NASTAD Strengthening SSPs Evaluation: Baseline

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 Budget:

operating budget in [reference year] (or for the last fiscal Don't know

year)? (Note: Please round to nearest dollar. Please My program prefers not to answer this question. don't include decimal or dollar sign.)

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

data/unique identifiers at each participant visit? No

(Note: By "unique identifiers," we mean a code that is Don't know

unique to a participant and can be used to link their My program prefers not to answer this question. data across visits. By "participant", we mean the

unique individual receiving services at your program.)

In [reference year] , how many unique participants visited your Number of unique participants: harm reduction program? (By "participants," we mean Don't know

the number of unique individuals receiving services at My program prefers not to answer this question. your program.)

In [reference year] , how many new unique participants visited your Number of new unique participants: harm reduction program? 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 Number of syringes: starter pack? 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?

 Yes, always

 Yes, with occasional exceptions (for example, if a participant travels a long distance to your

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?

 Maximum number of syringes:

 My program did not have a syringe cap on March 31, 2023.

Don't know

My program prefers not to answer this question.

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

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 Number of part-time employees: 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 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 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 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 Chambers Cherokee Chilton Choctaw Clarke Clay Cleburne Coffee Colbert Conecuh Coosa Covington Crenshaw Cullman Dale Dallas

De Kalb Elmore Escambia Etowah Fayette Franklin Geneva Greene Hale Henry Houston Jackson Jefferson Lamar

Lauderdale Lawrence Lee Limestone Lowndes Macon Madison Marengo Marion Marshall Mobile Monroe Montgomery Morgan Perry Pickens

Pike Randolph Russell Shelby St. Clair Sumter Talladega

Tallapoosa Tuscaloosa Walker Washington Wilcox Winston

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Don't know

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My program prefers not to answer this question.

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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 Calhoun Carroll Chicot Clark Clay Cleburne Cleveland Columbia Conway

Craighead Crawford Crittenden Cross Dallas Desha Drew Faulkner Franklin Fulton Garland Grant Greene Hempstead Hot Spring Howard

Independence Izard

Jackson Jefferson Johnson Lafayette Lawrence Lee Lincoln Little River Logan Lonoke Madison Marion Miller Mississippi Monroe

Montgomery Nevada Newton Ouachita Perry Phillips

Pike Poinsett Polk Pope Prairie Pulaski Randolph Saline Scott Searcy

Sebastian Sevier Sharp

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St. Francis

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Stone Union

Van Buren Washington 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

Cochise Coconino Gila Graham Greenlee La Paz Maricopa Mohave 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 Mendocino Merced Modoc Mono Monterey Napa Nevada Orange Placer Plumas Riverside Sacramento 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 Stanislaus 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

Alamosa Arapahoe Archuleta Baca Bent Boulder Chaffee Cheyenne

Clear Creek Conejos Costilla Crowley Custer Delta Denver Dolores Douglas Eagle

El Paso Elbert Fremont Garfield Gilpin Grand Gunnison Hinsdale Huerfano Jackson Jefferson Kiowa

Kit Carson La Plata Lake Larimer Las Animas Lincoln Logan Mesa Mineral Moffat Montezuma Montrose Morgan Otero Ouray

Park Phillips Pitkin Prowers Pueblo Rio Blanco

Rio Grande Routt Saguache San Juan San Miguel Sedgwick Summit Teller Washington 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 Brevard Broward Calhoun Charlotte Citrus Clay Collier Columbia Dade

De Soto Dixie Duval Escambia Flagler Franklin Gadsden Gilchrist Glades Gulf Hamilton Hardee Hendry Hernando Highlands

Hillsborough Holmes Indian River Jackson Jefferson Lafayette Lake

Lee Leon Levy Liberty Madison Manatee Marion Martin Monroe Nassau

Okaloosa Okeechobee Orange Osceola Palm Beach Pasco Pinellas

Polk Putnam Santa Rosa Sarasota Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla Walton Washington

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Don't know

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My program prefers not to answer this question.

