

NASTAD Strengthening SSPs Evaluation: Baseline

Page

Please complete the survey below. Please refer to the Reference Guide at this link.

[If the above link does not work, please copy and paste the following into your browser:
<https://sites.uw.edu/sharpta/files/2023/07/Strengthening-Syringe-Service-Programs-Evaluation-Reference-Guide.pdf>]

If you have any further questions or comments about this evaluation, please contact us at
DUH-grants@nastad.org Thank you!

The first set of questions asks for information about your program from [referent year]. This information will provide an overall picture of your program the year before funding began.

For clarification on any questions or terms, please refer to the survey reference guide, available here .

What was your harm reduction program's annual operating budget in [reference year] (or for the last fiscal year)? (Note: Please round to nearest dollar. Please question. don't include decimal or dollar sign.)

☐ Budget: ____
☐ Don't know
☐ My program prefers not to answer this question.

Approximately how many new syringes did your harm reduction program distribute in [reference year]?

☐ Syringes distributed: ____
☐ Don't know
☐ My program prefers not to answer this question.

How many encounters did your harm reduction program have in [reference year]?
(Note: For the purposes of this survey, "encounter" refers to one participant visit to your harm reduction program or, for mail-based services, one mailing.)

☐ Number of encounters in [reference year] : ____
☐ Don't know
☐ My program prefers not to answer this question.

Does your harm reduction program collect unique data/unique identifiers at each participant visit?
(Note: By "unique identifiers," we mean a code that is unique to a participant and can be used to link their data across visits. By "participant", we mean the unique individual receiving services at your program.)

☐ Yes
☐ No
☐ Don't know
☐ My program prefers not to answer this question.

In [reference year] , how many unique participants visited your harm reduction program?
(By "participants," we mean the number of unique individuals receiving services at your program.)

☐ Number of unique participants: ____
☐ Don't know
☐ My program prefers not to answer this question.

In [reference year] , how many new unique participants visited your harm reduction program?
(By "new unique participants," we mean the number of new unique individuals receiving services at your program.)

☐ Number of new unique participants: ____
☐ Don't know
☐ My program prefers not to answer this question.

Does your harm reduction program collect race and/or ethnicity demographics from participants? (Please select all that apply.)

- Yes, at
- ☐ enrollment/intake Yes,
 - ☐ at each encounter/visit
 - ☐ Yes, during a point-in-time survey
 - ☐ My harm reduction collects perceived race and/or ethnicity (i.e., program staff or volunteers note participant race and/or ethnicity, but don't ask participants)
 - ☐ No, my program does not collect race/and or ethnicity demographics
 - ☐ from participants Don't know
 - ☐ My program prefers not to answer this question.

How does your program record race and ethnicity data? ☐ My program records one race and/or ethnicity per

- participant (so our data on race always adds up to about 100%)
- ☐ My program may record more than one race and/or ethnicity per participant (so our data on race may add up to more than 100%)
 - ☐ My program records race and/or ethnicity data another way (please describe): _____
 - ☐ Don't know
 - ☐ My program prefers not to answer this question.

In [reference year] , what percentage of your participants identified with each of the following races and/or ethnicities? Please fill in all that apply with numbers only.

Note: Depending on how your harm reduction program collects demographics, these percentages may add up to more than 100%. Estimates, such as from a point-in-time survey, are acceptable.

Asian _____
 Black or African-American _____
 Hispanic or Latine/x _____
 Indigenous, Native American, American Indian, or Alaska
 Native _____ Native Hawaiian
 or other Pacific Islander _____
 Middle Eastern or North African _____
 White _____
 More than one race and/or ethnicity _____
 Other race or ethnicity not listed here _____
 _____ Missing or
 not reported _____

In [reference year] , what percentage of your participants identified with each of the following races and/or ethnicities? Please fill in all that apply with numbers only.

Note: Depending on how your harm reduction program collects demographics, these percentages may add up to more than 100%. Estimates, such as from a point-in-time survey, are acceptable.

Asian _____
 Black or African-American _____
 Hispanic or Latine/x _____
 Indigenous, Native American, American Indian, or Alaska
 Native _____ Native Hawaiian
 or other Pacific Islander _____

Middle Eastern or North African _
White _____
More than one race and/or ethnicity
Other race or ethnicity not listed here
_____ Missing or
not reported _____

This next set of questions asks about the services and capacity of your harm reduction

program on [start of program funding period]? This will provide a snapshot of your program just before funding began.

As of [start of program funding period] , did your harm reduction program conduct activities designed to engage any of the following demographic groups? Please select all that apply. If your program serves participants in any of these categories but does not conduct activities specifically designed to engage them, please do not mark the box for that category.

- ☐ Lesbian, gay, bisexual, or queer persons
- ☐ Transgender, genderqueer, or non-binary persons
- ☐ Women
- ☐ American Indian or Alaska Native persons
- ☐ Asian persons
- ☐ Black or African-American persons
- ☐ Hispanic or Latinx persons
- ☐ Native Hawaiian or Other Pacific Islander persons
- ☐ Persons aged < 20 years
- ☐ Persons aged 20 to 29 years
- ☐ Persons aged 30 to 39 years
- ☐ Persons aged 40 to 59 years
- ☐ Persons aged < or = 60 years
- ☐ Persons who trade sex
- ☐ Other (please describe) _
- ☐ No, my program does not conduct activities designed to engage any specific demographic group(s).
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , what was your harm reduction program's service delivery model? (Please select all that apply.)

- ☐ Brick and mortar fixed site (including drop-in centers)
- ☐ Backpack/outreach or foot/pedestrian-based
- ☐ Pop-up sites (tables, tent, etc.)
- ☐ Delivery to regular locations (e.g., established route)
- ☐ Delivery to participant requested locations (e.g., home delivery)
- ☐ Mail-based distribution
- ☐ Vending machine
- ☐ Other (please describe) _
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], how many brick-and-mortar(fixed site) locations did your harm reduction program operate?

- ☐ Number of locations: _
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , how many outreach and/or delivery vehicles did your harm reduction program operate?

- ☐ Number of vehicles: _
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , how many harm reduction vending machines did your program operate?

Number of vending machines:

- ☐ Don't know
☐ My program prefers not to answer this question.
-

As of [start of program funding period] ,
what supplies did your harm reduction
program offer in vending machines? (Please
select all that apply.)

- ☐ Syringes
☐ Intramuscular naloxone
☐ kits Nasal naloxone kits
☐ Condoms and/or safer
sex kits Other (please
specify): __ Don't know
☐ My program prefers not to answer this
question.

How would you describe your harm reduction program? (Please select all that apply.)

- ☐ Community-based organization with our own 501(c)(3) status
- ☐ Community-based organization with a sponsor's 501(c)(3) status
- ☐ City or County health department
- ☐ State health department
- ☐ Tribal affiliated organization
- ☐ Academic health care organization
- ☐ Private or commercial health care organization
- ☐ Mutual aid organization
- ☐ Other (please specify) _
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , what was your harm reduction program's syringe provision model?

- ☐ One-for-one exchange (1:1)
- ☐ One-for-one (1:1) plus (i.e., "rounding up" 1:1)
- ☐ One-for-one exchange (1:1) with starter packs
- ☐ One-for-one (1:1) plus with starter packs
- ☐ Need-based
- ☐ Other (please describe:) _
- ☐ Don't know
- ☐ My program prefers not to answer this question.

How many syringes does your program provide in a starter pack?

- ☐ Number of syringes: _
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , did your harm reduction program limit how many syringes a participant may receive at once?

example, if a
your

- ☐ Yes, always
- ☐ Yes, with occasional exceptions (for participant travels a long distance to program)
- ☐ Sometimes (for example, if your program is experiencing a funding or syringe shortage)
- ☐ No
- ☐ Don't know
- ☐ My program prefers not to answer this question.

On [start of program funding period] what was the maximum number syringes a participant could receive from your SSP per visit?

on March 31,

- ☐ Maximum number of syringes: _
- ☐ My program did not have a syringe cap 2023.
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , how many paid full-time employees: _____

Number of

employees did your harm reduction program have?

- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , how many paid part-time

employees: _____ Number of part-time
reduction program have? ☐ employees did your harm

☐ Don't know

☐ My program prefers not to answer this question.

As of [start of program funding period] , how many hours per week did your harm reduction program offer services? Please enter the number of hours only. Note: If your program offers services in multiple locations or modes, please provide the sum of all service hours (e.g., 2 brick-and-mortar locations open 20 hours a week each [20x2] + 10 hours of mobile outreach per week= 50)

☐ Number of hours per week:

☐ Don't know

☐ My program prefers not to answer this

question.

As of [start of program funding period] , what types of syringe disposal resources did your harm reduction program offer? (Note: The policy environment and on-the-ground reality varies from state to state and program to program. While CDC's guidance, Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation characterizes syringe disposal education as a "core service" of SSPs, the project partners recognize that not all programs can reasonably offer disposal. All of your answers are confidential and will not affect your eligibility for future funding. As always, your program may respond "My program prefers not to answer this question.")

- ☐ Accepted used syringes for safe disposal
- ☐ Provided training on safe disposal of used syringes
- ☐ Provided sharps containers for carrying used syringes
- ☐ No syringe disposal services were provided
- ☐ Other (specify) _____
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], did your program provide services in tribal nations? (Please select all that apply.)

- ☐ Yes, mail-based (Please specify tribal nation(s)) _____
- ☐ Yes, in-person and/or on-site (Please specify tribal nation(s)) _____
- ☐ No _____

As of [start of program funding period], in which state(s) or territory(-ies) did your harm reduction program provide MAIL-BASED services? (Please select all that apply.)

- ☐ All US States and territories
- ☐ Alabama
- ☐ American Samoa
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia (DC)
- ☐ Florida
- ☐ Georgia
- ☐ Guam
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Northern Mariana Islands
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Puerto Rico
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ United States Virgin Islands
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which state(s) or territory(-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ Alabama
- ☐ American Samoa
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia (DC)
- ☐ Florida
- ☐ Georgia
- ☐ Guam
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Northern Mariana Islands
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Puerto Rico
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ United States Virgin Islands
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which Alaska borough(s) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Alaskan
- ☐ Boroughs
- ☐ Aleutians East
- ☐ Aleutians West
- ☐ Anchorage
- ☐ Bethel
- ☐ Bristol
- ☐ Bay
- ☐ Denali
- ☐ Dillingham
- ☐ Fairbanks North
- ☐ Star Haines
- ☐ Juneau
- ☐ Kenai Peninsula
- ☐ Ketchikan
- ☐ Gateway Kodiak
- ☐ Island
- ☐ Lake and Peninsula
- ☐ Matanuska-
- ☐ Susitna Nome
- ☐ North Slope
- ☐ Northwest
- ☐ Arctic
- ☐ Prince of Wales-Outer
- ☐ Ketchikan Sitka
- ☐ Skagway-Hoonah-
- ☐ Angoon Southeast
- ☐ Fairbanks Valdez-
- ☐ Cordova
- ☐ Wade Hampton
- ☐ Wrangell-
- ☐ Petersburg
- ☐ Yakutat
- ☐ Yukon-
- ☐ Koyukuk Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which Alabama county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Alabama
Counties Autauga
Baldwin
Barbour
Bibb
Blount
Bullock
Butler
Calhoun
Chambe
rs
Cherokee
e
Chilton
Chocta
w
Clarke
Clay
Cleburn
e Coffee
Colbert
Conecu
h Coosa
Covingt
on
Crensha
w
Cullman
Dale
Dallas
De Kalb
Elmore
Escamb
ia
Etowah
Fayette
Frankli
n
Geneva
Greene
Hale
Henry
Housto
n
Jackson
Jefferso
n
Lamar
Lauderdal
e
Lawrence
Lee
Limestone
Lowndes
Macon
Madison
Marengo
Marion
Marshall
Mobile
Monroe
Montgom
ery
Morgan
Perry
Pickens
Pike
Randol

ph
Russell
Shelby
St. Clair
Sumter
Talladega
a
07/28/2023
12:31pm

- ☐ Tallapoosa
- ☐ Tuscaloosa
- ☐ Walker
- ☐ Washington
- ☐ Wilcox
- ☐ Winston

☐ Walker
☐ Washington
☐ Wilcox
☐ Winston
☐
☐ Don't
☐ know

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☐ My program prefers not to answer this question.

