



**Office of Health Facility  
Licensure & Certification**

**SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
ANNUAL REPORT FORM**

**SSP ANNUAL REPORT FORM**

**Instructions:**

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: dhhrohflac@wv.gov; fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

**SYRINGE SERVICES PROGRAM (SSP) INFORMATION**

**Operating Name:** Cabell-Huntington Health Department

**SSP Address:** 703 7th Avenue

*Street Address*

Huntington

WV

25701

Cabell

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** 304-523-6483

<b>What year is this annual report regarding?</b>	2023	
<b>Please check each month during which syringe services were provided:</b>	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
<b>Total number of participants served by your SSP:</b>	595	
<b>Total number of syringes dispensed by your program:</b>	486,204	
<b>Type of syringes dispensed by your program:</b>	McKesson Easy Touch, 29 & 30 gauge, 1/2 inch and 5/16	
<b>Total number of syringes collected by your program:</b>	459,714	

OHFLAC | 408 Leon Sullivan Way, Charleston, WV 25301 | 304-558-0050



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Type of syringes collected by your program:	McKesson Easy Touch, 29 & 30 gauge, 1/2 inch and 5/16
Total number of syringes disposed of by your program:	459,714
Type of syringes disposed by your program:	McKesson Easy Touch, 29 & 30 gauge, 1/2 inch and 5/16
Total number of syringe stick injuries to non-participants:	Zero
Number of SSP participants who entered substance use disorder treatment:	246
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	699

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

*Elizabeth A. Atkins*  
SSP Administrator's Signature

*01-25-2024*  
Date



## SSP ANNUAL REPORT FORM

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### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

**Operating Name:** Wheeling-Ohio County Health Department (#7000015)

**SSP Address:** 111 19th Street (Northwood Health Systems location)

*Street Address*

Wheeling

WV

26003

Ohio

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** (304) 234-3682

What year is this annual report regarding?	2023	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	98	
Total number of syringes dispensed by your program:	1672	
Type of syringes dispensed by your program:	EasyTouch 29 gauge 1/2in needle with 1ml barrel	
Total number of syringes collected by your program:	1672	



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**SYRINGE SERVICES PROGRAM (SSP)  
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Type of syringes collected by your program:	NA (standard insulin type syringes)
Total number of syringes disposed of by your program:	1700+ (syringes also from other agencies, community and from streets)
Type of syringes disposed by your program:	NA (standard insulin type syringes)
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	0
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	4 referrals for treatment 4 referrals for testing (HD or State STD program) 20 individuals given testing strip (Fentanyl & Xylazine) 33 Packs of Narcan dispensed

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
SSP Administrator's Signature

1/3/24  
Date



## SSP ANNUAL REPORT FORM

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### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

**Operating Name:** Wheeling-Ohio County Health Department (#7000014)

**SSP Address:** 1500 Chapline Street (Project HOPE)

*Street Address*

Wheeling

WV

26003

Ohio

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** (304) 234-3682

What year is this annual report regarding?	2023	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	33	
Total number of syringes dispensed by your program:	237	
Type of syringes dispensed by your program:	EasyTouch 29 gauge 1/2in needle with 1ml barrel	
Total number of syringes collected by your program:	237	



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**SYRINGE SERVICES PROGRAM (SSP)  
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Type of syringes collected by your program:	NA (standard insulin type syringes)
Total number of syringes disposed of by your program:	300+ (syringes also from other agencies, community and from streets)
Type of syringes disposed by your program:	NA (standard insulin type syringes)
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	0
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	2 referrals for treatment 2 referrals for testing (HD or State STD program) 15 Narcan dispensed

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
\_\_\_\_\_  
SSP Administrator's Signature

1/3/24

\_\_\_\_\_  
Date



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### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

**Operating Name:** Wheeling-Ohio County Health Department (#7000016)

**SSP Address:** 1500 Chapline Street

*Street Address*

Wheeling

WV

26003

Ohio

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** (304) 234-3682

What year is this annual report regarding?	2023	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	770	
Total number of syringes dispensed by your program:	9811	
Type of syringes dispensed by your program:	EasyTouch 29 gauge 1/2in needle with 1ml barrel	
Total number of syringes collected by your program:	9811	



