



**ORANGE COUNTY**  
**HIGH IMPACT OPIOID ABATEMENT**  
**STRATEGIES**  
**Funding Proposal Application Form**  
**Application Due Date: February 21, 2025**

Applicant Agency: General Information				
<b>Legal Name</b>	University of North Carolina at Chapel Hill			
<b>Address</b>	104 Airport Dr, Suite 2200 Campus Box 1350 Chapel Hill, NC 27599-1350			
<b>Type of Agency (check one)</b>	<input type="checkbox"/> Government/ Public Authority	<input checked="" type="checkbox"/> Non-Profit/ State Related Institution of Higher Education	<input type="checkbox"/> For-Profit Business	
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<b>Telephone</b>	517-262-4639			
<b>Name of Project</b>	Student Health Action Coalition Syringe Service Program			
<b>Total Application Funding Requested</b>		\$196,047.00		
<b>Funding Period Requested (MM/DD/YYYY)</b>	<b>Start Date</b>	7/1/2025	<b>End Date</b>	6/30/2028
<b>Selected NC MOA Option A Strategy (Number and Name)</b>	Strategy 9: Syringe Service Program			
<b>Agency Mission and Vision Statements</b>	<p>The Student Health Action Coalition Syringe Service program is a joint project of the UNC Student Health Action Coalition and the UNC Injury Prevention Research Center. As such, we are including the mission statements of both organizations.</p> <p>The Student Health Action Coalition is a student-led organization whose mission is to:</p> <ol style="list-style-type: none"> <li>1. Provide free health services to our uninsured and underinsured neighbors in Carrboro, Chapel Hill and Durham.</li> </ol>			

2. Partner with communities to develop and implement sustainable programs.
3. Create an interdisciplinary service learning environment for students in the Health Science programs at UNC.

The UNC Injury Prevention Research Center's vision is to conduct innovative research, training, and outreach that strengthens and disseminates the scientific base for injury and violence prevention.

The mission of the Injury Prevention Research Center is to advance injury and violence prevention through interdisciplinary research and training the next generation of injury researchers and practitioners.

## **1. Proposal Summary**

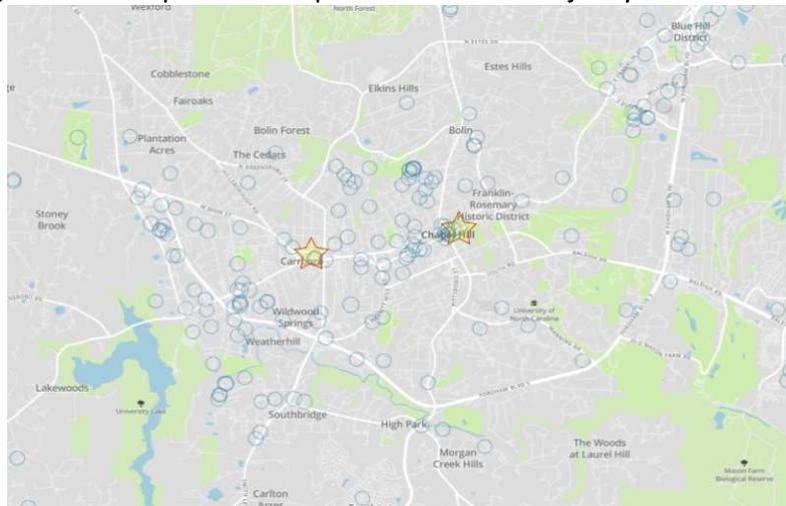
Student Health Action Coalition Syringe Services Program (SHAC SSP) is a harm reduction-based organization providing sterile injection supplies, naloxone, first aid supplies, fentanyl and xylazine test strips, and referrals to other social and health services to people who use drugs (PWUD) in Orange County. We seek to address participant needs through an evidence-based approach including providing them with safer use supplies and education and training on overdose response, and connections with substance use disorder (SUD) treatment resources if desired. With our prior Orange County Opioid Settlement Funding we greatly expanded our program, more than doubling numbers of syringes and naloxone doses provided, and adding an additional weekly supply distribution shift. With this application we seek funding to continue to expand supply provision to PWUD in Orange County, grow from two to three weekly shifts to serve additional participants, develop emergency use naloxone boxes in critical overdose hotspots throughout Orange County, streamline our referral process, further incorporate PWUDs' perspectives in our program development, and enhance dissemination of our work. Our program serves the historically marginalized population of PWUD in Orange County, including many who are also experiencing marginalizing socioeconomic conditions such as homelessness and unemployment. Our innovative structure as a student-led and -run SSP allows us to foster a passion for harm reduction in students across the University of North Carolina (UNC), and our participants benefit from our connection with other student-run clinics within UNC including free primary care, HIV and STI testing and treatment, dental care, and other necessary resources.

## 2. Project Narrative

### A. Assessment of Community Need

SHAC SSP serves PWUD in Orange County, NC through our weekly service distribution locations at the Inter-Faith Council (IFC) in Carrboro and the University United Methodist Church (UUMC) in Chapel Hill, as well as our satellite site of Hillsborough Pharmacy, where we stock safe injection supply and naloxone kits that can be requested by anyone who comes to the pharmacy. IFC, UUMC, and Hillsborough Pharmacy all have missions focused on serving others, with the focus of IFC being “to confront the causes and respond to the effects of poverty in our community.” The Community Services Manager at IFC and several SHAC SSP volunteers speak Spanish, so we can offer services to participants who prefer or exclusively speak Spanish, making our services accessible to a broader community. We are currently the only SSP with physical locations of distribution shifts in Orange County, with NC Harm Reduction Coalition and Starting Point Rural Harm Reduction Coalition providing mobile supply distribution but no drop-in services. In this way, our program fills an important gap in services for PWUD who do not have a home address for delivery, do not have access to technology for placing mobile orders, are unaware of mobile resources, or prefer drop-in services.

