



## Syringes Services Program Application

### *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.

**Applications should be submitted through the web-based application form, available [here](#).** A guidance document with instructions for completing the web-based application is also available [here](#).

### *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an attempt to contact the applicant for missing information within 10 business days, MDH will consider the application withdrawn.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 in accordance with MDH Health-General §24-901. MDH will share feedback from the SAC 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 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 will include an explanation if MDH is disapproving 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 of the decision.

### *Contact information*

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

**I. AGENCY INFORMATION**

- A. Agency contact information (name, mailing address, phone number, email address)**
- B. Primary and secondary staff point of contact (name, job title, phone number, email address)**
- C. Introduction, including the following:**
  - 1. Mission and core services
  - 2. Population(s) served
  - 3. Existing staff relevant to SSP initiation
  - 4. Organizational chart

**II. PROGRAM PLAN: *Parts A, B, and C of this section must be submitted as separate, stand-alone documents.***

**A. Program operating procedures related to the distribution, collection, and disposal of needles and syringes**

- 1. Describe your procedures for ordering, storing, and managing supplies
- 2. List the types of needles and syringes your program will provide
- 3. Describe your procedures for distributing supplies
- 4. List other materials in addition to needles and syringes that will be provided
- 5. Safety and security protocols that address the requirements in COMAR 10.52.01.06

**B. Community outreach and education plan**

- 1. Describe in detail your community engagement strategies, including outreach to community stakeholders. The application must include at minimum plans to conduct community needle/syringe litter clean-ups, regularly engage with local law enforcement, and respond to community concerns.
- 2. Describe any significant established community partnerships
- 3. Describe plans to document the following:
  - a. Interactions between law enforcement and participants, staff, and volunteers, both positive and negative
  - b. Feedback from participants, community, and law enforcement
  - c. Steps taken and plans of action to address reasonable concerns

**C. Referral protocol**

Describe your referral protocol. Include descriptions of the consent/release of information policies for referrals (may include the consent/release form as an appendix), and procedures for tracking and following up on participant referrals.

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 that you do not provide onsite, indicate the referral partner(s).

<b>Service</b>	<b>Onsite?</b>	<b>Referral to partner(s)?</b>	<b>Referral partner(s)</b>
Substance related use disorder counseling, treatment, and recovery services			
Testing for HIV, viral hepatitis, and STDs			
Reproductive health education and services			
Wound care			
Overdose education and naloxone distribution			

#### **D. Program model**

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.
2. Locations(s)  
Jurisdictions in which you propose to operate
3. SSP proposed hours of operation for each site
4. Staff and volunteers
  - SSP staffing plan
  - 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
  - Staff and volunteer identification and authorization protocols regarding who has access to needles/syringes and program records (may be included as part of the operating procedures).
5. Education provided to participants regarding:
  - a. HIV and Hepatitis
  - b. Overdose education and naloxone distribution
  - c. Other types of education (please describe)
6. Describe how people who use drugs will be involved in SSP planning, implementation, and evaluation. How will the SSP continuously seek, center, and incorporate the feedback of people who use drugs?

#### **E. Data collection and evaluation**

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.
2. Participant confidentiality protocols in accordance with Md. Health-General §24-906(b) and 42 CFR Part 2.
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 as an attachment.

### **III. RESOURCE DIRECTORY**

Provide as an appendix 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.