

# Harm Reduction Grant Annual Data

(TARGET SETTING FORM COMPLETED ANNUALLY)

## Grantee Information

1. Organization Name: \_\_\_\_\_
2. Grant Number: \_\_\_\_\_
3. Federal Fiscal Year (circle one): 2023 2024 2025 2026

PLEASE ENTER THE EXPECTED TOTAL AMOUNT FOR EACH ITEM BELOW.

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

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

#### 1. Overdose Prevention

- a. Expected number of **naloxone trainings** to be provided: \_\_\_\_\_
- b. Expected number of **individuals** to receive naloxone trainings: \_\_\_\_\_
- c. Expected number of **overdose education sessions** to be provided: \_\_\_\_\_
- d. Expected number of **individuals** to receive overdose education trainings: \_\_\_\_\_
- e. Expected number of **other overdose prevention services** to be provided: \_\_\_\_\_
- f. Expected number of **individuals** to receive other overdose prevention services: \_\_\_\_\_

#### 2. Mental and Physical Health Promotion

- a. Expected number of **counseling services** to be provided: \_\_\_\_\_
- b. Expected number **health education sessions** to be provided: \_\_\_\_\_
- c. Expected number of **other mental/physical/health promotion services** to be provided: \_\_\_\_\_

#### 3. Linkages to Treatment and Recovery Support Services

- a. Expected number of **linkages to peer services**: \_\_\_\_\_
- b. Expected number of **linkages to treatment services**: \_\_\_\_\_
- c. Expected number of **linkages to recovery services**: \_\_\_\_\_

d. Expected number of **other linkages to treatment and recovery support services:**    \_ \_ \_ \_

**D. Demographics** (Please enter the estimated number of encounters for each category.)

**1. Gender (by encounters)**

- a. Female: \_\_\_\_\_
- b. Male: \_\_\_\_\_
- c. Transgender: \_\_\_\_\_
- d. Non-Binary: \_\_\_\_\_
- e. Other: \_\_\_\_\_

**2. Ethnicity (by encounters)**

- a. Hispanic, Latino/a, or Spanish Origin: \_\_\_\_\_
- b. Not Hispanic, Latino/a, or Spanish Origin: \_\_\_\_\_

**3. Race (by encounters)**

- a. American Indian or Alaskan Native: \_\_\_\_\_
- b. Asian: \_\_\_\_\_
- c. Black or African American: \_\_\_\_\_
- d. Native Hawaiian or Other Pacific Islander: \_\_\_\_\_
- e. White: \_\_\_\_\_
- f. Multiracial: \_\_\_\_\_

**4. Age (by encounters)**

- a. Under 15 years \_\_\_\_\_
- b. 15 to 17 years \_\_\_\_\_
- c. 18 to 24 years \_\_\_\_\_
- d. 25 to 34 years \_\_\_\_\_
- e. 35 to 44 years \_\_\_\_\_
- f. 45 to 54 years \_\_\_\_\_
- g. 55 to 64 years \_\_\_\_\_
- h. 65 years and older \_\_\_\_\_

# Harm Reduction Grant Quarterly Data

## PERFORMANCE REPORT

### Grantee Information

1. Organization Name: \_\_\_\_\_ 2. Grant Number: \_\_\_\_\_
3. Federal Fiscal Year (circle one): 2023 2024 2025 2026
4. Federal Fiscal Quarter (Circle One): 1 2 3 4

PLEASE ENTER THE QUARTERLY TOTAL AMOUNT FOR EACH ITEM BELOW.

### A. Encounters Attained

**Actual**  
Report Quarterly

1. Total Number of Service Encounters (Field)
2. Total Number of Service Encounters (Facility)

### B. Commodities Purchased/Distributed

1. Safe Sex Kit Supplies Purchased
2. Safe Sex it Supplies Distributed
3. Naloxone Kits Purchased (nasal spray) (1 kit=2 doses)
4. Naloxone Kit Distributed (nasal spray) (1 kit=2 doses)
5. Naloxone Kits Purchased (intramuscular) (1 kit=2 doses)
6. Naloxone Kits Distributed (intramuscular) (1 kit=2 doses)
7. Vending Machines Purchased/Leased
8. Stock for Vending Machines Purchased
9. Medication Lock Boxes Purchased
10. Medication Lock Boxes Distributed
11. Sharps/Medication Disposal Boxes Purchased
12. Sharps/Medication Disposal Boxes Distributed
13. Wound Care Management Supplies Purchased
14. Wound Care Management Service Encounters
15. Fentanyl Test Strips Purchased
16. Fentanyl Test Strips Distributed
17. Other Substance Test Strips Purchased