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Type of syringes collected by your program:	NA (standard insulin type syringes)
Total number of syringes disposed of by your program:	10000+ (syringes also from other agencies, community and from streets)
Type of syringes disposed by your program:	NA (standard insulin type syringes)
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	0
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	45 referrals for treatment 53 referrals for testing (HD or State STD program) 4 HIV tests performed (rapids) 77 individuals given testing strips (Fentanyl & Xylazine) 117 Packs of Narcan dispensed

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
\_\_\_\_\_  
SSP Administrator's Signature

1/3/24

\_\_\_\_\_  
Date





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### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: Milan Puskar Health Right

SSP Address: 341 Spruce Street

*Street Address*

Morgantown

WV

26505

Monongalia

*City*

*State*

*ZIP Code*

*County*

Phone Number: 304-292-8234

What year is this annual report regarding?	<u>2023</u>	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	<u>564</u>	
Total number of syringes dispensed by your program:	<u>398,400</u>	
Type of syringes dispensed by your program:	<u>Master Easy Touch 29x1/2", 30</u>	
Total number of syringes collected by your program:	<u>306,165</u>	



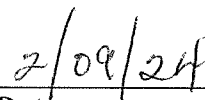
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Type of syringes collected by your program:	Master Easy Touch and BD Ins
Total number of syringes disposed of by your program:	306,165
Type of syringes disposed by your program:	Master Easy Touch and BD
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	20
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	119

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
SSP Administrator's Signature

  
Date



## SSP ANNUAL REPORT FORM

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### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

**Operating Name:** Berkeley County Harm Reduction Program (Fixed Site)

**SSP Address:** 122 Waverly Court

*Street Address*

Martinsburg

WV

25403

Berkeley

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** 304-263-5131

What year is this annual report regarding?	<u>2023</u>	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	<u>1,541</u>	
Total number of syringes dispensed by your program:	<u>48,960</u>	
Type of syringes dispensed by your program:	<u>Excel Syringe (1mL Insulin 29/31 guage)</u>	
Total number of syringes collected by your program:	<u>37,831</u>	



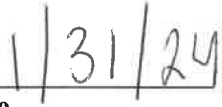
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Type of syringes collected by your program:	Excel Syringe (1mL Insulin 29/31 guage)
Total number of syringes disposed of by your program:	37,831
Type of syringes disposed by your program:	Excel Syringe (1mL Insulin 29/31 guage)
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	16
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	76 referrals to MAT, outpatient SUD, detox, residential, peer coaching, recovery meetings, other SSP (Washington Co. MD), recovery resource center

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
\_\_\_\_\_  
SSP Administrator's Signature

  
\_\_\_\_\_  
Date



## SSP ANNUAL REPORT FORM

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### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

**Operating Name:** Morgan County Harm Reduction Program (Fixed Site)

**SSP Address:** 137 War Memorial Drive

*Street Address*

Berkeley Springs

WV

25411

Morgan

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** 304-258-1513

<b>What year is this annual report regarding?</b>	<u>2023</u>	
<b>Please check each month during which syringe services were provided:</b>	<b>January</b>	<input checked="" type="checkbox"/>
	<b>February</b>	<input checked="" type="checkbox"/>
	<b>March</b>	<input checked="" type="checkbox"/>
	<b>April</b>	<input checked="" type="checkbox"/>
	<b>May</b>	<input checked="" type="checkbox"/>
	<b>June</b>	<input checked="" type="checkbox"/>
	<b>July</b>	<input checked="" type="checkbox"/>
	<b>August</b>	<input checked="" type="checkbox"/>
	<b>September</b>	<input checked="" type="checkbox"/>
	<b>October</b>	<input checked="" type="checkbox"/>
	<b>November</b>	<input checked="" type="checkbox"/>
	<b>December</b>	<input checked="" type="checkbox"/>
<b>Total number of participants served by your SSP:</b>	<u>228</u>	
<b>Total number of syringes dispensed by your program:</b>	<u>6,340</u>	
<b>Type of syringes dispensed by your program:</b>	<u>Excel Syringe (1mL Insulin 29/31 guage)</u>	
<b>Total number of syringes collected by your program:</b>	<u>3,619</u>	



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Type of syringes collected by your program:	Excel Syringe (1mL Insulin 29/31 guage)
Total number of syringes disposed of by your program:	3,619
Type of syringes disposed by your program:	Excel Syringe (1mL Insulin 29/31 guage)
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	1
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	11 referrals to MAT, outpatient SUD, detox, residential, peer coaching, recovery meetings

