tshipp90@gmail.com">tshipp90@gmail.com</a>
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	<a href="mailto:EBaca@santa-ana.org">EBaca@santa-ana.org</a> ; 714- 647-5062
Bristol Warner	Javier Enriquez, Maria Ocegueda	<a href="mailto:fje714@gmail.com">fje714@gmail.com</a> ; <a href="mailto:dmary67@sbcglobal.net">dmary67@sbcglobal.net</a>
Casa de Santiago	Danny Vega, Julie Ann Farrell	<a href="mailto:vegadanny@live.com">vegadanny@live.com</a> ; <a href="mailto:julieannfarrell@yahoo.com">julieannfarrell@yahoo.com</a>
Cedar Evergreen	Chris Holland	<a href="mailto:chrisholland@hotmail.com">chrisholland@hotmail.com</a>
Central City	Richard Campos	(714) 272-3474
Concord	Joe Petty	<a href="mailto:joeapetty@gmail.com">joeapetty@gmail.com</a>
Cornerstone Village	Erwin Cox, Melissa Pena	<a href="mailto:minniestreetfrc@factoc.org">minniestreetfrc@factoc.org</a> ; <a href="mailto:mpena@marinerschurg.org">mpena@marinerschurg.org</a>
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Downtown	Denise Reynoso	<a href="mailto:dlreynoso24@gmail.com">dlreynoso24@gmail.com</a>
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