Michigan Syringe Service Program Monitoring and Evaluation

Presenters:
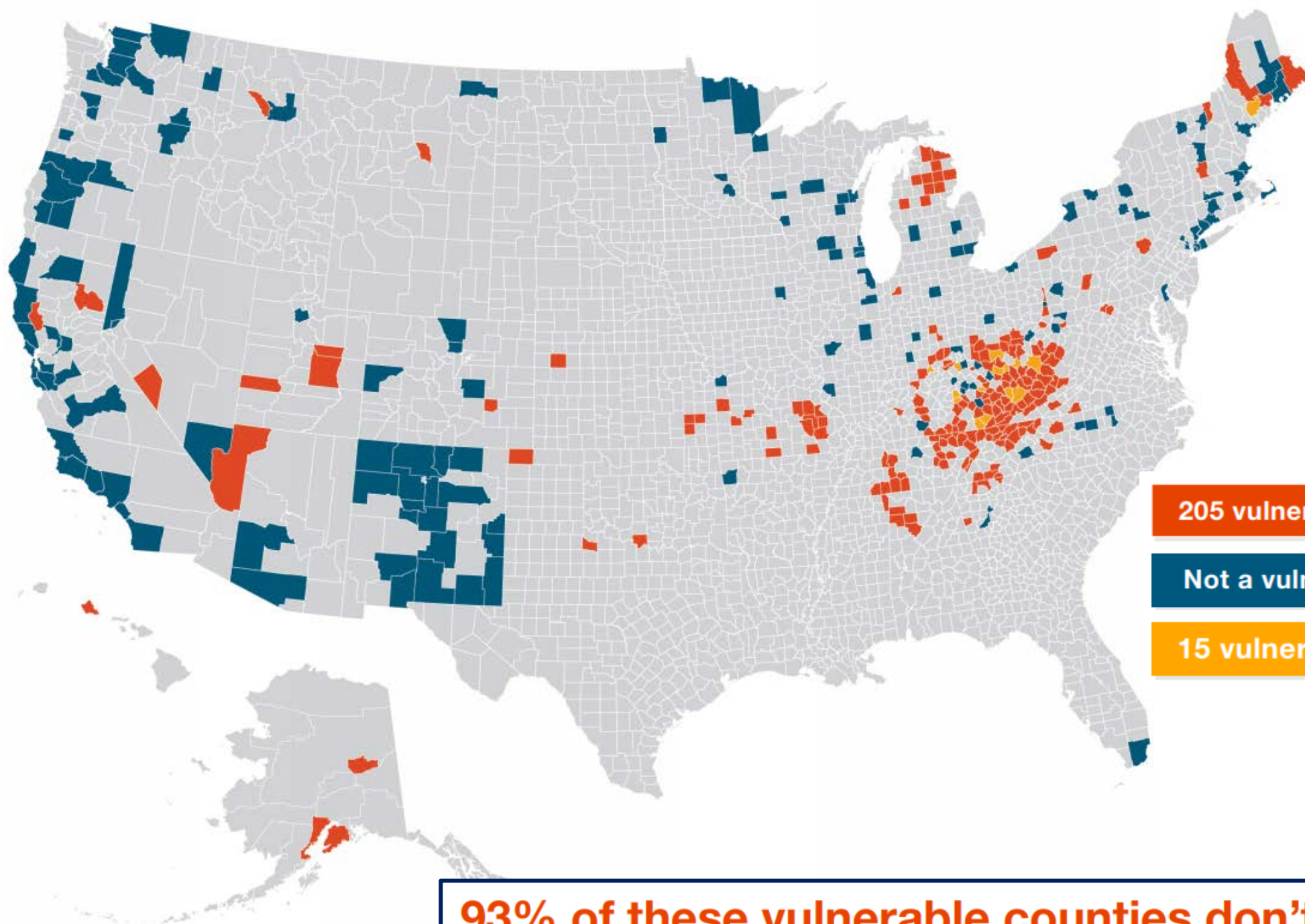
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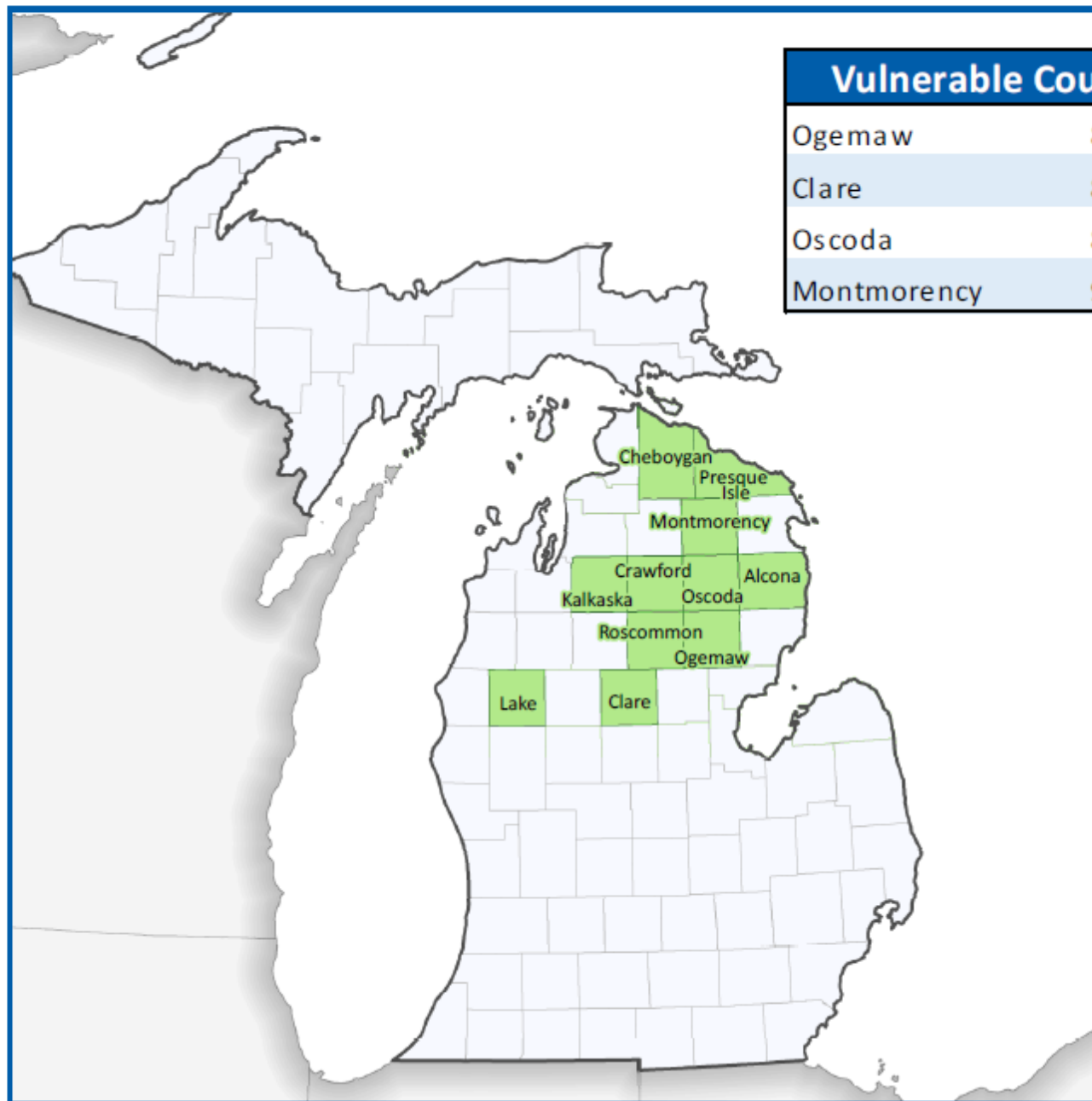Viral Hepatitis Unit - MDHHS
millerm80@michigan.gov

