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EDMUND G. BROWN JR.
Governor

TO: CALIFORNIA CONFERENCE OF LOCAL AIDS DIRECTORS
OA-FUNDED CARE PROVIDERS
RYAN WHITE PLANNING COUNCIL MEMBERS

CC: CALIFORNIA SYRINGE EXCHANGE NETWORK
LOCAL HEALTH JURISDICTION HIV PREVENTION COORDINATORS

SUBJECT: GUIDANCE ON THE USE OF RYAN WHITE FUNDS FOR SYRINGE
SERVICES PROGRAMS

As you are probably aware, in December 2009, President Barack Obama signed the Consolidated Appropriations Act of 2010, which began the process of lifting the 1988 ban on the use of federal funds for syringe exchange programs. Since that time, several federal agencies have issued letters or guidelines to their funded partners to permit the use of funds to support syringe services programs (SSPs), a term which is inclusive of syringe exchange, nonprescription pharmacy sale of syringes and syringe disposal programs for injection drug users.

In July 2010, the U.S. Department of Health and Human Services (HHS) issued guidance (enclosed) for some Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration-funded programs to support SSPs. And in December 2010, the Health Resources and Services Administration issued a letter to its funded partners (also enclosed) which read in part:

“At this time, Ryan White HIV/AIDS Program Grantees are eligible to use Ryan White HIV/AIDS Program funds to support SSPs as part of a comprehensive HIV treatment program to link individuals testing positive to care and to reduce HIV transmission as a secondary prevention measure. *SSPs are considered a ‘support service’ (emphasis added).*”

The letter directs grantees to follow the HHS guidance in funding SSPs. The HHS guidance allows state health departments and their grantees the flexibility to reallocate their current federal funding. HHS does not anticipate receiving additional monies specifically targeted to SSPs this year.

Local health jurisdictions (LHJs) funded by the California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) may shift their current Ryan White HIV/AIDS allocations to support SSPs where they are authorized by local government, in keeping with the attached federal guidelines. A list of local governments which have authorized SSPs is available on [OA's website](#). For further guidance in making these changes, LHJs should contact their OA HIV Care program advisor.

Technical assistance in how to integrate syringe access services into your programs is available from OA's Injection Drug Use Specialist Alessandra Ross, who can be reached at (916) 449-5796 or e-mail: alessandra.ross@cdph.ca.gov. Alessandra can also provide information on state law and local ordinances governing the operation of SSPs, as well as information about how health departments apply to local governments to authorize SSPs. A list of syringe exchange programs currently providing services in California is available [here](#).

These changes in federal policy provide California service providers with enhanced opportunities to fully serve our clients and patients, and OA staff is available to assist you. Thank you for your continued work in the fight against HIV/AIDS.

Sincerely,



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HIV Care Branch
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Michelle Roland, MD, Chief
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Enclosures

cc: Lezlie Micheletti, Chief
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HIV/AIDS Bureau

Dear Colleagues:

On July 7, 2010, the Department of Health and Human Services (HHS) released an implementation guidance for HHS Programs, (including a specific guidance for some Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA) funded programs) interested in implementing, with fiscal year 2010 appropriated dollars, Syringe Services Programs (SSPs). The term SSP is inclusive of syringe access, disposal, and needle exchange programs, as well as referral and linkage to HIV prevention services, HIV testing, substance abuse treatment, and medical and mental health care.

According to the [enclosed HHS guidance](#), grantees are asked to contact their relevant program office for additional information. At this time, Ryan White HIV/AIDS Program Grantees are eligible to use Ryan White HIV/AIDS Program funds to support SSPs as part of a comprehensive HIV treatment program to link individuals testing positive to care and to reduce HIV transmission as a secondary prevention measure. SSPs are considered a “support service.”

The National HIV/AIDS Strategy has a goal of minimizing infections from injection drug use and states “Comprehensive, [evidence-based drug prevention and treatment strategies](#) have contributed to reducing HIV infections. In 1993, injection drug users comprised 31 percent of AIDS cases nationally compared to 17 percent by 2007. Twenty-nine studies show that comprehensive prevention and drug treatment programs, including needle exchange, have dramatically cut the number of new HIV infections among people who inject drugs by 80 percent since the mid-1990s.” When supporting SSPs with Ryan White HIV/AIDS Program funds, integration with other Ryan White HIV/AIDS Program funded services should be considered.

Please review the enclosed Guidance. If you have any questions, contact your project officer.