As of [start of program funding period], in which Arkansas county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Arkansas Counties

Arkansas

Ashley

Baxter

Benton

Boone

Bradley

Calhou

n

Carroll

Chicot

Clark

Clay

Cleburn

e

Cleavela

nd

Columb

ia

Conway

Craighea

d

Crawford

Crittende

n Cross

Dallas

Desha

Drew

Faulkner

Franklin

Fulton

Garland

Grant

Greene

Hempste

ad Hot

Spring

Howard

Independence

Izard

Jackson

Jefferson

Johnson

Lafayett

e

Lawrenc

e Lee

Lincoln

Little

River

Logan

Lonoke

Madison

Marion

Miller

Mississip

pi

Monroe

Montgom

ery

Nevada

Newton

Ouachita

Perry

Phillips

Pike

Poinset

t Polk

☐ Scott
☐ Searcy
☐ Sebastian
☐ n Sevier
☐ Sharp
☐ St.
☐ Francis

[illegible]

- ☐ Stone
- ☐ Union
- ☐ Van
- ☐ Buren
- ☐ Washingt
- ☐ on White
- ☐ Woodruff
- ☐ Yell
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which American Samoa county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All American Samoa
- ☐ Counties Eastern
- ☐ Manu'a
- ☐ Rose
- ☐ Island
- ☐ Swains
- ☐ Island
- ☐ Western
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which Arizona county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Arizona
- ☐ Counties Apache
- ☐ Cochis
- ☐ e
- ☐ Coconin
- ☐ o Gila
- ☐ Graha
- ☐ m
- ☐ Greenl
- ☐ ee La
- ☐ Paz
- ☐ Marico
- ☐ pa
- ☐ Mohav
- ☐ e
- ☐ Navajo
- ☐ Pima
- ☐ Pinal
- ☐ Santa Cruz
- ☐ Yavapai
- ☐ Yuma
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which California county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All California Counties
- ☐ Alameda
- ☐ Alpine
- ☐ Amador
- ☐ Butte
- ☐ Calaveras
- ☐ Colusa
- ☐ Contra
- ☐ Costa Del
- ☐ Norte
- ☐ El Dorado
- ☐ Fresno
- ☐ Glenn
- ☐ Humboldt
- ☐ Imperial
- ☐ Inyo
- ☐ Kern
- ☐ Kings
- ☐ Lake
- ☐ Lassen
- ☐ Los
- ☐ Angeles
- ☐ Madera
- ☐ Marin
- ☐ Mariposa
- ☐ Mendocin
- ☐ o Merced
- ☐ Modoc
- ☐ Mono
- ☐ Monterey
- ☐ Napa
- ☐ Nevada
- ☐ Orange
- ☐ Placer
- ☐ Plumas
- ☐ Riverside
- ☐ Sacrame
- ☐ nto San
- ☐ Benito
- ☐ San
- ☐ Bernardino
- ☐ San Diego
- ☐ San
- ☐ Francisco
- ☐ San Joaquin
- ☐ San Luis
- ☐ Obispo San
- ☐ Mateo
- ☐ Santa
- ☐ Barbara
- ☐ Santa Clara
- ☐ Santa Cruz
- ☐ Shasta
- ☐ Sierra
- ☐ Siskiyou
- ☐ Solano
- ☐ Sonoma
- ☐ Stanislaw
- ☐ s Sutter
- ☐ Tehama
- ☐ Trinity
- ☐ Tulare
- ☐ Tuolumne
- ☐ Ventura
- ☐ Yolo
- ☐ Yuba

Don't know
My program prefers not to answer this question.

As of [start of program funding period], in which Colorado county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Colorado
- ☐ Counties Adams
- ☐ Alamos
- ☐ a
- ☐ Arapaho
- ☐ e
- ☐ Archulet
- ☐ a Baca
- ☐ Bent
- ☐ Boulder
- ☐ Chaffee
- ☐ Cheyen
- ☐ ne
- ☐ Clear
- ☐ Creek
- ☐ Conejos
- ☐ Costilla
- ☐ Crowley
- ☐ Custer
- ☐ Delta
- ☐ Denver
- ☐ Dolores
- ☐ Douglas
- ☐ Eagle
- ☐ El Paso
- ☐ Elbert
- ☐ Fremon
- ☐ t
- ☐ Garfield
- ☐ Gilpin
- ☐ Grand
- ☐ Gunnis
- ☐ on
- ☐ Hinsdal
- ☐ e
- ☐ Huerfa
- ☐ no
- ☐ Jackson
- ☐ Jefferso
- ☐ n Kiowa
- ☐ Kit
- ☐ Carson
- ☐ La Plata
- ☐ Lake
- ☐ Larimer
- ☐ Las
- ☐ Animas
- ☐ Lincoln
- ☐ Logan
- ☐ Mesa
- ☐ Mineral
- ☐ Moffat
- ☐ Montezu
- ☐ ma
- ☐ Montrose
- ☐ Morgan
- ☐ Otero
- ☐ Ouray
- ☐ Park
- ☐ Phillips
- ☐ Pitkin
- ☐ Prowers
- ☐ Pueblo
- ☐ Rio
- ☐ Blanco
- ☐ Rio
- ☐ Grande

Routt
Saguache
San Juan
San Miguel
Sedgwick
Summit
Teller
Washingto
n Weld
Yuma
Don't
know
My program prefers not to answer this
question.

As of [start of program funding period], in which Connecticut county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Connecticut Counties
- ☐ Fairfield
- ☐ Hartford
- ☐ Litchfield
- ☐ Middlesex
- ☐ New Haven
- ☐ New London
- ☐ Tolland
- ☐ Windham
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which Delaware county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Delaware Counties
- ☐ Kent
- ☐ New Castle
- ☐ Sussex
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Florida county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Florida Counties

Alachua

Baker

Bay

Bradford

d

Brevard

d

Broward

d

Calhoun

n

Charlotte

County

Clay

Collier

Columbia

Dade

De Soto

Dixie

Duval

Escambia

a

Flagler

Franklin

Gadsden

n

Gilchrist

Glades

Gulf

Hamilton

n

Hardee

Hendry

Hernando

do

Highland

ds

Hillsborough

County

Holmes

Indian

River

Jackson

Jefferson

Lafayette

Lake

Lee

Leon

Levy

Liberty

Madison

n

Manatee

ee

Marion

Martin

Monroe

e

Nassau

u

Okaloosa

Okeechobee

ee

Orange

Osceola

Palm

Beach

Pasco

Pinellas
Polk
Putnam
Santa
Rosa
Sarasota
Seminole
St. Johns
St. Lucie
07/28/2023
12:31pm

Sumter
Suwanne
☐ e Taylor
☐ Union
☐ Volusia
☐ Wakulla
☐ Walton
☐ Washingt
☐ on
☐ Don't
☐ know

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☐ My program prefers not to answer this question.

As of [start of program funding period], in which Georgia county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Georgia Counties

Appling

Atkinso

n

Bacon

Baker

Baldwin

Banks

Barrow

Bartow

Ben Hill

Berrien

Bibb

Bleckle

y

Brantle

y

Brooks

Bryan

Bulloch

Burke

Butts

Calhou

n

Camde

n

Candler

Carroll

Catoos

a

Charlto

n

Chatha

m

Chattahoochee

Chattoo

ga

Cheroke

e Clarke

Clay

Clayton

Clinch

Cobb

Coffee

Colquitt

Columbi

a Cook

Coweta

Crawfor

d Crisp

Dade

Dawson

De Kalb

Decatur

Dodge

Dooly

Doughert

y

Douglas

Early

Echols

Effingha

m Elbert

Emanuel

Evans

Fannin

Fayette

Floyd

Forsyth

Franklin
Fulton
Gilmer
Glascoc
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- ☐ Hal
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- ☐ Harris
- ☐ Hart
- ☐ Heard
- ☐ Henry
- ☐ Housto
- ☐ n Irwin
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff
- ☐ Davis
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- ☐ Jenkins
- ☐ Johnso
- ☐ n Jones
- ☐ Lamar
- ☐ Lanier
- ☐ Lauren
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- ☐ Liberty
- ☐ Lincoln
- ☐ Long
- ☐ Lownde
- ☐ s
- ☐ Lumpki
- ☐ n
- ☐ Macon
- ☐ Madiso
- ☐ n
- ☐ Marion
- ☐ McDuffi
- ☐ e
- ☐ McIntos
- ☐ h
- ☐ Meriwether
- ☐ Miller
- ☐ Mitchell
- ☐ Monroe
- ☐ Montgom
- ☐ ery
- ☐ Morgan
- ☐ Murray
- ☐ Muscogee
- ☐ Newton
- ☐ Oconee
- ☐ Oglethorp
- ☐ e Paulding
- ☐ Peach
- ☐ Pickens
- ☐ Pierce
- ☐ Pike
- ☐ Polk
- ☐ Pulask
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- ☐ Putna
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- ☐ Quitma
- ☐ n
- ☐ Rabun
- ☐ Randolp
- ☐ h
- ☐ Richmo
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- ☐ Rockdal
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- ☐ Schley

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Screven
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e
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g
Stephen
s
Stewart
Sumter
Talbot
Taliaferr
o
Tattnall
Taylor
Telfair
Terrell
Thomas
Tift
Toombs
Towns

- ☐ Treutle
- ☐ Troup
- ☐ Turner
- ☐ Twiggs
- ☐ Union
- ☐ Upson
- ☐ Walker
- ☐ Walton
- ☐ Ware
- ☐ Warren
- ☐ Washingt
- ☐ on Wayne
- ☐ Webster
- ☐ Wheeler
- ☐ White
- ☐ Whitfield
- ☐ Wilcox
- ☐ Wilkes
- ☐ Wilkinson
- ☐ Worth
- ☐ Don't
- ☐ know

My program prefers not to answer this question.

As of [start of program funding period], in which Hawaii county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Hawaii Counties
- ☐ Hawaii
- ☐ Honolulu
- ☐ u
- ☐ Kalawa
- ☐ o Kauai
- ☐ Maui
- ☐ Don't know

My program prefers not to answer this question.

As of [start of program funding period], in which Iowa county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Iowa Counties

Adair

Adams

Allamakee

e

Appanoose

e

Audubon

Benton

Black

Hawk

Boone

Bremer

Buchanan

Buena Vista

Butler

Calhoun

Carroll

Cass

Cedar

Cerro Gordo

Cherokee

Chickasaw

Clarke

Clay

Clayton

Clinton

Crawford

Dallas

Davis

Decatur

Delaware

Des

Moines

Dickinson

Dubuque

Emmet

Fayette

Floyd

Franklin

Fremont

Greene

Grundy

Guthrie

Hamilton

Hancock

Hardin

Harrison

Henry

Howard

Humboldt

Ida

Iowa

Jackson

Jasper

Jefferson

Johnson

Jones

Keokuk

Kossuth

Lee

Linn

Louisa

Lucas

Lyon

Madison

n

Mitchell
Monon
a

Monroe

[illegible]

- ☐ Montgom
- ☐ ery
- ☐ Muscatine
- ☐ O'Brien
- ☐ Osceola
- ☐ Page
- ☐ Palo Alto
- ☐ Plymouth
- ☐ Pocahontas
- ☐ Polk
- ☐ Pottawatta
- ☐ mie
- ☐ Poweshiek
- ☐ Ringgold
- ☐ Sac
- ☐ Scott
- ☐ Shel
- ☐ by
- ☐ Sioux
- ☐ Story
- ☐ Tama
- ☐ Taylo
- ☐ r
- ☐ Unio
- ☐ n
- ☐ Van
- ☐ Buren
- ☐ Wapello
- ☐ Warren
- ☐ Washingt
- ☐ on
- ☐ Wayne
- ☐ Webster

Winneba
go
Winneshi
ek

Woodbur
y Worth
Wright

Don't
know

My program prefers not to answer this
question.

