

Save Lives Oregon Learning Collaborative

# Measuring the Impact of Community Interventions Supporting People Who Use Drugs

November 2025



**Save Lives** **Salvando Vidas**  
OREGON OREGON

In partnership with:



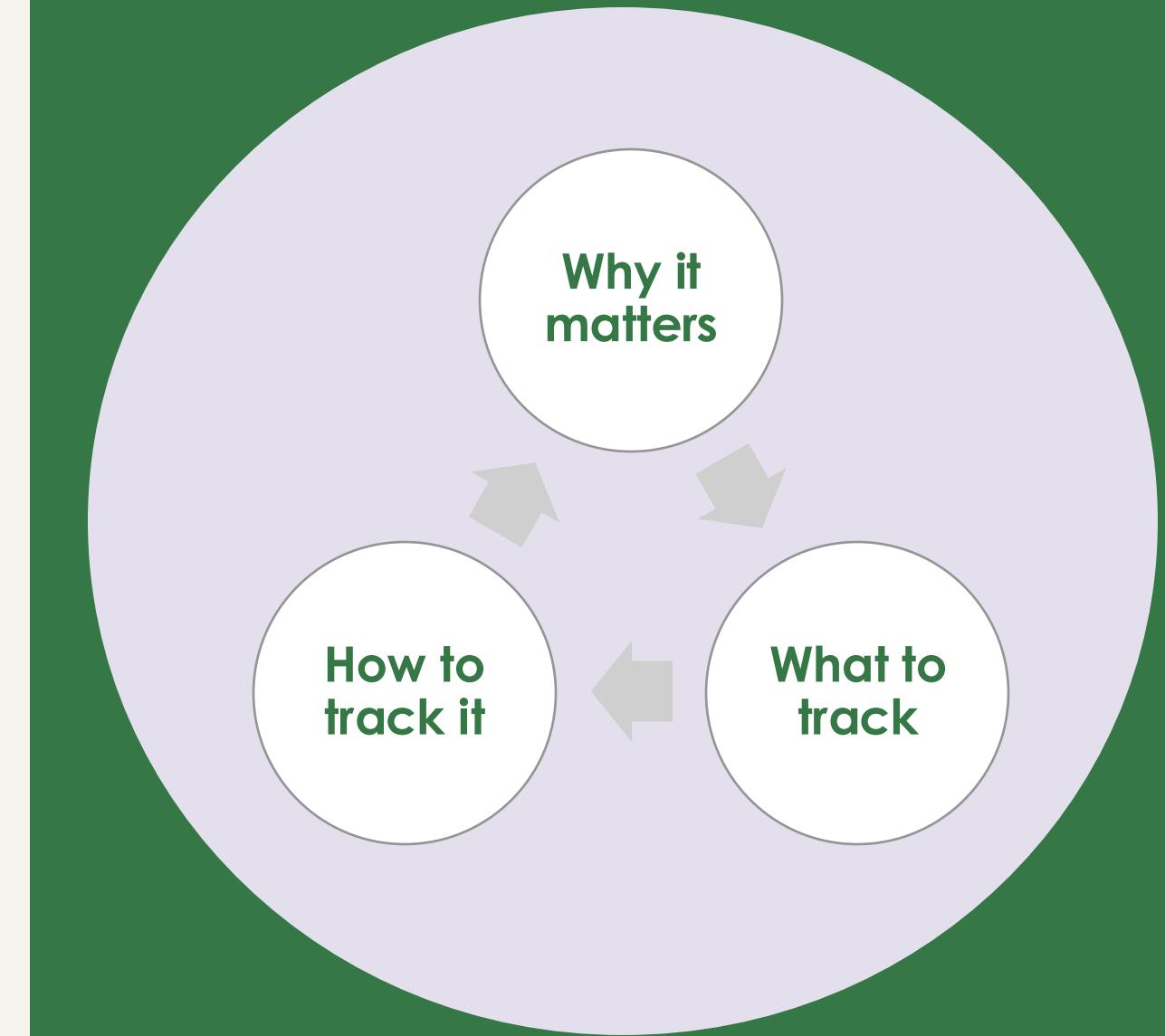
**HIVAlliance**

# Agenda

- **Welcome + Facilitator introductions**
  - **Everyone can put your name & agency name in the chat**
  - **Please put questions in the chat and we will have time to discuss them at the end**
- **A Working framework**
- **Why we collect data**
- **How to collect data without losing connection**
- **Protecting data**
- **Practical tools**
- **Questions**