205 vulnerable counties have no SSP

Not a vulnerable county, has an SSP

15 vulnerable counties have SSPs

93% of these vulnerable counties don't have any SSPs.

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs

Vulnerable Counties and National Ranks (from 1-220)					
Ogemaw	86	Lake	137	Crawford	197
Clare	87	Presque Isle	174	Kalkaska	207
Oscoda	88	Alcona	184	Cheboygan	215
Montmorency	91	Roscommon	192		

Michigan had the 5th most vulnerable counties of all the states in the U.S.
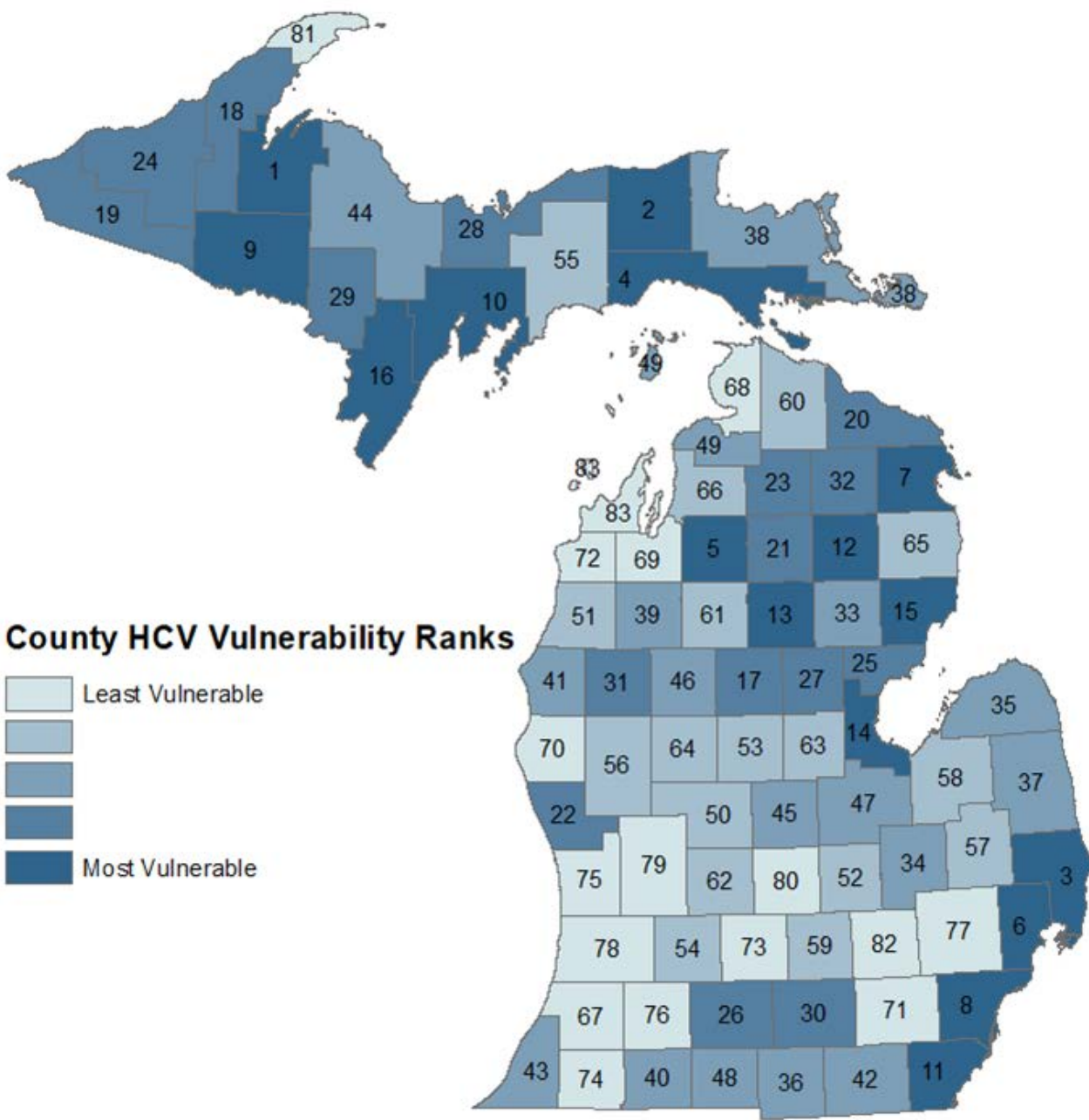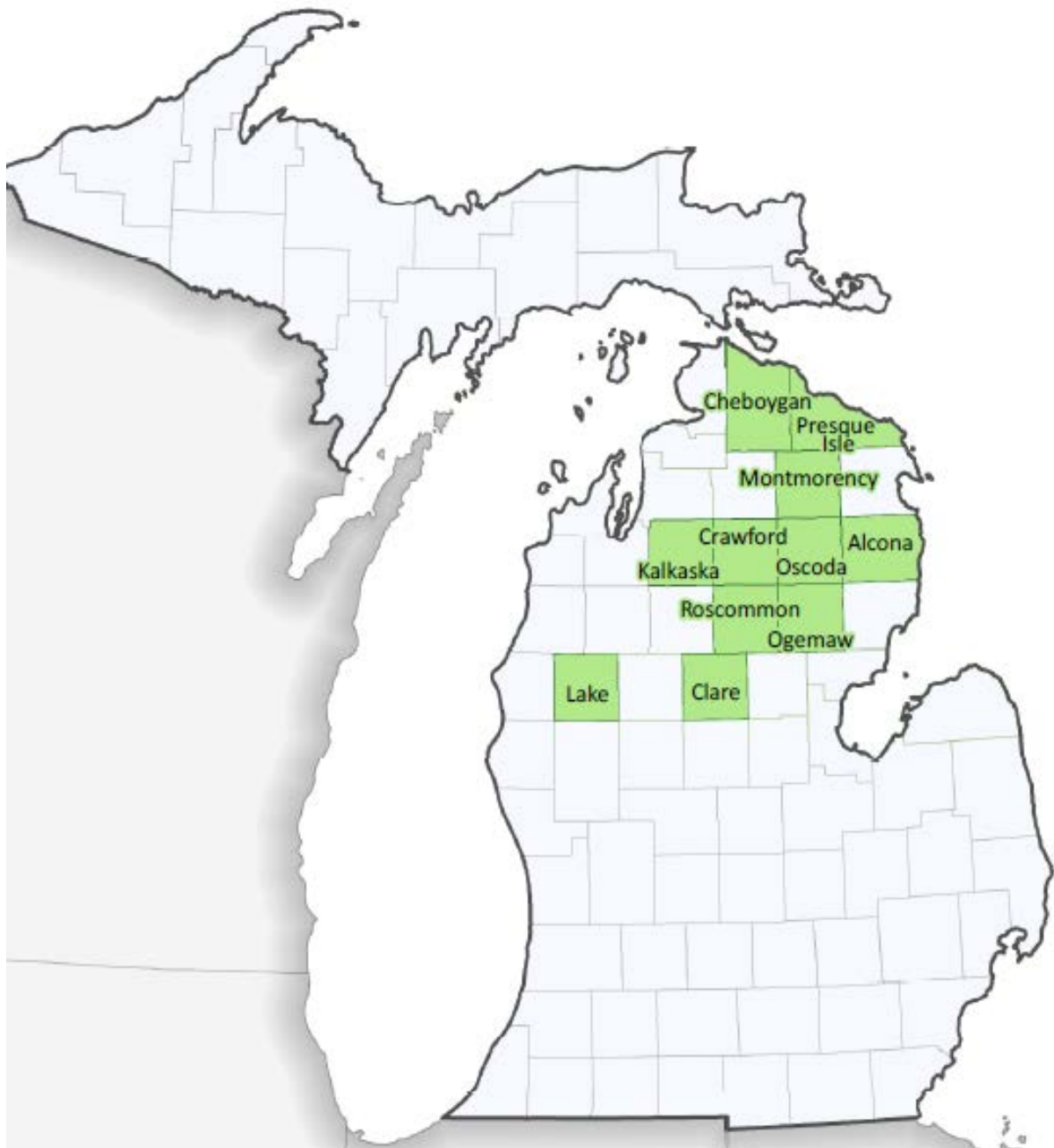
History of Syringe Services in Michigan
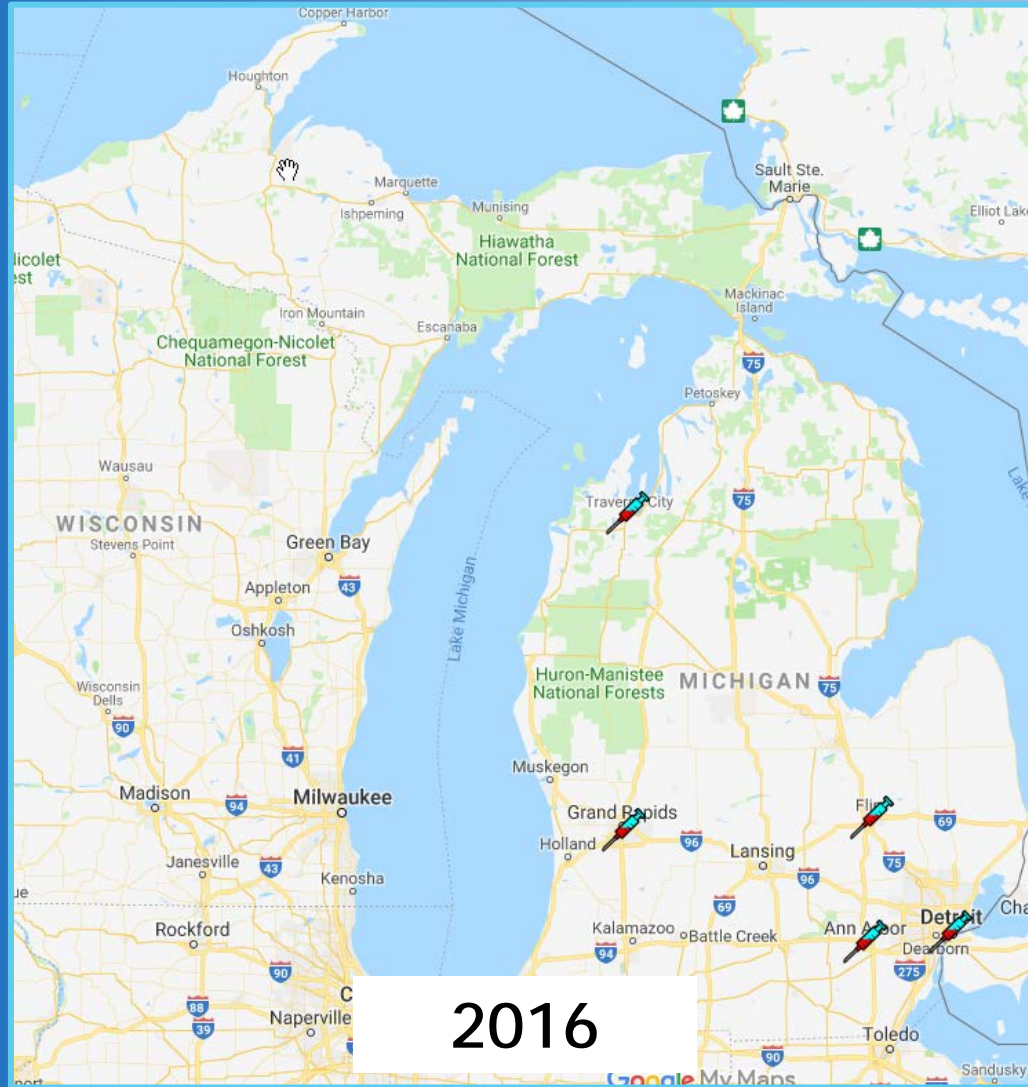
- **5 Legacy Programs**
  - Wellness – Flint
  - Unified – Ann Arbor/Ypsilanti
  - Community Health Awareness Group (CHAG) – Detroit
  - The Grand Rapids Red Project – Grand Rapids
  - Harm Reduction Michigan