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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

Atkinson Bacon Baker Baldwin Banks Barrow Bartow Ben Hill Berrien Bibb Bleckley Brantley Brooks Bryan Bulloch Burke Butts Calhoun Camden Candler Carroll Catoosa Charlton Chatham

Chattahoochee

Chattooga Cherokee Clarke Clay Clayton Clinch Cobb Coffee Colquitt Columbia Cook Coweta Crawford Crisp Dade Dawson De Kalb Decatur Dodge Dooly Dougherty Douglas Early Echols Effingham Elbert Emanuel Evans Fannin Fayette Floyd Forsyth Franklin Fulton Gilmer Glascock Glynn Gordon Grady Greene Gwinnett

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Habersham

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Hancock Haralson Harris Hart Heard Henry Houston Irwin Jackson Jasper Jeff Davis Jefferson Jenkins Johnson Jones Lamar Lanier Laurens Lee Liberty Lincoln Long Lowndes Lumpkin Macon Madison Marion McDuffie McIntosh

Meriwether

Miller Mitchell Monroe Montgomery Morgan Murray Muscogee Newton Oconee Oglethorpe Paulding Peach Pickens Pierce

Pike Polk Pulaski Putnam Quitman Rabun

Randolph Richmond Rockdale Schley Screven Seminole Spalding Stephens Stewart Sumter Talbot Taliaferro Tattnall Taylor Telfair Terrell Thomas Tift Toombs Towns

Troup Turner Twiggs Union Upson Walker Walton Ware Warren Washington 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 Kalawao Kauai Maui

Don't know

My program prefers not to answer this question.

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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 Appanoose 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 Mahaska Marion Marshall Mills Mitchell Monona

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Monroe

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Montgomery Muscatine O'Brien Osceola Page

Palo Alto Plymouth Pocahontas Polk Pottawattamie Poweshiek Ringgold

Sac Scott Shelby Sioux Story Tama Taylor Union

Van Buren Wapello Warren Washington Wayne Webster Winnebago Winneshiek Woodbury 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 Benewah Bingham Blaine Boise Bonner Bonneville Boundary Butte Camas Canyon Caribou Cassia Clark Clearwater Custer Elmore Franklin Fremont Gem Gooding Idaho Jefferson Jerome Kootenai Latah Lemhi Lewis Lincoln Madison Minidoka Nez Perce Oneida Owyhee Payette Power Shoshone Teton Twin Falls Valley

Washington

Don't know

My program prefers not to answer this question.

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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

Alexander Bond Boone Brown Bureau Calhoun Carroll Cass Champaign Christian Clark

Clay Clinton Coles Cook Crawford

Cumberland De Witt DeKalb Douglas DuPage Edgar Edwards Effingham Fayette Ford Franklin Fulton Gallatin Greene Grundy Hamilton Hancock Hardin Henderson Henry Iroquois Jackson Jasper Jefferson Jersey

Jo Daviess

Johnson Kane Kankakee Kendall Knox

La Salle Lake Lawrence Lee Livingston Logan Macon Macoupin Madison Marion Marshall Mason Massac McDonough McHenry McLean Menard Mercer Monroe

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Montgomery

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Morgan Moultrie Ogle Peoria Perry Piatt Pike Pope Pulaski Putnam

Randolph Richland Rock Island Saline Sangamon Schuyler Scott Shelby

St. Clair Stark Stephenson Tazewell Union Vermilion Wabash Warren Washington Wayne White Whiteside Will Williamson Winnebago Woodford Don't know

My program prefers not to answer this question.

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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 Bartholomew Benton Blackford Boone

Brown Carroll Cass Clark Clay Clinton Crawford Daviess De Kalb Dearborn Decatur Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton Gibson Grant Greene Hamilton Hancock Harrison Hendricks Henry Howard

Huntington

Jackson Jasper Jay Jefferson Jennings Johnson Knox

Kosciusko La Porte Lagrange Lake Lawrence Madison Marion Marshall Martin Miami Monroe Montgomery Morgan Newton Noble

Ohio Orange Owen Parke Perry Pike Porter Posey Pulaski Putnam

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Randolph

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Ripley Rush Scott Shelby Spencer St. Joseph Starke Steuben Sullivan

Switzerland Tippecanoe Tipton Union

Vanderburgh Vermillion Vigo

Wabash Warren Warrick Washington Wayne Wells

White Whitley Don't know

My program prefers not to answer this question.

