Indiana State Department of Health

Harm Reduction & Syringe Service Program Guidance

Version 4

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Dear Colleagues,

Harm reduction is a critical tool in supporting the goal of ending the epidemics of human immunodeficiency virus (HIV) and hepatitis C virus (HCV).

Thank you for taking the opportunity to learn more about the harm reduction options, including syringe service programs, available to your community. Over the past 40 years research has demonstrated that harm reduction programs prevent HIV, HCV, and other bloodborne infections among people who inject substances. In addition, harm reduction programs provide access and linkage to critical resources to individuals while supporting the overall health of the community.

The purpose of this guidance is to provide communities with the information and resources necessary to integrate harm reduction programming into the current public health infrastructure. In addition to the resources provided within this document, the Indiana State Department of Health Harm Reduction Program is always available to address outstanding questions and provide individualized support.

Thank you again! We look forward to supporting your work!

Sincerely,

Erika L. Chapman, MPH, CPH, CHES, RYT-200

Harm Reduction Program Manager

Indiana State Department of Health

Module One:

Introduction to Harm Reduction in Indiana

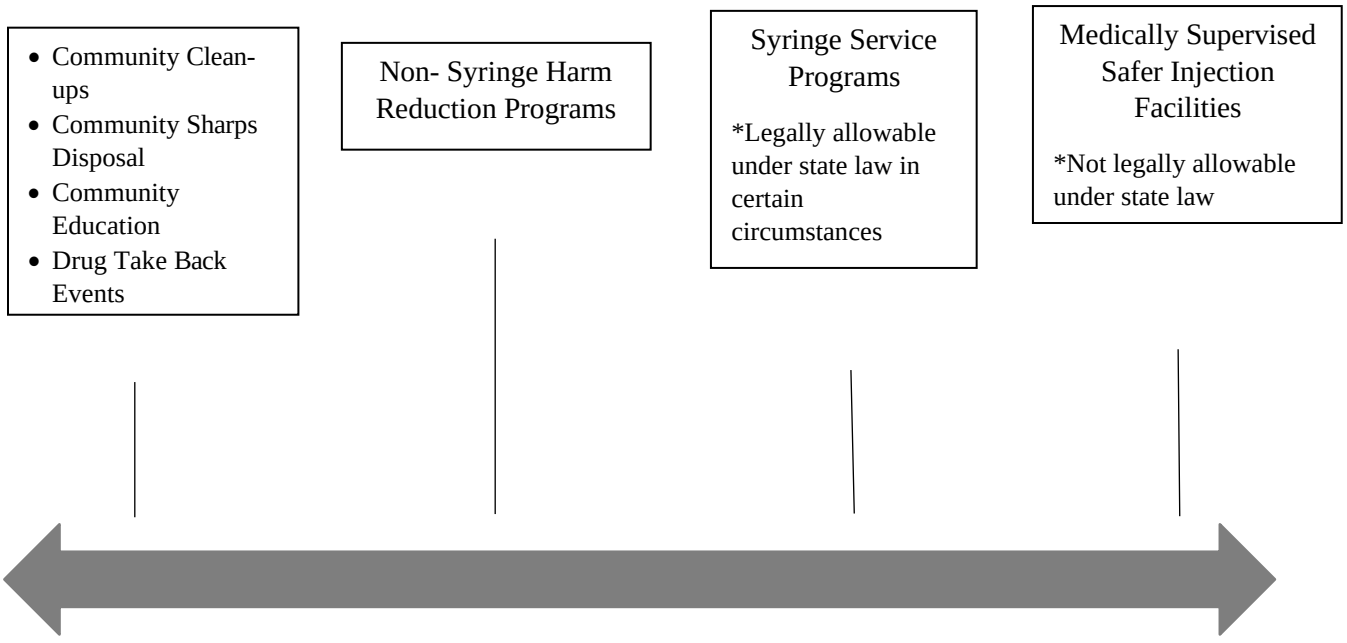
What is Harm Reduction?

Harm reduction is the public health principle of reducing the negative consequences associated with human behaviors. Harm reduction asserts that we meet people "where they are" to support their overall health.

Harm reduction is frequently associated with substance use; however, additional examples of harm reduction include wearing a seatbelt while driving or riding in a moving vehicle, condom use during sexual activity, wearing sunscreen, and taking pre-exposure prophylaxis (PrEP). Harm reduction is as broad and varied as the individuals and communities it serves.

Continuum of Harm Reduction

Harm reduction programming is, as mentioned previously, as broad and as varied as those it serves. Harm reduction programming aimed at those using substances falls along a continuum as demonstrated in the illustration below.



What are Syringe Service Programs?

Syringe service programs (SSP), sometimes called "needle exchange" or "syringe exchange" programs, are fixed or mobile places where people who inject substances can receive new, sterile syringes and other supplies used to safely prepare and inject substances, properly dispose of used supplies, and receive other appropriate services and referrals to support their overall health. Individuals using illicit or prescribed substances may access SSPs. The primary goal of SSPs is to prevent the transmission of HIV, HCV, and other bloodborne infections. Syringe service programs are a public health resource not unlike immunization clinics, environmental inspections, and educational programs.

Syringe service programs are recommended by the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and Indiana State Department of Health (ISDH) as a proven intervention to prevent the transmission of HIV, HCV, and other bloodborne infections.

The History of Harm Reduction in Indiana

In 2009, the ban was lifted on the use of federal funds to support syringe service programs in the United. States. In 2010, the CDC, Health and Human Services Administration (HHS), and Substance Abuse and Mental Health Services Administration (SAMSHA) issued a letter accompanying limited guidance. In early 2011, the ISDH Division of HIV, STD, and Viral Hepatitis formed a committee to assess the feasibility of SSPs in Indiana. The committee determined that SSPs were not possible due to limitations in state law at that time. In December 2011, the ban on the use of federal funds was reinstated, effectively ending efforts to provide legal syringe services in the state.

In January 2015, ISDH began the process of identifying an outbreak of HIV and HCV in people injecting substances in southeastern Indiana. In response to the outbreak, then-Governor Mike Pence issued Executive Order 15-05, declaring a public health emergency in Scott County and allowing the local health department to request an SSP as part of a comprehensive outbreak control and prevention plan for a period of 30 days. Scott County officials completed this request with technical guidance provided by the ISDH, CDC, and other state and national partners. On April 4, 2015, the first legal SSP in Indiana became operational in Austin, Indiana. As a component of the larger response, ISDH assigned a harm reduction and SSP technical lead to provide concentrated program support to the Scott County Health Department. The Executive Order was renewed in mid-April, and Senate Enrollment Act (SEA) 461, a bill that allowed for the establishment of SSPs in the state under certain circumstances and upon declaration of an emergency by the State health commissioner, passed both houses of the Indiana General Assembly later that month.

In April 2017, Governor Eric J. Holcomb signed into law Senate Bill 1438, which modified the existing law to allow counties to establish SSPs without the need for the state health commissioner to declare an emergency in the county. In August 2017, the ISDH Harm Reduction Program was established within the Division of HIV, STD, and Viral Hepatitis instituting a program dedicated to the prevention of HIV, HCV, and other bloodborne infections in support of the overall health of people who use substances.

The ISDH Harm Reduction Program (HRP) supports a growing number of communities providing harm reduction programming including SSPs across the state. These programs collectively serve thousands of Hoosiers who inject and their loved ones by engaging them in physical and mental health services, referrals for substance use disorder treatment, and linkage to complimentary support services. The model of rural SSP delivery largely pioneered in Scott County has demonstrated effectiveness in communities across the state and well beyond.

Indiana Syringe Service Program Law
IC 16 – 41 – 7.5

The full legal language pertaining to syringe service programs in Indiana is included below and at the following location on the Web: http://iga.in.gov/legislative/laws/2019/ic/titles/016/#16-41-7.5

IC 16-41-7.5-1"Local health department"

Sec. 1. As used in this chapter, "local health department" refers to:

(1) a local health department established under IC 16-20; or

(2) the health and hospital corporation created under IC 16-22-8.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-2"Program"

Sec. 2. As used in this chapter, "program" means a syringe exchange program operated under this chapter.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-3"Qualified entity"

Sec. 3. As used in this chapter, "qualified entity" means any of the following:

(1) A local health department.

(2) A municipality (as defined by IC 36-1-2-11) that operates a program within the boundaries of the municipality.

(3) A nonprofit organization that operates a program and has been approved by official action to operate the program by:

(A) the local health department;

(B) the executive body of the county; or

(C) the legislative body of a municipality for the operation of a program within the boundaries of the municipality.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-4Location of programs; complying with requirements

Sec. 4. (a) A qualified entity may operate a program only in a county or municipality where:

(1) a public health emergency has been declared; or

(2) a program has been approved;

under section 5 of this chapter. However, a qualified entity may not operate a program outside of the jurisdictional area of the governmental body that approved the qualified entity.

(b) A qualified entity that meets the requirements in subsection (a) and complies with the requirements of this chapter may operate a program.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.1.

IC 16-41-7.5-5Requirements to operate a program

Sec. 5. Before a qualified entity may operate a program in a county, the following shall occur:

(1) The local health officer or the executive director must declare to the executive body of the county or the legislative body of the municipality the following:

(A) There is an epidemic of hepatitis C or HIV.

(B) That the primary mode of transmission of hepatitis C or HIV in the county is through intravenous drug use.

(C) That a syringe exchange program is medically appropriate as part of a comprehensive public health response.

(2) The legislative body of the municipality or the executive body of the county must do the following:

(A) Conduct a public hearing that allows for public testimony.

(B) Take official action adopting the declarations under subdivision (1) by the local health officer or the executive director in consideration of the public health for the area and, if the program complies with section 6 of this chapter and is within the jurisdictional limits of the county or municipality that the body represents, either:

(i) approve the operation of the program; or

(ii) submit a request under subdivision (3) to the state health commissioner.

(3) The legislative body of the municipality or the executive body of the county that took official action under subdivision (2) either:

(A) notifies the state health commissioner of the body's actions under subdivision (2), including:

(i) the period of time considered medically appropriate for the program;

(ii) whether a renewal or an extension of the program can occur; and

(iii) other measures taken concerning the epidemic that have proven ineffective; or

(B) if the body does not approve the operation of a program under subdivision (2)(B)(i) and submits a request under subdivision (2)(B)(ii), request that the state health commissioner declare a public health emergency and approve the operation of a program.

