

Syringe Services Program Reporting Guidance

Background

Maryland Department of Health Center for Harm Reduction Services (CHRS) envisions a Maryland where 1) health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner, 2) people who use drugs have equitable access to high-quality care, and 3) services provided to people who use drugs are free from stigma and discrimination. In meeting this vision, MDH CHRS provides technical assistance, oversight of reporting requirements, and funding to Syringe Service Programs.

Reporting requirements

Approved Syringe Services Programs (SSP) are required to report program data to the Department on a quarterly basis. All SSPs shall submit all data for each reporting period on a quarterly basis as required by MDH, regardless of whether MDH provides funding. CHRS may change reporting measures throughout the grant period and will provide advance notice to Syringe Services Programs.

The following report variables are required by [Md. Health-General article §24-907](#) and [COMAR 10.52.01.07](#):

1. The number of:
 - a. Participants served by the SSP
 - b. New participants registered by the SSP
2. Demographic data for participants served by the SSP, including age, gender identity, race, ethnicity, zip codes, and type of drugs used
3. The number of syringes and needles distributed and collected
4. Each location where syringes and needles were distributed
5. The number of linkages/referrals provided to participants for the following services:
 - a. Substance-related disorder counseling, treatment, and recovery services;
 - b. Testing for HIV, viral Hepatitis, and sexually transmitted diseases;
 - c. Reproductive health education and services;
 - d. Wound care; and
 - e. The services of an overdose response program

How to Report

Webform features

- **Form:** All SSP reports are submitted quarterly through a web-based form available [here](#). This form is separate from the ACCESS grantee quarterly reporting form and the ACCESS grantee monthly report - to review reporting guidance and due dates for ACCESS Reports use [this link](#).
- **Save and return:** The form allows users to save and return to the information they have entered at any point before clicking the “Submit” button. The link to the partially completed form may be copied and shared with other staff; this allows for multiple staff members to participate in the completion of the form if necessary.
- **Submission:** Users must click the “submit” button at the end of the form in order for the form to be considered complete.
- **Copy of responses:** Upon submission, users will automatically receive a copy of the report for their records. This email will be sent to the contact person email address entered in the form.

Late Reporting

Reports must be submitted in accordance with the schedule detailed below. All reports must be completed and submitted before the close of business day on the due date. Extensions may be granted by CHRS if requested in advance of the due date by emailing mdh.access@maryland.gov.

Frequency and schedule

SSPs must submit all data for each reporting period on a quarterly basis as required by MDH. The reporting schedule is below; **when the due date falls on a weekend or holiday, reports are due by close of business on the workday prior.**

Quarter	Reporting Period	Due date
Quarter 1	July 1 - September 30	October 30th
Quarter 2	October 1- December 31	January 30th
Quarter 3	January 1 - March 31	April 30th
Quarter 4	April 1 - June 30	July 30th

Form Instructions

The quarterly quantitative report measures and instructions, including definitions, are as follows:

Question	Instructions and definitions
SSP Contact Name SSP Contact Person Phone Number SSP Contact Person Email Address	Provide the SSP contact person name, phone number, and email address. A copy of your responses will be sent to the email address provided.
How many NEW participants has your program registered/enrolled during this reporting period?	This number should represent individuals who registered/enrolled with your program during this reporting period as "new" participants. This is the number of participants who received a unique ID and participant ID card for the first time during the reporting period.
How many individual participants (unduplicated) has your program served during this reporting period?	Indicate the number of individual registered participants who accessed services during this reporting period. Registered participants who received services multiple times during the reporting period are only counted once in this measure.
How many total encounters has your program documented for this reporting period?	Indicate the number of total encounters your program had during the reporting period. This number may count the same individual multiple times and may include both registered and unregistered individuals. This number may include outreach encounters with individuals who did not access services on site.
How many individual participants (unduplicated) has your program served during the current fiscal year?	Indicate the number of individual registered participants who accessed services during the fiscal year. Registered participants who received services multiples times during the current fiscal year (ex. In different reporting periods) are only counted once in this measure.
Please provide the top three most common zip codes of participants' residences during this reporting period.	List three zip codes that represent the residences of majority of your participants during this reporting period.
Please indicate the types of service models provided by your program during this reporting period.	Select all that apply for the service models your SSP provided to program participants during this reporting period. If not listed,

