

North Dakota Department of Health Syringe Service Program Requirements & Guidance

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This document was created by utilizing the following documents as sources of information:

Indiana State Department of Health: Syringe Exchange Program Guidance for Local Health Departments.

<https://www.in.gov/isdh/files/ISDH%20SSP%20Guidance%20Version%202%200%20FINAL%20-%202010-04-2016-EC.pdf>

Kentucky Harm Reduction and Syringe Exchange Program (HRSSP): Guidelines for Local Health Departments Implementing Needle Exchange Programs

<http://chfs.ky.gov/NR/rdonlyres/E7FBC3DC-E365-4CD8-93BF-FA797052303A/0/HRSSPGuidelinesLongVersionFINAL.pdf>

Utah Syringe Exchange Program Handbook

http://health.utah.gov/epi/prevention/syringeexchange/UTSSP_Handbook.pdf

Harm Reduction Coalition: Guide to Developing and Managing Syringe Access Programs

<http://harmreduction.org/wp-content/uploads/2011/12/SAP.pdf>

NASTAD/UCHAPS: Syringe Services Program (SSP) Development Implementation Guidelines for State and Local Health Departments

<http://www.uchaps.org/assets/NASTAD-UCHAPS-SSPGuidelines-8-2012.pdf>

For more information and questions on this guidance, please contact:

HIV.STD.TB.Viral Hepatitis Program

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Introduction

Syringe service programs (SSP), also known as syringe access (SAP), syringe exchange program (SEP) or needle exchange (NEP) programs, are a harm reduction intervention that have existed since the late 1980s and have been scientifically proven to reduce transmission of human immunodeficiency virus (HIV), hepatitis B and C and other blood-borne pathogens in people who inject (PWI). The primary objectives of SSPs are to:

- Provide a clean syringe for each injection instance to reduce the potential for transmission of HIV, hepatitis B and C and other blood-borne pathogens.
- Provide an entry point for substance use treatment and care and other resources as appropriate to the individual.

There are a number of options that communities should examine as they consider establishing an SSP. As each community is different, each SSP should reflect the needs of the community while considering local culture and resources. This document provides the requirements to obtain authorization for an SSP in North Dakota and guidance on steps necessary to establishing a successful SSP.

North Dakota Legislation

Syringe service programs became legal in the state of North Dakota for communities who are deemed at risk for increases of HIV and viral hepatitis infections due to people in that community who inject and are sharing injection equipment with the passage of Senate Bill (SB) 2320 during the 2017 Legislative Session.

SB 2320 created and enacted two additions to the North Dakota Century Code (NDCC). The first addition to the NDCC adds a new subsection to section 19-03.4-02. This new subsection created and enacted an addition that provides clarification to the court and law enforcement about determining whether an object is drug paraphernalia. The subsection adds “whether the object is a needle or syringe collected during the operation of a needle exchange program under chapter 23–01–44 to aid in the prevention of bloodborne diseases” to the list of considerations. This addition grants the consideration to law enforcement on whether to subject needles collected under an exchange as drug paraphernalia. By working with local law enforcement, SSPs can legally collect injection equipment without the risk of penalty for possession of drug paraphernalia.

SB 2198 in the 2019 Legislative session further amended section 19-03.1-23 to protect persons who are in possession of appropriately collected syringes and needles from penalties related to the possession of a controlled substance.

The second addition to the NDCC adds a new section to chapter 23-01-44 that authorizes or legitimizes SSPs in North Dakota given appropriate authorization as a qualified entity. The addition also clarifies that the North Dakota Department of Health (NDDoH) will be the final authorizing agency to request or deny a local entity or organization the authority to operate an SSP and will perform ongoing assessment of the programs for adherence to requirements of the

statue. This document will serve as guidance to entities for the required components of an SSP program that must be considered for NDDoH to authorize the program.

One provision to the law is that no state general funds are to be used to purchase injecting equipment, which includes needles, syringes and other equipment for the process of injecting. However, if available, state general funds can support the development, implementation, and/or evaluation of SSP.

The full text version of SB 2320 can be found here: <http://www.legis.nd.gov/assembly/65-2017/documents/17-0986-03000.pdf>

Guidance for Entities Considering Establishing an SSP

As communities and local health officials read through the requirements in the law and begin to consider if an SSP is appropriate for their area, there are a number of items to consider prior to developing and submitting an application for authorization. It is important to remember that although a county may be at risk or is already experiencing an HIV or hepatitis C epidemic, they are not *required* to operate an SSP. The goal of any community should be to identify and respond to increases in communicable diseases and reported drug use before an epidemic exists. The determination as to whether an SSP is needed should be made after careful review of community data and many other factors. This section discusses factors communities and entities should consider while planning an SSP for the jurisdiction as well as evidence-based best practices. Addressing the sentiment of the community and partnering with law enforcement and other community leaders is **essential** to success of an SSP. Programs should only be created in ways that are culturally appropriate and reflect the makeup of the community being served.

Assessing the Community Need for SSPs

The first step in implementing an SSP program in a jurisdiction is determining eligibility and if the need exists, or a *Determination of Need*. NDCC 23-01-44 states that "areas to be served must be at-risk of an increase or potential increase of viral hepatitis or HIV" to be eligible. Jurisdictions should utilize key epidemiological factors including HIV and hepatitis C (HCV) prevalence and the demographics of the groups at highest risk for those infections. If your entity identifies persons who inject drugs (PWID) to be at high-risk for these conditions in the jurisdiction, SSP as an intervention may be appropriate. This population should be assessed, and a community needs assessment should be undertaken to understand what the true needs of this population.

Examples of how to undertake a community needs assessment include, but are not limited to:

- Survey of PWID on what they feel are gaps in services for their population.
 - This can be done by conducting surveys in settings that serve this population such as Substance Use Treatment Centers, Human Service Centers, Corrections,

Shelters, Counseling, Testing and Referral (CTR) sites, Support Groups for Individuals in Recovery, etc.

- Focus group of community members on perceived risk and needs of the community.
 - This could help determine if there is a need for syringe disposal services as communities that have high-rates of PWID may experience increases in injecting supplies being discarded in public areas.
- Utilize existing needs assessments that highlight service gaps or known areas of concern that address PWID.

The NDDoH publishes an epidemiologic profile of HIV, STD, TB and viral hepatitis each year that details information related to disease trends in North Dakota. The NDDoH also completed a vulnerability assessment to determine which areas of North Dakota have the factors which put them at highest risk of an HIV/HCV outbreak among persons who inject drugs. Both the vulnerability index and most current epidemiologic profile can be found at <https://www.ndhealth.gov/hiv/ssp/>. Other county/community level data may be available upon request by contacting the NDDoH HIV.STD.TB.Viral Hepatitis Program.



ASK YOURSELF

Does the county or municipality meet the criteria set forth in the law?

- Is the county at risk of or have an epidemic of HIV, hepatitis C, or both?
- If so, is intravenous drug use the primary mode of transmission?

What measures has the county taken to control the epidemic?

- Have they been effective? If not, can specific factors or barriers be identified?
- What other measures might be considered in place of or in addition to the establishment of an SSP as part of a comprehensive public health response?

Based on what is known about the epidemic in your jurisdiction, is an SSP a medically appropriate method of harm reduction?

Assessing Community Readiness for SSPs

Policy Makers/General Community

Once it has been determined that an SSP is necessary to address the HIV and HCV prevention needs among PWID in the jurisdiction, the next step is to determine if the community is ready. For entities that are not associated with local public health or city/county government, the approval of the city/county government is required under North Dakota law to legally operate an SSP in the jurisdiction. Regardless if approval is required or not, the buy in of the community and community leaders is **essential** to the success of a program. Leadership's continued support will help to legitimize the work that the program is doing in offering prevention services to a vulnerable population, especially if there is resistance from the larger community.

All the people who will work in and be served by an SSP must be part of an engagement strategy. Assembling the facts and intervention options, assessing stakeholder knowledge and attitudes and developing an action plan prior to approaching leaders is part of a process to

ensure successful rollout of a program. Some strategies that have been found to be effective include: (1) building relationships with community leaders, officials, opinion leaders, law enforcement, public health officials, substance use treatment centers, healthcare providers (including emergency departments and pharmacies) religious leaders and businesses in and around areas where it is assumed the SSP may operate; (2) educating the public about drug use, how the SSP will work and about safe injecting equipment disposal; (3) framing messaging about the community benefit, including reduced HIV and HCV infection rates, proper syringe disposal, cost effectiveness and linkage to treatment services; (4) understanding and appreciating community and stakeholder concerns; (5) recruiting staff and volunteers from the community that will be impacted by the SSP, which includes involving PWID in the planning and implementation process.

If while conducting community education and engaging with partners, it is discovered that the sentiment around SSP services is not favorable, consider any possible concessions that could be made to your proposal to resolve opposition. This may include: offering safe disposal services to all persons in the community who utilize injecting equipment, such as diabetics; conducting community cleanup events systematically, modify your proposed delivery location or methods, modify your transaction model to encourage more active exchange from participants, etc. By listening, to the opposition and considering the concerns, a more comprehensive program model may emerge. This process may be long and demanding, however with continued perseverance through ongoing communication and consensus building, the SSP program can emerge and become an essential service in the community. Technical assistance to help guide these processes can be accessed by contacting the NDDoH.



ASK YOURSELF

What view does the community at large have about SSPs? How will the community at large be educated about the potential for an SSP in the area?

Are there local laws or ordinances that should be considered as they relate to SSPs?

How can the proposed plan be modified to appease the concerns of the community (if there are any)?

What views do your community leaders have about SSPs?

How is the program going to assess the community readiness for an SSP?

Potential SSP Participants

After the entity has the buy-in of community leaders, it is essential to engage the community that will be served to develop a program that will work best for them to access services.

Some methods to reach PWID may include discussing SSP with existing clients of services that PWID utilize within the community. This may include CTR sites, substance use treatment centers, etc. Expand outreach to engage potential clients in settings where PWID are known to

live and work. Consider developing a community based advisory board, which should include PWID, could help ensure that the needs and services of the program are able to evolve with the needs of the participants.

Contacting PWID initially may require time and patience but will be essential for the success of program. Outreach workers should approach PWID, introduce themselves and indicate which entity they represent. Initially, outreach workers should be sensitive to cues of the potential participants of whether they are willing to engage at that moment or not. They can let them know what services they are planning to provide and are looking for input on how the program can help them. It is important for outreach workers to develop relationships with PWID while keeping outreach and service delivery as a priority. Maintenance of confidentiality is of the utmost importance. As relationships build over time, trust will be developed. Outreach workers can start a dialogue with PWID and start to discuss safer injection methods and health matters in a non-threatening manner and engage them in a conversation on what is needed in the community. These relationships may also lead to the ultimate goal of getting input into making an SSP that works for the community and affected persons will help spread the word about the program. This will instill a sense of trust among this population that will be integral to program success.

When an entity engages in street outreach, it's important to consider the safety of outreach teams. Teams should dress in culturally appropriate attire and be composed of individuals who are reflective of the community. Culturally relevant educational materials and supplies, training and materials for safe syringe disposal should be provided. Outreach workers should be trained in overdose prevention, recognition, and response and procedures for documentation of outreach activities should be clear and systematic, including any adverse incidents.



ASK YOURSELF

How will the entity work to develop trust and the assess needs of the injection drug-using community?

How will you determine which areas to target with street outreach?

How and where are PWID accessing injecting supplies and how are they being disposed of?

Who are the individuals who are injecting drugs in the community?

Where are PWID accessing services within the community? Any potential for partnerships?

Working with Law Enforcement

SSPs are responsible for negotiating and communicating with law enforcement to protect their program operations and their participants. Without proper education, law enforcement officers may target SSP participants. The effectiveness of the program diminishes if participants see that by utilizing the services their risk of prosecution increases. Education and buy-in from law enforcement are keys to success. Law enforcement may even be a collaborative partner in

linking individuals to exchange services. It's important to educate law enforcement on the benefits of harm reduction and what the SSP does to link individuals to treatment and prevention services.

Talk with local law enforcement, build relationships as early as possible and include them in the planning process. Try and negotiate agreements with law enforcement indicating that officers will not target SSP participants or staff. Train and work with law enforcement on safe disposal and disposal locations to prevent needle stick injuries in the line of duty.



ASK YOURSELF

How will law enforcement and public health work together to ensure a balance between upholding laws and supporting public health?

What are the needs of law enforcement in terms of Narcan administration/supply, training and education on blood borne pathogens, etc.?

Are they willing to be a public partner to promote the development of SSP in the community?

Are there educational opportunities for law enforcement on SSPs?

Financial Support for SSPs

Determining how the entity will financially support the SSP will be the next step in the planning process of the program. Even in large communities securing funding for an SSP can be an intimidating process. This should not be considered a barrier that cannot be overcome. Even in conservative political climates, the public health imperative has been successful in winning over opposition. A successful strategy for funding SSP will be well organized and well informed, take full advantage of public and private funding opportunities, tailor funding proposals to highlight the benefits of SSP to the needs and goals of the funder. Needs assessments can be useful to describe the gaps in services for PWID. Community allies and advocates can be strong voices to engage with public policy makers to secure local funding for programs.

The [North American Syringe Exchange Network \(NASEN\)](#) is a network of syringe exchange programs that operates out of Tacoma, WA. They serve to support SSPs through technical and financial assistance programs to expand and support the network of SSPs. NASEN operates a buyer's club and utilizes its purchasing power to secure the lowest wholesaler prices. They also offer grants and start-up kits to exchanges who are just beginning operations.

Under the Consolidated Appropriation act of 2016, federal law permits the use of funds from the Department of Health and Human Services (CDC, HRSA and SAMHSA) to be used to support syringe service programs with the exception that funds may not be used to purchase needles or syringes. However, state, local, tribal and/or territorial health departments must first, in consultation with CDC, determine if there is evidence that the jurisdiction is experiencing or is at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use. NDDoH submitted and was determined to have adequately demonstrated a need for this dispensation for all entities within the state. What this means is that there is no further need for

another state, local or tribal entity to also submit a request to CDC and that funding within HHS grants may be used to support SSP activities as applicable within specific programs. For more information, visit: <https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html>.

North Dakota state law stipulates are that no state general funds are to be used to purchase injecting equipment, which includes needles, syringes and other equipment for the process of injecting. However, if available, state general funds can support the development, implementation, and/or evaluation of syringe access programs in North Dakota.

It is recommended that programs secure funding to support the estimated needs to operate the program for at a minimum one year to maintain service continuity and to allow for enough time to secure additional funding sources if necessary.

Examples of expenses that an SSP could expect to procure include: salary for staff, supplies for injecting equipment (needles, syringes, cookers, cottons, sterile water, tourniquets, etc.), wound care, incentives for safe disposal if needed, biohazard containers, biohazard disposal, continuing education for staff and volunteers, travel, insurance, technology, office supplies, rent for location, basic comfort supplies, etc.

Program Design

When designing an SSP, programs should consider information gathered from PWID and the community to determine what design will be best suited to meet the needs of the community. Program design should include a budget and a sustainable funding plan, along with the development of documents that serve as the SSPs policies and procedures/operations manual.

Funding Plan

Federal and state laws prohibit the use of state general funds and federal dollars for purchasing injecting equipment, which includes needles, syringes and other equipment for the process of injecting. State general fund and federal funds can be used to provide other services related to SSP including, but not limited to: disposal services, staff, disease education and testing, etc.