(4) If subdivision (3)(B) applies, the state health commissioner has declared a public health emergency for the county or municipality and approved the operation of a program.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.2.

IC 16-41-7.5-6Duties

Sec. 6. A qualified entity that operates a program under this chapter must do the following:

(1) Annually register the program in a manner prescribed by the state department with the:

(A) state department; and

(B) local health department in the county or municipality where services will be provided by the qualified entity if the qualified entity is not the local health department.

(2) Have one (1) of the following licensed in Indiana provide oversight to the qualified entity's programs:

(A) A physician.

(B) A registered nurse.

(C) A physician assistant.

(3) Store and dispose of all syringes and needles collected in a safe and legal manner.

(4) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.

(5) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(6) Provide syringe and needle distribution and collection without collecting or recording personally identifiable information.

(7) Operate in a manner consistent with public health and safety.

(8) Ensure the program is medically appropriate and part of a comprehensive public health response.

(9) Keep sufficient quantities of an overdose intervention drug (as defined in IC 16-18-2-263.9) in stock and to administer in accordance with IC 16-42-27.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.3.

IC 16-41-7.5-7Termination

Sec. 7. (a) The following may terminate the approval of a qualified entity:

(1) The legislative body of the municipality, the executive body of the county, or the local health department that approved the qualified entity.

(2) The state health commissioner, if the state health commissioner determines that the qualified entity has failed to comply with section 6 of this chapter.

(b) If a person described in subsection (a)(1) or (a)(2) terminates the approval of a qualified entity, the person shall notify the other person with authority to terminate that is described in subsection (a) of the termination.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-8Use of state funds

Sec. 8. A state agency may not provide funds to a qualified entity to purchase or otherwise acquire hypodermic syringes or needles for a program under this chapter.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-9Attending a program does not constitute reasonable suspicion or probable cause

Sec. 9. (a) A law enforcement officer may not stop, search, or seize an individual based on the fact the individual has attended a program under this chapter.

(b) The fact an individual has attended a program under this chapter may not be the basis, in whole or in part, for a determination of probable cause or reasonable suspicion by a law enforcement officer.

As added by P.L.208-2015, SEC.9. Amended by P.L.44-2016, SEC.1.

IC 16-41-7.5-10Program reports

Sec. 10. A program shall file a quarterly report with the state department. The report must contain the following information listed on a daily basis and by the location, identified by the postal ZIP code, where the program distributed and collected syringes and needles:

(1) The number of individuals served.

(2) The number of syringes and needles collected.

(3) The number of syringes and needles distributed.

The state department may request that a qualified entity supply additional information concerning the program operated by the qualified entity, including data concerning referrals to services.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.4.

IC 16-41-7.5-11Request for public health emergency declaration; approval and denial; renewal; notification of state health commissioner

Sec. 11. (a) If the state health commissioner receives a request to declare a public health emergency under this chapter, the state health commissioner shall approve, deny, or request additional information

concerning the request under section 5 of this chapter not later than ten (10) calendar days from the date the request is submitted to the state health commissioner. If additional information is:

(1) requested by the state health commissioner; and

(2) provided by the entity seeking the declaration;

the state health commissioner shall approve or deny the request not later than ten (10) calendar days from the submission date of the additional information.

(b) A program established under this chapter may remain in effect for not more than two (2) years from the date approved under this chapter. However:

(1) the state health commissioner may:

(A) upon the request of the executive body of the county or the legislative body of the municipality that requested the initial declaration and approval, renew the declaration of a public health emergency and operation of the program for not more than two (2) years; or

(B) terminate a program; or

(2) the legislative body of the municipality or the executive body of the county that initially approved the program may, through official action:

(A) renew the program for not more than two (2) years; or

(B) terminate a program;

when warranted.

(c) The legislative body of the municipality or the executive body of the county shall notify the state health commissioner in writing immediately of any of the following:

(1) A renewal of a program under subsection (b) and the period of time of the renewal.

(2) The expiration or termination of a program.

(3) A change in the qualified entity administering the program.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.5.

IC 16-41-7.5-12State department report

Sec. 12. Before November 1 of each year, the state department shall submit a report concerning syringe exchange programs operated under this chapter to the governor and to the general assembly in an electronic format under IC 5-14-6.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-13Governor's authority

Sec. 13. This chapter may not be construed to preclude the governor from taking any action within the governor's authority.

As added by P.L.208-2015, SEC.9.

IC 16-41-7.5-14Expiration of chapter

Sec. 14. This chapter expires July 1, 2021.

As added by P.L.208-2015, SEC.9. Amended by P.L.198-2017, SEC.6.

Module Two:

Considerations and Guidance for Local Health Departments

Service Delivery Options

There are two primary harm reduction programming options Indiana communities can consider offering. The following provides an overview and considerations for each of these options.

Non-Syringe Harm Reduction Program – Non-syringe harm reduction programs provide new, single-use supplies to individuals using substances in addition to testing, referrals, and other locally specific resources to support the overall health of people using substances. Non-syringe harm reduction programs may be located in local health departments (LHDs) or community-based organizations (CBOs) and may partner with community stakeholders to extend their capacity and reach.

LHDs have the option of becoming a Non-Syringe Harm Reduction Supply Partner as outlined in Module Four: Program Guidance – Non-Syringe Harm Reduction. All Non-Syringe Harm Reduction Supply Partners must complete a brief monthly report and participate in most quarterly partner calls.

CBOs may apply annually for ISDH HIV Prevention grant funds and supply support. Requests for proposals are released annually in August.

Syringe Service Program – Syringe service programs provide new, single-use syringes and supplies to individuals using substances in addition to testing, referrals, and other locally specific resources to support the overall health of people using substances. To operate legally in Indiana, SSPs must be approved through the process specified within the law. In summary, the legal process asserts that the local health officer, health department, and local commissioners or planning body elect to establish and operate an SSP within their community via the "local option" or via "State Health Commissioner approval".

a.) Local Option – This option asserts that the local health officer, health department, and local commissioners or planning body elect to establish and operate an SSP within their community through local adoption. The health officer should notify the ISDH Harm Reduction Program Manager that they are electing to operate under this option to receive access to the legally mandated SSP database and other resources available to SSPs in the state.

b.) State Health Commissioner Approval – This option asserts that the local health officer, health department, and local commissioners or planning body elect to receive state health commissioner approval by declaration of a state of emergency to establish and operate an SSP.

SSPs may be operated by a qualified entity (QE), other than the local health department, as established locally and outlined in state law. All SSPs in Indiana are required to utilize the ISDH-

provided SSP database, report data quarterly on the provided template found in Module Six: Forms and Manuals, and attend quarterly SSP provider meetings.

Supplies: Syringes

The specific type and quantity of syringes programs' stock varies by the needs and preferences of program participants--specifically, the type of substances used, location of injection, and comfort level with injection among other factors. The ISDH Harm Reduction Program can assist potential or existing programs in determining the most appropriate types and quantities to stock initially and as the program matures.

All syringes should be secured between service delivery hours and accessible only by appropriate staff and volunteers.

Supplies: Non-Syringe

Non-syringe items used to prepare and introduce substances into the body also have the potential to transmit HIV, HCV, and other bloodborne infections, and thus it is important to provide program participants with all the new, single-use items they need for each instance of use. The specific types of materials will vary based upon the substance used, method of preparation, and needs and preferences of the individual. Best practice asserts that supplies should be made available "buffet style" to allow participants to take the type and number of supplies that are most appropriate for them. Supplies may also be provided in prepared "kits".

Examples of non-syringe harm reduction supplies may include but are not limited to:

- Paper drape, sheeting, or clean newsprint to create a clean use space
- Sharps disposal box
- Dental cotton pellets for use as filters
- Bottle caps and twist ties or single-use cookers to prepare substances
- Sterile water for preparing substances or support wound care
- Rubber tourniquets
- Hand sanitizer and/or rubber gloves
- Alcohol prep pads
- Gauze, bandages, and antibacterial ointment for wound care
- Pipe covers to protect the mouth from burns and prevent sharing, which may transmit infection
- Straws, preferably in different colors to prevent sharing, which may transmit infection

- Oral health supplies: lip balm for prevention and care of mouth sores and candy/gum to keep the mouth moist and less likely to become injured, creating an opportunity to transmit infection
- Sexual health supplies: condoms, dental dams, lubricant

In addition, programs may elect to provide personal care items to support the health of program participants and encourage continued engagement. These items can vary depending upon availability, season, and the needs identified by program participants. Examples of personal care items include but are not limited to:

- Hygiene items: toothbrushes, toothpaste, soap, washcloths, deodorant wipes
- Personal warmth items: hats, gloves, socks, donated coats or blankets
- Period supplies: maxi-pads, tampons, underwear
- Nutrition: granola bars, fruit, ramen noodles, water, sports drinks

All supplies should be secured between service delivery hours and accessible only by approved staff and volunteers.

Supply Support

Local health department harm reduction programs, including SSPs, can request non-syringe supply support, at no cost, from the ISDH Harm Reduction Program as detailed in Module Four: Program Guidance – Non-Syringe Harm Reduction. Community-based organizations may apply annually for ISDH HIV Prevention grant funds and supply support. Requests for proposals are released annually in August.

Programs receiving supply support from the ISDH Harm Reduction Program will be provided with access to outreachsupplies.org, an initial dollar amount to purchase supplies, and, if appropriate, a tutorial on use of the site.

Supplies available on outreachsupplies.org include a wide variety of harm reduction and personal care supplies shipped quickly to support programs and the individuals they serve in a timely manner. Of special note, personal care items including, but not limited to, hygiene, personal warmth, and period supplies are to be used as engagement tools to encourage participation in public health services and referrals. These items should be provided to participants in harm reduction programs that express need for such items and not provided to every participant in the same manner that disease prevention items are dispensed. For example, a program might provide a participant with a bag of 100 condoms and lubricant packets a week but may provide them only two pairs of socks a month. These items should be provided in limited quantities to individual participants.

Federal and state law prohibits the use of funds to purchase syringes. The ISDH Harm Reduction Program will connect local health departments and/or QEs with organizations offering funds to purchase syringes. The ISDH Harm Reduction Program shares funding opportunities of all sources as they become available. It is recommended that SSPs obtain syringes through the North American Syringe Exchange Network (NASEN), which operates a buyers' club to ensure the lowest possible cost.

Sharps Disposal

The proper disposal of sharps is a key component of all harm reduction programs. Potential harm reduction providers should inquire with their regular sharps disposal provider about the cost and contractual changes that may have to be made to accommodate the needs of increased sharps disposal.

Program participants should be supplied with sharps disposal containers of various capacities at each visit to the program, if applicable. Program participants should return used sharps in the provided disposal container.

Harm reduction programs may want to consider offering law enforcement and other first responders sharps containers and disposal to prevent needle stick injuries, support partnership, and encourage ongoing communication.

Communities may want to consider adding larger sharps disposal boxes locally in various locations. Having sharps disposal boxes and safe disposal messaging throughout the community will aid in the reduction of sharps found in public spaces and the stigma associated with people who inject substances.

Overdose Education

Overdose education is another primary component of harm reduction programming. Harm reduction program should provide staff, volunteers, and participants with knowledge and skills to identify and respond to overdose and overamping. Resources and educational materials specific to overdose and overamping are located in Module Five: Program Support Resources and Educational Materials.

Indiana law requires that SSPs have available an overdose reversal medication like naloxone. Overdose identification and a plan to address overdose, including the administration of overdose reversal medication, should be included in the program safety plan and be communicated to all staff and volunteers.

Training and Technical Support

In addition to customized ongoing technical assistance, the ISDH Harm Reduction Program hosts regular in-person and conference call-style meetings. SSPs are required to have representation at four quarterly meetings per year. Meetings are designed to provide statewide programmatic updates and foster a community of support and best practices around service delivery within the state. Information about national, statewide, and local educational opportunities will be shared as it becomes available.

Advisory Committees and Stakeholders

Local health officials and program planners should engage local stakeholders, including those with current or previous lived experience with substance use, to assist in the planning, implementation, and evaluation of harm reduction programming in the form of a local advisory committee. Advisory committees will vary from community to community based on local need but should meet at least quarterly. The following stakeholder groups should be invited to participate in the committee: persons with current or previous lived experience with substance use, law enforcement, first responders, substance use prevention entities, substance use recovery groups, potential referral partners (housing, food, etc.), elected officials, municipal sanitation and parks officials, formal community groups, grassroots community action groups, and interested citizens. Additional information regarding engaging community stakeholders can be found in Module Five: Program Support Resources and Educational Materials.

Program Staffing

Harm reduction programming should be delivered by staff and/or volunteers trained in and comfortable with the foundations of harm reduction, including meeting the unique needs of stigmatized persons. Ideally, some program staff and/or volunteers will have current or previous lived experience with substance use.

All staff and volunteers must sign and submit a confidentiality agreement to the ISDH Harm Reduction Program prior to service delivery. Staff and volunteers tasked with entering data into the SSP database must receive training in their assigned role within the database. The ISDH SSP Database Manual is located in Module Three: Program Guidance – SSPs.

There should be at least two staff and/or volunteers available during service delivery hours to ensure safety and minimize wait times for program participants. SSPs must have at least one staff or volunteer conducting services anonymously in alignment with state law with at least a second staff or volunteer conducting testing and other services that require program participants to share identifiable information.

Safety and Security

In an effort to ensure the safety of all program delivery staff, volunteers, and program participants, a program safety plan should be established based on the overall program plan. The safety plan may be an extension of an already existing safety and security plan in place for the organization. The safety plan should include detailed descriptions of staffing and the collection and disposal of used sharps, as well as a plan for addressing potential needle stick, overdose, and overamping. It also may include plans for areas of specific local concern. Safety plans should include a contingency for service delivery in the event of inclement weather and other potential disasters.

Program participants should be made aware of the priority of their safety and that of program staff and volunteers and their role in this. The recommendation is that programs create and utilize a participant bill of rights outlining what the program will provide to participants as well as the standards of safety and conduct that program participants must abide by while visiting and engaging with the SSP. A sample program Bill of Rights is located in Module Five: Program Support and Educational Materials.

Service Delivery Locations

The location(s) of service delivery will vary widely based on the needs of the participants being served as well as the physical and social dynamics of each community. If the harm reduction program elects to utilize an advisory committee or stakeholder group, these partners can 1) assist program planners in determining the most appropriate initial location(s) of service delivery and 2) assist in determining expansion efforts, in addition to the feedback provided by program participants. The service delivery location(s) should meet the needs of the community being served; be manageable for program participants, staff, and volunteers; and meet the needs of the greater safety plan. Service delivery locations may include, but not be limited to, existing spaces within the local health department or service organization, a separate storefront or office, a mobile unit that travels and/or parks to provide services in public spaces, or through agreements with private entities.

Service delivery location(s) should:

- Be clean, comfortable, and inviting for program participants, staff, and volunteers
- Be well-lit to aid in safety and the development of trust between program participants, staff, and volunteers
- Have a private, separate area for counseling and/or testing services
- Be accessible as possible for program participants, staff, and volunteers with disabilities or limited mobility

- Be known to and by the community being served

Program service delivery location and hours of operation should be made publicly available.

Service Delivery Hours

Service delivery hours, similar to the location of services, will vary widely based on the needs of program participants. If the harm reduction program elects to utilize an advisory committee or a stakeholder group, these partners can 1) assist program planners in determining the most appropriate initial hour of service delivery; 2) assist in determining expansion efforts; and 3) reinforce feedback provided by program participants. Service delivery hours should meet the needs of the community being served; be manageable for program participants, staff, and volunteers; and meet the needs of the greater safety plan.

Program service delivery location and hours of operation should be made publicly available.

Syringe Service Program Participant Cards

Program participant cards are not required and are an option that programs can elect to utilize. *In the state of Indiana it is against the law to collect and maintain identifiable information on participants in SSPs*. As detailed in the SSP database manual found in Module Three: Program Guidance - SSPs, there are two "codes" utilized by program staff and participants. The first is the "smart ID", sometimes referred to as the "passcode ID", used to create and retrieve a participant record. The second is "scrambler ID" that is recorded on participant cards and can be used to retrieve a participant record.

Staff should explain to program participants that a minimal amount of nonidentifiable information will be collected and used to create a new participant record and scrambler ID upon their first visit. If the program elects to utilize participant cards, it should be explained that the scrambler ID will be used on the participant card and used to pull up their record at each visit to aid in serving the individual most appropriately. It should also be explained that if a participant loses their card or cannot remember their scrambler ID, the "smart ID" can be used to access this record. The "smart ID" should only be used to create a new participant record and look up a participant record in the event that the scrambler ID is not available.

SSP providers are given training in the use of the SSP database upon their establishment as a provider.

Service Delivery Flow

While the flow of program participant visits will vary based on a number of factors, such as location of delivery services, participant needs, and program plans, the visit should follow a similar flow as described below.

Non-Syringe Harm Reduction Programming

- The program participant is greeted upon arrival for services. If there is a wait, the participant should be notified of the approximate wait time.

- Staff counsels the individual on their needs during the visit that day and offers appropriate supplies, educational messaging, testing, and referrals to needed services.

- If appropriate, staff provides testing, immunizations, and/or other services deemed appropriate.

- Programs should record limited information as appropriate and requested by ISDH including, but not limited to, the number of supplies provided and basic demographic information for program participants.

- The program participant should be encouraged to return for additional supplies, services, and referrals as needed and to share information regarding the program with friends.

- Programs may also offer supplies in a bowl, basket, or other receptacle for program participants to take items needed.

Syringe Service Programs

- The program participant is greeted upon arrival. If there is a wait, the participant should be notified of the approximate wait time.

- During a first visit to the SSP, staff should explain to the new participant what to expect during subsequent visits, answer any questions the participant might have, and remind them of the highly confidential nature of the program. Staff should explain to participants what minimal information will be collected to create the smart ID and how this will generate a new participant record and scrambler ID. If the program elects to use a participant ID card, staff should explain to the participant how the card will be used and what will be included on it. It should also be explained that if participant loses this card it can be looked up, only by SSP staff, using the smart ID.

- After greeting and assisting the participant to the service delivery area, staff and participants determine how many used syringes, if any, are being returned that day. Sharps and sharps containers should be placed in the appropriate sharps collection container by the participant.

- Staff then discusses with the participant their need for that visit, including but not limited to syringe and other supply needs, assessment for wound care, counseling to determine any needed referrals, testing needs, and/or other services offered as a component of the SSP.

- The number of syringes and amount and type(s) of supplies provided to participants is at the discretion of the SSP service provider, but participants should be provided with the amount of syringes and supplies needed for each injection event anticipated until their return to the program. Staff should discuss with participants how often they inject and if they ever have any difficulty finding an injection site or hitting a vein and provide additional syringes in the case that it takes more than one stick to hit a vein.

- Participants should be provided with education about proper vein care, proper injecting techniques, and how to address any injecting concerns they may have. A safer injection checklist is provided in Module Five: Program Support Resources and Educational Materials.

- If the participant elects to engage with other services provided by the program, for example, HIV, STD, or viral hepatitis testing; immunizations; and/or TB skin test, that may require the collection of the participant's name or other identifiable information. The participant should be provided with their syringes and other supplies and then asked if they feel comfortable sharing additional information for program planning and evaluation purposes. Staff persons then, in a conversational manner, ask the participant the questions included on the participant visit form (the participant visit form can be found in Module Three: Program Guidance SSPs). Then the participant should be escorted to the area where additional services are provided and introduced to the staff person(s) delivering those services to ensure participant anonymity and comfort. The staff person conducting the exchange and associated counseling must **NOT** be the same staff person who collects identifiable information to maintain confidentiality in compliance with state law. If a provider has questions or technical support needs regarding this process, they should contact ISDH.

- If the participant elects not to engage in other services provided by the program during that visit, they should be provided with the syringes, supplies, and any appropriate educational material or referrals and then asked if they feel comfortable sharing additional information for program planning and evaluation purposes. Staff persons then, in a conversational manner, ask the participant the questions included on the participant visit form (the participant visit form can be

found in Module Three: Program Guidance SSPs). The form may be filled out in front of the participant or immediately following the participant's departure at the discretion of the staff person. It should be made clear to the participant that they are not required to answer questions in order to receive syringes, supplies, and/or referrals and that all information will remain confidential and cannot be linked back to them as an individual.

- The staff person should then do a final assessment and address any outstanding participant needs. Upon the completion of the visit, the participant should be thanked for coming and reminded to share the program with others who may benefit from SSP services.

- A procedure should be in place to receive feedback from participants on a routine basis--for example, satisfaction with service delivery, locations, hours, and supplies available.

