New York State Department of Health AIDS Institute Office of Drug User Health Harm Reduction Unit

Second-Tier Syringe Exchange Program Application

Eligible not-for-profit organizations and government entities may seek approval to become Second-Tier Syringe Exchange Programs (STSEPs) under 10 NYCRR Section 80.135 by submitting an application addressing all of the elements itemized in this document. No STSEP operations may take place prior to approval of the application by the New York State Department of Health (NYSDOH).

Application Elements

- I. Organization/Entity Information
 - A. Name
 - B. Primary address
 - C. Documentation of not-for-profit status (if applicable), e.g. IRS 501(c)(3) determination letter; NYS Department of State Corporation ID number
 - D. Contact information for individual authorizing STSEP on behalf of the applicant:
 - 1. Name
 - 2. Title
 - 3. Telephone number
 - 4. Email address
 - E. Organizational chart which highlights all points of service within the organization where syringes will be available through the STSEP
 - F. Indicate which of the following services are currently available within your organization to people who use drugs (PWUD):
 - 1. HIV/STI/HCV screening, testing, treatment, retention or referral/linkage and navigation services
 - 2. Medication for Opioid Use Disorder (OUD)
 - a. Buprenorphine
 - b. Methadone
 - c. Naltrexone
 - 3. Individual or group substance use counseling or mental health services
 - 4. Care management, case management or health home services
 - 5. Primary care, triage, wound care or other health care services
 - 6. Opioid overdose prevention counseling or training services and provision of naloxone
 - 7. Other (please specify)

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II. Project Staff

- A. Provide names and titles of STSEP personnel who will:
 - 1. Serve as primary point-of-contact with the NYSDOH AI regarding the STSEP;

[Include the telephone number and email address for this individual.]

- 2. Furnish harm reduction supplies to PWUD;
- 3. Provide opioid overdose prevention education;
- 4. Provide referrals or linkage and navigation to needed services; and
- 5. Submit data to the NYSDOH AIDS Institute

B. Training Plan for STSEP personnel

Affirm that trainings on the topics listed below will be available to personnel who are furnishing and collecting syringes and that a roster documenting training of STSEP personnel will be kept.

Mandatory Training:

- 1. Proper handling and disposal of used syringes, with an emphasis on needlestick injury prevention and management;
- 2. The legality of syringe access in New York State, including provisions in the Public Health and Penal laws;
- 3. Overdose recognition and naloxone administration training; and
- 4. Protocol for generating the unique participant codes that are used in Participation Cards.

Recommended Training:

- 5. Culturally competent, stigma-free service delivery for persons who inject or otherwise use drugs with sensitivity and responsiveness to life choices, race, ethnicity, age, gender identity and expression, sexual orientation, linguistic and health literacy, histories of trauma; socio-economic status, and employment status;
- 6. Participant engagement strategies including motivational interviewing techniques, employing trauma informed care, and other appropriate, evidence-based behavioral interventions;
- 7. Safety planning to prevent overdoses;
- 8. Information on substances, including but not limited to specific opioids and stimulants; and
- 9. Information on medications used for treating opioid use disorder.

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III. Program Services and Operations

- A. For each site where syringes will be furnished, specify
 - 1. Address, including location within facility, if applicable;
 - 2. Setting type, e.g. agency premises, clinic, emergency department, mobile van, peer delivery encounter, special arrangements or other; and
 - 3. Days of week and hours of operation for projected services.
- B. Policies and procedures will need to be developed and approved by the NYSDOH AI prior to implementation which address:
 - 1. Determination of participant eligibility;
 - 2. Provision to participants of syringes in a sufficient quantity to ensure that a new, sterile syringe is available for each injection until the participant can return to the program;
 - 3. Issuance of participant cards including the protocol for generating the unique participant codes that are used in the participant cards.
 - 4. Provision of opioid overdose prevention training and naloxone, or referral for these services;
 - 5. Staff and participant safety, including handling onsite medical emergencies, handling hazardous medical waste and sharps; participant use of bathroom facilities and other safety issues;
 - 6. Ordering, maintenance and security of harm reduction supplies;
 - 7. Referrals for other needed services including HIV/STI/HCV screening, testing, treatment and retention services, mental health, primary care, wound care, drug user health hub services, medication for opioid use disorder, substance use treatment options, counseling and other needed services.

IV. Data Collection:

Describe data collection processes and how data will be submitted for mandated quarterly reports. These reports need to include aggregate data on age, race/ethnicity, gender of participants, number of syringes furnished and collected.

V. Participant Engagement

Describe how PWUD will be informed that your agency has STSEP services.

VI. Community Information and Support:

Describe how the applicant has sought community support for STSEP operations. Provide documentation on engagement with local elected officials and businesses pertaining to this application. Indicate concerns, if any, that have been raised by these constituencies.

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Questions regarding the application or the process should be emailed to Suzy Lopez at: suzy.lopez@health.ny.gov

Completed applications should be submitted to:

NYSDOH – AIDS Institute Office of Drug User Health Harm Reduction Unit 90 Church Street, 13th Floor New York, New York 10007