

Form

Current Question/Item

INTRO_OMB Expiration:

[INTRO_NME] To begin, please let us know a couple of details about your syringe services program (SSP).

New item

New item

New item

PI3a./PI3b. What year did the program start?

PI4. Did your program provide any services at any time in [YEAR]?

PI5. How did your SSP deliver services in [YEAR]? Please select all that apply.

PC8a. Please specify the state(s) or territory(ies) where your program operated in [YEAR]: Please select all that apply.
Answer options include a list of all 50 states, District of Columbia.

PC8b. In which county(ies) did your program provide services in [YEAR]? Please include all locations service, including those with mobile services, deliveries, etc.

PC1. How would you classify your syringe services program? Select all that apply.

PC1spec. Specify other type of program.

PC2. What were your program's sources of funding in [YEAR]? Select all that apply.

PC2spec. Specify other source of funding.

New item

New item

PC3 What was your total program budget in [YEAR]? If your program is part of a larger, multi-service organization, please only provide the budget for your part of the program. Please provide the best estimate to your knowledge.

PC4. Did your program employ any full-time paid staff in [YEAR]?

New item

New item

New item

New item

PC7. What were your program's total hours of operation for a typical week in [YEAR]? If your program had more than one location (including mobile services), please total the hours of operation for all locations.

PC9. Did your program serve communities that you would consider urban, suburban, or rural? Please select all that apply.

PC10. How did your program deliver services? Please select all that apply.

PC10spec. Specify other services delivery type.

PC11. Did your program have to stop providing services for any period of time in [YEAR] (that is, you did not provide services for at least one day or more when you had expected to be open)?

New item

PC12. Please choose the reason(s) for service disruption. Select all that apply.

PC12spec. Specify other reasons for service disruption.

New item

PC13. Did your program review your program's data for monitoring or evaluation purposes between January 1, [YEAR], and December 31, [YEAR]?

PC16. How many participant contacts occurred at your SSP in [YEAR]? Please provide the best estimate to your knowledge. By participant contacts, we mean the number of encounters/participant visits made to your SSP during 2022. Please provide the best estimate to your knowledge.

New item

New item

PC17. Did your program have residency restrictions on who could access services, that is, only people from certain geographic locations could receive services from your program?

PC18. Did your program requirement participants to provide identifying documents (for example, a driver's license) to enroll or receive services?

New item

New item

CC2. Does your syringe services program regularly conduct activities specifically designed to engage any of the following demographic groups? Select all that apply. If this program services participants in any of these categories but does not conduct activities specifically designed to engage them, do not mark the box for that category.

New item

CR1. Which individuals or organizations support or advocated for your program in [YEAR]? Select all that apply.

Local health officials

Law enforcement

HIV or other medical providers

Religious organizations

Local politicians

Local residents

Drug user unions

Other community-base organizations

No advocate support

Refuse to answer

New item

CR2. Which external challenges did your program face in [YEAR], not including challenges related to funding? Select all that apply.

CR3. Which internal challenges did your program face in [YEAR]? Select all that apply.

New item

New item

New item

CR4. How would you describe your program's relationship with your local health department(s) in [YEAR]?

CR5. How would you describe your program's relationship with law enforcement in [YEAR]?

SYR1. How many total sterile syringes did your program provide to participants in [YEAR]? Please provide your best estimate if records are not readily available.

SYR2. Did your programs provide syringes to participants based on their needs in [YEAR], without any restrictions?

SYR3. Did your program provide participants with syringes to distribute to other people in the community (i.e., secondary exchange or peer delivery) in [YEAR]?

SYR4. Did your program train participants to do secondary syringe distribution (i.e., distribute sterile syringes to peers) in [YEAR]?

New item

PS1. For each of the following drug use supplies (other than syringes), please indicate which ones were provided to participants in [YEAR]. PLEASE CHECK ALL THAT APPLY.

- Pipes
- Cookers
- Cottons
- Syringe/pill filters like Sterifilt®
- Saline or sterile water
- Ties/tourniquets
- Alcohol pads
- Wound care kits
- Sharps containers for carrying used syringes
- Other (please describe)
- None of the above
- Refuse to answer

PN1. What overdose prevention or treatment services did your program provide in [YEAR]? Select all that apply.

New item

PN2. How many naloxone doses did your syringe services program distribute in [YEAR]? For example, if your program gave out 100 kits, and there are 2 doses per kit, you would enter 200 doses. If your SSP does not collect these data, please provide your best estimate.