Grievance and Success Sharing Processes

There should also be a method for participants to notify staff and program planners of grievances as well as a personal and program-wide successes and achievements. This process should align with grievance and success sharing processes already in place within the organization.

Staff and volunteers should also be provided with a method to provide feedback to program management and planners.

Documentation

Harm reduction programming, including SSP documentation and reporting tools and templates, as well as forms are included in Module Three: Program Guidance – SSPs, Module Four: Program Guidance – Non – Syringe Harm Reduction, and Module Six: Forms and Manuals.

All documentation must be maintained in a confidential manner. Completed participant visit forms should not be viewable by anyone other than appropriate staff. During service delivery hours, the forms should be secured after their completion. Following service delivery hours, completed forms should be locked in a secure location until they can be entered into the SSP database. Once data is entered into the SSP database, participant forms should be shredded using a cross-cut shredding device unless this differs from local policy on document retention.

Evaluation

Program evaluation is a key component of any public health intervention, and harm reduction programs are no exception. Non-syringe harm reduction supply partners are not required to engage in an ISDH Harm Reduction Program-provided site visit. However, they may elect to receive an optional visit. Syringe service programs and HIV Prevention Program grantees are required to engage in at least one onsite ISDH Harm Reduction Program-provided visit annually. The ISDH Harm Reduction Site Visit Tool is included in Module Six: Forms and Manuals. If providers would like to request a technical assistance, optional evaluation, or other type of site visit, they should contact the ISDH Harm Reduction Program to make these arrangements.

Program Awareness and Marketing

The ISDH Harm Reduction Program can offer local harm reduction programs a wide variety of program awareness, education, and marketing resources. These resources carry unified messaging for greater recognition but can also be personalized to meet the needs of the individual program. Details about how to access these resources are included in Module Five: Program Support Resources and Educational Materials.

Module Three:

Program Guidance – SSPs

Establishing a New Syringe Service Program

The following is a step-by-step process of establishing a new SSP in Indiana in accordance with Indiana state law. For the full legal language, please refer to Module One: Introduction to Harm Reduction in Indiana. In addition to the legal process required to establish the SSP, optional guidance is provided to assist program planners in addressing common planning elements. Locally specific program planning and support are available through the ISDH Harm Reduction Program.

It is recommended that counties considering offering SSP services establish a harm reduction advisory committee or group as outlined in Module Five: Program Support Resources and Educational Materials and consider becoming a Non-Syringe Harm Reduction Supply provider prior to moving through the steps toward establishing an SSP. Taking these actions supports community acceptance of the SSP and begins to engage potential SSP participants in services and the program planning process. Information regarding establishing a new Non-Syringe Harm Reduction Program can be found in Module Four: Program Guidance – Non-Syringe Harm Reduction.

1.) The local health officer has declared to the executive body of the county or municipality that (1) there is an epidemic of HIV and/or hepatitis C (HCV), (2) the primary mode of transmission of HIV and/or HCV is intravenous substance use, (3) and that an SSP is a medically appropriate response as part of a comprehensive control and prevention plan.

2.) The local health officer, local health department, and appropriate community partners introduce a plan to implement and evaluate an SSP to the legislative body of the county or municipality. The plan should include the recommended period of programming: a period of one (1) or (2) years.

The Local Option - The legislative body of the county or municipality (1) conducts a public hearing allowing public testimony, (2) takes official action to approve or deny the plan to operate a syringe service program, (3) if approved, commences with implementation of the SSP plan. This is the local option.

OR

The State Option - The legislative body of the county or municipality (1) conducts a public hearing allowing public testimony, (2) takes official action to approve or deny the plan to operate a syringe service program, (3) if approved, submits a request to the Indiana State Health Commissioner to implement the SSP. The request should include the following:

a. The above declaration by the local health officer

b. The previous and current efforts taken to control and prevent the transmission of disease to date.
c. A copy of the SSP plan.

The Indiana State Health Commissioner then has ten (10) calendar days from the date the request is submitted to approve, deny, or request additional information regarding the request.

*SSP plans should include at least the following:

- Ownership of the SSP – Local Health Department, County Commissioners, or a Qualified Entity including the name and contact information of both the medical oversight provider and the primary contact for the SSP if other than the medical oversight provider
- A statement agreeing to use the ISDH-provided SSP database and complete quarterly reports in compliance with state law
- Program goals and objectives (short- and long-term)
- The specific population to be served
- A financial plan to support SSP operations
- The location(s) of the SSP including anticipated fixed and mobile location(s)
- The methods by which program participants will receive opportunities for HIV, STD, HCV, and TB testing and appropriate referrals including those to substance use disorder treatment options
- The transaction model to be used
- The method by which sharps and medical waste will be disposed
- The supplies and resources initially planned to be provided to program participants. Examples include single-use items, wound care, overdose reversal medication (naloxone), etc.
- The method by which the SSP will provide overdose prevention, identification, and response education and resources

3.) Upon approval, the health officer, legislative body, or in the instance of State Health Commissioner approval, the State Health Commissioner will notify the ISDH Harm Reduction Program Manager. This notification will include the beginning and end dates of approval, the name and contact information of the primary contact for the SSP, and a copy of the meeting minutes or other documentation of approval. The ISDH Harm Reduction Program Manager will then work with the SSP primary contact person to provide appropriate access to the SSP database and address any technical support needs the SSP may have as they move from planning through implementation and evaluation.

Renewing an Existing SSP

The following is a step-by-step process for how an existing SSP can be renewed in accordance with state law. For the full legal language, please refer to Module One: Introduction to Harm Reduction in Indiana.

1.) Seventy-five (75) days prior to the expiration date for the SSP the ISDH Harm Reduction Program Manager will send an email notifying the primary contact at the SSP that the renewal date is approaching, including a reminder of the options available for renewing or not renewing the SSP. The ISDH Harm Reduction Program Manager will also assess any local needs for data or technical assistance in preparation for the renewal.

2.) The SSP primary contact person, or other individual as determined locally, will work with local elected officials and stakeholders to determine if a renewal will be requested and make arrangements for informational meetings or other activities as determined locally. The SSP primary contact person, or other individual determined locally, will then notify the ISDH Harm Reduction Program Manager of the date that the local legislative body plans to vote on the renewal.

The Local Option - Following the vote of the legislative body, the SSP primary contact person will notify the ISDH Harm Reduction Program of the results of the vote. If the vote is in favor of a renewal, the notification should include the new approval period beginning and end dates, the primary contact person for the SSP, the name of the medical oversight person, and a copy of the meeting minutes or other documentation of the renewal.

OR

The State Option – Following the vote of the legislative body, if the vote is in favor of renewal, the SSP primary contact person will send a letter to the state health commissioner stating the results of the vote, including the following:

- The name and contact information of the primary contact for the SSP.
- The name of the county SSP provider (county health department, QE, etc.) currently operating the SSP and the name of the individual providing medical oversight. In the event that the medical oversight person has changed, this should be specifically noted.
- A brief narrative highlighting the strengths and challenges faced by the SSP in the previous approval period.
- Discussion of the previous approval period's goals and goals for the upcoming approval period including the process used to develop these goals.
- Any technical assistance needs.

Data and Reporting

All syringe service programs in Indiana are required by law to utilize the ISDH Harm Reduction Program-provided SSP database. The SSP database is a web-based application that can be accessed via computers, smart phones, and tablets for both online and offline data entry. Access to the SSP database is provided to SSP providers upon notification of the approval of the local or state option described earlier in this section. The ISDH SSP database manual can be found in Module Six: Forms and Manuals. Technical assistance and support also are offered to SSP providers on an as-needed basis.

In alignment with state law, all SSP providers are required to submit an SSP Quarterly Report. The SSP Quarterly Report template can be found in Module Six: Forms and Manuals. The reporting periods are listed below, and reminders are sent to the primary contact of the SSP in advance of each due date.

- April 15 for operations January 1 – March 31
- July 15 for operations April 1 – June 30
- October 15 for operations July 1 – September 30
- January 15 for operations October 1 – December 31

Module Four:

Program Guidance – Non-Syringe Harm Reduction Programs

Establishing a New Non-Syringe Harm Reduction Program

Non-syringe harm reduction programs offer the opportunity for local health departments (LHDs) and community-based organizations (CBOs) to prevent the transmission of HIV, HCV, and other bloodborne infections in people who use substances without the provision of syringes. Just as each LHD has the same foundational functions yet uniquely delivers these functions, so, too, do harm reduction programs. The following are the best practice foundations of a comprehensive non-syringe harm reduction program.

- Non-syringe harm reduction supplies and accompanying services should be delivered on regular days and times. The best time will often be during the same days and times as HIV, HCV, and/or STD testing. Services could be delivered on specific days and times or by appointment. These opportunities should be available to the community alongside other LHD services.

- Programs should provide education on HIV, viral hepatitis, and STD prevention and the use of non-syringe harm reduction supplies as tools for disease prevention. Counseling, printed materials, and audiovisual tools can all be used to support education and aid in reducing stigma.

- Programs should provide or partner with another entity to provide HIV, viral hepatitis, and STD testing. These testing services should ideally be provided during the same days and times as harm reduction programming but may vary slightly depending on staffing and/or the partner providing testing.

- Programs should provide referrals to complimentary services that may benefit individuals served, including but not limited to substance use disorder treatment options (inpatient, outpatient, recovery groups, and medication-assisted treatment [MAT]), housing, food, clothing, educational assistance, mental health services, and primary health care.

- Programs should provide basic non-syringe harm reduction supplies to ensure that every instance of substance use is free from the need to share and is as sterile as possible.

- Programs should also consider coordinating or providing harm reduction adjacent opportunities, including but not limited to community sharps disposal options and advisory committees as described in Module Two: Considerations and Guidance for Local Health Departments.

To establish a program, LHDs and CBOs should create and implement a program plan based on the guidance provided in tandem with local goals and policies. The ISDH Harm Reduction Program is available to provide technical assistance to any entity interested in or currently providing harm reduction services of any kind.

Accessing Non-Syringe Harm Reduction Supplies

Local health departments may receive supply support from the ISDH Harm Reduction Program. The process for LHDs to obtain supply support via the outreachsupplies.org is as follows:

1. Complete a written attestation agreeing to engage in the best practices outlined in this document and specified below. An attestation template is available in Module Six: Forms and Manuals.
    a. Services are delivered on regular days and times, and these are made available publicly.
    b. Programs provide education on HIV, HCV, and STD prevention and the use of non-syringe harm reduction supplies.
    c. Programs should provide or partner with another entity to provide HIV, HCV, and STD testing.
    d. Programs should provide referrals to complimentary services that may benefit individuals served.
    e. Programs should provide basic non-syringe harm reduction supplies to ensure that every instance of substance use is free from the need to share and is as sterile as possible. These items include but are not limited to:
        i. Bleach and cleaning instructions to clean syringes in the instance that syringes must be reused.
        ii. Sharps containers for the safe disposal of used sharps and other biohazardous materials.
        iii. Cotton pellets used to filter substances after cooking to prevent the need to share or draw from the same filter.
        iv. Condoms and lubricant.
        v. Basic wound care items (alcohol pads, antibacterial ointment, and bandages).

f. Submit a monthly report to the ISDH Harm Reduction Program by the 10th day of the following month (attached) outlining the distribution of supplies and any technical needs. Reminders will be sent via email to all participating LHDs.

g. Participation of at least one representative per enrolled LHD on occasional group technical support calls with other enrolled LHDs.

2. Submit the completed attestation via email to Erika Chapman, Harm Reduction Program Manager, at echapman@isdh.in.gov. Emails should request for non-syringe harm reduction supplies to support established or planned harm reduction programming. The email should also include at least three upcoming dates and times that would work for the LHD to participate in a video or phone call to discuss established or planned programming, how the supplies will be distributed, and how to use the outreachsupplies.org website.

3. A call will take place between a member of the ISDH Harm Reduction Program and the LHD to discuss harm reduction programming and any potential outstanding guidance or technical support needs.

4. The primary contact person will be given access to the Harm Reduction Supply portion of outreachsupplies.org to order needed supplies:

    a. If the LHD would like to offer HIV, HCV, and/or STD testing and is not currently doing so, the ISDH Harm Reduction Program will assist the LHD in establishing these activities.

5. On or before the 10th day of the following month, the primary contact person at the LHD or assignee will submit the monthly supply report (attached). A reminder will be sent via email to the primary contact person at all participating LHDs.

6. In December of each year, the primary contact person at the LHD will be contacted by the ISDH Harm Reduction Program and asked to submit an attestation of participation in the program for the following year.

Transitioning from Non-Syringe Harm Reduction Programming to Syringe Service Programming

Local health departments (LHDs) that would like to transition from providing non-syringe harm reduction programming to an SSP will need to complete the legal process outlined in Module Three: Program Guidance – SSPs. The LHD should notify the ISDH Harm Reduction Program of its intention to seek SSP approval via email or phone call to Erika Chapman, Harm Reduction Program Manager, 317-234-3122 or echapman@isdh.in.gov, to receive technical support including but not limited to data collected during its tenure as a non-syringe harm reduction supply partner; county HIV, HCV, and other appropriate data; and general program planning support. The ISDH Harm Reduction Program will provide customized support based on the needs of the LHD and the communities they serve throughout the transition process.

Module Five:

Program Support Resources and Educational Materials

Engaging Community Stakeholders: Harm Reduction Community Readiness Worksheet

Last Reviewed and Revised– August 2020

The Harm Reduction Community Readiness Worksheet is an optional assessment tool designed to assist communities in assessing the current state of resources. This tool may also be used by the ISDH Harm Reduction Program to support technical assistance requests.

County: _____

Date(s) Worksheet Completed: _____

Person(s) Worksheet Completed By: _____

_____

_____

_____

I.) Data

- I/we have reviewed our community's opioid profile on ISDH's Stats Explorer tool (https://gis.in.gov/apps/isdh/meta/stats_layers.htm)___Yes____No
- The total, or estimated total, of overdose events reported to emergency medical services _____
- The total, or estimated total, of soft tissue infections associated with injection drug use reported by the local hospital(s) emergency room(s)_____in a week/month/year
    - If a harm reduction and/or syringe service program is in place; the total, or estimated total, of soft tissue infection associated with injection drug use reported by the local hospital(s) emergency room(s)_____after_____weeks/months/years after the start of the program
- The total, or estimated total, of endocarditis cases associated with injection drug use reported by the local hospital(s) emergency room (s)_____in a week/month/year
    - If a harm reduction and/or syringe service program is in place; the total, or estimated total, of endocarditis infections associated with injection drug use reported by the local hospital(s) emergency room(s)_____after_____weeks/months/years after the start of the program
- The total, or estimated total, of discarded syringes called in to the local health department_____, called in to the local police department_____, called in to the 9-11 dispatch ____ in a week/month/year
    - If a harm reduction and/or syringe service program is in place, the total, or estimated total, of discarded syringes called into the local health department_____, called in to the local police department_____, called in to the local sheriff's office____, called in to the 9-11 dispatch____in weeks/months/years after the start of the program

II.) Community Harm Reduction Advisory Bodies

- Our county/community has a substance use prevention coalition or group.____Yes___No
- Our county/community has a harm reduction and/or syringe service program advisory committee or subcommittee as part of a larger substance use prevention coalition or group.____Yes_____No
- Our substance use prevention coalition, group, and/or advisory committee has representatives who are current or former substance users.____Yes_____No
- Our substance use prevention coalition, group, and/or advisory committee allows open invitation from key stakeholders (examples on "Community Partner List" document).____Yes___No
- Our substance use prevention coalition, group, and/or advisory committee offers educational materials and/or opportunities to the general public (this may include but is not limited to social media page/accounts, events, brochures, resource guides, etc.).____Yes___No
- ISDH Harm Reduction Program staff have been/are invited to our harm reduction and/or syringe service program advisory committee or subcommittee as part of a larger substance use prevention coalition or group.____Yes___No

III.) Community Resources and Partnerships

- Our community has a venue(s) for HIV testing.____Yes____No
- Our community has a venue(s) for HCV testing.____Yes____No
- Our community has a venue(s) for STD testing.____Yes____No
- Our community has an insurance navigator(s) to assist with health care insurance.____Yes_ No
- Our community has a place to refer people for substance use treatment (i.e., inpatient or outpatient program).____Yes____No
- Our community has a place to refer people for substance use treatment (i.e., AA, NA, faith-based recovery groups).____Yes____No
- Our community has a place to refer people for mental/behavioral healthcare.____Yes____No
- Our community has reviewed and/or completed the "Community Stakeholder List" and/or "Community Stakeholder Grid" within the Harm Reduction Readiness Toolkit.____Yes____No
- Our community holds routine community clean-up days/events.____Yes_____No
- First responders in our community (law enforcement, fire, EMS) have sharps protection equipment to protect from needle stick injuries.____Yes_____No

IV.) Physical Resources

- Our community has, or plans to install, community sharps disposal boxes.____Yes_____No
- Community members can dispose of sharps

  ___ at the local health department_____at the local hospital(s)_____at the local pharmacy(ies)

  ___ at the local police station(s) ___at the local sheriff's office_____at local medical office(s)

  ___ at the local fire station(s) ___via the regular trash service

  ___ other location(s)_____

- Our community has, or plans to install, community drug takeback boxes.____Yes_____No

  Community members can dispose of unused drugs and prescription medications…
  ___ at the local health department_____at the local hospital(s)_____at the local pharmacy (ies)

  ___ at the local police station(s) ___at the local sheriff's office____at local medical office(s)

  ___ via the regular trash service ___other location(s) _____

V.) Media and Messaging

- Our substance use prevention coalition, group, and/or advisory committee has a mechanism in place to inform the local media of news opportunities, events, and educational resources specific to activities around people living with substance use disorders.____Yes____No
- Our substance use prevention coalition, group, and/or advisory committee has a mechanism in place to inform the local media of news opportunities, events, and educational resources specific to harm reduction.____Yes____No
- Our substance use prevention coalition, group, and/or advisory committee has a social media page or account to promote events and/or provide educational messaging.____Yes____No
- Our substance use prevention coalition, group, and/or advisory committee has a press pack available to provide to interested members of the media.____Yes_____No

VI.) Local Considerations and Notes

This space is available for notes, questions, and/or considerations unique to your community.

Engaging Community Stakeholders: Community Partner and Stakeholders Checklist

Last Reviewed and Revised – August 2020

The Community Partner and Stakeholders Checklist is an optional tool designed to assist program planners in determining potential partners and assessing community support for harm reduction programs.

I.) Groups

Harm Reduction or Syringe Service Advisory Committee. If one is not in place, consider forming one comprised of people and entities listed in this tool.

Local Health Department	Local Drug Task Force or Community Action Group
Local Health Board	Local Service Organizations
Parent/Teacher Organizations	Local Environmental/Clean-up Groups

II.) People

Local Health Officer	Elected Officials (Mayor, State Representatives, State Senators, Congressmen/women, Senators)
County Commissioners	County Council
Prosecutor	Sherriff
Police Chief(s)	Police Officers
EMS/Fire	Parks Department Staff
Sanitation Staff	Recovery Groups
Business Leaders	Community Group Leaders
Clergy Members	Emergency Room Physicians and Staff
Health Care Providers (Physicians, Dentists, NPs, etc.)	

III.) Places

Substance Abuse Treatment Providers	Mental Health Treatment Providers
Hospitals	AIDS Service Organizations
Community-Based Service Organizations	Homeless Shelters and Organizations
Food Banks	Churches/Faith Communities
Federally Qualified Health Center	

IV.) Others Specific to Your Community

V.) Notes

Community Clean-Up Toolkit

Last Reviewed and Revised- August 2020

Background and Purpose:

Community clean-up events offer a unique opportunity for harm reduction programs including SSP providers, participants, advocates, and supporters to help reduce stigma associated with people who use substances and the programs that support their health. Community clean-ups typically include picking up trash, potentially including improperly disposed sharps, but may also include painting, planting, mulching, and other beautification efforts in a community.

The purpose of this document is to provide communities with a resource to establish a single event or series of events as a component of, or in collaboration with, their county SSP or non-syringe harm reduction program.

Process:

In alignment with the Harm Reduction Community Toolkit, it is highly recommended that the local health department, health board, substance use prevention coalition, and other interested community groups and individuals collaborate on substance use prevention and harm reduction activities. This collaboration or harm reduction advisory group will be unique in every community but can serve as a solid foundation for organizing events like community clean-ups.