The below map shows locations of every incident run by Orange County EMS in the southern region of Orange County, where many calls were concentrated in calendar years 2018-2023 that involved primary or secondary impression of opioid use disorder (blue circles), according to Orange County Post Overdose Response Team, with yellow stars representing the locations of SHAC SSP's current operations. Our two primary SSP locations in Chapel Hill are within walking distance or public transportation of the majority of these local hotspots.



According to NC DHHS Overdose Epidemic data “the estimated Overdose Death rate in Orange is 21.0 out of 100,000 residents in 2023, representing (projected) 32.00 people who died of an overdose,” and “the Overdose ED Visit rate in Orange was 59.1 per 100,000 residents in 2024, representing 89.00 ED visits for an overdose.”<sup>1</sup> Orange County is focusing their public health efforts between 2024-2028 on access to care, behavioral health including mental health

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<sup>1</sup> <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data#monthly-reports>

and substance use, and connections to community support. Of Orange County's population, SHAC SSP specifically serves those with highest need for access to care, behavioral health support, and connections to community support. Through our collaboration with community partners such as IFC and Orange County Overdose Response Team, we are able to effectively serve this population, contributing to the efforts of Orange County as a whole.

The needs of our participants are determined by standard offerings of SSPs supplemented with additional resources based on participant needs. When participants come in to receive supplies, they are informed of everything we offer, and we use this opportunity to seek guidance on additional services and supplies that our participants could benefit from. We are then able to incorporate these requests into our standard offerings to better fit the needs of our population. While the focus of our program is to distribute safe injection and overdose reduction and response supplies, we believe in treating and caring for the whole person, so our harm reduction efforts extend beyond offering safe injection supplies alone. The population we serve is largely unhoused and/or living below the poverty line, so we make an effort to expand our services to fit the additional needs they have. For example, we received participant requests for and now offer bug repellent spray during summer months and hand warmers during the winter as these are highly valued items for our participants experiencing homelessness. By offering these items, we not only benefit our participants but are also able to establish better caring relationships with our community, building trust and familiarity with our program participants. Due to this approach, we often observe that participants initially coming in requesting items like hand warmers later return seeking harm reduction supplies.

## **B. Project Description and Program Sustainability**

The primary implementation strategy addressed by this proposal is Strategy 9: Syringe Service Program. Our work also addresses Strategy 7: Naloxone Distribution. The proposed project is funding for the Student Health Action Coalition (SHAC) SSP. SHAC SSP is a volunteer-based organization that seeks to improve health outcomes for people who use substances and improve community knowledge of drug safety. We are founded on the principles of harm reduction, which seek to center the humanity of people who use substances while working to reduce higher-risk behaviors through delivery of non-judgmental care. We aim to “meet people where they are” and rebuild trust between people with substance use disorder (SUD) and the medical community. SHAC SSP serves a diverse clientele and is the only fixed location SSP operated out of and focused exclusively on Orange County.

Our parent organization, SHAC, is a 501(c)(3) nonprofit that is managed through the UNC Health Foundation and is part of the National Association of Free Clinics and North Carolina Association of Free and Charitable Clinics. SHAC’s mission is to provide free “comprehensive health care and social needs support.” Due to capacity constraints, SHAC is unable to administer large awards in-house. Therefore, we are applying with the UNC Injury Prevention Research Center (IPRC) who will administer the award, including overseeing the financial, personnel, and compliance aspects of the program. SHAC SSP was awarded Orange County Opioid Settlement funds in a previous cycle and the contract is currently administered through IPRC. SHAC SSP registered with the North Carolina Department of Health and Human Services as an SSP in Spring of 2022. Since our inception in 2022 we have provided safer use supplies to over 175 unique SSP clients, including more than 456 doses of naloxone and 2,002 syringes. We also provide sterile injection supplies, fentanyl and xylazine test strips, first aid supplies, drug checking kits, referrals to local organizations for substance use disorder treatment, and referrals to other clinics within SHAC for free medical and dental care, STI and HIV testing and treatment, and more.

Our leadership team has been trained to lead educational activities related to naloxone administration, harm reduction principles, North Carolina Good Samaritan laws, and fentanyl awareness. In the last year, our volunteer base increased from 15 to 83 active volunteers with undergraduates, nursing students, public health students, and medical students receiving training on topics important for SSP shift staffing including how to teach participants about naloxone use. Our tracked statistics from May 2022-May 2023, prior to receiving Orange County Opioid Settlement Funding, compared to June 2023-June 2024 with funding show that we substantially increased our supply provision to participants. Overall, our number of participants served increased from 65 in 2022-2023 to 124 in 2023-2024. Our provision of naloxone doses increased 109% in 2023-2024 compared to 2022-2023 from 99 to 207, and our number of syringes distributed increased 115% from 439 to 946. Additionally, we expanded from one to two weekly supply distribution shifts during the last funding period.