# A Working Framework

## Working framework: Why, What & How



# First, let's take a step back

# What is data?

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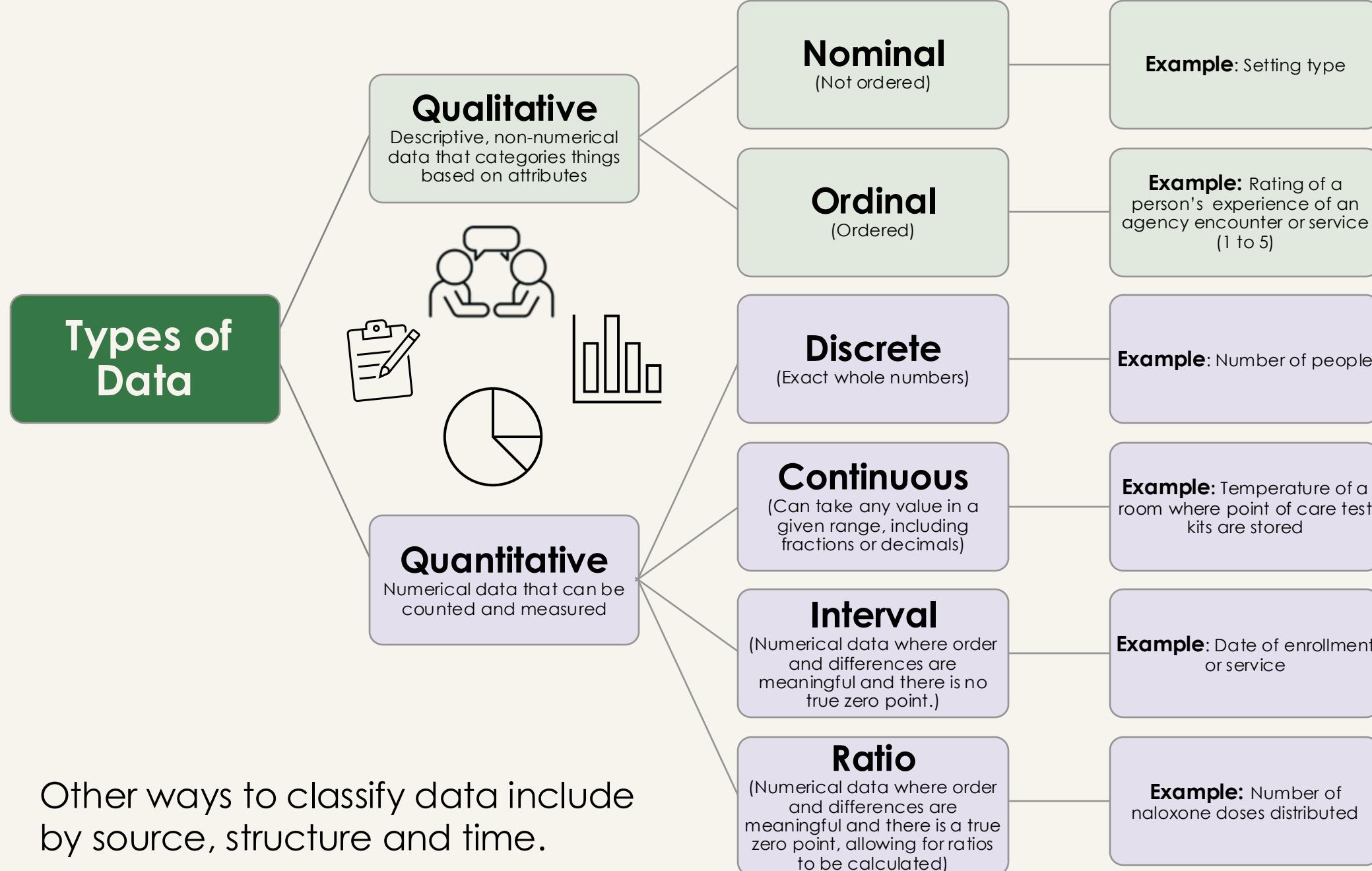
- Information in a form that can be collected, stored and used to understand and communicate about an experience, service, outcome, etc.
- When thinking about the different kinds of data associated with a program, data can tell us:
  - Who the program serves
  - What the program does
  - What resources the program uses
  - What changes happened because of the program
  - How participants experience the program



