

12-2021

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Syringe Exchange Program Outreach

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December 10, 2021

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Abstract

It is estimated that 1 in 5 people infected with HIV are unaware that they are infected and most of the new sexually transmitted HIV infections in the US originate from HIV-infected persons who are unaware of their infection. Access Support Networks (ASN), is a community based nonprofit organization whose mission is to provide support to neighbors and loved ones living with HIV or Hep C. ASN offers harm reduction and prevention education to reduce the increase in HIV rates in Monterey County. The contributing factors affecting the increase in HIV cases in Monterey County are attributed to people's socioeconomic status, substance use, and lack of knowledge about Prep. Some of the consequences the community in Monterey will face are: increase in medical debt, deterioration of mental and physical health, and ultimately death. The project is a syringe exchange program outreach designed to reach the homeless population living in the cities of Seaside and Monterey. With each program outreach, there was a lack of awareness noted about the services offered by ASN among the people in the peninsula. The results of the program outreach recommend an expansion of ASN in the peninsula in order to continue serving the needs for HIV education, prevention, as well as referrals for care and treatment services.

Program Outreach, Referrals, Safe injection, Harm reduction, HIV, Hep C, PreP

Agency & Communities Served

Access Support Networks (ASN) was founded in 1984 when there was an urgent need in the community to provide advocacy and support for people living with HIV/AIDS. The first location was established in San Luis Obispo and expanded into Monterey County in 2015. ASN mission statement is as follows: “The Access Support Network saves and enhances the lives of people in our community impacted by HIV/AIDS and Hep C. We provide access to comprehensive critical services that empower our clients” (ASN, 2020).

ASN does exactly what their mission statement implies, offering much needed services and connections to life-sustaining programs that guard against homelessness and against lapses of medication and healthcare coverage (ASN, 2020).

Furthermore, The agency strives to improve the quality of life and independence of its clients by providing support on an individual basis. They offered a variety of services to assist their clients with whatever their needs are. The following are some services offered to the community: Benefit Counseling , Health Counseling, House Services, Syringe Exchange Programs, Financial Assistance, and Informational forums (ASN, 2020). All these services are offered to the community at no cost thanks to the many public and private funding.

The community served at ASN are the residents of Monterey county who are living with HIV/AIDS, and Hep C. This includes a vast range of individuals from different age groups, ethnicities, and sexual orientations. According to research, some statistics from 2015 through 2019, the number of people in California living with diagnosed HIV infection increased from approximately 129,430 to over 137,000 (CDPH, 2021). Which comes to show, there is a major

problem happening in the community. In 2019, the prevalence rate of diagnosed HIV infection was 344.8 per 100,000 population, compared to 331.4 per 100,000 population in 2015, showing an increase of 4.0%(CDPH, 2021). Likewise, the number of new HIV diagnoses is increasing among Monterey county residents. The data shows 40 new cases per every 100,000 population back in 2008; which increased to 46 new diagnoses per every 100,000 in 2018 (Monterey, 2019). The region that is most affected in Monterey county is Salinas. The city of Salinas seems to be more affected by HIV transmission with 13.9% of residents testing positive, when compared to the 6.9% in the south county area (Monterey, 2019).

The county of Monterey statistics also reports, the most predominant racial groups affected with HIV/AIDs are African American or African American with 24.8% per 100,000 population. Followed by Hipanics with 11.1% for a 100,000 population (Monterey, 2019). Moreover, data suggest the exposures for HIV transmission among monterey county residents is men who have sex with men with 55% of the cases. Followed by hetorosexual contact with 15% and Injection drug use with 13% of the cases. However there is also some data which shows 34% of the cases with unknown exposures (Monterey, 2019).