Sincerely,

Deborah Parham Hopson, PhD, RN, FAAN
Assistant Surgeon General
Associate Administrator

[Enclosure](#)

Department of Health and Human Services Implementation Guidance for Syringe Services Programs July 2010

Introduction

The purpose of this document is to provide implementation guidance for the Department of Health and Human Services (HHS) programs interested in implementing syringe services programs (SSPs) for injection drug users (IDUs) with Fiscal Year (FY) 2010 appropriated dollars. The term SSP is inclusive of syringe access, disposal, and needle exchange programs, as well as referral and linkage to HIV prevention services, substance abuse treatment, and medical and mental health care.

In December 2009, the President signed the Consolidated Appropriations Act, 2010, which modified the ban on use of Federal funds for needle exchange programs (also known as syringe exchange programs [SEPs]) for many HHS programs. However, authorizations for some HHS programs may still contain partial or complete bans on the use of funds for needle exchange programs, and grantees should contact their relevant program office for additional information. The modified provision prohibits the use of funds for SEPs in any location that local public health or law enforcement agencies determine to be inappropriate.

HHS is committed to working with grantees and partners to obtain input on long-term, comprehensive SSP guidance (including SEPs) for implementing this public health strategy to reduce the spread of HIV and other infections. HHS is also committed to working with grantees to develop and implement appropriate monitoring and evaluation plans for SSP activities.

Guiding Principles for Using HHS funding for SSPs:

- Programs that use Federal funding for SSPs should adhere to state and local laws, regulations, and requirements related to such programs or services.
- SSPs must be implemented as part of a comprehensive service program that includes, as appropriate, linkage and referral to substance abuse prevention and treatment services, mental health, and other support services.
- To minimize duplication of effort, HHS grantees should coordinate and collaborate with other agencies, organizations, and providers involved in SSPs, substance abuse prevention and treatment, and HIV prevention activities.
- Redirected funds for SSPs should ensure that referral and linkage to HIV or substance abuse prevention and treatment are maintained, and no funds should be redirected from substance abuse treatment programs to support SSPs.
- SSPs are subject to the terms and conditions incorporated or referenced in the grantee's current cooperative agreement or grants.
- Grantees will annually certify that they will comply with language included in the Consolidated Appropriations Act, 2010, which states, "*None of the funds*

contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood-borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

- This certification statement should be signed by an authorized official (e.g., AIDS program director or SAMHSA grantee official responsible for signing on behalf of the applicant organization).
- Funded grantees must, in turn, have documentation that local law enforcement and local public health authorities have agreed upon the location for the operation of the SSPs.
- Copies of this documentation must be made available upon request by HHS and others, as appropriate (e.g. the Office of Inspector General, and the Government Accountability Office).
- Funds may be used for, but are not limited to, the following:
 - Personnel (e.g., program staff, as well as staff for monitoring, evaluation, and quality assurance);
 - SSP equipment (e.g., syringes, syringe disposal bins, cotton, and condoms);
 - Syringe disposal services (e.g., contract or other arrangement for disposal of biohazardous material);
 - Educational materials, including information about HIV prevention and care services, mental health and substance abuse treatment;
 - Communication and marketing activities; and
 - Evaluation activities.

The attached Certification Statement must be signed by all HHS grantees proposing to use funds for SSPs, and must be resubmitted annually along with any request for continuation of funding.

Attachment - To be submitted on Official Letterhead -

Annual Certification Statement

I certify that the applicable state or local health department and state or local law enforcement authorities have been consulted and that the proposed use of funds is consistent with the following provision of law:

“None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood-borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”

In addition, I certify that programs within my state or local jurisdiction *proposing* the implementation of syringe services programs (SSPs) and those that are *currently implementing* SSPs have provided me with documentation that they are in accordance with the above legislative language.

Signed:

(include name and title of official)

CDC Specific Guidance for Health Departments Implementing SSPs

This guidance was developed in accordance with HHS's Implementation Guidance for Syringe Services Programs (SSPs)

Applicable cooperative agreements

Only FY 2010 funds provided under PS10-1001 (HIV Prevention Projects) and PS10-1002 (HIV Prevention Projects for the Pacific Islands) may be used to support SSPs. Please refer to those Funding Opportunity Announcements (FOAs) for guidance on submission of programmatic and budget requirements. Funds from PS06-618 (HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgendered Persons of Color); PS04-064 (HIV Prevention Projects for Community-Based Organizations); PS07-768 (Expanded and Integrated Human Immunodeficiency Virus [HIV] Testing for Populations Disproportionately Affected by HIV, Primarily African Americans); and PS08-803 (HIV Prevention Projects for Community Based Organizations in Puerto Rico and the U.S. Virgin Islands) may not use Federal funds for implementing SSPs. However, grantees funded under these cooperative agreements may collaborate with state or local health departments to implement SSPs in conjunction with state/local or other federally funded programs. Absent changes in law, in subsequent years, funds from some other cooperative agreements may become eligible to support SSPs, and additional guidance will be provided.