As of [start of program funding period], in which Idaho county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Idaho
- ☐ Counties Ada
- ☐ Adams
- ☐ Bannock
- ☐ Bear
- ☐ Lake
- ☐ Benewa
- ☐ h
- ☐ Bingham
- ☐ Blaine
- ☐ Boise
- ☐ Bonner
- ☐ Bonnevil
- ☐ le
- ☐ Boundar
- ☐ y Butte
- ☐ Camas
- ☐ Canyon
- ☐ Caribou
- ☐ Cassia
- ☐ Clark
- ☐ Clearwat
- ☐ er Custer
- ☐ Elmore
- ☐ Franklin
- ☐ Fremont
- ☐ Gem
- ☐ Gooding
- ☐ Idaho
- ☐ Jefferson
- ☐ Jerome
- ☐ Kootenai
- ☐ Latah
- ☐ Lemhi
- ☐ Lewis
- ☐ Lincoln
- ☐ Madison
- ☐ Minidoka
- ☐ Nez
- ☐ Perce
- ☐ Oneida
- ☐ Owyhee
- ☐ Payette
- ☐ Power
- ☐ Shoshon
- ☐ e Teton
- ☐ Twin
- Falls
- Valley
- Washington
- Don't know
- My program prefers not to answer this question.

07/28/2023 12:31pm

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As of [start of program funding period], in which Illinois county(-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Illinois
Counties Adams
Alexande
r Bond
Boone
Brown
Bureau
Calhoun
Carroll
Cass
Champai
gn
Christian
Clark
Clay
Clinton
Coles
Cook
Crawfor
d
Cumberla
nd De
Witt
DeKalb
Douglas
DuPage
Edgar
Edwards
Effingha
m
Fayette
Ford
Franklin
Fulton
Gallatin
Greene
Grundy
Hamilton
Hancock
Hardin
Henderso
n Henry
Iroquois
Jackson
Jasper
Jefferson
Jersey
Jo Daviess
Johnson
Kane
Kankake
e
Kendall
Knox
La Salle
Lake
Lawrenc
e Lee
Livingsto
n Logan
Macon
Macoupi
n
Madison
Marion
Marshall
Mason
Massac

McDonough
McHenry
McLean

07/28/2023
12:31pm

Menard
Mercer

☐ Monroe

☐ Montgome
☐ ry
☐

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[illegible]

- ☐ Morga
- ☐ n
- ☐ Moultri
- ☐ e Ogle
- ☐ Peoria
- ☐ Perry
- ☐ Piatt
- ☐ Pike
- ☐ Pope
- ☐ Pulask
- ☐ i
- ☐ Putna
- ☐ m
- ☐ Randolp
- ☐ h
- ☐ Richland
- ☐ Rock
- ☐ Island
- ☐ Saline
- ☐ Sangam
- ☐ on
- ☐ Schuyler
- ☐ Scott
- ☐ Shelby
- ☐ St. Clair
- ☐ Stark
- ☐ Stephens
- ☐ on
- ☐ Tazewell
- ☐ Union
- ☐ Vermilion
- ☐ Wabash
- ☐ Warren
- ☐ Washingt
- ☐ on Wayne
- ☐ White
- Whiteside
- Will
- Williamso
- n
- Winnebag
- o
- Woodford
- Don't
- know
- My program prefers not to answer this question.

As of [start of program funding period] , in which Indiana county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Indiana
Counties Adams
Allen
Bartholom
ew Benton
Blackford
Boone
Brown
Carroll
Cass
Clark
Clay
Clinton
Crawfor
d
Daviess
De Kalb
Dearbor
n
Decatur
Delawar
e
Dubois
Elkhart
Fayette
Floyd
Fountai
n
Franklin
Fulton
Gibson
Grant
Greene
Hamilto
n
Hancoc
k
Harriso
n
Hendrick
s Henry
Howard
Huntington
Jackso
n
Jasper
Jay
Jeffers
on
Jennin
gs
Johnso
n Knox
Kosciusko
La Porte
Lagrange
Lake
Lawrence
Madison
Marion
Marshall
Martin
Miami
Monroe
Montgom
ery
Morgan
Newton
Noble

Porter
Posey
Pulaski
Putnam

Randolph



- ☐ Ripley
- ☐ Rush
- ☐ Scott
- ☐ Shelby
- ☐ Spence
- ☐ r St.
- ☐ Joseph
- ☐ Starke
- ☐ Steube
- ☐ n
- ☐ Sullivan
- ☐ Switzerla
- ☐ nd
- ☐ Tippecan
- ☐ oe Tipton
- ☐ Union
- ☐ Vanderbur
- ☐ gh
- ☐ Vermillion
- ☐ Vigo
- ☐ Wabash
- ☐ Warren
- ☐ Warrick
- ☐ Washingt
- ☐ on Wayne
- ☐ Wells
- White
- Whitley
- Don't
- know
- My program prefers not to answer this question.

As of [start of program funding period] , in which Kansas county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Kansas
Counties Allen
Anderson
Atchison
Barber
Barton
Bourbon
Brown
Butler
Chase
Chautauq
ua
Cherokee
Cheyenn
e Clark
Clay
Cloud
Coffey
Comanc
he
Cowley
Crawfor
d
Decatur
Dickinso
n
Donipha
n
Douglas
Edwards
Elk
Ellis
Ellswort
h
Finney
Ford
Frankli
n Geary
Gove
Graha
m
Grant
Gray
Greeley
Greenwoo
d
Hamilton
Harper
Harvey
Haskell
Hodgema
n Jackson
Jefferson
Jewell
Johnson
Kearny
Kingman
Kiowa
Labette
Lane
Leavenwo
rth Lincoln
Linn
Logan
Lyon
Marion
Marshall
McPherso

y Morris
Morton
Nemaha
Neosho
Nes
S



- ☐ Norton
- ☐ Osage
- ☐ Osborne
- ☐ Ottawa
- ☐ Pawnee
- ☐ Phillips
- ☐ Pottawato
- ☐ mie Pratt
- ☐ Rawlins
- ☐ Reno
- ☐ Republi
- ☐ c Rice
- ☐ Riley
- ☐ Rooks
- ☐ Rush
- ☐ Russell
- ☐ Saline
- ☐ Scott
- ☐ Sedgwi
- ☐ ck
- ☐ Seward
- ☐ Shawn
- ☐ ee
- ☐ Sherida
- ☐ n
- ☐ Sherma
- ☐ n Smith
- ☐ Staffor
- ☐ d
- ☐ Stanton
- ☐ Steven
- ☐ s
- ☐ Sumner
- ☐ Thoma
- ☐ s Trego
- ☐ Wabaunse
- ☐ e Wallace
- ☐ Washingto
- ☐ n Wichita
- Wilson
- Woodson
- Wyandotte
- Don't
- know
- My program prefers not to answer this question.

As of [start of program funding period] , in which Kentucky county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Kentucky
Counties Adair
Allen
Anderso
n
Ballard
Barren
Bath
Bell
Boone
Bourbo
n Boyd
Boyle
Bracke
n
Breathi
tt
Breckinridge
Bullitt
Butler
Caldwel
l
Callowa
y
Campb
ell
Carlisle
Carroll
Carter
Casey
Christia
n Clark
Clay
Clinton
Crittenden
Cumberland
Daviess
Edmonson
Elliott
Estill
Fayette
Fleming
Floyd
Franklin
Fulton
Gallatin
Garrard
Grant
Graves
Grayson
Green
Greenup
Hancock
Hardin
Harlan
Harrison
Hart
Henderso
n Henry
Hickman
Hopkins
Jackson
Jefferson
Jessami
ne
Johnson
Kenton
Knott

Lawrence
Lee
Leslie
Letcher

☐ Lewi
☐ S



- ☐ Lincoln
- ☐ Livingst
- ☐ on
- ☐ Logan
- ☐ Lyon
- ☐ Madison
- ☐ Magoffin
- ☐ Marion
- ☐ Marshall
- ☐ Martin
- ☐ Mason
- ☐ McCrack
- ☐ en
- ☐ McCrear
- ☐ y
- ☐ McLean
- ☐ Meade
- ☐ Meniffee
- ☐ Mercer
- ☐ Metcalfe
- ☐ Monroe
- ☐ Montgom
- ☐ ery
- ☐ Morgan
- ☐ Muhlenbe
- ☐ rg Nelson
- ☐ Nicholas
- ☐ Ohio
- ☐ Oldham
- ☐ Owen
- ☐ Owsley
- ☐ Pendleton
- ☐ Perry
- ☐ Pike
- ☐ Powell
- ☐ Pulaski
- ☐ Robertso
- ☐ n
- ☐ Rockcas
- ☐ tle
- ☐ Rowan
- ☐ Russell
- ☐ Scott
- ☐ Shelby
- ☐ Simpson
- ☐ Spencer
- ☐ Taylor
- ☐ Todd
- ☐ Trigg
- ☐ Trimble
- ☐ Union
- ☐ Warren
- ☐ Washingt
- ☐ on Wayne

Webster

Whitley

Wolfe

Woodford

Don't

know

My program prefers not to answer this question.

As of [start of program funding period] , in which Louisiana parish(es) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Louisiana
- ☐ Parishes Acadia
- ☐ Allen
- ☐ Ascensio
- ☐ n
- ☐ Assumpti
- ☐ on
- ☐ Avoyelles
- ☐ Beaurega
- ☐ rd
- ☐ Bienville
- ☐ Bossier
- ☐ Caddo
- ☐ Calcasieu
- ☐ Caldwell
- ☐ Cameron
- ☐ Catahoul
- ☐ a
- ☐ Claiborne
- ☐ Concordi
- ☐ a De Soto
- ☐ East Baton
- ☐ Rouge East
- ☐ Carroll
- ☐ East
- ☐ Feliciana
- ☐ Evangelin
- ☐ e Franklin
- ☐ Grant
- ☐ Iberia
- ☐ Iberville
- ☐ Jackson
- ☐ Jefferson
- ☐ Jefferson
- ☐ Davis La
- ☐ Salle
- ☐ Lafayette
- ☐ Lafourche
- ☐ Lincoln
- ☐ Livingston
- ☐ Madison
- ☐ Morehouse
- ☐ Natchitoches
- ☐ Orleans
- ☐ Ouachita
- ☐ Plaquemines
- ☐ Pointe
- ☐ Coupee
- ☐ Rapides
- ☐ Red
- ☐ River
- ☐ Richlan
- ☐ d
- ☐ Sabine
- ☐ St.
- ☐ Bernard
- ☐ St.
- ☐ Charles
- ☐ St.
- ☐ Helena
- ☐ St.
- ☐ James
- ☐ St. John the
- ☐ Baptist St.
- ☐ Landry
- ☐ St.
- ☐ Martin

St. Mary
St. Tammany
Tangipahoa
Tensas
Terrebonne
Union
Vermilion
Vernon
Washington
Webster
West Baton Rouge
West Carroll
West Feliciana
Winn
Don't know
My program prefers not to answer this
question.

As of [start of program funding period] , in which Massachusetts county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Massachusetts
- ☐ Counties Barnstable
- ☐ Berkshire
- ☐ Bristol
- ☐ Dukes
- ☐ Essex
- ☐ Franklin
- ☐ Hampden
- ☐ Hampshire
- ☐ Middlesex
- ☐ Nantucket
- ☐ Norfolk
- ☐ Plymouth
- ☐ Suffolk
- ☐ Worcester
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Maryland county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Maryland
- ☐ Counties Allegany
- ☐ Anne Arundel
- ☐ Baltimore
- ☐ Baltimore city
- ☐ Calvert
- ☐ Caroline
- ☐ Carroll
- ☐ Cecil
- ☐ Charles
- ☐ Dorchester
- ☐ Frederick
- ☐ Garrett
- ☐ Harford
- ☐ Howard
- ☐ Kent
- ☐ Montgomery
- ☐ Prince George's
- ☐ Queen Anne's
- ☐ Somerset
- ☐ St. Mary's
- ☐ Talbot
- ☐ Washington
- ☐ Wicomico
- ☐ Worcester
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Maine county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- All Maine
☐ Counties
☐ Androscoggin
☐ Aroostook
☐ Cumberland
☐ Franklin
☐ Hancock
☐ Kennebec
☐ Knox
☐ Lincoln
☐ Oxford
☐ Penobscot
☐ Piscataquis
☐ Sagadahoc
☐ Somerset
☐ Waldo
☐ Washington
☐ York
Don't know
My program prefers not to answer this question.

As of [start of program funding period] , in which Michigan county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Michigan
Counties Alcona
Alger
Allega
n
Alpena
Antrim
Aren
c
Barag
a
Barry
Bay
Benzie
Berrie
n
Branc
h
Calhou
n Cass
Charlevoi
x
Cheboyg
an
Chippew
a Clare
Clinton
Crawford
Delta
Dickinso
n Eaton
Emmet
Genesee
Gladwin
Gogebic
Grand
Traverse
Gratiot
Hillsdale
Houghton
Huron
Ingha
m
Ionia
Iosco
Iron
Isabell
a
Jackso
n
Kalamaz
oo
Kalkaska
Kent
Keweenaw
Lake
Lapeer
Leelanau
Lenawee
Livingsto
n Luce
Mackinac
Macomb
Manistee
Marquett
e Mason
Mecosta
Menomin

ee Midland
Missaukee
Monroe
Montcalm
Montmorency
Muskegon
07/28/2023
12:31pm

Newaygo
Oakland
☐ Oceana
☐ Ogemaw
☐ Ontonagon
☐ Osceola
☐ Oscoda
☐ a

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- ☐ Otsego
- ☐ Ottawa
- ☐ Presque
- ☐ Isle
- ☐ Roscommo
- ☐ n Saginaw
- ☐ Sanilac
- ☐ Schoolcraf
- ☐ t
- ☐ Shiawasse
- ☐ e St. Clair
- ☐ St.
- ☐ Joseph
- ☐ Tuscola
- ☐ Van
- ☐ Buren
- ☐ Washtena
- ☐ w Wayne
- ☐ Wexford
- ☐ Don't
- ☐ know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Minnesota county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Minnesota
Counties Aitkin
Anoka
Becker
Beltrami
Benton
Big
Stone
Blue
Earth
Brown
Carlton
Carver
Cass
Chippew
a
Chisago
Clay
Clearwat
er Cook
Cottonwoo
d Crow
Wing
Dakota
Dodge
Douglas
Faribault
Fillmore
Freeborn
Goodhue
Grant
Hennepin
Houston
Hubbard
Isanti
Itasca
Jackson
Kanabec
Kandiyoh
i Kittson
Koochiching
Lac qui
Parle Lake
Lake of the
Woods Le
Sueur
Lincoln
Lyon
Mahnom
en
Marshall
Martin
McLeod
Meeker
Mille
Lacs
Morrison
Mower
Murray
Nicollet
Nobles
Norman
Olmsted
Otter
Tail
Penningt
on Pine
Pipeston

☐ Redwood
☐ Renvill
☐ e Rice
☐ Rock
☐ Rosea
☐ u



- ☐ Scott
- ☐ Sherburne
- ☐ Sibley
- ☐ St.
- ☐ Louis
- ☐ Stearns
- ☐ Steele
- ☐ Steven
- ☐ s Swift
- ☐ Todd
- ☐ Travers
- ☐ e
- ☐ Wabas
- ☐ ha
- ☐ Waden
- ☐ a
- ☐ Waseca
- ☐ Washingto
- ☐ n
- ☐ Watonwan
- ☐ Wilkin
- Winona
- Wright
- Yellow
- Medicine
- Don't know
- My program prefers not to answer this question.

As of [start of program funding period] , in which Missouri county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Missouri
Counties Adair
Andrew
Atchison
Audrain
Barry
Barton
Bates
Benton
Bollinger
Boone
Buchana
n Butler
Caldwell
Callaway
Camden
Cape
Girardeau
Carroll
Carter
Cass
Cedar
Charito
n
Christia
n Clark
Clay
Clinton
Cole
Cooper
Crawfor
d Dade
Dallas
Davies
s De
Kalb
Dent
Dougla
s
Dunklin
Frankli
n
Gascona
de
Gentry
Greene
Grundy
Harrison
Henry
Hickory
Holt
Howard
Howell
Iron
Jackson
Jasper
Jefferson
Johnson
Knox
Laclede
Lafayett
e
Lawrenc
e Lewis
Lincoln
Linn
Livingsto
n Macon

Mercer
Miller
Mississip
pi
Monitea
u

[illegible]

- ☐ Monroe
- ☐ Montgome
- ☐ ry Morgan
- ☐ New
- ☐ Madrid
- ☐ Newton
- ☐ Nodaway
- ☐ Oregon
- ☐ Osage
- ☐ Ozark
- ☐ Pemiscot
- ☐ Perry
- ☐ Pettis
- ☐ Phelps
- ☐ Pike
- ☐ Platte
- ☐ Polk
- ☐ Pulaski
- ☐ Putna
- ☐ m Ralls
- ☐ Randol
- ☐ ph Ray
- ☐ Reynol
- ☐ ds
- ☐ Ripley
- ☐ Saline
- ☐ Schuyl
- ☐ er
- ☐ Scotlan
- ☐ d Scott
- ☐ Shanno
- ☐ n
- ☐ Shelby
- ☐ St.
- ☐ Charles
- ☐ St. Clair
- ☐ St.
- ☐ Francois
- ☐ St. Louis
- ☐ St. Louis
- ☐ city Ste.
- ☐ Genevieve
- ☐ Stoddard
- ☐ Stone
- ☐ Sullivan
- ☐ Taney
- ☐ Texas
- ☐ Vernon
- ☐ Warren
- Washington
- Wayne
- Webster
- Worth
- Wright
- Don't
- know
- My program prefers not to answer this question.

As of [start of program funding period] , in which Northern Mariana Island(s) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Northern Mariana
- ☐ Islands Northern Islands
- ☐ Rota
- ☐ Saipan
- ☐ Tinian
- ☐ Don't
- ☐ know
- My program prefers not to answer this question.

As of [start of program funding period] , in which Mississippi county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Mississippi Counties

Adams

Alcorn

Amite

Attala

Benton

Bolivar

Calhoun

Carroll

Chickasaw

Choctaw

Claiborne

Clarke

Clay

Coahoma

Copiah

Covington

DeSoto

Forrest

Franklin

George

Greene

Grenada

Hancock

Harrison

Hinds

Holmes

Humphreys

Issaquena

Itawamba

Jackson

Jasper

Jefferson

Jefferson

Davis Jones

Kemper

Lafayette

Lamar

Lauderdale

Lawrence

Leake

Lee

Leflore

Lincoln

Lowndes

Madison

Marion

Marshall

Monroe

Montgomery

Neshoba

Newton

Noxubee

Oktibbeha

Panola

Pearl

River

Perry

Pike

☐ Simpson
☐ Smith
☐ Stone
☐ Sunflower
☐ Tallahatchie

[illegible]

- ☐ Tate
- ☐ Tippah
- ☐ Tishomin
- ☐ go Tunica
- ☐ Union
- ☐ Walthall
- ☐ Warren
- ☐ Washingt
- ☐ on
- ☐ Wayne
- ☐ Webster
- ☐ Wilkinson
- ☐ Winston
- ☐ Yalobush
- ☐ a Yazoo
- ☐ Don't

know
My program prefers not to answer this question.

As of [start of program funding period] , in which Montana county(-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Montana Counties
- ☐ Beaverhead
- ☐ Big Horn
- ☐ Blaine
- ☐ Broadwat
- ☐ er
- ☐ Carbon
- ☐ Carter
- ☐ Cascade
- ☐ Chouteau
- ☐ Custer
- ☐ Daniels
- ☐ Dawson
- ☐ Deer
- ☐ Lodge
- ☐ Fallon
- ☐ Fergus
- ☐ Flathead
- ☐ Gallatin
- ☐ Garfield
- ☐ Glacier
- ☐ Golden Valley
- ☐ Granite
- ☐ Hill
- ☐ Jefferson
- ☐ Judith
- ☐ Basin
- ☐ Lake
- ☐ Lewis and
- ☐ Clark Liberty
- ☐ Lincoln
- ☐ Madison
- ☐ McCone
- ☐ Meagher
- ☐ Mineral
- ☐ Missoula
- ☐ Musselshel
- ☐ I Park
- ☐ Petroleum
- ☐ Phillips
- ☐ Pondera
- ☐ Powder
- ☐ River
- ☐ Powell
- ☐ Prairie
- ☐ Ravalli
- ☐ Richland
- ☐ Roosevelt
- ☐ Rosebud
- ☐ Sanders
- ☐ Sheridan
- ☐ Silver Bow
- ☐ Stillwater
- ☐ Sweet
- ☐ Grass
- ☐ Teton
- ☐ Toole
- ☐ Treasure
- ☐ Valley
- ☐ Wheatlan
- ☐ d Wibaux
- ☐ Yellowsto
- ☐ ne
- ☐ Yellowstone National
- ☐ Park Don't know
- ☐ My program prefers not to answer this question.

07/28/2023 12:31pm

As of [start of program funding period] , in which North Carolina county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All North Carolina
Counties Alamance
Alexander
Alleghany
Anson
Ashe
Avery
Beaufort
Bertie
Bladen
Brunswick
Buncombe
Burke
Cabarrus
Caldwell
Camden
Carteret
Caswell
Catawba
Chatham
Cherokee
Chowan
Clay
Cleveland
Columbus
Craven
Cumberland
Currituck
Dare
Davidson
Davie
Duplin
Durham
Edgecombe
Forsyth
Franklin
Gaston
Gates
Graham
Granville
Greene
Guilford
Halifax
Harnett
Haywood
Henderson
Hertford
Hoke
Hyde
Iredell
Jackson
Johnston
Jones
Lee
Lenoir
Lincoln
Macon
Madison

n Martin
McDowell
Mecklenbur
g Mitchell
Montgomer

07/28/2023
12:31pm

y Moore
Nash

☐ New
☐ Hanover
☐ Northampt
☐ on Onslow
☐ Orang
☐ e

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- ☐ Pamlico
- ☐ Pasquotan
- ☐ k Pender
- ☐ Perquima
- ☐ ns Person
- ☐ Pitt
- ☐ Polk
- ☐ Randolph
- ☐ Richmon
- ☐ d
- ☐ Robeson
- ☐ Rockingh
- ☐ am
- ☐ Rowan
- ☐ Rutherfor
- ☐ d
- ☐ Sampson
- ☐ Scotland
- ☐ Stanly
- ☐ Stokes
- ☐ Surry
- ☐ Swain
- ☐ Transylva
- ☐ nia Tyrrell
- ☐ Union
- ☐ Vance
- ☐ Wake
- ☐ Warren
- ☐ Washingt
- ☐ on
- ☐ Watauga
- ☐ Wayne
- ☐ Wilkes
- ☐ Wilson

Yadkin

Yancey

Don't

know

My program prefers not to answer this question.