SSP programs need to seek outside sources of funding. The health department and other governmental agencies are not guaranteed funding sources and should not be relied on to sustain the program. Other sources of funding may include grants such as from the North American Syringe Exchange Network (NASEN). Programs are encouraged to review and apply for all community grant options that are available.

Policies and Procedures Considerations

A policies and procedures/operations manual serves as a document that describes in detail the processes and systems that an SSP uses to perform their daily functions. The core components of a policies and procedures/operations manual for an SSP include: eligibility criteria for participants, location, transaction models, participant documentation, disposal, medical services, staff training and staff safety. The SSP must decide how to define and implement the core components based on what is best suited for their program and community. Below are options and best practice recommendations for each core component.

Eligibility Criteria for Participants

When establishing eligibility criteria for participation, it is essential to keep the syringe access component low threshold to ensure that participation is maximized. Low threshold means that to the greatest extent possible any barriers to receiving services are kept to a minimum. Barriers may include eligibility requirements, ID requirements, language barriers, restricting based on demographics such as age, race or gender. According to NDCC, participants must be 18 and above to participate in an SSP.

This section would also include a general code of conduct that SSP participants must follow in order to remain active in the program. This code of conduct should be consistent with the facilities overall patient's rights and responsibilities policy.



ASK YOURSELF

How is the SSP going to minimize barriers to receiving services?

What criteria will participants have to meet to receive services?

Are there going to be rules that participants must follow to receive services?

How will the SSP monitor the code of conduct?

If rules are in place but broken, will that exclude participants for a specified time period or a lifetime?

Location

Prior to determining the location, i.e. service delivery model of the SSP, utilize the information gathered from PWID to determine the best time and location to maximize participation. There are multiple service delivery models that can be used at SSPs. SSPs may operate with a single model or may adopt a multi-pronged approach. Programs should choose what meets the needs of their participants within the scope of available resources. SSPs may learn exactly what model is right for the program through a needs assessment and/or ongoing assessment after initiation. Factors that should be considered include: the local drug scene, resources and budget, staff/volunteer availability, organizational structure, geography and political climate.

Fixed Site

A fixed site location is usually housed within a building or single location, such as a storefront, office or similar space. Entities may provide fixed sites as they offer great opportunities to integrate other services, such as counseling, referral, case management and clinic services. A fixed site would be ideal for HIV, STD and viral hepatitis testing, hepatitis A and B vaccination, support groups, food provision and abscess and wound care as these sites can be more private than other settings. If located within a clinic location that is utilized for other services, consider entry and exit procedures for participants that takes into account their privacy concerns.

Consider the location of the fixed site in relation to other services or organizations within close proximity. For example, participants may be uncomfortable utilizing services in a location in close proximity to law enforcement. Also, community members may have concerns of safety and visibility if a location is too close to schools or other venues where children congregate.

Limitations to consider include: transportation to the site, hours of operation, higher overhead costs (rent/maintenance), can become a focus for opposition and greater visibility of PWID.

Mobile/Street Based Outreach

SSPs can operate by foot, bicycle or vehicle. Stops are often made at designated locations and specified times. Mobile delivery is useful when PWID are spread out geographically. This may also be preferable to participants in areas where there is a high likelihood that there will be police surveillance at fixed sites.

Often, mobile/street-based approaches work in partnership with a fixed site program to diversify how services are delivered.

Limitations to the mobile/street-based outreach approach is that this can pose some issues with personal safety for staff and volunteers, also, it is harder to deliver ancillary services.

Home Delivery

In home delivery models, injecting equipment and services are delivered directly to where a person lives or other pre-specified meeting location. Appointments can be made on a scheduled or regular basis or made directly as needed with the SSP provider. This model can encourage participation to people who are unable or unwilling to come to an SSP site. Participants wouldn't need to travel with used injecting equipment and could lead to the safe disposal of more equipment.

For organizations that already provide home based care delivery, this could be a method of delivery that could be incorporated into existing work. Individuals who are seen for other healthcare needs could receive SSP services as an integrated service.

Limitations include: being time consuming and difficult to sustain as it requires a lot of vehicle time and resources. Safety should be considered when entering another individual's home.

Secondary/Peer Delivery Models

Secondary or peer delivery models occur when participants distribute syringes and supplies within their network and supply the SSP with the used equipment. If SSPs choose to utilize this model, policies and procedures must be in place to ensure appropriate tracking of service utilization can still occur. This can empower participants to encourage their peers to trust and utilize the SSP themselves and to expand service delivery.

The Harm Reduction Collation has developed a toolkit that provides examples of policies and practices from current peer-delivered syringe exchange programs. It can be found at:

<http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/pdse-toolkit/>.

Limitations of this model include the training and potential liability to the SSP of the actions of peer-deliverers.

Collaboration or Satellite Structure

Partner agencies that provide related but different services within the community may incorporate SSP services at their site on behalf of the parent organization. Potential partners include the following.

Emergency Departments

For some PWID seeking healthcare for detoxification, wound infections, abscesses and overdose, emergency departments may serve as access points to identify and recruit PWID for SSPs. Emergency departments can refer PWID to SSPs not only for sterile syringes, but also for wound care and overdose prevention education, HIV and STD screening, vaccination, and referral to substance abuse treatment services.

Pharmacies and Pharmacists

Pharmacies and pharmacists can be a good resource and ally for SSPs. Pharmacists have daily contact with the public and can be a valuable resource for referring PWID to SSPs. They may also serve as a location for exchange and disposal in some locations. Pharmacists are able to provide/sell syringes to anyone in North Dakota regardless of prescription or need.

Shelters

Shelter locations may have PWID within their service population. Providing safe disposal services at shelter locations may help protect shelter staff and participants from accidental needle stick exposures. Shelters as auxiliary locations may eliminate transportation barriers for participants. Shelters could be considered a full-service secondary location for SSP programs with the provision of all support services.

Organizations Who Provide Services to PWID

Other organizations that provide services to PWID, such as human service centers or substance use treatment centers, may incorporate safe disposal and support services as a mechanism to provide services to PWID. By incorporating SSP activities within the scope of services already provided to PWID, these organizations are able to provide additional opportunities for engagement.



ASK YOURSELF

Where is the most appropriate place to physically locate the SSP, related supplies and other components given the expected number and needs of participants?

Is the location secure and does it offer confidential entry and exit?

Have you considered a mobile unit alone or in combination with a fixed location?

Does your community have any unique characteristics that should be considered (for example; acts as a regional hub or center, access to public transportation, etc.)?

What organizations already offer services to the people you are looking to serve; how can you partner with them?

Transaction Models

Syringe transaction is the primary interaction between participants and an SSP. SSPs operate with the primary goal of providing PWID with new, sterile injection equipment as a means of reducing the spread of blood-borne pathogens and other injection-related infections. Another goal of the SSPs is to remove used injection equipment from circulation. The following outlines several transaction models for making syringes and works available, including both distribution and exchange-based models.

Needs-Based Model

Needs-based syringe distribution is a policy that places no limits on the number of syringes a participant may receive regardless of the number of used syringes returned; participants do not need to return any used syringes in order to receive new, sterile syringes. This model emphasizes asking participants, "How many syringes do you need?" as a means to determine how many will be distributed. Disposal is still a priority; however, it would not be a requirement. Sharps containers should be available to all participants to utilize regardless if they can return them to the exchange for disposal. Education should be provided to those who are unable or are unwilling to travel with used injection equipment on how to dispose of it safely.

Needs-based models are most likely to meet the true needs of PWID. It is also the model that will most likely receive community opposition. Being able to anticipate community concerns and respond accordingly may help to utilize this model. It is an important strategy to meet everyone in the community "where they are at" and will help the SSP be a success. While people may be opposed to certain SSP policies initially, it is possible for them to change their position, particularly if their concerns are acknowledged in an open and nonjudgmental way. It is important to take all community relations and concerns seriously and provide education about the proposed program. Explain rationale behind policy decisions and take steps to proactively address concerns to help alleviate opposition.