Participation in SSPs is optional under these FOAs. CDC does not anticipate receiving additional targeted resources to fund SSPs during FY 2010. Therefore, all requests should be for redirection of existing funding.

Process for Programs to Use Current Cooperative Agreement Funding for SSPs

Grantees should contact their HIV prevention project officer to discuss their program plans before submitting plans or revised budgets to the CDC Procurement and Grants Office (PGO). Grantees should be prepared to discuss a proposed budget and budget justification, as well as which programs will be affected by the proposed budget redirection. A request for prior approval and a revised Notice of Award must be signed by the PGO Grants Management Officer before the grantee can redirect funding for SSPs.

Also note:

- If state and local health departments plan to implement SSPs and have identified injection drug users (IDUs) or people who share injection equipment as a priority population in their Community Planning Comprehensive HIV Prevention Plan, they should amend the activities/interventions section therein to include SSPs as a public health strategy and submit the plan.

CDC Specific Guidance (continued)

- A new Community Planning Group (CPG) concurrence letter should be submitted with the revised HIV Prevention Plan. Using resources for SSPs that serve IDUs, including persons who share injection equipment should be supported by the jurisdiction's epidemiologic profile.
- CDC will work in partnership with jurisdictions to determine the appropriate process measures to capture for SSPs. It is anticipated that basic metrics (e.g., number of syringes distributed, number of disposals, referrals to drug treatment, etc.) will be collected. CDC will more fully address monitoring and evaluation activities based on expert input provided at the upcoming consultation on SSPs.
- The grantee must keep documentation on file indicating that local law enforcement and local public health authorities have agreed to locations identified for SSP operation.

Checklist for Submission of Documents to CDC

CDC will implement a streamlined process for consideration of SSPs. Grantees should submit the following to PGO for budget redirection:

- Description of proposed model(s) and plans;
- Timeline for implementation (for grantees without prior experience with SSPs, this should include development of SSP protocols and guidelines, staff training, and other preparatory activities);
- Copy of existing SSP protocols or guidelines, if available;
- Budget, budget justification, and proposed activities, including a plan for disposal of injection equipment;
- Letter from the CPG that describes prioritized populations and activities for IDUs or people who share injection equipment, which SSPs will address;
- Description of current training and technical assistance needs;
- List of SSPs to be supported with Federal funds in their jurisdictions; and
- Signed statement (i.e., Annual Certification) that the grantee will comply with the language in the Consolidated Appropriations Act, 2010.

If capacity building assistance is needed, grantees should contact their HIV prevention project officer to discuss specific needs or to submit training requests. Requests should also be submitted in the grantee documentation to PGO.

SAMHSA Specific Guidance for Minority HIV/AIDS Programs Implementing SSPs

This guidance was developed in accordance with HHS's Implementation Guidance for Syringe Services Programs (SSPs)

Applicable cooperative agreements and grants

Only grants funded under the Minority HIV/AIDS program (SP-08-001) and the TCE-HIV program (TI-08-006, TI-07-004, and TI-06-010) can support SSP services in FY 2010. Participation in SSPs is optional under these RFAs. SAMHSA anticipates no new funding targeted to SSPs in FY 2010. Therefore, all requests should be for redirection of existing funding. In subsequent years, grantees will have greater flexibility to support SSP services.

Grantees planning to complement field staff with SSPs are required to assess the effectiveness of SSP activities in referring individuals to substance abuse prevention and treatment services and in reducing HIV risk behaviors. All substance abuse prevention and treatment grantees targeting individuals at risk for HIV must continue to satisfy statutory mandates and existing reporting requirements through use of approved methodologies and approaches. In addition, any adverse or potentially disruptive incidents related to the SSP must be reported when they occur, including community opposition, law enforcement encounters, needle stick injuries, theft of supplies, potential legal action, among others. Monthly and quarterly reports will be required that delineate the number of participants enrolled; number and types of services directly provided or provided by referrals, including substance abuse treatment; HIV counseling and testing; medical and mental health care services; and supportive services. Grantees must also report on specific outcomes, including any changes in risk behaviors or readiness to change (denoted by explicit measures) among program participants.

Grantees will be required to annually certify that they will comply with the language in the Consolidated Appropriations Act, 2010, which states: *"None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood-borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution."*

Documentation must be maintained on file by the grantee indicating that local law enforcement and local public health authorities have agreed to locations identified for SSP operation.

If you have any questions, contact your SAMHSA Project Officer.