**Harm Reduction Grant Annual Data**

(TARGET SETTING FORM COMPLETED ANNUALLY)

1. Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Project Year (circle one): 1 2 3 4
3. **Service Encounter Target Setting (To be completed on an annual basis)**
4. Total number of **service encounters** expected this year (In the field): \_\_\_ \_\_\_ \_\_\_ \_\_
5. Total number of **service encounters** expected this year (At a facility): \_\_\_ \_\_\_ \_\_\_ \_\_
6. **Commodities Purchased Target Setting (To be completed on an annual basis)**
7. Total number of **safe sex kit supplies** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
8. Total number of **naloxone kits** expected to be purchased (1 kit=2 doses): \_\_\_ \_\_\_ \_\_\_ \_\_
9. Total number of **vending machines** expected to be purchased/leased: \_\_\_ \_\_\_ \_\_\_ \_\_
10. Total amount of **stock for vending machines** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
11. Total number of **medication lock boxes** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
12. Total number of **sharps/medication disposal boxes** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
13. Total number of **wound care management supplies** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
14. Total number of **fentanyl test strips** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
15. Total number of other **substance test strips** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
16. Total number of **sterile syringes** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
17. Total number of **safe smoking kits** expected to be purchased: \_\_\_ \_\_\_ \_\_\_ \_\_
18. **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: \_\_\_ \_\_ \_\_\_ \_\_\_
 |
| 1. Expected number of **individuals** to receive naloxone trainings: \_\_\_ \_\_ \_\_\_ \_\_\_
2. Expected number of **overdose education sessions** to be provided: \_\_\_ \_\_ \_\_\_ \_\_
3. Expected number of **individuals** to receive overdose education trainings: \_\_\_ \_\_ \_\_\_ \_\_
 |
| 1. Expected number of **other overdose prevention services** to be provided: \_\_\_ \_\_ \_\_\_ \_\_
 |
| 1. Expected number of **individuals** to receive other overdose prevention services \_\_\_ \_\_ \_\_\_ \_\_
 |

|  |
| --- |
| **Mental and Physical Health Promotion** |
| 1. Expected number of **counseling services** to be provided: \_\_\_ \_\_ \_\_\_ \_\_\_
 |
| 1. Expected number **health education sessions** to be provided: \_\_\_ \_\_ \_\_\_ \_\_\_
 |
| 1. 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**: \_\_\_ \_\_ \_\_\_ \_\_\_
 |
| 1. Expected number of **linkages to treatment services**: \_\_\_ \_\_ \_\_\_ \_\_\_
 |
| 1. Expected number of **linkages to recovery services**: \_\_\_ \_\_ \_\_\_ \_\_\_
 |
| 1. 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:
2. 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: