**Harm Reduction Grant Annual Data**

(TARGET SETTING FORM COMPLETED ANNUALLY)

**Grantee Information**

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

PLEASE ENTER THE EXPECTED TOTAL AMOUNT FOR EACH ITEM BELOW.

1. **Service Encounter Target Setting *(To be completed on an annual basis.)***
2. Total number of **service encounters** expected this year (In the field): \_\_ \_\_ \_\_ \_\_
3. Total number of **service encounters** expected this year (At a facility): \_\_ \_\_ \_\_ \_\_
4. **Commodities Purchased Target Setting *(To be completed on an annual basis.)***
5. Total number of **safe sex kit supplies** expected to be purchased: \_\_ \_\_ \_\_ \_\_
6. Total number of **naloxone kits (nasal spray)** expected to be purchased (1 kit=2 doses): \_\_ \_\_ \_\_ \_\_
7. Total number of **naloxone kits (intramuscular)** expected to be purchased (1 kit=2 doses): \_\_ \_\_ \_\_ \_\_
8. Total number of **vending machines** expected to be purchased/leased: \_\_ \_\_ \_\_ \_\_
9. Total amount of **stock for vending machines** expected to be purchased: \_\_ \_\_ \_\_ \_\_
10. Total number of **medication lock boxes** expected to be purchased: \_\_ \_\_ \_\_ \_\_
11. Total number of **sharps/medication disposal boxes** expected to be purchased: \_\_ \_\_ \_\_ \_\_
12. Total number of **wound care management supplies** expected to be purchased: \_\_ \_\_ \_\_ \_\_
13. Total number of **fentanyl test strips** expected to be purchased: \_\_ \_\_ \_\_ \_\_
14. Total number of other **substance test strips** expected to be purchased: \_\_ \_\_ \_\_ \_\_
15. Total number of **sterile syringes** expected to be purchased: \_\_ \_\_ \_\_ \_\_
16. Total number of **safe smoking kits** expected to be purchased: \_\_ \_\_ \_\_ \_\_
17. **Specific Harm Reduction Service Encounters Target Setting *(To be completed on an annual basis.)***

|  |
| --- |
| 1. **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: \_\_ \_\_ \_\_ \_\_
 |
|  |

1. **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: \_\_ \_\_ \_\_ \_\_
2. **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**: \_\_ \_\_ \_\_ \_\_
3. **Demographics** *(Please enter the estimated number of encounters for each category.)*
4. **Gender *(by encounters)***
5. Female: \_\_ \_\_ \_\_ \_\_
6. Male: \_\_ \_\_ \_\_ \_\_
7. Transgender: \_\_ \_\_ \_\_ \_\_
8. Non-Binary: \_\_ \_\_ \_\_ \_\_
9. Other: \_\_ \_\_ \_\_ \_\_
10. **Ethnicity *(by encounters)***
11. Hispanic, Latino/a, or Spanish Origin: \_\_ \_\_ \_\_ \_\_
12. Not Hispanic, Latino/a, or Spanish Origin: \_\_ \_\_ \_\_ \_\_
13. **Race *(by encounters)***
14. American Indian or Alaskan Native: \_\_ \_\_ \_\_ \_\_
15. Asian: \_\_ \_\_ \_\_ \_\_
16. Black or African American: \_\_ \_\_ \_\_ \_\_
17. Native Hawaiian or Other Pacific Islander: \_\_ \_\_ \_\_ \_\_
18. White: \_\_ \_\_ \_\_ \_\_
19. Multiracial: \_\_ \_\_ \_\_ \_\_
20. **Age *(by encounters)***
21. Under 15 years \_\_ \_\_ \_\_ \_\_
22. 15 to 17 years \_\_ \_\_ \_\_ \_\_
23. 18 to 24 years \_\_ \_\_ \_\_ \_\_
24. 25 to 34 years \_\_ \_\_ \_\_ \_\_
25. 35 to 44 years \_\_ \_\_ \_\_ \_\_
26. 45 to 54 years \_\_ \_\_ \_\_ \_\_
27. 55 to 64 years \_\_ \_\_ \_\_ \_\_
28. 65 years and older \_\_ \_\_ \_\_ \_\_

**Harm Reduction Grant Quarterly Data**

PERFORMANCE REPORT

**Grantee Information**

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

PLEASE ENTER THE QUARTERLY TOTAL AMOUNT FOR EACH ITEM BELOW.

1. **Encounters Attained Actual**

**Report Quarterly**

|  |  |  |
| --- | --- | --- |
| 1. Total Number of Service Encounters (Field)
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|  |  |  |
| --- | --- | --- |
| 1. Total Number of Service Encounters (Facility)
 |  |   |