- 18. Other Substance Test Strips Distributed
- 19. Sterile Syringes Purchased
- 20. Sterile Syringes Distributed
- 21. Smoking Kits Purchased
- 22. Smoking Kits Distributed

**C. Specific Harm Reduction Service Encounters**

**1. Infectious Disease Prevention and Support Services**

- a. HIV Testing
- b. VH Testing
- c. VH Vaccination Services
- d. Other Infectious Disease Prevention and Treatment
- e. Other Safer Drug Services

**2. Overdose Prevention**

- a. Naloxone Trainings
- b. Individuals Receiving Naloxone Training
- c. Overdose Education Sessions
- d. Individuals Receiving Overdose Education Sessions
- e. Other Overdose Prevention Services
- f. Individuals Receiving Other Overdose Prevention Services

**3. Mental and Physical Health Promotion**

- a. Counseling Services
- b. Health Education Sessions
- c. Other Mental and Physical Health Promotion Services

**4. Linkages to Treatment and Recovery Support Services**

- a. Linkages to Peer Services
- b. Linkages to Treatment Services
- c. Linkages to Recovery Services

- d. Other Linkages to Treatment and Recovery Support Services
- e. PREP Linkages
- f. HIV Treatment Linkages
- g. VH Treatment Linkages

**D. Demographics** (Please enter the actual number of encounters for each category.)

**1. Gender (by encounters)**

- a. Female \_\_\_\_\_
- b. Male \_\_\_\_\_
- c. Transgender \_\_\_\_\_
- d. Non-Binary \_\_\_\_\_
- e. Other \_\_\_\_\_
- f. Unknown/Not Provided \_\_\_\_\_

**2. Ethnicity (by encounters)**

- a. Hispanic, Latino/a, or Spanish Origin \_\_\_\_\_
- b. Not Hispanic, Latino/a, or Spanish Origin \_\_\_\_\_
- c. Unknown/Not Provided \_\_\_\_\_

**3. Race (by encounters):**

- a. American Indian or Alaskan Native \_\_\_\_\_
- b. Asian \_\_\_\_\_
- c. Black or African American \_\_\_\_\_
- d. Native Hawaiian or Other Pacific Islander \_\_\_\_\_
- e. White \_\_\_\_\_
- f. Multiracial \_\_\_\_\_
- g. Unknown/Not Provided \_\_\_\_\_

**4. Age (by encounters):**

- a. Under 15 years \_\_\_\_\_
- b. 15 to 17 years \_\_\_\_\_
- c. 18 to 24 years \_\_\_\_\_
- d. 25 to 34 years \_\_\_\_\_
- e. 35 to 44 years \_\_\_\_\_
- f. 45 to 54 years \_\_\_\_\_
- g. 55 to 64 years \_\_\_\_\_
- h. 65 years and older \_\_\_\_\_
- i. Unknown/Not Provided \_\_\_\_\_
- j. \_\_\_\_\_

## E. QUARTERLY PROGRAM PROGRESS NARRATIVE

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

1. **Overall progress:** (1-2 paragraphs. Please share an update on the program progress completed during this reporting period related to overall programmatic implementation and to approved goals and objectives).
2. **Challenges/Barriers:** (1-2 paragraphs. If applicable, please share program challenges faced during this reporting period related to overall programmatic implementation and to approved goals and objectives and identified strategies to overcome them).
3. **Successes:** (1-2 paragraphs. If applicable, please share program accomplishments achieved during this reporting period related to overall programmatic implementation and to approved goals and objectives).
4. **Innovations:** (1-2 paragraphs. If applicable, please share program innovations developed and/or implemented during this reporting period related to harm reduction initiatives).