

NASTAD Quarter 1 Survey Invitation- Submit by 11/17

Hello!

Thank you for your patience with the evaluation process for the Strengthening SSPs funding opportunity. This e-mail contains a link to the first quarterly evaluation. This evaluation will provide an idea of your program's capacity between April 1, 2023 and June 30, 2023. We estimate that it'll take most programs about twenty minutes to complete. (Depending on the services your program offers, it may take you a little longer or a little less time.)

Please complete this survey by 11:59 pm on Friday, November 17th. If you're concerned about this deadline, please let us know at [DUH-grants@nastad.org](mailto:DUH-grants@nastad.org).

This link is unique to your program. Please feel free to circulate this link within your organization if needed, but please don't forward it to another program. If you need us to re-send your unique link, please contact [DUH-grants@nastad.org](mailto:DUH-grants@nastad.org).

You can open the survey in your web browser by clicking the link below:

Quarterly Survey SSSP (PS22-2208)

If the link above doesn't work, try copying the link below into your web browser:

[survey-url]

You'll receive a copy of your responses upon completion.

You'll find a list of the information you'll need to complete this survey in the evaluation reference guide and at the bottom of this message.

If you have any questions, please don't hesitate to contact us at [DUH-grants@nastad.org](mailto:DUH-grants@nastad.org).

Thank you, as always, for your partnership, and for the work you're doing.

Warmly,

The SSSP Grant Team

Not all of the following areas will apply to your program. Please only gather information that's readily available to you. Please do not change your current data collection practices to accommodate these questions.

Quarterly encounter or unique participant count

Number of new participants seen quarterly, if available

Quarterly syringes distributed count (estimates welcome)

Changes in last quarter (if any) to:

Syringe provision model

Service area (tribal lands, states, and counties where your program offers any services, including mail-based and in-person services)

Types of services your program offers

Service delivery model

Number of paid staff your program employs

Total hours per week your program offers services

Quarterly encounter or participant counts for referrals, navigation, and and/or provision of the following services:

Hepatitis A and B vaccination

Hepatitis B testing and treatment

Hepatitis C testing and treatment

HIV testing and treatment

PrEP services

Wound Care

Quarterly encounter counts for provision of the following services (as applicable):

Non-test strip drug checking (onsite or off-site)

Technical assistance needs your program currently has (if any)