

Department of Health and Human Services Implementation Guidance for Syringe Services Programs

May 16, 2016 (Revised July 28, 2016)

SAMHSA-specific Guidance for States requesting use of Substance Abuse Prevention and Treatment Block Grant funds to Implement 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 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.

Applicable cooperative agreements and grants

Substance Abuse Prevention and Treatment Block Grant (SABG) funds authorized by section

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

1921 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-21), excluding the set-asides for primary prevention authorized by section 1922(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-22(a)) and 45 CFR § 96.125 and for early intervention services for HIV authorized by section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR § 96.128, can support SSP services other than syringe or needle purchases using FY 2016 funds. Participation in SSPs is an optional activity. All requests for redirection of existing FY 2016 SABG funding, exclusive of the set-asides described above, should occur 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 persons who inject drugs.” During the 24-month period during which FY 2016 funds are available for obligation and expenditure, SABG funds can be repurposed to support elements of SSPs. During the 24-month period during which FY 2017 funds will be available for obligation and expenditure, SABG funds may be repurposed to support elements of SSPs², .

A SABG recipient, i.e., state or jurisdiction, in collaboration with the local/state public health department, may propose to use SABG funds to implement elements of a 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 is consistent with the objectives of the state’s Behavioral Health Assessment and Plan and assess the effectiveness of SSP activities in referring individuals to substance use disorder treatment and recovery services and co-occurring mental health services and in reducing HIV risk behaviors.
3. Prepare and submit an amendment to the state’s Behavioral Health Assessment and Plan inclusive of a detailed description of the use of SABG funds for SSP activities and receive approval from SAMHSA’s Center for Substance Abuse Treatment.
4. Submit data and supporting documentation to CDC for review and determination of applicability.
5. Upon receipt of approval of the state’s amendment to its Behavioral Health Assessment and Plan, a state will be required to prepare and submit a report of its activities including, but not limited to, reporting of the number of participants receiving SSP services and the number and types of services directly provided or provided by referrals.

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 antiviral 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 infection with HIV and other STDs.
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 state project officer. SSPs are subject to the terms and conditions incorporated or referenced in the FY 2016 and FY 2017 SABG Notices of Award. 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 other activities or program services.

Grantee process for consideration of SSPs

Upon notification from SAMHSA that the local or state health department has submitted a request for determination and subsequently received approval from the Centers for Disease Control and Prevention to implement Section 520, a SABG recipient, i.e., a state or jurisdiction, may submit the following to SAMHSA's Center for Substance Abuse Treatment, Division of State and Community Assistance, Performance Partnership Grant Branch:

- Description of proposed model(s) and plans, including MOUs with SSP providers who can supply needles; the grantee will need to maintain documentation showing that any needle/syringe purchases were made with non-federal funds;
- Timeline for implementation;
- Copy of existing SSP protocols or guidelines, if available;

- Budget, budget justification, and proposed activities, including a plan for disposal of injection equipment;
- 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 Appropriations Act of 2016.

SABG sub-recipients, i.e., community-based organizations, 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, and referrals to HIV, viral hepatitis and substance use disorder treatment).

FY 2016-2017 Uniform Application

An amendment to the uniform application will be required. The Office of Management and Budget made a determination that an amendment is a substantive change to the uniform application previously approved by the OMB. SAMHSA's Center for Substance Abuse Treatment has prepared an amendment that is consistent with the March 29 guidance disseminated by the HHS Office of HIV/AIDS and Infectious Disease Policy regarding SSPs. SAMHSA will publish a 60-day Federal Register notice in the very near future. SAMHSA anticipates it will receive OMB approval for the SSP amendment during the Fall of 2016.

If you have any questions, contact your CSAT State Project Officer.