Indiana State Department of Health

Syringe Services & Harm Reduction Program Manual for

Local Health Departments

Version 3.0

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Dear Colleagues,

Thank you for taking this opportunity to learn more about harm reduction and syringe service program options available to your community. As we have seen demonstrated in Indiana and beyond, syringe service programs are a critical entrance point for engaging people living with the disease of addiction with health, mental health and substance abuse treatment, and other services to support their recovery while preventing HIV, HBV, HCV, and reducing the incidence of bacterial infections.

The purpose of this guidance document is to provide you with the tools necessary to determine how your health department may integrate harm reduction or a larger syringe service program into the array of services you already provide. As always, we at ISDH are here to answer your questions and support your work in any way that we can. Thank you again!

Sincerely,

Erika L. Chapman, MPH, CPH, CHES

Harm Reduction Program Manager

Introduction

What is Harm Reduction?

Harm reduction is a public health principle designed to decrease the harm associated with human behaviors. Harm reduction can prevent illness or injury that may occur as a result of doing dangerous things. Some examples of harm reduction include wearing a seatbelt while driving, condom use during sexual activity, and syringe service programs that provide clean syringes and other materials to people who inject drugs.

The Indiana State Department of Health (ISDH) directly and indirectly supports harm reduction programs across many different program areas as a way to support the health and wellbeing of all Indiana residents.

What are Syringe Service Programs?

Syringe service programs (SSP), sometimes called a needle or syringe exchange programs, are fixed or mobile places where people who inject drugs can receive all of the clean, sterile, syringes and other supplies that they need to safely inject and properly dispose of used syringes, based on the concept of harm reduction. SSPs also supply referrals to whatever health and/or social service resources a person might need including substance abuse and mental health treatment. Some syringe service programs may also offer food, clothing, and other necessities. SSPs are recommended by the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) to prevent the transmission of HIV disease, hepatitis B and C, and reduce the occurrence of bacterial infections.

History of Syringe Service Programs in Indiana

In 2009, the ban was lifted on the use of federal funds to support syringe service programs in the United States. In 2010, the CDC, HHS, and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a letter and limited guidance. In early 2011, the Indiana State Department of Health formed a committee to assess the feasibility of syringe exchanges in Indiana. The committee determined that syringe exchange programs were not possible due to limitations in the state law at the time. December 2011, the ban on the use of federal funds was reinstated effectively ending efforts to provide syringe services in the state.

In January 2015, the ISDH began the process of identifying an outbreak of HIV disease in people who inject drugs in southeastern Indiana. In response to the outbreak, Governor Mike Pence issued Executive Order 15-05, declaring a public health emergency in Scott County allowing the Health Department to request an SSP as part of a broad disease control and prevention plan for a period of 30 days. Scott County officials completed this request with technical guidance provided by ISDH, CDC, and other state and national entities and opened the first legal SSP in the state of Indiana on April 4, 2015. As a component of the larger response, the ISDH assigned a harm reduction and syringe service program technical lead to provide concentrated program support to the Scott County Health Department. The Executive Order was renewed in mid-April and SEA 461, a bill that allowed for the establishment of SSPs in the state under certain circumstances and upon declaration of an emergency by the State Health Commissioner, passed both houses of the General Assembly later that month.

In April 2017, Governor Eric J. Holcomb signed into law Senate Bill 1438 which modified the existing law to allow counties to establish syringe services programs without the need for the Indiana State Health Commissioner to declare an emergency in the county. In August 2017, the Harm Reduction Program was established within the Division of HIV, STD, and Viral Hepatitis establishing a program dedicated to the prevention of HIV and viral hepatitis in support of individuals who use substances.

Since the opening of the first SSP in the state the number of counties providing SSP services has grown and collectively served thousands of people who inject and engaged them in much needed addiction and mental health services, HIV, STD, viral hepatitis, and TB testing, and referrals to food, housing, and other services critical to successful recovery from the disease of addiction. The model of rural syringe service program delivery largely pioneered in Scott County has been demonstrated effective in counties across the state and to an increasing degree, nationally, as technical guidance has been provided by the ISDH technical lead to other rural jurisdictions considering offering syringe services.

Updates to Indiana's Syringe Exchange Program Law
IC 16-41-7.5 (as Amended per HEA 1438)

[Please review the entire statute as amended when assessing syringe exchange program (SEP) requirements. This document is limited only to a summary of amendments made by HEA 1438. Previously existing requirements in the SEP law that were not amended still apply. ISDH recommends that counties seek the advice of legal counsel when interpreting or applying the law.]

On April 26, 2017, Governor Eric J. Holcomb signed into law amendments to the Indiana SEP law. The SEP law as amended and attached hereto became effective immediately upon signing. This document provides a high level summary of the changes to the law.

I. Initial Approval of an SEP – IC 16-41-7.5-5(2) and (3). The legislative body of the municipality or the executive body of the county may, if the SEP complies with Section 6 of the law and is within the jurisdictional limits of the county or municipality that the body represents, either: (a) submit a request to the State Health Commissioner to declare a public health emergency and approve operation of the program; or (b) approve the operation of the program itself.

Section (3) requires a county that has made an approval independent of the State Health Commissioner, to notify him/her of the period of time considered medically appropriate for the program; whether a renewal or an extension of the program can occur; and other measures taken concerning the epidemic that have proven ineffective.

II. Renewals or Terminations of an Existing SEP – IC 16-41-7.5-11(b) and (c). A SEP may now remain in effect for up to two (2) years. The State Health Commissioner may, at the request of the executive body of the county or the legislative body of the municipality that requested the initial declaration and approval, renew his/her public health emergency declaration and operation of the program; or terminate the program. In the alternative, the county or municipality that initially approved the SEP may, through official action: (a) renew the program for up to (2) years; or (b) terminate the program; when warranted.

The legislative body of the municipality or the executive body of the county must notify the State Health Commissioner in writing immediately of any of the following: (a) a renewal of the SEP and the period of time of the renewal; (b) the expiration or termination of the SEP; or (c) a change in the qualified entity administering the SEP.

III. Stock and Administer Naloxone – IC 16-41-7.5-6(9). A qualified entity must keep sufficient quantities of an overdose intervention drug (naloxone) in stock and to administer in accordance with IC 16-42-27.

IV. Program Reports – IC 16-41-7.5-10. The amended statute authorizes ISDH to ask that a qualified entity supply additional information concerning an SEP, to include data regarding referrals made to other services.

V. Expiration of Chapter – IC 16-41-7.5-14. The expiration date of the law, as amended, was extended to July 1, 2021.

IC 16-41-7.5 Chapter 7.5. Communicable Disease: Syringe Exchange Program

16-41-7.5-1 "Local health department"
16-41-7.5-2 "Program"
16-41-7.5-3 "Qualified entity"
16-41-7.5-4 Location of programs; complying with requirements
16-41-7.5-5 Requirements to operate a program
16-41-7.5-6 Duties
16-41-7.5-7 Termination
16-41-7.5-8 Use of state funds
16-41-7.5-9 Attending a program does not constitute reasonable suspicion or probable cause
16-41-7.5-10 Program reports
16-41-7.5-11 Request for public health emergency declaration; approval and denial; renewal; notification of state health commissioner
16-41-7.5-12 State department report
16-41-7.5-13 Governor's authority
16-41-7.5-14 Expiration of chapter

IC 16-41-7.5-1 "Local health department"

Sec. 1. As used in this chapter, "local health department" refers to:

(1) a local health department established under IC 16-20; or

(2) the health and hospital corporation created under IC 16-22-8.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-2 "Program"

Sec. 2. As used in this chapter, "program" means a syringe exchange program operated under this chapter.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-3 "Qualified entity"

Sec. 3. As used in this chapter, "qualified entity" means any of the following:

(1) A local health department.

(2) A municipality (as defined by IC 36-1-2-11) that operates a program within the boundaries of the municipality.