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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 Chautauqua Cherokee Cheyenne Clark

Clay Cloud Coffey Comanche Cowley Crawford Decatur Dickinson Doniphan Douglas Edwards Elk

Ellis Ellsworth Finney Ford Franklin Geary Gove Graham Grant Gray Greeley

Greenwood Hamilton Harper Harvey Haskell Hodgeman Jackson Jefferson Jewell Johnson Kearny Kingman Kiowa Labette Lane Leavenworth Lincoln

Linn Logan Lyon Marion Marshall McPherson Meade Miami Mitchell

Montgomery Morris Morton Nemaha Neosho

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Ness

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Norton Osage Osborne Ottawa Pawnee Phillips

Pottawatomie Pratt

Rawlins Reno Republic Rice Riley Rooks Rush Russell Saline Scott Sedgwick Seward Shawnee Sheridan Sherman Smith Stafford Stanton Stevens Sumner Thomas Trego

Wabaunsee Wallace Washington Wichita Wilson Woodson Wyandotte Don't know

My program prefers not to answer this question.

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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 Anderson Ballard Barren Bath

Bell Boone Bourbon Boyd Boyle Bracken Breathitt

Breckinridge Bullitt

Butler Caldwell Calloway Campbell Carlisle Carroll Carter Casey Christian 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 Henderson Henry Hickman Hopkins Jackson Jefferson Jessamine Johnson Kenton Knott Knox Larue Laurel Lawrence Lee

Leslie

Letcher

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Lewis

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Lincoln Livingston Logan Lyon Madison Magoffin Marion Marshall Martin Mason McCracken McCreary McLean Meade Menifee Mercer Metcalfe Monroe

Montgomery Morgan Muhlenberg Nelson Nicholas Ohio Oldham Owen Owsley Pendleton Perry

Pike Powell Pulaski Robertson Rockcastle Rowan Russell Scott Shelby Simpson Spencer Taylor Todd

Trigg Trimble Union Warren Washington 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 Ascension Assumption Avoyelles Beauregard Bienville Bossier Caddo Calcasieu Caldwell Cameron Catahoula Claiborne Concordia De Soto

East Baton Rouge East Carroll

East Feliciana Evangeline 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 Richland 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 Allegan Alpena Antrim Arenac Baraga Barry Bay Benzie Berrien Branch Calhoun Cass

Charlevoix Cheboygan Chippewa Clare Clinton Crawford Delta Dickinson Eaton Emmet Genesee Gladwin Gogebic

Grand Traverse Gratiot Hillsdale Houghton Huron

Ingham Ionia Iosco Iron Isabella Jackson

Kalamazoo Kalkaska Kent Keweenaw Lake Lapeer Leelanau Lenawee Livingston Luce Mackinac Macomb Manistee Marquette Mason Mecosta Menominee Midland Missaukee Monroe Montcalm

Montmorency Muskegon Newaygo Oakland Oceana Ogemaw Ontonagon Osceola

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Oscoda

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Otsego Ottawa Presque Isle Roscommon Saginaw Sanilac Schoolcraft Shiawassee St. Clair

St. Joseph Tuscola Van Buren Washtenaw Wayne Wexford Don't know

My program prefers not to answer this question.

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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 Chippewa Chisago Clay Clearwater Cook

Cottonwood Crow Wing Dakota Dodge Douglas Faribault Fillmore Freeborn Goodhue Grant Hennepin Houston Hubbard Isanti Itasca Jackson Kanabec Kandiyohi Kittson

Koochiching Lac qui Parle Lake

Lake of the Woods Le Sueur

Lincoln Lyon Mahnomen Marshall Martin McLeod Meeker Mille Lacs Morrison Mower Murray Nicollet Nobles Norman Olmsted Otter Tail Pennington Pine Pipestone Polk

Pope Ramsey Red Lake Redwood Renville Rice Rock

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Roseau

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Scott Sherburne Sibley

St. Louis Stearns Steele Stevens Swift Todd Traverse Wabasha Wadena Waseca

Washington Watonwan Wilkin Winona Wright

Yellow Medicine Don't know

My program prefers not to answer this question.