Problem Description

There is an increase of HIV cases in Monterey county. Unfortunately, the spread of this virus has become a state wide concern. In the United States, the number of HIV infections is higher than ever before. Gay, bisexual, and other men who have sex with men (MSM) are more severely affected by HIV than any other group. African Americans, followed by Latinos, are the racial/ethnic group most affected by HIV (Monterey, 2019). From 2015 through 2019, the annual

number of deaths of persons with diagnosed HIV infection in California increased from 1,846 to 1,912. In 2019, the crude death rate of persons with diagnosed HIV infection was 4.8 per 100,000 population which was a 2.1% increase since 2015 (Monterey, 2021).

According to data researched, currently there are 616 individuals living in Monterey County with HIV/AIDS (Monterey, 2019). African-Americans experienced the highest rates of HIV/AIDS diagnoses in Monterey County. Moreover, Hispanics made up the largest number of new HIV/AIDS diagnoses in Monterey County. According to the surveillance report in 2017, there were 122 new HIV diagnoses between 2015-2017 in Monterey County, 50 of which occurred in 2017 (Monterey, 2019). On the bright side, the Department of Public Health, Center for Infectious Diseases works collaboratively with community based organizations such as ASN to ensure that efforts to combat the HIV/AIDS epidemic are targeted and effective (CDPH, 2021).

Contributing Factors

Socio Economic Issues

The determining cause of the increase of HIV cases in Monterey county are associated with a person's socioeconomic status. Some socio economic issues include poverty and limited access to high-quality health care, housing, and HIV prevention education directly and indirectly increase the risk for HIV infection. These issues also affect the health of people living with and at risk for HIV infection (Monterey, 2019). Among Hispanic individuals infected with HIV, 42% progressed to AIDS within one year of HIV diagnosis. It clearly comes to show not having access to adequate medical treatment for HIV leads to worsening of the virus which then becomes AIDS. Furthermore, people living in poverty can also be more affected by contracting

HIV than those individuals who are not. Homelessness has been associated with risky sexual practices, such as exchanging sex for money, drugs, housing, food and safety. With homelessness and poverty comes hunger; having food insufficiency can contribute to HIV/AIDS infection. It has been shown lacking the basic needs like food, and shelter can result in transactional sex (APA.org, 2010)

Substance Use

Using drugs affects the brain, alters judgment, and lowers inhibitions (HIV, 2018). People that are high are more likely to make poor decisions that put them at risk for getting or transmitting HIV. It might increase the illicit activities of having sex without a condom, have a hard time using a condom the right way, having more sexual partners, or using other drugs. These behaviors can increase your risk of exposure to HIV and other sexually transmitted diseases. For those that have already been diagnosed with HIV, it can increase the risk of spreading HIV to others (HIV, 2018).

Injecting drugs instead of smoking has shown to increase the transmission of HIV. Sharing contaminated needles, syringes and other injecting equipment and drug solutions when injecting drugs increases the risks. Using equipment to prepare drugs, like cotton, cookers, and water can also spread HIV. This is because the needles or works may have blood in them, and blood can carry HIV. Moreover, using crack/cocaine can create a cycle in which people quickly exhaust their resources and may engage in behaviors to obtain more drugs. Likewise, using alcohol can also impact the spread of HIV due to the fact that alcoholism is linked to risky sexual behaviors. For those who are living with HIV, substance abuse can hurt treatment outcomes (HIV, 2018).

Lack of Knowledge about PreP

There is a marked discrepancy between the number of people who need HIV prevention and the amount of people who are actually receiving it. This may be due to the fact that a lot of the Monterey residents are not informed about Pre-exposure Prophylaxis (PreP). According to the Monterey Health Department, specific medical providers or facilities do not endorse PreP, but there are currently several medical providers in Monterey County who offer PrEP services to their residents (Monterey, 2021). Taking a pill a day when someone is exposed to HIV through sex or injection drug use, can help stop the virus from establishing a permanent infection. It is simple and effective but people go untreated due to the lack of knowledge about PreP. A survey of healthcare practitioners found that the third most common reason practitioners don't present PrEP as an option to their patients was that these medical professionals felt they lacked the training to appropriately prescribe the prevention treatment. Many are unfamiliar with the logistics of insurance coverage and have limited knowledge about PreP (Petroll, et al. (2017). PrEP is a powerful HIV prevention tool, and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. According to the CDC, PrEP reduces the risk of getting HIV from sex by about 99% and reduces the risk of getting HIV from injection drug use by at least 74% (CDC, 2021). Not many people are aware of the benefits of PreP and the tremendous change it can bring. Moreover, there is also some distrust associated with the use of PreP, mainly because of the stigma associated with having sexual relationships with an HIV positive person.