As of [start of program funding period] , in which North Dakota county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All North Dakota
- ☐ Counties Adams
- ☐ Barnes
- ☐ Benson
- ☐ Billings
- ☐ Bottine
- ☐ au
- ☐ Bowma
- ☐ n Burke
- ☐ Burleig
- ☐ h Cass
- ☐ Cavalie
- ☐ r
- ☐ Dickey
- ☐ Divide
- ☐ Dunn
- ☐ Eddy
- ☐ Emmon
- ☐ s Foster
- ☐ Golden
- ☐ Valley Grand
- ☐ Forks Grant
- ☐ Griggs
- ☐ Hetting
- ☐ er
- ☐ Kidder
- ☐ La Moure
- ☐ Logan
- ☐ McHenry
- ☐ McIntosh
- ☐ McKenzi
- ☐ e
- ☐ McLean
- ☐ Mercer
- ☐ Morton
- ☐ Mountrail
- ☐ Nelson
- ☐ Oliver
- ☐ Pembina
- ☐ Pierce
- ☐ Ramsey
- ☐ Ransom
- ☐ Renville
- ☐ Richland
- ☐ Rolette
- ☐ Sargent
- ☐ Sheridan
- ☐ Sioux
- ☐ Slope
- ☐ Stark
- ☐ Steele
- ☐ Stutsma
- ☐ n Towner
- ☐ Traill
- ☐ Walsh
- ☐ Ward
- ☐ Wells
- ☐ Williams
- ☐ Don't know
- ☐ My program prefers not to answer this question.

07/28/2023 12:31pm

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As of [start of program funding period] , in which Nebraska county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Nebraska
Counties Adams
Antelope
Arthur
Banner
Blaine
Boone
Box
Butte
Boyd
Brown
Buffalo
Burt
Butler
Cass
Cedar
Chase
Cherry
Cheyenne
Clay
Colfax
Cuming
Custer
Dakota
Dawes
Dawson
Deuel
Dixon
Dodge
Douglas
Dundy
Fillmore
Franklin
Frontier
Furnas
Gage
Garden
Garfield
Gosper
Grant
Greeley
Hall
Hamilton
Harlan
Hayes
Hitchcock
Holt
Hooker
Howard
Jefferson
Johnson
Kearney
Keith
Keya
Paha
Kimball
Knox
Lancaster
Lincoln
Logan
Loup
Madison
McPherson
Merrick
Morrill
Nance

Nemaha
Nuckolls

07/28/2023
12:31pm

Otoe
Pawnee

Perkin
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- ☐ Phelps
- ☐ s
- ☐ Pierc
- ☐ e
- ☐ Platt
- ☐ e
- ☐ Polk
- ☐ Red
- ☐ Willow
- ☐ Richards
- ☐ on Rock
- ☐ Saline
- ☐ Sarpy
- ☐ Saunders
- ☐ Scotts
- ☐ Bluff
- ☐ Seward
- ☐ Sheridan
- ☐ Sherman
- ☐ Sioux
- ☐ Stanton
- ☐ Thayer
- ☐ Thomas
- ☐ Thurston
- ☐ Valley
- ☐ Washingt
- ☐ on Wayne
- Webster
- Wheeler
- York
- Don't know
- My program prefers not to answer this question.

As of [start of program funding period] , in which New Hampshire county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All New Hampshire
- ☐ Counties Belknap
- ☐ Carroll
- ☐ Cheshire
- ☐ Coos
- ☐ Grafton
- ☐ Hillsboroug
- ☐ h
- ☐ Merrimac
- ☐ k
- ☐ Rockingh
- ☐ am
- ☐ Strafford
- Sullivan
- Don't know
- My program prefers not to answer this question.

As of [start of program funding period] , in which New Jersey county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All New Jersey Counties
- ☐ Atlantic
- ☐ Bergen
- ☐ Burlingto
- ☐ n
- ☐ Camden
- ☐ Cape May
- ☐ Cumberla
- ☐ nd Essex
- ☐ Glouceste
- ☐ r Hudson
- ☐ Hunterdo
- ☐ n Mercer
- ☐ Middlesex
- ☐ Monmout
- ☐ h Morris
- ☐ Ocean
- ☐ Passaic
- ☐ Salem
- ☐ Somerset
- ☐ Sussex
- ☐ Union
- ☐ Warren
- ☐ Don't

know

My program prefers not to answer this question.

As of [start of program funding period] , in which New Mexico county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All New Mexico Counties
- ☐ Bernalillo
- ☐ Catron
- ☐ Chave
- ☐ s
- ☐ Cibola
- ☐ Colfax
- ☐ Curry
- ☐ De
- ☐ Baca
- ☐ Dona
- ☐ Ana
- ☐ Eddy
- ☐ Grant
- ☐ Guadalu
- ☐ pe
- ☐ Harding
- ☐ Hidalgo
- ☐ Lea
- ☐ Lincoln
- ☐ Los
- ☐ Alamos
- ☐ Luna
- ☐ McKinley
- ☐ Mora
- ☐ Oter
- ☐ o
- ☐ Qua
- ☐ y
- ☐ Rio
- ☐ Arriba
- ☐ Roosevelt
- ☐ t San
- ☐ Juan San
- ☐ Miguel
- ☐ Sandoval
- ☐ Santa Fe
- ☐ Sierra
- ☐ Socorro
- ☐ Taos
- ☐ Torrance
- ☐ Union
- ☐ Valencia
- ☐ Don't
- ☐ know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Nevada county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Nevada
- ☐ Counties Carson
- ☐ City Churchill
- ☐ Clark
- ☐ Douglas
- ☐ Elko
- ☐ Esmeral
- ☐ da
- ☐ Eureka
- ☐ Humbol
- ☐ dt
- ☐ Lander
- ☐ Lincoln
- ☐ Lyon
- ☐ Mineral
- ☐ Nye
- ☐ Pershing
- ☐ Don't know

My program prefers not to answer this question. Storey
Washoe
White
Pine

☐

☐

As of [start of program funding period] , in which New York county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All New York
- ☐ Counties Albany
- ☐ Allegany
- ☐ Bronx
- ☐ Broome
- ☐ Cattaraugus
- ☐ Cayuga
- ☐ Chautauqua
- ☐ Chemung
- ☐ Chenango
- ☐ Clinton
- ☐ Columbia
- ☐ Cortland
- ☐ Delaware
- ☐ Dutchess
- ☐ Erie
- ☐ Essex
- ☐ Franklin
- ☐ Fulton
- ☐ Genesee
- ☐ Greene
- ☐ Hamilton
- ☐ Herkimer
- ☐ Jefferson
- ☐ Kings
- ☐ Lewis
- ☐ Livingston
- ☐ Madison
- ☐ Monroe
- ☐ Montgomery
- ☐ Nassau
- ☐ New York
- ☐ Niagara
- ☐ Oneida
- ☐ Onondaga
- ☐ Ontario
- ☐ Orange
- ☐ Orleans
- ☐ Oswego
- ☐ Otsego
- ☐ Putnam
- ☐ Queens
- ☐ Rensselaer
- ☐ Richmond
- ☐ Rockland
- ☐ Saratoga
- ☐ Schenectady
- ☐ Schoharie
- ☐ Schuyler
- ☐ Seneca
- ☐ St. Lawrence
- ☐ Steuben
- ☐ Suffolk
- ☐ Sullivan
- ☐ Tioga
- ☐ Tompkins
- ☐ Ulster

Warren
Washington
Wayne
Westcheste
r Wyoming
Yates
Don't know
My program prefers not to answer this
question.

As of [start of program funding period] , in which Ohio county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Ohio
Counties
Adams
Allen
Ashland
Ashtabula
Athens
Auglaize
Belmont
Brown
Butler
Carroll
Champaign
Clark
Clermont
Clinton
Columbia
Coshocton
Crawford
Cuyahoga
Darke
Defiance
Delaware
Erie
Fairfield
Fayette
Franklin
Fulton
Gallia
Geauga
Greene
Guernsey
Hamilton
Hancock
Hardin
Harrison
Henry
Highland
Hocking
Holmes
Huron
Jackson
Jefferson
Knox
Lake
Lawrence
Licking
Logan
Lorain
Lucas
Madison
Mahoning
Marion
Medina
Meigs
Mercer
Miami
Monroe
Montgomery
Morgan
Morrow
Muskingum
Noble
Ottawa
Paulding

Perry
Pickaway

07/28/2023
12:31pm

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- ☐ Putnam
- ☐ Richland
- ☐ Ross
- ☐ Sandusky
- ☐ Scioto
- ☐ Seneca
- ☐ Shelby
- ☐ Stark
- ☐ Summit
- ☐ Trumbull
- ☐ Tuscaraw
- ☐ as Union
- ☐ Van Wert
- ☐ Vinton
- ☐ Warren
- ☐ Washingto
- ☐ n Wayne
- ☐ Williams
- ☐ Wood
- ☐ Wyandot
- ☐ Don't
- ☐ know

My program prefers not to answer this question.

As of [start of program funding period] , in which Oklahoma county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Oklahoma
 Counties Adair
 Alfalfa
 Atoka
 Beaver
 Beckha
 m Blaine
 Bryan
 Caddo
 Canadia
 n Carter
 Cheroke
 e
 Choctaw
 Cimarro
 n
 Clevelan
 d Coal
 Comanc
 he
 Cotton
 Craig
 Creek
 Custer
 Delawar
 e Dewey
 Ellis
 Garfield
 Garvin
 Grady
 Grant
 Greer
 Harmon
 Harper
 Haskell
 Hughes
 Jackson
 Jefferson
 Johnston
 Kay
 Kingfish
 er Kiowa
 Latimer
 Le Flore
 Lincoln
 Logan
 Love
 Major
 Marshall
 Mayes
 McClain
 McCurtai
 n
 McIntos
 h
 Murray
 Muskog
 ee Noble
 Nowata
 Okfuske
 e
 Oklaho
 ma
 Okmulg
 ee
 Osage
 Ottawa
 Pawnee

Roger Mills
Rogers
Seminole

☐ Sequoyah



- ☐ Stephens
- ☐ Texas
- ☐ Tillman
- ☐ Tulsa
- ☐ Wagoner
- ☐ Washingt
- ☐ on
- ☐ Washita
- ☐ Woods
- ☐ Woodwar
- ☐ d Don't
know
- ☐ My program prefers not to answer this
question.

As of [start of program funding period] , in
which Oregon county(/-ies) did your harm
reduction program provide IN-PERSON and/or
ON-SITE services (including vending
machines)? (Please select all that apply.)

- ☐ All Oregon
- ☐ Counties Baker
- ☐ Benton
- ☐ Clackam
- ☐ as
- ☐ Clatsop
- ☐ Columbi
- ☐ a Coos
- ☐ Crook
- ☐ Curry
- ☐ Deschut
- ☐ es
- ☐ Douglas
- ☐ Gilliam
- ☐ Grant
- ☐ Harney
- ☐ Hood
- ☐ River
- ☐ Jackson
- ☐ Jefferson
- ☐ Josephin
- ☐ e
- ☐ Klamath
- ☐ Lake
- ☐ Lane
- ☐ Lincoln
- ☐ Linn
- ☐ Malheur
- ☐ Marion
- ☐ Morrow
- ☐ Multnom
- ☐ ah Polk
- ☐ Sherman
- ☐ Tillamook
- ☐ Umatilla
- ☐ Union
- ☐ Wallowa
- ☐ Wasco
- ☐ Washingt
on
- ☐ Wheeler
- ☐ Yamhill
- ☐ Don't
know
- ☐ My program prefers not to answer this
question.

