



Tennessee Syringe Services Annual Reporting Form

Complete and submit to SSP.Health@tn.gov by March 1st annually.

Please save your completed form and submit as an email attachment to SSP.Health@tn.gov Visit <https://www.tn.gov/health/article/syringe-services-program> for more information.

Thank you!

1. Legal name of the organization or agency operating the Syringe Services Program (SSP):

Name of the Syringe Services Program, if different:

2. Contact Information:

Primary Contact

Secondary Contact

Name: _____

Name: _____

Phone: () _____

Phone: () _____

Email: _____

Email: _____

3. Type of Syringe Services Program (Check all that apply):

- Fixed site: Exchange run from a permanent, fixed location
- Mobile: Exchange run from a mobile vehicle
- Peer-based: Exchange run through peer networks distributing in the community
- Integrated: Exchange built into an existing agency/program, such as a drug treatment program or pharmacy

4. County(ies) served by the Syringe Services Program: (check all that apply)

- | | | | |
|------------------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Bedford | <input type="checkbox"/> Benton | <input type="checkbox"/> Bledsoe |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Bradley | <input type="checkbox"/> Campbell | <input type="checkbox"/> Cannon |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Carter | <input type="checkbox"/> Cheatham | <input type="checkbox"/> Chester |
| <input type="checkbox"/> Claiborne | <input type="checkbox"/> Clay | <input type="checkbox"/> Cocke | <input type="checkbox"/> Coffee |
| <input type="checkbox"/> Crockett | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Davidson | <input type="checkbox"/> Decatur |
| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Dickson | <input type="checkbox"/> Dyer | <input type="checkbox"/> Fayette |
| <input type="checkbox"/> Fentress | <input type="checkbox"/> Franklin | <input type="checkbox"/> Gibson | <input type="checkbox"/> Giles |

- | | | | |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Grainger | <input type="checkbox"/> Greene | <input type="checkbox"/> Grundy | <input type="checkbox"/> Hamblen |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hardeman | <input type="checkbox"/> Hardin |
| <input type="checkbox"/> Hawkins | <input type="checkbox"/> Haywood | <input type="checkbox"/> Henderson | <input type="checkbox"/> Henry |
| <input type="checkbox"/> Hickman | <input type="checkbox"/> Houston | <input type="checkbox"/> Humphreys | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Johnson | <input type="checkbox"/> Knox | <input type="checkbox"/> Lake |
| <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Lewis | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Loudon | <input type="checkbox"/> Macon | <input type="checkbox"/> Madison | <input type="checkbox"/> Marion |
| <input type="checkbox"/> Marshall | <input type="checkbox"/> Maury | <input type="checkbox"/> McMinn | <input type="checkbox"/> McNairy |
| <input type="checkbox"/> Meigs | <input type="checkbox"/> Monroe | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Moore |
| <input type="checkbox"/> Morgan | <input type="checkbox"/> Obion | <input type="checkbox"/> Overton | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Pickett | <input type="checkbox"/> Polk | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rhea |
| <input type="checkbox"/> Roane | <input type="checkbox"/> Robertson | <input type="checkbox"/> Rutherford | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Sequatchie | <input type="checkbox"/> Sevier | <input type="checkbox"/> Shelby | <input type="checkbox"/> Smith |
| <input type="checkbox"/> Stewart | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Sumner | <input type="checkbox"/> Tipton |
| <input type="checkbox"/> Trousdale | <input type="checkbox"/> Unicoi | <input type="checkbox"/> Union | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Warren | <input type="checkbox"/> Washington | <input type="checkbox"/> Wayne | <input type="checkbox"/> Weakley |
| <input type="checkbox"/> White | <input type="checkbox"/> Williamson | <input type="checkbox"/> Wilson | |
| <input type="checkbox"/> County outside of TN | | | |

Note: Tennessee syringe exchange law only legalizes programs within Tennessee.

5. List physical address(es) of Syringe Services Program(s):

Location 1

Street Address: _____

City: _____

Zip Code: _____

Location 2

Street Address: _____

City: _____

Zip Code: _____

Location 3

Street Address: _____

City: _____

Zip Code: _____

If you have more than three program locations, please submit additional address information with this form.

Check this box to confirm that none of this program's locations are located within 2000 feet of a school or public park.