We are seeking funding for SSP supplies, educational materials, marketing, travel, and continued funding for the paid Program Navigator position within SHAC SSP. Supplies include purchases of naloxone, syringes, fentanyl and xylazine test strips, basic first aid supplies, and other items comprising the total inventory of 26 harm reduction-related items we supply. The program navigator hired within the last funded year provides program management and support, including development of educational materials, volunteer management and training,

program expansion, management of community partnerships, and direct staffing of supply distribution shifts. This funding will let us meet organizational goals by increasing supply distribution and starting new initiatives as detailed below. Our grant through the Orange County Opioid Settlement Fund is currently our only source of funding. Challenges for our program beyond the current project cycle include maintaining our Program Navigator role, which is currently a temporary position pending grant funding. However, we will work with our program navigator for whatever time we can fund this position to create streamlined workflows that are more sustainable for a student-run organization. Streamlining processes for inventory, supply ordering, maintaining records, and interfacing with other programs will enable us to continue to grow and maintain access to necessary safer use supplies for residents of Orange County. Another challenge for our program is that we currently receive nasal Naloxone for free via the Addiction Medicine program at UNC but are not guaranteed to continue receiving this resource indefinitely. To address this, we developed our budget such that if needed we can shift spending to be able to purchase Naloxone. We would also explore other sources of free or reduced cost Naloxone via connections with other SSPs. For the initiatives below, three student co-directors and the program navigator will share responsibility for oversight and completion of all tasks, with our student volunteer base providing staffing for routine SSP activities.

**Upcoming initiatives for new funding period:**

1. **Open a new SHAC SSP location to increase SSP access:** With our program navigator available to staff shifts weekly and the significant growth of our volunteer base, our bandwidth for shift staffing has increased greatly. We are actively seeking an additional location in Chapel Hill to host a third weekly distribution shift. This location will be selected to complement our weekly shift locations in Chapel Hill and Carrboro and our supply site at Hillsborough Pharmacy and serve a population to whom these locations are not easily accessible. We are utilizing participant feedback and EMS data on overdose locations to select this site. An additional distribution shift per week in a visible and easily accessible location within Orange County will enhance the quantity of safe injection supplies and Naloxone we can distribute. We will seek to start shifts at our new site at the start of the Fall undergraduate semester in August 2025.
2. **Initiate SHAC SSP material distribution within the UNC Emergency Department (ED):** We are in the process of incorporating information on the SHAC SSP into discharge materials for patients admitted to the UNC ED with substance use-related chief complaints or those who discuss substance use with their provider. Through discussions with ED leadership, it became apparent that the current guidance materials for treatment of SUD are out of date and our program is assisting in revision of these materials. Our program will also be giving a presentation to the UNC Emergency Medicine Residency Program to educate medical residents on SUD treatment, harm reduction, and SSPs. This will benefit patients in our community by streamlining the process with the UNC ED for patients to access lifesaving resources through our program. This will represent a significant improvement in how patients who use opioids are treated within the UNC Healthcare system and open a line of dialogue so we may continue to improve healthcare providers' knowledge and awareness as the opioid crisis evolves. The presentation will occur in Summer 2025 and guidance materials updated throughout Fall 2025, with this initiative led by the program co-directors in conjunction with medical student volunteers.
3. **Establish Emergency Use Naloxone Boxes:** We plan to expand access to free naloxone in

Orange County through a selection of data-driven locations with a high risk of opioid overdoses. This initiative will include installing emergency naloxone boxes (similar to public-use AEDs and EpiPens) in locations that were sites of overdoses in 2020-2023. These efforts will initially focus on parking garages and public spaces, with further locations determined through ongoing collaboration with Orange County PORT. We plan to initiate this project during Summer 2025. This project would build local infrastructure to respond to the opioid crisis by significantly increasing access to overdose resources in our community. We will commit to continuously restocking these boxes throughout and beyond the proposed funding period.

4. **Improve and streamline referrals:** During the prior fiscal year we strengthened our connections with local programs providing resources that may be helpful for our participants such as free primary care, dental care, counseling and mental health care, and STI and HIV testing. We have previously referred participants to these resources on an as-needed basis upon request or based on volunteers' assessment of participant needs. In this grant period, we will seek to streamline and increase the frequency of referrals by integrating a standardized checkout form for our distribution shifts that will include referrals as items to offer every participant. This will increase frequency of referrals, improving linkage to needed resources for vulnerable Orange County residents. We will also continue to offer referrals to substance use disorder treatment centers in a non-prescriptive, participant-initiated manner. The standardized checkout form will be iteratively improved to incorporate feedback from participants throughout the funded period.
5. **Engage with and compensate SSP participants for their feedback to improve services:** As an organization composed of and led by UNC students, we are conscious of our need to incorporate perspectives from individuals with lived experience with substance use into the direction and leadership of our program to better serve our population. In the next fiscal year, we will strive to integrate participant feedback and include the input of community members with lived experience in a more regimented manner. We will develop and implement surveys on the performance of our programs, including any unmet needs, and compensate participants financially for filling out these questionnaires. We will also identify our most engaged participants and create a community advisory board (CAB) so they can share their input on the program with us at quarterly meetings and as needed throughout the funded period. CAB meetings will begin in Fall 2025.
6. **Disseminate our program's work and continue building collaborations through educational conferences:** To further engage with other agencies in the state, learn about new harm reduction approaches, and increase our awareness of other local resources, we plan to have our program directors and navigator attend conferences in this fiscal year. They will attend the twice-yearly NC Safer Syringe Initiative Learning Collaboratives for education and training on topics such as wound care that will enhance the services our SSP offers. We will also seek to disseminate our program's unique student-led SSP model by presenting at the American Society of Addiction Medicine conference in April 2026, with abstract submission in January 2026. We hope that the presentation will inspire and guide the creation of student-run SSPs at other institutions.