(3) A nonprofit organization that operates a program and has been approved by official action to operate the program by:

(A) the local health department;

(B) the executive body of the county; or

(C) the legislative body of a municipality for the operation of a program within the boundaries of the municipality.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-4 Location of programs; complying with requirements

Sec. 4. (a) A qualified entity may operate a program only in a county or municipality where:

(1) a public health emergency has been declared; or

(2) a program has been approved; under section 5 of this chapter. However, a qualified entity may not operate a program outside of the jurisdictional area of the governmental body that approved the qualified entity.

(b) A qualified entity that meets the requirements in subsection (a) and complies with the requirements of this chapter may operate a program.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.1.

IC 16-41-7.5-5 Requirements to operate a program

Sec. 5. Before a qualified entity may operate a program in a county, the following shall occur:

(1) The local health officer or the executive director must declare to the executive body of the county or the legislative body of the municipality the following:

(A) There is an epidemic of hepatitis C or HIV.

(B) That the primary mode of transmission of hepatitis C or HIV in the county is through intravenous drug use.

(C) That a syringe exchange program is medically appropriate as part of a comprehensive public health response.

(2) The legislative body of the municipality or the executive body of the county must do the following:

(A) Conduct a public hearing that allows for public testimony.

(B) Take official action adopting the declarations under subdivision (1) by the local health officer or the executive director in consideration of the public health for the area and, if the program complies with section 6 of this chapter and is within the jurisdictional limits of the county or municipality that the body represents, either:

(i) approve the operation of the program; or

(ii) submit a request under subdivision (3) to the state health commissioner.

(3) The legislative body of the municipality or the executive body of the county that took official action under subdivision (2) either:

(A) notifies the state health commissioner of the body's actions under subdivision (2), including:

(i) the period of time considered medically appropriate for the program;

(ii) whether a renewal or an extension of the program can occur; and(iii) other measures taken concerning the epidemic that have proven ineffective; or

(B) if the body does not approve the operation of a program under subdivision (2)(B)(i) and submits a request under subdivision (2)(B)(ii), request that the state health commissioner declare a public health emergency and approve the operation of a program.

(4) If subdivision (3)(B) applies, the state health commissioner has declared a public health emergency for the county or municipality and approved the operation of a program.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.2.

IC 16-41-7.5-6 Duties

Sec. 6. A qualified entity that operates a program under this chapter must do the following:

(1) Annually register the program in a manner prescribed by the state department with the:

(A) state department; and

(B) local health department in the county or municipality where services will be provided by the qualified entity if the qualified entity is not the local health department.

(2) Have one (1) of the following licensed in Indiana provide oversight to the qualified entity's programs:

(A) A physician.

(B) A registered nurse.

(C) A physician assistant.

(3) Store and dispose of all syringes and needles collected in a safe and legal manner. (4) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.

(5) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, non-addictive medication for the treatment of opioid or alcohol dependence.

(6) Provide syringe and needle distribution and collection without collecting or recording personally identifiable information.

(7) Operate in a manner consistent with public health and safety.

(8) Ensure the program is medically appropriate and part of a comprehensive public health response.

(9) Keep sufficient quantities of an overdose intervention drug (as defined in IC 16-18-2-263.9) in stock and to administer in accordance with IC 16-42-27.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.3.

IC 16-41-7.5-7 Termination

Sec. 7. (a) The following may terminate the approval of a qualified entity:

(1) The legislative body of the municipality, the executive body of the county, or the local health department that approved the qualified entity.

(2) The state health commissioner, if the state health commissioner determines that the qualified entity has failed to comply with section 6 of this chapter.

(b) If a person described in subsection (a)(1) or (a)(2) terminates the approval of a qualified entity, the person shall notify the other person with authority to terminate that is described in subsection (a) of the termination. *As added by P.L.208-2015, SEC.9.*

IC 16-41-7.5-8 Use of state funds

Sec. 8. A state agency may not provide funds to a qualified entity to purchase or otherwise acquire hypodermic syringes or needles for a program under this chapter.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-9 Attending a program does not constitute reasonable suspicion or probable cause

Sec. 9. (a) A law enforcement officer may not stop, search, or seize an individual based on the fact the individual has attended a program under this chapter.

(b) The fact an individual has attended a program under this chapter may not be the basis, in whole or in part, for a determination of probable cause or reasonable suspicion by a law enforcement officer.

As added by P.L.208-2015, SEC.9. Amended by P.L.44-2016, SEC.1.

IC 16-41-7.5-10 Program reports

Sec. 10. A program shall file a quarterly report with the state department. The report must contain the following information listed on a daily basis and by the location, identified by the postal ZIP code, where the program distributed and collected syringes and needles:

(1) The number of individuals served.
(2) The number of syringes and needles collected.
(3) The number of syringes and needles distributed.

The state department may request that a qualified entity supply additional information concerning the program operated by the qualified entity, including data concerning referrals to services.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.4.

IC 16-41-7.5-11 Request for public health emergency declaration; approval and denial; renewal; notification of state health commissioner

Sec. 11. (a) If the state health commissioner receives a request to declare a public health emergency under this chapter, the state health commissioner shall approve, deny, or request additional information concerning the request under section 5 of this chapter not later than ten (10) calendar days from the date the request is submitted to the state health commissioner.

If additional information is:

(1) requested by the state health commissioner; and
(2) provided by the entity seeking the declaration; the state health commissioner shall approve or deny the request not later than ten (10) calendar days from the submission date of the additional information.

(b) A program established under this chapter may remain in effect for not more than two (2) years from the date approved under this chapter. However:

(1) the state health commissioner may:
  (A) upon the request of the executive body of the county or the legislative body of the municipality that requested the initial declaration and approval, renew the declaration of a public health emergency and operation of the program for not more than two (2) years; or
  (B) terminate a program; or
(2) the legislative body of the municipality or the executive body of the county that initially approved the program may, through official action:
  (A) renew the program for not more than two (2) years; or
  (B) terminate a program; when warranted.

(c) The legislative body of the municipality or the executive body of the county shall notify the state health commissioner in writing immediately of any of the following:

(1) A renewal of a program under subsection (b) and the period of time of the renewal.
(2) The expiration or termination of a program.
(3) A change in the qualified entity administering the program.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.5.

IC 16-41-7.5-12 State department report

Sec. 12. Before November 1 of each year, the state department shall submit a report concerning syringe exchange programs operated under this chapter to the governor and to the general assembly in an electronic format under IC 5-14-6.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-13 Governor's authority

Sec. 13. This chapter may not be construed to preclude the governor from taking any action within the governor's authority.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-14 Expiration of chapter

Sec. 14. This chapter expires July 1, 2021.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.6.

Indiana State Syringe Exchange Program Law

IC – 16-41-7.5 – Communicable Disease Syringe Exchange Program (Senate Bill 1438)

https://iga.in.gov/legislative/2017/bills/house/1438#document-ef79d167

SECTION 1. IC 16-41-7.5-4, AS ADDED BY P.L.208-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Sec. 4. (a) A qualified entity may operate a program only in a county or municipality where: (1) a public health emergency has been declared; or (2) a program has been approved; under section 5 of this chapter. However, a qualified entity may not operate a program outside of the jurisdictional area of the governmental body that approved the qualified entity. (b) A qualified entity that meets the requirements in subsection (a) and complies with the requirements of this chapter may operate a program.

SECTION 2. IC 16-41-7.5-5, AS ADDED BY P.L.208-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Sec. 5. Before a qualified entity may operate a program in a county, the following shall occur: (1) The local health officer or the executive director must declare to the executive body of the county or the legislative body of the municipality the following: (A) There is an epidemic of hepatitis C or HIV. (B) That the primary mode of transmission of hepatitis C or HIV in the county is through intravenous drug use. HEA 1438 2 (C) That a syringe exchange program is medically appropriate as part of a comprehensive public health response. (2) The legislative body of the municipality or the executive body of the county must do the following: (A) Conduct a public hearing that allows for public testimony. (B) Take official action adopting the declarations under subdivision (1) by the local health officer or the executive director in consideration of the public health for the area that the body represents, and, if the program complies with section 6 of this chapter and is within the jurisdictional limits of the county or municipality that the body represents, either: (i) approve the operation of the program; or (ii) submit a request under subdivision (3) to the state health commissioner. (3) The legislative body of the municipality or the executive body of the county that took official action under subdivision (2) either: (A) notifies the state health commissioner of (A) the body's actions under subdivision (2), including: (i) the period of time considered medically appropriate for the program; (ii) whether a renewal or an extension of the program can occur; and (iii) other measures taken concerning the epidemic that have proven ineffective; or (B) if the body does not approve the operation of a program under subdivision(2)(B)(i) and submits a request under subdivision (2)(B)(ii), request that the state health commissioner declare a public health emergency and (C) other measures taken concerning the epidemic that have proven ineffective. And approve the operation of a program. (4) If subdivision (3)(B) applies, the state health commissioner has declared a public health emergency for the county or municipality and approved the operation of a program.