Consequences

Increase in Medical Debt

All HIV treatments can be expensive because they require continued treatment and medication. HIV care involves a type of medication called antiretroviral therapy (ART) and regular visits with your doctor. One study estimated that costs of this care could run anywhere between \$1,800 to \$4,500 each month during a person's lifetime. Most of this, about 60%, comes from the high cost of ART medications. The cost is more than people can afford on their own. Furthermore, if the person is getting treatment for HIV and another condition such as Hep C, the cost will increase (Nazario, 2020). The cost of different brand medications also varies depending on if you're receiving top of the line medications. Sometimes HIV can become resistant to more common drugs, so they don't work as well in controlling people's condition. Which means doctors will have to prescribe medication that is much stronger but also more costly. Living with HIV can cause an individual a lot of money.

Deterioration of Mental and Physical Health

People living with HIV/AIDS are at a higher risk for mental disorders. The stress associated with living with a serious illness or condition, such as HIV, can affect a person's mental health. It is important for people living with HIV to know that they have a higher chance of developing mood, anxiety, and cognitive disorders. Moreover, situations that can contribute to mental health problems for people living with HIV include:

- Having trouble getting mental health services

- Experiencing a loss of social support, resulting in isolation
- Experiencing a loss of employment or worries about being able to perform at work
- Having to tell others about an HIV diagnosis
- Managing HIV medicines and medical treatment
- Dealing with loss, including the loss of relationships or the death of loved ones
- Facing stigma and discrimination associated with HIV/AIDS

HIV and related infections can also affect the brain and the rest of the nervous system. This may change how a person thinks and behaves. Also, some medications used to treat HIV may have side effects that affect a person's mental health (NIH,n.d). Whether a person has been newly diagnosed with HIV or is currently receiving treatment, the virus can deteriorate one's mental and physical health tremendously. Receiving the proper mental and physical support is vital.

Death

HIV targets cells of the immune system, called CD4 cells, which help the body respond to infection. Within the CD4 cell, HIV replicates and in turn, damages and destroys the cell (WHO, 2020) Without effective treatment of a combination of antiretroviral drugs, the immune system will become weakened to the point that it can no longer fight infection and disease increases the risk of colds, influenza, and pneumonia. Without preventive treatment for HIV, it puts people at an even greater risk for complications like tuberculosis, pneumonia, and a disease called pneumocystis carinii pneumonia (WHO, 2020). If HIV is untreated then it leads to Acquired Immunodeficiency Distress Syndrome (AIDS). When a person's CD4 count drops below 200, a

person will have progressed to AIDS. AIDS is the most advanced stage of HIV infection(HIV.gov, 2018). People with AIDS have such badly damaged immune systems that they get a number of severe illnesses, called opportunistic infections. According to WHO, as of 2016, about 675,000 people have died of HIV/AIDS in the U.S. since the beginning of the HIV epidemic(2021). With improved treatments and better prophylaxis against opportunistic infections, death rates have significantly declined, but the problem persists.

Problem Model

Contributing Factors	Problem	Consequences
Socioeconomic status	Increase HIV rates in Monterey County	Increase medical debt
Substance use		Deterioration of mental and physical health.
Lack of knowledge about PreP		Death

Capstone Project Description and Justification

Capstone Project

The expansion of a Syringe Exchange program in Seaside/Monterey will address the problem of increased HIV cases in Monterey county. By establishing another location, Access Support Network (ASN) will be able to connect and serve our community in Monterey and Seaside. The program will provide access to sterile needles and syringes, facilitate safer disposal of used syringes, and provide and link to other important services and programs. The expansion of the already established program will assist in providing referrals to substance use disorder treatment programs. It will also enable the agency to screen, care, and treat our clients for viral hepatitis and HIV. It will assist us in providing education on overdose prevention and safer injection. As well as being able to distribute wound care to treat abscess. The goal of the expansion of the Syringe Services Program (SSP) is to be able to build relationships with the community in Seaside/ Monterey to be able to connect them with social, mental health, and other medical services.