### **C. Equity Impact**

The mission of SHAC SSP is to address health inequities experienced by PWUD by providing them with safe injection supplies, overdose reversal kits, and direct referrals to other medical and social services. Through our services, we aim to improve health outcomes, including comorbidities associated with drug use, for this population. While we do not currently track participant demographics, we are uniquely situated to reach historically marginalized populations through our collaboration with IFC. IFC serves a highly diverse population (~70% Black, Indigenous, and People of Color), which is reflected in the population we serve at the SSP. Due to the services offered by IFC that are largely focused on housing and financial security, our location there allows participants to receive comprehensive services in a single visit. They are able to receive not only harm reduction resources from SHAC SSP but also free dinner and connections to housing and job support without needing to travel between services. In this way, we are able to serve historically marginalized communities including diverse populations, those experiencing homelessness and unemployment, and people who use drugs.

SHAC SSP is also in a unique position to address health inequities because of our connection with the overarching Student Health Action Coalition (SHAC) organization at UNC. SHAC offers many services, including primary care, gender-affirming care, mental health and counseling services, pediatric care, dental clinic, nutritional counseling, and more. Two branches of SHAC that are particularly impactful for community members who are uninsured or underinsured are Get Covered Carolina and SHAC Medication Assistance Program (MAP). Get Covered Carolina works with underserved local populations to help vulnerable patients navigate options for health insurance and apply for coverage. Their program has Certified Application Counselors that work individually with patients to navigate the complicated online insurance marketplace and weigh options for their health. This is particularly helpful for those who do not have the necessary literacy skills to navigate application or are uncomfortable in government-operated spaces for assistance. SHAC MAP works with similar vulnerable populations of our community to provide free access to their medications through state and manufacturer patient assistance programs. Most of these efforts focus on medications used to manage chronic diseases, such as diabetes, hypertension, and smoking cessation, which are conditions that disproportionately impact people living in poverty. Without the ability to pay for medications, these conditions often go untreated, worsening the burden of disease on patients and the overall population.

#### **D. Organizational Readiness**

All awards received by the SHAC SSP are fiscally administered by IPRC. IPRC's mission is to build the field of injury and violence prevention through interdisciplinary research and the training of the next generation of researchers and practitioners. IPRC is one of eleven Injury Control Research Centers (ICRC) funded by the Centers for Disease Control and Prevention and is one of two ICRCs to be continuously funded since the program's inception in 1987. Since July 2023, IPRC has successfully been awarded and managed over \$4 million in external funding. IPRC has excellent resources to administer externally funded projects and administers a multitude of contracts and grants whose projects require sophisticated levels of support. IPRC's administrative support for funded projects consists of such tasks as personnel actions (hiring and payments), purchasing, travel administration, accounting, financial management, and reporting to sponsor agencies. IPRC currently administers SHAC SSP's Orange County Opioid Settlement Fund award. To date, we have successfully met all reporting and compliance requirements outlined in our contract with Orange County.

No subcontractors will be involved in the proposed work. All proposed and ongoing SSP work is done by student co-directors, student volunteers, and the program navigator. Grant management is performed by members of IPRC in conjunction with SHAC SSP co-directors and program navigator, as established in the prior funded period.

We have demonstrated organizational readiness during our prior grant period of Orange County Opioid Settlement Funding by successfully managing the award in conjunction with IPRC, providing progress reports and compliance requirements as stipulated by Orange County, delivering information to community members in respectful and ever-adapting ways, and promoting health of underserved and vulnerable populations in Orange County that are prioritized for this funding source.

Due to the student-led and -staffed nature of SHAC SSP, we are in a unique situation as many similar organizations are run by people with lived and living experience with substance use. While many of our volunteers may have personal or witnessed experience with drug use, we do not assume or necessarily know if our primarily undergraduate and medical student volunteer base has lived experience with drug use unless they share this with us. Therefore, input from people who use drugs is something that we are striving to better incorporate into our program and has been a primary focus as we seek to improve our program. Firstly, we have hired a program navigator who also staffs an additional SSP that is run by people with lived and living experience. She is able to incorporate insights from her work at this program to ensure that we are delivering information and supplies in a way that is both empowering and helpful. As an institutional principle we also believe strongly in compensation for work and are seeking to implement paid participant surveys to evaluate the success of our program and help us fill gaps in the resources we provide. We are also planning to develop a Community Advisory Board (CAB) composed of individuals with lived experience with SUD to inform evaluation and future directions of our program. These individuals will be compensated for their time and input, with structured meetings with SSP leadership and the CAB on a regular basis with additional consulting as needed.

A strength of our program from our unique background is the diversity of viewpoints of our members: we have volunteers from all parts of the university, including undergraduates, public health students, nursing and dental students, and medical students. Our volunteers are

eager to learn and bring insights from their unique training programs to better the SSP, staffing shifts with enthusiasm, humility, and a genuine interest in getting to know participants' and their needs. For example, public health students bring knowledge of how policy changes impact our participants, while medical and nursing students can educate participants on wound care and overdose reversal. Undergraduates have superior knowledge of campus and town resources that may be useful to our participants such as food banks and other volunteer efforts, and dental students can direct participants with dental needs to free clinics. These volunteers connect at our staffing shifts, learning from each other and bringing their own unique perspectives to conversations on harm reduction and opioid use. While our primary organizational focus is supply provision to people who use drugs, we also take pride in our ability to start conversations and engage students from across campus to create more support for and dialogue surrounding harm reduction.