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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 Buchanan Butler Caldwell Callaway Camden

Cape Girardeau Carroll

Carter Cass Cedar Chariton Christian Clark Clay Clinton Cole Cooper Crawford Dade Dallas Daviess De Kalb Dent Douglas Dunklin Franklin

Gasconade Gentry Greene Grundy Harrison Henry Hickory Holt Howard Howell Iron Jackson Jasper Jefferson Johnson Knox Laclede Lafayette Lawrence Lewis Lincoln Linn Livingston Macon Madison Maries Marion McDonald Mercer Miller Mississippi

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Moniteau

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Monroe Montgomery Morgan

New Madrid Newton Nodaway Oregon Osage Ozark Pemiscot Perry

Pettis Phelps Pike Platte Polk Pulaski Putnam Ralls Randolph Ray Reynolds Ripley Saline Schuyler Scotland Scott Shannon 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.

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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 Pontotoc Prentiss Quitman Rankin Scott Sharkey Simpson Smith Stone Sunflower

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Tallahatchie

[projectredcap.org](https://projectredcap.org/)

Tate Tippah Tishomingo Tunica Union Walthall Warren Washington Wayne Webster Wilkinson Winston Yalobusha 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 Broadwater 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 Musselshell Park Petroleum Phillips Pondera Powder River Powell Prairie Ravalli Richland Roosevelt Rosebud Sanders Sheridan Silver Bow Stillwater Sweet Grass Teton

Toole

Treasure Valley Wheatland Wibaux Yellowstone

Yellowstone National Park Don't know

My program prefers not to answer this question.

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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 Martin McDowell

Mecklenburg Mitchell Montgomery Moore

Nash

New Hanover Northampton Onslow

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Orange

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Pamlico Pasquotank Pender Perquimans Person

Pitt Polk

Randolph Richmond Robeson Rockingham Rowan Rutherford Sampson Scotland Stanly Stokes Surry

Swain Transylvania Tyrrell Union

Vance Wake Warren Washington 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 Bottineau Bowman Burke Burleigh Cass Cavalier Dickey Divide Dunn Eddy Emmons Foster

Golden Valley Grand Forks Grant

Griggs Hettinger Kidder

La Moure Logan McHenry McIntosh McKenzie McLean Mercer Morton Mountrail Nelson Oliver Pembina Pierce Ramsey Ransom Renville Richland Rolette Sargent Sheridan Sioux Slope Stark Steele Stutsman Towner Traill Walsh Ward Wells Williams Don't know

My program prefers not to answer this question.

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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 Otoe Pawnee

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Perkins

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Phelps Pierce Platte Polk

Red Willow Richardson Rock Saline Sarpy Saunders Scotts Bluff Seward Sheridan Sherman Sioux Stanton Thayer Thomas Thurston Valley

Washington 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 Hillsborough Merrimack Rockingham 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 Burlington Camden Cape May Cumberland Essex Gloucester Hudson Hunterdon Mercer Middlesex Monmouth 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 Chaves Cibola Colfax Curry De Baca

Dona Ana Eddy Grant Guadalupe Harding Hidalgo Lea Lincoln

Los Alamos Luna McKinley Mora

Otero Quay

Rio Arriba Roosevelt 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 Esmeralda Eureka Humboldt 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 Westchester 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 Columbiana 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 Pike

Portage

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Preble

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Putnam Richland Ross Sandusky Scioto Seneca Shelby Stark Summit Trumbull Tuscarawas Union

Van Wert Vinton Warren Washington Wayne Williams Wood Wyandot Don't know

My program prefers not to answer this question.

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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 Beckham Blaine Bryan Caddo Canadian Carter Cherokee Choctaw Cimarron Cleveland Coal Comanche Cotton Craig Creek Custer Delaware Dewey Ellis Garfield Garvin Grady Grant Greer Harmon Harper Haskell Hughes Jackson Jefferson Johnston Kay Kingfisher Kiowa Latimer Le Flore Lincoln Logan Love Major Marshall Mayes McClain McCurtain McIntosh Murray Muskogee Noble Nowata Okfuskee Oklahoma Okmulgee Osage Ottawa Pawnee Payne Pittsburg Pontotoc

Pottawatomie

Pushmataha Roger Mills Rogers Seminole

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Sequoyah

[projectredcap.org](https://projectredcap.org/)

Stephens Texas Tillman Tulsa Wagoner Washington Washita Woods Woodward 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 Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas Gilliam Grant Harney Hood River Jackson Jefferson Josephine Klamath Lake

Lane Lincoln Linn Malheur Marion Morrow Multnomah Polk Sherman Tillamook Umatilla Union Wallowa Wasco Washington Wheeler Yamhill Don't know

My program prefers not to answer this question.

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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

Allegheny Armstrong Beaver Bedford Berks Blair Bradford Bucks Butler Cambria Cameron Carbon Centre Chester Clarion Clearfield Clinton Columbia Crawford

Cumberland Dauphin Delaware Elk

Erie Fayette Forest Franklin Fulton Greene Huntingdon Indiana Jefferson Juniata

Lackawanna Lancaster Lawrence Lebanon Lehigh Luzerne Lycoming McKean Mercer Mifflin Monroe Montgomery Montour Northampton

Northumberland Perry Philadelphia Pike

Potter Schuylkill Snyder Somerset Sullivan Susquehanna Tioga

Union Venango Warren Washington Wayne Westmoreland Wyoming

York

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Don't know

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My program prefers not to answer this question.

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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'n 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 Quebradillas Rincon

Rio Grande Sabana Grande Salinas

San German San Juan San Lorenzo

San Sebastian Santa Isabel Toa Alta

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Toa Baja

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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 Providence Washington 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 Charleston Cherokee Chester Chesterfield Clarendon Colleton Darlington Dillon Dorchester Edgefield Fairfield Florence Georgetown Greenville Greenwood Hampton Horry Jasper Kershaw Lancaster Laurens

Lee

Lexington Marion Marlboro McCormick Newberry Oconee Orangeburg Pickens Richland Saluda Spartanburg Sumter Union Williamsburg York

Don't know

My program prefers not to answer this question.

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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.)

All South Dakota Counties Aurora

Beadle Bennett Bon Homme Brookings Brown

Brule Buffalo Butte Campbell Charles Mix Clark

Clay Codington Corson Custer Davison Day Deuel Dewey Douglas Edmunds Fall River Faulk Grant Gregory Haakon Hamlin Hand Hanson Harding Hughes

Hutchinson Hyde Jackson Jerauld Jones Kingsbury Lake Lawrence Lincoln Lyman Marshall McCook McPherson Meade Mellette Miner Minnehaha Moody Pennington 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 Campbell Cannon Carroll Carter Cheatham Chester Claiborne Clay Cocke Coffee Crockett

Cumberland Davidson Decatur DeKalb Dickson Dyer Fayette Fentress Franklin Gibson Giles Grainger Greene Grundy Hamblen Hamilton Hancock Hardeman Hardin Hawkins Haywood Henderson Henry Hickman Houston Humphreys Jackson Jefferson Johnson Knox

Lake

Lauderdale Lawrence Lewis Lincoln Loudon Macon Madison Marion Marshall Maury McMinn McNairy Meigs Monroe Montgomery Moore Morgan Obion Overton

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Perry

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Pickett Polk Putnam Rhea Roane Robertson Rutherford Scott Sequatchie Sevier Shelby Smith Stewart Sullivan Sumner Tipton Trousdale Unicoi Union

Van Buren Warren Washington Wayne Weakley White Williamson Wilson Don't know

My program prefers not to answer this question.

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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

Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee

Bell Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burnet Caldwell Calhoun Callahan Cameron Camp Carson Cass Castro

Chambers Cherokee Childress Clay Cochran Coke Coleman Collin

Collingsworth Colorado Comal Comanche Concho Cooke Coryell

Cottle Crane Crockett Crosby Culberson Dallam Dallas Dawson De Witt Deaf Smith Delta Denton Dickens Dimmit Donley Duval Eastland

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Ector

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El Paso Ellis Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin

Freestone Frio Gaines Galveston Garza Gillespie Glasscock Goliad Gonzales Gray Grayson Gregg Grimes Guadalupe Hale