As of [start of program funding period] , in which Pennsylvania county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Pennsylvania
 Counties Adams
 Alleghen
 ny
 Armstro
 ng
 Beaver
 Bedford
 Berks
 Blair
 Bradfor
 d Bucks
 Butler
 Cambri
 a
 Camero
 n
 Carbon
 Centre
 Chester
 Clarion
 Clearfiel
 d
 Clinton
 Columbi
 a
 Crawfor
 d
 Cumberla
 nd
 Dauphin
 Delaware
 Elk
 Erie
 Fayette
 Forest
 Franklin
 Fulton
 Greene
 Huntingd
 on
 Indiana
 Jefferson
 Juniata
 Lackawan
 na
 Lancaster
 Lawrence
 Lebanon
 Lehigh
 Luzerne
 Lycoming
 McKean
 Mercer
 Mifflin
 Monroe
 Montgome
 ry
 Montour
 Northampt
 on
 Northumberla
 nd Perry
 Philadelphia
 Pike
 Potter
 Schuylkill
 Snyder

Warren
Washington
Wayne
☐ Westmoreland
☐ and Wyoming
☐ York
☐ Don't
☐ know



☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Puerto Rico county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Puerto Rico Counties

Adjuntas
 Aguada
 Aguadilla
 Aguas
 Buenas
 Aibonito
 Anasco
 Arecibo
 Arroyo
 Barceloneta
 Barranquitas
 Bayamo
 Cabo Rojo
 Caguas
 Camuy
 Canovanas
 Carolina
 Catano
 Cayey
 Ceiba
 Cidra
 Coamo
 Comerio
 Corozal
 Culebra
 Dorado
 Fajardo
 Florida
 Guanica
 Guayama
 Guayanilla
 Guaynabo
 Gurabo
 Hatillo
 Hormigueros
 Humacao
 Isabela
 Jayuya
 Juana Diaz
 Juncos
 Lajas
 Lares
 Las Marias
 Las Piedras
 Loiza
 Luquillo
 Manati
 Maricao
 Mayaguez
 Moca
 Morovis
 Naguabo
 Naranjito
 Orocovis
 Patillas
 Penuelas
 Ponce
 Quebradilla

as Rincon
Rio Grande
Sabana
Grande
Salinas
San
German
San Juan
07/28/2023
12:31pm

San
Lorenzo
San
☐ Sebastian
☐ Santa
☐ Isabel Toa
☐ Alta
☐ Toa
☐ Baja



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A vertical column of 30 empty square checkboxes, each corresponding to a row in the data table.

- ☐ Trujillo
- ☐ Alto
- ☐ Utuado
- ☐ Vega
- ☐ Alta
- ☐ Vega
- ☐ Baja
- ☐ Vieques
- ☐ Villalba
- ☐ Yabucoa
- ☐ Yauco
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which Rhode Island county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Rhode Island Counties
- ☐ Bristol
- ☐ Kent
- ☐ Newport
- ☐ Providenc
- ☐ e
- ☐ Washingt
- ☐ on Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which South Carolina county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All South Carolina
- ☐ Counties Abbeville
- ☐ Aiken
- ☐ Allendale
- ☐ Anderson
- ☐ Bamberg
- ☐ Barnwell
- ☐ Beaufort
- ☐ Berkeley
- ☐ Calhoun
- ☐ Charlesto
- ☐ n
- ☐ Cherokee
- ☐ Chester
- ☐ Chesterfi
- ☐ eld
- ☐ Clarendo
- ☐ n
- ☐ Colleton
- ☐ Darlinto
- ☐ n Dillon
- ☐ Dorchest
- ☐ er
- ☐ Edgefield
- ☐ Fairfield
- ☐ Florence
- ☐ Georgetow
- ☐ n
- ☐ Greenville
- ☐ e
- ☐ Greenwo
- ☐ od
- ☐ Hampton
- ☐ Horry
- ☐ Jasper
- ☐ Kershaw
- ☐ Lancaster
- ☐ Laurens
- ☐ Lee
- ☐ Lexington
- ☐ Marion
- ☐ Marlboro
- ☐ McCormic
- ☐ k
- ☐ Newberry
- ☐ Oconee
- ☐ Orangebur
- ☐ g Pickens
- ☐ Richland
- ☐ Saluda
- ☐ Spartanbu
- ☐ rg Sumter
- ☐ Union
- ☐ Williamsb
- ☐ urg York
- ☐ Don't know
- ☐ My program prefers not to answer this question.

07/28/2023 12:31pm

As of [start of program funding period] , in which South Dakota county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

[illegible]

All South Dakota Counties

Aurora
Beadle
Bennett
Bon
Homme
Brookings
Brown
Brule
Buffalo
Butte
Campbell
Charles
Mix Clark
Clay
Codingto
n Corson
Custer
Davison
Day
Deuel
Dewey
Douglas
Edmund
s Fall
River
Faulk
Grant
Gregory
Haakon
Hamlin
Hand
Hanson
Harding
Hughes
Hutchinso
n Hyde
Jackson
Jerauld
Jones
Kingsbury
Lake
Lawrence
Lincoln
Lyman
Marshall
McCook
McPherso
n Meade
Mellette
Miner
Minnehah
a Moody
Penningto
n Perkins
Potter
Roberts
Sanborn
Shannon
Spink
Stanley
Sully
Todd
Tripp
Turner
Union
Walworth
Yankton
Ziebach
Don't
know

My program prefers not to answer this question.

As of [start of program funding period] , in which Tennessee county(-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Tennessee Counties

Anderson

Bedford

Benton

Bledsoe

Blount

Bradley

Campbe

ll

Cannon

Carroll

Carter

Ceatha

m

Chester

Claiborn

e Clay

Cocke

Coffee

Crockett

Cumberla

nd

Davidson

Decatur

DeKalb

Dickson

Dyer

Fayette

Fentress

Franklin

Gibson

Giles

Grainger

Greene

Grundy

Hamblen

Hamilton

Hancock

Hardema

n Hardin

Hawkins

Haywood

Henderso

n Henry

Hickman

Houston

Humphre

ys

Jackson

Jefferson

Johnson

Knox

Lake

Lauderdal

e

Lawrence

Lewis

Lincoln

Loudon

Macon

Madison

Marion

Marshall

Maury

McMinn

McNairy

Meigs

Monroe

Montgomery
y Moore
Morgan

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- ☐ Pickett
- ☐ Polk
- ☐ Putnam
- ☐ Rhea
- ☐ Roane
- ☐ Robertso
- ☐ n
- ☐ Rutherfo
- ☐ rd Scott
- ☐ Sequatc
- ☐ hie
- ☐ Sevier
- ☐ Shelby
- ☐ Smith
- ☐ Stewart
- ☐ Sullivan
- ☐ Sumner
- ☐ Tipton
- ☐ Trousdal
- ☐ e Unicoi
- ☐ Union
- ☐ Van
- ☐ Buren
- ☐ Warren
- ☐ Washingt
- ☐ on
- ☐ Wayne
- ☐ Weakley
- ☐ White
- ☐ Williamso
- ☐ n Wilson
- ☐ Don't
- ☐ know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Texas county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Texas
Counties
Anderson
Andrews
Angelin
a
Aransas
Archer
Armstro
ng
Atascos
a Austin
Bailey
Bander
a
Bastrop
Baylor
Bee
Bell
Bexar
Blanco
Borden
Bosque
Bowie
Brazori
a
Brazos
Brewst
er
Briscoe
Brooks
Brown
Burleso
n
Burnet
Caldwe
ll
Calhou
n
Callaha
n
Camero
n Camp
Carson
Cass
Castro
Chamber
s
Cherokee
e
Childress
Clay
Cochran
Coke
Coleman
Collin
Collingswor
th Colorado
Comal
Comanche
Concho
Cooke
Coryell
Cottle
Crane
Crockett
Crosby
Culberso

☐ Denton
☐ Dickens
☐ Dimmit
☐ Donley
☐ Duval
☐ Eastland
☐ Ector
☐ Er

_____r_____

- ☐ Edwar
- ☐ El Paso
- ☐ Ellis
- ☐ Erath
- ☐ Falls
- ☐ Fannin
- ☐ Fayette
- ☐ Fisher
- ☐ Floyd
- ☐ Foard
- ☐ Fort
- ☐ Bend
- ☐ Franklin
- ☐ Freeston
- ☐ e Frio
- ☐ Gaines
- ☐ Galvest
- ☐ on
- ☐ Garza
- ☐ Gillespie
- ☐ Glassco
- ☐ ck
- ☐ Goliad
- ☐ Gonzale
- ☐ s Gray
- ☐ Grayson
- ☐ Gregg
- ☐ Grimes
- ☐ Guadalu
- ☐ pe Hale
- ☐ Hall
- ☐ Hamilton
- ☐ Hansford
- ☐ Hardema
- ☐ n Hardin
- ☐ Harris
- ☐ Harrison
- ☐ Hartley
- ☐ Haskell
- ☐ Hays
- ☐ Hemphill
- ☐ Henderso
- ☐ n Hidalgo
- ☐ Hill
- ☐ Hockley
- ☐ Hood
- ☐ Hopkins
- ☐ Houston
- ☐ Howard
- ☐ Hudspeth
- ☐ Hunt
- ☐ Hutchins
- ☐ on Irion
- ☐ Jack
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff
- ☐ Davis
- ☐ Jefferso
- ☐ n Jim
- ☐ Hogg
- ☐ Jim
- ☐ Wells
- ☐ Johnso
- ☐ n Jones
- ☐ Karnes
- ☐ Kaufma
- ☐ n
- ☐ Kendall
- ☐ La

☐ Edwar
Kenedy
Kent
Kerr
Kimble
King
Kinney
Kleberg
Knox

☐ La

- ☐ Lam
- ☐ Lamb
- ☐ Lampas
- ☐ as
- ☐ Lavaca
- ☐ Lee
- ☐ Leon
- ☐ Liberty
- ☐ Limesto
- ☐ ne
- ☐ Lipscom
- ☐ b Live
- ☐ Oak
- ☐ Llano
- ☐ Loving
- ☐ Lubbock
- ☐ Lynn
- ☐ Madison
- ☐ Marion
- ☐ Martin
- ☐ Mason
- ☐ Matagor
- ☐ da
- ☐ Maveric
- ☐ k
- ☐ McCullo
- ☐ ch
- ☐ McLenn
- ☐ an
- ☐ McMulle
- ☐ n
- ☐ Medina
- ☐ Menard
- ☐ Midland
- ☐ Milam
- ☐ Mills
- ☐ Mitchell
- ☐ Montagu
- ☐ e
- ☐ Montgomery
- ☐ Moor
- ☐ e
- ☐ Morri
- ☐ s
- ☐ Motle
- ☐ y
- ☐ Nacogdoch
- ☐ es Navarro
- ☐ Newton
- ☐ Nolan
- ☐ Nueces
- ☐ Ochiltree
- ☐ Oldham
- ☐ Orange
- ☐ Palo
- ☐ Pinto
- ☐ Panola
- ☐ Parker
- ☐ Parmer
- ☐ Pecos
- ☐ Polk
- ☐ Potter
- ☐ Presidio
- ☐ Rains
- ☐ Randall
- ☐ Reagan
- ☐ Real
- ☐ Red
- ☐ River
- ☐
- ☐ Shel

☐ Lam
Reeves
Refugio
Roberts
Robertso
n
Rockwal
l
Runnels
Rusk
Sabine
San
Augustine
San Jacinto
San
Patricio
San Saba
Schleicher
Scurry
Shackelfor
d

☐ Shel

- ☐ Sherm
- ☐ Smith
- ☐ Somerv
- ☐ ell Starr
- ☐ Stephen
- ☐ s
- ☐ Sterling
- ☐ Stonew
- ☐ all
- ☐ Sutton
- ☐ Swisher
- ☐ Tarrant
- ☐ Taylor
- ☐ Terrell
- ☐ Terry
- ☐ Throckmort
- ☐ on Titus
- ☐ Tom
- ☐ Green
- ☐ Travis
- ☐ Trinity
- ☐ Tyler
- ☐ Upshur
- ☐ Upton
- ☐ Uvalde
- ☐ Val Verde
- ☐ Van
- ☐ Zandt
- ☐ Victoria
- ☐ Walker
- ☐ Waller
- ☐ Ward
- ☐ Washingt
- ☐ on Webb
- ☐ Wharton
- ☐ Wheeler
- ☐ Wichita
- ☐ Wilbarger
- ☐ Willacy
- ☐ Williamso
- ☐ n Wilson
- ☐ Winkler
- ☐ Wise
- ☐ Wood
- ☐ Yoakum
- ☐ Young

Zapata

Zavala

Don't

know

My program prefers not to answer this question.

As of [start of program funding period] , in which Utah county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Utah Counties
- ☐ Beaver
- ☐ Box
- ☐ Elder
- ☐ Cache
- ☐ Carbon
- ☐ Daggett
- ☐ Davis
- ☐ Duches
- ☐ ne
- ☐ Emery
- ☐ Garfield
- ☐ Grand
- ☐ Iron
- ☐ Juab
- ☐ Kane
- ☐ Millar
- ☐ d
- ☐ Morga
- ☐ n
- ☐ Piute
- ☐ Rich
- ☐ Salt Lake
- ☐ San Juan
- ☐ Sanpete
- ☐ Sevier
- ☐ Summit
- ☐ Tooele
- ☐ Uintah
- ☐ Utah
- ☐ Wasatch
- ☐ Washingt
- on
- Wayne
- Weber
- Don't
- know
- My program prefers not to answer this question.

07/28/2023 12:31pm

As of [start of program funding period], in which Virginia county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ Virginia
- ☐ Accomack
- ☐ Albemarle
- ☐ Alexandri
- ☐ a
- ☐ Alleghany
- ☐ Amelia
- ☐ Amherst
- ☐ Appomatt
- ☐ ox
- ☐ Arlington
- ☐ Augusta
- ☐ Bath
- ☐ Bedford
- ☐ Bedford
- ☐ Bland
- ☐ Botetourt
- ☐ Bristol
- ☐ Brunswick
- ☐ Buchanan
- ☐ Buckingh
- ☐ am Buena
- ☐ Vista
- ☐ Campbell
- ☐ Caroline
- ☐ Carroll
- ☐ Charles
- ☐ City
- ☐ Charlotte
- ☐ Charlottesville
- ☐ e
- ☐ Chesapea
- ☐ ke
- ☐ Chesterfie
- ☐ Id Clarke
- ☐ Clifton
- ☐ Forge
- ☐ Colonial
- ☐ Heights
- ☐ Covington
- ☐ Craig
- ☐ Culpeper
- ☐ Cumberla
- ☐ nd
- ☐ Danville
- ☐ Dickenso
- ☐ n
- ☐ Dinwiddie
- ☐ Emporia
- ☐ Essex
- ☐ Fairfax
- ☐ Fairfax
- ☐ Falls
- ☐ Church
- ☐ Fauquier
- ☐ Floyd
- ☐ Fluvanna
- ☐ Franklin
- ☐ Franklin
- ☐ Frederick
- ☐ Fredericksbu
- ☐ rg Galax
- ☐ Giles
- ☐ Gloucester
- ☐ Goochland
- ☐ Grayson
- ☐ Greene
- ☐ Greensvill
- ☐ e Halifax

Hampton Hanover
Harrisonburg Henrico Henry
Highland Hopewell
Isle of Wight
James City
King and Queen
King George

- ☐ King
- ☐ William
- ☐ Lancaster
- ☐ Lee
- ☐ Lexington
- ☐ Loudoun
- ☐ Louisa
- ☐ Lunenbur
- ☐ g
- ☐ Lynchbur
- ☐ g Madison
- ☐ Manassas
- ☐ Manassas
- ☐ Park
- ☐ Martinsville
- ☐ Mathews
- ☐ Mecklenburg
- ☐ Middlesex
- ☐ Montgomery
- ☐ Nelson
- ☐ New Kent
- ☐ Newport
- ☐ News Norfolk
- ☐ Northampton
- ☐ Northumberla
- ☐ nd Norton
- ☐ Nottoway
- ☐ Orange
- ☐ Page
- ☐ Patrick
- ☐ Petersbu
- ☐ rg
- ☐ Pittsylvla
- ☐ nia
- ☐ Poquoso
- ☐ n
- ☐ Portsmou
- ☐ th
- ☐ Powhata
- ☐ n
- ☐ Prince
- ☐ Edward
- ☐ Prince
- ☐ George
- ☐ Prince
- ☐ William
- ☐ Pulaski
- ☐ Radford
- ☐ Rappahann
- ☐ ock
- ☐ Richmond
- ☐ Richmond
- ☐ Roanoke
- ☐ Roanoke
- ☐ Rockbridge
- ☐ Rockingha
- ☐ m Russell
- ☐ Salem
- ☐ Scott
- ☐ Shenando
- ☐ ah Smyth
- ☐ South
- ☐ Boston
- ☐ Southampt
- ☐ on
- ☐ Spotsylvani
- ☐ a Stafford
- ☐ Staunton
- ☐ Suffolk
- ☐ Surry

Sussex
Tazewell
II
Virginia
Beach
Warren
Washington
Waynesboro
Westmoreland
Williamsburg
Winchester
Wise
Wythe
York
Don't know
My program prefers not to answer this question.

As of [start of program funding period] , in which US Virgin Islands county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All US Virgin Islands
- ☐ Counties Angaur
- ☐ Hatobohei
- ☐ t Kayangel
- ☐ Koror
- ☐ Ngarchelo
- ☐ ng
- ☐ Ngardmau
- ☐ Ngatpang
- ☐ Ngchesar
- ☐ Peleliu
- ☐ Sonsorol
- ☐ St. John
- ☐ St.
- ☐ Thomas
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Vermont county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Vermont
- ☐ Counties Addison
- ☐ Benningt
- ☐ on
- ☐ Caledoni
- ☐ a
- ☐ Chittende
- ☐ n Essex
- ☐ Franklin
- ☐ Grand
- ☐ Isle
- ☐ Lamoille
- ☐ Orange
- ☐ Orleans
- ☐ Rutland
- ☐ Washingt
- ☐ on
- ☐ Windham
- ☐ Windsor
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Washington county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Washington Counties
- ☐ Adams
- ☐ Asotin
- ☐ Benton
- ☐ Chelan
- ☐ Clallam
- ☐ Clark
- ☐ Columb
- ☐ ia
- ☐ Cowlitz
- ☐ Dougla
- ☐ s Ferry
- ☐ Frankli
- ☐ n
- ☐ Garfield
- ☐ Grant
- ☐ Grays
- ☐ Harbor
- ☐ Island
- ☐ Jefferson
- ☐ King
- ☐ Kitsap
- ☐ Kittitas
- ☐ Klickitat
- ☐ Lewis
- ☐ Lincoln
- ☐ Mason
- ☐ Okanoga
- ☐ n Pacific
- ☐ Pend
- ☐ Oreille
- ☐ Pierce
- ☐ San Juan
- ☐ Skagit
- ☐ Skamani
- ☐ a
- ☐ Snohomis
- ☐ h
- ☐ Spokane
- ☐ Stevens
- ☐ Thurston
- ☐ Wahkiaku
- ☐ m Walla
- ☐ Walla
- ☐ Whatcom
- ☐ Whitman
- ☐ Yakima
- ☐ Don't know
- ☐ My program prefers not to answer this question.

As of [start of program funding period] , in which Wisconsin county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

All Wisconsin
Counties Adams
Ashland
Barron
Bayfield
Brown
Buffalo
Burnett
Calumet
Chippewa
Clark
Columbia
Crawford
Dane
Dodge
Door
Douglas
Dunn
Eau Claire
Florence
Fond du Lac
Forest
Grant
Green
Green
Lake Iowa
Iron
Jackson
Jefferson
Juneau
Kenosha
Kewaunee
La Crosse
Lafayette
Langlade
Lincoln
Manitowish
Marathon
Marinette
Marquette
Menominee
Milwaukee
Monroe
Oconto
Oneida
Outagamie
Ozaukee
Pepin
Pierce
Polk
Portage
Price
Racine
Richland
Rock
Rusk
Sauk
Sawyer

Shawan
o
Sheboygan
St. Croix
Taylor
Trempealea
u Vernon
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Walworth
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☐ Waukes
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☐ Waushar

☐ a

☐ Winneba

☐ go Wood

☐ Don't

know

My program prefers not to answer this question.

As of [start of program funding period] , in which West Virginia county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All West Virginia
- ☐ Counties Barbour
- ☐ Berkeley
- ☐ Boone
- ☐ Braxton
- ☐ Brooke
- ☐ Cabell
- ☐ Calhoun
- ☐ Clay
- ☐ Doddridg
- ☐ e Fayette
- ☐ Gilmer
- ☐ Grant
- ☐ Greenbri
- ☐ er
- ☐ Hampshi
- ☐ re
- ☐ Hancock
- ☐ Hardy
- ☐ Harrison
- ☐ Jackson
- ☐ Jefferson
- ☐ Kanawha
- ☐ Lewis
- ☐ Lincoln
- ☐ Logan
- ☐ Marion
- ☐ Marshall
- ☐ Mason
- ☐ McDowell
- ☐ Mercer
- ☐ Mineral
- ☐ Mingo
- ☐ Mononga
- ☐ lia
- ☐ Monroe
- ☐ Morgan
- ☐ Nicholas
- ☐ Ohio
- ☐ Pendleto
- ☐ n
- ☐ Pleasants
- ☐ Pocahont
- ☐ as
- ☐ Preston
- ☐ Putnam
- ☐ Raleigh
- ☐ Randolph
- ☐ Ritchie
- ☐ Roane
- ☐ Summers
- ☐ Taylor
- ☐ Tucker
- ☐ Tyler
- ☐ Upshur
- ☐ Wayne
- ☐ Webster
- ☐ Wetzel
- ☐ Wirt
- ☐ Wood
- ☐ Wyoming
- ☐ Don't
- ☐ know
- ☐ My program prefers not to answer this question.

As of [start of program funding period], in which Wyoming county(/-ies) did your harm reduction program provide IN-PERSON and/or ON-SITE services (including vending machines)? (Please select all that apply.)

- ☐ All Wyoming
- ☐ Counties Albany
- ☐ Big Horn
- ☐ Campbell
- ☐ Carbon
- ☐ Converse
- ☐ Crook
- ☐ Fremont
- ☐ Goshen
- ☐ Hot
- ☐ Springs
- ☐ Johnson
- ☐ Laramie
- ☐ Lincoln
- ☐ Natrona
- ☐ Niobrara
- ☐ Park
- ☐ Platte
- ☐ Sheridan
- ☐ Sublette
- ☐ Sweetwat
- ☐ er Teton
- ☐ Uinta
- ☐ Washakie
- ☐ Weston
- ☐ Don't know
- ☐ My program prefers not to answer this question.

Below, we ask about services your program offers. For the purposes of this evaluation, here is how we define a few key terms:

Referral means giving participants information about services.

