**Application to Operate a Comprehensive Harm Reduction Program in Virginia**

[Code of Virginia Section 32.1-45.4](http://lis.virginia.gov/cgi-bin/legp604.exe?171+ful+CHAP0183) authorizes the Commissioner of Health, to establish and operate comprehensive harm reduction (CHR) programs that include the provision of sterile and proper disposal of used hypodermic needles and syringes. All sites authorized to provide CHR services must adhere to ***the Requirement for the Authorization. Implementation and Reporting of Comprehensive Harm Reduction in Virginia,*** 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 (VDH) permission to do so.

Submit completed 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 application and establish a signed agreement with the applicant before authorized 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 | Secondary Contact |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. Type of Program**

☐ Fixed site: program will be run from a permanent, fixed location

☐ Mobile site: program will be run from a mobile vehicle

☐ Hybrid site: program will be run from both a fixed site and from a mobile vehicle

☐ A program with VDH funding

☐ A program not funded by VDH

**4. You may apply to operate your program in any city or county in Virginia. Please list all jurisdictions (city and/or county name) that you plan to provide services in.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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**

**6. Provide an overview of your agency’s proposed CHR programs and include the following information. Check the box next to each question showing you have answered it in an attachment titled “CHR Program Application**

**Narrative.”**

☐ Describe the population(s) your program serves or intends to serve, along with you experience working with this population(s).

☐ 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:**

**For All Sites:**

☐ Signed [verification of receipt and assurance](http://www.vdh.virginia.gov/content/uploads/sites/10/2017/05/Verification-of-Receipt-and-Assurance-of-Key-Requirements-for-Non-DDP-Personnel.pdf) of VDH Division of Disease Prevention (DDP) Security and

Confidentiality Policies and Procedures;

☐ Budget 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.

[☐](http://www.vdh.virginia.gov/content/uploads/sites/10/2017/06/CHR-Security-Plan-Template.docx) [Security Plan 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,

☐ Optional: Additional letters of support from community service boards, coalitions, businesses, parent groups, drug courts, educational institutions, religious organizations, and other stakeholders

**For sites seeking VDH funding:**

☐ An organizational chart that includes positions that will provide CHR services

[☐](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 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.**

|  |  |  |
| --- | --- | --- |
| 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.

Agencies approved to operate CHR programs will be required to sign a 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. Agencies may request capacity building and technical assistance from VDH.

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