Implementing the Syringe Services Guidance

Tips, Tools, and Technical Assistance for Community Based Organizations
Capacity Building
Strategic Grantmaking
Formative Research
Policy & Advocacy

Ending AIDS
Webinar Goals

Participants will…

• Understand the process through which jurisdictions can apply to redirect federal funding to support a Syringe Services Program (SSP)

• Understand the differing roles between their State/Local/Tribal Health Department & Community-Based Organizations in the application process

• Leave with concrete examples of how their organization can use program data and their role in the community as leverage to initiate a successful “Determination of Need” application
Webinar Outline

I. Overview of the federal guidance on funding Syringe Services Programs (SSPs)
   a. Department of Health and Human Services (HHS)
   b. Centers for Disease Control and Prevention (CDC)
   c. Health Resources and Services Administration (HRSA)
   d. Substance Abuse and Mental Health Services Administration (SAMHSA)

II. Role of Community Based Organizations (CBOs) in Implementation
   a. Using program data to justify the need for federal SSP funding
   b. Using service delivery coalitions to demonstrate capacity
   c. Local advocacy

III. Panel of Successful CBO/Health Department Collaborations
   a. Dr. Carrie Lawrence, Director of Project Cultivate
   b. Chris Abert, Director of the Indiana Recovery Alliance
   c. Cyndee Clay, Executive Director of HIPS
Federal Funding for SSPs
Legislative/Regulatory History

The Consolidated Appropriations Act of 2016

- Passed December 19th, 2015 – Legalizes federal funding of syringe services programs (SSPs) but specifies that funds cannot be used to purchase needles or cookers

Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs

- Released March 29th, 2016 – Outlines how jurisdictions can apply for federal SSP funding

Health Resources and Services Administration-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs

- Released April 7th, 2016 – Outlines how HRSA grantees can redirect their funding towards SSPs

Centers for Disease Control and Prevention Program Guidance for Implementing Certain Components of Syringe Services Programs

- Released April 28th, 2016 – Outlines how CDC grantees can redirect their funding towards SSPs
The Process

I. Local/State/Territorial/Tribal Health Department submits a “Determination of Need” request to the CDC, applying as either:
   a. “Currently Experiencing” an HIV/HCV outbreak as a result of injection drug use, or;
   b. “At-Risk of Experiencing” an HIV/HCV outbreak as a result of injection drug use.

II. The CDC evaluates the request and within 30 days makes a determination.
   a. If the determination is to deny the request, the jurisdiction may submit another request with additional data to justify the determination.

III. Eligible Grantees can then approach their Project Officers to request permission to reallocate their pre-existing funding towards eligible SSP program activities, following agency-specific processes.
   a. CDC
   b. HRSA
   c. SAMHSA
HHS Guidance

Outlines the “guiding principles” of a federally funded SSP, as well as the broadly fundable program components.

Details the “Determination of Need” process, provides a wealth of data sources that might be used to demonstrate need, and provides example applications under both the “Currently Experiencing” and “At-Risk” categories.

Document is incredibly thorough; 16 pages devoted to helping jurisdictions apply.

HRSA Guidance

Outlines process for HRSA grantees to request approval to reallocate funds to support an SSP.

Requires electronic submission of the affirmative “Determination of Need” notification from the CDC, and a letter from the applicable Health Officer. All FY2016 grants are eligible for reallocation, with approval from the relevant Project Officer. Starting FY2017, all new RFPs will indicate their eligibility to support SSPs.

Note that RWHAP funds are eligible for use in supporting some components of an SSP.

CDC Guidance

Outlines process for CDC grantees to request approval to reallocate funds to support an SSP.

Requires the submission of a proposal to the CDC/OGS with permission from their Project Officer. The proposal must include both a program plan and a revised budget. If approved by both the CDC/OGS and the CDC Project Officer, grantees will receive a “Notice of Award” and may begin directing funding towards SSP activities.

Only two FOAs eligible in FY16: ‘PS12-1201’ and ‘PS14-004’

FY17 FOAs will include eligibility information.

Link to CDC Guidance:
SAMHSA Guidance

Outlines process for SAMHSA grantees to request approval to reallocate funds to support an SSP. Guidance as written requires that, following the determination of need process, grantees must demonstrate increased HIV/HCV rates in their jurisdiction; there does not appear to be any provision for “at-risk” jurisdictions to redirect SAMHSA funding to SSP programs.

