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| **Syringe Services Program Work Plan** |
| Year this work plan is for: |
| Agency name: |
| Program name (if applicable): |

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| Program Overview |  |
| Number of participants you plan to serve (Jan-Dec): |  |
| Total number of exchanges projected (Jan-Dec): |  |
| Number of clean syringes out (Jan-Dec): |  |
| Number of used syringes returned (Jan-Dec): |  |
| Number of overdose (naloxone) doses out (Jan-Dec): |  |
| Number of HIV tests to be done (Jan-Dec): |  |
| Number of HCV tests to be done (Jan-Dec): |  |

# Participant Engagement & Recruitment

Complete the table to describe a typical weekly exchange plan/schedule.

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| --- | --- | --- |
| Exchange locations | Days of the week | Time of day  (start to finish) |
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Describe activities you will undertake to recruit individuals to access your syringe services program; include how you will address barriers to participation identified by clients:

**Program Promotion**

Describe how you will promote your program through the various channels

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| SOCIAL MEDIA  E.g.: apps, websites and other social media |
| PRINT MEDIA  E.g.: Newspapers, Community Bulletins |
| RADIO |
| TELEVISION |
| PROVIDERS  E.g.: Healthcare, social services, mental and behavioral health |
| PEERS |
| OTHER |

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| Syringe Services & Activities Describe how you will implement required syringe services activities. Include action steps, resources needed, and where activities  will take place. |
| Needle exchange   * Describe site(s): * Describe exchange protocol: |
| Needle/Syringe Disposal Plan |
| HIV/HCV prevention education   * Describe prevention education protocol * Describe prevention intervention activities: * Describe/List prevention education materials: |
| HIV testing:   * Describe screening/testing policy and protocol |
| HCV testing:   * Describe screening/testing policy and practice: |
| Overdose prevention (including distribution of naloxone)   * Describe protocol |
| Development and maintenance of relationships with local law enforcement  (How will you work with area law enforcement to assure them that your program intends to be a good neighbor? and assure  clients that they will be free from police harassment when accessing your syringe services program.): |
| Provision of harm reduction (including hormone use and sex work): |
| Describe how you will educate clients about Oregon Syringe Access Law and participating pharmacies in your area: |
| Describe how you will assure culturally appropriate services for people in your community who experience marginalization,  stigma or discrimination because of their specific identities (intersectionality) such race, gender, sexuality, and more. |

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| Connection to Care & Referrals |
| How will persons testing positive (reactive) be linked to confirmatory testing for HIV or HCV: |
| List clinics or providers you currently have a relationship with where clients will be connected to care or confirmatory testing for HIV or HCV: |
| How will you actively refer or link clients to appropriate prevention and/or support services (other than HIV or HCV care)? What agencies/providers are you connecting clients to (e.g. housing, mental health, chemical dependency treatment, etc.): |

# Condom Distribution

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| Describe how targeted condom distribution will be implemented in your Syringe Services Program: |

# PrEP

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| Describe how PrEP education and active referrals will be integrate into your work: |
| (Describe training or capacity building assistance you need from MDH to accomplish this.) |

# STD and Hepatitis Integration

Describe how you will integrate STD and Hepatitis testing and treatment referrals into your program:

# Monitoring & Evaluation

List one specific program activity that will be evaluated this year. Include the type of data that will be collected to evaluate the activity:

# Incentives

Will incentives be utilized as described in your Program Work Plan and Budget Plan?

**Staffing**

Complete the table to list any staff paid through this project’s budget.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  (first and last)  (If position is unfilled, use “vacant.”) | Title | FTE  (Paid staff) | Volunteer Staff  (yes/no) | Peer Staff  (yes/no) |
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|  |  |  |  |  |

Describe how staff will be recruited:

# Volunteers

Number of volunteers in your program:

Describe the roles and responsibilities of volunteers in your program:

# Peers

Number of peers in your program:

Describe the roles and responsibilities of peers in your program.