SECTION 3. IC 16-41-7.5-6, AS ADDED BY P.L.208-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Sec. 6. A qualified entity that operates a program under this chapter must do the following: (1) Annually register the program in a manner prescribed by the state department with the: (A) state department; and HEA 1438 3 (B) local health department in the county or municipality where services will be provided by the qualified entity if the qualified entity is not the local health department. (2) Have one (1) of the following licensed in Indiana provide oversight to the qualified entity's programs: (A) A physician. (B) A registered nurse. (C) A physician assistant. (3) Store and dispose of all syringes and needles collected in a

safe and legal manner. (4) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug. (5) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence. (6) Provide syringe and needle distribution and collection without collecting or recording personally identifiable information. (7) Operate in a manner consistent with public health and safety. (8) Ensure the program is medically appropriate and part of a comprehensive public health response. (9)Keep sufficient quantities of an overdose intervention drug (as defined in IC 16-18-2-263.9) in stock and to administer in accordance with IC 16-42-27.

SECTION 4. IC 16-41-7.5-10, AS ADDED BY P.L.208-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Sec. 10. A program shall file a quarterly report with the state department. The report must contain the following information listed on a daily basis and by the location, identified by the postal ZIP code, where the program distributed and collected syringes and needles: (1) The number of individuals served. (2) The number of syringes and needles collected. (3) The number of syringes and needles distributed. The state department may request that a qualified entity supply additional information concerning the program operated by the qualified entity, including data concerning referrals to services.

SECTION 5. IC 16-41-7.5-11, AS ADDED BY P.L.208-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE HEA 1438 4 UPON PASSAGE]:

Sec. 11. (a) If the state health commissioner receives a request to declare a public health emergency under this chapter, the state health commissioner shall approve, deny, or request additional information concerning the request under section 5 of this chapter not later than ten (10) calendar days from the date the request is submitted to the state health commissioner. If additional information is: (1) requested by the state health commissioner; and (2) provided by the entity seeking the declaration; the state health commissioner shall approve or deny the request not later than ten (10) calendar days from the submission date of the additional information. (b)A public health emergency declared program established under this section chapter may remain in effect for not more than one (1) year two (2) years from the date the public health emergency is declared approved under this chapter. However: (1) the state health commissioner may: (A) renew the declaration of a public health emergency upon the request of the executive body of the county or the legislative body of the municipality that requested the initial declaration and approval, renew the declaration of a public health emergency and operation of the program for not more than two (2) years; or (B) terminate a program; or (2) the legislative body of the municipality or the executive body of the county that initially approved the program may, through official action: (A) renew the program for not more than two (2) years; or (B) terminate a program; when warranted. (c) The legislative body of the municipality or the executive body of the county shall notify the state health commissioner in writing immediately of any of the following: (1) A renewal of a program under subsection (b) and the period of time of the renewal. (2) The expiration or termination of a program. (3) A change in the qualified entity administering the program.

SECTION 6. IC 16-41-7.5-14, AS ADDED BY P.L.208-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Sec. 14. This chapter expires July 1, 2019. 2021. SECTION 7. An emergency is declared for this act.

Guidance and Considerations for Local Health Departments

I.) Service Delivery Options

There are a number of options for communities considering offering harm reduction resources and/or syringe service programs within the state of Indiana. This guidance aims to provide local health departments and the communities that they serve with the options and resources available to them as they determine the most appropriate programming. The following is a brief summary of those options;

Harm Reduction Resources Only – This option is appropriate for LHDs and the communities that they serve to provide harm reduction supplies to individuals that identify a need for them. With this option LHDs provide wound care or harm reduction kits, condoms, dental dams, lubricant, naloxone, and/or sharps containers in addition to referrals and linkage to appropriate resources as identified through conversations with the individual seeking these resources. Often times this option is paired with HIV, viral hepatitis, and/or STD testing. This option also may act as a foundation for the future development of a syringe service program. While no documentation is required by ISDH for harm reduction and referral services only, the service delivery entity may wish to document the supplies provided and referrals made for program planning purposes.

Syringe Service Program with State Health Commissioner Approval – This option asserts that the local health officer, health department, and local commissioners or planning body elect to receive State Health Commissioner approval by declaration of state of emergency to establish and operate a SSP within their community. This option requires the use of the ISDH developed SSP database and reporting system under Indiana law.

Syringe Service Program with Local Approval – This option asserts that the local health officer, health department, and local commissioners or planning body elect to establish and operate a SSP within their community through local adoption. This option requires the use of the ISDH developed SSP database and reporting system under Indiana law. The heath officer or a representative of the health officer should notify the ISDH Technical Support person that they are electing to operation under this option to receive access to the SSP database, notifications, and tools and resources available to SSP providers through the ISDH.

II.) Training and Technical Support

In addition to individual technical assistance, the ISDH hosts two annual in person meetings and two webinar style meetings annually to LHDs providing harm reduction and SSP services in order to provide statewide programmatic updates and foster a community of support and best practices around service delivery. In addition, statewide trainings by national and local educators will be scheduled on an as needed basis.

III.) Funding

Limited funding to support certain aspects of harm reduction and SSPs may be available through the ISDH HIV Prevention Program. In the event that funds are available LHDs will be notified of the application process for these funds. <u>No federal or state funds may be used to purchase syringes.</u>

Funds to support harm reduction and SSPs may be available through other sources. The ISDH SSP Technical Support person can provide additional information about these resources upon request and as they become available.

IV.) Advisory Committee

Local health officials and program planners should engage local stakeholders to assisting with planning, implementing, and evaluating the program. These stakeholders should include but are not limited to law enforcement, first responders, substance abuse prevention entities, substance abuse recovery groups, potential referral partners, formal and grassroots community action groups, and interested citizens. It is recommended that LHDs establish an advisory committee comprised of these stakeholders that can provide support and guidance to the program during its planning, establishment, and to assist with evaluation at each stage of implementation. Advisory committees may meet on an as needed basis initially and then establish routine meetings as determined by the committee members.

V.) Program Staffing

SSP services should be delivered by staff and/or volunteers trained and comfortable with foundations of harm reduction and meeting the needs of stigmatized populations. There should be at least two staff or volunteer persons available during service delivery hours to ensure safety and minimize the time that participants have to wait to for services. It is strongly advised that a separate staff or volunteer person be available to provide additional confidential services including but not limited to HIV, viral hepatitis, STD, and TB testing, wound care, and insurance enrollment assistance in order to ensure confidentiality for participants in accordance with state law.

All staff and volunteers must sign and submit a confidentiality agreement to ISDH prior to service delivery. In addition, those staff and volunteers tasked with entering data into the SSP database must also complete the approval process outlined in later sections of this document.

VI.) Safety and Security

In an effort to ensure the safety of all program delivery staff, volunteers, and participants, a safety plan should be established based upon the overall locally developed SSP plan. It may be an extension of an already existing safety and security plan already in place. It should include detailed descriptions of staffing plans, the collection and disposal of used sharps, a plan for addressing a potential needle stick incident, and how to address a potential overdose.

The larger plan may also include the use of a participant bill of rights outlining what the SSP will provide to participants as well as the standards of safety and conduct that participants must abide by while visiting and engaging with the SSP.