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

C. Morgan

SSP Administrator's Signature

1/31/24

Date



## SSP ANNUAL REPORT FORM

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### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: Berkeley County Harm Reduction Program (Mobile Site)

SSP Address: 1668 Broad Lane

*Street Address*

Falling Waters

WV

25419

Berkeley

*City*

*State*

*ZIP Code*

*County*

Phone Number: 304-263-5131

What year is this annual report regarding?	<u>2023</u>	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	<u>440</u>	
Total number of syringes dispensed by your program:	<u>13,750</u>	
Type of syringes dispensed by your program:	<u>McKesson Syringe (1mL Insulin 29/31 guage)</u>	
Total number of syringes collected by your program:	<u>10,553</u>	



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Type of syringes collected by your program:	McKesson Syringe (1mL Insulin 29/31 guage)
Total number of syringes disposed of by your program:	10,553
Type of syringes disposed by your program:	McKesson Syringe (1mL Insulin 29/31 guage)
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	1
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	12 referrals to MAT, outpatient SUD, detox, residential, peer coaching, recovery meetings

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

SSP Administrator's Signature

Date



# GRENBRIER COUNTY



## FAX

Greenbrier County Health Department  
9109 Seneca Trail South  
Ronceverte, WV 24970  
Phone: 304-645-1787  
Fax: 304-645-3630

## COVER SHEET

TO: +13045582515

ATTENTION: 2023 Annual Report

FROM: PtF: jo.a.chestnut@wv.gov

DATE: 2024-01-30 10:13

COMMENTS:

Cover Sheet Plus 3 Page(s)

NOTICE: Confidential Protected Health Information Enclosed

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization has been obtained from the patient or under circumstance that do not require patient authorization. As the recipient of PHI, we ask that you use or maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient authorization or as permitted by law is prohibited. Unauthorized disclosure or failure to maintain confidentiality may be subject to federal and/or state law limitations and restrictions, including penalties for any such authorized use or disclosure.



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**SYRINGE SERVICES PROGRAM (SSP)  
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**SYRINGE SERVICES PROGRAM (SSP) INFORMATION**

**Operating Name:** Greenbrier County Harm Reduction Program

**SSP Address:** 9109 Seneca Trl S

*Street Address*

Ronceverte

WV

24970

Greenbrier

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** 304-645-1787

<b>What year is this annual report regarding?</b>	<u>2023</u>	
<b>Please check each month during which syringe services were provided:</b>	<b>January</b>	<input checked="" type="checkbox"/>
	<b>February</b>	<input checked="" type="checkbox"/>
	<b>March</b>	<input checked="" type="checkbox"/>
	<b>April</b>	<input checked="" type="checkbox"/>
	<b>May</b>	<input checked="" type="checkbox"/>
	<b>June</b>	<input checked="" type="checkbox"/>
	<b>July</b>	<input checked="" type="checkbox"/>
	<b>August</b>	<input checked="" type="checkbox"/>
	<b>September</b>	<input checked="" type="checkbox"/>
	<b>October</b>	<input checked="" type="checkbox"/>
	<b>November</b>	<input checked="" type="checkbox"/>
	<b>December</b>	<input checked="" type="checkbox"/>
<b>Total number of participants served by your SSP:</b>	<u>1277</u>	
<b>Total number of syringes dispensed by your program:</b>	<u>34,730</u>	
<b>Type of syringes dispensed by your program:</b>	<u>McKesson Insulin Syringes</u>	
<b>Total number of syringes collected by your program:</b>	<u>30,071</u>	

OHFLAC | 408 Leon Sullivan Way, Charleston, WV 25301 | 304-558-0050



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**SYRINGE SERVICES PROGRAM (SSP)  
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Type of syringes collected by your program:	Any
Total number of syringes disposed of by your program:	30,071
Type of syringes disposed by your program:	All returned by participants
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	24
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	Inpatient- 14 Outpatient- 10

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

Nikki Dalen  
SSP Administrator's Signature

1/30/24  
Date

## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflac@wv.gov](mailto:dhhrohflac@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: LEWIS COUNTY HEALTH DEPARTMENT

SSP Address: 125 COURT AVE

Street Address

WESTON

City

WV

State

26452

ZIP Code

LEWIS

County

Phone Number: 304-269-8218

What year is this annual report regarding?	2023	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	385	
Total number of syringes dispensed by your program:	28383	
Type of syringes dispensed by your program:	insulin syringes 1/2 and 3/16 1 cc	
Total number of syringes collected by your program:	27285	



Type of syringes collected by your program:	Used syringes
Total number of syringes disposed of by your program:	27285
Type of syringes disposed by your program:	used syringes 1cc and 3cc
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	39
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	158 referrals to food pantry and other social service aspects 385 referrals to Peer recovery coach

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
SSP Administrator's Signature

01/05/2024

Date





## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflacalp@wv.gov](mailto:dhhrohflacalp@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: New Beginnings Recovery Clinic

SSP Address: 3 Ada Drive

*Street Address*

New Martinsville

*City*

WV

*State*

26155

*ZIP Code*

Wetzel

*County*

Phone Number: 304-398-2298

What year is this annual report regarding?	<u>2023</u>	
Please check each month during which syringe services were provided:	January	<input type="checkbox"/>
	February	<input type="checkbox"/>
	March	<input type="checkbox"/>
	April	<input type="checkbox"/>
	May	<input type="checkbox"/>
	June	<input type="checkbox"/>
	July	<input type="checkbox"/>
	August	<input type="checkbox"/>
	September	<input type="checkbox"/>
	October	<input type="checkbox"/>
	November	<input type="checkbox"/>
	December	<input type="checkbox"/>
Total number of participants served by your SSP:	<u>0</u>	
Total number of syringes dispensed by your program:	<u>0</u>	
Type of syringes dispensed by your program:	<u>0</u>	
Total number of syringes collected by your program:	<u>0</u>	



Office of Health Facility  
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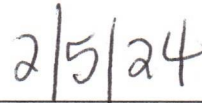
SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
ANNUAL REPORT FORM

Type of syringes collected by your program:	0
Total number of syringes disposed of by your program:	0
Type of syringes disposed by your program:	0
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	0
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	0

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.



SSP Administrator's Signature



Date



## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflac@wv.gov](mailto:dhhrohflac@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: Mingo County Health Department

SSP Address: 101 Logan Street Suite 101

*Street Address*

Williamson

WV

25661

Mingo

*City*

*State*

*ZIP Code*

*County*

Phone Number: (304)235-3570

What year is this annual report regarding?	<u>2023</u>	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	<u>42 Unique Clients 144 Visits</u>	
Total number of syringes dispensed by your program:	<u>40</u>	
Type of syringes dispensed by your program:	<u>20 Long &amp; 20 Short</u>	
Total number of syringes collected by your program:	<u>40 Total from Participants</u>	






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**SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
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Type of syringes collected by your program:	Short & Long are returned plus Field Pickup
Total number of syringes disposed of by your program:	52 (40 from participants & 15 from field pickup)
Type of syringes disposed by your program:	Short & Long are returned plus Field Pickup
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	57
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	106 - Types include Support Groups, Case Management, Detox, DHHR, HCV Treatment, Behavioral Health, Peer Recovery Support, Residential Treatment, Other

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
\_\_\_\_\_  
SSP Administrator's Signature

  
\_\_\_\_\_  
Date



## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflacalp@wv.gov](mailto:dhhrohflacalp@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: WV Health Right (Covenant House)

SSP Address: 600 Shrewsbury Street

Street Address

Charleston

WV

25301

Kanawha

City

State

ZIP Code

County

Phone Number: 304-414-5930

What year is this annual report regarding?	2023	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	9	
Total number of syringes dispensed by your program:	270	
Type of syringes dispensed by your program:	Comfort Point 1ml Syringe Barcoded	
Total number of syringes collected by your program:	150	



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SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
ANNUAL REPORT FORM

Type of syringes collected by your program:	Comfort Point 1ml Insulin Syringes barcoded
Total number of syringes disposed of by your program:	150
Type of syringes disposed by your program:	Comfort Point 1ml Insulin Syringes barcoded
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	5
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	54 referrals for drug treatment, medical, vaccines, HCV, HIV testing, family planning, behavioral health, naran, counseling, social services such as housing, transportation, jobs, etc.