PN4. In what ways did your program distribute naloxone doses in [YEAR]? Select all that apply.

PN5. What barriers, if any, did your program experience in providing naloxone to your participants in [YEAR]? Select all that apply.

New item

PN5spec. Specify other barrier in providing naloxone.

New item

New item

New item

New item

PS1spec. Specify other drug use supplies

PS2. Which safer sex supplies were provided onsite to participants in [YEAR], PLEASE CHECK ALL THAT APPLY

PS3. Which testing services were provided onsite to participants, either by the program itself or by partners in [YEAR]. PLEASE CHECK ALL THAT APPLY

PS3spec. Specify other onsite testing service

PS4. Which vaccinations were provided onsite to participants, either by the program or by partners in [YEAR]. PLEASE CHECK ALL THAT APPLY.

PS4spec. Specify other vaccination

PS5A. Which of the following infectious disease medical services did your SSP offer participants on-site in [YEAR]?

PS5Aspec. Specify other medical service(s)

PS5B. Which substance use disorder treatment services were provided onsite to participants in [YEAR]?

PS5Bspec. Specify other service(s)

PS5C. Which of the following other types of medical services were provided onsite to participants in [YEAR]? Select all that apply.

PS5Cspec. Specify other service(s)

New item

New item

New item

New item

PS8. Did your program provide participant or peer navigation services in [YEAR]? Participant or peer navigation provides individualized support for program participants to access and engage with other health and social services.

PS9. Which services were covered by your participant or peer navigation program in [YEAR]? Select all that apply.

- HIV care
- PrEP (pre-exposure prophylaxis for HIV prevention)
- HCV care
- Medications for opioid use disorder (MOUD)
- Medications for non-opioid substance use disorders
- Legal records (e.g., birth certificate, social security card, state ID/driver's license)
- Medicaid or other health insurance
- Social support services (e.g., housing)
- Refuse to Answer

PS10. Which social or supportive services were provided onsite to participants, either by the program itself or by partners, in [YEAR]. PLEASE MARK ALL THAT APPLY.

- Case management
- Drop-in center
- Enrollment in Medicaid or other health insurance
- Family violence, domestic violence, or intimate partner violence services
- Food/meals, including SNAP, WIC, food pantries, or meal delivery services
- Housing support
- Hygiene-related services (e.g., laundry, showers)
- Job-related services (e.g., placement assistance, skills training)
- Legal services/counseling
- Substance use counseling provided by harm reduction counselors or therapists
- None of the above
- Refuse to answer

New section header

New item

New item

New item

New item

New item

New item

PE5. Please use the space below for any other suggestions or comments for improving this survey to make it useful to programs.

SUM



Requested Change

Change from 12/31/2024 to 12/31/2026.

Remove "syringe services program" and only say "SSP"

Add "PRELIMINARY INFORMATION" heading before the first question (What is the name of your organization?)

PI.2 Please specify any nicknames (i.e., abbreviated name or acronym) that are used for your SSP.

PI.3 What is the city or town and state where your SSP headquarters is located?

Question wording revised to "PI. 8 In what year did your SSP start providing services?"

Change to "Did your SSP provide any services at any time in [YEAR]?"
Change order of answer options so that Yes is first and No is second.

Change to "In which ways did your SSP provide syringes in [YEAR]? Please select all that apply."

Change "Backpack outreach" answer option to "Backpack/street outreach"

Change "Pop-up sites (tables, tent, etc.)" answer option to "Pop-up sites (e.g., tables, tent)"

Change "Vending machine" answer option to "Harm reduction vending machine"

Revise to "PI.6. Please select whether your SSP provides services in any of the following state(s), U.S. territory or in a Tribal Nation in [YEAR]. Please select all that apply.

Answer options include a list of all 50 states, District of Columbia, We operated in all states, Tribal Nation (please specify), US Virgin Islands, and Choose not to answer.

Change to "PI.7 In which counties did your SSP provide services in [YEAR]? Please include all counties served, including those with mobile services, deliveries, etc.

Answer options include a text box for recipients to enter the county/ies they provide services as well as a check box to indicate that they operated throughout the entire state.

Change to "How would you best classify your SSP? Please select all that apply."
Combine answer options "City health department" and "County health department" to "City or County health department"
Add "Tribal affiliated organization" answer option
Remove "Non-academic health care organization" answer option and add "Private or commercial health care organization"
Remove "Volunteers only" answer option
Add "Mutual aid organization" answer option
Change "Refuse to answer" answer option to "Choose not to answer"

Remove. Respondents can specify Other in PC1.

Change to "What were your SSP's sources of funding in [YEAR]? Please select all that apply."

Change "Refuse to answer" answer option to "Choose not to answer"

Remove. Respondents can specify Other in PC2.

PC.2a (If 'federal government' is selected for PC.2) Which federal funding sources provided your SSP with funding? Please select all that apply.

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Medicare
- Medicaid
- Billable services to private insurance
- Other (please specify)
- Don't know
- Choose not to answer

PC.3 Did your SSP receive funding in [YEAR] from NASTAD's *Strengthening Syringe Services (Programs) through Direct Program Funding* opportunity?

- Yes
- No
- Don't know
- Choose not to answer

Change to "PC.4 What was your SSP's annual budget in [YEAR]? With subnote: *If your SSP is part of a larger, multi-service organization, only provide the budget for the SSP. Please provide the best estimate to your knowledge, rounded to the nearest \$1,000.*"

Change to "PC.5 How many full-time paid employees (≥ 35 hours per week) did your SSP employ last month?"

PC.6 How many part-time paid employees (< 35 hours per week) did your SSP employ last month?

PC.7 How many volunteers, including unpaid volunteers or those receiving a stipend, did your SSP have last month?

PC.8 Please indicate the involvement of people with lived and living drug use experience at your SSP in [YEAR]. Please select all that apply.

- No involvement
- Employed as full-time paid staff
- Employed as part-time paid staff
- Served as volunteer(s)
- Provided participant-facing services (e.g., patient navigation)
- Provide non-participant facing services (e.g., advisory board)

PC#4. Please indicate which languages your frontline SSP staff or volunteers speak other than English. Please select all that apply.

By frontline we mean staff or volunteers who directly engage with participants.

- None
- Spanish
- Chinese (including Mandarin, Cantonese, Hokkien, and other varieties)
- Tagalog (including Filipino)
- Vietnamese
- Arabic
- French
- Korean
- Russian
- Portuguese
- Haitian Creole
- Hindi
- Other (specify)
- Choose not to answer

Change to "PC.9 In the last week, how many hours did your SSP provide syringe services to participants?"

Change to "PC.10 Did your SSP serve communities that you would consider urban, suburban, or rural? Please select all that apply."

Change "Refuse to answer" answer option to "Choose not to answer"

Revise to "PC10. How did your SSP deliver services in [YEAR]? Please select all that apply.

- Brick and mortar fixed site (including drop-in centers)
- Backpack/outreach
- Pop-up sites (tables, tents, etc.)
- Delivery to regular locations (e.g., established route)
- Delivery to participant requested locations (e.g., home delivery)
- Mail-based distribution
- Vending machine
- Other (please describe)
- Don't know
- Choose not to answer

incorporatd into PC10

Change to "PC.11 Did your SSP stop providing services in [YEAR] (i.e., your SSP could not provide services when you had expected to be open)?"

Change order of answer options so Yes is first and No is second

Change answer option "Refuse to answer" to "Choose not to answer"

PC.11a (If yes to PC.11) For how long in [YEAR] did your SSP stop providing services?

-Less than one day

-One day to up to one week

-One week up to one month

-One month or more

Change to 'PC.11b (if yes to PC.11) Please choose the reason(s) for service disruption.

Please select all that apply.'

Add answer option "Inadequate funding for staff salaries", "Pushback from neighbors or landlords", "Inclement weather"

Change "Refuse to Answer" answer option to "Choose not to answer"

Remove. Respondents can specify Other in PC.11b

PC.11b.1 (If select 'lack of personnel to staff program' for PC.11b) What contributed to lack of personnel to staff your SSP? Please select all that apply.

-Staff burnout or fatigue

-Physical illness

-Lack of childcare

-Community bereavement

-Inability to hire new staff

-Other (please describe) _____

Change to "PC.12 Did your SSP analyze data you collected from participants to inform program planning and improvement in [YEAR]?"

Change order of answers options so Yes is first and No is second

Add Don't know answer option

Change "Refuse to Answer" answer option to "Choose not to answer"

Change to "PC.13 How many participant encounters occurred at your SSP in [YEAR]? By *participant encounters, we mean the number of encounters or participant visits occurring with your SSP*"

PC.14 Can you report the number of unique individuals who received services from your SSP in [YEAR]? *If your SSP does not collect this data, please select "no".*

-Yes

-No

-Don't know

-Choose not to answer

PC.15 (If select 'yes') for PC.14) How many unique individuals received services from your SSP in [YEAR]?

Change to 'PC.16 In [YEAR], did your SSP have residency restrictions on who could access services, that is, only people from certain geographic locations could receive services from your program?

Change order of answer options so 'Yes' is first and 'No' is second

Change 'Refuse to Answer' answer option to 'Choose not to answer'

Change to 'PC.17 In [YEAR], did your SSP require participants to provide identifying documents (for example, a driver's license) to enroll or receive services (not including health care)?'

Change order of answer options so 'Yes' is first and 'No' is second

Change 'Refuse to Answer' answer option to 'Choose not to answer'

PC.18 Please indicate your level of agreement with the following statements.

(Answers are on a number scale from 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree)

A. Our SSP staff are under too many pressures to do their job effectively.

B. Our SSP staff often show signs of stress and strain.

C. The heavy workload at our SSP reduces program effectiveness.

D. Staff frustration is common at our SSP.

E. When there is agreement that change needs to happen in the SSP, we have the necessary financial and human resources to do so.

F. When there is agreement that change needs to happen in the SSP, we have the necessary technical assistance to do so.

PC.19 Does your SSP employ or partner with an organization that uses licensed clinical staff (e.g., physician, nurse, psychologist, etc.) to provide services?

-Yes

-No

-Don't know

-Choose not to answer

Change to 'PC.20 Does your SSP conduct activities designed to engage any of the following demographic groups? Please select all that apply. *If your SSP serves participants in any of these categories but does not conduct activities specifically designed to engage them, do not mark the box for that category.*'

Remove 'Persons aged ≥40 years' answer option and add 'Persons aged 40 to 59 years' and 'Persons aged ≥60 years' answer options.

Remove 'None of the above' answer option'

Replace 'Refuse to answer' answer option with 'Choose not to answer'

CSO.1 How would you rate your SSP's relationship with the surrounding community in [YEAR]?

- Very good
- Somewhat good
- Neither good nor poor
- Somewhat poor
- Very poor
- Nonexistent
- Choose not to answer

Replace with 'CSO.2 Which community groups supported or advocated for your SSP in [YEAR]? Please select all that apply.

- Local health officials/health department
- Law enforcement
- Religious organizations
- Local politicians
- Neighbors or local residents
- Landlords
- Other community-based organizations
- Business owners
- HIV or other medical providers
- Drug user unions
- No groups advocated for us
- Other (please describe)
- Choose not to answer

CSO.3 Which community groups opposed your SSP in [YEAR]? Please select all that apply.

- Local health officials/health department
- Law enforcement
- Religious organizations
- Local politicians
- Neighbors or local residents
- Landlords
- Other community-based organizations
- Business owners
- No groups opposed us
- Other (please describe)
- Choose not to answer

Remove

Remove

CSO.4 Did your SSP face any of the following funding challenges in [YEAR]? Please select all that apply.

Insufficient funding

Future funding instability

Funder restrictions related to purchasing supplies or services provided

Our SSP did not face funding challenges

Other

Choose not to answer

CSO.5 Did your SSP face any of the following staffing challenges in [YEAR]? Please select all that apply.

Insufficient number of staff

Staff burnout

Low retention of staff

Inadequately trained staff

Our SSP did not face staffing challenges

Other

Choose not to answer

CSO.6 Did your SSP face challenges procuring any of the following supplies for your participants in [YEAR]? Select all that apply.

Naloxone

Syringes

Pipes

Other

We had no problems procuring supplies

Choose not to answer

Change to 'CSO.7 (Skip if reported city, county, or state health department in PC.1) How would you describe your SSP's relationship with your local health department(s) in [YEAR]?'

Change 'Refuse to Answer' answer option to 'Choose not to answer'

Change to 'CSO.8 How would you describe your SSP's relationship with law enforcement in [YEAR]?'

Change 'Refuse to answer' answer option to 'Choose not to answer'

Change to 'DU.1 How many sterile syringes did your SSP provide to participants in [YEAR]? Please provide your best estimate if records are not readily available.'

Change to 'DU.2 What was your syringe exchange policy for participants in [YEAR]?'

- Participants can receive the same number of syringes as they drop off with the SSP (i.e., one-for-one)
- Participants can receive up to a certain amount over the number of syringes than they drop off with the SSP (i.e., one-for-one plus)
- Participants can request as many syringes as they need but our SSP has a cap on the number of syringes we can provide (i.e., supply dependent needs-based)
- Participants can receive as many syringes as they need (i.e., needs-based)
- Choose not to answer

Change to 'DU.3 Did your SSP provide participants with syringes to distribute to other people in the community (i.e., secondary exchange or peer delivery) in [YEAR]?'

Change answer options order so 'Yes' is first and 'No' is second

Change 'Refuse to Answer' to 'Choose not to answer'

Incorporated into DU.5

DU.4 Which syringe disposal services did your SSP provide in [YEAR]. Please select all that apply.

- Accepted used syringes for safe disposal
- Provided training on safe disposal of used syringes
- Provided sharps containers for carrying used syringes
- No syringe disposal services were provided
- Other (please specify)

Change to 'DU.5 For each of the following drug use supplies (other than syringes), please indicated which ones were provided to participants in [YEAR]. Select all that apply.'

- Pipes
- Paper straws
- Glass straws (straight shooters)
- Cookers
- Cottons
- Syringe/pill filters Sterifilt®
- Saline or sterile water
- Ties/tourniquets
- Alcohol pads
- Wound care kits/bandages
- Other safe smoking supplies
- Other safe snorting supplies
- Other boofing/booty bumping supplies
- Other (please specify)
- None of the above
- Choose not to answer

This question was moved further up in the survey than PS1 was.

Change to 'OS.1 Did your SSP provide opioid overdose education and response training to participants in [YEAR]?

-Yes

-No

-Choose not to answer

OS.2 How many participant encounters involved provider naloxone in [YEAR]? *By participant encounters, we mean the number of encounters/participant visits made to your SSP to pick up naloxone (including Narcan). If your SSP does not collect these data, please provide your best estimate. If you did not distribute any naloxone, please enter 0.*

Change to 'OS.3 How many doses of naloxone did your SSP distribute in [YEAR]? *For example, if your SSP gave out 100 kits, and there are 2 doses per kit, you would enter 200 doses. Include doses of Narcan distributed in this overall count. If your SSP does not collect these data, please provide your best estimate.'*

Change to 'OS.4 In what ways did your SSP distribute doses of naloxone doses in [YEAR]? Please select all that apply.'

Add "Direct distribution at brick-and-mortar fixed sites" answer option.

Add "Direct distribution through backpack/street outreach" answer option.

Add "Direct distribution at pop-up sites (e.g., tables, tent) answer option.

Add "Delivery to regular locations (e.g., established route) answer option.

Add "Delivery to participant requested locations (e.g., home delivery)" answer option.

Add "Mail-based distribution" answer option.

Remove "Direct naloxone distribution from staff to participant at our program" answer option.

Remove "In person naloxone delivery (delivered directly to participant)" answer option.

Remove "Mail delivery (naloxone mailed to participant)" answer option.

Change 'Secondary naloxone distribution (participant distributed naloxone to peers)'

answer option to 'Secondary naloxone distribution (participant distributed naloxone to other people'

Add "Harm reduction vending machine" answer option.

Add "Other (please describe)" answer option.

Change 'Refuse to answer' answer option to 'Choose not to answer'

Change to 'OS.5 What barriers, if any did your SSP experience in providing naloxone to your participants in [YEAR]? Please select all that apply.

Change 'Shortage of naloxone' answer option to 'Shortage of low-cost naloxone'

Add 'Funding restrictions preventing naloxone purchase' answer option

Change 'Refuse to answer' to 'Choose not to answer'

OS.6 Did your SSP provide education and response training on over-amping from stimulants, such as cocaine and methamphetamines, to participants in [YEAR]?

incorporated into OS.5

DC.1 Did your SSP provide any of the following drug testing supplies to participants in [YEAR]? Please select all that apply.

Fentanyl test strips

Benzodiazepine test strips

Xylazine test strips

Other test strips (please specify): _____

DC.2 Were drug checking services other than test strips, including mass spectrometer, fourier-transform infrared spectroscopy (FTIR), available to your participants in [YEAR]?

-Yes

-No

-Choose not to answer

SC.1 Did your SSP operate a supervised consumption site for your participants in [YEAR]?

A supervised consumption site is a place, either permanent or temporary, where people come to use their own drugs under the supervision of trained workers; have access to sterile equipment (syringes, cotton, cooker, water, etc...) and conditions; and receive referrals to appropriate health or social services.

-Yes

-No

-Choose not to answer

SC.1a (If no to SC.1) If supervised consumption sites (SCS) were locally permitted in your area, would your SSP consider providing these services?

-No we would not consider implementing SCS

-We would explore implementation of SCS

-We would start preparing for SCS implementation

-We would be ready to implement SCS

incorporated into DU.5

Change to 'OSP.1 Which safer sex supplies were provided in-person to participants in [YEAR]? Please select all that apply.

Change 'Refuse to answer' answer option to 'Choose not to answer'

Change to 'OSP.2 Which health screening services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.

Add 'Hepatitis A virus testing' and 'Hepatitis B virus testing' answer options after

'Hepatitis C virus (HCV) laboratory-based testing'

Change 'Refuse to answer' answer option to 'Choose not to answer'

incorporated into OSP.2

Change to 'OSP.3 Which vaccinations were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.'

Add answer options

-Pneumococcal vaccination

-Tetanus, Diphtheria and Pertussis (TDAP) vaccination

-Mpox vaccination

-Meningitis vaccination

Change 'Refuse to Answer' answer option to 'Choose not to answer'

incorporated into OSP.3

Change to 'OSP.4 Which of the following infectious disease medical services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.'

Change 'PrEP (pre-exposure prophylaxis)' answer option to 'Pre exposure prophylaxis for HIV (PrEP)'

Change 'PEP (post-exposure prophylaxis)' answer option to 'Post exposure prophylaxis for HIV (PEP)'

Change 'Other medical services for infectious disease (please describe)' answer option to 'Other (please describe)'

Change 'Refuse to answer' answer option to 'Choose not to answer'

incorporated into OSP.4

Change to 'OSP.5 Which substance use disorder treatment services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply. *Please do not include telehealth services.*'

Change 'Buprenorphine/naloxone (Suboxone)' and 'Buprenorphine (Subutex)' answer options to just 'Buprenorphine (with or without naloxone)'

Change 'Non-pharmaceutical substance use disorder treatment services (e.g., cognitive behavioral therapy)' answer option to 'Cognitive behavioral therapy'

Add 'Contingency management (e.g., incentives for attendance)' answer option

Change 'Refuse to Answer' answer option to 'Choose not to answer'

incorporated into OSP.5

Change to 'OSP.6 Which other types of medical services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply. *Please do not include telehealth services.*'

Remove 'Wound care/treatment' answer option

Change 'Mental health services (excluding medications) provided by a licensed physician, psychologist, nurse practitioner, or social work' and 'Mental health services, including prescription medications' answer options to just 'Mental health services'

Add 'Gender affirming care (i.e., hormone therapy)' answer option

Change 'Other medical services (please describe)' to 'Other (please describe)'

Change 'Refuse to answer' to 'Choose not to answer'

incorporated into OSP.6

OSP.7 Did your SSP or partners provide telehealth services for your participants in [YEAR]? For this survey, telehealth is defined as services provided to participants via phone, tablet, or computer.

-Yes

-No

-Choose not to answer

OSP.7a (If yes to OSP.7) Which of the following infectious disease medical services were provided to participants via telehealth (either by your SSP or by partners) in [YEAR]? Please select all that apply.

HIV treatment

Pre-exposure prophylaxis (PrEP)

Post-exposure prophylaxis (PEP)

Hepatitis C treatment

STI treatment other than hepatitis or HIV

Wound care/treatment

Other (please describe): _____

None of the above

Choose not to answer

OSP.7b (If yes to OSP.7) Which substance use disorder treatment services were provided to participants via telehealth (either by your SSP or by partners) in [YEAR]? Please select all that apply.

Buprenorphine (with or without naloxone)

Methadone

Naltrexone (Vivitrol)

Medications for non-opioid substance use disorders

Contingency management (e.g., incentives for attendance)

Cognitive behavioral therapy

Other (please describe): _____

None of the above

Choose not to answer

OSP.7c Which other types of medical services were provided to participants via telehealth (either by your SSP or by partners) in [YEAR]? Please select all that apply.

Mental health services

Gender affirming care (i.e., hormone therapy)

General primary care (e.g., blood pressure management)

Reproductive cancer screening (e.g., pap smears)

Family planning/contraception

Prenatal care and peripartum care

Other (please describe): _____

None of the above

Choose not to answer

Change to 'OSP.8 Did your SSP provide navigation services for your participants in [YEAR]?'

For this survey, navigation is defined as a strategy that improves linkage to offsite services, like assisting with appointment scheduling, transportation, and/or appointment accompaniment.

Change order of answer options so 'Yes' is first and 'No' is second

Change 'Refuse to Answer' answer option to 'Choose not to answer'

Change to 'OSP.8a (If yes to OSP.8) Which services were covered by your navigation program in [YEAR]? Please select all that apply.'

HIV care

Pre-exposure prophylaxis for HIV prevention (PrEP)

Hepatitis C virus (HCV) care

Medications for opioid use disorder (MOUD)

Medications for non-opioid substance use disorders

Legal records (e.g., birth certificate, social security card, state ID/driver's license)

Gender affirming care (i.e., hormone therapy)

Medicaid or other health insurance

Social support services (e.g., housing)

Other (please describe): _____

Choose not to answer

Change to 'OSP. 9 Which social or supportive services were provided onsite to participants in [YEAR]? Please select all that apply.'

Drop-in center

Enrollment in Medicaid or other health insurance

Family violence, domestic violence, or intimate partner violence services

Food/meals, including SNAP, WIC, food pantries, or meal delivery services

Housing support

Hygiene-related services (e.g., laundry, showers)

Job-related services (e.g., placement assistance, skills training)

Legal services/counseling

Legal records/identification (e.g., birth certificate, social security card, state identification, drivers license)

Language translation services

Substance use counseling by harm reduction counselors/therapists

Other (please describe): _____

None of the above

Choose not to answer

Add 'Communication Strategies'

CS.1 Which topics does your SSP communicate about with others in the harm reduction community? Please select all that apply.

Program supplies (e.g., Naloxone, syringes, smoking supplies)

Drug supply alerts (i.e., information about which substances are in your local drug supply)

Overdose hotspots

Trainings

Funding opportunities

Conferences/convenings

Harm reduction research findings

Other (please specify): _____

CS.2 Which topics would your SSP like to know more about from the harm reduction community? Please select all that apply.

Program supplies (e.g., Naloxone, syringes, smoking supplies)

Drug supply alerts (i.e., information about which substances are in your local drug supply)

Overdose hotspots

Trainings

Funding opportunities

Conferences/convenings

Harm reduction research findings

Other (please specify): _____

CS.3 Which sources does your SSP rely on for information related to delivering or improving services? Please select all that apply.

Other harm reduction programs

National Harm Reduction Coalition (NHRC)

North American Syringe Exchange Network (NASEN)

National Alliance of State and Territorial AIDS Directors (NASTAD)

National Association of County and City Health Officials (NACCHO)

National Harm Reduction Technical Assistance Center

City or county government

State government

Federal government

Other (please specify): _____

CS.4 In which ways does your SSP prefer to receive information related to delivering or improving services. Please select all that apply.

State-wide or regional group meetings (online or in-person)

National conferences

Webinars

Issue Briefs or factsheets

Implementation manuals

Websites

Listserves

Facebook

Instagram

Twitter

Other (please specify): _____

CS.5 Please indicate your level of agreement with the following statements

(Can select 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree)

I have access to the information I need to improve my SSP's operations

I have access to the most updated information to improve the health and wellbeing of my SSP's participants.

B.1 If you have the time, please tell us about some of the biggest challenges you have faced over the past year that may or may not have been captured in this survey.

Change to 'Please use the space below for any suggestions or comments for improving this survey to make it useful to SSPs.'

Justification/brief explanation for the change requested	Notes	New from 2023	Removed from 2023
Administrative update needed decreases reading burden while maintaining question clarity			
Section headers improve readability and question clarity			1
This question improves our ability to identify the SSP			1
Adding this question for better granularity on SSP location to better characterize population served			1
Revision to question wording improves readability and clarity of intent			
Revised question wording and change in order of answer options improves readability			
Revision to question wording improves readability and clarity of intent			
Added ability to select Tribal Nations and Territories to allow SSP respondents in a Tribal Nation or Territory to appropriately characterize location of operation			
Checkbox to indicate that SSP operated throughout the entire state decreases response burden for SSPs operating throughout the state. Revision to wording improves clarity of the question			

Revisions to question wording and answer options improves readability and ensures a comprehensive list of answer options is provided, while decreasing unnecessary detail whenever possible

incorporated into PC1

Revisions to question wording and additional answer options improve readability and acceptability

incorporated into PC2

Data from this question will be used to better characterize federal funding sources for SSPs

1

Data from this question will be used to understand differences in characteristics of PS22-2208 SSP subrecipients versus other SSPs

1

Revisions to question wording improve clarity of the question

Revisions to question wording improve clarity of the question

This question provides more granularity around SSP staffing

1

This question provides more granularity around SSP staffing

1

This question provides more granularity around involvement of people with lived and living drug use experience at the SSP

1

This question provides information on accessibility of SSP services to persons with limited English proficiency