VII.) Service Delivery Location(s)

The location(s) of service delivery will vary widely based upon the needs of the participants being served and the physical and social dynamics of each community. Service delivery locations may include but are not limited to existing spaces with a local health department, a separate storefront or office, a mobile unit that travels and/or parks to provide services in public spaces or through agreements with private entities. Communities may elect to deliver services at more than one location based upon their local needs. If the community elects to have a SSP Advisory Committee they can assist in the determination of initial service delivery location(s). As the program becomes more established formal and informal participant surveys can be conducted to ensure that the location(s) are meeting the needs of the community being served, are manageable for staff and volunteers, and meet the needs of the greater safety

plan. It is important to make participants and potential participants aware of the hours and locations of operations.

Service delivery locations should be;

- Clean, comfortable and inviting to staff, volunteers, and participants,
- Well-lit to aide in safety and the development of trust between staff, volunteers, and participants,
- Have a private area for counseling and/or testing,
- Accessible as possible to staff, volunteers, and participants with disabilities or limited mobility,
- Known to and by the community being served.

VIII.) Service Delivery Hours

As with the location of service delivery, the hours of delivery will vary widely based upon the needs of the participants served. If the community elects to have a SSP Advisory Committee they can assist in the determination of initial service delivery hours. As the program becomes more established formal and informal participant surveys can be conducted to ensure that the hours are meeting the needs of the community being served, are manageable for staff and volunteers, and meet the needs of the greater safety plan. Again, hours may vary from day to day or by location however, participants and potential participants should be made aware of hours and locations of operations.

IX.) Program Marketing

The marketing of harm reduction and SSP services should be two pronged. The first prong should ensure that participants and potential participants are aware of the days, locations, and hours of service delivery and what services are available through the program. The second prong should aim to de-stigmatize people who inject drugs and the programs supporting them. Examples of program marking may include but are not limited to;

- Community and/or media open house times separate from operational hours.
- The establishment and maintenance of a social media account specific to the program. For example, Facebook, Twitter, or a blog.
- Traditional methods including flyers, advertisements on radio or TV, and/or billboards.

The ISDH maintains a list of harm reduction and SSPs statewide in hard copy, available online, and available upon request to support local efforts.

X.) Sharps Disposal

The proper disposal of sharps is a key component of all harm reduction and syringe service programs as a primary method of injury and disease prevention for the entire community. LHDs should inquire with their regular sharps provider about the cost and contractual changes that may need to be made to accommodate the needs of increased sharps disposal. Program participants should be offered sharps disposal containers of various capacities at each visit to the program, if applicable.

Communities may want to consider adding larger sharps disposal boxes in various locations locally. Having sharps disposal boxes available will aid in the reduction of sharps found in the community and

will also aid in the reduction of stigma associated with people who inject drugs as disposal boxes can be used for sharps of all types including lancets used for checking blood sugar, epi-pens, and other injectable medications. Communities should consider including messages about safe disposal of sharps as a component of larger program marketing or educational materials.

XI.) Supplies

As noted throughout this document harm reduction and SSPs should provide additional supplies to participants beyond clean syringes under the overarching goal of disease prevention. The specific types of materials will vary based upon the type of drugs used, the method of preparing the drug, and the needs and preferences of individual participants. Supplies should be available "buffet style" to allow participants to take the supplies that are most appropriate for them in the quantities of each that they will need to safely inject. However, supplies may also be provided in prepared "kits". As the program becomes established, participants will begin to share their needs to assist with stocking the most appropriate supplies. Examples of harm reduction supplies, beyond syringes, that will reduce the transmission of HIV, viral hepatitis, and incidence of bacterial infections may include but are not limited to;

- Clean newsprint or paper sheeting to create a clean injection space,
- Cotton balls to be used for filters or wound care,
- Gauge, bandages, antibacterial ointment for would care,
- Hand sanitizer and/or rubber gloves,
- Alcohol prep pads,
- Bottle caps or cookers,
- Sterile water for preparing drug or wound care,
- Tourniquets,
- Pipe covers,
- Straws; preferably in different colors to help users identify their own,
- Oral health supplies, candies or gum, lip balm to prevent and care for mouth sores

All supplies should be secured between service delivery hours and accessible only by appropriate staff and volunteers.

It is recommended that SSPs obtain supplies through the North American Syringe Exchange Network (NASEN) which operates a buyers club to ensure the lowest possible cost for supplies. They can be found on their website www.nasen.org .

XII.) Overdose Prevention

Indiana law requires that SSPs have available an overdose medication like naloxone. Harm reduction and SSP programs should provide staff, volunteers, and participants with education in the use the knowledge and skills to identify and reverse an overdose include the importance of engaging first

responders. Overdose identification and administration of an overdose reversal medication should be included in the program's safety plan and be known to all staff and volunteers.

Additional information about overdose reversal, availability of overdose reversal medication statewide, and related resources is available at https://optin.in.gov/ .

XIII.) Participant Identification Cards

Participant identification cards are an option for identifying participants in a SSP at the time of service delivery or by law enforcement. Programs are not required to use an ID card. In the state of Indiana it is against the law to collect and maintain identifiable information on participants in a SSP. As such, the ISDH has developed a process to create a non-identifiable participant ID and "passcode" system for recovery of a missing participant ID. Staff should explain to participants that they will be using the first and third letters in the participants first and last name, the month and decade of their birth, and their identified gender to create a passcode and to create a random, computer generated participant ID code that will be used to identify them during future visit. Staff should then explain that the participant ID will be used on a card (if applicable locally) and that if the participant loses that ID it can be looked up, only by SSP staff, using the "passcode" using the information requested to generate the participant ID.

SSPs are provided with training on the use of the SSP database and ID assignment following their establishment as a SSP provider.

XIV.) Service Delivery

While the flow of participant visits will vary based on a number of factors including but not limited to the location of delivery services, participant needs, and local program plans and goals, the visit should follow routine similar to the following;

Harm Reduction Materials & Referrals Only

- Participant is greeted upon arrival. If there is a wait the participant should be notified of the approximate wait time.
- Staff will counsel the individual on their needs during the visit that day and offer appropriate supplies, educational messaging, and referrals to needed services.
- If appropriate, staff will provide testing, immunization, and/or other services deemed appropriate.
- While no documentation is required by ISDH for harm reduction and referral services only, the service delivery entity may wish to document the supplies provided and referrals made for program planning purposes.

Syringe Service Programs

- Participant is greeted upon arrival. If there is a wait the participant should be notified of the approximate wait time.
- During a first visit to the SSP the staff or volunteer should explain to the new participant what to expect during that and subsequent visits, answer any questions that the participant may have, and remind them of the confidential nature of the program. Staff should explain to participants that they will be using the first and third letters in the participants first and last name, the month and decade of their birth, and their identified gender to create a passcode and to create a random,

computer generated participant ID code that will be used to identify them during future visit. Staff should then explain that the participant ID will be used on a card (if applicable locally) and that if the participant loses that ID it can be looked up, only by SSP staff, using the "passcode" using the information requested to generate the participant ID.

- After greeting and bringing the participant to the service delivery area staff and participants will determine how many syringes are being returned that day and sharps should be placed in an appropriate sharps disposal container.
- Staff will then counsel the participant on their needs for that visit including but not limited to syringe and supply needs, assessment for wound care, counseling to determine appropriate referrals, testing needs, and/or other services offered as part of the SSP.
- While the number of syringes and amount of supplies provide to participants is at the discretion of the SSP service provider, participant should be provided with the amount of syringes and supplies needed for each injection event anticipated until their return. Staff should discuss with participants how often they inject and if they ever have any difficulty finding an injection site or hitting their vein and provide additional syringes in the case that it takes more than one stick to hit a vein.
- Participants should be provided with education about proper vein care, proper injecting techniques, and how to address any injecting concerns that they may have.
- If the participant elects to engage with other services provided onsite, for example HIV, STD, viral hepatitis testing, immunizations, and/or TB skin test, that may require the collection of the participants name or other identifiable information, the participant should be provided with their syringes and other supplies and then escorted to the area where these services are provided and introduced to the staff person(s) delivering those service to aid in participant confidentiality. The staff person conducting the exchange and associated counseling must NOT be the same staff person that collects identifiable information to maintain confidentiality in compliance with state law. If a provider has questions or technical support needs regarding this process they should contact ISDH.
- If the participant elects not to engage in other services provided onsite during that visit they should be provided with the syringes, supplies, and any appropriate educational material or referrals and then asked if they feel comfortable sharing additional information for program planning and evaluation purposes. Staff persons will then, in a conversational manner, ask the participant the questions included on the participant visit form. The form may be filled out in front of the participant or immediately following the participant's departure at the discretion of the staff person. It should be made clear to the participant that they are not required to answer questions in order to receive syringes, supplies, and/or referrals and that all information will remain confidential and cannot be linked back to them as an individual.
- The staff person should then do a final assessment of any outstanding participant needs and address them. Upon the completion of the visit the participant should be thanked for coming and reminded to share the program with others that may benefit from SSP services.
- A procedure should be in place to receive feedback from participants on a routine basis to include but not limited to; satisfaction with service delivery, locations, hours, and supplies available.

