

Application to Operate a Comprehensive Harm Reduction Program in Virginia

[Code of Virginia Section 32.1-45.4](#) authorizes the Commissioner of Health, during a declared public health emergency, to establish and operate comprehensive harm reduction (CHR) programs that include the provision of sterile and proper disposal of used hypodermic needles and syringes. This change in the *Code of Virginia* goes into effect on July 1, 2017. All sites authorized to provide CHR services must adhere to the [Virginia Standards and Protocols for Comprehensive Harm Reduction Programs](#) which can be found at: www.vdh.virginia.gov/disease-prevention/chr. This application will provide an initial opportunity to document your agency's request to provide CHR and obtain the Virginia Department of Health's permission to do so.

Completed application packages should be submitted to:

Virginia Department of Health
Division of Disease Prevention
Comprehensive Harm Reduction Program
109 Governor Street, 3rd floor
Richmond, VA 23219

The Virginia Department of Health (VDH) must approve the application and establish a signed agreement with the applicant before distribution and collection of hypodermic needles and syringes begins.

1. Legal name of organization or agency applying to distribute and collect hypodermic needles and syringes as part of a Comprehensive Harm Reduction Program: _____

2. Contact information

Primary Contact

Name _____

Phone _____

Email _____

Secondary Contact

Name _____

Phone _____

Email _____

3. Type of Program

- Fixed site: Program is run from a permanent, fixed location
- Mobile site: Program is run from a mobile vehicle
- Hybrid site: Program is run from both a fixed site and from a mobile vehicle

4. You may apply to operate your program in localities (listed below) identified by VDH as experiencing or at increased risk for transmission of blood-borne infections due to injection drug use. Please check where you are applying to provide services:

Alleghany County

Bland County

Bristol City

Buchanan County

Buena Vista City

Caroline County

Carroll County

Charlotte County

Chesapeake City

Chesterfield County

Covington City

Culpeper County

Danville City

Dickenson County

Fauquier County

Franklin City

Franklin County

Fredericksburg City

Galax City

Giles County

- | | | |
|--|--|--|
| <input type="checkbox"/> Greenville County | <input type="checkbox"/> Orange County | <input type="checkbox"/> Smyth County |
| <input type="checkbox"/> Hampton City | <input type="checkbox"/> Patrick County | <input type="checkbox"/> Spotsylvania County |
| <input type="checkbox"/> Henrico County | <input type="checkbox"/> Petersburg City | <input type="checkbox"/> Suffolk City |
| <input type="checkbox"/> Henry County | <input type="checkbox"/> Portsmouth City | <input type="checkbox"/> Tazewell County |
| <input type="checkbox"/> Hopewell City | <input type="checkbox"/> Pulaski County | <input type="checkbox"/> Warren County |
| <input type="checkbox"/> King and Queen County | <input type="checkbox"/> Radford City | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Lee County | <input type="checkbox"/> Richmond City | <input type="checkbox"/> Waynesboro City |
| <input type="checkbox"/> Martinsville City | <input type="checkbox"/> Roanoke City | <input type="checkbox"/> Westmoreland County |
| <input type="checkbox"/> Mecklenburg County | <input type="checkbox"/> Russell County | <input type="checkbox"/> Winchester City |
| <input type="checkbox"/> Newport News City | <input type="checkbox"/> Salem City | <input type="checkbox"/> Wise County |
| <input type="checkbox"/> Norfolk City | <input type="checkbox"/> Scott County | <input type="checkbox"/> Wythe County |
| <input type="checkbox"/> Norton City | <input type="checkbox"/> Shenandoah County | |

5. List physical address(es) where you will distribute and collect needles and syringes. If operating from a mobile vehicle, indicate closest intersection to identify locations where services will be provided.

Street address 1: _____

City: _____

Zip: _____

Street address 2: _____

City: _____

Zip: _____

Street address 3: _____

City: _____

Zip: _____

If more than 3 addresses, please attach list of additional locations.

6. Applicants must demonstrate the level of community readiness and administrative capacity for provision of CHR programs, including syringe services. Please provide an attachment answering the following questions. Check the box next to each question showing you have answered it in an attachment titled "CHR Program Application Narrative."

