OMB No. 0930-0391

Expiration Date: 09/30/2025

**Harm Reduction Grant Program**

**Harm Reduction Annual Targets and Quarterly Progress Report**

**Substance Abuse and Mental Health Services Administration**

**Center for Substance Abuse Prevention**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0391. Public reporting burden for this collection of information is estimated to average 4 hours 0 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Rockville, Maryland, 20857.

# Harm Reduction Grant Annual Data

(Target setting form completed annually)

# Grantee Information

1. Organization Name:

2. Grant Number:

3. Federal Fiscal Year (Circle one): 2023 2024 2025 2026

Please enter the expected total amount for each item below.

# A. Service Encounter Target Setting (To be completed on an annual basis.)

1. Total number of **service encounters** expected this year (In the Field): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2. Total number of **service encounters** expected this year (At the Facility): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# B. Commodities Purchased Target Setting (To be completed on an annual basis.)

1. Total number of **safe sex kit supplies** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2. Total number of **naloxone kits (nasal spray)** expected to be purchased (1 kit = 2 doses): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

3. Total number of **naloxone kits (intramuscular)** expected to be purchased (1 kit = 2 doses): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

4. Total number of **vending machines** expected to be purchased/leased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

5. Total amount of **stock for vending machines** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

6. Total number of **medication lock boxes** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

7. Total number of **sharps/medication disposal boxes** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

8. Total number of **wound care management supplies** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

9. Total number of **fentanyl test strips** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

10. Total number of other **substance test strips** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

11. Total number of **sterile syringes** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

12. Total number of **safe smoking kits** expected to be purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

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

## 1. Overdose Prevention

A. Expected number of **naloxone trainings** to be provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Expected number of **individuals** to receive naloxone trainings: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Expected number of **overdose education sessions** to be provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Expected number of **individuals** to receive overdose education trainings: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. Expected number of **other overdose prevention services** to be provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. Expected number of **individuals** to receive other overdose prevention services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 2. Mental and Physical Health Promotion

A. Expected number of **counseling services** to be provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Expected number of **health education sessions** to be provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Expected number of **other mental/physical/health promotion services** to be provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 3. Linkages to Treatment and Recovery Support Services

A. Expected number of **linkages to peer services**: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Expected number of **linkages to treatment services**: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Expected number of **linkages to recovery services**: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

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

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

## 1. Gender (by encounters)

A. Female: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Male: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Transgender: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Non-Binary: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. Other: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 2. Ethnicity (by encounters)

A. Hispanic, Latino/a, or Spanish Origin: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

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

## 3. Race (by encounters)

A. American Indian or Alaskan Native: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Asian: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Black or African American: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Native Hawaiian or Other Pacific Islander: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. White: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. Multiracial: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 4. Age (by encounters)

1. Under 15 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. 15 to 17 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. 18 to 24 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. 25 to 34 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. 35 to 44 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. 45 to 54 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

G. 55 to 64 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

H. 65 years and older: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# Harm Reduction Grant Quarterly Data

Performance Report

# Grantee Information

1. Organization Name:

2. Grant Number:

3. Federal Fiscal Year (Circle one): 2022 2023 2024 2025

4. Federal Fiscal Quarter (Circle One): 1 2 3 4

Please enter the quarterly total amount for each item below

# A. Encounters Attained

1. Total Number of Service Encounters (Field): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2. Total Number of Service Encounters (Facility): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# B. Commodities Purchased/Distributed

1. Safe Sex Kit Supplies Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2. Safe Sex Kit Supplies Distributed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

3. Naloxone Kits Purchased (nasal spray) (1 kit = 2 doses): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

4. Naloxone Kits Distributed (nasal spray) (1 kit = 2 doses): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

5. Naloxone Kits Purchased (intramuscular) (1 kit = 2 doses): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

6. Naloxone Kits Distributed (intramuscular) (1 kit = 2 doses): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

7. Vending Machines Purchased/Leased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

8. Stock for Vending Machines Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

9. Medication Lock Boxes Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

10. Medication Lock Boxes Distributed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

11. Sharps/Medication Disposal Boxes Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

12. Sharps/Medication Disposal Boxes Distributed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

13. Wound Care Management Supplies Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

14. Wound Care Management Service Encounters: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

15. Fentanyl Test Strips Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

16. Fentanyl Test Strips Distributed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

17. Other Substance Test Strips Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

18. Other Substance Test Strips Distributed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

19. Sterile Syringes Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

20. Sterile Syringes Distributed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

21. Smoking Kits Purchased: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

22. Smoking Kits Distributed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# C. Specific Harm Reduction Service Encounters

## 1. Infection Disease Prevention and Support Services

A. HIV Testing: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. VH Testing: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. VH Vaccination Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Other Infectious Disease Prevention and Treatment: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. Other Safer Drug Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 2. Overdose Prevention

A. Naloxone Trainings: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Individuals Receiving Naloxone Training: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Overdose Education Sessions: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Individuals Receiving Overdose Education Sessions: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. Other Overdose Prevention Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. Individuals Receiving Other Overdose Prevention Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 3. Mental and Physical Health Promotion

A. Counseling Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Health Education Sessions: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Other Mental and Physical Health Promotion Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 4. Linkages to Treatment and Recovery Support Services

A. Linkages to Peer Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Linkages to Treatment Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Linkages to Recovery Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Other Linkages to Treatment and Recovery Support Services: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. PREP Linkages: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. HIV Treatment Linkages: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

G. VH Treatment Linkages: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# D. Demographics

## 1. Gender (by encounters)

A. Female: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Male: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Transgender: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Non-Binary: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. Other: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. Unknown/Not Provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 2. Ethnicity (by encounters)

A. Hispanic, Latino/a, or Spanish Origin: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

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

C. Unknown/Not Provided \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 3. Race (by encounters)

A. American Indian or Alaskan Native: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. Asian: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. Black or African American: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. Native Hawaiian or Other Pacific Islander: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. White: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. Multiracial: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

G. Unknown/Not Provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## 4. Age (by encounters)

A. Under 15 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

B. 15 to 17 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

C. 18 to 24 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

D. 25 to 34 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

E. 35 to 44 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

F. 45 to 54 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

G. 55 to 64 years: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

H. 65 years and older: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

I. Unknown/Not Provided: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# E. Quarterly Program Progress Narrative:

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

1. **Overall Progress:** (1-2 paragraphs. Please share an update on the program progress completed during this reporting period related to overall programmatic implementation and to approved goals and objectives).

|  |
| --- |
|  |

1. **Challenges/Barriers**: (1-2 paragraphs. If applicable, please share program challenges faced during this **reporting** period related to overall programmatic implementation and to approved goals and objectives and identified strategies to overcome them).

|  |
| --- |
|  |

1. **Successes**: (1-2 paragraphs. If applicable, please share program accomplishments achieved during this reporting period related to overall programmatic implementation and to approved goals and objectives).

|  |
| --- |
|  |

1. **Innovations:** (1-2 paragraphs. If applicable, please share program innovations developed and/or implemented **during** this reporting period related to harm reduction initiatives).

|  |
| --- |
|  |