There should also be a method for participants to notify staff and program planners of grievances as well as a personal and program wide successes and achievements.

- Staff and volunteers should also be provided with a method to return to feedback to program management and planers.

XV.) Documentation

The ISDH has developed a SSP participant visit record, ISDH hosted SSP database, and quarterly reporting template for use in documenting and reporting the activities of SSPs within the state in accordance with the law. SSPs are provided with training on the use of these tools following their establishment as a SSP provider. The tools are provided at the end of this document for program planning purposes. Any changes to these requirements will be conveyed to providers by ISDH and updated in subsequent iterations of this document.

All documentation must be maintained in a confidential manner. Completed participant visit forms should not be viewable by anyone other than appropriate staff. During service delivery hours the forms should be secured after their completion. Following service delivery hours completed forms should be locked in a secure location until they can be entered into the SSP database. Once data is entered into the SSP database, participant forms should be shredded using a cross-cut shredding device unless this differs from local policy on document retention. While no documentation is required by ISDH for harm reduction and referral services only, the service delivery entity may wish to document the supplies provided and referrals made for program planning purposes.

XVI.) Evaluation

As a component of the evaluation of SSPs within the state, the ISDH has developed an evaluation tool to be completed by the ISDH SSP Technical Support person a.) annually or as needed by programs receiving funds from ISDH to support harm reduction and/or SSPs or b.) at the request of programs not receiving funds from ISDH. This tool is provided at the end of this document for program planning purposes. Any changes will be conveyed to providers by ISDH and updated in subsequent iterations of this document.

SSP Program Development Tools and Documents

This section provides a number of tools and resources available to LHDs as they develop harm reduction programs to meet the needs of people who inject in their communities. These resources include the tools and processes involved in reporting to the ISDH and the method by which they will be evaluated.

National Resources

There are a number of national organizations and resources available to local health departments considering an SEP when determining the most approaches to serving people who inject in their communities. The following are recommended resources to begin with.

AIDS.gov
Preventing HIV and Hepatitis Among People Who Inject Drugs and Their Partners
~ https://www.aids.gov/federal-resources/policies/syringe-services-programs/

Centers for Disease Control and Prevention
SSP Overview
~ https://www.cdc.gov/hiv/risk/ssps.html

National Alliance of State and Territorial AIDS Directors (NASTAD) and Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
Syringe Services Program Guidelines for Development and Implementation for State and Local Health Departments
~ http://www.uchaps.org/assets/NASTAD-UCHAPS-SSPGuidelines-8-2012.pdf

Harm Reduction Coalition
Harm Reduction Coalition Resource Page
~ http://harmreduction.org/our-resources/

North American Syringe Exchange Network
National Directory of Syringe Exchange Programs and Resources
~ https://nasen.org/

Indiana Resources

There are a number of resources available to local health departments considering establishing or growing an SSP in their local communities. The following are statewide resources.

ISDH Technical Assistance – SSP Support Staff

ISDH technical assistance is provided by the Harm Reduction Program comprised of public health officials with experience in harm reduction interventions, and HIV, STD, and viral hepatitis prevention and testing strategies. Those LHDs requesting technical assistance should contact the ISDH Division of HIV, STD, Viral Hepatitis Harm Reduction Program Manager, Erika L. Chapman, MPH, CPH, CHES, at 317-234-3122 or echapman@isdh.in.gov .

The Harm Reduction Program can assist with all aspects of program planning, implementation, and evaluation; however, state employees will not operate or staff SEPs. SEPs must be operated by LHDs, a municipality, or nonprofit entities with which the LHD has a contractual relationship.

Spotlight on HIV/STD/Viral Hepatitis Semi-Annual Reports

Semi-annually, the ISDH compiles the Spotlight Report and disseminates it via the ISDH website and presentations at the HIV community advisory groups and to other stakeholders as appropriate.

The most recent Spotlight Report as well as those for previous years is available at the following web address: http://www.in.gov/isdh/23266.htm

Epidemiological Resource Center Stats Explorer

The ISDH has created a tool for use by entities examining a variety of health related data and statistical measures statewide. The tool is free and available for use at:
https://gis.in.gov/apps/isdh/meta/stats_layers.htm

Data Requests

As noted, any entity can request data from the ISDH Office of Clinical Data and Research by utilizing the form found at http://www.in.gov/isdh/23266.htm or by calling, 317-233-7406.

Syringe Service Program Tools and Documents

Syringe Service Program Database Access Procedure

Background and Purpose:
Syringe service programs are required to register annually with ISDH. They must also collect, maintain and report on specific data regarding SSP participants. This procedure provides a framework by which ISDH can promote and support SSP registration and data collection and ensure data security and confidentiality in partnership with approved SSPs.

Definitions:
Syringe Service Program ("SSP"): SSPs, also known as syringe exchange or needle exchange programs, are a form of harm reduction intervention whereby clean syringes, supplies and other services are provided to people who inject drugs to reduce the potential transmission of blood-borne pathogens, such as HIV, hepatitis C virus, and hepatitis B virus and reduce the incidence of bacterial infections.

Qualified Entity ("QE"): A QE is (1) a local health department; (2) a municipality as defined by the law operates a program within the boundaries of the municipality; (3) a nonprofit organization that operates a program and has been approved by official action to operate the program by:
(A) The local health department;
(B) The executive body of the county; or
(C) The legislative body of a municipality for the operation of a program within the boundaries of the municipality.

SSP Support Staff: SSP Support Staff is ISDH staff that is dedicated to the task of supporting SSP program administration throughout Indiana.

SSP Database: SSP Database is the ISDH-created, secure web-based database used to store and track data collected and maintained by each approved SSP.

SSP Database Users ("Users"): Users are persons duly authorized by the SSP to enter data and/or access the SEP Database in a confidential manner in order to perform duties on behalf of the SSP.

Process:
- The QE provides to SSP Support Staff the *SSP Database User Request/Approval Form* and signed *Confidentiality and Release of Liability Statement* for each User with a need to access the SSP Database. The forms will include, at a minimum, the reason for access, an authorized signature, and dates that each User's access is authorized, to include dates of access commencement and termination.

- SSP Support Staff will verify each request and record, track and store all completed forms and other necessary documentation in a confidential manner, and coordinate commencement and termination of access with the ISDH Office of Technology and Compliance.

- SSP Support Staff and the QE will establish a time, location, and roster for SSP Database training.

- Before the training, SSP Support Staff, together with the ISDH Office of Technology and Compliance, will create a Gateway account and communicate usernames/passwords to each User via the email addresses provided.

- SSP Support Staff will conduct the SSP Database training.

- The QE will immediately notify SSP Support Staff in the event a User's access is to be terminated earlier than previously indicated.

- SSP Support Staff will appropriately manage access to the SSP Database and ensure that related policies and procedures are updated and distributed as needed.

- In the event of a breach or potential breach of confidential information stored in the SSP Database or otherwise belonging to or about a SSP participant, the QE and/or SSP Support Staff will immediately alert the ISDH Office of Legal Affairs.

