

Department of Health and Human Services Implementation Guidance for Syringe Services Programs May 15, 2016 (Revised July 28, 2016)

SAMHSA-specific Guidance for Minority HIV/AIDS Initiative (MAI) Programs Implementing SSPs

This guidance was developed in accordance with HHS's Implementation Guidance for Syringe Services Programs (SSPs).

On December 18, 2015, President Barack Obama signed the Consolidated Appropriations Act, 2016 (Pub. L. 114-113),¹ which modifies the restriction on use of federal funds for programs distributing sterile needles or syringes (referred to as SSPs, or as syringe exchange programs) for HHS programs. The [Consolidated Appropriations Act, 2016](#), Division H states:

SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

Pertinent language of the Consolidated Appropriations Act of 2016 (the Act) is found here:
<http://docs.house.gov/billsthisweek/20151214/CPRT-114-HPRT-RU00-SAHR2029-AMNT1final.pdf>.

While the provision still prohibits the use of federal funds to purchase sterile needles or syringes for the purposes of hypodermic injection of any illicit drug, it allows for federal funds to be used for other aspects of SSPs based on evidence of a demonstrated need (i.e., experiencing, or at risk for, increases in hepatitis infections or an HIV outbreak due to injection drug use) by the state or local health department and in consultation with the Centers for Disease Control and Prevention (CDC). State and local health departments interested in redirecting federal funds to support SSPs should consult with CDC by providing evidence that their jurisdiction is (1) experiencing or, (2) at risk for increases in viral hepatitis infections or an HIV outbreak due to injection drug use. The scope of the presented evidence should address the geographic area that will be served by the SSPs and include county, city and state level data, as appropriate.

¹ <https://www.congress.gov/114/bills/hr2029/BILLS-114hr2029enr.pdf>. Accessed on December 22, 2015.

Applicable cooperative agreements and grants

Grants funded under the following six (6) FY 2016 Funding Opportunity Announcements (FOAs), the Targeted Capacity Expansion-HIV program FOAs (TI-12-007, TI-13-011, TI-15-006, TI-15-013, and TI-16-011) and the Minority AIDS Initiative Continuum of Care program (TI-14-013) may support SSP services with fiscal year 2016 and 2017² funds, with certain approvals, as an optional activity. Requests for funding for SSPs can be considered only if “...the State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use”, as stated in the Act. Beginning in FY 2017, newly issued FOAs will include guidance on the use of funding to support SSP activities. SAMHSA funds cannot be used to supplant or replace state or other non-federal funds currently supporting SSP activities within a state or jurisdiction. In other words, SAMHSA funds cannot be used to fund an existing SSP so that state or other non-federal funding can be used for other activities or program services.

The grantee, in collaboration with the local public health department, may propose to use their SAMHSA funds to implement or support an SSP in accordance with State and local law and the following requirements:

1. Provide documentation that the state or local jurisdiction has submitted data and supporting documentation to CDC for review and determination of applicability and approval for an SSP has been granted.
2. Demonstrate how an SSP fits with the objectives of the FOA and assess the effectiveness of SSP activities in referring individuals to substance use disorder prevention and treatment, and co-occurring mental health services and in reducing HIV risk behaviors.
3. Receive approval from your Government Project Officer (GPO) and SAMHSA to proceed with submission of the request
4. Once approved continue with the reporting requirements specified in your FOA and include reporting of the number of participants receiving SSP services, the number and types of services directly provided or provided by referrals and the amount of federal funds expended on SSP activities.

Allowed use of federal funding to support SSPs

1. Personnel to support SSP implementation and management (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance).

² Use of 2017 funds for elements of syringe services programs is subject to an authorized appropriation for the fiscal year involved.

2. Supplies to promote sterile injection and reduce infectious disease transmission through injection drug use, exclusive of sterile needles, syringes and other drug preparation equipment.
3. Testing kits for viral hepatitis (i.e., HBV and HCV) and HIV.
4. Syringe disposal services (e.g. contract or other arrangement for disposal of biohazardous material).
5. Navigation services to ensure linkage to: HIV and viral hepatitis prevention, testing, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services; substance use disorder treatment, and medical and mental health care.
6. Educational materials, including information about: safer injection practices; reversing a drug overdose; HIV and viral hepatitis prevention, testing, treatment and care services; and mental health and substance use disorder treatment, including medication assisted treatment.
7. Male and female condoms to reduce sexual risk of HIV and other STD infections.
8. Referral to hepatitis A and hepatitis B vaccinations to reduce risk of viral hepatitis infection.
9. Communication, including use of social media technologies, and outreach activities designed to raise awareness about, and increase utilization, of SSPs.
10. SSP planning and non-research evaluation activities.

SAMHSA funds can only be used to establish new or expand existing SSPs with prior approval from the project officer and grants management officer. SSPs are subject to the terms and conditions incorporated or referenced in the recipient's federal funding. SAMHSA funds cannot be used to supplant or replace state or other non-federal funds currently supporting SSP activities within a jurisdiction. In other words, SAMHSA funds cannot be used to fund an existing SSP so that state or other non-federal funding can then be used for another program.

Grantee process for consideration of SSPs

Approval must be secured from the State Health Department, CDC, and the SAMHSA GPO. SAMHSA GPOs may require additional information such as:

- Description of proposed model(s) and plans, including MOUs with SSP providers who can supply needles;
- Timeline for implementation;
- Copy of existing SSP protocols or guidelines, if available;
- Description of current training and technical assistance needs;
- Location of SSP related activities to be supported with federal funds; and
- Signed statement (i.e., Annual Certification) that the grantee will comply with the language in the Consolidated Appropriations Act of 2016.

Additionally, any changes impacting your current program budget must be submitted to and approved by the Division of Grants Management. Budget revisions must include a revised budget form SF424a, detailed budget and budget narrative. The budget narrative must include a justification for budget changes, including any disposal equipment. The narrative must also clearly identify how these costs are related to activities in the budget.

Awardees implementing new or expanding existing SSPs will need to collect basic SSP metrics information (e.g., number of syringes distributed, estimated number of syringes returned for safe disposal, number of persons tested for HIV or viral hepatitis, referrals to HIV, viral hepatitis and substance use disorder treatment) and amount of federal funds used for this program.

If you have any questions, contact your SAMHSA Project Officer.