- Describe how your agency will develop, implement, document and maintain a process for community engagement related to CHR and distribution and collection of needles and syringes.
- Describe related health and/or behavioral health services your agency currently provides and number of years these services have been provided.
- Describe your agency's experience collecting and reporting data.
- Describe your agency's current practices used to protect confidentiality of clients, records, and data.

The following documents must be submitted with your application. Please check the documents you have included:

- Signed [verification of receipt and assurance](#) of [VDH Division of Disease Prevention \(DDP\) Security and Confidentiality Policies and Procedures](#);

- Organizational chart that includes positions that will provide CHR services;
- Budget that shows source of funding that may be used for harm reduction services (including purchase of hypodermic syringes and needles since federal funds may not be used for this purpose);
- Letter of support from the locality’s governing body (such as the mayor, city council, or board of supervisors)
- Letter of support from the locality’s law enforcement agency (sheriff’s office or police department)
- Letter of support from the local health district (if the applicant agency is not a health district)
- Letters of support from agencies that will accept referrals for any required services not provided by the applicant agency (e.g. Community Service Board, etc.)

Applicants seeking to provide services in more than one locality may submit a single application but must provide the mandatory letters of support from each locality.

- [Security Plan](#) and verification that the protocol was offered to local law enforcement for review.
- [Time-phased work plan](#) with process measures that demonstrates the program’s ability to achieve the Comprehensive Harm Reduction Program objectives.
- Optional: Additional letters of support from community service boards, coalitions, businesses, parent groups, drug courts, educational institutions, religious organizations, and other stakeholders.

7. Please document how your agency will provide required services by completing the checklist below. If the applicant is unable to identify a referral source for one or more services, please provide a description of efforts that will be undertaken to identify service providers. This will assist VDH with developing technical assistance and capacity building to ensure required services are available.

Service	Applicant will Provide Directly	Applicant will refer and link clients to: (List Agencies)
MUST BE PROVIDED DIRECTLY		
Provision of sterile needles and syringes and disposal services	<input type="checkbox"/>	
Educational materials	<input type="checkbox"/>	
Condom Distribution	<input type="checkbox"/>	
Harm reduction supplies	<input type="checkbox"/>	
MAY BE PROVIDED DIRECTLY OR BY REFERRAL		
Overdose prevention education and kits that include Naloxone	<input type="checkbox"/>	
Substance use disorder treatment	<input type="checkbox"/>	
Mental health services	<input type="checkbox"/>	
Social services	<input type="checkbox"/>	
HIV testing	<input type="checkbox"/>	
HBV testing	<input type="checkbox"/>	
HCV testing	<input type="checkbox"/>	

TB testing	<input type="checkbox"/>	
STD testing	<input type="checkbox"/>	
Hepatitis A and B vaccination	<input type="checkbox"/>	
HIV pre-exposure prophylaxis (PrEP)	<input type="checkbox"/>	
HIV post-exposure prophylaxis (PEP)	<input type="checkbox"/>	
Health insurance enrollment assistance	<input type="checkbox"/>	
Medical care and treatment for HIV, HBV, HCV, TB, STDs and common complications of injecting	<input type="checkbox"/>	

Application Review

The VDH Harm Reduction Services Review Team will meet not less than quarterly to evaluate submissions. Applicants should expect a written response within 45 days of receipt.

Final approval to provide CHR services will be granted following a pre-operational site visit by VDH. At the time of the site visit:

- Programs must document written proof of an agreement (contract, invoice, etc.) for medical waste disposal services.
- Programs must have a documentation process in place to show that an individual is a program participant and received needles and syringes from an authorized site (e.g. participant ID card).
- Programs must identify the specific personnel who will be authorized to purchase, transport, distribute, and collect hypodermic needles and syringes.

Agencies approved to operate CHR programs will be required to sign a non-monetary memorandum of agreement (MOA) with VDH detailing all programmatic and data collection requirements. Agencies will be authorized to begin services upon receipt of the MOA signed by VDH.

Agencies not approved to operate a CHR program will be provided with an explanation for the disapproval. Agencies may submit a revised application for consideration.

Questions may be directed to: Elaine Martin, Director of HIV Prevention Services, at (804) 864-7962 or Elaine.Martin@vdh.virginia.gov.