

Harm Reduction Grant Annual Data

(TARGET SETTING FORM COMPLETED ANNUALLY)

1. Organization Name: _____
2. Grant Number: _____
3. Project Year (circle one): 1 2 3 4

A. Service Encounter Target Setting (To be completed on an annual basis)

1. Total number of **service encounters** expected this year (In the field): _____
2. Total number of **service encounters** expected this year (At a facility): _____

B. Commodities Purchased Target Setting (To be completed on an annual basis)

1. Total number of **safe sex kit supplies** expected to be purchased: _____
2. Total number of **naloxone kits** expected to be purchased (1 kit=2 doses): _____
3. Total number of **vending machines** expected to be purchased/leased: _____
4. Total amount of **stock for vending machines** expected to be purchased: _____
5. Total number of **medication lock boxes** expected to be purchased: _____
6. Total number of **sharps/medication disposal boxes** expected to be purchased: _____
7. Total number of **wound care management supplies** expected to be purchased: _____
8. Total number of **fentanyl test strips** expected to be purchased: _____
9. Total number of other **substance test strips** expected to be purchased: _____
10. Total number of **sterile syringes** expected to be purchased: _____
11. Total number of **safe smoking kits** expected to be purchased: _____

C. Specific Harm Reduction Encounters Services Target Setting (To be completed on an annual basis)

Infectious Disease Prevention and Support Services

Overdose Prevention

1. Expected number of **naloxone trainings** to be provided: _____
2. Expected number of **individuals** to receive naloxone trainings: _____
3. Expected number of **overdose education sessions** to be provided: _____
4. Expected number of **individuals** to receive overdose education trainings: _____
5. Expected number of **other overdose prevention services** to be provided: _____
6. Expected number of **individuals** to receive other overdose prevention services: _____

Mental and Physical Health Promotion

1. Expected number of **counseling services** to be provided: _____
2. Expected number **health education sessions** to be provided: _____
3. Expected number of **other mental/physical/health promotion services** to be provided: _____

Linkages to Treatment and Recovery Support Services

1. Expected number of **linkages to peer services**: _____
2. Expected number of **linkages to treatment services**: _____

3. Expected number of **linkages to recovery services**: _____
4. Expected number of **other linkages to treatment and recovery support services**: _____

DEMOGRAPHICS: Please enter the estimated number of encounters:

Gender (by encounters):

Female: _____

Male: _____

Transgender: _____

Non-Binary: _____

Other: _____

Race/Ethnicity (by encounters):

Ethnicity:

Hispanic, Latino/a, or Spanish Origin: _____

Not Hispanic, Latino/a, or Spanish Origin: _____

Race:

American Indian or Alaskan Native: _____

Asian: _____

Black or African American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Multiracial: _____

AGE (by encounters):

Under 14 years

15 to 17 years

18 to 24 years

25 to 34 years

35 to 44 years

45 to 54 years

55 to 64 years

65 years and older

Harm Reduction Grant Quarterly Data

PERFORMANCE REPORT

1. Organization Name:

2. Grant Number:

3. Project Year (circle one): 1 2 3 4

4. Quarter (Circle One): 1 2 3 4

PLEASE ENTER THE QUARTERLY TOTAL AMOUNT FOR EACH ITEM BELOW

Encounters Attained

Actual
Report
Quarterly

Total Number of Service Encounters (Field)

Total Number of Service Encounters (Facility)

SERVICES

Infectious Disease Prevention and Support Services

Safe Sex Kit Supplies Purchased

Safe Sex Kit Supplies Distributed

HIV Testing

VH Testing

PREP Linkages

HIV Treatment Linkages

VH Treatment Linkages

VH Vaccination Services

Wound Care Management Supplies

Wound Care Management Services

Other Infectious Disease Prevention and Treatment

Overdose Prevention

Naloxone Kits Purchased (1 kit=2 doses)

Naloxone Kits Distributed (1 kit=2 doses)

Naloxone Trainings

Individuals Receiving Naloxone Training

Overdose Education Sessions

Individuals Receiving Overdose Education Sessions

Other Overdose Prevention Services

Individuals Receiving Other Overdose Prevention Services

Counseling Services

Health Education Sessions

Other Mental and Physical Health Promotion Services

Linkages to Treatment and Recovery Support Services

Linkages to Peer Services

Linkages to Treatment Services

Linkages to Recovery Services

Other Linkages to Treatment and Recovery Support Services

Safer Drug Use Services

Vending Machines Purchased or Leased

Stock for Vending Machines Purchased

Medication Lock Boxes Purchased

Medication Lock Boxes Distributed

Sharps/Medication Disposal Boxes Purchased

Sharps/Medication Disposal Boxes Distributed

Fentanyl Test Strips Purchased

Fentanyl Test Strips Distributed

Other Substance Test Strips Purchased

Other Substance Test Strips Distributed

Sterile Syringes Purchased

Sterile Syringes Distributed

Smoking Kits Purchased

Smoking Kits Distributed

Other Safer Drug Use Services

DEMOGRAPHICS

Gender (by encounters)

Female

Male

Transgender

Non-Binary

Other

Unknown/Not Provided

Race/Ethnicity (number of encounters)

Ethnicity (by encounters):

Hispanic, Latino/a, or Spanish Origin

Not Hispanic, Latino/a, or Spanish Origin

Race (by encounters):

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multiracial

Unknown/Not Provided

AGE (by encounters):

Under 14 years

15 to 17 years

18 to 24 years

25 to 34 years

35 to 44 years

45 to 54 years

55 to 64 years

65 years and older

QUARTERLY PROGRAM PROGRESS NARRATIVE:

Please use this section to describe the activities, challenges, successes, and innovations that have occurred during this reporting period.

Overall progress:

Challenges/Barriers:

Successes:

Innovations: