



## **Syringe Services Program Application Guidance**

### ***Background***

In accordance with MDH Health-General §24-901, local health departments and community-based organizations (CBO) may apply to operate an “Opioid-Associated Disease Prevention and Outreach Program,” also known as a Syringe Services Program (SSP). The application is open to local health departments as well as community-based organizations (CBOs). Local health departments may collaborate with community-based organizations or other local health departments to operate a Syringe Services Program. In addition, a CBO may apply to operate a program in multiple jurisdictions.

### ***Application review process***

MDH will first review the application to ensure that all questions are complete, and will request any missing information or documentation from the applicant. Applicants must respond to any requests for changes or additional documentation in order to continue in the approval process. If MDH does not receive a response to an attempt to contact the applicant within 10 business days, MDH will consider the application withdrawn.

MDH will then share the application with the Syringe Services Program Standing Advisory Committee for technical assistance. MDH Health-General §24-901 requires that applicants receive technical assistance from the Standing Advisory Committee (SAC), particularly on the following parts of the application:

1. Program operating procedures related to the distribution, collection, and disposal of needles and syringes
2. Community outreach and education plan
3. Referral protocol

Upon receiving feedback from the Committee, MDH will share this feedback with the applicant and indicate the due date for requested changes. The applicant must revise the application in accordance with any technical assistance provided by the Standing Advisory Committee or MDH.

MDH will jointly issue approval in conjunction with the local health officer(s) if the application is complete, revised in accordance with SAC technical assistance, and meets the requirements described in COMAR 10.52.01.05-10.52.01.06. Programs operating in multiple jurisdictions require approval by the local health officers of all involved jurisdictions. MDH will disapprove the application if it does not provide sufficient information or documentation, or does not meet the COMAR requirements. MDH may request additional information or changes from the applicant if needed. MDH will respond in writing within **60 days** of receiving the application to indicate approval or disapproval, and an explanation if MDH disapproves the application.

If disapproved, the applicant may appeal the decision by submitting a request in writing to the Deputy Secretary for Public Health Services within 30 calendar days of the date postmarked on the notice of disapproval. The Deputy Secretary will either grant or deny the appeal within 60 days and will respond in writing indicating the decision and an explanation.

### ***Contact information***

Please direct any questions regarding the Syringe Services Program to [mdh.syringeservices@maryland.gov](mailto:mdh.syringeservices@maryland.gov).

### *Application process*

The application for approval of a Syringe Services Program is available [here](#). The chart below includes detailed instructions for responding to each section of the web-form. An asterisk (\*) indicates a required question or document. Applicants should respond to all required questions and upload all required documents. The form allows the applicant to save and return to the application before submitting.

Following submission of the form, the individual designated as the primary contact will receive an email confirming submission. After submission, the applicant may voluntarily withdraw the application at any time, and may submit a new application at any time. Please contact [mdh.syringeservices@maryland.gov](mailto:mdh.syringeservices@maryland.gov) with any questions or concerns regarding an application, or to withdraw a submitted application.

SECTION	QUESTION	INSTRUCTIONS
<b>Agency information</b>	Agency name*	Provide the name, mailing address, general email address, and general phone number for the applicant agency.
	Agency address*	
	Agency email address*	If SSP operations will be provided at a different location, please provide the address. If SSP will operate at a different location that has not yet been determined, please make a note in the last section of the application.
	Agency phone number*	
	SSP address, if different	
<b>Contact information</b>	Primary contact name*	Provide the name, job title, email address, and phone number for individuals designated as both primary and secondary contacts for the application. Primary and secondary contacts do not necessarily have to include the individual who submits the application.
	Primary contact job title*	
	Primary contact email address*	
	Primary contact phone number*	
	Secondary contact name	
	Secondary contact job title	
	Secondary contact email address	
	Secondary contact phone number	
<b>Agency introduction</b>	Mission and core services*	Provide a narrative description of the agency mission and core services.
	Population(s) served*	Provide a narrative description of the primary population(s) the agency currently serves.
	Existing staff relevant to SSP initiation*	Provide a list of the staff members who will be involved in the operation of the Syringe Services Program. Be sure to include job titles, role with the program, whether the individual will be working part-time or full-time on the SSP.
	Organizational chart*	Upload the organizational chart including all staff relevant to SSP operation.

<b>Program plan</b>	Program operating procedures related to the distribution, collection, and disposal of needles and syringes (upload)*	<p>Upload the proposed program operating procedures, addressing the following:</p> <ol style="list-style-type: none"> <li>1. Describe your procedures for ordering, storing, and managing supplies</li> <li>2. List the types of needles and syringes your program will provide</li> <li>3. Describe your procedures for distributing supplies</li> <li>4. List other materials in addition to needles and syringes that will be provided</li> <li>5. Include safety and security protocols that address the requirements in COMAR 10.52.01.06.</li> </ol>
	Community outreach and education plan (upload)*	<p>Upload the proposed program Community Outreach and Education Plan, addressing the following:</p> <ol style="list-style-type: none"> <li>1. Describe in detail your community engagement strategies, including outreach to community stakeholders. The applicant must include, at minimum, plans to conduct community needle/syringe litter clean-ups, regularly engage with local law enforcement, and respond to community concerns.</li> <li>2. Describe any significant established community partnerships</li> <li>3. Describe plans to document: <ol style="list-style-type: none"> <li>a) Interactions between law enforcement and participants, staff, and volunteers, both positive and negative</li> <li>b) Feedback from participants, community, and law enforcement</li> <li>c) Steps taken and plans of action to address reasonable concerns</li> </ol> </li> </ol>
	Referral protocols (upload)*	<p>Upload the proposed program referral protocols. Include descriptions of the consent/release of information policies for referrals, and procedures for tracking and following up on participant referrals. Be sure to include any forms that are referenced in the protocols.</p> <p>Note which of the below services will be provided on-site (same location as SSP), and for which services you provide referrals instead. For services not provided onsite, indicate the referral partner(s).</p> <ol style="list-style-type: none"> <li>1. Substance related use disorder counseling, treatment, and recovery services</li> <li>2. Testing for HIV, viral hepatitis, and STDs</li> <li>3. Reproductive health education and services</li> <li>4. Wound care</li> <li>5. Overdose education and naloxone distribution</li> </ol>

<b>Program Model</b>	Program model (upload)*	<p>Upload your proposed program model. The program model should include, but is not limited to, the following information:</p> <ol style="list-style-type: none"> <li>1. Service delivery plan: Describe in detail how you will implement SSP, including the model you will use (fixed site, backpack, mobile, other). Provide specifics, including number of sites, location descriptions including addresses, descriptions of services you will provide, estimated number of unique participants you will serve annually, and estimated number of syringes you will dispense annually.</li> <li>2. Locations(s): Jurisdictions in which you propose to operate</li> <li>3. SSP proposed hours of operation for each site</li> <li>4. Staff and volunteers <ol style="list-style-type: none"> <li>a. SSP staffing plan</li> <li>b. Staff training protocols and expectations. At minimum, must include compliance with expectations set forth for training by the Department and how records of completed training will be maintained.</li> <li>c. Staff and volunteer identification and authorization protocols regarding who has access to needles/syringes and program records</li> </ol> </li> <li>5. Education provided to participants regarding: <ol style="list-style-type: none"> <li>a. HIV and Hepatitis</li> <li>b. Overdose education and naloxone distribution</li> <li>c. Other types of education (please describe)</li> </ol> </li> <li>6. Describe how people who use drugs will be involved in SSP planning, implementation, and evaluation. How will feedback from people who use drugs be continuously sought, centered, and incorporated?</li> </ol>
<b>Data collection and evaluation</b>	Data collection and evaluation (upload)*	<p>Upload a document containing the following information regarding the SSP data collection and evaluation procedures:</p> <ol style="list-style-type: none"> <li>1. Procedures for identifying program participants: Describe the program's unique identifier, including how it will be generated and assigned to new participants, and how new ID cards will be printed, explained, and provided.</li> <li>2. Participant confidentiality protocols in accordance with Md. Health-General §24-906(b) and 42 CFR Part 2.</li> <li>3. Describe your plans for collecting, entering, and managing information about participants. Include a list of the information that will be collected from participants, or include participant forms.</li> </ol>

	Participant forms	Upload any participant forms referenced in the above “Data collection and evaluation” upload.
<b>Resource Directory</b>	Resource directory*	Upload the resource directory you will have on hand during SSP operations and describe your plans for keeping it current. Some resources in the directory may include the following: substance use related treatment and recovery services; testing and treatment for HIV, Hepatitis, and STDs; reproductive health education and services; wound care; overdose education and naloxone distribution; housing services; intimate partner violence services; supportive services for family and friends of people who use drugs; crisis services; and health insurance enrollment.
<b>Additional comments and submission</b>	Additional comments	Provide any additional information you would like MDH to consider.
	Please indicate which of the following applies to your application*	Indicate whether you are submitting a draft for MDH to provide feedback and review, or whether this application is an official submission.