The process of planning, organizing, implementing, and evaluating a single event or a series of community clean-up events is fairly straightforward and generally progresses as follows:

- Establish a block, park, neighborhood, or other location in the community to focus clean-up and/or beautification efforts. If it is a larger effort, you may consider including multiple locations throughout a community.
- Determine a date for your event(s). Weekends typically tend to work well; however, there may be other days that work best for your community. If you want to create a series of reoccurring events, be sure to communicate that and make it a part of your plan to encourage ongoing participation.
- Establish a disposal plan for how trash, including potentially large items (furniture, tires, yard waste), and/or sharps will be properly disposed of.
- Recruit volunteers to assist in the event. Volunteers can include but are not limited to harm reduction program participants and their family and friends, student groups, scouts, community volunteer groups, and interested community members, etc. No-cost social media platforms like Facebook and NextDoor and event platforms like EventBrite can help you recruit and register volunteers and inform your community that the event will be taking place.
- Collect the resources you need to support a successful event. Resources for a successful community clean-up event will vary slightly depending on your community and the specific type of clean-up or beautification effort you will be undertaking. For example, if you are planning to do planting or mulching, you will need items like shovels, rakes, and other gardening utensils. In general, the following items should be made available to volunteers:
    - Map of the area(s) to be cared for
    - Name and cell phone number of the event organizer or another designated individual for communication in case of a question, concern, or emergency
    - Trash bags

    - Latex, non-latex, and/or work gloves
    - Grabbers or long tongs for picking up potentially hazardous items
    - Sharps container for proper disposal of potential sharps
    - Sunscreen – optional but encouraged – volunteers may bring their own
    - Bottled water – optional but encouraged – volunteers may bring their own
    - Access to restrooms
    - Hand sanitizer and/or wet wipes
-
- Remind volunteers to wear closed-toed shoes and long pants, weather permitting, and to bring sunglasses, hats, or other items for their comfort during the event.
- Have a successful event! On the day of the event provide volunteers with a brief orientation of the plan for the day, materials available to them, training on how to properly handle and dispose of potentially hazardous items found, and any additional information specific to your event that participants might need.
- After the event, be sure to thank volunteers, community collaborators, and any entity that might have made donations of time or supplies. Use this as an opportunity to seek feedback on what you can do to improve upon for future events.

Special Considerations for Safely Handling Sharps:

- In the event that an improperly discarded syringe, portions of a syringe, or other potentially hazardous item is found, the following steps should be taken to properly and safely collect and dispose of the item:
    - Ensure that others in your group are at a safe distance from potentially coming into contact with the item during collection and disposal.
    - Place the biohazard/sharps container on the ground near the item.
    - Use a grabber or tongs to pick up the item.
        - If a grabber or tongs are not available, wearing gloves, pick up the syringe by the barrel (plastic middle part).
    - Place the item in the sharps container.
    - Pick up the sharps container and continue with your clean-up.

- In the event that someone is stuck by a syringe or other sharp object:
    - Do not panic. Remain calm. The risk of contracting hepatitis B, hepatitis C, and/or HIV from a syringe or other sharp found in the community is extremely low.
    - Carefully remove the item from the skin and place it in a sharps container to prevent further injury.
    - Wash the injured area with soap and water and cover the wound with a bandage.
    - Advise the individual/notify the event organizer of the incident.

Harm Reduction at Home ~ How EVERYONE Can be a Harm Reductionist

Last Reviewed and Revised – August 2020

There are lots of things communities can do to support their neighbors with substance use disorder and using substances. Each of these activities is supportive of those using substances and is beneficial for the entire community. This list is not intended to be exhaustive but instead be a resource and starting point.

1. Learn and share the facts about substance use disorder. Some great places to start are
    a. Know the O Facts: Next Level Recovery Indiana – https://www.in.gov/recovery/know-the-o/
    b. Substance Abuse and Mental Health Services Administration - https://www.samhsa.gov/disorders/substance-use
    c. National Institute on Drug Abuse - https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction

2. Learn and share the facts about harm reduction. Some good places to start are
    a. Indiana State Department of Health Harm Reduction Program - https://www.in.gov/isdh/27356.htm
    b. Harm Reduction Coalition - https://harmreduction.org/

3. Host a book club, film club, bible study, or discussion group related to substance use disorder and reducing the stigma often associated with people using substances.

4. Host or participate in a community clean-up event using the "Community Clean-Up Toolkit"!

5. Host a community meal once a quarter, once a month, or once a week.

6. Collect items and assemble care bags. A few suggestions for care bags include but are not limited to:
    a. Food – crackers, granola bars, fruit, bottles of water, 100% fruit juice
    b. Personal care – bars of soap, toothbrushes/toothpaste, shampoo/conditioner, sunscreen
    c. Winter warmers – socks, hats, hand warmers, hot chocolate mix, dry soup mix
    d. Period care – tampons, pads, new underwear, body or baby wipes
    e. Bags – paper or plastic bags (from grocery and big box stores), canvas bags, backpacks, purses, drawstring bags

7. If your faith community or organization has your own space, consider offering space for
    a. Recovery meetings
    b. Overdose reversal training
    c. Open restroom and/or shower hours
    d. Warming or cooling space

8. Host a bake sale, garage sale, or other fundraising event to purchase doses of the overdose reversal drug naloxone.

People Matter, Language Matters:

A Brief Guide to Non-Stigmatizing Person First Language

Last Reviewed and Revised – August 2020

Say This	Not This
Person living with substance use disorder, Person who uses substances, person who injects, person with opioid use disorder	Addict, junkie, druggie, substance abuser, those people, user, active user
Disease	Drug habit, addiction
Person living in recovery	Ex-addict, ex-user, former addict, former user
Person arrested for drug violation	Drug offender
Person living in incarceration	Convict, con, prisoner, offender,
Medication-assisted therapy (MAT), medication as a treatment tool	Substitute drug, medication as a crutch
Had a setback, experienced a setback	Relapsed, screwed up, made a mistake
Used, spent	Dirty, dirties
New, unused, sterile	Clean
Person using pre exposure prophylaxis, person using PrEP, PrePster	Truvada whore
Person living with HIV, and/or hepatitis B, and/or hepatitis C, and/or an STD	AIDS patient, HIVer, infected, sick
Works, rig, kit, supplies	
Chaotic use, tapering use, managed use	
Syringes, needles, sharps, rig	

Harm Reduction Program Participant Bill of Rights Samples – Sample One

Participant Bill of Rights and Responsibilities

At the (insert SSP name), we seek to provide the best possible experience for each program participant. We want to work together, with you, to ensure that you receive all the services that you need. Understanding your rights is the first step in helping us to better serve you.

As a participant in the syringe exchange program**, *you have the right to:***

- Be treated with respect regardless of race, ethnicity, gender, sexual orientation, religion, national origin, or physical or mental disability.
- Confidentiality and to be seen for services anonymously. At no time will you be required to give your name or any other identifying information to receive syringe exchange services.
- Receive available services, supplies, information, and education in a timely manner.
- Be notified of Senate Enrolled Act (SEA) number 461, section 9, of the Indiana General Assembly, which states that: (a) A law enforcement officer may not stop, search, or seize an individual based on the fact the individual has attended a syringe services program. (b) The fact an individual has attended a program under this chapter may not be the basis for probable cause by a law enforcement officer.
- To file any grievances concerning the syringe services program to the program administrator.

Participant Responsibilities:

- Return used syringes to the syringe services program in the provided sharps containers.
- Be courteous to staff and other patrons of the (insert SSP name).
- Do not use illicit drugs on any portion of health department property; this includes inside the facility and the parking area.
- Do not buy or sell illicit drugs on any portion of health department property; this includes inside the facility and the parking area.
- Protect the confidentiality of other participants.
- Notify the (insert SSP name) of any drug-related waste in the community.

Participant Bill of Rights Samples – Sample Two

At the (insert SSP name), we seek to provide exceptional care and the best possible experience for every participant. We want to work together with you to ensure you receive the clinical care, compassion, and services you need. By understanding your rights and responsibilities, you can help us help you.

AS OUR PARTICIPANT, YOU HAVE THE RIGHT TO…

- Be treated with respect and dignity regardless of race, ethnicity, sex or gender expression, sexual orientation, national origin, religion, class, medical status, or physical or mental ability. We strive to create a safe place free from violence, threats, and hateful language.

- An active role in the (insert SSP name) decision-making process through focus groups, the Advisory Council, and the Board of Directors.

- Receive available services, supplies, information, and education. We strive for prompt service and to offer as many syringes as needed to ensure safe conditions.

- Be respected and have the right to privacy. You will be asked to provide a unique identifier so that services can be tracked for reporting and funding accountability.

- Be provided confidential case management and referrals upon request.

- Declare to law enforcement that you are a participant or volunteer in the program and possess needles.

- Grieve any concerns that occur during the (insert SSP name) operating hours. Grievances are submitted through the use of a grievance form or by calling (insert phone number) to register a complaint. Complaints and grievance forms are reviewed by the Grievance Council, which collectively decides how to address them. If the decision is not satisfactory, you may submit a written appeal or speak to the (insert name of SSP) Board of Directors. Grievance forms will be kept in the reception area.

PARTICIPANT RESPONSIBILITIES

- Be responsible for the syringes you are given and return used syringes to (insert SSP name) in safe disposable containers.

- Treat staff, interns, volunteers, and community members with courtesy and respect without physical, sexual, verbal, and/or emotional abuse, threats, or intimidation.

- Keep the area safe and refrain from engaging in any drug activity that puts (insert SSP name) at risk of closure.

- Do not buy, sell, or loan money or property while on the premises.

- Protect the confidentiality of other participants encountered while participating in (insert SSP name).

- Take only what is needed and dispose of used materials and supplies properly.

- Clean up drug-related waste in the community, and bring needles gathered off the street to (insert SSP name).

(Insert SSP name) is an equal opportunity employer that welcomes, respects, and serves with dignity all people and does not discriminate, including in hiring, or employment, or admission, or access to, or treatment in its programs or activities on the basis of race, color, gender, national origin, religion, disability, handicap, age, Vietnam or other veteran status, sexual orientation, or any other status protected by relevant law.

