



OHIO INJURY PREVENTION PARTNERSHIP

Ohio Overdose Prevention Network

Harm Reduction Subcommittee

Sustainability and Syringe Service Program Survey Results

The harm reduction survey was developed by Ohio Overdose Prevention Network's Harm Reduction Subcommittee Sustainability Workgroup in collaboration with the Syringe Services Program (SSP) Workgroup. The below document entails all survey results obtained in May and June of 2021.

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SURVEY METHODS

The survey was developed by Ohio Overdose Prevention Network's Harm Reduction Subcommittee Sustainability Workgroup in collaboration with the Syringe Services Program (SSP) Workgroup. Ohio Injury Prevention Partnership (OIPP) Data Action Group leaders reviewed the survey draft and Ohio Department of Health surveillance staff tested REDCap functionality. REDCap is a secure web application for building and managing online surveys and databases.

- On May 24, 2021, the survey link and invitation to participate was sent out by:
 - The Ohio Department of Health to Project DAWN, Subrecipients of the Integrated Naloxone grant, known Syringe Service Programs (SSP), and other harm reduction contacts (250 unduplicated emails). Harm reduction programs provide services that prevent adverse outcomes from substance use, which could include the distribution of naloxone, fentanyl test strips, sterile syringes, etc.
 - Tonya Wagler, the Ohio OPN Chair, to current OPN members.
- The emails encouraged sharing the survey with people who run harm reduction programs to try to reach people outside the Project DAWN and OPN networks.
- The initial deadline was May 28th, but it was extended to June 4th.
- Anyone with the survey link could access and submit answers. The survey ended if someone said they weren't involved in running a harm reduction program in Ohio.
- All responses were anonymous.
- The REDCap survey consisted of three instruments:
 - a. **Program Information**
 - i. Only those who were involved in running a harm reduction program in Ohio and distributed sterile syringes moved on to the SSP Survey.
 - ii. Only those who were involved in running a harm reduction program in Ohio moved on to the Sustainability Survey.
 - b. **Syringe Service Program (SSP) Survey**
 - c. **Sustainability Survey**

RECAP OF RESPONSES

Responses for Sustainability Survey

The Harm Reduction Survey received 100 responses in REDCap. Of these:

- 97 were included for individual-level analysis.
 - Three responses were duplicates and excluded (identified based off matching email (2) or matching lengthy open-text responses (1)). Most recent/complete responses were kept.
- Of the 97 unduplicated responses, 96 completed the *Program Information* instrument.
- **90** indicated they were involved in running a harm reduction program in Ohio, six said they were not and ended the survey.
- From here, **77** answered the *Sustainability Survey* (76 complete and one partial response).
- Because some questions may be more meaningful when considered by programs, responses that were highly likely to be from the same program were combined and unduplicated.
 - Responses were only combined if 1) the provided email confirmed respondents worked for the same program OR 2) respondents indicated an agency type was a local health department (LHD) and had matching county, and that county only had one LHD.
 - This resulted in **64** unique program responses that completed the Sustainability Survey.

Responses for Syringe Service Program Survey

- The SSP Survey received **34** individual responses in REDCap.
- Because some questions may be more meaningful when considered by programs, responses that were highly likely to be from the same program were combined and unduplicated.
 - Responses were only combined if 1) the provided email confirmed respondents worked for the same program OR 2) respondents indicated an agency type was a LHD and had matching county, and that county only had one LHD.
 - This resulted in **18** unique program responses that completed the SSP Survey.

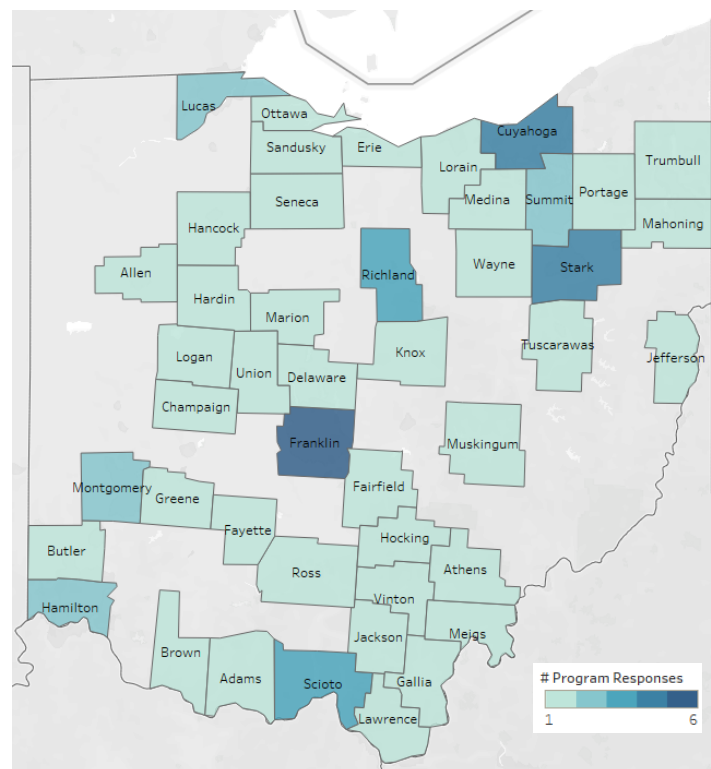
Program Information – Sustainability Survey Sample

The following results are limited to those who said they are involved in running a harm reduction program in Ohio and completed the Sustainability Survey.