Navigation is defined as a strategy that improves linkage to services, like assisting with appointment scheduling, transportation, and/or appointment accompaniment.

Provision means a service is provided directly to a participant by your organization or a partner, on-site or via telehealth.

Encounters means the encounters or participant visits occurring within your harm reduction program.

Participants means the number of unique individuals receiving the specified service.

For clarification on any additional questions or terms, please refer to the survey reference guide, available [here](#).

As of [start of program funding period], which of the following hepatitis C (HCV) testing services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

- ☐ HCV Rapid Testing
- ☐ HCV Laboratory-based
- ☐ Testing Referrals to HCV
- ☐ Testing Navigation to HCV
- ☐ Testing None of the above
- ☐ Don't know
- ☐ My program prefers not to answer this question.

How many hepatitis C (HCV) rapid tests did your program provide in [reference year]?

- ☐ Number of HCV rapid tests:
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

<p>How many hepatitis C (HCV) laboratory-based (RNA) tests: _____ year]?</p>	<p> <input type="radio"/> Number of HCV laboratory-based (RNA) tests did your program provide in [reference year] <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>
<p>How many hepatitis C (HCV) testing referrals did your referrals: _____ year]?</p>	<p> <input type="radio"/> Number of HCV testing program provide in [reference year] <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>
<p>How many encounters involved hepatitis C testing navigation from your program in [reference year]?</p>	<p> <input type="radio"/> Number of encounters: _ <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>
<p>How many participants received hepatitis C testing navigation from your program in [reference year]?</p>	<p> <input type="radio"/> Number of participants: _ <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>
<p>As of [start of program funding period], which of the following hepatitis C (HCV) treatment services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)</p>	<p> <input type="checkbox"/> Referrals to HCV Treatment <input type="checkbox"/> Navigation to HCV Treatment <input type="checkbox"/> Provision of HCV Treatment in-person <input type="checkbox"/> Provision of HCV Treatment via telehealth <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know <input type="checkbox"/> My program prefers not to answer this question. </p>

<p>How many hepatitis C (HCV) treatment referrals did referrals: _____ [reference year]?</p>	<p> <input type="radio"/> Number of HCV treatment your program provide in [reference year] <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>
<p>How many encounters involved hepatitis C (HCV) treatment navigation from your program in [reference year]?</p>	<p> <input type="radio"/> Number of encounters: _ <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>
<p>How many participants received hepatitis C (HCV) treatment navigation from your program in [reference year]?</p>	<p> <input type="radio"/> Number of participants: _ <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>
<p>How many encounters involved hepatitis C (HCV) treatment in-person in [reference year]?</p>	<p> <input type="radio"/> Number of encounters: __ <input type="radio"/> Don't know <input type="radio"/> My program prefers not to answer this question. My program does not collect this data. </p>

How many participants did your program provide with hepatitis C (HCV) treatment in-person in [reference year]? Number of participants: _

- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved hepatitis C (HCV) treatment via telehealth in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many participants did your program provide with hepatitis C (HCV) treatment via telehealth in [reference year]? ☐ Number of participants: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many participants attained sustained hepatitis C (HCV) clearance in [reference year]? ☐ Number of participants: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

As of [start of program funding period], which of the following hepatitis A and hepatitis B vaccination services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

- ☐ Hepatitis A Vaccination
☐ Referrals to Hepatitis A
☐ Vaccination Navigation to
☐ Hepatitis A Vaccination
☐ Hepatitis B Vaccination
☐ Referrals to Hepatitis B
☐ Vaccination Navigation to
☐ Hepatitis B Vaccination None
☐ of the above
☐ Don't know
☐ My program prefers not to answer this question.

How many hepatitis A vaccinations did your program provide in [reference year]?

- Number of hepatitis A
☐ vaccinations: _____
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many hepatitis A vaccination referrals did your program provide in [reference year]?

- ☐ Number of referrals: __
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many participants received hepatitis A vaccination navigation from your program in [reference year]?

- ☐ Number of participants: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved hepatitis A vaccination navigation from your program in [reference year]?

- ☐ Number of encounters: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many hepatitis B vaccinations did your program provide in [reference year]?

- Number of hepatitis B
☐ provide in [reference year]?
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many hepatitis B vaccination referrals did your program provide in [reference year]?

- ☐ Number of referrals: __
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many participants received hepatitis B vaccination

_____ program in [reference year]?

Number of participants:

- ☐ navigation from your
- ☐ Don't know
- ☐ My program prefers not to answer this
- ☐ question. My program does not collect this data.

How many encounters involved hepatitis B vaccination
navigation from your program in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this
- ☐ question. My program does not collect this data.

As of [start of program funding period], which of the following hepatitis B testing services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

- ☐ Hepatitis B Testing
- ☐ Referrals to Hepatitis B
- ☐ Testing Navigation to Hepatitis B
- ☐ B Testing None of the above
- ☐ Don't know
- ☐ My program prefers not to answer this question.

How many hepatitis B tests did your program provide in [reference year]?

- ☐ Number of hepatitis B tests: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many referrals to hepatitis B testing did your program provide in [reference year]?

- ☐ Number of referrals: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many participants received navigation to hepatitis B testing from your program in [reference year]?

- ☐ Number of participants: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved to hepatitis B testing from your program in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

As of [start of program funding period], which of the following wound care services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

- ☐ Wound care (in-person)
- ☐ Wound care supplies
- ☐ Referrals or navigation to wound care services
- ☐ None of the above
- ☐ Don't know
- ☐ My program prefers not to answer this question.

How many encounters involved providing wound care services in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved navigation or referrals to wound care services from your program in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

As of [start of program funding period], which of the following HIV testing services were offered at your harm reduction program, whether by you or a partner organization?

- ☐ HIV Rapid Testing
- ☐ HIV Laboratory-based
- ☐ Testing Referrals to
- ☐ Testing Navigation to
- ☐ HIV Testing None of the above
- ☐ Don't know
- ☐ My program prefers not to answer this question.

- How many HIV rapid tests did your program provide in [reference year]?
- ☐ Number of HIV rapid tests:
 - ☐ Don't know
 - ☐ My program prefers not to answer this question. My program does not collect this data.

How many laboratory-based HIV tests did your program provide in [reference year]? ☐ Number of laboratory-based HIV tests: _____
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many HIV testing referrals did your program provide in [reference year]? ☐ Number of referrals: ____
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many participants received HIV testing navigation from your program in [reference year]? ☐ Number of participants: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved HIV testing navigation from your program in [reference year]? ☐ Number of encounters: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

As of [start of program funding period] , which of the following Pre-exposure prophylaxis (PrEP) services were offered at your harm reduction program, whether by you or a partner organization?

☐ Referrals to PrEP services
☐ Navigation to PrEP services
☐ Provision of PrEP in-person
☐ Provision of PrEP via telehealth
☐ None of the above
☐ Don't know
☐ My program prefers not to answer this question.

How many referrals to PrEP services did your program provide in [reference year]? ☐ Number of referrals: ____
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many participants received PrEP services navigation from your program in [reference year]? ☐ Number of participants: ____
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved PrEP services navigation from your program in [reference year]? ☐ Number of encounters: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many PrEP prescriptions did your program provide in-person in [reference year]? ☐ Number of prescriptions: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

How many PrEP prescriptions did your program provide in [reference year] via telehealth? ☐ Number of prescriptions: _
☐ Don't know
☐ My program prefers not to answer this question. My program does not collect this data.

As of [start of program funding period] , which of the following HIV treatment services were offered at your harm reduction program, whether by you or a partner organization?

- Referrals to HIV Treatment
- ☐ Navigation to HIV Treatment
 - ☐ Provision of HIV Treatment in-person
 - ☐ Provision of HIV Treatment via telehealth
 - ☐ None of the above
 - ☐ Don't know
 - ☐ My program prefers not to answer this question.

How many referrals to HIV treatment did your program provide in [reference year]?

- ☒ Number of referrals: __
- ☐ Don't know
 - ☐ My program prefers not to answer this question. My program does not collect this data.

How many participants received HIV treatment navigation from your program in [reference year]?

- ☐ Number of participants: __
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved HIV treatment navigation from your program in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many participants did your program provide with HIV treatment in-person in [reference year]?

- ☐ Number of participants: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved HIV treatment in-person in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many participants did your program provide with HIV treatment via telehealth in [reference year]?

- ☐ Number of participants: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

How many encounters involved HIV treatment via telehealth in [reference year]?

- ☐ Number of encounters: _
- ☐ Don't know
- ☐ My program prefers not to answer this question. My program does not collect this data.

As of [start of program funding period], which of the following naloxone access options were offered at your harm reduction program, whether by you or a partner organization?

- Naloxone Access
- ☐ Referrals Naloxone
 - ☐ Doses
 - ☐ None of the above
 - ☐ Don't know
 - ☐ My program prefers not to answer this question.

As of [start of program funding period],

which of the following drug checking

services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

- ☐ Fentanyl Test Strips
- ☐ Xylazine Test Strips
- ☐ Benzodiazepine Test Strips
- ☐ Non-test strip drug-checking on-site (e.g., mass spectrometry)
- ☐ Non-test strip drug-checking off-site (e.g., mail-in drug-checking)
- ☐ None of the above
- ☐ Don't know
- ☐ My program prefers not to answer this question.

How many encounters involved on-site, non-test-strip drug checking services (e.g., mass spectrometry) at your program in [reference year]? question.

☐ Number of encounters: _
☐ Don't know
☐ My program prefers not to answer this question.
☐ My program does not collect this data.

How many encounters involved off-site, non-test-strip drug checking services (e.g., mail-in drug checking) at your program in [reference year]? question.

☐ Number of encounters: _
☐ Don't know
☐ My program prefers not to answer this question.
☐ My program does not collect this data.

As of [start of program funding period], which of the following medications for opioid use disorder (MOUD) services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

- Referrals for Medications for Opioid Use
- ☐ Disorder Navigation to Medications for Opioid Use
☐ Opioid Use Disorder Provision of Medications for Opioid Use Disorder in-person
☐ Provision of Medications for Opioid Use Disorder via telehealth
☐ None of the above
☐ Don't know
☐ My program prefers not to answer this question.

As of [start of program funding period], which of the following non-medication substance use disorder treatment services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

- ☐ Referrals for Non-Medication Substance Use Disorder Treatment
☐ Navigation to Non-Medication Substance Use Disorder Treatment
☐ Provision of Non-Medication Substance Use Disorder Treatment in-person
☐ Provision of Non-Medication Substance Use Disorder Treatment via telehealth
☐ None of the above
☐ Don't know
☐ My program prefers not to answer this question.

These final questions are about how NASTAD, VOCAL-NY, and UW can best support you. For clarification on any questions or terms, please refer to the survey reference guide, available [here](#).

Does your harm reduction program currently have any technical assistance needs that you'd like our support with?

☐ Yes
☐ No
☐ Don't know
☐ My program prefers not to answer this question.

What is the best e-mail address to contact you with a response to this TA request?

☐ E-mail address: ____
☐ Don't know
☐ My program prefers not to answer this question.

Please briefly describe the support you need (e.g., "writing an outreach worker job description;" "developing encounter forms," etc.): question.

☐ Description: ____
☐ Don't know
☐ My program prefers not to answer this question.

We want to make sure the data you provide us throughout the funding period is useful for you, too. What, if any, of the following

would be useful ways to receive reports back from us? (Please select all that apply.)

Quarterly reports with visuals and
charts Annual reports to help
complete the National Survey of
Syringe Services Programs (NSSSP)
Annual highlights from program
successes Something else (please
describe) _____
None of these
Don't know
My program prefers not to answer this
question.

☐
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