	please indicate it in the “other” option.
Please indicate the top three most common drugs used by participants during this reporting period.	Select the three most common drugs used by participants your program served during this reporting period. If a drug is not listed, please indicate “other.”
How many syringes/needles has your program distributed during this reporting period?	Indicate the number of syringes/needles distributed during the reporting period.
How many syringes/needles has your program collected during this reporting period?	<p>Indicate the number of syringes/needles collected during the reporting period. This number may include both those returned by participants to the program and those collected by the program through community clean-up activities. This number may also include those collected by other groups within the community if they are returned to the Syringe Services Program for disposal.</p> <p>For example, if the SSP is responsible for certain public syringe take-back containers, the syringes collected in those containers may be included here. Do not include syringes/needles collected by public syringe take-back containers that the SSP is not responsible for.</p>
Does your program have an operational Voucher Program?	<p>Select yes or no.</p> <p>Voucher program: Syringe Service Program utilizes local pharmacies to distribute syringes/needles free of charge.</p>
If yes, program does have an operational Voucher Program: How many syringes/needles were distributed by local pharmacies through your program’s Voucher Program during this reporting period?	Indicate the total number of syringes/needles distributed by pharmacies participating in the Voucher Program during this reporting period.
Does your program provide syringe services utilizing a satellite site(s)?	<p>Select yes or no.</p> <p>Satellite site: utilizing an organization to expand access to syringe services. For example, a health department trains and provides supplies to a community-based organization to provide syringe services under the LHD’s approval and program Authorization. Satellite sites are not locations</p>

	where program staff provide services, they should only be considered a satellite site if another organization's staff is providing SSP services.
If yes, program does utilize a satellite site(s): Please list the names of all current satellite sites.	Provide a list of all organizations providing satellite services during this reporting period.
If yes, program does utilize a satellite site(s): How many NEW participants has your SATELLITE LOCATION(S) registered/enrolled during this reporting period?	This number should represent individuals who registered/enrolled with the satellite site(s) during this reporting period as "new" participants. This is the number of participants who received a unique ID and participant ID card for the first time during the reporting period.
If yes, program does utilize a satellite site(s): How many individual participants (unduplicated) has your SATELLITE PROGRAM(S) served during this reporting period?	Indicate the number of individual registered participants (including those newly registered) who accessed services at the satellite site(s) during this reporting period. Registered participants who received services multiple times during the reporting period are only counted once in this measure.
If yes, program does utilize a satellite site(s): How many total encounters has your SATELLITE LOCATION(S) documented for this reporting period?	Indicate the number of total encounters the satellite site(s) had during the reporting period. This number may count the same individual multiple times and may include both registered and unregistered individuals. This number may include outreach encounters with individuals who did not access services on site.
Demographics	<p>Detail the number of participants served in each demographic category during the reporting period. These numbers should represent registered participants only, and should not count individual participants more than once.</p> <p>Demographics should include both program and satellite site participant information.</p> <p>For age, you will receive an error message if the "Total" in each category does not equal the individual participants (unduplicated)</p>

	served during this reporting period.
Direct Services	<p>Detail the number direct services provided to each service category during the reporting period. These numbers may represent multiple direct services for the same participants.</p> <p>For example, one participant received naloxone directly from the program and obtained wound care treatment from the SSP nurse. These are both considered direct services and should be documented in this section.</p>
Referrals/Linkages to Care	<p>Detail the number referrals provided to each service category during the reporting period. These numbers may represent multiple referrals for the same participants.</p> <p>For example, one participant was linked up with a community partner for housing services and obtained a referral for additional wound care at the local hospital. These are both considered referrals and should be documented in this section.</p>
Please indicate the titles of any trainings that SSP staff members, including satellite site staff members, attended during this reporting period, as well as the number of staff members who attended.	Provide the titles of trainings the SSP staff attended during the reporting period, and the number of staff members who attended.
Please indicate any major changes to SSP hours, locations, or staff during the reporting period.	<p>If there were any changes to the hours or locations of SSP services, please note those here. In addition, if any program staff members left or new program staff members were onboarded, please indicate that here. This information will be used to update MDH's contact list as well as SSP hours and locations guide.</p> <p>If there were any changes during this reporting period, please be sure to update the SSP's policies and procedures documents in accordance with MDH guidance.</p>