Agency Type by Individual and Unique Program Responses

	Individuals (n=77)	Unique Programs (n=64)
Local Health Department	74.03%	70.31%
Syringe Service Program	35.06%	29.69%
Nonprofit Organization	12.99%	14.06%
Hospital System	7.79%	7.81%
Addiction Treatment/Recovery Organization	3.90%	4.69%
Mental Health Organization	2.60%	3.13%
Other	2.60%	3.13%
Community Outreach Program	1.30%	1.56%
Missing	0.00%	0.00%

Other agency types included an ADAMH Board and harm reduction program not identifying with the other categories. Programs that completed the Sustainability Survey (n=64) worked at agencies based out of 45 counties in Ohio.



Number of Distribution Sites by Individual and Unique Program Responses

	Individuals (n=75)	Unique Programs (n=62)
Average	4.24	4.15
Median	4	3
Min	0	0
Max	20	20

**Missing 2 for each*

Distribution Settings by Individual and Unique Program Responses

Individuals (n=77)		Unique Programs (n=64)	
Local Health Department	67.53%	Local Health Department	65.63%
Treatment/Recovery	45.45%	Treatment/Recovery	48.44%
Street Outreach	36.36%	Street Outreach	39.06%
Syringe Service Program	35.06%	Community Access Point	37.50%
Quick Response Team (QRT)	32.47%	Quick Response Team (QRT)	29.69%
Community Access Point	31.17%	Syringe Service Program	29.69%
Online Mail-order	27.27%	Corrections/Court System	26.56%
Corrections/Court System	24.68%	Online Mail-order	26.56%
Lay Distribution Network	18.18%	Lay Distribution Network	18.75%
Leave-Behind (EMS/LEO)	18.18%	ED/Urgent Care	17.19%
ED/Urgent Care	16.88%	Leave-Behind (EMS/LEO)	17.19%
Mobile Unit	14.29%	Pharmacy	12.50%
Hospital System	11.69%	Hospital System	10.94%
Pharmacy	11.69%	Mobile Unit	10.94%
FQHC/non-LHD Clinic	6.49%	FQHC/non-LHD Clinic	7.81%
School/University	6.49%	School/University	7.81%
Other	2.60%	Other	3.13%
Missing	1.30%	Missing	1.56%

Other responses included community education forms and mental health settings.

Services Provided by Individual and Unique Program Responses

Individuals (n=77)		Unique Programs (n=64)	
Naloxone	100.00%	Naloxone	100.00%
Linkage to care (referrals)	57.14%	Linkage to care (referrals)	57.81%
Fentanyl test strips	42.86%	Fentanyl test strips	40.63%
STI/HIV/Hepatitis prevention services	40.26%	Basic resources (personal care items, hygiene, etc.)	40.63%
Peer support services	38.96%	Peer support services	39.06%
Basic resources (personal care items, hygiene, etc.)	38.96%	STI/HIV/Hepatitis prevention services	35.94%
Sterile syringes	35.06%	Sterile syringes	29.69%
Other	12.99%	Other	15.63%
Safe smoking kits	6.49%	Safe smoking kits	6.25%
Safe snorting kits	2.60%	Safe snorting kits	3.13%
Missing	0.00%	Missing	0.00%

Other services (consolidated):

Substance use disorder (SUD) treatment; sexual health harm reduction supplies (condoms and lube); pregnancy tests and care; Medicaid enrollment & presumptive Medicaid assistance; wound care; gambling addiction information; groceries & snacks; medication disposal bags; safe injection kits and supplies (bandages, antibiotic ointment, alcohol wipes, cookers; sterile water, cottons/filters, tourniquets); water; transportation to treatment; Urban Survivors Union.

Populations Served by Individual and Unique Program Responses

Individuals (n=77)		Unique Programs (n=64)	
People who use drugs (PWUD)	96.10%	People who use drugs (PWUD)	95.31%
Friends and family members of PWUD	92.21%	Friends and family members of PWUD	92.19%
General public	81.82%	General public	85.94%
People in active recovery	61.04%	People in active recovery	68.75%
Racial and ethnic minority groups	50.65%	Racial and ethnic minority groups	54.69%
Justice-involved individuals	50.65%	Justice-involved individuals	54.69%
People who are housing insecure or experiencing homelessness	49.35%	People who are housing insecure or experiencing homelessness	51.56%
Members of the LGBTQIA+ community	45.45%	Members of the LGBTQIA+ community	48.44%
Healthcare providers	38.96%	Healthcare providers	42.19%
Educators	29.87%	Educators	34.38%
Survivors of domestic or sexual abuse, or human trafficking	25.97%	People with disabilities	29.69%
People with disabilities	25.97%	Survivors of domestic or sexual abuse, or human trafficking	26.56%
Students (high school, college, etc.)	20.78%	Students (high school, college, etc.)	23.44%
People with limited English proficiency	18.18%	People with limited English proficiency	21.88%
Other	6.49%	Other	7.81%
Missing	0.00%	Missing	0.00%

Other populations (consolidated):

HUD housing complexes; people with Opioid Use Disorder (OUD) referred from courts; people in pain management; pregnant women; street outreach workers.

RESULTS | Program Sustainability

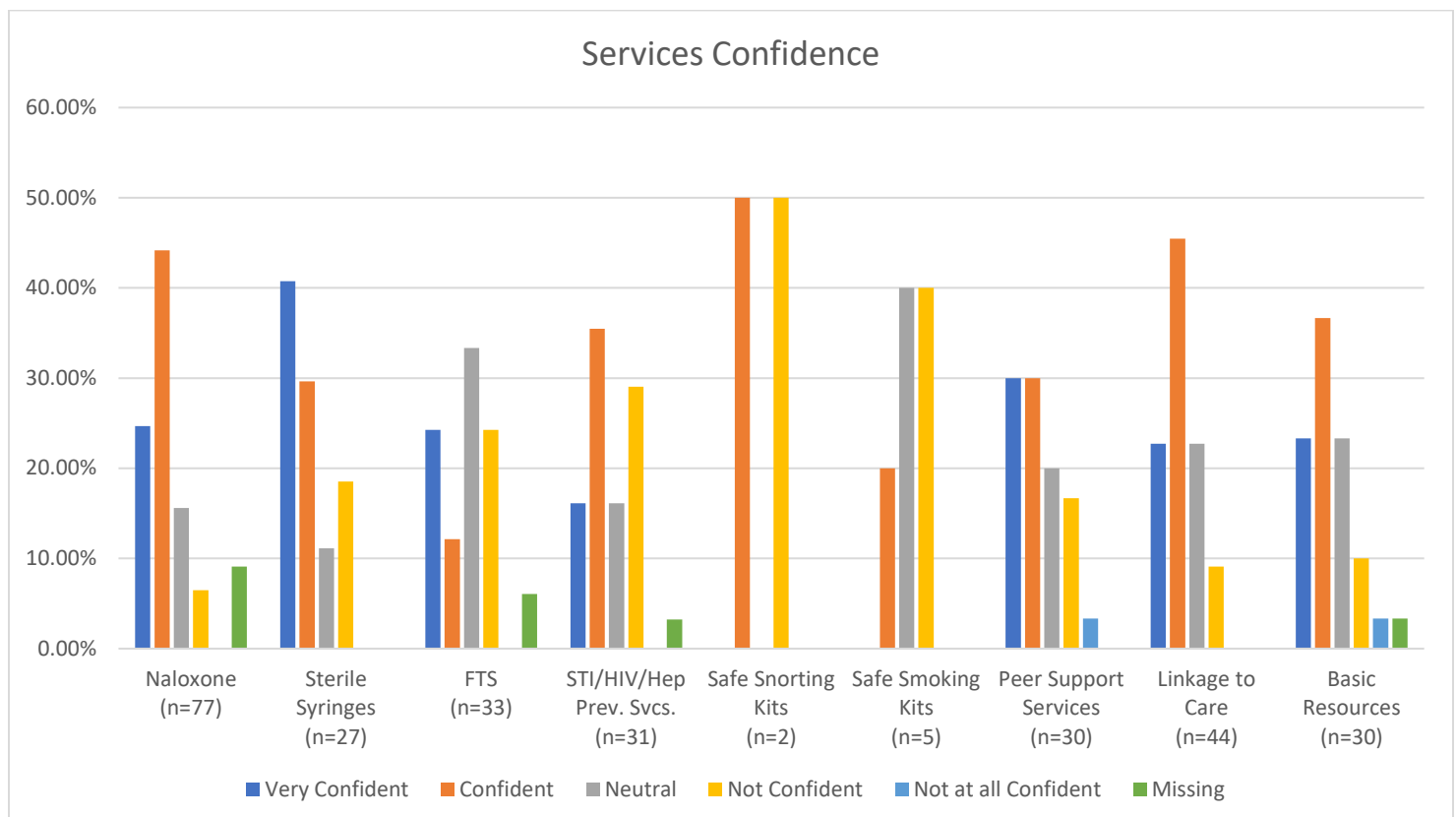
Services Confidence

The following results are based on responses from *individuals* who are involved in running harm reduction programs in Ohio. Some respondents may work for the same program.

How confident are you that your provision of the following services is meeting the needs of your service area(s)?

(Questions only appeared if respondent indicated service was provided in Program Information survey).

	Very Confident	Confident	Neutral	Not Confident	Not at all Confident	Missing
Naloxone (n=77)	24.68%	44.16%	15.58%	6.49%	0.00%	9.09%
Sterile Syringes (n=27)	40.74%	29.63%	11.11%	18.52%	0.00%	0.00%
Fentanyl Test Strips (FTS) (n=33)	24.24%	12.12%	33.33%	24.24%	0.00%	6.06%
STI/HIV/Hepatitis Prevention Services (n=31)	16.13%	35.48%	16.13%	29.03%	0.00%	3.23%
Safe Snorting Kits (n=2)	0.00%	50.00%	0.00%	50.00%	0.00%	0.00%
Safe Smoking Kits (n=5)	0.00%	20.00%	40.00%	40.00%	0.00%	0.00%
Peer Support Services (n=30)	30.00%	30.00%	20.00%	16.67%	3.33%	0.00%
Linkage to Care (n=44)	22.73%	45.45%	22.73%	9.09%	0.00%	0.00%
Basic Resources (n=30)	23.33%	36.67%	23.33%	10.00%	3.33%	3.33%



Supply & Infrastructure Sources

The following results are based on unduplicated responses from *unique programs*. Results did not vary greatly from individual results.

Which formula(s) of naloxone does your program provide to clients? Select all that apply.

Formula	% (n=64)
NARCAN® Nasal Spray 4mg/0.1 mL	95.31%
Naloxone 2 mg/2 mL prefilled syringes used with mucosal atomization devices	6.25%
Intramuscular (naloxone vial and syringe)	6.25%
Naloxone HCl Injection 2mg/0.4 mL auto-injector (e.g., Evzio)	0.00%
Missing	1.56%

How does your program purchase or obtain naloxone kits for distribution? Select all that apply.

