SSP Point in Time Survey Case Study

SSP Description	Lincoln Trail District Health Department (LTDHD) covers a 6 county region in Central Kentucky and opened it's first SSP in 2017. LTDHD currently operates 3 fixed-site SSPs where we average 20 encounters per week. Our services include distribution of sterile injection
2 0001 ption	supplies, Naloxone, testing for HIV/HCV and other STIs as well as safer sex supplies, linkage to care and other community resources.
Regular data collection	Each client is given a unique identifier on initial intake and completes an interviewer-guided survey on demographics, drug use, and
	testing practices. On each subsequent encounter, information is collected on the number of syringes returned and distributed, overdose
	experience since last visit, and Naloxone usage since last visit. This was our first PiTS, but we plan to conduct an annual PiTS.
Goal(s) of	Goals for this PiTS were to identify supplies and service needs that are not currently being met. Goals of future PiTS would be to identify
point in time	areas of improvement (e.g., how they are accessing healthcare, interactions with law enforcement and the justice system) to better meet
survey	the needs of our clients.
Timeline	From planning to dissemination of the first PiTS, the process took about a year. We anticipate future iterations taking approximately 6 months from beginning to end.
Planning	There were a small group of key stakeholders involved in the planning process, including the Harm Reduction Manager, an epidemiologist,
	and the Health Impacts Administrator.
Survey design	Our first step was identifying what we wanted to learn from participants and how we planned to use the data collected. When drafting
	questions, each question was prioritized based on the objectives and learning priorities.
Piloting	We piloted the survey with both staff and participants and made some edits based on feedback. We used a paper copy of the survey for
	piloting, but in future iterations we advise using both paper and electronic if an electronic version will be used for data collection.
Training	Interviewer reviewed the survey, objectives, and interviewer protocol. However, we advise that each interviewer is trained to interview in
	the exact same way and to ensure that each question is asked and answered.
Sampling	We offered the survey to every SSP client that was seen during the survey period that had not already completed the survey. We collected
strategy	data for 4 weeks and provided an inventive valued at \$20.
Data collection	\We used Alchemer, an online survey tool, to complete the data collection. The survey was administered by SSP staff and reviewed at the
	2-week mark to ensure that the demographics of the survey participants were comparable to the demographics of the SSP clientele. For
	future iterations all questions will be monitored to make sure questions are not being skipped and there are no glitches with the
	electronic version.
Analysis	The epidemiologist cleaned the data in Excel and then imported into SAS for data analysis. Graphs and charts were then created in a
	Word document for the data visualization.
Outcomes and dissemination	After the survey implementation ended, key stakeholders met for a survey debrief. Data will be shared with a variety of organizational and
	community stakeholders as well as SSP participants. Data will also be used for grant writing and potential expansion of services and to
	support advocacy for SSP approval in other LTDHD counties.

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Lessons
learned

We would make sure that our questions answered our objectives. We would also provide more interviewer training and support for staff to ensure the survey is being prioritized along with essential services. In the future, we will also look at historical SSP participation and ensure that we conduct the survey during our peak participation months.