# Levels of data

- **Satellite level data:** High-level, broad-brush but lack context and nuance. This level can reveal patterns and point us in the direction for further investigations. Think dashboard metrics.
- **Map level data:** Closer to the ground, surveys, scores, number of people served, providing more detail but still lacks depth and specificity.
- **Street level data:** Qualitative and experiential data. This level includes systematic ground-level qualitative data from collaborative work, interviews and case studies. It provides in-depth insight, uncovering peoples.





Other ways to classify data include by source, structure and time.

# The Why

# Why does your agency collect data?

Add your answers in the chat

# Participant voices should guide our work — data helps us listen.

When collected ethically, **data is a form of care.** It ensures that the voices and experience of people who use drugs guide our work.

Data helps us:

- Make sure participants' experience directly shapes services
- Learn what support people want and need
- Improve services and remove barriers
- Build trust through transparency and respect

## From numbers to narrative

- Data helps us show that our work is making meaningful change, not just a count of activities
- When we pair quantitative data with qualitative data, we can:
  - Tell stories of change
  - Strengthen programs through reflection and learning
  - Better understand gaps, needs and barriers
  - Data can help us see what's working and what's not, so we can improve services
  - Sharing data back with participants, partners and funders builds accountability and trust



# Turning data into change



- Share findings back with participants regularly so they can see how their input shapes changes
- Use data to educate decision-makers about service needs, gaps and what's working
- Generate Oregon-specific evidence to support policies and work that helps people
- Well-developed reporting back to funders keeps participant experiences at the center and showcases outcomes

# Purpose driven data collection



Guiding question:

***How do we track what matters, while keeping our data collection work person-centered and relationship-based?***

- The goal is not to collect more data - it's to collect meaningful data
- Ethical and trauma-informed data collection builds, not erodes, trust with participants
- While some traditional data systems don't reflect the relationships or realities of our work.

# How SLO partners use participant input to strengthen services

## HIV Alliance

- Used ongoing client conversations to learn what supplies people needed most.
- Found gaps in available hygiene items and updated their supply list based on what participants asked for.
- Provided stipends for community conversations, recognizing the time, expertise, and lived experience participants shared.

## Multnomah County

- Began street outreach in March 2024 and tracked every time a participant asked for something the team didn't have.
- Noticed repeated requests for housing navigation and support.
- Used that information to advocate for additional resources, leading to the launch of a dedicated housing navigation team in July 2024.

# The **What**

# Data collection without losing connection



- **"Nothing about us without us"**
  - The people being asked questions should be included in the development processes
- Collect only what is needed and will be used
- Commitment to participants:
  - Transparency: Explain to participants why you're asking questions.
  - Avoiding harm: Data collection should not retraumatize, stigmatize or exploit participants
  - Protection: Store data securely, anonymize, and do not share identifiable information.

Source: "Good Practices and Ethical Data Collection at Harm Reduction Programs" Lesly-Marie Buer, PhD, MPH Harm Reduction Programs (SHaRP) team at University of Washington

# Participant input and power sharing



- Participant input keeps programs responsive, equitable, and grounded in real needs.
- Methods:
  - Formal: Advisory boards, focus groups with stipends, interviews
  - Informal: Conversations, suggestion boxes, social media feedback
- Close the loop — share how feedback was used.
- Compensate participants for their time and expertise.
- Employ and elevate people who use drugs in leadership roles.