Source	% (n=64)
ODH General (County) Allocation	78.13%
Integrated Naloxone Access and Infrastructure (IN) Grant	56.25%
Ohio MHAS naloxone grant for County Health Departments to equip law enforcement and first responders only (also known as the Community Innovations Fund)	46.88%
County Mental Health and Addiction Recovery (MHAR) or Alcohol, Drug Addiction and Mental Health (ADAMH) board	28.13%
Your organization's general funds	9.38%
Donations	9.38%
Local/county foundation	6.25%
Other organizations within community/other funding	4.69%
Insurance billing/reimbursement	3.13%
NEXT Distro	3.13%
Fundraising events	1.56%
Crowd sourcing and mutual aid (e.g., social media resource sharing, transfers from other programs)	1.56%
Buyers' clubs (e.g., NASEN, DanceSafe)	1.56%
Missing	0.00%

Other naloxone sources:

- Grant [funding] through Interact for Health.
- HEALing Communities Study.
- Local organization: Talbert House.

How does your program purchase or obtain sterile syringes for distribution? Select all that apply.

Source	% (n=19)
ODH GRF Harm Reduction Surge Materials funds	31.58%
Donations	31.58%
Your organization's general funds	26.32%
County Mental Health and Addiction Recovery (MHAR) or Alcohol, Drug Addiction and Mental Health (ADAMH) board	26.32%
Buyers' clubs (e.g., NASEN, DanceSafe)	26.32%
Local/county foundation	15.79%
Other organizations within community/other funding	10.53%
Crowd sourcing and mutual aid (e.g., social media resource sharing, transfers from other programs)	5.26%
Fundraising events	0.00%
NEXT Distro	0.00%
Missing	0.00%

Other sterile syringe sources:

- Data sharing agreement.
- Local organization: Equitas Health.

How does your program purchase or obtain fentanyl test strips for distribution? Select all that apply.

Source	% (n=26)
County Mental Health and Addiction Recovery (MHAR) or Alcohol, Drug Addiction and Mental Health (ADAMH) board	34.62%
Your organization's general funds	30.77%
Buyers' clubs (e.g., NASEN, DanceSafe)	26.92%
Federal grant funds	19.23%
Local/county foundation	19.23%
Donations	15.38%
NEXT Distro	7.69%
Other organizations within community/other funding	7.69%
Fundraising events	3.85%
Crowd sourcing and mutual aid (e.g., social media resource sharing, transfers from other programs)	0.00%
Missing	0.00%

Other fentanyl test strip sources:

- Coroner's office.
- SOAR Initiative.

How does your program purchase or obtain safe snorting kits for distribution? Select all that apply.

Source	% (n=2)
Your organization's general funds	100.00%
Buyers' clubs (e.g., NASEN, DanceSafe)	50.00%
County Mental Health and Addiction Recovery (MHAR) or Alcohol, Drug Addiction and Mental Health (ADAMH) board	0.00%
Donations	0.00%
Fundraising events	0.00%
NEXT Distro	0.00%
Crowd sourcing and mutual aid (e.g., social media resource sharing, transfers from other programs)	0.00%
Local/county foundation	0.00%
Other organizations within community/other funding	0.00%
<i>Missing</i>	0.00%

How does your program purchase or obtain safe smoking kits for distribution? Select all that apply.

Source	% (n=4)
Your organization's general funds	50.00%
County Mental Health and Addiction Recovery (MHAR) or Alcohol, Drug Addiction and Mental Health (ADAMH) board	50.00%
Crowd sourcing and mutual aid (e.g. social media resource sharing, transfers from other programs)	25.00%
Buyers' clubs (e.g., NASEN, DanceSafe)	25.00%
Donations	0.00%
Fundraising events	0.00%
NEXT Distro	0.00%
Local/county foundation	0.00%
Other organizations within community/other funding	0.00%
<i>Missing</i>	0.00%

How does your program fund its infrastructure or operational costs (e.g., staff salaries, supplies, travel -- NOT harm reduction supplies)? Select all that apply.

Source	% (n=64)
Your organization's general funds	59.38%
Integrated Naloxone Access and Infrastructure (IN) Grant	50.00%
Federal grant funds	23.44%
County Mental Health and Addiction Recovery (MHAR) or Alcohol, Drug Addiction and Mental Health (ADAMH) board	10.94%
Insurance billing/reimbursement for services (e.g., SBIRT, other related health services)	6.25%
Donations	6.25%
Fundraising events	6.25%
Local/county foundation	6.25%
Other organizations within community/other funding	6.25%
Crowd sourcing and mutual aid	0.00%
Missing	6.25%

Other infrastructure sources:

- *DR grant (a grant funded through ODH).*
- *Other grants.*
- *Ryan White Program, UTM.*
- *State Opioid Response (SOR) Grant funds awarded to The Woodrow Project who then pays us as 1099 contracted employees.*

Barriers, Billing, & Strategies

The following results are based on unduplicated responses from *unique programs*. Results did not vary greatly from individual results.

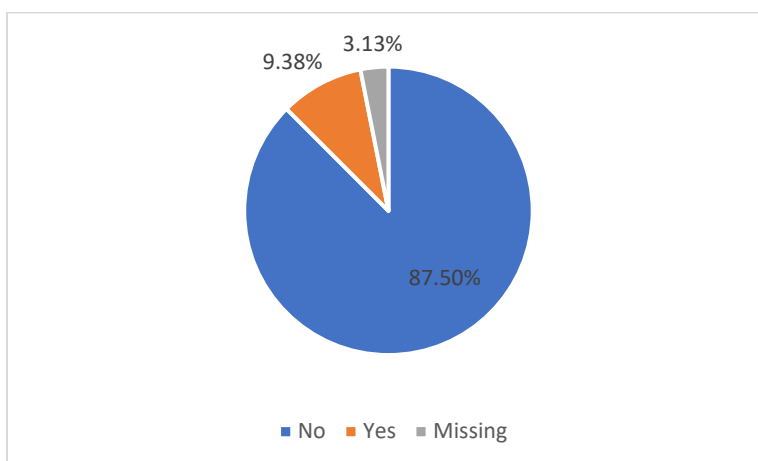
What barriers have you encountered in sustaining your harm reduction program? Select all that apply.

Barrier	% (n=64)
Community perceptions/buy-in	50.00%
Limited staff to implement program	40.63%
Lack of support from local leadership/organizations	34.38%
Limited staff capacity or resources to apply for grants (e.g., need for a grant writer)	25.00%
Restrictions pertaining to existing funding sources	25.00%
Lack of available fentanyl test strip funding opportunities	23.44%
Lack of available naloxone funding opportunities	23.44%
Lack of available safe smoking kits funding opportunities	23.44%
Lack of available safe snorting kits funding opportunities	23.44%
Lack of available sterile syringe funding opportunities	21.88%
Available funding is not enough to cover program costs	20.31%
Cost of naloxone	20.31%
Lack of available infrastructure/operational cost funding opportunities	20.31%
Legal barriers	15.63%
Organization is ineligible for certain types of funding	7.81%
Other	7.81%
Unable to bill client insurance for naloxone	4.69%
Missing	10.94%

Other barriers:

- *Building space.*
- *Lack of in-person services due to COVID.*
- *"Laws keep us from distributing syringes (which are a much-needed harm reduction supply)."*

Do you bill, or have you considered billing insurance for naloxone or other services (e.g., SBIRT) to fund your program? (n=64)



What challenges in billing insurance have you encountered? Select all that apply.

	% (n=6)
Clients can't afford copays	33.33%
No challenges	33.33%
Other	33.33%
Finding or retaining personnel who can prescribe naloxone	16.67%
Difficulty adding provider(s) to insurance panels	16.67%
Challenges submitting claims and receiving reimbursement	16.67%
Clients don't want naloxone prescription on their insurance record	16.67%
Missing	0.00%

Other billing barriers:

- *Creates an additional barrier to effectively sending a patient/individual home with a Narcan kit in hand rather than a prescription that will go unfilled.*
- *No contracts for billing.*

**What strategies have you found helpful for making your harm reduction program more sustainable?
Select all that apply.**

	% (n=64)
Community partnerships	67.19%
Utilize grants	54.69%
Integrate naloxone into existing programs to reduce need for additional personnel	35.94%
Diversify funding	18.75%
Donations	15.63%
Fundraise	9.38%
Bill for naloxone and/or other services	7.81%
Purchase less expensive forms of naloxone (e.g. nasal atomizer spray, injectable naloxone)	6.25%
Other	1.56%
Bill for SBIRT and/or counseling	0.00%
Bill for wound care and/or other health services	0.00%
Missing	14.06%

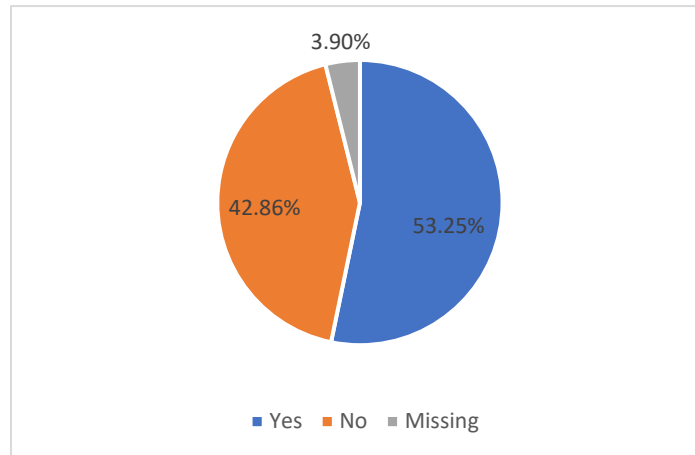
Other strategies:

- **Respondent comment: "I advise Treatment Providers to bill for naloxone first, if insurance is not an option for the client, the Project DAWN Naloxone will act as a supplement."*

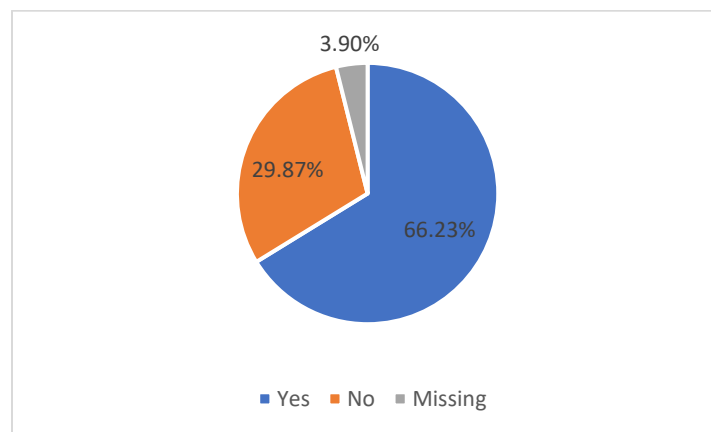
Staffing

The following results are based on responses from *individuals* who are involved in running harm reduction programs in Ohio. Some may work for the same program.

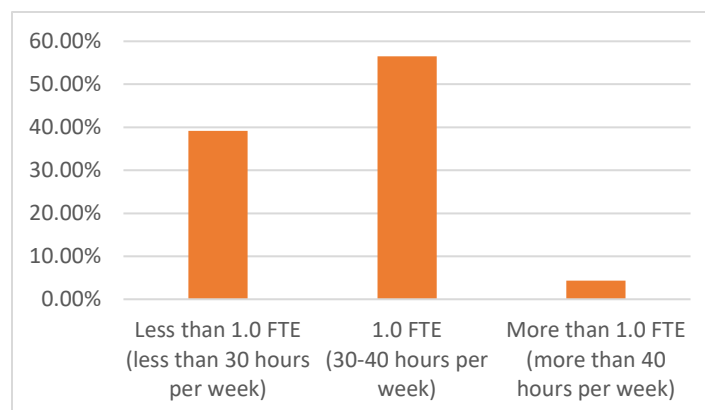
Does your harm reduction program have a program coordinator/manager who dedicates 0.5 full time equivalents (FTEs) or more to the program? (n=77)



Do you have adequate staffing to effectively operate your program? (n=77)



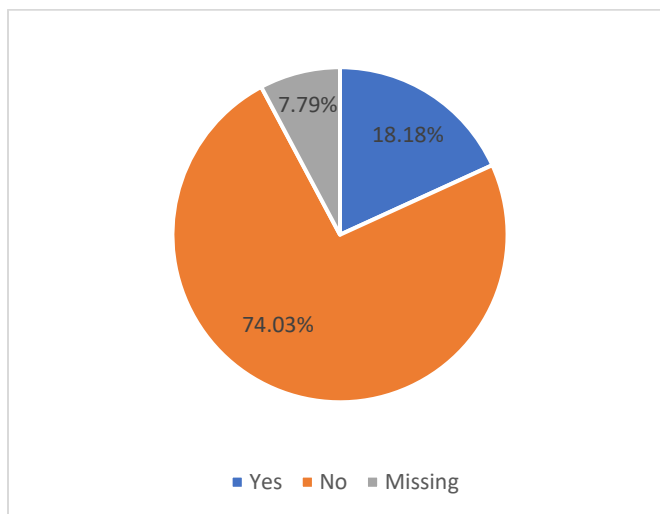
If No, how many more FTEs need to be dedicated to the program? (n=23)



Disrupted Funding

The following results are based on responses from *individuals* who are involved in running harm reduction programs in Ohio. Some may work for the same program.

If your primary source(s) of funding was unexpectedly cut, do you have a plan for how your program would continue?
(n=77)



What is your plan in the event of disrupted funding? (n=14)

- *Direct billing with other services.*
- *General funds.*
- *In-kind labor donations.*
- *In the process of Medicaid Billing.*
- *Internal funding.*
- *Other grant funding.*
- *Our agency would absorb as much of the program as possible to deliver what services we could using the GRF.*
- *Reach out to 317 Board, Find grants that provide funding for naloxone.*
- *Research and apply for grants.*
- *Use our general funds, community grants, fundraising from local businesses or community resources.*
- *Utilize other funding streams.*
- *We will continue to fund the program to the best of our ability at a smaller scale.*
- *We would continue to reach out to local/county foundations.*
- *Working to begin billing insurance for services.*

Additional Thoughts

The following results are based on responses from *individuals* who are involved in running harm reduction programs in Ohio. Some may work for the same program.

Please share any additional thoughts regarding sustaining a harm reduction program. If there are none, please leave blank and submit the survey. (n=6)

- *As far as the question re: staffing we normally have adequate staffing, but with COVID it has made it a little more difficult since they are pulled into COVID activities.*
- *As our program is months old, any input is appreciated.*
- *Funding for syringes is currently our largest hurdle. Since we cannot purchase syringes with federal grant funds, we must write grants to other funders. While the number of SSPs in Ohio and the nation have increased, this also means that the funders are more competitive and often exclude governmental operations. Having a secured and sustainable path for syringe purchasing is essential for the continuation of the program.*
- *I created Opioid Prescriber workshop websites that I can provide CEUs for that I found engaged more of the community in helping with gaps our program was up against in community assistance with implementing harm reduction. I also just finished and launched our Community Overdose Data Project - this allows the community to see our overdose data I collect and Spike Alerts for Fayette County. I think the actual numbers of overdose in our community makes it more real and we noticed more request for our Hope Bags in target area we been trying to service and haven't been successful.*
- *If spacing would allow, we would likely build a harm reduction program within our LHD, but we have no space to house another staff person. I am open to applying for ODH harm reduction grant funding beyond the 2 sources we use for Naloxone currently. A grant would have to fund the personnel costs.*
- *Making IM naloxone available to Project DAWN, recognition of SSP and harm reduction programs as medically necessary services potentially fundable through other state funding channels like Medicaid.*

Incomplete Sustainability Survey Response Comparison

The following results are limited to *individuals* who said they are involved in running a harm reduction program in Ohio.

Agency Type by Sustainability Survey Completion (n=90)

	Completed (n=77)	Not completed (n=13)
Local Health Department	74.03%	46.15%
Hospital System	7.79%	15.38%
Addiction Treatment/Recovery Org.	3.90%	7.69%
Mental Health Organization	2.60%	0.00%
Nonprofit Organization	12.99%	15.38%
Syringe Service Program	35.06%	69.23%
Community Outreach Program	1.30%	23.08%
Other	2.60%	0.00%
Missing	0.00%	0.00%

Other agency types included an ADAMH Board and harm reduction program not identifying with the other categories.

Programs that completed the Sustainability Survey (n=64) worked at agencies based out of 45 counties in Ohio. If including incomplete responses, the total is 46 counties (Clermont is the additional).

