# 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.

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Reporting year:

- ◯ 2021
- ◯ 2022
- ◯ 2023
- ◯ 2024

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Please select the SSP you are entering data for:

## DATA ENTRY STAFF

| | |
|---|---|
| Please select the county you are reporting for?<br>*\*if an SSP operates in 1 county.* | ○ County |
| Please select the county you are reporting for?<br>*\*if an SSP operates in more than 1 county, you will need to provide data for each county separately.* | ○ County 1<br>○ County 2 |
| Please provide your name as the staff member entering data: | _____ |
| Please provide your email: | _____ |
| Number of counties your SSP 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).**

SSP County Name

_____

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 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 participants referred for mental health
services/treatment last year:

_____

Number of participants referred for
HIV PrEP 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

## Rapid HIV Testing Provided Onsite Indicators

Number of rapid HIV tests conducted last year:

_____

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

_____

Number of participants referred to HIV care last year:

_____

## Rapid HIV Testing Referred Indicators

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

## Rapid HCV Testing Provided Onsite Indicators

Number of rapid HCV tests conducted last year:

_____

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

_____

## Rapid HCV Testing Referred Indicators

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

## Confirmatory  HCV Testing Provided Onsite Indicators

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

_____

Number of participants referred to HCV treatment last
year:

_____

## Confirmatory HCV Testing Referred Indicators

Number of individual participants referred for
confirmatory HCV RNA/reflex testing 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 Please provide data regarding demographic data for last years' NEW participants (January 1st--December 31st).

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

_____

Number of new participants who identified as Asian
last year:

_____

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

_____

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

_____

Number of new participants who identified as White
last year:

_____

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

_____

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

_____

## SSP PARTICIPANT DEMOGRAPHIC ETHNICITY Please provide data regarding demographic data for last years' new participants (January 1st--December 31st).

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

_____

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## SSP PARTICIPANT DEMOGRAPHIC AGE Please provide data regarding demographic data for last years' new participants (January 1st--December 31st).

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

## SSP PARTICIPANT DEMOGRAPHIC GENDER IDENTITY Please provide data regarding demographic data for last years' new participants (January 1st--December 31st).

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

_____

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

_____

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

_____

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

_____

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## 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:

_____

Do you need to report for an additional county?

After selecting YES, you will need to click END
Survey. Your survey results WILL BE saved!

◯ Yes, I need to report for another county
◯ No, I DO NOT need to report for another county

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