(Source: SHaRP Participant Input One-Pager, 2023)

# Common information programs track

- Who is being reached or served
  - Client or participant demographics
- What is done
  - Naloxone and other supplies distributed
  - One-to-one education on overdose response and naloxone use
  - Group education on overdose response and naloxone use
- Meaningful client-level results
  - Overdose reversals reported
  - Participant referrals to health, social or housing services
  - Participant progress towards goals that are meaningful to them
- Participant experiences
  - How participants feel about different aspects of the program
  - Relationships built



# The How

# Protecting data = protecting people



- Know if you're collecting anonymous or confidential data
- Minimize what's collected and who can access it
- Encrypt devices, use secure logins, and limit access by role
- Purge unnecessary data regularly
- Communicate data practices and breaches transparently
- Collect only data that you will actually use

Source: Deutsch et al., 2024, "Brief Overview of Data Privacy & Security Considerations"

# Streamline your data crosswalk

## Align reporting needs across purposes

- Look for overlap in what each funder requests, as well as the information your agency tracks for internal purposes
- Map out which questions feed which reporting requirements

## Ask only what you need to report

- Align the questions you ask with the exact fields required
- Remove questions that don't have a reporting or program purpose.

## Use one central spreadsheet or database that feeds all reports

- One place where staff enter data once, then export to multiple funders.
- Use tabs, filters, or formulas to separate each funder's requirements.

## Simplify forms and eliminate duplicates

- Combine forms so staff only ask a question one time in one place.
- Use skip logic to avoid repeating questions that don't apply.



# How you ask matters



(Source: SHaRP Participant Input One-Pager, 2023)

**A trauma-informed approach keeps people safe and leads to better, more accurate information.**

According to a SHaRP (2023) report, programs that co-designed questions with participants saw:

- higher response rates
- stronger relationships
- data that better reflected real community needs

**Trauma-informed data collection means:**

- Asking with curiosity, care, and respect
- Being clear about why you're asking and how information will be used
- Offering support and checking in if a question feels hard
- Making every question optional — people can always decline

# Sample Script

## Start of Convo

Hi. I'm glad you're here. Before we get started, I wanted to let you know that I have a few questions I ask everyone. **These help us bring the right things and do a better job.**

- You do not have to answer anything you don't want to and can skip any question.
- You will still get what you need today no matter what.
- Your name won't be recorded and we will not share anything that could personally identify you with anyone.

**Do I have your permission to ask you a few questions today?**

## Who we are reaching

I'll first ask a few simple questions that helps us understand who we are reaching and what people need. Again, your name or identity is never shared.

- Can you tell me the year you were born or about how old you are?
- What's a zip code or area you spend most of your time?
- Where do you sleep most nights? (home, shelter, car, friend's place, outside, etc.)
- What words feel right for your gender?
- How would you describe your race or background?

## What we did today

Let's talk about what you need today. I'm going to write it down so we make sure we bring the right things. Again – we don't share anything that could identify you.

- Here are the things we have today. Tell me or point to what you want. (supplies)
- Would you like HIV or HepC testing today? (services)
- Info about detox, treatment or PrEP? (referrals)
- We also have instructions on (how to use naloxone, test strips, etc). Would you like a quick training or handout?

## How support helped

Have you been here before? If yes... Since you've been here before, I wanted to check in about how things went for you. **If any questions feels uncomfortable, we can skip it. You don't need to give names or details.**

- Have you gotten naloxone from us in the past?
- Did you use it to reverse an overdose?
- Have we helped connect you to any services?
- Are you working on any goals right now? Would it help if we checked in on that next time?

## How participant feels

I also want to ask how things feel when you're here with us.

- How has it felt talking with us?
- Is there anything we can do better?
- Is there anything you want more or less of?

## Closing & care

Thank you for sharing what felt okay sharing today. Everything you have shared with us today will

help us do a better job and help more people.

**Is there anything else you need before you go? I'm so glad you came in today.**

You are welcome any time.