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

SSP Administrator's Signature

1/08/2024

Date



## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflacalp@wv.gov](mailto:dhhrohflacalp@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: WV Health Right, Inc. (Main Clinic)

SSP Address: 1520 Washington Street East

Street Address

Charleston

WV

25311

Kanawha

City

State

ZIP Code

County

Phone Number: 304-414-5930

What year is this annual report regarding?	2023	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	44	
Total number of syringes dispensed by your program:	2160	
Type of syringes dispensed by your program:	Comfort Point 1ml Insulin Syringe Barcoded	
Total number of syringes collected by your program:	2100	





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SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
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Type of syringes collected by your program:	Comfort Point 1ml Insulin Syringe Barcoded
Total number of syringes disposed of by your program:	2100
Type of syringes disposed by your program:	Comfort Point 1ml Insulin Syringe Barcoded
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	35
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	263 referrals for drug treatment, medical, vaccines, HCV, HIV testing, family planning, behavioral health, naran, counseling, social services such as housing, transportation, jobs, etc.

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

SSP Administrator's Signature

1/8/2024

Date



## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflacalp@wv.gov](mailto:dhhrohflacalp@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: Fayette County Health Department

SSP Address: 5495 Maple Lane

*Street Address*

Fayetteville

WV

25840

FAYETTE

*City*

*State*

*ZIP Code*

*County*

Phone Number: 304-574-1617

What year is this annual report regarding?	<u>2023</u>	
Please check each month during which syringe services were provided:	January	<input checked="" type="checkbox"/>
	February	<input checked="" type="checkbox"/>
	March	<input checked="" type="checkbox"/>
	April	<input checked="" type="checkbox"/>
	May	<input checked="" type="checkbox"/>
	June	<input checked="" type="checkbox"/>
	July	<input checked="" type="checkbox"/>
	August	<input checked="" type="checkbox"/>
	September	<input checked="" type="checkbox"/>
	October	<input checked="" type="checkbox"/>
	November	<input checked="" type="checkbox"/>
	December	<input checked="" type="checkbox"/>
Total number of participants served by your SSP:	<u>372</u>	
Total number of syringes dispensed by your program:	<u>64,315</u>	
Type of syringes dispensed by your program:	<u>Easy Touch, BD Syringes</u>	
Total number of syringes collected by your program:	<u>63,126</u>	

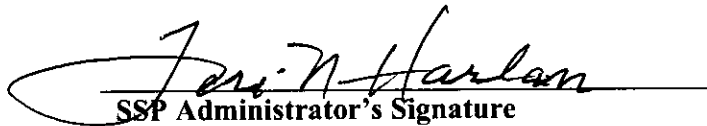


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SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
ANNUAL REPORT FORM

Type of syringes collected by your program:	Easy Touch, BD Syringes
Total number of syringes disposed of by your program:	63,126
Type of syringes disposed by your program:	Easy Touch, BD Syringes
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	114
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	187 Peer Recovery, Mental Health, Detox, Primary Care, HCV, MAT, Residential Treatment

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
SSP Administrator's Signature

02/18/24  
Date



## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflacalp@wv.gov](mailto:dhhrohflacalp@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

**Operating Name:** Fayette County Health Department Mobile Harm Reduction

**SSP Address:** Michigan Ave, Smithers WV 25186 / 246 Logan Rd

*Street Address*

Kincaid

WV

25119

FAYETTE

*City*

*State*

*ZIP Code*

*County*

**Phone Number:** 304-574-1617

<b>What year is this annual report regarding?</b>	2023																								
<b>Please check each month during which syringe services were provided:</b>	<table><tr><td>January</td><td><input checked="" type="checkbox"/></td></tr><tr><td>February</td><td><input checked="" type="checkbox"/></td></tr><tr><td>March</td><td><input checked="" type="checkbox"/></td></tr><tr><td>April</td><td><input checked="" type="checkbox"/></td></tr><tr><td>May</td><td><input checked="" type="checkbox"/></td></tr><tr><td>June</td><td><input checked="" type="checkbox"/></td></tr><tr><td>July</td><td><input checked="" type="checkbox"/></td></tr><tr><td>August</td><td><input checked="" type="checkbox"/></td></tr><tr><td>September</td><td><input checked="" type="checkbox"/></td></tr><tr><td>October</td><td><input checked="" type="checkbox"/></td></tr><tr><td>November</td><td><input checked="" type="checkbox"/></td></tr><tr><td>December</td><td><input checked="" type="checkbox"/></td></tr></table>	January	<input checked="" type="checkbox"/>	February	<input checked="" type="checkbox"/>	March	<input checked="" type="checkbox"/>	April	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	June	<input checked="" type="checkbox"/>	July	<input checked="" type="checkbox"/>	August	<input checked="" type="checkbox"/>	September	<input checked="" type="checkbox"/>	October	<input checked="" type="checkbox"/>	November	<input checked="" type="checkbox"/>	December	<input checked="" type="checkbox"/>
January	<input checked="" type="checkbox"/>																								
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November	<input checked="" type="checkbox"/>																								
December	<input checked="" type="checkbox"/>																								
<b>Total number of participants served by your SSP:</b>	362																								
<b>Total number of syringes dispensed by your program:</b>	56,083																								
<b>Type of syringes dispensed by your program:</b>	Easy Touch																								
<b>Total number of syringes collected by your program:</b>	50,988																								