CDC vs. Michigan HIV/HCV County-Level Vulnerability Ranking
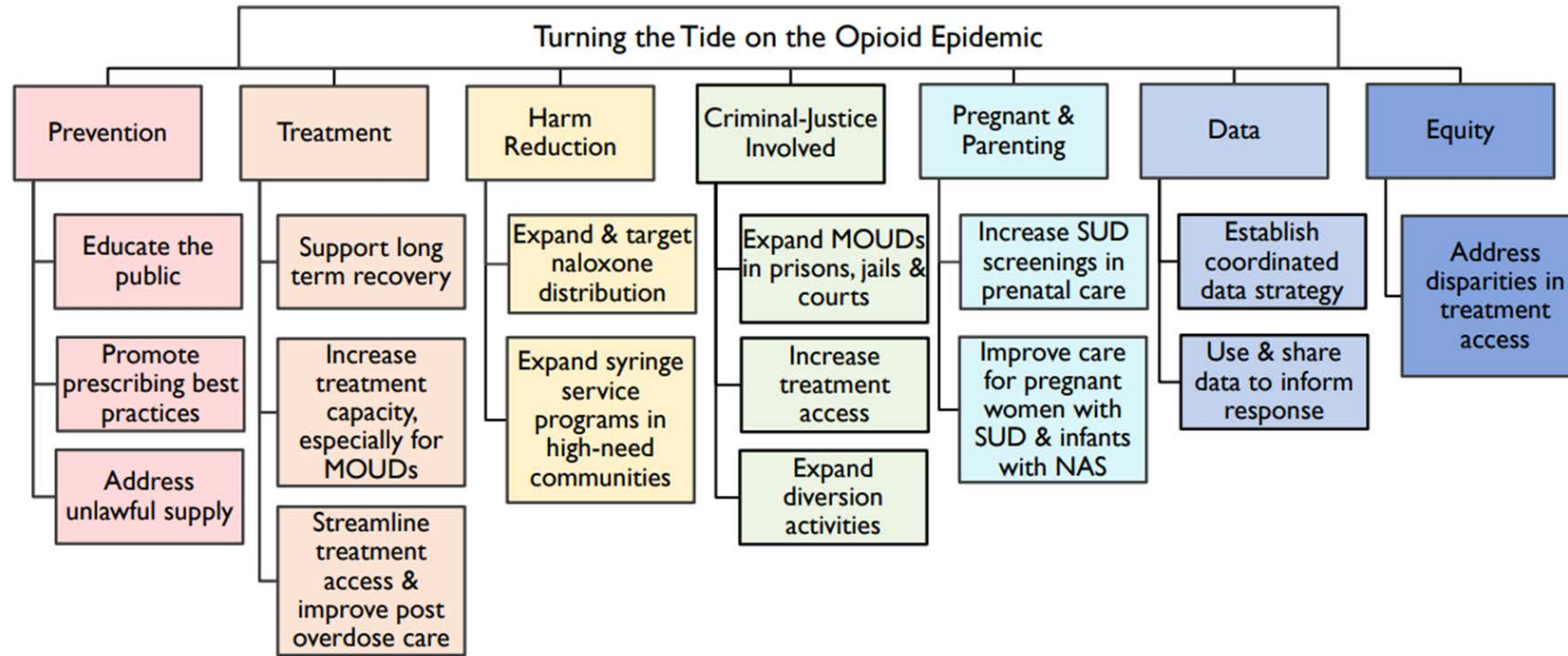
Expansion of SSP in Michigan

