Directions for Completing the SSP Capacity Building Assessment

* Complete the assessment by answering each question with a “yes”, “no”, “unsure”, or “Not Applicable (N/A)”.
* Be sure to note any qualifying information in the “remarks” column. This information is frequently needed to guide response plan to the needs you identify with this assessment.
* For each Assessment topic with a “no” or “unsure” response, go to the corresponding section of the Manual for more information as you consider whether to enhance your capacity in this area. Each section also provides links to key resource documents found in the OHA SSP Online Resource Library.
* For best results, seek input from your organization’s leadership and staff as you make your capacity building plan. You may also consider partnering with an existing SSP, your local county or municipal health department, or the OHA.

|  |
| --- |
| **SSP and the Law** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Is your program LEADERSHIP informed on the laws and policies impacting SSP operations? |  |  |  |  |  |
| Is your program MANAGEMENT informed on the laws and policies impacting SSP operations? |  |  |  |  |  |
| Is your program PAID STAFF informed on the laws and policies impacting SSP operations? |  |  |  |  |  |
| Are your program VOLUNTEER STAFF informed on the laws and policies impacting SSP operations? |  |  |  |  |  |
| Are your program PARTICIPANTS informed on the laws and policies impacting SSP operations? |  |  |  |  |  |

|  |
| --- |
| **Stakeholder Engagement** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Have you engaged PWUD in your capacity building plans? |  |  |  |  |  |
| Have you engaged LAW ENFORCEMENT in your capacity building plans? |  |  |  |  |  |
| Have you engaged the GENERAL PUBLIC in your capacity building plans? |  |  |  |  |  |
| Have you engaged HEALTHCARE PROVIDERS in your capacity building plans? |  |  |  |  |  |
| Have you engaged SOCIAL SERVICE PROVIDERS in your capacity building plans? |  |  |  |  |  |
| Have you engaged MENTAL AND BEHAVIORAL HEALTH PROVIDERS in your capacity building plans? |  |  |  |  |  |
| Have you engaged SUBSTANCE USE TREATMENT PROVIDERS in your capacity building plans? |  |  |  |  |  |
| OTHERS? |  |  |  |  |  |

|  |
| --- |
| **COMMUNICATIONS PLAN** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Do you have a communication plan for LAW ENFORCEMENT?  |  |  |  |  |  |
| Do you have a communication plan for PUBLIC OFFICIALS? |  |  |  |  |  |
| Do you have a communication plan for the GENERAL PUBLIC? |  |  |  |  |  |
| Do you have a communication plan for MEDIA? |  |  |  |  |  |
| Do you have a communication plan for PWUD? |  |  |  |  |  |
| Do you have a communication plan for HEALTHCARE PROVIDERS? |  |  |  |  |  |
| **COMMUNICATIONS PLAN (continued)** |
| Do you have a communication plan for MENTAL AND BEHAVIORAL HEALTH PROVIDERS? |  |  |  |  |  |
| Do you have a communication plan for SUBSTANCE USE TREATMENT PROVIDERS? |  |  |  |  |  |
| Do you have a communication plan for SOCIAL SERVICE PROVIDERS? |  |  |  |  |  |
| OTHER? |  |  |  |  |  |

|  |
| --- |
| **OPERATING POLICIES AND PROCEDURES** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Do you have a standard operating procedures and policies manual?  |  |  |  |  |  |
| Has your organization’s LEADERSHIP read your policies and procedures manual? |  |  |  |  |  |
| Has your organization’s MANAGEMENT read your policies and procedures manual? |  |  |  |  |  |
| Has your organization’s PAID STAFF read your policies and procedures manual? |  |  |  |  |  |
| Has your organization’s VOLUNTEER STAFF read your policies and procedures manual? |  |  |  |  |  |
| Do PARTICIPANTS receive copies of their rights and responsibilities? |  |  |  |  |  |
| Are your policies and procedures completely and consistently implemented? |  |  |  |  |  |