Project Purpose

There is a need for a syringe exchange program in Seaside and Monterey due to the contributing factor of substance use which has increased the rates of HIV in Monterey . Substance use is on the rise across the state, and overdose deaths have surged nationwide during the COVID-19 pandemic. Emergency department physicians are seeing an increase in overdoses and deaths, likely due to the prevalence of fentanyl in the drug supply as well as an increase in drug relapses in the context of pandemic stress and the isolation of lockdowns (co.

monterey.ca.us, 2021). According to the Center for Disease Control and Prevention, the opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use (CDC,2019) Data shows that even as prescriptions for opioids in California have gone down, opioid-related overdose deaths have trended sharply upward since 2017 (co.monterey.ca.us,2021).. Communities need additional strategies to prevent drug related HIV infections and other health and social impacts of drug use. SSP's are well poised in the community to provide a low barrier access point for marginalized and vulnerable people to obtain the life saving resources and information that they need.

Project Justification

A syringe exchange program is definitely needed in the Monterey/Seaside area. Based on the location in Salinas, the team has been able to determine there is a major need for expansion of these services in order to continue serving our community. There is currently no establishment in the city of Seaside/ Monterey that can offer the services which are currently being offer to the community in Salinas. There is abundance of evidence in regard to the benefits of a syringe services program (SSPs). According to the Center for Disease Control and Prevention (CDC), SSP's help prevent transmission of blood borne infections, help stop substance use, and help support public safety (CDC, 2019). Furthermore, the majority of new Hep C cases are due to injection drug use. Over 2,500 new HIV infections occur each year among people who inject drugs. SSPs reduce HIV and Hep C infections (CDC,2019). Nearly 30 years of research has shown that SSPs are safe, effective, cost saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections. They are an effective component of comprehensive community based prevention and

intervention programs that provide additional services. The expansion of a syringe exchange program in Seaside/Monterey will contribute to a solution to prevent and treat HIV/Hep C in our community. Research shows that new users of SSP are five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who don't use the programs (CDC, 2019). The benefits of implementing the project of a syringe exchange program in Seaside/Monterey will allow Access Support Networks to offer our community with vaccination, testing, linkage to infectious disease care, substance use treatment, and access/disposal of syringes. It will also assist our community with addiction recovery and stigma reduction through coordination of syringe clean up events, and ultimately establish a network of peer support.

Project Implementation

The program outreach in Seaside/Monterey will be implemented by following the recommendations of the Syringe Service Program Development and Implementation Guidelines for State and Local Health Departments published in 2012 by the National Alliance of State and Territorial AIDS Directors. By following their recommendations, the first step is to assess the communities need for a syringe exchange program as well as assessing the communities readiness for this type of program (NASTAD.org, 2012) . Identify potential locations for SSP's and find encampment areas in both Seaside and Monterey. Locating the encampments is vital information in order to plan the trips to the city and use our time efficiently by finding out the times and places where people gather. Next step is to create a flyer so that we are able to promote the program by handing out an information sheet of the services ASN offers. This Intern will prepare supplies such as PPE, wound care kits, Pipes, and safe injection kits to pass out to the

people we encounter. The intern will assist in gathering the staff that will be part of the outreach and coordinate a date for the outreach. As well as arrange a time with the current peers that help at the Salinas syringe exchange for them to come help out with the outreach in Seaside/Monterey. It is also important to organize the proper attire such as a shirt with our logo so that this Intern can represent the organization. Once the date, time and dress attire are ready this intern will drive to Seaside/ Monterey to target the locations where we know our homeless communities gather and start offering our services. At the same time, this intern will survey the people we approach by asking questions such as: How many needles do they use per week?, where do they dispose of the needles they use?, which location would a syringe exchange program be adequate?, and other questions that will help us identify the needs of the community. Once this intern starts to develop a connection with the community, the intern will continue visits once a month to the same locations such as the Salvation Army in Seaside, the feeding truck near Monterey Beach, and the transit station in Monterey. These efforts are to support the expansion of the soon to be new location of an ASN in Monterey. A detailed implementation plan and timeline can be seen in the Scope of Work in Appendix A.