We prepare our volunteers to staff our SSP by providing them with education on discussing complex topics, including roleplaying conversations between them and potential participants about the benefits of SSPs and harm reduction. For supplies that may garner comments and questions from participants and community members at our supply distribution shift, such as Plan B and condoms, we provide literature for volunteers so they can respond with educated and measured answers. We also provide education on identifying and avoiding stigmatizing language and how to speak with participants about drug use in a nonjudgmental and approachable manner. We source our information for volunteer trainings and educational events, such as talks to UNC Emergency Department physicians, from reputable sources within and outside of North Carolina, including the Department of Health and Human Services, the UNC Street Drug Analysis Lab's newsletter and website, and peer reviewed scientific papers on opioid use trends and SUD treatment (among others). When preparing written materials for distribution from our SSP, we cite a variety of academic sources and cross-reference our supplies against those of other SSPs nationwide to ensure that we include all necessary information. In the next funding period, when new written materials are developed, they will be assessed by our CAB members prior to dissemination to ensure they deliver information in a culturally sensitive and appropriate manner. Our program navigator also attends NC SSP Advisory Board meetings to incorporate insights from other SSPs into our volunteer education and service provision.

Since our registration as an SSP in 2022, our organization has promoted the health and dignity of individuals and communities impacted by drug use by offering a judgement-free environment where participants can receive services that they are often denied elsewhere. We follow a harm reduction framework, meeting participants where they are and following the lead of each individual to support them on their own path, never placing pressure on participants to enter a recovery program unless they express a desire to pursue it with our assistance. We provide supplies on an as-needed basis and do not place strict limits on quantities of supplies provided to ensure that participants are covered until the next time they are able to visit us. We also incorporate participants' feedback into our service provision, ordering new types of supplies based on individual requests. Our co-directors and program navigator stay up to date with the most accurate and accepted harm reduction language and practices by attending SSP advisory board meetings, and reading reports disseminated by NC DHHS. Leadership and volunteers also engage with materials made by and for people impacted

by the war on drugs including books such as *Saving Our Own Lives* by Shira Hassan and *Drug Use for Grown-Ups* by Carl L. Hart, and podcasts like *Crackdown*. We have compiled a running list of these educational resources that we provide to volunteers seeking to learn more. Moving forward, we plan to incorporate more direct voices from participants and people directly impacted by drug use through formal surveys, informal feedback discussions, and structured meetings with our CAB. All assistance provided will be voluntary and monetarily compensated.

SHAC SSP serves a diverse population with a wide range of lived experiences and identities with a high degree of overlap with the prioritized groups for this funding source including Black, Indigenous, and People of Color (BIPOC) and those experiencing housing instability. Our program does not currently track participant demographic information, but IFC serves a population that is approximately 70% BIPOC, so our population at our weekly shift at IFC roughly reflects these demographics. We recognize the importance of collecting more comprehensive demographic information for improving our services and addressing health disparities, so moving forward, will enhance our data collection efforts to incorporate this data to better understand and meet the needs of the communities we serve. We will collaborate with our CAB to ensure that this information is collected in a manner that is sensitive, respectful, and prioritizes participant dignity over all else.

Through our partnership with IFC, we provide critical support to individuals who use drugs who are also experiencing homelessness and housing instability. IFC provides emergency financial assistance for rent and utilities and provided over \$110,000 in emergency assistance in 2022-2023. They supported 387 households with rent payments in 2023-2024. IFC also runs 24-hour shelters for individuals experiencing homelessness as well as a temporary cold weather shelter in the winter. Finally, IFC offers permanent supportive housing for community members with complex barriers that prevent them from being able to obtain and keep other housing. Our location within IFC enables us to offer harm reduction services to people reporting to IFC for housing assistance and to connect people seeking safe injection supplies directly to housing resources if needed. In this way, our collaboration with IFC expands our reach and generates a more integrated support network for vulnerable Orange County residents. We also serve people experiencing homelessness who do not use drugs but seek our services for first aid supplies, naloxone, and other materials. In addition to safe injection and overdose reversal supplies, we offer resources requested by the communities we serve, including items that help address some of the challenges of homelessness, such as bug spray, hand warmers, and hygiene products.

Finally, we are also working to collaborate more closely with Orange County's Post Overdose Response Team (PORT). Their team can provide MOUD and gap coverage for individuals who are between providers or are having difficulty accessing their medication and can direct people to our resources for safer use and overdose response if interested. They also have a partnership with the Lantern Project working with individuals involved in the criminal legal system, which is crucial for managing overdose in the vulnerable post-release period and helping these individuals with reintegration. Though our program does not specifically focus on those transitioning from correctional settings, our broader network through collaborators like PORT can assist us in reaching these individuals with essential harm reduction supplies.

### **E. Evidence of Collaborations/Partnerships**

SHAC Syringe Service Program actively collaborates with a range of community partners to ensure our services are comprehensive, accessible, and non-duplicative. We seek to complement rather than duplicate existing efforts within Orange County. By integrating harm reduction efforts into multiple healthcare and community settings, we expand access to care while maximizing the impact of available resources. As the only fixed location-based syringe service program in Orange County, SHAC SSP remains distinct from on-campus, student-focused harm reduction initiatives as well as from mobile SSP services. We provide twice weekly, in-person support and supplies, serving different demographics and meeting distinct community needs as compared to SSPs offering mobile supply distribution.