2016

2021

"We believe that sterile syringes should be available and accessible to any person in Michigan that injects substances"

Joe Coyle, MPH
Director of the Bureau of Infectious Disease Prevention
Michigan Department of Health and Human Services

MDHHS 2021 OPIOIDS STRATEGY

Turning the Tide on the Opioid Epidemic

Prevention
- Educate the public
- Promote prescribing best practices
- Address unlawful supply

Treatment
- Support long term recovery
- Increase treatment capacity, especially for MOUDs
- Streamline treatment access & improve post overdose care

Harm Reduction
- Expand & target naloxone distribution
- Expand syringe service programs in high-need communities

Criminal-Justice Involved
- Expand MOUDs in prisons, jails & courts
- Increase treatment access
- Expand diversion activities

Pregnant & Parenting
- Increase SUD screenings in prenatal care
- Improve care for pregnant women with SUD & infants with NAS

Data
- Establish coordinated data strategy
- Use & share data to inform response

Equity
- Address disparities in treatment access

# Drug Paraphernalia Ordinances

- State Law
  - MCL 333.7451 defines sterile syringes as drug paraphernalia
  - MCL 333.7457(g)
  - Sections 7451 to 7455 do not apply to any of the following:
  - (g) An object sold, offered for sale, or given away by a state or local governmental agency or by a person specifically authorized by a state or local governmental agency to prevent the transmission of infectious agents.
- Some county prosecutors state this only applies to *the sale* of syringes, not *possession*

Drug Paraphernalia Ordinances
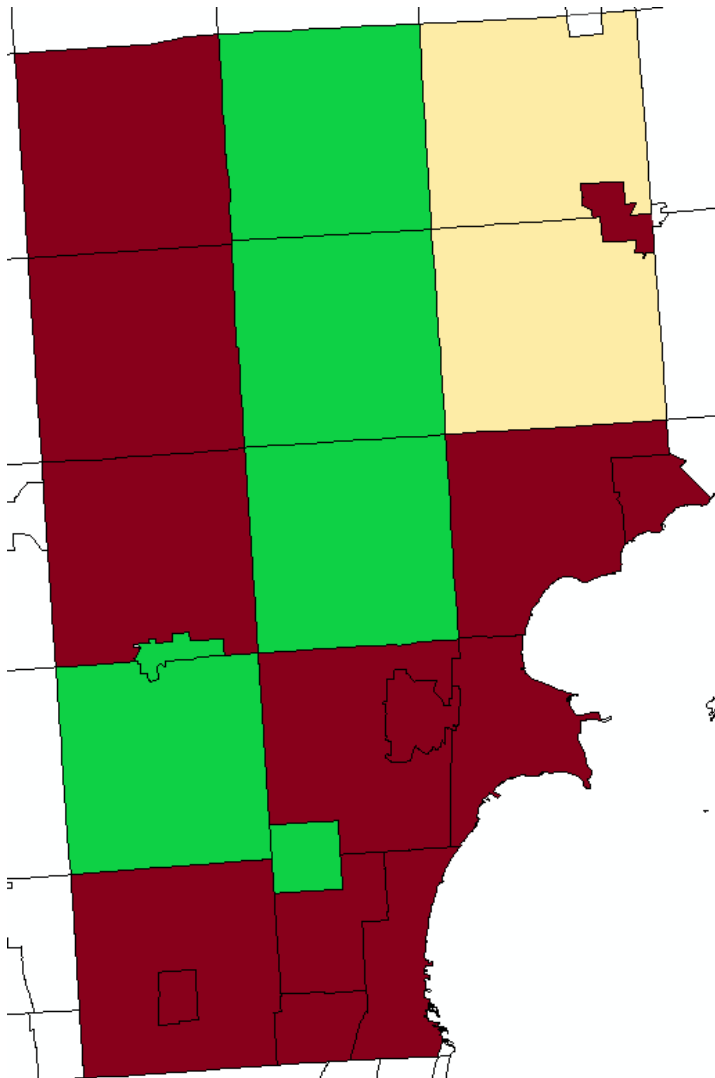
Syringes considered Drug Paraphernalia?