Indiana Syringe Service Program Confidentiality and Release of Liability Statement

CONFIDENTIALITY AND RELEASEOF LIABILITY STATEMENT
_____ County Health Department ("LHD")

I. Confidentiality of Health and Proprietary Information. The following statement concerns the confidentiality of personal, proprietary, medical, epidemiological and/or Protected Health Information (PHI) and other information or data reported to, generated, maintained or owned by or otherwise in the possession of, the LHD (together known as "Confidential Information"). This statement applies to all, employees or agents thereof ("Employees") and non-employees such as visitors, vendors, contractors, volunteers, students and student interns ("Non-Employees") who are providing services, visiting, and/or shadowing with or on behalf of the LHD that may come into possession of Confidential Information in any form whatsoever.

Except as provided by law, all such Confidential Information, regardless of how obtained, shall be secured and maintained in a strict and confidential manner. Furthermore, Confidential Information may be used only in furtherance of assigned duties and will not be disclosed to others or discussed with third parties without the prior written consent of the LHD. Please be advised that there are serious penalties for violating the aforementioned statement including, but not limited to, the following:
1.1 Federal Penalties. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its related Privacy and Security Standards, directly address the protection and confidentiality of PHI. PHI may not be used or disclosed by Employees or Non-Employees unless required, permitted, or specifically authorized by the LHD under these guidelines. Penalties for violation of HIPAA may include civil monetary penalties and federal criminal penalties.
1.2 State Penalties. Except as provided by IC 16-41-8-1, medical, or epidemiological information involving a communicable disease as set forth under 410 IAC 1-2.3, shall not be used or disclosed by Employees or Non-Employees and shall be secured and maintained in a strict and confidential manner. Failure to appropriately maintain and secure such information may result in the imposition of penalties provided under IC 16-41-8-1 or otherwise.
1.3 Other Penalties. Unauthorized uses or disclosures of Confidential Information by Employees or Non-Employees to include inappropriate access, misuse, theft, destruction, alteration, or sabotage of such information, may result in immediate removal from the premises and/or revocation of current and future visiting/working privileges, and may lead to legal action and/or a duty to mitigate damages.
II. Waiver of Liability. The undersigned acknowledges and agrees to hold the LHD, its agents and employees, harmless from any and all acts or harm that may occur to his/her person or property while visiting or working on the premises and/or off-site.

I, the undersigned, acknowledge that I have read and understand the aforementioned statement and agree to abide by its terms.

_____ Circle One: Employee Non-Employee
Name (print)

_____ _____
Signature Date

Indiana State Department of Health – Syringe Service Program (SSP)
SSP Database User Request/Approval Form

This form may be signed and submitted to ISDH only by personnel duly authorized by the SSP.

Name of Requesting SSP: _____

Name of Proposed SSP Database User (Print):_____

User's Email: _____ User's Phone #: _____

Role or title of Proposed SSP Database User (check one):
_____Staff _____Volunteer _____Intern _____Other (describe):_____

Status of Proposed User (check one): _____ New User _____Renewed User

Date User's access should commence: _____

Date User's access should terminate: _____

Attention: User access should terminate immediately when no longer necessary to perform SSP duties. Access will automatically terminate every _____days unless a shorter period is required.

By signing below, I hereby authorize _____to receive a username and password in order to access _____ county's SSP Database and attest that he/she requires such access to perform duties on behalf of the SSP. I further attest that I am authorized to approve this request on behalf of the SSP and that the aforementioned User has read and signed the SSP Confidentiality and Release of Liability Statement, a copy of which has been provided to ISDH. I will notify ISDH immediately if/when the User's need for access ends.

Signature: _____ Title: _____

Email: _____ Phone #: _____

Date Signed: _____

Visit Date:
___/___/_____

Syringe Service Program ~ Participant Visit Record

Form Last Updated – 05/2017 – EC

Participant Code (first visit = 1st and 3rd of first and last name, month and decade of birth, gender code OR scramble ID):

_____

First Visit ONLY:

Gender (circle): M F T **Race (circle):** W B A O U **Ethnicity (circle):** H NH

Sexual Orientation (circle): Heterosexual Homosexual Bisexual Unknown Did Not Respond

Participant County of Residence:_____ **Site Type (circle):** Mobile Storefront

Substance Use in the Past Month (circle):

Drug	Type	Frequency	Route
Heroin	White Black Tar Both	Daily Weekly Monthly	Inject Sniff Smoke Oral
Opana	Mg:_____	Daily Weekly Monthly	Inject Sniff Smoke Oral
Other Opioid		Daily Weekly Monthly	Inject Sniff Smoke Oral
Stimulants		Daily Weekly Monthly	Inject Sniff Smoke Oral
Marijuana/Cannabis	N/A	Daily Weekly Monthly	Smoke Oral
Crack or Cocaine	N/A	Daily Weekly Monthly	Inject Sniff Smoke
Sedatives	N/A	Daily Weekly Monthly	Inject Oral
Other		Daily Weekly Monthly	Inject Sniff Smoke Oral

Estimated Number of Syringes Returned	
Number of Syringes Given	
Maximum Injections Daily	
Number of Times Syringe Used for Injection	

Shares Syringes to Inject (circle): Y N **Shares Syringes to Divide Drugs:** Y N **Shares Works:** Y N

Uses a Condom (circle): Y N US **Identifies as HIV Positive(circle):** Y N US **Identifies as HCV Positive (circle):** Y N US

Ever Tested for (circle for yes): HIV HCV **Date of Last HIV Test:**_____

Identified As Taking HIV Medication (circle): Y N N/A **Receiving HIV Care (circle):** Y N N/A

Ever Received HAV/HBV Vaccination (circle): Y N

Provided Risk Reduction Counseling (circle): Y N

Substance Abuse Treatment Readiness (circle):

No Interest → Long Term Interest → Short Term Interest → Immediate → In Tx /Tapering Use

Housing Status (circle): Homeless Family/Friends Shelter/Halfway House Rents Owns Unspecified

Notes/Other Services Provided/Referrals: _____

_____

_____

_____

Indiana State Department of Health and Health Foundation of Greater Indianapolis

Quarterly Syringe Service Program Template

FINAL – 4/2017

Please complete the following template, save it as a PDF, and submit it to the Indiana State Department of Health (ISDH) Harm Reduction Program Manager, Erika Chapman, via email (echapman@isdh.in.gov) and CC the Director of the Health Foundation of Greater Indianapolis (THFGI), Jason Grisell (jgrisell@thfgi.org) , no later than the close of business on the 15th day of the month following the end of the quarter. For questions please contact Erika at (317) 234-3122. Thank you!

I.) SSP Provider Information

a. Full Name of Local Health Department

b. Full Name of Qualified Entity (if other than the local health department)

II.) The Date of Submission to ISDH and THFGI

III.)Grant Information (if receiving funds from THFGI)

a. Grant Fund Number

b. Total Grant Amount

c. Grant Funding Period

IV.) Overview of Participant Population

a. Total number of registered participants

b. Total number of active participants within the service delivery period

c. Gender of participants

d. Decade age range of participants

e. Total number of participants that identify as HIV Positive

f. Total number of participants that identify as HCV Positive

g. Estimated number of participants actively engaged in formal or informal substance abuse treatment

V.) Overview of Services Delivered

a. Total number of syringes supplied

b. Estimated total number of syringes returned by participants

c. Top three most common referral types within the reporting period

VI.) Successes experienced by the program within the reporting period.

VII.) Challenges experienced by the program within the reporting period.

VIII.) Technical assistance needs identified within the reporting period.

IX.) Additional information you would like to share with ISDH and THFGI that occurred within the reporting period. For example; grants applied for or received, capacity building projects undertaken, etc.

Indiana State Department of Health

Syringe Service Program Site Visit Tool

Visit Overview

SSP Provider Site: _____

SSP Provider Staff
Attendees:_____
_____
_____
_____

Date of Visit: _____ ISDH SSP Reviewer: _____

** Please list the SSP Program Manager's contact information below. Please circle change if this information has changed from the current record.

