Minnesota Department of Health

# Syringe Services Program Progress Report

**Progress Report Period:** 2023 January-March April-June July-September October-December

**Agency name:**

**Program name (if applicable):**

**HIV rapid testing method:** Preliminary rapid testing Confirmed rapid HIV testing

## Syringe Service Program Quantitative Data

| **Syringes Out and In** | |
| --- | --- |
| **Total number of sterile syringes out projected goal (2023 workplan goal):** |  |
| **Total number of used syringes in projected goal (2023 workplan goal):** |  |
| **Reporting Period 2023: January-March April-June July-September October-December** | |
| Total number sterile syringes out during reporting period: |  |
| Total number of used syringes in during reporting period: |  |
| Total number of exchanges during reporting period: |  |

| **People Reached/Served** | |
| --- | --- |
| **Total number of unique participants projected goal (2023 workplan goal):** |  |
| **2023 reporting period: January-March April-June July-September October-December** | |
| Total number of unique\* participants reached/served during reporting period: |  |
| Total number of new\*\* participants enrolled during reporting period: |  |
| Total number of unique participants served during the 12-month period from Jan-Dec 2023 **(only for fourth quarter (Oct-Dec) report):** |  |

\* Unique participants are individual participants utilizing the SSP who may visit the SSP multiple times during the time frame but should only be counted once for this category.

\*\*New participants enrolled into the SSP for the first time at the agency ever.

| **HCV Testing** | |
| --- | --- |
| **Total number of tests projected (2023 workplan goal):** |  |
| **2023 reporting period: January-March April-June July-September October-December** | |
| Number of HCV tests conducted during reporting period: |  |
| Number of reactive tests during reporting period: |  |
| Number of confirmed positives during reporting period: |  |
| Positivity rate:  (number of positive tests/total number of tests) x 100 |  |

| **HIV Testing** | |
| --- | --- |
| **Total number of tests projected (2023 workplan goal):** |  |
| **2023 reporting period: January-March April-June July-September October-December** | |
| Number of HIV tests conducted: |  |
| Number of preliminary positives: |  |
| Number of confirmed positives:  \*please include any confirmed positive test result, even if the person is later found out to be previously diagnosed with HIV |  |
| Positivity rate:  (total number of HIV tests/ total number of **confirmed** positive HIV tests) x 100 |  |

| **Overdose Prevention** | **January-March April-June  July-September  October-December** |
| --- | --- |
| Number of overdose (naloxone) doses distributed:  If you only track kits, how many doses of naloxone does your organization include in each kit? |  |
| Number of reported client overdose reversals: |  |

| **Condom Distribution:** | **January-March April-June  July-September  October-December** |
| --- | --- |
| Number of condoms out to SSP participants: |  |

## Syringe Service Program Qualitative Data

1. Did you make any important changes to your syringe exchange services during this reporting period? If yes, please describe the changes you made. (E.g. location changes, recruitment strategies, referrals and linkage, HIV testing technologies, staffing/personnel, total hours, methods, etc.)
2. Share an example of a challenge you experienced during the reporting period and how you addressed/plan to address it.
3. Share an example of a success your program experienced during the reporting period.

**Please share any updates (new activities, future plans, challenges/concerns, successes, participant feedback, current environment, community feedback, new partnerships) related to the following aspects of your program during this quarter, *if applicable*:**

* Engagement and recruitment of participants
* Syringe distribution
* Syringe disposal and/or syringe litter
* Condom distribution
* Hormone use and unique issues facing hormone users
* Sex work and unique issues facing sex workers
* MSM/IDU community
* Overdose prevention, including naloxone distribution and client education
* Law enforcement (engagement, participant feedback, education, etc)
* Drug trends (changes in supply/drug of choice, participant insight, etc)
* MN pharmacy syringe access (any participant feedback related to purchasing of syringes at area pharmacies, partnerships with pharmacies)

### HCV Testing

1. Based on your HCV testing goal for the year, are you on track? If not, what were the barriers to reaching this goal?
2. If you had clients with a reactive rapid HCV test:

* How many clients did you connect to a confirmatory test?
* How many were linked to HCV treatment?
* If you had clients with a reactive rapid test that you could not connect to a confirmatory test or link to HCV treatment during this reporting period, describe the situation(s):

1. Was your Hep C testing data spreadsheet for this reporting period emailed to your MDH Liaison? Yes No
2. For any reactive HCV Test, was a case report submitted to the HCV unit? Yes No

### HIV Testing

1. Based on your HIV testing goal for the year, are you on track? If not, what were the barriers to reaching this goal?
2. Has all HIV testing data been entered into Evaluation Web and does it match what is in this report?
3. For each preliminary positive and/or confirmed positive result, was an HIV case report submitted to MDH?
4. If you had clients with a reactive rapid HIV test:

* How many clients did you connect to a confirmatory test or link to HIV primary care?
* If you had clients with a reactive rapid test that you could not connect to a confirmatory test or link to HIV primary care during this reporting period, describe the situation(s):

### Priority Population Input

1. Share an example of something you learned from priority population(s) and how you used it to improve your program during the reporting period.

### Monitoring & Evaluation

1. Any updates related to monitoring/evaluation projects you are utilizing to enhance your project?

### Capacity Building & Technical Assistance

1. Are there any other ways that MDH can help support your programming (training, supplies, technical assistance, etc)?

### Additional Comments

1. Describe any additional information that you think is important for MDH to know as relates to the implementation of SSP activities during this reporting period.

### Staffing

Per contract, MDH must be notified in writing within five days of changes in staff or staff responsibilities and you must submit resumes of new staff.

Check box if there were changes in staff or staff responsibilities in this reporting period.

List all current staff positions funded by this grant in the table below

| Name | Title | FTE on program\* |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Must match FTE in Budget Plan and Narrative

### Technical Assistance From MDH

EvalWeb:[health.cwpems@state.mn.us](mailto:health.cwpems@state.mn.us)

Other: [health.hivprevention@state.mn.us](mailto:health.hivprevention@state.mn.us)

Request data, a presentation, or a training from MDH:

[STD/HIV/TB Data & Presentation Request (http://bit.ly/2DGYNdS)](http://bit.ly/2DGYNdS)

Minnesota Department of Health  
[health.hivprevention@state.mn.us](mailto:health.hivprevention@state.mn.us)  
651-201-5414 | 1-877-676-5414  
[www.health.state.mn.us/hiv](http://www.health.state.mn.us/hiv)  
04/06/2023

*To obtain this information in a different format, call: 651-2015414.*