1

Revisions to question wording improve clarity of the question

Revisions to question wording and answer options improve clarity and acceptability of the question

Revision to question wording and answer options improves readability, clarity of intent, and comprehensiveness of answer options

incorporatd into PC10

Revision to question wording and answer options improves readability and acceptability

Question provides granularity on service disruption

1

Revision to question answers improve comprehensiveness and acceptability

incorporated elsewhere

Question provides granularity on reasons for staffing issues

1

Revisions to question and answer options improves readability and acceptability

Revisions to question improves readability and clarity of intent

Question set (with PC.15) provides information on number of unique individuals served

1

As above

1

Revisions to question and answer options improves readability, clarity of intent, and acceptability

Revisions to question and answer options improves readability, clarity of intent, and acceptability

Question provides granularity on the reasons for staffing issues, an important aspect of operational challenges

1

Question provides information on availability of clinician, an important aspect of providing expanded services

1

Revisions to question and answer options improves readability, clarity of intent, and acceptability

Rating of SSPs relationship with community provides qualitative information on degree of community support

1

Revisions to question and answer options improves readability, clarity of intent, comprehensiveness, and acceptability

Question provides more granularity on community opposition

1

Questions CR2 and CR3 now broken up into CS0.4, CS0.5, CS0.6 to provide more granularity on external and internal challenges faced

1

Questions CR2 and CR3 now broken up into CS0.4, CS0.5, CS0.6 to provide more granularity on external and internal challenges faced

1

Questions CR2 and CR3 now broken up into CS0.4, CS0.5, CS0.6 to provide more granularity on external and internal challenges faced

1

Questions CR2 and CR3 now broken up into CS0.4, CS0.5, CS0.6 to provide more granularity on external and internal challenges faced

1

Questions CR2 and CR3 now broken up into CS0.4, CS0.5, CS0.6 to provide more granularity on external and internal challenges faced

1

Revision to question and answer options improves readability, clarity of intent, and acceptability

Revision to question and answer options improves readability, clarity of intent, and acceptability

Revision to question and answer options improves readability and clarity of intent

Revision to question and answer options improves readability, clarity of intent, comprehensiveness, and acceptability

Revision to question and answer options improves readability, clarity of intent, and acceptability

Incorporated into DU.5

Question provides granularity on syringe disposal services provided

1

Revision to question and answer options improves readability, clarity of intent, comprehensiveness of question, and acceptability

Question and answer options revised to decrease overlap with other questions (OS.3, OS.6, DC.1) and improve readability and acceptability

Question provides information on participant encounters involving provision of naloxone

1

Revisions to question improves readability and clarity of intent

Revisions to question and answer options improves readability, clarity of intent, completeness, and acceptability

Revisions to answer options improves readability, clarity of intent and acceptability

Question improves readability and clarity of intent of answer option previously included in question PN1

1

incorporated into OS.5

Question provides granularity on drug testing supplies provided 1

Question provides granularity on other drug checking services provided 1

Question provides information on provision of supervised consumption services 1

Question provides information on provision of supervised consumption services 1

incorporated into DU.5
Revisions to question and answer options improves readability, clarity of intent, and acceptability

Revisions to question and answer options improves readability, clarity of intent, comprehensiveness, and acceptability

incorporated into OSP.2

Revisions to question and answer options
improves readability, clarity of intent,
comprehensiveness, and acceptability

incorporated into OSP.3

Revisions to question and answer options
improves readability, clarity of intent,
comprehensiveness, and acceptability

incorporated into OSP.4

Revisions to question and answer options
improves readability, clarity of intent,
comprehensiveness

incorporated into OSP.5

Revisions to question and answer options
improves readability, clarity of intent,
comprehensiveness, and acceptability

incorporated into OSP.6

Question provides information on provision of telehealth services

1

Question provides information on provision of telehealth services

1

Question provides information on provision of telehealth services

1

Question provides information on provision of telehealth services

1

Revisions to question and answer options
improves readability, clarity of intent,
comprehensiveness

Revisions to question and answer options
improves readability, clarity of intent,
comprehensiveness

Revisions to question and answer options
improves readability, clarity of intent,
comprehensiveness

Section headers improve readability and
question clarity

Question provides information on SSP communication strategies

1

Question provides information on priority topics of interest to SSPs

1

Question provides information on key sources of information for SSP service provision

1

Question provides information on SSP communication strategies

1

Question provides insights into SSP information needs

1

Open-ended question will be useful for future survey improvement

1

Open-ended question will be useful for future survey improvement

37

2