The Harm Reduction Coalition has put together some key criticism of needs-based distribution models as well as some potential responses that can be found here:

<http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/sap-manual-appendix/appendix-c/>.

One-for-One Model

The one-for-one exchange model means that for every used syringe a person brings back to the SSP, he or she will receive one new sterile syringe. The most likely reason to conduct one-for-one exchanges is either because of requirements imposed by funders and/or community fears about SSPs. While the concerns of the community are reasonable, the one-for-one model may have a negative impact for PWID and can affect the overall program effectiveness.

Some opponents to SSPs believe that without strict disposal requirements, syringes will be improperly discarded in the streets, parks and throughout the community. Research has never been found to validate this fear. People who do not have access to sufficient injection supplies will continue to share syringes and works because they do not have enough of their own. This can lead to the spread of HIV and HCV. It is unlikely that when given the choice to use someone else's used syringe or a new sterile syringe, a person would choose to put themselves at risk. It has also been shown that even though programs require used syringes for exchange, fears around existing criminal penalties associated with carrying used injection equipment have a greater impact on disposal behaviors of PWID.

Another danger of a strict one-for-one policy is the impact on staff and volunteers of the SSP. Despite the perceived legitimacy of the program policies on paper, when faced with an injector who does not have sufficient returns to guarantee that they will not inject with used equipment, few staff will be able to ethically justify denying sterile equipment. These policies may inadvertently set up staff to lie or bend the rules, which will harm the relationship for all parties involved. Any breaks in trust and consistency can challenge program legitimacy.

It is also possible that if a person does not have any syringes to exchange, they may not visit the SSP at all because they assume they will not be able to access services.

One-for-One Plus

The transaction model of one-for-one plus means that for every used syringe returned, it is possible for the participant to receive more than one sterile syringe, as defined by the program. This model was developed in response to concerns about a straight one-for-one policy in an effort to better meet the needs of participants. More often, in the case of one-for-one plus, there is still some requirement that participants turn in used syringes in order to receive new ones, however there is some flexibility when they don't have enough, or possible, any, used syringes to exchange.

Some programs employ the use of a "starter kit." These kits are designed for people who don't have any syringes to return and usually have one or two syringes. These are also called "incentive syringes." For example, if someone returns five syringes, the program will distribute ten. Incentive policies and ratios are usually pre-determined by policy but may also allow for a process of negotiation between the SSP worker and the participant to better meet their needs.

Other programs in this model may have a cap on the number of syringes a participant can receive at each encounter, but no limit the number of encounters. So, if the policy is that a participant can receive ten syringes for every one returned, five encounters logged with one return each time will result in the participant receiving 50 syringes total.

One-for-one plus is more effective in enabling participants to meet their injection needs than a strict one-for-one policy.



ASK YOURSELF

Which type of transaction model will work best for the community to meet public and participant needs?

Which type of transaction model is feasible within the budget of the SSP to sustain?

What is the planned evaluation of whether the transaction model is meeting the needs of participants?

How do you consider other opportunities for disposal that are available within your community to determine the number of syringes participants can have access to?

Participant Documentation

Enrollment

Enrollment marks the establishment of a relationship between the participant and the SSP. It offers an important opportunity to begin building trust with the participant and should be minimal to accommodate participant needs. Enrollment is the time in which programs capture demographic and statistical information that is required to be reported under authorization policies. During enrollment, the SSP can provide the participants with information on policies and protocols of the SSP as well as any information on services provided.

The SSP must develop a clear enrollment policy and procedure. The SSP should only collect information that is vital to the operation and ongoing evaluation of the program. It is recommended that the enrollment form captures the necessary information needed to create a participant identification code as determined by the program. The program should refer to the *Syringe Services Semi-Annual Report* form published by the NDDoH when determining other fields to capture. The information on this form is the minimum required information that must be reported to remain authorized. An example enrollment form has been created and can be found on the NDDoH SSP website and can be modified to meet program needs.

Whenever information is requested from a participant, it is imperative the rationale behind the questions are explained to each participant. If the agency cannot determine the reason for the data being collected, it should not be collected.

Identification Cards

Identification cards can be developed by the SSP to provide to participants a way to identify themselves as a registered participant of the SSP. This may be a tool that is useful for

participants in their interactions with law enforcement. They may also serve a purpose to speed up the process of transactions at the SSP and to document services provided by participant. If identification cards are to be used, consider utilizing an anonymous but unique code. An example is using the first two letters of the participant's first name, the first two letters of the participant's mother's first name, the year of birth and the month of birth. This combination can be easy for the participant to reproduce if needed.

Ongoing Assessment/Log Form

Documentation of ongoing assessment and interactions will be needed to capture the information required to be reported to NDDoH as a condition of authorization. Transaction level detail is required by North Dakota law to be maintained and retained by the program indefinitely. The information that is captured and how often can be determined by the program as long as ND reporting requirements are met. Data collected can be helpful to identify service gaps, unmet needs of participants and to measure program effectiveness. An example of a participant log form titled *Syringe Services Log Form* to document service delivery is available on the NDDoH SSP website. Programs can develop ongoing assessment tools as a way to update participant information on a program determined basis. There are no requirements for how often a participant's information or status must be assessed.

Maven

NDDoH has developed an online tool that can be utilized by SSPs to track individual level transactions and ongoing participant assessments. This program will capture all required information as well as other optional data elements. Reports are available within this system to produce required data reports as part of authorization. Program management tools are also available to help programs manage participant interactions and determine when intervention is necessary. Examples could include: identifying participants who need HIV/HCV screening at a predefined interval, identifying participants with low rates of return to provide education on appropriate disposal, etc. To utilize this tool, agencies will be required to enter into a Memorandum of Understanding (MOU) with NDDoH surrounding the use and responsibilities of all parties regarding data within the Maven system. Users will be required to sign Maven user agreements and sites will be required to authorize one individual to be responsible for all site users. Failure to comply with Maven agreements could lead to termination of use by agency. For more information, contact the HIV.STD.TB.Viral Hepatitis Program.



ASK YOURSELF

How will the program monitor participants over time to assure comprehensive service delivery?

How will you identify participants as being enrolled within the program?

What are the necessary components of an ongoing assessment and how often will be issued?

How does your program plan to compile the required information for the Semi-Annual Report?

Disposal

The safe disposal of used injection equipment is one of the core components to reducing the risk of HIV and HCV transmission. Programs may provide multiple opportunities for participants to dispose of used injection equipment. Improperly disposed of injection equipment may draw unnecessary attention and negative criticism to the SSP. Multiple opportunities for disposal can help reduce the concerns of PWID who may be afraid to carry used injection equipment for the fear of an interaction with law enforcement.

SSP Disposal of Returned Injection Equipment

The SSP must comply with regulations for disposing of used syringes and other injection equipment, which qualify as regulated medical waste. The SSP must develop a plan around safe disposal procedures to avoid accidental needle stick injuries among staff and volunteers and policies on what to do if a needle stick injury occurs. Staff should never directly handle or count returned syringes. Hand counting of supplies should not be included as a requirement to the program. Many SSPs allow for self-reporting of the number of syringes from participants for return, as well as estimated by weight.

Sharps containers are encouraged to be distributed to participants to allow for easier and safer transfer of works to return to the SSP for disposal. Sharps kiosks can be a valuable tool to promote proper disposal of used injection equipment. These kiosks enable easy and discrete access to disposal for all community members to use. A downfall of a kiosk is that individual returns cannot be logged.

There are several companies who will pick up and appropriately dispose of regulated medical waste. In many cases, these services include supplies to properly package waste for disposal. The cost of these services and supplies should be considered in the SSP budget.

