

Tennessee Syringe Services Program (SSP) Annual Reporting

Complete and submit the following syringe services program annual reporting documentation by March 1st.

The Tennessee Department of Health (TDH) is required by law to approve all organizations seeking to establish and operate a syringe services program. All TDH-approved SSPs are required to report annually per §T.C.A Title 68, Chapter 1. Please fill out the below report for SSP activities conducted last year (January 1st ---December 31st).

Note: You can save and return to the report at a later time. You will be given a return code when leaving a survey, please save this code. The return code is required to re-enter and finish the survey. If you forget your return code, please reach at to the SSP Team at SSP.Health@tn.gov

For questions, please contact SSP.Health@tn.gov.

Reporting year:

- ☐ 2021
☐ 2022
☐ 2023

DATA ENTRY STAFF

Please select the SSP you are entering data for:

- ☐ A Betor Way
- ☐ Cempa Community Care- STEPTN in NE
- ☐ Cempa Community Care- STEPTN in SE
- ☐ Choice Health Network
- ☐ Hellbender Harm Reduction
- ☐ Live Free Claiborne
- ☐ Meharry Medical College
- ☐ Memphis Area Prevention Coalition- Safe Point
- ☐ Nashville Cares- DART Program
- ☐ Partnership to Ends AIDS Status- PEAS
- ☐ SisterReach
- ☐ Street Works
- ☐ Tennessee Harm Reduction
- ☐ Tennessee Recovery Alliance
- ☐ Vanderbilt Comprehensive Care Clinic
- ☐ WeCareTN

Please provide your name as the staff member entering data:

Please provide your email:

Number of SSP locations/sites your organization operates at:

Services Provided Please provide data for the below indicators regarding total visits conducted, total individuals served, new enrollees, syringe exchange, naloxone distribution for last year (January 1st--December 31st).

Number of total SSP visits conducted last year:

Number of individual participants served last year:

(Note: Individual participant does not include multiple/return visits, this is deduplicated participation.)

Number of newly enrolled participants last year:

Number of needles/syringes dispensed last year:

Number of needles/syringes returned last year:

Number of safer injection supply kits dispensed last year:

(Safer injection supply kits may include items such as cookers, cottons/filters, tourniquets/ties, sterile water, alcohol swabs, etc.)

Number of naloxone kits distributed:

Type of naloxone distributed (check all that apply)

- ☐ Nasal
☐ Intramuscular

Service Referrals Please provide data for the below indicators regarding referrals provide to participants last year (January 1st--December 31st). Referrals means identifying a provider/service/resources that meets the participant's needs, then coordinating patient care (i.e., making appointment for participant, taking participant to provider, etc.)

Number of participants referred to obtain naloxone from another source last year:

Number of participants referred for substance use disorder treatment (including medicated assisted therapy MAT/MOUD) last year:

Number of mental health services/treatment referrals conducted last year:

Number of HIV PrEP referrals conducted last year:

((Referral: Identifying PrEP Provider or Navigator that meets the participant's needs, then coordinating patient care (i.e., making appointment for participant, taking participant to provider, etc.)))

Number of participants referred to supportive services last year:

(Supportive services includes but not limited to housing, transportation, food, insurance, financial support services, etc.)

Type of supportive services participants were referred to (check all that apply):

- ☐ Housing
- ☐ Transportation
- ☐ Food/nutrition support
- ☐ Clothing/Hygiene
- ☐ Childcare
- ☐ Job readiness/Employment services
- ☐ Support obtaining Identification (ID)
- ☐ Financial support services
- ☐ Health insurance
- ☐ Dental care
- ☐ Eye care
- ☐ Other (please specify)

Other types of supportive services, not previously listed, participants were referred to (list all that apply):

HIV & HCV TESTING Please provide data regarding HIV and HCV testing for last year's services (January 1st--December 31st).

Did your SSP provide or refer for rapid HIV Testing last year:

- ☐ Provided onsite
☐ Referred
☐ Both
☐ None of the above

Number of rapid HIV tests conducted last year:

Number of individual participants who tested positive for HIV last year:

Number of participants referred for HIV testing last year:

Number of participants referred to HIV care last year:

Did your SSP provide or refer for rapid HCV testing last year:

- ☐ Provided onsite
☐ Referred
☐ Both
☐ None of the above

Number of rapid HCV tests conducted last year:

Number of individual participants who tested antibody positive for HCV last year:

Number of individual participants referred for rapid antibody HCV testing last year:

Do you provide or refer for confirmatory HCV RNA/reflex testing:

- ☐ Provide onsite
☐ Refer
☐ Both
☐ None of the above

Number of individual participants referred for confirmatory HCV RNA/reflex testing last year:

Number of confirmatory HCV RNA/reflex testing conducted on-site last year:

Number of participants referred to HCV treatment last year:

OPEN RESPONSE: SUCCESSES & CHALLENGES

Please provide success stories (aspects of services that went well) that have occurred during last year.

Please provide any challenges experienced last year or what support would be helpful from community, law enforcement, Tennessee Department of Health, or other support needed.

SSP PARTICIPANT DEMOGRAPHIC RACE & ETHNICITY Please provide data regarding demographic data for last years' participants (January 1st--December 31st). These are individual/unique participant data, also known as deduplicated data.

Number of individual participants who identified as American Indian/Alaskan Native last year:

Number of individual participants who identified as Asian last year:

Number of individual participants who identified as Black/African American last year:

Number of individual participants who identified as Native Hawaiian/Pacific Islander last year:

Number of individual participants who identified as White last year:

Number of participants who identified as Multi-Racial last year:

Number of individual participants where race was not reported last year:

Number of individual participants who identified as Hispanic/Latinx last year:

SSP PARTICIPANT DEMOGRAPHIC - AGE

Number of individuals participants who identified as
18-19 years of age last year:

Number of individual participants who identified as
20-29 years of age last year:

Number of individual participants who identified as
30-39 years of age last year:

Number of individual participants who identified as
40-49 years of age last year:

Number of individual participants who identified as
50-59 years of age last year:

Number of individual participants who identified as
60-65 years of age last year:

Number of individual participants who identified as 66
years of age or older last year:

Number of individual participants where age was not
reported last year:

SSP PARTICIPANT DEMOGRAPHIC - GENDER IDENTITY

Number of individual participants who identified as a
cisgender man last year:

Number of individual participants who identified as a
cisgender woman last year:

Number of individual participants who identified as
transgender/non-binary/gender non-conforming last
year:

Number of individual participants where gender
identity was not reported last year:

Additional Comments & End Survey

Please share any other feedback about your SSP program
or any additional context you feel would be useful for
us to know:
