

# Evaluation Tool: Syringe Services Programs

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This tool is intended as a simple way for organizations planning new SSPs or evaluating existing ones to assess their use of best practices; it is a companion to the *Performance Standards for Syringe Services Programs* document also produced by NASTAD. **This document is intended to be supportive as opposed to punitive; it should never be used to prevent a program from opening, nor to close an existing program down.** Evaluation is an iterative process, and programs are encouraged to use this tool on a periodic basis to allocate resources, target areas to improve, and/or set action items for programmatic change.

Best practice	Not a current practice and not yet in discussions to change	In early discussions to implement this practice or policy	Will make this change imminently	Employ this policy or practice but not consistently	Consistently employ this policy or practice
Needs-based syringe and equipment distribution policy					
Provision of high-quality, non-retractable syringes of a type preferred by participants and in varying sizes					
Safe disposal on-site					
An official secondary syringe exchange program, including training and supervision of secondary exchangers					
Financial compensation for secondary exchangers (i.e. stipend or incentive)					
Naloxone distribution and training freely available to all SSP participants					
A comprehensive, well-enforced bathroom safety policy					
Active consultation with program participants around service design and changing trends in community needs (e.g. through focus groups, interviews, committee membership, surveys, informal conversations) as an iterative means of evaluating program effectiveness					
Program design based on published evidence and/or results of a local needs assessment					
Minimal data collection during each encounter (i.e., only number of people coming in, syringes distributed, naloxone kits distributed, people participant is exchanging for; maybe one or two other things if non-invasive and truly needed)					
No requirement for provision of information or participation in research in exchange for access of sterile injection equipment					
SSP employees include people with lived experience					
Partnerships with community agencies to support community pickup of syringe litter (whether directly by the SSP or through advocacy)					
Protocols to minimize potential harm to participants resulting from interactions between the SSP and law enforcement, ICE, and/or child protective services					
Existing relationship with legal counsel willing to provide aid to the program when needed, either pro bono or via an affordable retainer					
Diverse funding streams that provide some consistency and security for services					