- 🟩 No
- 🟨 Unsure
- 🟥 Yes
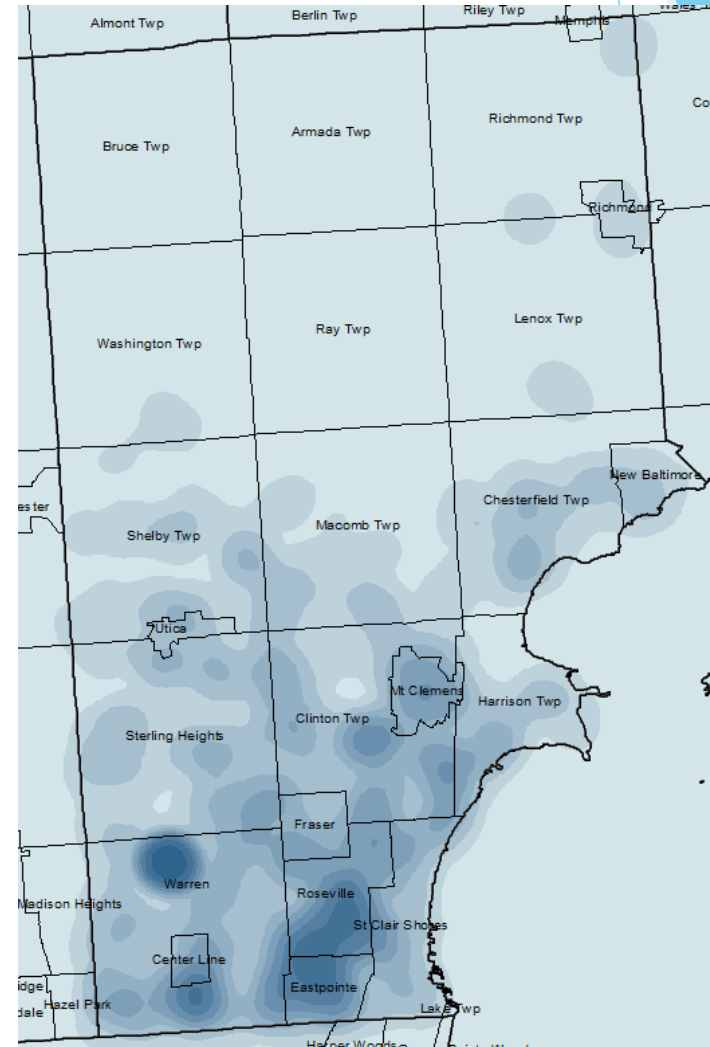
Barriers to Statewide M&E System

Barriers to Data Collection and Consistency

- Amount and types of data collected varied between programs
- SSPs relied on several funding sources with varied reporting requirements
- Some SSPs hesitant to share client data to state disease surveillance system
- Some SSPs lacked technology and/or staff proficiency in technology
- Internet access difficult in mobile services and in some rural settings

Barriers to Evaluation

- Implementation barriers, community support, organization/community resources vary by program and locale
- Different populations served by each program (ie rural vs urban)
- Unique facilitators/barriers for community-based vs, health department-based programs

Purpose and Considerations of Statewide Data Collection System

- ► **Monitor, evaluate, and improve grant funded SSPs**

- ► **Platform must add value to encourage buy-in and minimize barriers to service**
  - ► Intuitive, easy to use, accurate, reliable
  - ► Data able to satisfy all reporting requirements
  - ► Real-time client history and some case-management ability
  - ► Able to track supply inventory

- ► **Clients must be tracked by anonymous UID number**
  - ► Balance between anonymity and useful case management

- ► **Security**
  - ► Transparency in who has access to the data

- ► **System must be adaptable to unique program needs!**

Client Dashboard (as of now)	
Previous Encounter:	?
Last Client Intake Form Completed:	?
Last Overdoses Reversed (Naloxone):	?
Last Fentanyl Test Strips Given:	?
COVID19V Given:	?
HAV Given:	?
HBV Given:	?
Other Given:	?
Last Naloxone Given:	?
Last Narcan Given:	?
HIV Last Tested:	?
Test History:	?
Hepatitis C Last Tested:	?
Test History:	?

Building the Syringe Utilization Platform "SUP?"

- Web-based, developed specifically for SSP data collection
- Started with variables programs were already collecting
  - Paper forms, Excel spreadsheets, Google spreadsheets, etc.
- Took the "kitchen sink" approach
  - Added all possible variables
  - Allowed users to move through forms without answering questions
  - Allowed users to customize forms to remove unused variables
- Planned for enhancements
- Securely housed within MDSS login

Encounter Form Quantity Line Items

Syringes	Syringe Type	Not Provided
Syringes Dispensed Type 1	1cc 27G 1/2"	☐
Syringes Dispensed Type 2	1cc 28G 1/2"	☐
Syringes Dispensed Type 3		☑
Syringes Dispensed Type 4		☑
Syringes Dispensed Type 5		☑

Supplies	Not Provided
Cookers	☐
Cottons, Filters	☐
Tourniquets	☐
Sterile Water	☐
Sharps Containers (1 Qt)	☐
Sharps Containers (lg)	☐
Acidifiers (Breakdown)	☐
Alcohol Wipes or Swabs	☐
Bandages	☐

Communicable Disease Configuration

Communicable Disease Test	Not Provided
HIV	☐
Hepatitis A	☑
Hepatitis B	☑
Hepatitis C	☑
HCV RNA	☑

User Roles

- **System Administrator** – Can view and make changes to all system data and forms

- **Jurisdictional User** – Can view data from organizations in their jurisdiction

- **Organizational Administrator** – Can view and make changes to all data and forms at their assigned organization

- **Organizational User** – Can enter and make changes to their own data. Can view all of their organization's data

- **Volunteer** – Can enter organizational data but cannot see any data

SUP Forms

▶ **All forms can be printed or completed offline**

▶ **Client Registration Form** – Asks for an anonymous user ID using any alpha-numeric formula. Client can also be given a nickname.

▶ **Client Intake Form** – Collects demographic, substance use history, risk behavior, and other data. Lengthy, but does not need to be completed in one visit or at all.

▶ **Client Encounter Form** – Collects services received at visit (# of syringes, # of Narcan kits, HIV/HCV testing, vaccinations, referrals, etc.)