Hall Hamilton Hansford Hardeman Hardin Harris Harrison Hartley Haskell Hays Hemphill Henderson Hidalgo Hill Hockley Hood Hopkins Houston Howard Hudspeth Hunt Hutchinson Irion

Jack Jackson Jasper Jeff Davis Jefferson Jim Hogg Jim Wells Johnson Jones Karnes Kaufman Kendall Kenedy Kent Kerr Kimble King Kinney Kleberg Knox

Lamb Lampasas Lavaca Lee

Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn Madison Marion Martin Mason Matagorda Maverick McCulloch McLennan McMullen Medina Menard Midland Milam Mills Mitchell Montague

Montgomery

Moore Morris Motley

Nacogdoches Navarro Newton Nolan Nueces Ochiltree Oldham Orange

Palo Pinto Panola Parker Parmer Pecos Polk Potter Presidio Rains Randall Reagan Real

Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk Sabine

San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford

Smith Somervell Starr Stephens Sterling Stonewall Sutton Swisher Tarrant Taylor Terrell Terry

Throckmorton Titus

Tom Green Travis Trinity Tyler Upshur Upton Uvalde

Val Verde Van Zandt Victoria Walker Waller Ward Washington Webb Wharton Wheeler Wichita Wilbarger Willacy Williamson 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 Duchesne Emery Garfield Grand Iron

Juab Kane Millard Morgan Piute Rich

Salt Lake San Juan Sanpete Sevier Summit Tooele Uintah Utah Wasatch Washington Wayne Weber Don't know

My program prefers not to answer this question.

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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 Alexandria Alleghany Amelia Amherst Appomattox Arlington Augusta Bath Bedford Bedford Bland Botetourt Bristol Brunswick Buchanan Buckingham Buena Vista Campbell Caroline Carroll Charles City Charlotte

Charlottesville

Chesapeake Chesterfield Clarke Clifton Forge

Colonial Heights Covington

Craig Culpeper Cumberland Danville Dickenson Dinwiddie Emporia Essex Fairfax Fairfax

Falls Church Fauquier Floyd Fluvanna Franklin Franklin Frederick

Fredericksburg Galax

Giles Gloucester Goochland Grayson Greene Greensville Halifax Hampton Hanover Harrisonburg Henrico Henry Highland Hopewell

Isle of Wight

James City

King and Queen

King George

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King William Lancaster Lee Lexington Loudoun Louisa Lunenburg Lynchburg Madison Manassas

Manassas Park Martinsville Mathews Mecklenburg Middlesex Montgomery Nelson

New Kent Newport News Norfolk Northampton Northumberland Norton Nottoway Orange

Page Patrick Petersburg Pittsylvania Poquoson Portsmouth Powhatan

Prince Edward Prince George Prince William Pulaski Radford Rappahannock Richmond Richmond Roanoke Roanoke Rockbridge Rockingham Russell

Salem Scott

Shenandoah Smyth

South Boston Southampton Spotsylvania Stafford Staunton Suffolk

Surry Sussex Tazewell

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

Hatoboheit Kayangel Koror Ngarchelong 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

Bennington Caledonia Chittenden Essex Franklin Grand Isle Lamoille Orange Orleans Rutland Washington 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 Columbia Cowlitz Douglas Ferry Franklin Garfield Grant

Grays Harbor Island Jefferson King

Kitsap Kittitas Klickitat Lewis Lincoln Mason Okanogan Pacific

Pend Oreille Pierce

San Juan Skagit Skamania Snohomish Spokane Stevens Thurston Wahkiakum 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 Manitowoc Marathon Marinette Marquette Menominee Milwaukee Monroe Oconto Oneida Outagamie Ozaukee Pepin Pierce

Polk Portage Price Racine Richland Rock Rusk Sauk Sawyer Shawano

Sheboygan St. Croix Taylor Trempealeau Vernon

Vilas Walworth Washburn Washington

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Waukesha

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Waupaca Waushara Winnebago 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 Doddridge Fayette Gilmer Grant Greenbrier Hampshire Hancock Hardy Harrison Jackson Jefferson Kanawha Lewis Lincoln Logan Marion Marshall Mason McDowell Mercer Mineral Mingo Monongalia Monroe Morgan Nicholas Ohio Pendleton Pleasants Pocahontas 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 Sweetwater 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 Number of HCV rapid tests: program 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 C (HCV) laboratory-based (RNA) Number of HCV laboratory-based (RNA) tests: tests did your program 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 C (HCV) testing referrals did your Number of HCV testing referrals: program provide in [reference year]? Don't know

My program prefers not to answer this question. My program does not collect this data.