Number of Distribution Sites by Sustainability Completion (n=88)

	Complete (n=75)	Incomplete (n=13)
Average	4.24	2
Median	4	1
Min	0	0
Max	20	8

*Missing 2

Distribution Settings by Sustainability Completion

	Complete (n=77)	Incomplete (n=13)
Community Access Point (e.g. library, community resource center)	31.17%	7.69%
Corrections/Court System	24.68%	7.69%
ED/Urgent Care	16.88%	7.69%
FQHC/non-LHD Clinic	6.49%	0.00%
Hospital System	11.69%	15.38%
Lay Distribution Network	18.18%	7.69%
Leave-Behind (EMS/LEO)	18.18%	7.69%
Local Health Department (LHD)	67.53%	30.77%
Mobile Unit	14.29%	15.38%
Online Mail-order	27.27%	23.08%
Pharmacy	11.69%	0.00%
Quick Response Team (QRT)	32.47%	0.00%
School/University	6.49%	7.69%
Street Outreach	36.36%	23.08%
Syringe Service Program	35.06%	53.85%
Treatment/Recovery	45.45%	23.08%
Other	2.60%	0.00%
Missing	1.30%	0.00%

Other responses included community education forms and mental health settings.

Services Provided by Sustainability Completion

	Complete (n=77)	Incomplete (n=13)
Naloxone	100.00%	84.62%
Sterile syringes	35.06%	69.23%
Fentanyl test strips	42.86%	61.54%
STI/HIV/Hepatitis prevention services	40.26%	38.46%
Safe snorting kits	2.60%	15.38%
Safe smoking kits	6.49%	7.69%
Peer support services	38.96%	38.46%
Linkage to care (referrals)	57.14%	61.54%
Basic resources (personal care items, hygiene, etc.)	38.96%	53.85%
Other	12.99%	15.38%
Missing	0.00%	0.00%

Other services (consolidated):

- Substance use disorder (SUD) treatment; sexual health harm reduction supplies (condoms and lube); pregnancy tests and care; Medicaid enrollment & presumptive Medicaid assistance; wound care; gambling addiction information; groceries & snacks; medication disposal bags; safe injection kits and supplies (bandages, antibiotic ointment, alcohol wipes, cookers; sterile water, cottons/filters, tourniquets); water; transportation to treatment; Urban Survivors Union.

Populations Served by Sustainability Completion

	Complete (n=77)	Incomplete (n=13)
People who use drugs (PWUD)	96.10%	100.00%
Friends and family members of PWUD	92.21%	76.92%
Racial and ethnic minority groups	50.65%	46.15%
People with limited English proficiency	18.18%	23.08%
Members of the LGBTQIA+ community	45.45%	46.15%
People who are housing insecure or experiencing homelessness	49.35%	53.85%
Justice-involved individuals	50.65%	38.46%
Survivors of domestic or sexual abuse, or human trafficking	25.97%	38.46%
People in active recovery	61.04%	53.85%
Students (high school, college, etc.)	20.78%	23.08%
People with disabilities	25.97%	7.69%
Educators	29.87%	15.38%
Healthcare providers	38.96%	23.08%
General public	81.82%	53.85%
Other	6.49%	15.38%
Missing	0.00%	0.00%

Other populations (consolidated):

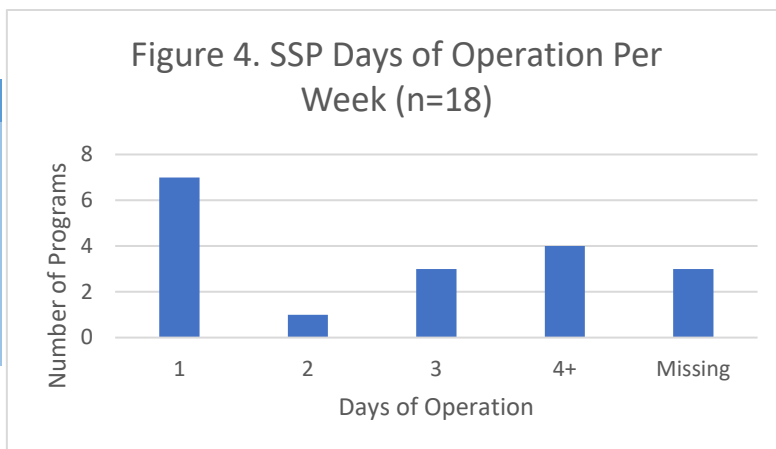
- HUD housing complexes, people with OUD (Opioid Use Disorder) referred from courts, people in pain management, pregnant women, street outreach workers.

RESULTS | Syringe Service Program

The following results are based on responses from *individuals* who are involved in running a Syringe Service Program (SSP) in Ohio. Some may work for the same program

What is your syringe service program (SSP) operation schedule?

	% (n=18)
Less than once a week	0.00%
One day a week	38.9%
Two days a week	5.6%
Three days a week	16.7%
Four or more days a week	22.2%
Missing	16.7%



Comments:

- 4 fixed location 3 days per week and mobile events 1< times per week.

Please select your sterile syringe provision type:

	% (n=18)
Needs-based (sterile syringes are provided based on need, not requiring the return of used syringes)	11.1%
Exchange (sterile syringes are provided in exchange for any number of used syringes)	27.8%
One-for-one exchange (sterile syringes are provided in exchange for the same number of used syringe)	44.4%
Missing	16.7%

Comments:

- Hybrid; we still collect used syringes but everyone gets 70.

Services offered through SSP:

	% (n=18)
Naloxone	100.0%
Sterile Syringes	100.0%
Linkage to care (referrals)	94.4%
Fentanyl test strips	83.3%
STI/HIV/Hepatitis prevention services	77.8%
Basic resources (personal care items, hygiene, etc.)	66.7%
Peer support services	61.1%
Safe smoking kits	22.2%
Other resources	22.2%
Safe snorting kits	16.7%

Does your SSP offer testing onsite for HIV?

	% (n=18)
Yes, at every shift.	27.8%
Yes, two or more times a week (but not at every shift)	11.1%
Yes, once a week (but not at every shift)	11.1%
Yes, less than once a week (1-3 times per month; not at every shift)	16.7%
No, our SSP does not offer HIV testing onsite	16.7%
Other	16.7%

Comments:

- *By request.*
- *HIV testing is not being conducted at this time due to COVID. We are working on a set up so that we can conclude with testing safely.*
- *We partner with LHD to provide HIV screening once a month.*

Does your SSP offer testing onsite for HCV?

	% (n=18)
Yes, at every shift.	16.7%
Yes, two or more times a week (but not at every shift)	11.1%
Yes, once a week (but not at every shift)	11.1%
Yes, less than once a week (1-3 times per month; not at every shift)	11.1%
No, our SSP does not offer HCV testing onsite	33.3%
Other	16.7%

Comments:

- *By request.*
- *We have the capability to offer HCV testing, but not the funding to purchase test kits.*
- *We did offer HCV testing at every shift, but we currently do not have HCV kits.*
- *HCV testing is not being conducted at this time due to COVID. We are working on a "set up" so we can conclude with testing safely.*
- *We partner with LHD to provide HCV screening once a month.*
- *ODH no longer funds HCV tests. When we secure funding the HCV tests, we will offer at every shift.*

Which of the following barriers are impacting your ability to offer testing for HIV and/or HCV with SSP services? Select all that apply.

	% (n=18)
Insufficient staffing to conduct testing (and associated participant counseling)	33.3%
Availability of testing resources (e.g. test kits, etc.)	33.3%
Private space on-site to conduct testing	22.2%
Education and training for current staff	33.3%
Challenges with maintaining social distancing for COVID-19 in our workspace	22.2%
No Barriers	16.7%
Other	5.6%

Comments:

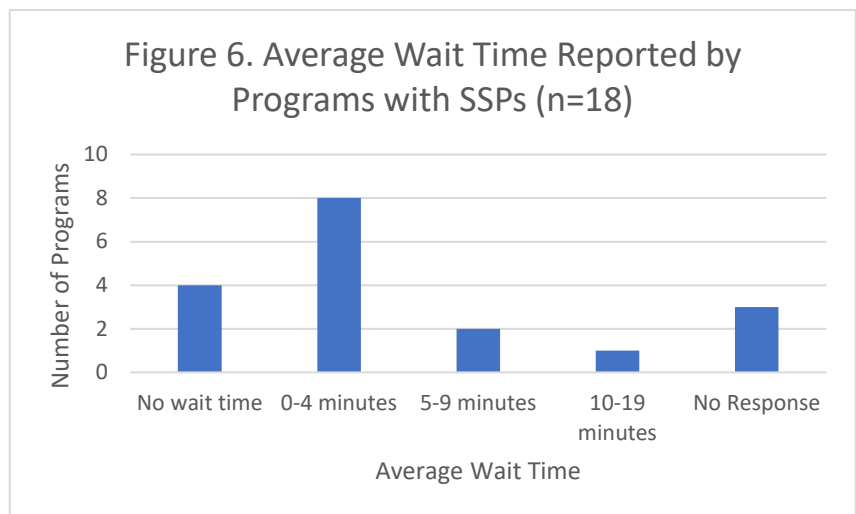
- *Location for one of the sites.*

Do any of the following administrative activities create a significant burden that interferes with SSP service delivery?
Select all that apply.

	% (n=18)
Forms/information that participants must complete or provide	55.6%
Data reporting (sending or inputting data to funders, etc.)	33.3%
Funder reporting (program reports, etc.)	22.2%
Developing and updating required policies and procedures	16.7%
Our program does not have any administrative burdens	44.4%
Other	0.0%

What is the average amount of time your program participants wait (time from when participant arrives at program location to when they interact with services)?

	% (n=18)
No wait time	22.2%
0-4 minutes	44.4%
5-9 minutes	11.1%
10-19 minute	8.7%
20+ minutes	0.0%
No Response	16.7%



Do you think that current wait times (due to COVID-19 or other factors) have negatively impacted services?

Only participants that reported having a wait time answered the following question:

	% (n=12)
No	75.0%
Yes	25.0%

If yes, please explain:

- A buildup of clients hinders people for asking for things they may need out of fear of being judged.
- Participant's wish not to wait so long for services due to limited staffing capacity.
- Shortage of staff as they are diverted to covid activities.

Which of the following resources/support has your SSP received due to COVID-19? Select all that apply.

	% (n=18)
No resources/support were received	50.0%
Received education/training on social distancing, cleaning, and sanitizing our care delivery space	38.9%
Received additional funds to address the pandemic	22.2%
Received additional resources for remote service delivery (telehealth, virtual visits, virtual peer support, etc.)	11.1%
Other	0.0%

Which of the following continue to impact your SSP due to COVID-19? Select all that apply.

	% (n=18)
Reduced outreach events/capacity to conduct in-person outreach	50.0%
Reduction in supplies or less access to supplies	44.4%
Reduction in staff time/availability	33.3%
Reduction in staffing	27.8%
No impacts from COVID-19 at this time	16.7%
Reduction in funding	5.6%
Other	5.6%

Other answers:

- Location.

Please rate your agreement with the following statement: The COVID-19 pandemic continues to impact our ability to deliver SSP services.

The following question was based off all individual SSP respondents (n=34) and of those, 27 individuals answered:

	% (n=27)
Strongly agree	3.7%
Agree	44.4%
Neither agree nor disagree	29.6%
Disagree	14.8%
Strongly disagree	7.4%