See the NDDoH's guide to Infectious Waste Regulation at:

<https://www.ndhealth.gov/wm/Publications/AGuideToUnderstandingNorthDakotasInfectiousWasteRegulations.pdf>

Individual Disposal

SSPs should always encourage participants to return used syringes and works to the SSP for proper disposal. If this is not feasible, participants should be instructed to use rigid containers, like detergent bottles or beverage bottles to dispose of their works. The container should be marked as containing sharps and a biohazard and placed in the garbage.

Education should also be provided on the proper way to handle syringes and how to properly recap syringes to avoid needle stick injuries. Explaining to participants that improper disposal of works such as, flushing in the toilet, throwing in the garbage, leaving in public places and any other littering puts municipal workers and others at risk of needlestick injury and jeopardizes the operation of the SSP.

Community Retrieval/Syringe Collection

It is important to include plans to respond to community concerns regarding the improper disposal of used injecting equipment. In addition to educating participants and providing resources to increase proper disposal, SSPs may also consider engaging in proactive syringe

clean up in the community. This can be done by organizing crews of SSP staff or volunteers to go into community areas that may have higher rates of discarded injection equipment to conduct safe cleanup.

One strategy to create positive impressions of your SSP to the larger community is to utilize a resource where the SSP can respond directly to community concerns. An example of this would be a hotline or method of communication where the public can report incidents of improperly discarded injecting equipment. Other strategies could also include the deployment of syringe disposal in public places, like parks, public restrooms, etc. to increase the likelihood the PWID have ongoing access to safe disposal aside from home or through the SSP.



ASK YOURSELF

Will sharps containers be provided to participants for safe disposal of used syringes? If not, how will used syringes be disposed of, and how will this be paid for?

Will the SSP provide the community with education on how to report and/or handle impropriety discarded injection equipment that is found in the community?

Will the SSP provide access to safe disposal in other parts of the community outside of the SSP?

How will the SSP calculate the number of returned syringes while balancing staff safety from needlestick injury?

Medical Services

There are number of medical services that must be incorporated into an SSPs policies and procedures/operations manual, but how the entity decides to provide them is flexible. This means that the entity can either offer or refer for these services. Entities must develop clear processes for staff to follow when performing or referring for these services. This may include documentation about partner organizations and predetermined steps in which staff must follow to complete the referral/linkage process. Consider when developing programs and providing education that materials be accurate, up to date, and matched to the population served in terms of cultural relevance, language and reading level. Those services include: education on overdose response; HIV, viral hepatitis and STD prevention, treatment and care which includes testing; and substance use treatment information and referrals.

HIV/STD/Viral Hepatitis Prevention, Testing and Education

One of the primary purposes of an SSP is to reduce the risk of transmission for bloodborne pathogens. Providing services to participants to know their status and to monitor if they have become infected with a bloodborne pathogen is an essential function of an SSP. These services include HIV/STD/viral hepatitis testing, HIV pre-exposure prophylaxis (PrEP), condom distribution, hepatitis A and B immunizations and linkage to care for persons who are positive for HIV, STDs and/or viral hepatitis.

HIV/STD/Viral Hepatitis Testing & Counseling

SSPs may decide that onsite testing for HIV, STDs and viral hepatitis are services they can incorporate; however, it may not be a feasible service to deliver at all SSPs. All sites, however, must determine a process to provide or refer patients for these services and develop policies to ensure participants are screened and flagged for ongoing assessment. Current recommendations state that PWID should be screened every 3-6 months for HIV and hepatitis C.

Current recommendations for frequency and site of testing for STDs (chlamydia, gonorrhea & syphilis) are based on several factors. For a reference guide on how often screening should take place based on individual risk factors, visit

<https://www.ndhealth.gov/hiv/Docs/CTR/ScreeningReferenceGuide.pdf>. For more information on obtaining STD testing services, visit the NDDoH, Division of Microbiology at www.ndhealth.gov/microlab.

The NDDoH has a number of resources and provides free HIV and HCV screening to at-risk individuals at sites across the state. These entities may be a good partner to work with to procure these services. These entities can be found by visiting www.ndhealth.gov/hiv. If your site is unable to partner with an existing site, contact NDDoH as we may be able to assist you to develop your own testing program within your SSP.

HIV PrEP Referral

HIV PrEP is recommended for people at high risk for HIV. By taking HIV medicines each day, people can lower their chances of becoming infected with HIV. PrEP can stop HIV from taking hold and spreading throughout the body. It is highly effective for preventing HIV if used as prescribed. Daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%. PWID who continue to share injecting equipment would be recommended to receive HIV PrEP. Consider ongoing assessments of participants to determine whether risks continue while participating in an SSP and refer for PrEP as a component of harm reduction.

In North Dakota, there are a limited number of providers who are currently prescribing PrEP, to find providers in the service area visit, www.prelocator.org. If there are no providers listed for the service area, consider partnering with a local clinic to start providing PrEP. For more information on PrEP, visit <https://www.cdc.gov/hiv/basics/prep.html>.

Post-Exposure Prophylaxis for HIV & Viral Hepatitis

Participants should be educated on the availability of post-exposure prophylaxis (PEP) for those who may be accidentally stuck by used sharps or works. While participants may have ongoing exposures and are at high-risk for infection, PEP is routinely recommended for those who otherwise do not have ongoing exposures or risks. An example of when PEP should be considered is if another family member or community member has a needlestick injury with used injection equipment. This individual could be referred for PEP as the risk for viral hepatitis or HIV infection could be high. Medications can be taken within 72 hours of the exposure to reduce the risk of being infected with HIV. Immunizations are available to reduce the risk of hepatitis B and should be started as soon as possible and may not be effective if initiated after 7

days after an exposure. There are currently no recommendations for PEP for the avoidance of hepatitis C infection.

Condom Distribution

Condoms and other barriers are effective at reducing the risk of acquiring HIV and STDs as well as the prevention of pregnancy. Condoms, dental dams, safer sex kits, lubricants and condom demonstrators are available at no cost from the NDDoH. Condoms, other barriers and education on reducing the risk of sexually transmitted infections should be offered to SSP participants as needed. Other services for the prevention of pregnancy can be found by visiting www.ndhealth.gov/familyplanning. To order materials, visit www.ndhealth.gov/hiv/supplies.

Immunizations

Immunization for hepatitis A and B are recommended for PWID, as they are at high-risk of acquiring HCV. Consider screening for and offering hepatitis A and B vaccine as a component of your SSP. The North Dakota Immunization Information System (NDIIS) is a tool that can be used to determine immunization status of participants. For more information, visit www.ndhealth.gov/immunize.

Persons Who are Positive for HIV/Viral Hepatitis

Participants who are positive for HIV and/or viral hepatitis should receive additional education and referral for treatment services. The North Dakota Ryan White Part B program is a program designed to provide medical and support services to people living with HIV in North Dakota. There are no publicly funded programs to provide treatment for hepatitis B or C infections. Patient's assistance programs may be available to assist with treatment for hepatitis C from pharmaceutical manufacturers. More information on the Ryan White Part B program can be found at www.ndhealth.gov/hiv.

Overdose Prevention

When working with PWID, it is imperative to address overdose prevention and response. Educating participants on how to appropriately respond to an overdose can help to save lives. Overdose poses a significant health risk to PWID and is among the leading causes of accidental deaths in the United States. For programs aimed at the participant, keep trainings and materials brief and ideally a part of enrollment.

Components of education provided to participants at enrollment should include how to identify when someone is in overdose, the appropriate steps to take to stabilize persons before first responders arrive, how to administer naloxone, etc. Participants and staff should also be aware of the provisions set forth in North Dakota Century Code 19-03.1-23.4, which describes overdose prevention activities and immunity from prosecution, also known as "Good Samaritan" protections.