#### **SHAC SSP Organizational Collaborators include:**

- 1. Inter-Faith Council for Social Service (IFC) Collaboration:** Our partnership with IFC in Carrboro enables us to offer harm reduction services in conjunction with their social support programs. Our supply distribution shift is scheduled at IFC on Tuesdays from 4:00 to 6:00pm to overlap with free hot meal distribution at 5:00pm. This strategic collaboration allows us to reach individuals who may otherwise face barriers to accessing harm reduction supplies, providing a convenient opportunity to receive supplies in a supportive environment. This coordination of timing also provides the SSP visibility with community members who were previously unaware of our services, expanding our number of participants.
- 2. University United Methodist Church (UUMC):** We maintain an ongoing partnership with UUMC, hosting weekly clinics every Thursday from 5:30 to 6:30 pm. Located in a central, high-traffic area near a bus stop, UUMC provides an accessible space for individuals who rely on public transportation or have limited travel options to Carrboro. Though the location is highly accessible, our distribution space within UUMC is designed to be private for more discreet distribution. This UUMC location complements our distribution efforts at IFC during a highly trafficked mealtime and allows us to serve participants that are most interested in privacy.
- 3. Orange County Post-Overdose Response Team (PORT):** SHAC SSP has partnered with PORT to provide individuals who have experienced an overdose with immediate access to harm reduction resources and treatment options. PORT connects individuals with a peer support specialist and access to medication for opioid use disorder (MOUD). SHAC SSP collaborates with PORT to provide information to connect individuals with SHAC SSP services and recovery programs. We are also working with PORT to assess EMS data on overdose locations to guide our selection of an additional supply distribution location.
- 4. SHAC Clinics:** Over the past year, we have collaborated with SHAC Medical and Dental Clinics to ensure naloxone is available to patients in both clinical settings. Free naloxone is advertised on posters throughout the primary care clinic and provided upon request, supplied to SHAC Medical by SHAC SSP. We also provided naloxone to stock first aid kits in the SHAC Dental Clinic and plan to install posters and provide free naloxone to patients in this context as well. Additionally, SHAC SSP can connect participants with various SHAC clinics, including SHAC XYZ for HIV and STI testing and counseling, the Gender Affirming Care Clinic, and Get Covered Carolina, which helps uninsured individuals apply for health insurance through the ACA.
- 5. UNC Emergency Department:** SHAC SSP is in the process of incorporating harm reduction resources into discharge materials for patients admitted to the UNC Emergency Department with substance use-related concerns. This initiative aims to provide individuals with immediate

access to information on syringe services, naloxone, and recovery pathways, ensuring they leave the hospital with resources for continued care.

6. **UNC Street Drug Analysis Lab:** Through our partnership with the UNC Street Drug Analysis Lab, SHAC SSP provides drug checking kits to identify contaminants in the local supply and reduce the risk of overdose. This initiative helps participants make informed decisions about their substance use while contributing valuable data on emerging local drug trends.
7. **Hillsborough Pharmacy:** We continue to distribute safe injection supplies and naloxone through our valued partnership with Hillsborough Pharmacy. Additionally, we provide naloxone administration and harm reduction training for pharmacists upon request. This collaboration ensures individuals can access essential supplies in a discreet environment. The location in Hillsborough complements our staffed shifts in Chapel Hill and Carrboro and allows us to serve additional Orange County residents, as transportation to our shift locations would pose a challenge for many of our participants that reside in or nearer to Hillsborough.

## F. Performance Measures and Program Evaluation

We will track initiative-specific metrics and general metrics to evaluate the success of our program. While these metrics provide analytical context for our program’s success, we will also solicit participant narratives, including program feedback and unmet needs, to inform future initiatives. We plan to work very closely with users of our SSP in the design and implementation of our program evaluation plan. The program metrics listed below are preliminary and may be added to based on feedback from our CAB, once it has been developed, on what they think are the most important metrics of success of the program. Additionally, we will involve our CAB in designing our SSP participant-facing surveys to ensure that we are asking participants demographics and outcome-related questions in the most appropriate manner. The data from these surveys will contribute directly to our program outcomes. Finally, we will periodically review our progress towards our program metrics with the CAB, and brainstorm to address barriers to achievement of our outcomes.

Our program already has a robust system for monitoring general metrics, which are reported to Orange County biannually. UNC’s Injury and Prevention Center houses and helps manage our budget and inventory. Additionally, we currently employ a program navigator, who plays an active role in program oversight and growth alongside program co-directors. Outside of our organization, in expanding these initiatives, we will set goals and be in active collaboration with community partners. These initiatives will include, but are not limited to (1) Opening a new SHAC SSP location to increase SSP access within the community (2) Initiating SHAC SSP material distribution within the UNC Emergency Department (3) Establishing Emergency Use Naloxone Boxes (4) Improving and streamlining referrals (5) Identifying, engaging, and compensating SSP participants for their feedback to improve responsiveness of our services (6) Disseminating our programs work and continue building our network of collaborators through attendance at educational conferences.

**Table 1. A) Initiative specific metrics tracking.** Example of tracking for specific SSP initiatives. **B) General Metrics Tracking, shortened.** All general supply distribution will be tracked similarly.

