

# **Harm Reduction Grant Program**

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

**Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention**

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# 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)

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

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

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

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

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

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

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

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

# Harm Reduction Grant Quarterly Data

## Performance Report

### Grantee Information

1. Organization Name: \_\_\_\_\_

2. Grant Number: \_\_\_\_\_

3. Federal Fiscal Year (Circle one): 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).

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

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

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