Ideally, the SSP would make naloxone available to participants, but at a minimum should have doses on hand in the case an overdose occurs onsite at the SSP.

Resources on overdose prevention training and tools are available at <https://www.behavioralhealth.nd.gov/addiction/stop-overdose>. Or <https://harmreduction.org/issues/overdose-prevention/>.

Substance Use Disorder Treatment Referral

Engagement and the development of relationships with participants is also a significant role of SSPs to increase an individual's readiness to make changes in their drug usage, It is important for SSPs to become familiar with substance use disorder treatment services available in their community. SSPs are encouraged to develop partnerships with substance use disorder treatment programs and develop a plan with these programs for referral and admission to treatment.

Staff should be trained to engage participants about their treatment decisions without being stigmatizing or judgmental. Participants should feel safe in returning to the site regardless of their readiness to change or past involvement with treatment.

Staff should be educated to talk to participants about the range of treatment options which include: outpatient treatment, residential treatment, opioid treatment programs, medication assisted treatment with a physician, community support groups, and peer support.

Wound and Vein Care

Participants should be educated on proper injection technique including intravenous, intramuscular and subcutaneous injections to help facilitate good vein care and maintain good health. Education on proper vein care may include: information on the use a sharp, sterile needle for every injection, trauma that can be caused by using dull needles, benefits of alternating and rotating injection sites.

Additional tips to discuss with participants about vein care and good health include the importance of injecting into veins and never into an artery and techniques such as putting a warm compress on an injection site for five or ten minutes or exercises such as push-ups or wrist curls to help bring a vein to the surface.

Participants should be aware that medical complications of injection drug use could include vein collapse, abscesses, emboli among other things that can occur and education on how to prevent them. Participants that present or discuss these types of issues should be referred into medical care.



ASK YOURSELF

What medical services are going to be offered at the SSP?

What community partners are available to assist in the delivery and/or referral for additional medical services?

How often are medical services going to be offered to participants?

Are medical services going to be required for participants in the SSP?

Are there existing funding opportunities that can be used to supplement medical services provided to participants?

Staff Training

Staff training is a necessary component to a functioning and efficient SSP. Training helps to ensure that participants are receiving consistent and quality services and that programs are operating within protocol. Each SSP should develop their own core curriculum and designate an

individual or a set of individuals that will be responsible for training any staff or volunteers. The following list includes topics that must be covered and referenced within the SSPs operational plan.

Staff should review or undertake these trainings prior to working within an SSP to understand context to local drug use practices and SSP procedures:

- Review of the SSP Policies and Procedures/Operation Manual
 - An SSP Policies and Procedures/Operation Manual is a core requirement of SSP authorization. Please reference the authorization requirements section to determine the components of this manual.
- Harm Reduction 101
 - A training on harm reduction would include information on the set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. The term harm reduction includes the movement for social justice built on a belief in, and respect for, the rights of people who use drugs. This would also include information on safer injection practices and the continuum of what PWID can do to reduce the risk of overall harm if standard procedures are not always available to them.
- Injection Drug Use 101 and Information on Local Drug Use Practices
 - A training focused on the core components of how injection drug use works and the culture that surrounds it. Topics could include, how people inject drugs, local terminology, the types of supplies PWID use and the types of drugs that are prevalent within the community. Information on local trends may be gathered from substance use centers or local law enforcement. Former injection drug users may be a good reference to provide information on the mechanics of injection drug use and local culture.
 - Resource on Safe Injection Practices and Harm Reduction:
<https://harmreduction.org/drugs-and-drug-users/drug-tools/getting-off-right/>
- HIV, STD and Viral Hepatitis 101
 - Half-hour disease 101 presentations can be found by visiting www.ndhealth.gov/hiv/ctr under the *Training* heading.
- Substance Use & Treatment 101
 - Staff should be educated on stages of substance use and the range of treatment options which include: outpatient treatment, residential treatment, opioid treatment programs, medication assisted treatment with a physician, community support groups, and peer support
- Overdose Prevention
 - This training should include how to educate participants on how to prevent overdose and how to reverse overdose. Information including videos, presentations, manuals, etc. that can be used are available at <https://www.behavioralhealth.nd.gov/addiction/stop-overdose>.
- Motivational interviewing or other evidence-based counseling for PWID
 - This training should include how to talk with participants on their readiness for change and how to ensure that the language used is appropriate and compassionate towards participants. Resources on this topic can be found at www.integration.samhsa.gov.

Other resources and trainings can be found at:

Addiction Technology Transfer Center Network: www.attcnetwork.org

Entities should develop a process of how staff trainings will be administered and documented. SSPs should also include a timeline of when and how often staff will receive these trainings or refresher courses. It is recommended staff review the SSP Operational plan at least once annually or as it is revised. Staff should also be expected to maintain competency to current standards and practices. Staff should undertake no less than two additional continuing educational opportunities focused on drug user health annually.

Trainings may be locally developed or referenced from outside agencies or organizations. The NDDoH will post references to available trainings and training opportunities on the www.ndhealth.gov/hiv/ssp website as they are available.



ASK YOURSELF

What training requirements are required for new SSP staff?

How often will additional training be required?

What training will be required for employees that work at the SSP location but do not work with participants?

What existing resources are available for trainings?

How are staff being evaluated at the SSP?

Staff Safety

Physical Security

The safety and security of staff and volunteers should be the primary concern at the SSP. SSPs face unique safety concerns for several reasons which include:

- The illegal and potentially violent culture associated with buying and selling drugs and obtaining money to buy drugs.
- Unpredictable behaviors sometimes exacerbated or caused by the use of drugs (including paranoia and potential delusions).
- The vulnerability of drug users to exploitation and abuse.
- The presence of sharp and potentially contaminated materials, including needles, syringes and other equipment.

Proper planning and protocols can help minimize certain risks and potential threats.

Staff and volunteers should be encouraged to work in pairs or groups and should also be discouraged from bringing with them anything of value including wearing jewelry. Staff should be provided a designated area to lock up any personal belongings or values at the SSP.

If safety is compromised in any way, the SSP should have a procedure to debrief after the incident and learn how to better protect staff and participants. Policies should be updated to reflect new procedures if warranted.

Occupational Needlestick Injury Prevention & Procedure

SSPs should properly educate staff and volunteers about the risk of needle stick injuries. Training must be provided on the proper handling and disposal of needles and syringes as well as the proper protocol for responding to needlestick injuries should an accident occur. Agencies should develop exposure control plans and update the plan annually.

The following precautions should be taken to avoid accidental needlestick injuries:

- Staff should never handle a participant's syringe.
- Encourage participants to recap their own syringes.
- If staff need to pick up a loose syringe, tongs or heavyweight gloves should be provided and used.
- Syringe transactions should be handled one participant at a time.
- Do not fill biohazard containers over $\frac{3}{4}$ full.
- Never insert hands into a biohazard container for any reason.
- Distribute and encourage participants to use sharps containers.
- Advise staff against wearing open toed shoes.

Staff, volunteers and participants should be educated on the benefits of being vaccinated for hepatitis A and hepatitis B. Individuals who have an accidental needlestick should be referred to a healthcare provider for evaluation and follow-up care for hepatitis B, hepatitis C and HIV.



ASK YOURSELF

What policies are in place at the SSP for reporting concerns about safety from participants or staff?

Does the SSP have a blood, body fluid and/or needlestick exposure protocol?

What is the protocol if an overdose were to occur at the SSP?

What protocols are in place to reduce needlestick injuries?

How often will training occur to ensure staff are properly training on safety measures?

Authorization Requirements

The legislation passed that allows for SSPs to occur in North Dakota set out requirements prior to being authorized by NDDoH. SSPs must follow the requirements below to be considered for initial and ongoing authorization.