Assessment Plan

The way to assess the effectiveness of the program outreach in Seaside and Monterey is by measuring the number of people that have reached out for our services. This intern will be counting the surveys and tallying up the number of people that were able to be surveyed. The intern will also be able to add up the total amount of supplies that were handed out the first time around and throughout every other visit to the cities. The number of returned clients will also be added up, which will be another way to calculate the effectiveness of the outreach. The more returned clients, the more effective the outreach. Furthermore, the best way to measure the efficacy of the program outreach in Seaside and Monterey is by the number of people that have built trust and a relationship with ASN. There will be a survey passed out to the community during the next visits to Monterey and Seaside, in order to tally up how comfortable people feel reaching out to ASN for their needs..

Expected Outcomes

The expected outcomes are to increase awareness of opioid overdoses, as well as minimize the HIV rates in Monterey county. By implementing a syringe exchange program in Seaside/ Monterey, there will be an increase in awareness of Narcan overdoses, sexually transmitted disease, and connection with the community. It is expected that the amount of supplies we pass out continues to increase, this will be a good indicator that the word is spreading within the community. It is also expected that the community in Seaside and Monterey become more aware of our services by having a bigger turnout the next time we go out for outreach. The main goal is to build relationships with the community in Seaside and Monterey in order to support them in their needs with as well as assist them when they are ready to get sober.

Project activities

The intern was able to complete the survey and assisted with the flyer which was passed out during the program outreach in the peninsula. The intern was also able to set up supply bags including PPE (Personal Protective Equipment) such as disposable masks and gloves, as a gift to the people to be encountered. There were several program outreach sessions which were conducted in order to bring awareness of syringe exchange services. The first time the intern and staff went to the peninsula, there was some push back noted from the community. Some of the people were reluctant to give us their time and complete the surveys. Also found it difficult locating people interested in our services due to arriving late to the locations where people gathered. The second time around, the intern and the staff changed the strategy, and organized the outreach a little more, making the second program outreach a success. Arriving on time for meals at the Salvation Army and the food truck by the beach was the strategy that worked the best. A lot of homeless encampments were also located the second time around. The intern and staff were able to talk to community members and pass out supplies while gathering survey information. The people encountered raised their concerns and mentioned the lack of services they have in the peninsula. The intern made note of suggestions from the community members in order to address their needs.

Project outcome(s)

The first time around performing syringe exchange outreach, the intern and staff did not receive the outcome expected but changing the strategy and returning the second time around definitely made a difference. Based on the program outreach to Monterey and Seaside, the intern and staff at ASN concluded there is a need for an expansion of the syringe exchange program. The community in Seaside and Monterey is lacking support from a syringe exchange program. There is no location for the community to turn in their used needles, nor receive wound care supplies. The more awareness there is about the services provided by ASN, the more people will take advantage of them. There was also an increase in the distribution of PPE bags and supplies as the intern and staff continued returning to the peninsula; which meant that word was getting around.

Findings/results

The intern and staff were able to assess the effectiveness of the program outreach by witnessing an increase in participants. The staff at ASN was able to witness an increase in participants the following times program outreach was performed in Seaside and Monterey. The number of surveys filled out increased from 10 to 30 per day. This meant connection with more people was increasing harm reduction and education about ways to avoid HIV transmission. Moreover, the intern was also able to interact with law enforcement officers, and build community alliances. This was a very relevant approach to our future expansion of the syringe program because the officers agreed to recommend and link ASN to the community members who need from ASN services. The intern and staff from ASN continued receiving positive feedback from the community members encountered in the peninsula. Word to mouth happened within the homeless community which also led to an increase in trust of the agency.