Primary Contact Person (s) Name: _____ Change

Primary Contact Person(s) Phone Number: _____ Change

Primary Contact Person(s) Email Address: _____ Change

Medical Oversight Person: _____ Change

Days and Hours of SSP Operation: _____
_____
_____
_____
_____
_____

Type of SSP: Mobile Storefront Both Other: _____

Location(s) of SSP Services: _____
_____
_____
_____
_____
_____

Part I: Administrative Site Visit

1-Have all SSP staff and volunteers signed their health department or agency confidentiality agreement? Yes___ No__

2- Have all SSP staff and volunteers signed the ISDH confidentiality agreement? Yes___ No___

3-Do the appropriate SSP staff members have access to the SSP Database? Yes___ No___
*If not, please obtain the appropriate paperwork and return to ISDH for access.

4-Is the program operating under approval from the State Health Commissioner or the local/ municipal planning body?

State Health Commissioner___ Local or municipal planning body___

5- Is the SSP being provided funding by the ISDH HIV Prevention Program? Yes___ No___

*If so, what is the dollar amount and how are funds used: _____

_____
_____
_____
_____

6-Is the SSP receiving funds from the Health Foundation of Greater Indianapolis to purchase syringes? Yes__ No__

7- What other sources of funding does the SSP receive to maintain operations (donations, grants, in-kind, etc.):_____

_____
_____
_____
_____
_____

8- What, if any financial, supply, or staffing needs continue to exist? Please discuss:_____
_____
_____
_____
_____

9- Does the SSP provider have an arrangement for the proper disposal of used sharps? Please discuss:
_____
_____
_____
_____
_____

10- Is there a community wide sharps disposal plan in place at the county or municipal level? If so, please described this process:_____
_____
_____
_____

11- If the LHD is currently responsible for the SSP operations, are there any contracts or MOUs with other entity (is) to provide SSP services or supplies? If so, explain this process below:
_____

_____
_____
_____
_____

12 – Please share some of your common referral entities. Do you have any notable relationships with any of these entities? Please discuss:
_____

_____
_____
_____
_____

13- Does the SSP have an advisory committee or group? If so, explain (frequency of meeting, people comprised of, etc.): _____

_____
_____
_____
_____

14- Review the most recent quarterly report with staff and discuss strengths/concerns. Please note any TA or other support needs:_____
_____
_____
_____
_____
_____

Part II: Facility Tour & Staff Interview(s) – Please complete one Form for

Location of Visit:

_____

Location of Observation:

_____

1-Are all participant documents stored and maintained in a confidential manner (locked box, cabinet, and/or room and out of the view of other participants or patients?) Yes:___ No:___
Notes:_____
_____
_____

2 – How long are client documents retained? _____

_____
_____
_____

3 – How are client documents destroyed? _____

_____
_____
_____

4- How are new sharps/syringes stored? _____

_____
_____
_____

5 – How are used sharps/syringes stored? _____

_____
_____
_____

6 – How are non-sharps supplies stored? _____

_____
_____
_____

7 – Are service spaces generally (room, mobile units, etc.) clean, accessible, welcoming, and safe for staff, volunteers, and participants? _____

_____
_____
_____

8 – Do service hours meet the needs of participants? How is this measured? _____

_____
_____
_____

9 – What safety measures are in place for staff/volunteers? _____

_____
_____
_____

10- What safety measures are in place for participants? _____

_____
_____
_____
_____

11- Does the program utilize a participant bill of rights? _____

_____
_____
_____

12 – How are service spaces (rooms, mobile units, etc.) secured when not in use? _____

_____
_____
_____

13 - Are all staff aware of safety policies and procedures? If not, explain why: _____

_____
_____
_____

14- Is there a process for participant concerns and/or complaints? If so, please describe:

_____
_____
_____

15 – Is there a process for participants to share successes or positive feedback? If so, please describe: ___

_____
_____
_____

16 – Is there a process or method for collecting feedback from partners and community members? If so, please describe: _____

_____
_____
_____
_____

17 – Do staff and/or volunteers express feeling adequately trained and comfortable with harm reduction principles and SSP best practices? Are there any outstanding needs in this area? _____

_____
_____
_____
_____

18 – Do staff and/or volunteers express feeling adequately trained and comfortable providing non-judgmental and stigma free services? Are there any outstanding needs in this area? _____

_____
_____
_____
_____

19 – Do staff and/or volunteers express a need for training or other types of support? _____

_____
_____
_____
_____
_____

Part III: SSP Participant Visit Observation

Observation #: _____

(Please complete a single form for each observation. Three observations should be conducted unless otherwise prescribed.)

Date of Observation: _____ Staff Member Observed: _____

Observed Visit Location: Mobile: _____ Storefront: _____

Observer Noted the Following during Participant Visit (check all that apply):

Participant was greeted promptly: ___

SSP Database Generated ID was given to or used with participant: ___

Participant was guided by staff to dispose of used sharps in a manner that was safe for the participant and staff member: ___

Participant was provided with the appropriate number of sterile syringes for their use needs: ___

Participant was provided with the appropriate type/size of sterile syringes for their use needs: ___

Participant was offered additional harm reduction supplies: ___

Participant was offered an unused sharps disposal container: ___

Participant was offered naloxone: ___

Participant was offered counseling about safer injecting practices: ___

Participant was asked if they were comfortable answering additional questions (to support program evaluation efforts):___

Participant was offered testing: HIV: ___ STD: ___ Viral Hepatitis: ___

Participant was asked if they are interested in substance abuse treatment options available: ___

Participant was provided with appropriate referrals based upon visit interaction: ___

Participant privacy was respected during and after the visit: ___

Post Participant Visit Documentation & Data Entry (check all that apply):

Staff or volunteer completed the visit form completely based on the participant visit: ___

Notes:

_____

_____

_____

_____

Staff or volunteer entered the visit form into the SSP database; Yes, complete: ___ Yes, partially: ____ No: _____

Staff or volunteer entered the visit form into the SSP database in a timely manner: _____

Additional Notes: _____

_____

_____

_____

Part IV: Visit Notes

Please provide any relevant notes:

Syringe Services Program Notification of Local Option Process and Letter Template

(Optional)

Syringe Service Program Notification of Local Option Process

I. Introduction

In the event that the local health officer or executive director in collaboration with the executive body of the county or municipality elect to approval the operation of a syringe service program themselves at the local level, they must notify the ISDH and request access to the SSP Database. In the event that the local health officer or executive director in collaboration with executive body of the county or municipality elect to continue a program at the local level they must also notify the ISDH. In the event that the local health officer or executive director in collaboration with the executive body of the county or municipality elect to terminate the SSP, they must notify the ISDH.

II. General Guidance

a. All documents should be submitted to the ISDH Division of HIV, STD, Viral Hepatitis within 72 hours of adoption of local procedures to operationalize, renew, or terminate the SSP,
b. All documents should be sent electronically to Erika Chapman (echapman@isdh.in.gov)
c. All documents should be type written.
d. All documents with multiple pages should be numbered.

III. Template

- Cover letter including the following information:
    - The name and contact information of the primary point of contact for the SSP.
    - The name of the Qualified Entity (QE) operating the SSP and the name of the individual providing medical oversight.
        - It should be specifically noted if the individual providing medical oversight and/or the QE changed.
    - A brief narrative highlighting the process used to determine the operationalization, renewal, or termination of the SSP.
    - Any needs for technical guidance and/or support.
    - The length of time that the county is planning to operate or renew the SSP for.

- A copy of the most recent quarterly report required by state law (if applicable).

- An attestation that the SSP will or has, at all times, been operating and will continue to operate during the extension period in a manner consistent with state law.

- Copies of any appropriate documents associated with decision to operate, renew, or terminate the SSP.

IV. Contact Information

Should you have any questions during the notification process please contact; Erika Chapman, Harm Reduction Program Manager at 317-234-3122 or echapman@isdh.in.gov .

Your question(s) will then be responded to or routed for response.

V. Syringe Service Program Notification of Local Option Letter Template

(Applicant Letterhead)

Date

Erika Chapman, MPH, CPH, CHES

Harm Reduction Program Manager

Division of HIV, STD, Viral Hepatitis

2 North Meridian Street

Indianapolis, Indiana 46204

Dear Ms. Chapman,

(Insert County or Municipality) would like to formally notify the Indiana State Department of Health that we are exercising the local option to ***(insert appropriate language: operate, renew, terminate)*** a syringe service program in our jurisdiction.