Authorization

Each entity must submit documents to the NDDoH, Division of Disease Control for consideration for authorization. These documents include: Letter Addressed to the State Health Officer, Administrative Documents, Determination of Need, Policies & Procedures/Operations Manual and an Evaluation Plan. The components of these documents are detailed in both the **Guidance for Entities Considering SSP** section of this document as well as in the **SSP Authorization Required Submissions** checklist which is what reviewers will utilize when determining the authorization status of the entity.

The required documents must be emailed to NDDOH, Division of Disease Control, HIV and Viral Hepatitis Prevention Program at disease@nd.gov. NDDoH will confirm via email the receipt of the submission within one business day of receipt. If a receipt confirmation is not received, please call 701.328.2378. Agencies will receive the final determination of authorization within 10 business days. If authorized, the NDDoH will provide each entity with a letter of authorization that includes additional details on required reporting deadlines and the timeline for authorization. An orientation conference call will be scheduled with each entity after authorization.

Reporting Requirements

NDCC requires that authorizing entities report semi-annually (every 6 months) to the NDDoH on the usage of the SSP as well as other information on referrals and outcomes. Reporting is due by January 15 and July 15 each year for the previous July 1– December 31 and January 1 – June 30, respectively. Reports must be sent to disease@nd.gov.

Information to be reported semi-annually includes:

Daily, by location:

- Number of individuals served.
- Number of syringes/needles collected.
- Number of syringes/needles distributed.

In aggregate for the six-month reporting period:

- Number of unique participants served during the period.
 - Non-identifying demographic information of participants (gender, race, ethnicity, county of residence, substances used, etc.) if collected
- Approximate number of syringes collected
- Number of syringes distributed
- Number of individuals offered or referred to services for:

- HIV, STD and Viral Hepatitis Testing
- Substance Use Treatment Services
- Number of doses of naloxone distributed
- Number of condoms distributed

The required semi-annual report form can be found at www.ndhealth.gov/hiv/SSP.

These reports should be submitted no later than July 15 for the time-period January 1-June 30 and January 15 for the period July 1-December 31.

Reauthorization

To retain authorization, entities must recertify annually. The recertification date will be included in the authorization letter. It is the responsibility of the entity to submit the necessary documents on time to maintain authorization. Guidance on reauthorization is available at www.ndhealth.gov/hiv/SSP.

SSP Authorization Required Submissions

Below are the required documents that must be submitted along with a checklist that reviewers will use to determine if the proposed SSP will be authorized, returned for revisions or denied. Please follow this guidance and ensure all components are addressed in the submitted documents.

Letter Addressed to State Health Officer

A cover letter addressed to the state health officer must be sent along with the entity's submission to disease@nd.gov.

Reviewer's Checklist:

- Was a one-page cover letter addressed to the North Dakota State Health Officer submitted?

Administrative Documents

Entity Overview

In a one-page document titled *North Dakota SSP Application Entity Overview*, include:

- Entity description, mission and vision;
 - This must include the type of agency as listed in the NDCC. Options are Local Health Department, City Government (program operational within the boundary of the city only) or Organization with approval from city or county officials.
- Services delivered at the agency;
- Populations to be served;
- Governing bodies either over the agency or within the proposed service area;
- Name for the primary contact(s) for the SSP with email, phone and other contact information.
- Name of medical supervisor for the SSP. May be a pharmacist, physician or advance practice registered nurse who is licensed in the state to provide oversight and consultation to the program.

For organizations that are not local health departments or city governments, letters of approval from city/county governments for the operation of the SSP within a defined boundary are required. These documents should be submitted as an addendum, *Letters of Approval*, within the submission.

While letters of approval are not required for local health departments or city governments, these letters are highly encouraged to be sought from stakeholders within the jurisdiction and submitted as part of the authorization process.

Reviewer's Checklist:

- Did the entity submit all the required information within the *North Dakota SSP Application Entity Overview* Document?
- Were letters of approval required based on the type of entity? If yes, were they included?

Community Support

In a narrative, describe your entity's process for assessing and garnering community readiness and support for SSP. Describe any meetings, assessments and or engagement strategies that you undertook to best understand the thoughts and concerns of policy makers, law enforcement and the general community. This includes describing any policy changes that were required on the local level to allow for SSP.

A critical component of the section on describing community support is the buy in of the people you aim to serve. Describe the entity's engagement strategy and feedback garnered from PWID.

All documents concerning the assessing community readiness and support should be submitted within a document titled, *Public Support Documents*.

Reviewer's Checklist:

- Did the entity provide a narrative describing the engagement process for garnering community support?
- Did the entity engage the community to assess community readiness and support for SSP?
- Did the entity describe how they assessed the feedback from persons who inject drugs within the community they serve?

Public Hearing

Qualified entities must conduct at least one public hearing to inform the public about the proposed activities and services that will be rendered by the SSP. This public hearing is meant to be a forum to assess public sentiment relating to the draft policies and procedures/operational manual set forth by the SSP. Planning, educational and needs assessment meetings are not eligible to meet this requirement. Notice for the public hearing must be published in advance within the local jurisdictions public notice network. Examples include the public notice section of the local newspaper, public access television, social media or other marketing, etc. Entities may also choose to allow for the public to provide comments through a public comment period on the policies and procedures/operational manual. The provision of a public comment opportunity does not replace the required in-person public hearing. The public notice(s) published must be submitted along with this application.

A summary of the public hearing must be provided with the submission. It should contain all information that was presented, an overview of parties in attendance, and all comments received during the hearing and/or public comment period. The entity will also include a justification that addresses the comments that were made. This justification will document whether any

changes were made to the policies and procedures/operational manual based on feedback, and if not, why the entity chose not to make revisions.

All documents concerning the public hearing requirements should be submitted within a document titled, *Public Hearing Documents*.

Reviewer’s Checklist:

- Did the entity hold a public hearing to ascertain feedback on the proposed SSP policies and procedures/operational manual?
- Did the entity provide documentation of the published public hearing notices?
- Did the entity provide a summary of the public hearing that documented comments provided on the proposed SSP policies and procedures/operational manual?
- Did the entity provide a justification on plans to address any public comments?

Financial Sustainability Statement

In a one-page document describe the entities financial plan. This must include documentation that state and federal money will not be used to purchase syringes or supplies directly related to injecting drugs. The financial plan does not need to include a line item budget. It needs to describe the long-term sustainability of your program.

All documents concerning the financial sustainability statement should be submitted within a document titled, *Financial Sustainability Statement*.

Reviewer’s Checklist:

- Did the entity provide a financial sustainability statement?
- Did the entity include a statement that state and federal funds will not be used to purchase syringes or other supplies used for injecting drugs?

Determination of Need

Qualified entities must provide evidence that the area in which they are requesting to serve is experiencing an increase or at risk of an increase of viral hepatitis or HIV among persons who inject drugs. Guidance on how to obtain the information needed to draft this section is located section *Assessing the Community Need for SSPs*. The *Determination of Need* is a narrative that describes context to the data and information gathered during the assessment process that shows why an SSP is needed. This not only includes data collected on incidence of disease and other publicly available data on drug use, but data gathered from within the community of potential participants that identify an SSP as a needed service that will be utilized. All data should be presented in summary to provide evidence and support that an SSP is a needed tool to reduce the risk of HIV and viral hepatitis infection as a medically appropriate method of harm reduction.

An example of a summary synthesizing the evidence is presented that indicates the jurisdiction is at risk for increases in viral hepatitis or HIV due to injection drug use is located on page 21 of [Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016.](#)

The Determination of Need should be submitted as a document titled *Determination of Need*.

Reviewer’s Checklist:

- Did the entity provide a Determination of Need that adequately describes the need for an SSP within their jurisdiction?
- Did the entity provide support that an SSP is a medically appropriate method of harm reduction within the jurisdiction?