The data collection method we used were surveys completed during the outreach sessions. We asked every person we encountered if they could take part in a small survey to gather information. The following questions were asked: Do you use Needles? Where do you get your syringes from? Where do you dispose of your old syringes? Do you smoke? What do you smoke? Have you ever tested for HIV/Hep C? Are you interested in Suboxone? Do you have access to Narcan? How many times have you had to Narcan someone? Do you use PreP? Would a syringe exchange program be helpful in Monterey/ Seaside?. Asking these questions allowed the intern and staff to identify the needs in the community. At the same time tallying up how many supplies were passed out was a good way to keep track of how effective the program outreach was. The first time, there were only 10 surveys completed but the second time, a total of 30 surveys were completed.

The project did achieve the expected outcomes due to the staff at ASN seeing an increase in participants requiring our services. Performing program outreach in the cities of Seaside and Monterey, showed a lack of services highly needed. It was determined the crucial need there is for a syringe exchange program. The intern and staff at ASN were able to distribute supply bags during each encounter with the community members. During the two program outreach sessions, a total of 20 Narcan Kits were passed out, along with 12 wound care kits, 50 PPE kits, 10 supply kits, and about 16 pipe kits. The intern's mission to promote ASN services and get word out about safe injection, harm reduction and PreP was a success.

Conclusion & Recommendations

The results of the program outreach show the community is in need of expansion of the syringe exchange program. Based on all the surveys gathered, there is data which shows many people need assistance with Narcan distribution, HIV/HEP C testing, and education about PrEP. As well as people needing wound care kits, and PPE kits. There will be a lot of people in the community who will benefit from an expansion of a syringe exchange program in the peninsula. Survey data shown in a descriptive graph in the Appendix A section.

The results show the project needs to continue in order to keep spreading word about safe injection and avoidance of HIV transmission. Currently, there aren't any services in Monterey that offer what ASN is offering the community in Salinas.

It is recommended the program outreach continues in order to continue building trust among the community members of the peninsula. Perhaps, build connections with law enforcement and the local shelters. Also, be able to reach out to the rest of the encampments that were not located. One idea that could help with reaching out to the homeless population in Monterey would be to go on a physical walk where the encampments are located. Another recommendation would be to set up a safety plan and purchase a van in order to carry all the equipment necessary. Safety should be a priority for everyone participating in the program outreach, specially since the population addressed could sometimes be under the influence of drugs. Continuing marketing of ASN should be a task performed at least once a month in order to keep reaching out to marginalized and isolated individuals.

References

- American Addiction Centers (2021, March 16) What are the Barriers to Accessing Addiction treatment. Retrieved from:
<https://americanaddictioncenters.org/rehab-guide/treatment-barriers>.
- American Physiological Association (2010, December). *HIV/AIDS and Socioeconomic Status*. Retrieved from: <https://www.apa.org/pi/ses/resources/publications/hiv-aids>.
- California Department of Public Health (2021, February 23). California HIV Surveillance Report 2021. Retrieved from:
https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2019_ADA.pdf.
- Center for Disease Control and Prevention (2019, May 23). *Syringe Services Program (SSP's) Fact Sheet*. Retrieved from:
<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>.
- County Of Monterey Health Department, (2019, Oct 24). *HIV Local Data*. Retrieved from:
<https://www.co.monterey.ca.us/government/departments-a-h/health/diseases/hiv-aids/hiv-local-data>.
- County of Monterey Health Department (2021, January 26). *Opioid Safety Information and Resources*. Retrieved from:
<https://www.co.monterey.ca.us/government/departments-a-h/health/public-health/opioid-safety-information-and-resources>.

HIV.gov, (2018, August 27). *How can using drugs put me at risk for Getting or transmitting HIV.*

Retrieved from

:<https://www.hiv.gov/hiv-basics/hiv-prevention/reducing-risk-from-alcohol-and-drug-use/substance-use-and-hiv-risk>.