▶ **Aggregate Data Form** – Collects service data not connected to a specific client ID

SUP Flow

SUP Outputs – Qualitative Data

| Client ID	Notes	Time Stamp
XXXXXX	Consumer attended Vaccine Event and received 1st Covid-19 Pfizer Vaccine dose.	5/25/2021 11:11
XXXXXX	Consumer received both HIV/HCV rapid screening. Both tested negative.	5/25/2021 11:12
XXXXXX	Consumer received 2nd Pfizer Vaccine Dose on this day as well.	6/16/2021 11:51
XXXXXX	Individual is a commercial sex worker operating out of the hotel near airport in R****. Consumer is conducting secondary exchanges in the community there. SSP team is coordinating with other SSP's in community to develop more consistent engagement.	5/18/2021 11:05
XXXXXX	Consumer is acting as secondary exchanger at Airport in R****. SSP Team is attempting to coordinate connections with closer SSP.	5/20/2021 15:11
XXXXXX	Consumer reports that individuals are looking for fentanyl test strips to take urine drug screens so they know when they can go on Buprenorphine. I got to say, its pretty creative.	6/16/2021 12:57
XXXXXX	Consumer continues to outreach local sex working community at the Airport Hotels in R****, MI. SSP Team is working to connect other Harm Reductionists to this community, as it appears to be significantly underserved.	5/25/2021 11:10
XXXXXX	CM previously met participant at *** Meijer, participant registered today.	5/7/2021 16:40
XXXXXX	Met with client to provide harm reduction supplies. Client decided to register	5/18/2021 15:03
XXXXXX	Client reports being tested for Hep C, Hep A, Hep B, and HIV within the past year. Client has expressed interest in being tested again at a later date.	5/18/2021 15:23
XXXXXX	passes out some supplies to the local hotel	6/7/2021 12:46

**** = Locations obscured

XXXXXX = Client ID obscured

SUP Outputs – Quantitative Data Reports

Naloxone Kits Dispensed and Overdoses Reversed
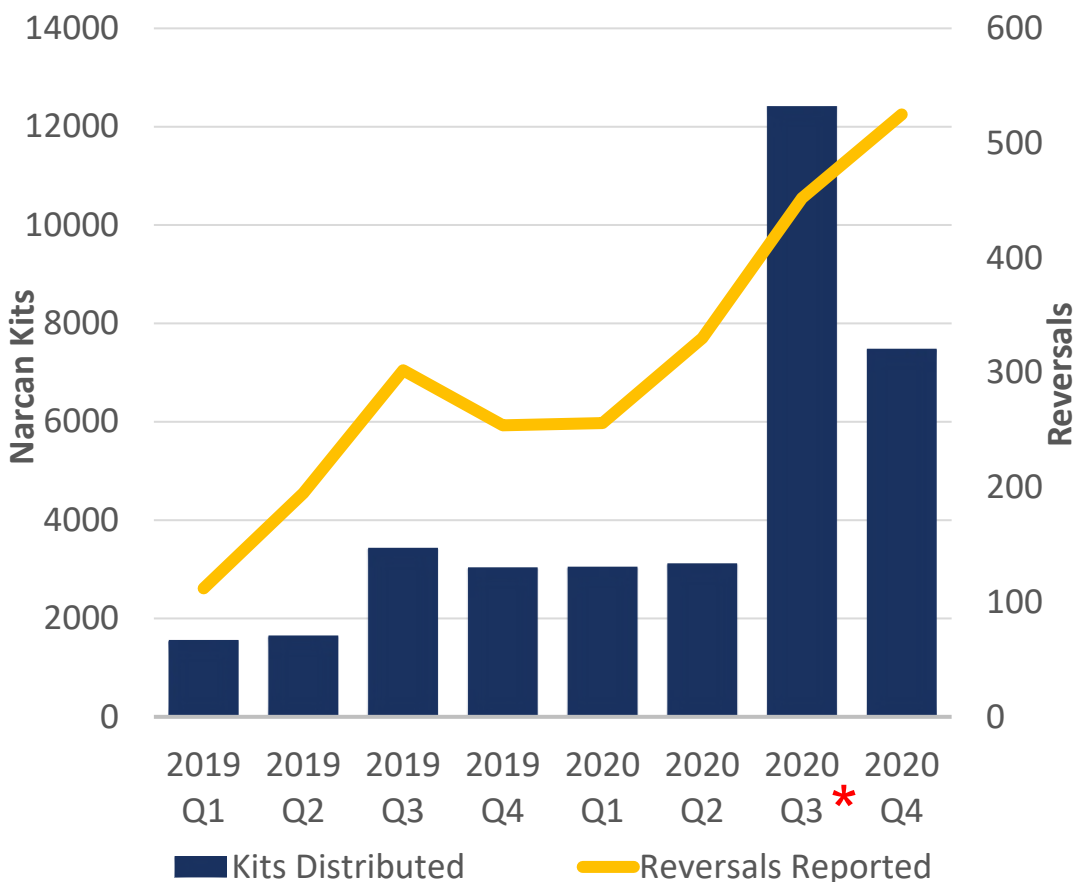
Clients Served and Syringes Distributed
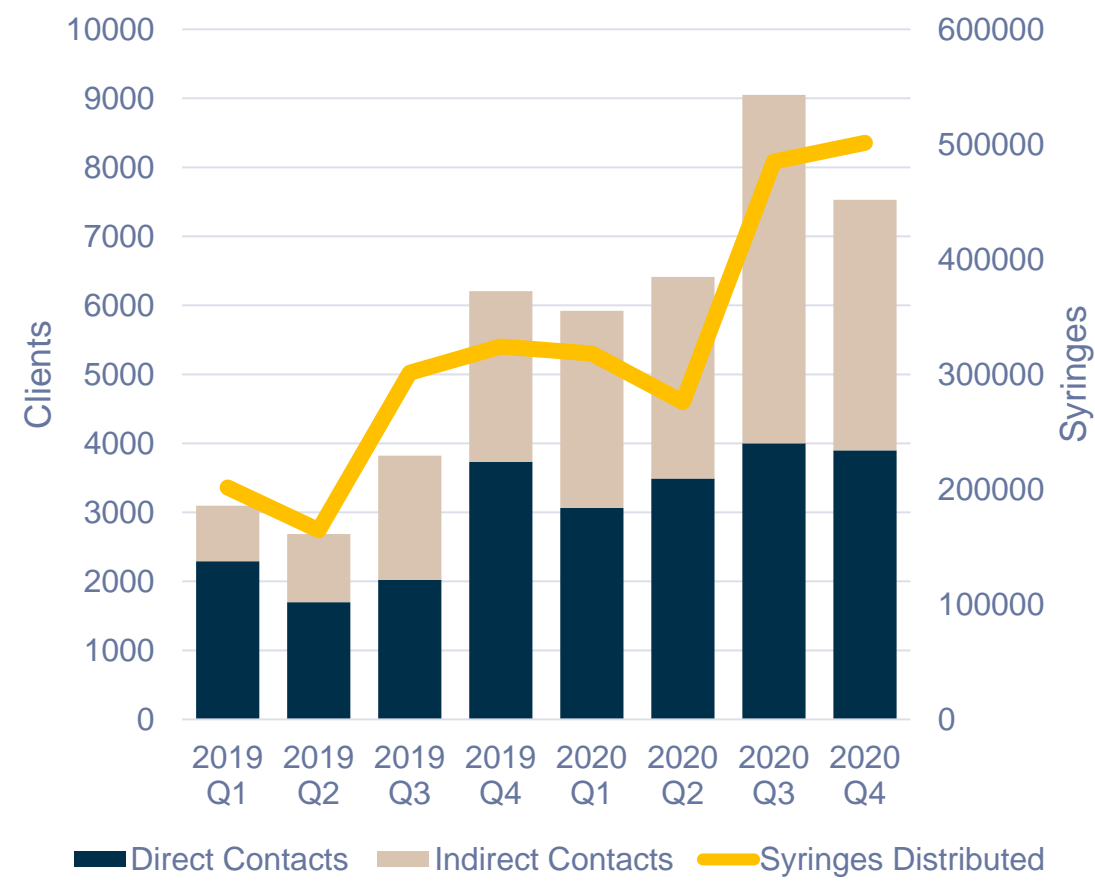
*One SSP reported distributing 9,000+ naloxone kits this quarter