6. Special population(s) served by the program: (check all that apply)

- Injection drug users (people who inject illicit drugs or other drugs not as prescribed).
- Diabetic insulin users.
- Sex hormone/hormonal therapy injection users.
- HIV/HCV injection medication users.
- HGH, steroid users.
- Other: _____

7. How does the Syringe Services Program dispose of used syringes and/or needles? (check all that apply)

- Biohazard company (please list): _____
- Clinic or hospital partnership (please list): _____
- Other (please list): _____

8. On which of the following topics does the Syringe Services Program offer information and educational materials?

- Overdose prevention.
- How to identify and respond to an overdose, including how to use naloxone.
- Prevention of HIV transmission.
- Prevention of viral hepatitis (including hepatitis C) transmission.
- Drug abuse (misuse) prevention.
- Treatment of mental illness, including treatment referrals.

SERVICES PROVIDED

- 9. Number of total client visits conducted by the program in the past year: _____**
- 10. Number of de-duplicated clients served by the program in the past year: _____**
- 11. Number of syringes dispensed by the program in the past year: _____**
- 12. Number of syringes returned to the program in the past year: _____**
- 13. Number of needles dispensed by the program in the past year: _____**
- 14. Number of needles returned to the program in the past year: _____**
- 15. Number of injection supplies dispensed by the program in the past year: _____**
- 16. Number of injection supplies returned to the program in the past year: _____**
- 17. Number of naloxone kits distributed by the program in the past year: _____**

REFERRALS

18. Number of clients referred for substance use disorder treatment by the program in the past year: (including medication assisted therapy) _____

Where were clients referred for substance use disorder treatment? (list multiple referral sites as necessary) _____

19. Number of clients referred to obtain naloxone from another source by the program in the past year: _____

Where were clients referred to obtain naloxone? (list multiple referral sites as necessary)

20. Number of clients referred for mental health services/treatment by the program in the past year: _____

Where were clients referred for mental health services/treatment? (list multiple referral sites as necessary) _____

TESTING

21. Does your program offer HIV testing? Yes No

If yes,

21a. What kind of HIV test(s) do you offer? (check all that apply)

Rapid Conventional

21b. Number of HIV tests conducted by the program in the past year? _____

21c. Number of de-duplicated clients tested for HIV by the program in the past year? _____

21d. Number of de-duplicated clients testing positive for HIV by the program in the past year? _____

21e. How many HIV positive clients were referred to HIV care by your program in the past year? _____

21f. Where did you refer HIV positive clients for HIV treatment? (list multiple referral sites as necessary.) _____

22. Do you make referrals for HIV testing? Yes No

If yes,

22a. How many de-duplicated clients were referred for HIV testing by your program in the

past year? _____

22b. Where do you refer clients for HIV testing? (list multiple referral sites as necessary.)

23. Does your program offer Hepatitis C (HCV) testing? Yes No
If yes,

23a. What kind of HCV test(s) do you offer? (check all that apply)

Rapid Conventional

23b. Number of HCV tests conducted by the program in the past year? _____

23c. Number of de-duplicated clients tested for HCV by the program in the past year? _____

23d. Number of de-duplicated clients testing positive for HCV by the program in the past year? _____

23e. How many HCV positive clients were referred to HIV care by your program in the past year? _____

23f. Where did you refer HCV positive clients for HIV treatment? (list multiple referral sites as necessary.) _____

24. Do you make referrals for HCV testing? Yes No
If yes,

24a. How many de-duplicated clients were referred for HCV testing by your program in the past year? _____

24b. Where do you refer clients for HCV testing? (list multiple referral sites as necessary.)

25. Please submit an example of the written verification the Syringe Services Program distributes to program participants. If you are not distributing written verification of participation in a Syringe Services Program, please provide details below on how the program educates participants about limited immunity.

26. Has your program updated your security plan in the past year? Yes No

If yes,

26a. Have you shared your updated security plan with the local law enforcement agencies with jurisdiction over your program area(s)? Yes No

26b. If yes, please provide a copy of the updated plan.

27. Please share any feedback about program operations (including feedback from participants or staff, interactions with neighbors or law enforcement, requests for technical assistance). Contact TDH to share additional information.

**Please submit completed form and any additional information to SSP.Health@tn.gov
Thank you!**

Tennessee law protects SSP employees, volunteers, and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of drugs present, if obtained or returned to an SSP. This immunity only applies to a participant's possession when the participant is engaged in the exchange or in transit to or from the exchange. People affiliated with an SSP must provide written verification (such as a participant card) to the arresting officer or law enforcement agency to be granted limited immunity. The SSP law does not specify verification format or content.

In order to maintain permission to continue to run your program, the Tennessee Department of Health requires that all Syringe Services Programs submit an annual report to TDH no later than March 31st of every year for the activities conducted during the preceding calendar year. The annual reporting form can be found on the TDH website at <https://www.tn.gov/healtharticle/syringe-services-program>