



# Syringe Services Program (SSP) Application Guidance

Allegheny County Health Department

## Background

Syringe Services Programs (SSPs) are designed to prevent the spread of HIV, Hepatitis B and C, and other bloodborne pathogens and the development of infections by providing sterile injection equipment and biohazard containers. They also represent a significant opportunity to connect individuals with substance use disorders to appropriate medical care, social services, and substance use treatment.

“Article II: Syringe Services Programs Approval and Reporting” is the regulation that provides oversight to SSPs. In June 2023, Allegheny County Council approved revisions to Article II, part of the Allegheny County Health Department (ACHD) Rules and Regulations. The revisions clarify administrative requirements and allow for an increase in applications to become an SSP provider.

**The updated Article II is effective July 2, 2023.** You can find the full updated Article II [here](#).

In accordance with this update, interested parties may apply to operate a Syringe Services Program (SSP). The application is open to community-based organizations (CBOs) or other interested groups to apply to operate as an SSP or to expand an SSP to additional locations.

## Contact Information

Please direct any questions regarding the SSP application process to [OverdosePrevention@AlleghenyCounty.U.s](mailto:OverdosePrevention@AlleghenyCounty.U.s).

## To apply:

Please follow the application guidance below, which will help you prepare to apply.

Send completed paper applications to:

Attn:

Otis Pitts

542 Fourth Ave.

Pittsburgh, PA 15219

Or email them to:

[OverdosePrevention@AlleghenyCounty.U.s](mailto:OverdosePrevention@AlleghenyCounty.U.s)



## Acronyms

ACHD = Allegheny County Health Department

BOH = Board of Health

PEP = Post-exposure prophylaxis

PrEP = Pre-exposure prophylaxis

PWID = People who inject drugs

SSP = Syringe services program

## Detailed Guidance

An asterisk (\*) indicates a required question or document. Applicants should respond to all required questions and send all required documents.

Section	Part	Question	Instructions
<b>I. Agency/Program Information</b>	A	Agency/program contact information*	Provide the name, mailing address, general email address, and general phone number for the applicant agency. <ul style="list-style-type: none"> <li>• If SSP operations will be provided at a different location, please provide the address.</li> <li>• If SSP will operate at a different location that has not yet been determined, please make a note of this.</li> </ul>
	B	Key Individuals*	These are individual(s) with actual authority and responsibility for the operations of the SSP and that serve as the contact(s) for communication with the Department.
<ol style="list-style-type: none"> <li>1. Primary contact*</li> <li>2. Secondary contact</li> </ol>		Provide the name, job title, email address, and phone number, and a resume or CV for the primary and secondary contacts.	
	C	Additional staffing*	
		<ol style="list-style-type: none"> <li>1. Total number of staff</li> <li>2. List of staff members</li> </ol>	Provide the total number of staff, including Key Individuals. For all staff, provide job title and description of role.
	D	Statement of intent*	
		<ol style="list-style-type: none"> <li>1. Rationale for the program*</li> </ol>	Provide a rationale for the necessity of the program in its proposed location(s).



		1. Mission and core services*	Provide a narrative description of the agency mission and core services.
		2. Population(s) served*	Provide a narrative description of the primary population(s) the agency/program currently serves.
		3. Organizational chart, if applicable	Provide the organizational chart including all staff relevant to SSP operation.
	E	Municipal approval*	<p>Provide proof of approval of the proposed program location by resolution or ordinance from the municipality in which the program is proposed to be located.</p> <p>Find a list of municipalities <a href="#">here</a> and an interactive map <a href="#">here</a>. Each municipality, including the City of Pittsburgh, may have a different process for this. Please <a href="#">contact us</a> for assistance, if needed.</p>
II. Program Plan	A	Program operations	
		1. Service delivery plan*	<p>Describe onsite syringe services to be provided, including:</p> <ul style="list-style-type: none"> <li>a. Education plan for education regarding the proper disposal of sharps waste and other supplies</li> <li>b. Which disposal option(s) for used hypodermic needles and syringes will be provided</li> </ul> <p>As applicable, describe:</p> <ul style="list-style-type: none"> <li>a. Secondary exchange services to be offered</li> <li>b. Proposed additional <b>infectious disease services</b> to be provided onsite directly by the program</li> <li>c. Proposed additional <b>harm reduction services</b> to be provided onsite directly by the program</li> </ul>



		2. Protocol for disposal*	Describe of procedures for the safe and secure disposal of sharps waste and related supplies.  In accordance with Article II, use one of these options: <ul style="list-style-type: none"> <li>a. An onsite hypodermic needle and syringe collection and disposal program that meets applicable state and federal standards;</li> <li>b. Furnish, or make available, mail-back biohazard containers authorized by the U.S. Postal Service; or</li> <li>c. Furnish, or make available, biohazard containers for use off-site by program participants that meet applicable state and federal standards.</li> </ul>
		3. Staffing*	Provide total number of staff relevant to SSP operation (this number should include any Key Individuals listed in Section I, Part B).  For each staff member, provide name, job title, and description of their role.
	B	Program logistics	
		1. Location(s)*	Provide the address and municipality of the proposed location(s). If there is no fixed address(es) for proposed location(s), provide specific description(s) of proposed location(s) (e.g., an intersection).
		2. Hours of operation*	For <u>each location</u> , list the day(s) of the week & hours of operation.
	C	Referral protocol	
		1. Referral procedures*	Provide a description of referral procedures for infectious disease and harm reduction services, if not provided on site.
		2. Referral partners*	For services that you do not provide onsite, indicate the referral partner(s). If known, list names of community organizations the program plans to offer as referrals to participants for other medical and social services.  Complete the <b>Referral partners table</b> on page 3 of the application.
	D	Data collection & reporting protocol	
		1. Participant registration*	Describe the protocol for registering participants in a manner that is voluntary, non-contingent, and non-coercive.



		2. Data management*	Describe the protocol 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.
		3. Data management for secondary exchange	As applicable, describe the protocol for collecting, entering, and managing information about participants of secondary exchange services.
		4. Annual reports*	Protocol for compiling and sending annual reports. See Reporting section in ACHD's SSP Program Guidance document for all required and optional annual report elements.