How many encounters involved hepatitis C testing Number of encounters: navigation from your program in [reference year]? Don't know

My program prefers not to answer this question. My program does not collect this data.

How many participants received hepatitis C testing Number of participants: navigation from your program in [reference year]? 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 C (HCV) treatment services were offered at your harm reduction program, whether by you or a partner organization? (Please select all that apply.)

Referrals to HCV Treatment Navigation to HCV Treatment Provision of HCV Treatment in-person

Provision of HCV Treatment via telehealth None of the above

Don't know

My program prefers not to answer this question.

How many hepatitis C (HCV) treatment referrals did Number of HCV treatment referrals: your program provide in [reference year]? 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) Number of encounters: treatment navigation from your program in [reference year]? Don't know

My program prefers not to answer this question. My program does not collect this data.

How many participants received hepatitis C (HCV) Number of participants: treatment navigation from your program in [reference year]? 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) Number of encounters: treatment in-person in [reference year]? 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 Number of participants: hepatitis C (HCV) treatment in-person in [reference year]? 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) Number of encounters: treatment via telehealth in [reference year]? 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 Number of participants hepatitis C (HCV) treatment via telehealth in [reference year]? 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 Number of participants: (HCV) clearance in [reference year]? 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 Number of referrals: program provide in [reference year]? 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 Number of participants: navigation from your program in [reference year]? 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 Number of encounters: navigation from your program 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 vaccinations did your program Number of hepatitis B vaccinations: 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 Number of referrals: program provide in [reference year]? 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 Number of participants: navigation from your program in [reference year]? 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 Number of encounters: navigation from your program in [reference year]? 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 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 Number of hepatitis B tests: [reference year]? 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 Number of referrals: program provide in [reference year]? 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 Number of participants: B testing from your program in [reference year]? 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 Number of encounters: from your program in [reference year]? 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 Number of encounters: services in [reference year]? 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 Number of encounters: to wound care services from your program in [reference year]? 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 HIV 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 Number of HIV rapid tests: [reference year]? 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 Number of laboratory-based HIV tests: provide in [reference year]? 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 Number of referrals: provide in [reference year]? 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 Number of participants: from your program in [reference year]? 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 Number of encounters: from your program in [reference year]? 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 Number of referrals: provide in [reference year]? Don't know

My program prefers not to answer this question. My program does not collect this data.

How many participants received PrEP services Number of participants:

navigation from your program in [reference year]? 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 Number of encounters: from your program in [reference year]? 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 Number of prescriptions: in-person in [reference year]? 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 Number of prescriptions: in [reference year] via telehealth? 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 Number of referrals: provide in [reference year]? Don't know

My program prefers not to answer this question. My program does not collect this data.

How many participants received HIV treatment Number of participants:

navigation from your program in [reference year]? 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 Number of encounters: from your program in [reference year]? 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 Number of participants: HIV treatment in-person in [reference year]? 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 Number of encounters: in [reference year]? 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 Number of participants: HIV treatment via telehealth in [reference year]? 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 Number of encounters: telehealth in [reference year]? 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 Number of encounters: drug checking services (e.g., mass spectrometry) at Don't know

your program in [reference year]? My program prefers not to answer this question.

My program does not collect this data.

How many encounters involved off-site, non-test-strip Number of encounters: drug checking services (e.g, mail-in drug checking) at Don't know

your program in [reference year]? 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 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 Yes technical assistance needs that you'd like our support No

with? Don't know

My program prefers not to answer this question.

What is the best e-mail address to contact you with a E-mail address: response to this TA request? Don't know

My program prefers not to answer this question.

Please briefly describe the support you need (e.g., Description:

"writing an outreach worker job description;" Don't know

"developing encounter forms," etc.): 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.