|  |
| --- |
| **SAFETY AND SECURITY** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Do staff complete Blood Borne Pathogens training as required? |  |  |  |  |  |
| Do staff and participants have the information and means to prevent needle sticks?  |  |  |  |  |  |
| Do staff understand and have access to post-exposure guidelines and interventions?  |  |  |  |  |  |
| Are staff knowledgeable and skilled in overdose prevention? |  |  |  |  |  |
| Are there overdose prevention resources on site? |  |  |  |  |  |
| Are staff trained to prevent and/or respond to violence at the SSP? |  |  |  |  |  |

|  |
| --- |
| **SAFETY AND SECURITY (continued)** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Quality Assurance Plan | Do you have a quality assurance plan for the purchase and distribution of injection drug use equipment? |  |  |  |  |  |
| Do you have an HIV quality assurance plan? |  |  |  |  |  |
| Do you have an HCV quality assurance plan? |  |  |  |  |  |
| Do you have a quality assurance plan for other STI testing? |  |  |  |  |  |
| Do you have a Naloxone quality assurance plan? |  |  |  |  |  |

|  |
| --- |
| **STAFFING** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Do you have job descriptions for the following positions and they have job descriptions? |  |  |  |  |  |
| * Management Staff
 |  |  |  |  |  |
| * Medical Staff
 |  |  |  |  |  |
| * Counseling Staff
 |  |  |  |  |  |
| * Peer positions
 |  |  |  |  |  |
| * Social Workers
 |  |  |  |  |  |
| * Health Educators
 |  |  |  |  |  |
| * Volunteer staff positions
 |  |  |  |  |  |
| * Other paid staff positions
 |  |  |  |  |  |
| Do you have a training plan? |  |  |  |  |  |
| Have you developed policies and practices for peer delivered syringe exchange (PDSE) services? |  |  |  |  |  |
| **STAFFING (continued)** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Have you fully implemented your PDSE policies and practices? |  |  |  |  |  |

|  |
| --- |
| **PARTICIPANT ENCOUNTERS** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Do participant intake forms capture all essential data?  |  |  |  |  |  |
| Are participant assessment forms responsive to population specific considerations and needs? |  |  |  |  |  |
| Are participant encounters coded and documented correctly and consistently? |  |  |  |  |  |

|  |
| --- |
| **EVALUATION & MONITORING** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Do you have an evaluation plan that outlines your process and outcome indicators and methods? |  |  |  |  |  |
| Do you have satisfactory forms and methods for gathering information about program indicators and methods? |  |  |  |  |  |

|  |
| --- |
| **SUPPLIES & STOCK MANAGEMENT** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Do you have policies/systems for ordering supplies? |  |  |  |  |  |
| Do you have policies/systems for handling supplies? |  |  |  |  |  |
| Do you have policies/systems for storing supplies? |  |  |  |  |  |
| Do you have policies/systems for monitoring supplies? |  |  |  |  |  |

|  |
| --- |
| **SYRINGE DISPOSAL** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Does your program have syringe disposal policy?  |  |  |  |  |  |
| Do you have policies and practices for syringe disposal in the community? |  |  |  |  |  |

|  |
| --- |
| **INFORMATIONAL MATERIALS** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| The project provides targeted informational materials for the Public (e.g. SSP, harm reduction, the law) |  |  |  |  |  |
| The project provides targeted informational materials for participants (e.g. safe drug use, overdose prevention, wound prevention and care) |  |  |  |  |  |
| The project provides targeted informational Site Posters (e.g. program services, policies, practices, overdose prevention) |  |  |  |  |  |

|  |
| --- |
| **SERVICES AND SSP MODEL** |
| **Questions** | **Yes** | **No** | **Unsure** | **N/A** | **Remarks** |
| Does your program adequately reach the PWIDs in your community? |  |  |  |  |  |
| Are you considering changing or expanding your site model?  |  |  |  |  |  |
| Are you considering changing or expanding your health and social services? |  |  |  |  |  |