National Alliance of State and Territorial Aids Directors (August, 2012), *Syringe Services Program (SSP) Development and Implementation Guidelines for State and Local Health Departments*. Retrieved from: NASTAD.org

Nazario, Brunilda (2020, June 04) Web Med. *How Much does HIV Treatment Cost?*. Retrieved from; <https://www.webmd.com/hiv-aids/hiv-treatment-cost>.

Methadone.us, (2021) Retrieved from: <http://www.methadone.us>

Petroll, A. E., Walsh, J. L., Owczarzak, J. L., McAuliffe, T. L., Bogart, L. M., & Kelly, J. A. (2017). PrEP Awareness, Familiarity, Comfort, and Prescribing Experience among US Primary Care Providers and HIV Specialists. *AIDS and behavior*, 21(5), 1256–1267. <https://doi.org/10.1007/s10461-016-1625-1>

The National Institute of Mental Health Information resource Center, (n.d). *HIV/AIDS and Mental Health*. Retrieved from:<https://www.nimh.nih.gov/health/topics/hiv-aids/index.shtml>

World Health Organization. (2020, November 30) *HIV/AIDS*. Retrieved from:<https://www.who.int/news-room/q-a-detail/hiv-aids>

Appendix A

Scope of Work

Activities	Deliverables	Timeline/Deadlines	Supporting Staff
1. Discuss Capstone ideas with mentor	1. Final Capstone idea approved	Jan-Feb 2021	Oriana Nolan Christina Elvin
2. Identify the best practices for expansion of Syringe Exchange Program	2. Final approved materials	April 1	Orian Nolan Christina Elvin
3. Find homeless encampments areas in Seaside/Monterey	3. Sites confirmed and staff agreed on a date/time	April 15	Oriana Nolan Christina Elvin
4. Make a flyer for the outreach	4. Flyer sent to Mentor	May 1	Christina Elvin Oriana Nolan
5. Make a sheet to tally results	5. Form approved by Mentor	May 1	Christina Elvin
6. Make supply bags and print handouts	6. Mentor approved of materials	May 1	Christina Elvin
7. First trip to Seaside/Monterey to reach out to the community	7. Mentor agrees with plan	May 10	Christina Elvin Liliana Paris De La Rosa Chinatown Peers
8. Identify more efficient practices	8. Updates and new ideas approved by mentor	September 30	Christina Elvin Liliana
9. Second trip to Seaside/Monterey	9. Mentor agrees with time and dates	September/October	Christina Elvin Liliana Paris De La Rosa Chinatown Peers
10. Final preparation for Capstone Festival	10. Capstone Delivery	December 5	Christina Elvin Oriana Nolan



Syringe Exchange

***-Bring old ones get new ones-
Coming soon to your area!***

Currently located in Salinas Chinatown

17 E. Lake Street Salinas, CA 93901

831-975-5016

Operating Fridays from 2:00 pm to 4:00 pm

Services:

- Syringes - thick to thin and long or short
- Pipes - Cocaine, methamphetamine
- Narcan for overdose reversal
- Basic wound care kits
- Clean supplies
- Sharps containers
- COVID safety supplies - gloves, masks
- Hep C/HIV testing

ASN Program Outreach Survey

1. Do you use Needles?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2. If Yes, How many Syringes do you use per day?					
3. Where do you get your Syringes from?					
4. Where do you dispose of your old syringes?					
5. Do you Smoke?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
6. What do you Smoke?					
7. Would a Syringe Exchange be helpful in Mry/Seaside?					
8. Have you ever tested for HepC/HIV?					
9. Are you Interested in Suboxone?					
10. Do you have access to Narcan?					
11. How many times have you had to Narcan someone?					
12. Do you know about PrEP?					

Narcan Kit _____
 Nasal (N) or Injectable (I)

Wound Care Kit _____

PPE Kit _____

Supply Kit _____

Pipe Kit _____

