**Application to Amend the Operation of a Comprehensive Harm Reduction Program in Virginia**

For current contractors who are authorized to perform syringes services in the Commonwealth and are seeking to expand or decrease their service areas:

Submit completed amended application package to:

Virginia Department of Health

Division of Disease Prevention

Comprehensive Harm Reduction Program

109 Governor Street, 3rd floor

Richmond, VA 23219

**VDH must approve the amended application and establish a signed agreement with the applicant before authorized distribution and collection of hypodermic needles and syringes begins. Sites may continue to operate approved sites while new ones are being considered.**

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   | Secondary Contact  |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

**3. How would you like to amend your current application?**

 **a. add a new site or sites\_\_\_\_\_ How many? \_\_\_\_\_**

 **b. close a site or sites\_\_\_\_\_\_ Which one(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **b1.) Reason for closing site(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **( if closing a site is the only action your agency wishes to amend, you may stop the application here.)**

 **c. changing site type, from mobile to fixed, fixed to mobile, or other. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Type of New Program**

☐ Fixed site: program will be run from a permanent, fixed location List location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Mobile site: program will be run from a mobile vehicle List location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Hybrid site: program will be run from both a fixed site and from a mobile vehicle List location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ A program with VDH funding List location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ A program not funded by VDH List location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. If you have a fixed site(s), list physical address(es) where you will distribute and collect needles and syringes. If operating via outreach or from a mobile vehicle, indicate the neighborhoods or sections of town/county you plan on providing services in. Use the following format:**

**Fixed site: Street, City/Town in Virginia, Zip Code**

**Mobile: City/Town in Virginia, Neighborhood or section**

 (If you are only changing the site type (mobile, fixed, hybrid) **update your security plan** and you may stop this application here.)

**6. Please give a brief description of the population(s) you will serve at each new site.**

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

**For All new Sites:**

 ☐ Amended budget, if applicable, that shows sources 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).

☐ Memorandums of Agreement or Understanding that state named agencies, with the exception of the Department of Social Services and health insurance enrollment providers, will accept referrals for required services not provided by the applicant agency. Applicants still need to identify which Social Services offices and which health insurance enrollment organization they plan to refer participants. If you plan to use the same provider that you have already provided an MOA to DDP, you do not need to produce a new MOA, just reference the MOA already on file or resubmit it.

[☐](http://www.vdh.virginia.gov/content/uploads/sites/10/2017/06/CHR-Security-Plan-Template.docx) Amended [Security Plan, if applicable, a](http://www.vdh.virginia.gov/content/uploads/sites/10/2017/06/CHR-Security-Plan-Template.docx)nd verification that the protocol was offered to local law enforcement for review

☐ Proof of completion or a plan to complete Blood Borne pathogen training for any additional staff members at new location, if applicable.

**For sites seeking VDH funding:**

☐ An organizational chart that includes positions that will provide CHR services, if changes will be made due to amending your application(for VDH funded sites only).

 [☐](http://www.vdh.virginia.gov/content/uploads/sites/10/2017/06/CHR-Program-Work-Plan-Template.docx) [Time-phased work plan w](http://www.vdh.virginia.gov/content/uploads/sites/10/2017/06/CHR-Program-Work-Plan-Template.docx)ith process measures that demonstrates the program’s ability to achieve the CHR program objectives for each new location (for VDH funded sites only).

**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.**  **Please complete a separate chart for each new location.**

|  |  |  |
| --- | --- | --- |
| 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 other injection supplies  | ☐  |   |
| Substance abuse disorder educational materials  | ☐  |   |
| Disposal of used syringes and needles | ☐ |  |
| educational materials regarding overdose prevention  | ☐  |   |
| educational materials regarding the prevention of HIV, hepatitis and other blood-borne diseases  | ☐  |   |
| A listing of the available substance use and mental health disorder treatment facilities in the jurisdictions you serve. | ☐ |  |
| Verification that syringes/needles/injection supplies came from a CHR site | ☐ |  |
| **MUST BE PROVIDED DIRECTLY OR BY** **REFERRAL**   |   |   |
| Overdose prevention kits that include Naloxone  | ☐  |   |
| Substance use disorder treatment consultations  | ☐  |   |
| Mental health services consultations | ☐  |   |
| **Additionally required services for VDH funded sites to provide directly or by referral** |
| Social services  | ☐  |   |
| HIV testing  | ☐  |   |
| HBV testing  | ☐  |   |
| HCV testing  | ☐  |   |
| TB testing  | ☐  |   |
| STD testing  | ☐  |   |
| Hepatitis A and B vaccination  | ☐  |   |
| HIV pre-exposure prophylaxis (PrEP)  | ☐  |   |
| HIV post-exposure prophylaxis (PEP)  | ☐  |   |
| Health insurance enrollment assistance  | ☐  |   |
| Medical care and treatment for HIV, HAV, HBV, HCV, TB, STDs, and complications of injecting, such as skin infections.  | ☐  |   |
| Condoms | ☐ |  |

**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 may use other entities’ waste removal services with permission.

* 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.
* Program leadership must be present at the site visit.

\*During COVID-19 travel restrictions, site visits can be performed virtually.

Please direct questions to Bruce Taylor, Drug User Health Coordinator, at (804) 864-8015 or Bruce.Taylor@vdh.virginia.gov.