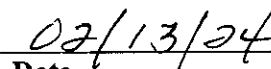
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SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
ANNUAL REPORT FORM

Type of syringes collected by your program:	Easy Touch, BD Syringes
Total number of syringes disposed of by your program:	50,988
Type of syringes disposed by your program:	Easy Touch, BD Syringes
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	16
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	245 Peer Recovery, Mental Health, Detox, Primary Care, HCV, MAT, Residential Treatment

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
SSP Administrator's Signature

  
Date



## SSP ANNUAL REPORT FORM

### Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31<sup>st</sup> of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: [dhhrohflacalp@wv.gov](mailto:dhhrohflacalp@wv.gov); fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

### SYRINGE SERVICES PROGRAM (SSP) INFORMATION

**Operating Name:** Grafton Taylor County Harm reduction

**SSP Address:** 718 West Main St

*Street Address*

Grafton	WV	26354	Taylor
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	<i>County</i>

**Phone Number:** 304-265-1288

<b>What year is this annual report regarding?</b>	<u>2023-2024</u>	
<b>Please check each month during which syringe services were provided:</b>	<b>January</b>	<input checked="" type="checkbox"/>
	<b>February</b>	<input checked="" type="checkbox"/>
	<b>March</b>	<input checked="" type="checkbox"/>
	<b>April</b>	<input checked="" type="checkbox"/>
	<b>May</b>	<input checked="" type="checkbox"/>
	<b>June</b>	<input checked="" type="checkbox"/>
	<b>July</b>	<input checked="" type="checkbox"/>
	<b>August</b>	<input checked="" type="checkbox"/>
	<b>September</b>	<input checked="" type="checkbox"/>
	<b>October</b>	<input checked="" type="checkbox"/>
	<b>November</b>	<input checked="" type="checkbox"/>
	<b>December</b>	<input checked="" type="checkbox"/>
<b>Total number of participants served by your SSP:</b>	<u>182</u>	
<b>Total number of syringes dispensed by your program:</b>	<u>6935</u>	
<b>Type of syringes dispensed by your program:</b>	<u>Easy Touch</u>	
<b>Total number of syringes collected by your program:</b>	<u>6524</u>	




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SYRINGE SERVICES PROGRAM (SSP)  
W. VA. CODE R. §69-17-10.2.1.a.-e.(2021):  
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Type of syringes collected by your program:	Easy Touch
Total number of syringes disposed of by your program:	6524
Type of syringes disposed by your program:	Easy Touch
Total number of syringe stick injuries to non-participants:	0
Number of SSP participants who entered substance use disorder treatment:	0
Total number and types of referrals made to substance use disorder treatment and other harm reduction services:	See attached

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.

  
SSP Administrator's Signature

  
Date

**Total number and types of referrals made to substance use disorder treatment  
and other harm reduction services: 2023**

Food/Clothing Supply-77  
Proper Sharps Disposal -85  
Medical Services -5  
Family Planning Education-8  
Pregnancy Test-2  
Overdose Prevention-65  
Peer Recovery Coach-71  
Supportive Counseling -8  
Fentanyl test strip-94  
Birth Control Supply-5  
Naloxone Training-15  
Naloxone Kit-44  
Mental Health Support Services-2  
Proper Re-use Cleaning-79  
Wound Care/Supplies -12  
STI Counseling -8  
STI Testing-2  
Government Phone Application-1  
Medicaid Application-3  
COVID Vaccine-1  
Flu Vaccine-2  
Hepatitis Testing-4  
Motivational Interviewing-1  
HIV Testing-2  
Bacterial Infections-1  
Vein Care-1  
Other-2 (Hygiene, domestic violence)  
Shelter/Housing Assistance -1