A. Emergency Use Naloxone Boxes Initiative		
Indicator	Data source	Measurement frequency
# of boxes implemented	SSP inventory tracking	Recorded after each initiation.
# of naloxone doses used (nasal and intramuscular)	SSP inventory tracking	Recorded monthly or upon restocking of naloxone at specific location.
# of overdose reversals reported	Orange County EMS or site collaborator notification, SSP participant intake form	Recorded after notified by Orange County EMS, participants or naloxone box site collaborators.
B. General Metrics		
# of needles and syringes distributed	SSP participant intake form	Recorded at each SSP visit, tracked monthly
# of safer injection supplies distributed (cookers, cottons, tourniquets, vitamin C, etc)	SSP participant intake form	Recorded at each SSP visit, tracked monthly
# of wound care supplies distributed (gloves, antibiotic ointment, masks, Band-Aids, gauze, etc)	SSP participant intake form	Recorded at each SSP visit, tracked monthly
# of naloxone doses distributed (nasal and intramuscular)	SSP participant intake form	Recorded at each SSP visit, tracked monthly
# of drug (fentanyl, xylazine) test strips distributed	SSP participant intake form	Recorded at each SSP visit, tracked monthly
# of referrals made (SUD treatment, housing services, health and social services)	SSP participant intake form	Recorded at each SSP visit, tracked monthly

*Include in the same PDF document as this form, after the Certifications section below, the following required documents. If an item is not applicable to your organization, please indicate this by an "N/A" and explain why it is not applicable.*

3. **Letters of Commitment and/or Support (Up to 5 letters)**
4. **Latest Audited Financial Statements**, including Management letter (Attach letter of explanation if unable to provide)
5. **Documentation of Tax Identification Number** (can be IRS Determination Letter for non-profit agencies)
6. **Certificate of Insurance**
7. **For non-profit agencies only:**
  - A. IRS Determination Letter: provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name on the letter must match your current organization's name and address. This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number (TIN).
  - B. Verification of 501(c)(3) Status Form: If applicable, an Authorized Representative must annually submit verification that the organization remains a qualified 501(c)(3) tax-exempt organization.
  - C. Copy of Form 990 Federal Tax return filed for latest fiscal year.
  - D. Agency organizational chart.
  - E. Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations. **N/A Department of Injury Prevention Research Center at University of North Carolina at Chapel Hill doesn't have their own board of directors. Please refer to departmental organization chart below.**
8. **For-profit agencies only:**
  - A. Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations.
  - B. Appropriate tax form filed with IRS filed for latest fiscal year.
  - C. Agency organizational chart.

**Insert/Attach these required documents here.**



February 12, 2025

Dear Orange County Officials,

It is with great enthusiasm that I write in full support of the Student Health Action Coalition Syringe Service Program (SHAC SSP) applying to receive Orange County Opioid Settlement Funds. SHAC SSP is a student-run organization that provides evidence-based services to people who use drugs (PWUD). This is a community that is often ignored, but the students involved with SHAC SSP provide judgement-free services, including but not limited to, free harm reduction supplies, educational information about how to use xylazine and fentanyl test strips, on-the-spot naloxone trainings, and linkages to other types of care through partnerships with other branches of SHAC and outside organizations.

SHAC SSP is an ideal organization to receive this funding as they provide direct services to people living with opioid use disorder (OUD) and other types of substance use disorder (SUD) and mental health conditions in general. With locations on Franklin Street in Chapel Hill and at the Inter-Faith Council in Carrboro, SHAC SSP is able to reach some of the most marginalized people in the area, working particularly close with folks who are experiencing homelessness. SHAC SSP is filling a need that would otherwise not be filled, and I believe strongly in the work they are doing.

Inter Faith Council for Social Services is the only day center open 365 days a year, serving warm meals supplies and community resources and continues to be the only shelter in Orange County. IFC strives to support through the help of staff, volunteers and community partners such as SHAC SSP individuals facing food and housing insecurities and those dealing with behavioral health issues. With programs such as SHAC SSP we continue to create a safe place for all those that visit and reside in the community through a harm reduction approach. By supporting individuals that participate in substance use with first aid supplies, fresh needles, sharp containers, Narcan, and education we have managed to see an increase in safe practices and a decrease in elevated behaviors. Our members look forward to these resources and supplies and ongoing support. In summation, SHAC SSP provides invaluable resources to the Orange County Community.

I fully support their application for funding. Please feel free to contact me with any questions, or for additional evidence of support.

Sincerely,

A handwritten signature in black ink, appearing to read "Crystell Ferguson". The signature is fluid and cursive, with the first name "Crystell" written in a larger, more prominent script than the last name "Ferguson".

**Crystell Ferguson**

Inter-Faith Council for Social Service

110 W. Main St. Carrboro, NC 27510

Community Service Navigation

[cferguson@ifcmailbox.org](mailto:cferguson@ifcmailbox.org)

work: (919) 919-929-6380 2025

fax: (919) 929-3353

## IFC STAFF TEAM

### ADMINISTRATION, OPERATIONS & DEVELOPMENT

Jackie Jenks, President and CEO  
 Asia Fowler, Deputy Director  
 Jennifer Bowden, Finance Director  
 Stephani Kilpatrick, Development and Communications Manager  
 Allan Rosen, Facilities Manager  
 Gunzo Bethea, Facilities Advocate  
 Chris Horton, Facilities Advocate

### ACTIVATE! IFC

Nate Jones, Activate! IFC Director  
 Paris Miller-Foushee, TAP BIPOC Project Lead  
 Alyssa Hinton, Voter Engagement Project Lead

### COMMUNITY SERVICES

Kristin Lavergne, Community Services Director  
 Crystell Ferguson, Community Services Manager  
 Joseph Adams, Kitchen Team Lead  
 Nat Flow, Food Resources Team Lead  
 Katina Welch, Community Services Advocate  
 Bk Hart, Kitchen Advocate

### SHELTER AND HOUSING

Jessica Aldavé, Shelter and Housing Director  
 Tracey Hagan, HomeStart Manager  
 Ka'Tiera Truett, Community House Manager  
 Natalee Atwater, HomeStart Team Lead  
 Tra'Von Outlaw, Community House Team Lead  
 Bernestine Austin, Community House Case Manager  
 Linda Ellison, HomeStart Case Manager  
 Debra Vestal, PSH Team Lead  
 Tom Bainbridge, PSH Case Manager  
 Carmen Johnson, PSH Case Manager  
 Angela Clapp, Resident Advocate  
 Annette Clark, Resident Advocate  
 David French, Resident Advocate  
 Charlotte Horton, Resident Advocate  
 Anna Kenion, Resident Advocate  
 Ronnie Kimble, Resident Advocate  
 Rhonda Lee, Resident Advocate  
 Kaneesha Person, Resident Advocate  
 Scherrie Smith, Resident Advocate  
 Algin Wiley, Resident Advocate  
 Rayneesha Meadows, Resident Advocate



# COMMUNITY IMPACT FY 2023-24

KEEPING PEOPLE HOUSED  
*by stretching household budgets:*

**\$146,893** IN EMERGENCY FUNDS  
 for utility bills, rent, & other essentials

**52,690** HOT MEALS  
 enjoyed by people who were hungry



**11,494**  
 BAGS OF GROCERIES  
 taken home by members of IFC

BUILDING COMMUNITY POWER  
*through voting, leadership development,  
 and community safety:*

**200+** IFC COMMUNITY MEMBERS  
 ENGAGED  
 through voting related programs



**83** NEWLY REGISTERED VOTERS

**600+** PEOPLE REACHED  
 through community safety cyphers  
 and conversations, phone banking,  
 and door-to-door canvassing



**150+** PEOPLE REACHED  
 through training workshops  
 focused on BIPOC experience

FUELING THE WORK EVERY DAY  
*to create a community of belonging:*

**150**  
 VOLUNTEERS



**37**  
 STAFF MEMBERS

**15** BOARD MEMBERS

NAVIGATING THE COMMUNITY  
 TOGETHER  
*for resources that build resilience:*

**200** HOUSEHOLDS ACCESSED  
 OUR COMMUNITY  
 NAVIGATION PROGRAM  
 during an average week



PROVIDING SAFE SHELTER  
*when someone loses their home:*

**30,423**  
 NIGHTS  
 spent in our shelters  
 by adults and  
 children

**54%**  
 OF PEOPLE  
 who left our shelters moved  
 into permanent housing



**12** LOCAL LANDLORDS  
 partnered with us to offer  
 lower than market rate rent  
 for permanent supportive  
 housing members



**30+**  
 NON-PROFIT &  
 GOVERNMENT  
 PARTNERS



**25+**  
 BUSINESSES

**25+**  
 CONGREGATIONS



**3,000+**  
 HOUSEHOLD DONORS



## IFC BOARD OF DIRECTORS

### OFFICERS

Donna Carrington, Chair  
 Tom Fenn, Vice Chair  
 Dow Williamson, Treasurer  
 Darin Campbell, Secretary  
 Susan Laidlaw, Past Chair

### MEMBERS AT LARGE

Lynn Allen  
 Don Arbuckle  
 April Scales Barber  
 Laura Batts-Thomas  
 Michelle Hamilton  
 Mariela Hernandez  
 Jay Miller  
 John Ring  
 Rachel Waltz

### PUBLISHED BY IFC



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Visit us on  
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Designed By





February 12, 2025

To whom it may concern,

It is our pleasure to write in fervent support of the Student Health Action Coalition Syringe Service Program's (SHAC SSP) application for Orange County Opioid Settlement Funds. We represent the overarching organization, SHAC, under which SHAC SSP is housed. Our mission is to provide health care services and social needs support to vulnerable and marginalized groups in our local community at no cost. SHAC SSP's mission supports that of our organization in providing nonjudgmental support services for individuals who use drugs, including free harm reduction supplies, education for drug testing and overdose response, naloxone training, and bridging to additional medical and social needs support. SHAC SSP is one of few organizations in the area that provide direct services to people living with opioid and/or substance use disorder and is the only SSP providing weekly drop-in supply shifts in Orange County. SHAC SSP fills a previously unmet need in our community, and we strongly support the organization.

Over the past year SHAC SSP strengthened connections with SHAC Medical Clinic and SHAC Dental, including but not limited to, making Naloxone available in clinic as well as providing Naloxone administration trainings for volunteers and patients. Naloxone is a lifesaving medication that our weekly medical clinic and patients would otherwise not have access to. This initiative was years in the making but including SSP in conversations helped move the initiative quickly to garner results within a matter of months. Additionally, this year, SHAC SSP implemented a new supply distribution shift weekly at an additional location including recruiting volunteers, developing marketing, and installing signage. SHAC SSP was also able to hire a program navigator due to their exponential growth based on community demand. This new team member brought years of experience and expertise to SHAC SSP and was able to streamline existing operations as well as develop and implement new programs over the past year. In sum, SHAC SSP increased the number of syringes and doses of naloxone distributed by over 100% compared to prior years. SHAC SSP is an invaluable resource to the Orange County community, and we fully support their application for funding.

Thank you for considering SHAC SSP. Please feel free to contact us with any additional questions.

Best regards,

**Anysa Z. Fernandez**  
Chief Executive Officer  
Student Health Action Coalition  
shac\_ceo@med.unc.edu

**Ryan M. Trate**  
Chief Executive Officer  
Student Health Action Coalition  
shac\_ceo@med.unc.edu