(Insert brief description of process used to make this determination.)

Attached to this letter are the following required documents as described in the guidance:

- Appropriate documentation of this option,
- A copy of the most recent quarterly report,
- An attestation that the syringe exchange program has and will continue to operate according to the law,

The ***(insert county or municipality)*** syringe exchange would like to request technical assistance with ***(insert needs).***

Should you have any outstanding questions please contact ***(name and contact information of primary contact).*** Thank you, Ms. Chapman, for your time and consideration.

Sincerely,

(Insert name and title)

Syringe Service Program Application & Renewal Tools

(Optional)

Syringe Service Program Application Checklist for Local Health Departments (Optional)

The local health officer or executive director has declared to the executive body of the county or municipality that (1) there is an epidemic of HIV and/or hepatitis C, (2) the primary mode of transmission of HIV and/or HCV is intravenous drug use, (3) and that an SSP is a medically appropriate response as part of a comprehensive control and prevention plan.

The legislative body of the county or municipality has (1) conducted a public hearing allowing public testimony, (2) taken official action to request a public health emergency and request permission to operate an SSP from the Indiana State Health Commissioner, and (3) provided a plan for the implementation and evaluation of the SEP.

- This request must include the following;
  - The above declaration by the local health officer or executive director.
  - The previous and current efforts taken to control and prevent transmission of disease to date.

The local health officer or executive director and legislative body of the county or municipality should include the following elements to their syringe access plan to the Indiana State Health Commissioner in order for the proposal to be considered.

- SSP short and long term goals and objectives.
- Specify ownership of the SSP.
  - County Health Department.
  - County Commissioners.
  - Other entity.
- The source of funding for the SSP.
- The specific population that the SSP will serve.
- Statement agreeing to utilize the ISDH developed and maintained SSP database.
- The location(s) of the SSP in the community.
  - Indicate if a mobile unit or satellite locations will be used.
- The method by which participants will receive substance abuse treatment and care referrals, HIV, STD, viral hepatitis testing including any partner entities.
- The transaction model to be used.
- The method by which sharps and medical waste will be disposed.

- A list of other resources or materials that will be provided to participants.
    - Wound care kits.
    - Overdose reversal medication (naloxone)
    - Others identified at the local level.
- The method by which the SSP will provide overdose prevention education and resources.

Provide an explanation as to the comprehensive public health response that preceded and will accompany the SSP. Potential response activities may include but are not limited to, the following:

- HIV, STD, viral hepatitis education and outreach,
- Establishing or increasing counseling and testing for HIV, STDs, viral hepatitis,
- Providing health navigators to assist with insurance enrollment.
- Providing access to resources including but not limited to birth certificates, identification cards, and/or vaccinations.
- Access to behavioral health services.

Statement agreeing that the ISDH will be provided with quarterly reports including following listed On a daily basis and by the postal zip code where the SSP operates:

- The number of participants served.
- The number of syringes and sharps collected.
- The number of syringes and sharps distributed.

Annually, and upon request, the operating entity of the SSP must provide the ISDH with a status report for the evaluation of the SSP.

Statement agree to annually or upon expiration of the SSP operating period the operating entity of the SSP will provide the Indiana State Health Commissioner with a request for renewal or intent to continue operations authorized at the local level if desired, in accordance with the requirements of the law.

Indiana State Department of Health
Syringe Service Program Renewal Process and Template

I. Introduction

This document serves as a supplement to the Syringe Service Renewal Procedure outlining the process that counties should complete when requesting a renewal of the public health emergency declaration by the State Health Commissioner.

II. General Guidance

a. All documentation should be submitted at least 60 days prior to the end of the then current public health declaration.
b. All documents should be sent electronically to Tami Barrett (tbarrett@isdh.in.gov)
c. All documents should be type written.
d. All documents with multiple pages should be numbered.

III. Template

- Cover letter including the following information:
    - The name and contact information of the primary point of contact for the SSP.
    - The name of the Qualified Entity (QE) currently operating the SSP and the name of the individual providing medical oversight as described in the Renewal SOP.
        - It should be specifically noted if the individual providing medical oversight and/or the QE changed.
    - A brief narrative highlighting the strengths and challenges faced by the SSP in the previous year
        - Examples of this may include: Number of participants transitioned into substance abuse treatment and/or medical care, new or strengthened community partnerships, challenges developing trust within the community and/or among potential participants, etc.
    - Discussion of previous year's goals and goals for the upcoming year including the process used to develop those goals.
    - Any needs for technical guidance and/or support.
    - Any information that you would like to share or feel might be helpful in assessing the progress of the SEP to date.
    - The length of time that the county is requesting to continue to operate the SSP, which may not exceed one (1) year.

- A written statement from the local health officer ("LHO") or the executive director to the executive body of the county or the legislative body of the municipality to the effect that: (a) the epidemic of Hepatitis C and/or HIV remains in effect; (b) the primary mode of transmission of Hepatitis C and/or HIV in the county is through intravenous drug use; and (c) an extension of the SEP is medically appropriate as part of a comprehensive public health response.

- The LHO shall also state whether he/she recommends that the SSP continue to operate in substantially the same manner as previously approved, or in the alternative, a statement that sets forth any changes proposed to the operation of the SEP to curtail the epidemic.

- A copy of the most recent quarterly report required by I.C. 16-41-7.5-10 that has been updated to include data gathered from that report to the date of submission, as well as

Other evidence or narrative available to demonstrate the SSP's impact on the health of the persons served and curtailment of the epidemic.

- An attestation that the SSP has, at all times, been operating and will continue to operate during the extension period in a manner consistent with I.C. 16-41-7.5-6.

- The written approval of the request for extension of the public health emergency declaration by the executive body of the county or the legislative body of the municipality that adopted the initial declaration by the LHO.

IV. Contact Information

Should you have any questions during the reapplication process please contact?
Erika Chapman, Harm Reduction Program Manager at 317-234-3122 or echapman@isdh.in.gov .
Your question(s) will then be responded to or routed for response.

V. Renewal Letter Template

(Applicant Letterhead)

Date

Indiana State Health Commissioner
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Dear State Health Commissioner,

(Insert County or Municipality) would like to formally

Request an extension of the public health emergency declared on ***(insert original approval date)*** for a period of ***(one year or less)*** based upon the continued epidemic of ***(HIV, HCV, or both).*** During our initial application period our ***(HIV, HCV, or both)*** numbers were and are currently ***(insert most recent HIV, HCV, or both numbers).*** As documented below and in the attached attestations, it has been determined that the public health of ***(insert county or municipality)*** can be improved by the continuation of the syringe exchange program.

Attached to this letter are the following required documents as described in the renewal guidance:

- Written statement from the local health officer,
- A copy of the most recent quarterly report,
- An attestation that the syringe exchange program has and will continue to operate according to the law,
- Written request for an extension by ***(the executive body of the county or the legislative body of the municipality)*** that adopted the initial declaration by the local health officer.

(Insert name and contact information of individual responsible for medical oversight) will act as medical oversight for the ***(insert name of qualified entity)*** during the requested renewal period.

(Insert paragraph highlighting the strengths and positive outcomes of note during the previous approval period. These can include: number of participants transitioned into substance abuse treatment and/or medical care, new or strengthened community partnerships, etc.)

The primary goals of the ***(insert county name)*** syringe exchange program in the requested renewal period are as follows ***(Please outline each goal using specific, measurable, attainable, relevant, and time relevant (SMART) language. You may use as few or as many goals and objectives as are appropriate.),***

Goal 1:

Objective 1-

Objective 2-

Objective 3 –

Goal 2:

Objective 1-

Objective 2-

Objective 3 –

Goal 3:

Objective 1-

Objective 2-

Objective 3 –

The ***(insert county or municipality)*** syringe exchange would like to request technical assistance with ***(insert needs).***

Should you have any outstanding questions please contact ***(name and contact information of primary contact).*** Thank you, Dr. Adams, for your time and consideration of our syringe exchange program application.

Sincerely,

(Insert name and title)