SUP Outputs – Other Evaluation Measures

- **Client Behavior**
  - Frequency of visits
  - Changes in substance use behavior over time
 - Secondary delivery

- **System User Behavior**
  - Frequency of form completion
  - Client engagement (frequency of intake completion, client note detail, comprehensiveness of service delivery)
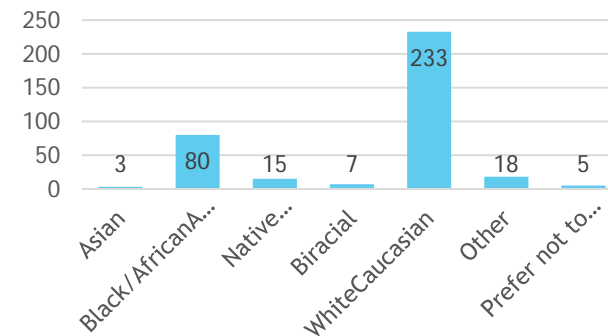
- **Organizational Behavior**
  - Trends in client characteristics, numbers, and site utilization

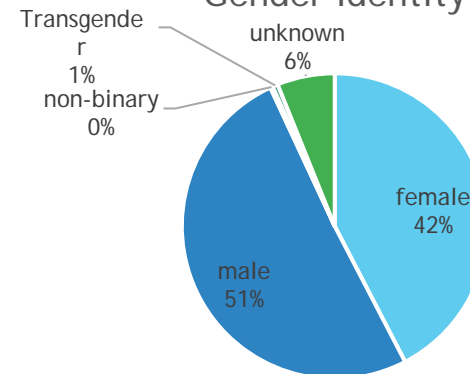| Client Reported Residence		
Geography	n	%
Flint	683	59%
Out-Genesee	292	25%
Other	103	9%
Unreported	27	2%

Reported Age
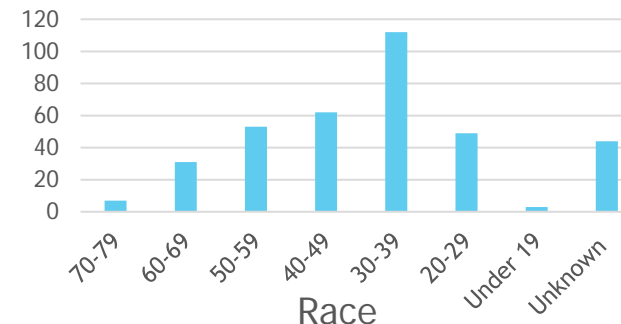
Race

Gender Identity

SSP M&E – Lessons Learned

- "Once you've seen one SSP – You've seen one SSP" – Creating a standard by which to measure all SSPs is challenging. Individualized standards are most effective

- Frontline staff must be engaged in planning, testing, and training of a data entry/evaluation platform. User buy-in is key.

- Access to raw data and reports must be restricted. Limitations must be fully explained to avoid misinterpretations of data

- Plan for feedback and necessary enhancements

- Recent Enhancements:
  - Offline Forms
  - Aggregate Data Form
  - Fentanyl Test Strip results and behaviors added to encounter form
  - Alert System
  - Ad Hoc Survey System

THANKS!

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