**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: