

**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 under 10 NYCRR Section 80.135 by submitting an application addressing all of the elements itemized in this document. No Second-Tier Syringe Exchange Programs operations may take place prior to approval of the application by the New York State Department of Health.

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 Second-Tier Syringe Exchange Programs on behalf of the applicant:
 1. Name
 2. Title
 3. Telephone number
 4. Email address

- E. A description of the agency's experience in providing support that relate to harm reduction services for people who use drugs especially people who inject drugs. Please provide information on current syringe access for people being currently served. This description should include information regarding organizational capability, commitment and the administrative structure for oversight and support of the Second-Tier Syringe Exchange Program. Include an organizational chart which highlights all points of service within the organization where syringes will be available through the Second-Tier Syringe Exchange Program.

- F. A description of how harm reduction education, overdose prevention and response, HIV and Hepatitis C prevention education and treatment, and other appropriate interventions will be provided to program participants in accordance with a trauma informed care approach.

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- G. Indicate which of the following services are currently available within your organization to people who use drugs:
1. HIV screening, testing, treatment, retention or referral/linkage and navigation services
 2. Sexually transmitted infections screening, testing, treatment, retention or referral/linkage and navigation services
 3. Hepatitis C screening, testing, treatment, retention or referral/linkage and navigation services
 4. Medication for Opioid Use Disorder
 - a. Buprenorphine
 - b. Methadone
 - c. Naltrexone
 5. Individual or group substance use counseling or mental health services
 6. Care management, case management or health home services
 7. Primary care, triage, wound care or other health care services
 8. Overdose prevention counseling or training services and provision of naloxone
 9. Other (please specify)

II. Project Staff

- A. Provide names and titles of Second-Tier Syringe Exchange Program's personnel who will:
1. Serve as primary point-of-contact with the NYS Department of Health AIDS Institute regarding the Second-Tier Syringe Exchange Program;
[Include the telephone number and email address for this individual.]
 2. Furnish harm reduction supplies;
 3. Provide overdose prevention education;
 4. Provide referrals or linkage and navigation to needed services; and
 5. Submit data to the NYS Department of Health AIDS Institute

B. Training Plan for Second-Tier Syringe Exchange Program 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 second-tier syringe exchange program's personnel will be kept.

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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 (please list provider of 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.

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;
 3. Days of week and hours of operation for projected services.
- B. Policies and procedures will need to be developed and approved by the NYS Department of Health AIDS Institute 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;

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6. Ordering, maintenance and security of harm reduction supplies;
7. Referrals for other needed services including HIV/Sexually Transmitted Infections/Hepatitis C screening, testing, treatment and retention services, mental health, primary care, wound care, 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 people who use drugs will be informed that your agency has second-tier syringe exchange program services.

VI. Community Information and Support:

Describe how the applicant has sought community support for Second-Tier Syringe Exchange Program 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.

Questions regarding the application or the process should be emailed to:

sepwaiverapplication@health.ny.gov

Completed applications can also be emailed to sepwaiverapplication@health.ny.gov or sent to:

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