## Tips from Save Lives Oregon partners

"Take every question clients ask seriously and respond transparently."

"Train, re-train, and regularly check in with staff to develop and improve the scripts they use when collecting data."

"Have a system in place so clients can refuse to provide information and still receive services when possible."

# Practical ways to collect data



- Start small: Excel, paper logs, simple forms
- Scale up: Integrated systems with encrypted storage
- Always use unique identifiers: No names, or personally identifiable information
- Save Lives Oregon can provide TA to help you think through a process that fits.
- Remember: Keep it human! Explain why you're asking, minimize repetition and protect privacy

# Individual encounter intake form

## Example

NEX Intake Form				
DAY you were born:				
YEAR you were born:				
First two letters of city you were born in:				
First two letters of your last name:				
Have you been to our exchange before?	Yes	No		
Have you used a shared needle since your last exchange?	Yes	No		
Are you exchanging for other people? If yes, how many people?	Yes	No		
Would you like more information about: (Please circle)	Detox/Treatment PrEP Free HIV/Hep C Testing			
Naloxone/Narcan Questions				
Are you interested in naloxone today?	Yes	No		
Have you gotten naloxone from us before?	Yes	No		
Did you use your last kit to reverse an overdose?	Yes	No		
Did you call 911 for emergency assistance?	Yes	No N/A		
Do you remember how to use naloxone and do rescue breathing?	Yes	No N/A		
Have you witnessed an OD in the past 12 months?	Yes	No		
Turn to back page →				
This section to be completed by staff				
Today's Date:	/	/		
Location (Please Circle):				
Roseburg	Glendale	Brookings	GP	CI
Coos Bay	Gold Beach	Port Orford	Other:	
* Supplies Distributed *				
Syringes In:	Syringes Out:	Sharps Container:		
IM Naloxone (doses):	Nasal Naloxone (doses):	Wound Care Kit:		
Safer Smoke Kit:	FTS (strips):	XTS (strips):		
Did the client receive a naloxone training? - Yes      No				

Please Complete All Sections:	
Gender: (Circle all that apply)	Man
	Woman
	Non-Binary
	Transgender
	Agender/ No Gender
	Two-Spirit
	Questioning
	Not Listed
	I don't know
	Prefer not to answer
Race/Ethnicity: (Circle all that apply)	American Indian
	Alaska Native
	Asian
	Black/African American
	Hispanic or Latino/a/x
	Middle Eastern or North African
	Native Hawaiian or Pacific Islander
	White
	Other
	Prefer not to answer
Housing Status:	Unhoused
	Temporary Housing
	Permanent Housing
	I don't know
	Prefer not to answer
Your Zip Code:	
Do you have health insurance?	Veterans Benefits
	Medicare
	Medicaid/OHP
	Private
	No health insurance
If You Got a Pipe:	
Why did you want a pipe today? (Choose all that apply)	I inject drugs and want to inject less by using a pipe
	I only smoke drugs
	I smoke some drugs and inject others
	I'm giving the pipe to someone else
	Other
	Transgender
Do any of the following apply to you? (Choose all that apply)	Partner of a person living with HIV/AIDS
	Partner of a person who injects drugs
	Exchange sex for resources
	Man who has sex with men
	Use shared drug injection equipment
	Have or have had a sexually transmitted infection
	I don't want to answer this question
	None of these apply to me

Example from HIV Alliance

# Individual encounter intake form Example

Save Visit   Cancel

# of Needles

In	<input type="text"/>	OI credit	<input type="text"/>
Out	<input type="text"/>		
Banked	<input type="text" value="0"/>		

Exchange

Are you exchanging for:

- Self
- Self and others
- Others only
- Refused
- Transfer
- Not Exchanging Syringes

How many other people?