Policies and Procedures Plan

A policies and procedures/operations manual serves as a document that describes in detail the processes and systems that an SSP uses to perform their daily functions.

The core components of a policies and procedures/operations manual for an SSP include: eligibility criteria for participants, location, transaction models, participant documentation, disposal, medical services, staff training and staff safety. The SSP must decide how to define and implement the core components based on what is best suited for their program and community.

Eligibility Criteria for Participants.

Describe the criteria/demographics of participants that the SSP will serve and if the scope is limited to individuals of a single race, gender or other identifier why that is essential to the mission of the SSP versus serving all individuals in a community. This section will also include the code of conduct that participants must follow to remain active in the program.

Reviewer’s Checklist:

- Did the entity describe the criteria for participants to be eligible to obtain services at the SSP?
- Did the entity provide the code of conduct that participants must follow?

Location

Indicate where the SSP will be located within the community. This includes describing which service delivery model(s) (i.e. a fixed site, mobile/street-based outreach, home delivery, secondary/peer or collaboration/satellite delivery) the SSP will be using to meet the needs of the community. This section must include hours and days of operation.

Reviewers’ Checklist:

- Did the entity describe the chosen service delivery model(s)?
- Did the entity describe the location and hours/days of operation for the SSP?

Transaction Model

Describe the syringe transaction model(s) (i.e. needs-based, one-for-one, one-for-one plus, etc.) the program plans to utilize.

Reviewers' Checklist:

- Did the entity describe the chosen transaction model(s)?

Participant Documentation

Describe the process in which the entity will intake new participants, including any forms that will be used to monitor participation. Also describe how participants and services will be tracked over time at the SSP. This should be done without collecting personally identifiable information that can be tracked back to any one individual.

Reviewers' Checklist:

- Did the entity describe the step-by-step the process in which new participants are enrolled at the SSP?
 - Were proposed forms submitted as an appendix in the policy and procedures/operations plan?
- Did the entity describe the step-by-step the process in which participants assessed ongoing at the SSP?
 - Were proposed forms submitted as an appendix in the policy and procedures/operations plan?
- Did the entity describe the process that will be used to document SSP participant information over time to ensure required information can be reported?

Will the entity be utilizing? NDDoH Maven Other Tracking Process
- Did the entity describe how they will identify participants as enrolled within the program?

Disposal

Describe the process in which the SSP will manage medical waste disposal. Describe the entities and locations that may be potential partners to increase the availability of safe disposal in the community.

Reviewers' Checklist:

- Did the entity describe the process in which medical waste will be collected from the participant?

Is the entity proposing to perform community disposal/cleanup? Yes No
- If yes, did the entity describe the process in which medical waste will be collected and disposed of?

Did the entity describe the process in which medical waste will be disposed?

Medical Services

Describe the entity's process to provide/referral for medical services, including, but not limited to:

- HIV, viral hepatitis and STD testing and care,
- HIV and STD prevention tools, such as condoms, lubricant, dental dams, etc.,
- Education and counseling to reduce the risk of sexual transmission of viral hepatitis, HIV and other STDs,
- Linkage to HIV, viral hepatitis, STD and pregnancy prevention & care services not available at the entity,
 - This includes PrEP for high-risk HIV negative persons.
- Hepatitis A and B vaccination,
- Education and training on drug overdose response, risk reduction and treatment, including the administration of an overdose reversal medication;
- Naloxone to reverse opioid overdoses,
- Linkage to and provision of substance use disorder treatment, and
- Medical care when necessary including imminent overdose and wound care.

Reviewers' Checklist:

Did the agency describe the process of providing or referring for the following services?

	Yes/No	Providing	Referring	Comments
HIV, viral hepatitis and STD testing and care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
HIV and STD prevention tools, such as condoms, lubricant, dental dams, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Education and counseling to reduce the risk of sexual transmission of viral hepatitis, HIV and other STDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Linkage to HIV, viral hepatitis, STD and pregnancy prevention & care services not available at the entity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
This includes PrEP for high-risk HIV negative persons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A and B vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	

Education and training on drug overdose response, risk reduction and treatment, including the administration of an overdose reversal medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Naloxone to reverse opioid overdoses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Linkage to and provision of substance use disorder treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Medical care when necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	

- Did the entity describe when and/or how often assessment for these services will be offered? Example: HIV testing will be offered/assessed every 6 months; need for medical care will be assessed at every visit.
- If the entity is delivering any service by referral, did the entity provide documentation about partner organizations and predetermined steps in which staff must follow to complete the referral/linkage process?

Staff Training

Describe the entities the SSP's plan to train staff and volunteers on SSP protocols. Also provide information on ongoing education plans and requirements for staff and volunteers.

Reviewers' Checklist:

- Did the entity provide a staff training plan that includes required courses along with timelines for continuing education/assessment?
 - Review of SSP Operational Plan
 - Harm Reduction 101
 - Injection Drug Use 101 & Information on Local Drug Use Practices
 - HIV, STD and Viral Hepatitis 101
 - Substance Use and Treatment 101
 - Overdose Prevention
 - Motivational Interviewing or other evidence-based counseling for PWID

Staff Safety

Describe the entities the SSP's plan to ensure staff and volunteer safety, which includes education on safety protocols. This includes processes on physical safety and needle-stick injury.

- Did the entity provide safety protocols for both physical safety and needle-stick injury?

Evaluation Plan

Develop an evaluation plan for the entity that identifies **three** objectives can be achieved in the short and long term. These objectives must be written in SMART (short, measurable, achievable, realistic and time-based) format. Two of these objectives should focus on short-term outcomes, i.e. within one year; one should focus on a long-term objective, i.e. 3-5 years. These objectives can be about any work you plan to do in your SSP. They could include goals about staff training, participation, education delivery, linkage to treatment, etc. These objectives will need to be reported on during the annual reauthorization process. These will also help guide the NDDoH to provide technical assistance to ensure the SSP is more successful.

Examples of SMART objectives are:

By December 31, 2020, the SSP will serve 100 unique individuals.

Baseline: 0 individuals

2020 Goal: 100 individuals

By December 31, 2022, the SSP will have referred 50 individuals to substance use treatment.

Resources

National Resources

Below are a number of national organizations and resources available to entities considering an SSP.

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/>

New York State Department of Health

Syringe Access and Disposal Guidance

https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/

Seattle and King County Drug Use and Harm Reduction Resources

Access and Disposal Resources and Harm Reduction Materials for Users

<http://www.kingcounty.gov/healthservices/health/communicable/hiv/HarmReduction.aspx>

North Dakota Department of Health Resources

The NDDoH has several resources available to local communities to assist in determining if an HIV and/or HCV epidemic is occurring in their area. Technical assistance will be made available in the future for those considering an SSP in the areas of planning, implementation, evaluation and other topics as needed.

HIV/STD/TB/Viral Hepatitis Data

Annually, the NDDoH publishes a document that describes the epidemiology of HIV, STD, TB and viral hepatitis infections in North Dakota. The NDDoH did an assessment of what areas are at greatest risk for an outbreak of HIV/HCV among persons who inject drugs. Both documents are available at <http://www.ndhealth.gov/hiv/SSP>. Additional data requests on disease information can be requested from the NDDoH, Division of Disease Control by calling 800.472.2180 or by emailing disease@nd.gov.

Substance Use in North Dakota

The North Dakota Department of Human Services, Behavioral Health Division has created a website that contains trends of substance use and outcomes for counties and municipalities to

use in determining if they meet the requirements to apply for an SSP program. These profiles have been provided to each county health department and are available online at <https://sund.nd.gov/#/>.

North Dakota Attorney General's Office

The North Dakota Attorney General has developed a website that details local crime statistics that could be helpful to understanding the scope of drug use within your community. This data is available by visiting: attorneygeneral.nd.gov/public-safety/crime-data.