1. **Commodities Purchased/Distributed**

|  |  |  |
| --- | --- | --- |
| 1. Safe Sex Kit Supplies Purchased
 |  |   |
|  |  |  |
| 1. Safe Sex it Supplies Distributed
 |  |  |
|  |  |  |
| 1. Naloxone Kits Purchased (nasal spray) (1 kit=2 doses)
 |  |   |
|  |  |  |
| 1. Naloxone Kit Distributed (nasal spray) (1 kit=2 doses)
 |  |  |
|  |  |  |
| 1. Naloxone Kits Purchased (intramuscular) (1 kit=2 doses)
 |  |   |
|  |  |  |
| 1. Naloxone Kits Distributed (intramuscular) (1 kit=2 doses)
 |  |  |
|  |  |  |
| 1. Vending Machines Purchased/Leased
 |  |   |
|  |  |  |
| 1. Stock for Vending Machines Purchased
 |  |   |
|  |  |  |
| 1. Medication Lock Boxes Purchased
 |  |   |
|  |  |  |
| 1. Medication Lock Boxes Distributed
 |  |  |
|  |  |  |
| 1. Sharps/Medication Disposal Boxes Purchased
 |  |   |
|  |  |  |
| 1. Sharps/Medication Disposal Boxes Distributed
 |  |  |
|  |  |  |
| 1. Wound Care Management Supplies Purchased
 |  |   |
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| 1. Wound Care Management Service Encounters
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|  |  |  |
| 1. Fentanyl Test Strips Purchased
 |  |  |
|  |  |  |
| 1. Fentanyl Test Strips Distributed
 |  |  |
|  |  |
| 1. Other Substance Test Strips Purchased
 |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Other Substance Test Strips Distributed
 |  |  |
|  |  |  |
| 1. Sterile Syringes Purchased
 |  |  |
|  |  |  |
| 1. Sterile Syringes Distributed
 |  |  |
|  |  |  |
| 1. Smoking Kits Purchased
 |  |  |
|  |  |  |
| 1. Smoking Kits Distributed
 |  |  |

1. **Specific Harm Reduction Service Encounters**
2. **Infectious Disease Prevention and Support Services**

|  |  |
| --- | --- |
| 1. HIV Testing
 |   |
|  |  |
| 1. VH Testing
 |  |
|  |  |
| 1. VH Vaccination Services
 |  |

|  |  |
| --- | --- |
| 1. Other Infectious Disease Prevention and Treatment
 |  |
|  |  |
| 1. Other Safer Drug Services
 |  |

1. **Overdose Prevention**

|  |  |
| --- | --- |
| 1. Naloxone Trainings
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|  |  |
| 1. Individuals Receiving Naloxone Training
 |  |
|  |  |
| 1. Overdose Education Sessions
 |  |
|  |  |
| 1. Individuals Receiving Overdose Education Sessions
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|  |  |
| 1. Other Overdose Prevention Services
 |  |
|  |  |
| 1. Individuals Receiving Other Overdose Prevention Services
 |  |

1. **Mental and Physical Health Promotion**

|  |  |
| --- | --- |
| 1. Counseling Services
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|  |  |
| 1. Health Education Sessions
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|  |   |
| 1. Other Mental and Physical Health Promotion Services
 |  |

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

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| --- | --- |
| 1. Linkages to Peer Services
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| 1. Linkages to Treatment Services
 |  |
|  |  |
| 1. Linkages to Recovery Services
 |  |

|  |  |
| --- | --- |
| 1. Other Linkages to Treatment and Recovery Support Services
 |  |

|  |  |
| --- | --- |
| 1. PREP Linkages
 |  |
|  |  |
| 1. HIV Treatment Linkages
 |  |
|  |  |
| 1. VH Treatment Linkages
 |  |
|  |  |

1. **Demographics** *(Please enter the actual number of encounters for each category.)*
2. **Gender *(by encounters)***
3. Female \_\_ \_\_ \_\_ \_\_
4. Male \_\_ \_\_ \_\_ \_\_
5. Transgender \_\_ \_\_ \_\_ \_\_
6. Non-Binary \_\_ \_\_ \_\_ \_\_
7. Other \_\_ \_\_ \_\_ \_\_
8. Unknown/Not Provided \_\_ \_\_ \_\_ \_\_
9. **Ethnicity *(by encounters)***
10. Hispanic, Latino/a, or Spanish Origin \_\_ \_\_ \_\_ \_\_
11. Not Hispanic, Latino/a, or Spanish Origin \_\_ \_\_ \_\_ \_\_
12. Unknown/Not Provided \_\_ \_\_ \_\_ \_\_
13. **Race *(by encounters):***
14. American Indian or Alaskan Native \_\_ \_\_ \_\_ \_\_
15. Asian \_\_ \_\_ \_\_ \_\_
16. Black or African American \_\_ \_\_ \_\_ \_\_
17. Native Hawaiian or Other Pacific Islander \_\_ \_\_ \_\_ \_\_
18. White \_\_ \_\_ \_\_ \_\_
19. Multiracial \_\_ \_\_ \_\_ \_\_
20. Unknown/Not Provided \_\_ \_\_ \_\_ \_\_
21. **Age *(by encounters):***
22. Under 15 years \_\_ \_\_ \_\_ \_\_
23. 15 to 17 years \_\_ \_\_ \_\_ \_\_
24. 18 to 24 years \_\_ \_\_ \_\_ \_\_
25. 25 to 34 years \_\_ \_\_ \_\_ \_\_
26. 35 to 44 years \_\_ \_\_ \_\_ \_\_
27. 45 to 54 years \_\_ \_\_ \_\_ \_\_
28. 55 to 64 years \_\_ \_\_ \_\_ \_\_
29. 65 years and older \_\_ \_\_ \_\_ \_\_
30. Unknown/Not Provided \_\_ \_\_ \_\_ \_\_
31. **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).