Distributions

Sharps containers	<input type="text"/>
Fentanyl Test Strips	<input type="text"/>
Bubble Pipes	<input type="text"/>
Hammer Pipes	<input type="text"/>
Straight Pipes	<input type="text"/>

Foil  
 Snorting supplies  
 Boofing

Referrals

- Drug/alcohol treatment
- OI medical clinic
- Health Care (general)
- Hep C services
- Mental health
- Housing Services

Other Services

- HIV/STD testing
- NEX schedule
- Naloxone
- Drug Checking
- Vein care
- Wound care
- Other

Example from Multnomah County

# Supply distribution tracking form

## Example

2	159 Total Shifts	Clients Engaged	Injectable Naloxone	Nasal Naloxone	Naloxone (Kits)	Naloxone (Doses)	Syringes Distributed
3	Totals	9,063	20,380	9,131	29,511	<b>59,022</b>	757,879
4	Average	57	128	57	186	<b>371</b>	4,767
6	Wed - 3/13/24	70	60	47	107	<b>214</b>	310
7	Wed - 3/20/24	83	95	70	165	<b>330</b>	280

Example from Multnomah County

**Does your agency have a system  
that works well for collecting  
data?**

# Final takeaways

- Data is most powerful when it centers people and their experiences.
- Pair numbers with narrative to show real change.
- Keep data collection purposeful, simple, and respectful.
- Protect privacy and minimize what you collect.
- Share back what you learn — and let participant input guide the work.

# Discussion & Questions

# Additional resources

# For more information

## Website

- SHaRP Team (University of Washington) – Ethical and Cultural Data Practices
- Sarah Deutsch et al. (2024) – Data Privacy & Security at Harm Reduction Programs
- Participant Input One-Pager (NHRTAC, 2023)
- Contact: [info@savelivesoregon.org](mailto:info@savelivesoregon.org) for TA support

## Books

- [The Harm Reduction Gap: Helping individuals left behind by conventional drug prevention and abstinence-only addiction treatment](#) by Sheila P. Vakharia
- [Undoing Drugs](#) by Maia Szalavitz
- [Harm Reduction Treatment for Substance Use](#) by Susan Collins
- [Saving Our Own Lives: A Liberatory Practice of Harm Reduction](#) by Shira Hassan
- [Fighting for Space](#) by Travis Lupick
- [Light Up the Night](#) by Travis Lupick
- [OD: The Politics of Overdose](#) by Nancy D. Campbell

# Join Us: Upcoming Learning Collaboratives

Save Lives Oregon Learning Collaboratives happen monthly on the 3<sup>rd</sup> Thursday of each month. Learn more and register:

[savelivesoregon.org/events](http://savelivesoregon.org/events)



## Events

Join us for harm reduction trainings & events

Search for events  Find Events Hide filters List

Audience Language Facilitators Virtual Events

Today Upcoming Submit an Event

### February 2025

**THU 20** febrero 20 @ 1:00 pm - 2:30 pm  
**"Basics of Harm Reduction" Learning Collaborative**  
[In-Virtual Event]

Join us to explore the core principles of harm reduction, evidence-based harm reduction interventions and strategies, learn about the tools and materials available to you as a Save Lives Oregon partner, and connect with fellow service providers.

Learning Collaboratives are designed for service providers and peers from organizations and agencies partnering with Save Lives Oregon and the Harm Reduction Clearinghouse to implement life-saving harm reduction strategies across the state.

[Register](#)



### March 2025

**THU 20** March 20 @ 1:00 pm - 2:30 pm  
**"Todo lo que necesita saber sobre la naloxona" Las Colaboraciones de Capacitación**  
[In-Virtual Event]

Learning Collaboratives are designed for service providers and peers from organizations and agencies partnering with Save Lives Oregon and the Harm Reduction Clearinghouse to implement life-saving harm reduction strategies across the state.

[Register](#)



### April 2025

**THU 17** April 17 @ 1:00 pm - 2:30 pm  
**"Harm Reduction in Tribal Communities" Learning Collaborative**  
[In-Virtual Event]

Learning Collaboratives are designed for service providers and peers from organizations and agencies partnering with Save Lives Oregon and the Harm Reduction Clearinghouse to implement life-saving harm reduction strategies across the state.

[Register](#)

# Thank you

**Save Lives**  
OREGON

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