Safer Injection Checklist
Last Reviewed and Revised – August 2020

- ☐ Take care of yourself! Drink water. Often. Eat a well-balanced diet. Rest. Get good quality, restful sleep.
- ☐ Remember: You are Important! You are Loved! You are Worth It!
- ☐ NEVER use alone. Establish a plan in case of overdose or overamping with a use partner.
- ☐ Try a small amount of substance to test safety and tolerance with each new batch.
- ☐ (If able) Find a safe, quiet, clean space with a solid surface. Clean the surface or lay down a drape (paper, cloth, newsprint).
- ☐ Wash hands with soap and water or hand sanitizer.
- ☐ Lay out supplies.
- ☐ Put cotton in cooker.
- ☐ Cook/Prepare shot and wait for mixture to cool.
- ☐ Draw mix into or load syringe.
- ☐ Put syringe in/on a protected place to prevent contamination.
- ☐ Clean intended injection location with soap and water or alcohol pad.
- ☐ (If applicable) Tie off intended injection location.
- ☐ <u>BEVEL UP!</u> Inject needle at 15 – 35 degrees toward the heart.
- ☐ Look for "flash"/ (small amount of blood in syringe) – ensures a vein was hit.
- ☐ Remember:
  - If the shot hurts, pull out! A sharp "electric" feeling means you may have hit a nerve.
  - Rotate the veins and locations of your shot.
  - Don't inject into wounds.
- ☐ Remove tie/tourniquet.
- ☐ Inject SLOWLY for vein health.
- ☐ Remove syringe and apply steady pressure with gauze.
- ☐ Rinse used syringe and place in sharps container.
- ☐ Throw any other items that may have come into contact with blood or body fluids into sharps container.

Safer Substance Use Reminders
Reviewed and Revised – August 2020

- ☐ Take care of yourself! Drink water. Often. Eat a well-balanced diet. Rest. Get good quality, restful sleep.
- ☐ Remember: You are Important! You are Loved! You are Worth It!
- ☐ NEVER use alone. Establish a plan in case of overdose or overamping with a use partner.
- ☐ Try a small amount of substance to test safety and tolerance with each new batch.
- ☐ (If able) Find a safe, quiet, clean space with a solid surface.
- ☐ Get to know the locations and people at your local harm reduction program. They can provide you with clean supplies, a place to drop off sharps, and LOTS of other resources.
- ☐ Use your own new supplies for cooking/preparing and using substances.
- ☐ Use your own new straw when snorting. This helps reduce injury of the inner nose that can transmit infections.
- ☐ Use your own new pipe cover when smoking. This helps reduce injury to your mouth that can transmit infections.
- ☐ Use lip balm when smoking. This helps reduce injury to your mouth that can transmit infections.
- ☐ Follow the "Safer Injecting Checklist" when injecting.
- ☐ If you inject:
    - If the shot hurts, pull out! A sharp "electric" feeling means you may have hit a nerve.
    - Rotate the veins and locations of your shot.
    - Don't inject into wounds.

Identifying and Addressing Opioid Overdose

Based Upon "Recognizing Opioid Overdose" by Harm Reduction Coalition (harmreduction.org/issues.overdose)

Last Reviewed and Revised – August 2020

- Know the signs of opioid overdose:
    - Loss of consciousness.
    - Unresponsive to outside stimulus (including rubbing the center of the chest).
    - Awake, but unable to talk.
    - Breathing is very slow and shallow, or erratic or has stopped.
    - For lighter-skinned people, the skin tone turns bluish purple; for darker-skinned people, it turns grayish or ashen.
    - Choking sounds or a snore-like gurgling nose (sometimes called a death rattle).
    - Vomiting.
    - Body is very limp.
    - Face is very pale or clammy.
    - Fingernails and lips turn blue or purplish black.
    - Pulse (heartbeat) is slow, erratic, or not there at all.

- If an overdose is suspected, CALL 911!

- Know how to perform rescue breathing in case of opioid overdose. If naloxone is not available, breathing for someone until naloxone can be given CAN save their life! Steps for rescue breathing include:
    - Place the person on their back.
    - Tilt their chin up to open the airway.
    - Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch (these things have ALL been found in the mouths of overdosing people!). If found, remove it.
    - Plug their nose with one hand, and give two even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you don't see their chest rise out of the corner of your eye, tilt the head back more and make sure you're plugging their nose.
    - Breathe again. Give one breath every 5 seconds.

- If you have naloxone, know how to use the kind you have and administer it.

- When in doubt, CALL 911!!!!

Identifying and Addressing Overamping

Based Upon "Recognizing Stimulant Overamping" by Harm Reduction Coalition (harmreduction.org/issues.overdose)

Last Reviewed and Revised – August 2020

- Know the signs of overamping:
    - Nausea and/or vomiting
    - Falling asleep/passing out (but still breathing)
    - Chest pain or a tightening in the chest
    - High temperature/sweating profusely, often with chills
    - Overheating
    - Fast heart rate, racing pulse
    - Irregular breathing or shortness of breath
    - Convulsions
    - Stroke
    - Heart attack
    - Seizure
    - Limb jerking or rigidity
    - Feeling paralyzed but is awake
    - Severe headache
    - High blood pressure
    - Teeth grinding
    - Insomnia or decreased need for sleep
    - Tremors
    - Extreme anxiety
    - Panic
    - Extreme paranoia
    - Hallucinations
    - Increased aggressiveness
    - Agitation, restlessness, irritability
    - Super aware of environment (sounds, people, lights, etc.)
    - Enhanced sensory awareness
    - Suspiciousness
    - Generally "feeling really bad"

- If an overdose is suspected, CALL 911!

- Support someone experiencing overamping by doing the following:
    - Get them to a safe, cool, quiet, dim, or dark room or space.
    - Give them clean water to sip or drink.
    - Gently provide emotional support.

Module Six:

Forms and Manuals

Visit Date:
____/____/____

Syringe Service Program ~ Participant Visit Record

Form Last Updated – December 2019

***DENOTES REQUIRED FIELD**

Tab # 1. Participant

***Participant Code (first visit = 1st initial of first and last name, 1st initial of mother's maiden first and last name, birth month (numeric) and birth year (full year), Gender (code 1= male, 2= female, 3=transgender) _____**

Participant's County of Residence:_____(Indiana County or "Out of State")

First Visit ONLY:

*Gender (Circle)	* Sexual Orientation (Circle)	* Race (Circle)	*Ethnicity (Circle)
Female	Heterosexual	White	Hispanic/Latino
Male	MSM	Black or African-American	Non-Hispanic/Latino
Transgender	WSW	Asian Native Hawaiian/Pacific	
Unknown	Bisexual	Islander or Alaska	
	Did Not Respond	More than 1 race/other	
	Unknown		

Housing Status (Circle)		Insurance (Circle)	Employment Status (Circle)
Owns	Permanent – Family/Friends	Yes	Employed – Full-Time
Rents	Homeless	No	Employed – Part-Time
Transitional – Family/Friends	Shelter or Halfway House		Unemployed
			Disability

Tab # 2. Substances

Substance Use in the Past Month (circle):

Drug	Y or N (Circle)		Frequency (Circle)	Route (Circle)
Heroin	Y	N	Daily Weekly Monthly	Inject Sniff Smoke Oral
Other Opioid(s)	Y	N	Daily Weekly Monthly	Inject Sniff Smoke Oral
Methamphetamine	Y	N	Daily Weekly Monthly	
Other Stimulant(s)	Y	N	Daily Weekly Monthly	Inject Sniff Smoke Oral
Sedatives	Y	N	Daily Weekly Monthly	Inject Oral
Hormones	Y	N	Daily Weekly Monthly	
Steroids	Y	N	Daily Weekly Monthly	
Marijuana/Cannabis	Y	N	Daily Weekly Monthly	Smoke Oral
Crack or Cocaine (R)	Y	N	Daily Weekly Monthly	Inject Sniff Smoke
Spice	Y	N	Daily Weekly Monthly	
Insulin	Y	N	Daily Weekly Monthly	
B-12	Y	N	Daily Weekly Monthly	
Other	Y	N		

Tab # 3. Supplies

	Numeric Response
*Estimated number of Syringes Returned	
*Number of Syringe Supplied	
*How many Naloxone doses were provided to participant at visit?	
*How may Naloxone doses were used since previous visit?	

Tab # 3. Supplies (Continued)

Reason for zero syringes returned (Circle)							
First Visit	Confiscated	Returned to Community Sharps Box	Destroyed by Participant	Lost or Stolen	Did Not Ask	Did Not Respond/No Reason Given	Denied Access to Belongings

	Y or N (Circle)	
Hardship Grant	Y	N
# of Sharps Containers Returned	Numeric Response	
	Y or N (Circle)	
Safer sex supplies given	Y	N
Smoking supplies given	Y	N
Injecting supplies given	Y	N
Oral care supplies given	Y	N
Wound care supplies given	Y	N

Tab # 4 Behaviors

	Response (Circle)				
*Shares Syringes to inject	Yes	No	Sometimes	Not Applicable	Declined
*Shares injection equipment	Yes	No	Sometimes	Not Applicable	Declined

What is the maximum number of times you have reused a syringe since youlast visited?_____(Numeric Response)

***Substance Abuse Treatment Readiness (Circle):**

No Interest At This Time	Long Term Interest	Short Term Interest	Immediate	In Tx/Tapering Use	Not Asked	Not Applicable

Tab # 5. Medical

	Response (Circle)				
*Have you received HIV counseling in the past 3 months?	Y	N	Don't Know	Not Applicable	Declined
*Have you received HCV counseling in the past 3 months?	Y	N	Don't Know	Not Applicable	Declined
*Have you ever received an HAV Vaccination?	Y	N	Don't Know	Not Applicable	Declined
*Have you ever received an HBV Vaccination?	Y	N	Don't Know	Not Applicable	Declined

Tab # 6. Services

***Referrals for Services (Circle) Referred (R) or Completed (C)**

Career Services R C	Clothing Resources R C	Dentistry/Oral Care R C	DIS/Partner Services R C	Educational Resources (GED/HS) R C	Food R C	Harm Reduction Education R C
HCV Testing R C	HIV Care Coordination R C	HIV Testing R C	Household Goods R C	Housing R C	Immunizations R C	Insurance R C
Medical Care R C	Mental Health R C	Narcan Administered R C	Peer Recovery R C	Pregnancy Test R C	Prenatal Care R C	PrEP R C
Smoking cessation R C	Spiritual support R C	STD Testing R C	Substance Abuse Treatment R C	Transportation R C	Wound Care R C	

Indiana State Department of Health and Health Foundation of Greater Indianapolis

Quarterly Syringe Service Program Template

Last Reviewed and Revised – August 2020

Please complete the following template; save it as a PDF; and submit it, a copy of the SSP Database "Snapshot Report" for the quarter, and a copy of your updated budget to the Indiana State Department of Health (ISDH) Harm Reduction Program Manager, Erika Chapman, via email (echapman@isdh.in.gov) and CC Ebony Barney, Program Manager with the Health Foundation of Greater Indianapolis at (ebarney@thfgi.org) no later than the close of business on the 15th day of the month following the end of the quarter.

For questions, please contact Erika at (317) 234-3122. Thank you!

1. SSP Provider Information
    a. Full Name of Local Health Department
    b. Full Name of Qualified Entity (if other than the local health department)
2. The Date of Submission to ISDH and THFGI
3. Grant Information (if receiving funds from THFGI)
    a. Grant Fund Number
    b. Total Grant Amount
    c. Grant Funding Period
4. Number of harm reduction kits/supplies (non-syringe) provided during outreach/community events
5. Number of harm reduction kits supplied at partner locations (bars, gas stations, etc.)
6. Total number of community clean-up events conducted
    a. Estimated number of bags/trash collected
    b. Total number of syringes/caps/sharps collected
7. Brief explanation of how the addition of a mobile component (mobile unit, bus passes, transportation support) has impacted your service delivery
    a. Have the number of individuals you served increased as a result of expanded mobilization efforts?
8. Are you in the process of and/or have you completed any events or activities in the reporting period that would not have been possible without the addition of the mobile component of your program?
    a. If yes, please briefly describe the event (date(s), number of individuals served, brief overview of event).

b. Do you need any support for an upcoming event – including but not limited to technical support, supplies, promotional items, etc.? If so, please explain.

9. Successes experienced by the program within the reporting period
10. Challenges experienced by the program within the reporting period
11. Technical assistance needs identified within the reporting period
12. Additional information you would like to share with ISDH and THFGI that occurred within the reporting period. For example, grants applied for or received, capacity building projects undertaken, etc.

Indiana State Department of Health

Syringe Service Program Site Visit Tool

Last Reviewed and Updated – August 2020

Visit Overview

Location Visited: _____

SSP Provider Staff
Attendees: _____

_____

_____

_____

Date of Visit: _____ ISDH SSP Reviewer: _____

** Please note any changes to SSP provider primary contact information and/or medical oversight person below. If there is no change, mark "N/A".

Primary Contact Person (s) Name: _____ Change

Primary Contact Person(s) Phone Number: _____ Change

Primary Contact Person(s) Email Address: _____ Change

Medical Oversight Person: _____ Change

Part I: Administrative Site Visit

1. Have all SSP staff and volunteers signed the ISDH confidentiality agreement?

    a. Review attached ISDH's list of staff and volunteers with signed documents on file.

Yes___No_

2. Is the program operating under approval from the state health commissioner or the local/ municipal planning body?

State Health Commissioner Local or municipal planning body___

3. Does the SSP provider have an arrangement for the proper disposal of used sharps?

    a. Yes___No____

    b. Sharps disposal provider: _____

4. Is there a community-wide sharps disposal plan or public sharps disposal boxes in place at the county or municipal level?

a. Yes___No____

b. Locations: _____

c. Discuss any barriers related to expanding or establishing a community sharps disposal site:

5. Please note any notable and/or innovative partnerships and/or referrals: _____

6. Does the SSP have an advisory committee or group? If so, explain (frequency of meeting, people comprised of, etc.). *Reminder to invite ISDH.

a. How is the advisory committee helping you?

7. What, if any, staffing and/or training needs exist? Please discuss.

Part II: Facility Tour

*During tour and observations of the space, look for locked doors, secured spaces, and staff and participant safety measures and record notes in the space provided.

1. Are all participant documents stored and maintained in a confidential manner (locked box, cabinet, and/or room and out of the view of other participants or patients? – Tour/view) Yes:___No:___
Notes:_____

2. Show me how new and used sharps/syringes and non-sharps supplies are stored.
Notes:_____

3. Are service spaces generally (room, mobile units, etc.) clean, accessible, welcoming, and safe for staff, volunteers, and participants? Yes:___No:___

4. Do you conduct any kind of survey (formal or informal) to assess participant satisfaction, including but not limited to program successes and challenges, hours of operations, and services offered?

5. What safety measures and plans are in place for staff and participants, including a plan for weather events and other disasters? Please explain and provide documents as appropriate. _____

6. Please explain how staff and volunteers are trained in safety._____

7. Does the program utilize a participant bill of rights? If so, please provide an example.

8. How are service spaces (rooms, mobile units, etc.) secured when not in use? _____

9. Do staff and/or volunteers express feeling adequately trained and comfortable with **harm reduction principles and SSP best practices**? Are there any outstanding needs in this area?

10. Do staff and/or volunteers express feeling adequately trained and comfortable **providing nonjudgmental and stigma-free services**? Are there any outstanding needs in this area?

Part III: SSP Participant Visit Observation

**(Three observations should be conducted unless otherwise prescribed.) **

Observer Noted the Following during Participant Visit (check all that apply):	**Observation #1**	**Observation #2**	**Observation #3**	**Observation #4**
Participant was greeted promptly.				
Participant was given or used an SSP database-generated ID.				
Participant disposed used sharps properly with staff present.				
Participant was provided with the appropriate number of sterile syringes for their use needs.				
Participant was provided with the appropriate type/size of sterile syringes for their use needs.				
Participant was offered additional harm reduction supplies.				
Participant was offered an unused sharps disposal container.				
Participant was offered naloxone.				
Participant was offered counseling about safer injecting practices.				
Participant was offered HIV testing.				
Participant was offered HCV testing.				
Participant was offered hepatitis A (HAV) and/or hepatitis B (HBV) testing.				
Participant was asked if they are interested in substance abuse treatment options available.				
Participant was provided with appropriate referrals based on visit interaction.				
Participant privacy was respected during and after the visit.				
Post Participant Visit Documentation and Data Entry (check all that apply):				
Staff or volunteer completed the visit form completely based on the participant visit.				

Notes:

Staff or volunteer entered the visit form into the SSP database. Yes, complete:_____Yes, partially:_____No: _____

Staff or volunteer entered the visit form into the SSP database in a timely manner._____Yes _____No

Non-Syringe Harm Reduction Supply Support Attestation Template

Last Reviewed and Revised – August 2020

The ***(insert Local Health Department)*** is (*select one:* ***providing*** *or* ***planning to provide)*** non-syringe harm reduction programming to prevent the transmission of HIV, HCV, and other bloodborne infections and would like to receive technical and supply support from the Indiana State Department of Health (ISDH) Harm Reduction Program (HRP). The ***(insert Local Health Department)*** agrees to the following requirements as explained in the ISDH HRP Guidance as stated below:

1. Services are delivered on regular days and times, and these are made available publicly.
2. Programs provide education on HIV, HCV, and STD prevention and the use of non-syringe harm reduction supplies.
3. Programs should provide, or partner with another entity to provide, HIV, HCV, and STD testing.
4. Programs should provide referrals to complimentary services that may benefit individuals served.
5. Programs should provide basic non-syringe harm reduction supplies to ensure that every instance of substance use is free from the need to share and is as sterile as possible. These items include but are not limited to:
    a. Bleach and cleaning instructions to clean syringes in the instance that syringes must be reused.
    b. Sharps containers for the safe disposal of used sharps and other biohazardous materials
    c. Cotton pellets used to filter substances after cooking to prevent the need to share or draw from the same filter
    d. Condoms and lubricant
    e. Basic wound care items (alcohol pads, antibacterial ointment, and bandages)
6. Submit a monthly report to the ISDH HRP by the 10th day of the following month (attached) outlining the distribution of supplies and any technical needs. Reminders will be sent via email to all participating LHDs.
7. Participation of at least one representative per enrolled LHD on occasional group technical support calls with other enrolled LHDs.

The primary LHD contact for this program will be:

(Insert LHD primary contact name, phone number, and email address)

The LHD health officer or administrator name and contact information is:

(Insert the name, phone number, and email address of the health officer or administrator)

The following three upcoming dates and times would work well for us to have a brief call with a representative of the ISDH HRP:

(Insert three potential dates and times)

Effective for calendar year:

(Insert calendar year)

LHD Testing and Non-Syringe Harm Reduction Monthly Report

Submit this report via email to your assigned Dandy Garcia or Shere Brooks at ISDH by the 10th of the following month.

Agency or Local Health Department	
Reporting Month	
Reporting Year	

HIV Testing

Number of HIV Tests	New HIV Positives	New Positives who Received Results	New Positives Referred to Medical Care	New Positives Referred to Partner Services	Referrals to other Prevention Services (*any status*)

HCV Testing

Number of HCV Tests (*If Applicable*)	New HCV Positives	New Positives who Received Results	New Positives Referred to Medical Care	New Positives Referred to Partner Services	Referrals to other Prevention Services (*any status*)

Harm Reduction Participants Served

Gender	Sexuality Orientation	Race	Ethnicity
___ Female ___ Male ___ Transgender ___ Unknown	___ Heterosexual ___ MSM ___ WSW ___ Bisexual ___ Did Not Respond ___ Unknown	___White ___Black or African-American ___Asian Native Hawaiian/Pacific Islander or Alaska ___More than 1 race/other	___Hispanic/Latino ___Non-Hispanic/Latino

Harm Reduction Supplies Distribution

Estimated Number of Individuals Served	HR Kits Supplied at LHD	HR Kits Supplied During Community Events	HR Kits Supplied at Partner Events	Number of Referrals to Substance Use or Mental Health Services	Number of Individuals Reporting Engagement in Treatment Services	Number of Community Clean-ups

Additional Materials

Number of Condoms Distributed	Number of Educational Brochures Distributed

Staff Changes and Training Needs (If Applicable)

Meetings / Collaborations

Harm Reduction Program Successes

Harm Reduction Program Challenges

Community Clean-up Detail
(include information about event, # of bags of trash, syringes, caps, sharp boxes collected, etc.)

Special Events / Outreach Activities / New Offsite Testing Location(s)

Agency Announcements

Additional Information

Submit this report via email to your assigned Dandy Garcia or Shere Brooks at ISDH by the 10th of the following month.

Harm Reduction Log

Date	HR Kits Client Interactions	Referrals to Substance Abuse/Mental Health Services	Number of Individuals reporting Engagement in Treatment of any kind	HR Kits Community Events	HR Kits Partner Locations	Notes