State Block Grant funds and Minority AIDS Initiative (MAI) grants are both eligible for SSP activities.

Link to Guidance for state block grants:

Link to MAI Guidance:
The Role of CBOs

“The Canaries in the Coal Mine”
CBOs Well Positioned to Justify Need

CBOs engaging in “front line” service delivery tend to be the first to see emerging need.

CBOs should be thinking of ways their program data can demonstrate their clients need for SSP services.

The CDC has stated that program data are likely some of the strongest data available to help them make their “Determination of Need”, particularly for the “at risk for” determination.
Useful Program Data

HIV/HCV Data
Data from HIV/HCV testing programs, care navigation programs, etc.:

- Increase of positive HIV and/or HCV test results among people who inject drugs (PWID)
- Increased initiation of injection drug use among HIV/HCV+ clients
- Increased substance use among HIV/HCV+ clients

Substance Use Data
Data from case management programs, outreach programs, etc.:

- Demographic shifts among PWID, esp. an uptick in new injectors
- Shifts in substance use behaviors among client base
- Increased demand for substance use treatment/referrals
- Increased demand for needles/works among preexisting SSPs
- Increased in reported overdoses/demand for naloxone
Targeted Data Collection

Increase Screening for Substance Use Disorders

Outreach teams, case managers, medical providers, and staff at all levels play a role:

- Start utilizing brief screening tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) to screen clients at point of contact
- Case managers should keep detailed tracking of risk behavior changes among clients with substance use disorders (SUDs)
- Use social networking strategies to reach high risk people who inject drugs (PWID)
- Scale up data collection during syringe distribution
- Track rates of injection-related wound care referrals
Partnerships and Advocacy
Build Integrated Service Delivery Systems

A well-integrated network of providers, working in coalition, widens the data collection net and demonstrates capacity to implement an SSP.

Of particular importance is the integration of:

- Medication Assisted Therapy
- Primary Medical Care
- Overdose Prevention
Ally With Key Stakeholders

Government Stakeholders
Alliances with other government stakeholders will be critical to successful implementation, and will provide legitimacy to your advocacy efforts.

Government stakeholders include:

- Law Enforcement (the more the merrier)
- Key Legislators (committee chairs, etc.)
- Behavioral Health Officials
- Executive/Administrative Officials
- Public Defenders Offices

Community Stakeholders
Partnerships with community stakeholders demonstrate support for SSP programming and help undermine common arguments against SSP implementation.

Community stakeholders include:

- Faith Based Groups
- Chambers of Commerce
- Neighborhood Councils/Associations
- Community Groups
- Educational Partners
- Homelessness Advocacy Groups
Engage in Legislative Advocacy

Federal funding is contingent upon the legalization of SSPs within the applying jurisdiction. Further, many localities with partial legalization carry significant and unnecessary restrictions on exchanges (such as a one-for-one exchange rate) which can limit their effectiveness. CBOs providing services to PWID are well positioned to advocate for either the legalization or strengthening of local SSP ordinances.

501c3 organizations can engage in legislative advocacy! There are simply some restrictions.
Community Based Organizations Panel
CBO Panelists

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Resources

Program Resources

- AIDS United Capacity Building Assistance
  Request Free TA and Training
- AIDS United Syringe Access Fund
  Grant Opportunities
- Harm Reduction Coalition
  Syringe Access Tools and Policy and Advocacy Resources
- Centers for Disease Control and Prevention
  SSP Guidance and Related Resources
- World Health Organization/United Nations
  Guide to Starting and Managing Needle and Syringe Programs

Advocacy Resources

AIDS United’s Policy Department has capacity to assist CBOs at the Local/State level.

Contact Syringe Access Policy Organizer: kpaterson@aidsunited.org.

To find out more about HRC’s advocacy and technical assistance services, contact Emma Roberts: roberts@harmreduction.org.
In Need of Technical Assistance?

AIDS United works with CBOs to engage in strategic planning and the implementation of interventions focused on:

- People living with and affected by HIV;
- Organizational and program development to improve community impact and sustainability

To learn more about the Getting to Zero Initiative, email cba@aidsunited.org.
Questions?