



Syringe Services Program (SSP) Application

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.

To apply:

First, please read ACHD’s SSP Application Process and SSP Application Guidance documents.

A paper application is below.

Send completed paper applications to:

Attn:

Otis Pitts

542 Fourth Ave.

Pittsburgh, PA 15219

Or email them to:

OverdosePrevention@AlleghenyCounty.U.s

Contact Information

Please direct any questions regarding the SSP application process to

OverdosePrevention@AlleghenyCounty.U.s.



SSP Application

I. Agency/Program Information

- A. Agency/Program contact information
 - 1. Name, mailing address, email address, phone number
- B. Key Individuals
 - 1. Primary staff point of contact
 - i. Name, job title, email address, phone number
 - ii. Resume or CV
 - 2. Secondary staff point of contact
 - i. Name, job title, email address, phone number
 - ii. Resume or CV
- C. Additional staffing (in addition to Key Individuals)
 - 1. Total number of staff
 - 2. List of staff members; for each staff member: Job title, description of role
- D. Statement of intent, including:
 - 1. Rationale for the program
 - 2. Mission and core services
 - 3. Population(s) served
 - 4. Organizational chart, if applicable
- E. Municipal approval
 - 1. Proof of approval of the proposed program location by resolution or ordinance from the municipality in which the program is proposed to be located

II. Program Plan

- A. Program operations
 - 1. Service delivery plan
 - i. Description of onsite syringe services provided, including:
 - a. Education plan for education regarding the proper disposal of sharps waste and other supplies
 - b. Which disposal option(s) for used hypodermic needles and syringes will be provided
 - ii. As applicable, description of secondary exchange services
 - iii. As applicable, descriptions of proposed additional infectious disease services to be provided onsite directly by the program
 - iv. As applicable, descriptions of proposed additional harm reduction services to be provided onsite directly by the program
 - 2. Protocol for disposal
 - i. Description of procedures for the safe and secure disposal of sharps waste and related supplies
- B. Program logistics
 - 1. Location(s)
 - i. Address or specific description of location of proposed location(s)
 - ii. Municipality of proposed location(s)
 - 2. Hours of operation



- i. For each location, list the day(s) of the week & hours of operation
- C. Referral protocol
 - 1. Referral procedures
 - i. Description of referral procedures for infectious disease and harm reduction services, if not provided on site
 - 2. Referral partners
 - i. 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 [Referral partners table](#), below, adding lines as necessary.
- D. Data collection & reporting protocol
 - 1. Participant registration
 - i. Protocol for registering participants in a manner that is voluntary, non-contingent, and non-coercive
 - 2. Data management
 - i. Protocol for collecting, entering, and managing information about participants
 - ii. 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
 - i. As applicable, protocol for collecting, entering, and managing information about participants of secondary exchange services
 - 4. Annual reports
 - i. Protocol for compiling and sending annual reports

Referral partners table

	Partner name	Partner email	Partner phone	Specific service(s) offered
Infectious disease services				
Harm reduction services				