**Component 3: Special Projects—Prevention, Diagnosis, and Treatment Related to the Infectious Disease Consequences of Drug Use**

**Reporting Agency**

|  |  |
| --- | --- |
| **Reporting jurisdiction** |  |
| **Contact name** (*person completing form*) |  |
| **Contact phone number** (*xxx-xxx-xxxx*) |  |
| **Contact email address** |  |
| **Additional contact name(s)** (*if applicable*) |  |
| **Additional contact phone number(s)** (*xxx-xxx-xxxx*) |  |
| **Additional contact email address(es)** |  |
| **Date of report submission** (*MM/DD/YYYY*) |  |
| **Reporting Period**(*Complete this form with information from Reporting Period selected*) |  *Select one* □ Year 1 (5/1/21-9/30/21) □ Year 2 (10/1/21-9/30/22) □ Year 3 (10/1/22-9/30/23) □ Year 4 (10/1/23-9/30/24) □ Year 5 (10/1/24-4/30/26) |

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| **Was Component 3 funded?** |  *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**3.1—Improve access to services for people who inject drugs (PWID)**

**in settings disproportionately affected by drug use**

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| **List all types of settings serving PWID** |
| During the reporting period were component 3 activities conducted at one or more syringe services programs (SSPs)?□ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or substance use disorder (SUD) treatment programs (non-hospital based)?□ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or hospital-based substance use disorder (SUD) treatment programs? □ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or more hospital-based programs (excluding SUD treatment programs which are included separately above)?□ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or more health centers (non-hospital based)?□ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or more sexually transmitted infections (STI) clinics? □ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or more mobile clinics? □ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or more emergency departments? □ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or more correctional facilities? □ Yes□ No  |
| During the reporting period were component 3 activities conducted at one or more homeless services? □ Yes□ No  |
| During the reporting period were component 3 activities conducted at another type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No Note: If more than one other type of setting, list the first other type here and describe the additional other type(s) individually in the following questions.  |
| During the reporting period were component 3 activities conducted at a second other type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No Note: If more than two other types of settings, list the second other type here and describe the additional other type(s) individually in the following questions.  |
| During the reporting period were component 3 activities conducted at a third other type of setting? □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No  |

**Measures 3.1.1.a – 3.1.1.b**

* Number of PWID served, by setting serving PWID (syringe services programs, substance use disorder treatment programs, correctional facilities, emergency departments, hospital-based programs, sexually transmitted disease clinics, homeless services, health centers, other)
* Syringes distributed, by setting serving PWID

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| --- | --- |
|  | **During this reporting period, number of:** |
| **Setting type serving PWID** | **Clients served**  | **PWID served**  | **Syringes distributed** |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers** (non-hospital based)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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**Measures 3.1.2.a – 3.1.2.d**

* Number of PWID who are linked to substance use disorder treatment, by setting serving PWID
* Number of PWID assessed for opioid use disorder, by setting serving PWID
* Number of PWID with opioid use disorder, by setting serving PWID
* Number of PWID with opioid use disorder who are linked to medication for opioid use disorder, by setting serving PWID

|  |  |
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|  | **During this reporting period, number of:** |
| **Setting serving PWID** | **PWID linked to substance use disorder treatment**  | **PWID assessed for opioid use disorder**  | **PWID with opioid use disorder**  | **PWID with opioid use disorder who were linked to medication for opioid use disorder**  |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers** (non-hospital based)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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**Measures 3.1.3.a, 3.1.4.a – 3.1.4.d**

* Number of clients tested for anti-HCV, by setting serving PWID
* Number of clients testing positive for anti-HCV, by setting serving PWID
* Number of clients positive for anti-HCV tested for HCV RNA, by setting serving PWID
* Number of clients testing positive for HCV RNA, by setting serving PWID
* Number of HCV RNA (+) clients linked to hepatitis C treatment, by setting serving PWID

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| --- | --- |
|  | **During this reporting period, number of:** |
| **Setting serving PWID** | **Clients tested for anti-HCV**  | **Clients testing positive for anti-HCV** | **Clients positive for anti-HCV tested for HCV RNA** | **Clients testing positive for HCV RNA** | **HCV RNA (+) clients linked to hepatitis C treatment** |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers** (non-hospital based)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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**Measures 3.1.3.b, 3.1.4.e – 3.1.4.f**

* Number of clients screened (anti-HBc, HBsAg, anti-HBs) for HBV, by setting serving PWID
* Number of clients testing positive for HBsAg, by setting serving PWID
* Number of HBV (+) clients linked to hepatitis B care, by setting serving PWID

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|  | **During this reporting period, number of:** |
| **Setting serving PWID** | **Clients screened for HBV (anti-HBc, HBsAg, anti-HBs)** | **Clients testing positive for HBsAg** | **HBV (+) clients linked to hepatitis B care** |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers** (non-hospital based)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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**Measures 3.1.3.c, 3.1.4.g – 3.1.4.h**

* Number of clients screened for HIV, by setting serving PWID
* Number of clients testing positive for HIV, by setting serving PWID
* Number of HIV (+) clients linked to HIV treatment, by setting serving PWID

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| --- | --- |
|  | **During this reporting period, number of:** |
| **Setting serving PWID** | **Clients screened for HIV**  | **Clients testing positive for HIV**  | **HIV (+) clients linked to HIV treatment**  |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers** (non-hospital based)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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**Measure 3.1.4.i**

* Number of clients referred for treatment for bacterial or fungal infections, by setting serving PWID

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| --- | --- |
|  | **During this reporting period, number of:** |
| **Setting serving PWID** | **Clients treated or referred for treatment of bacterial or fungal infections**  |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  |
| **SUD treatment programs, non-hospital-based** *questions will be skipped if not applicable* | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  |
| **Health centers** (non-hospital based)*questions will be skipped if not applicable* | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* | >□ Unknown  |

**Measures 3.1.5.a – 3.1.5.d**

* Number of hepatitis A vaccination doses administered to clients, by setting serving PWID
* Number of clients who completed hepatitis A vaccination series, by setting serving PWID
* Number of hepatitis B vaccination doses administered to clients, by setting serving PWID
* Number of clients who completed hepatitis B vaccination series, by setting serving PWID

|  |  |
| --- | --- |
|  | **During this reporting period, number of:** |
| **Setting serving PWID** | **Hepatitis A vaccination doses administered**  | **Clients who completed hepatitis A vaccination series**  | **Hepatitis B vaccination doses administered**  | **Clients who completed hepatitis B vaccination series**  |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers** (non-hospital based)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* |

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| >□ Unknown  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |

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**Measures 3.1.6.a – 3.1.6.c, 3.1.7.a**

* Number of new confirmed acute hepatitis B cases reported among PWID in the jurisdiction
* Number of new confirmed acute hepatitis C cases reported among PWID in the jurisdiction
* Number of new confirmed HIV cases reported among PWID in the jurisdiction
* Jurisdiction reports data on hepatitis C continuum of care for PWID in the jurisdiction, consistent with CDC guidance

|  |  |
| --- | --- |
| **How many new confirmed acute hepatitis B cases were reported among people reporting a history of injection drug use in your jurisdiction during this reporting period?** | >□ Unknown  |
| **How many new confirmed acute hepatitis C cases were reported among people reporting a history of injection drug use in your jurisdiction during this reporting period?** | >□ Unknown  |
| **How many new confirmed HIV cases were reported among people reporting a history of injection drug use in your jurisdiction during this reporting period?** | >□ Unknown  |
| **Do you report hepatitis C viral clearance cascade data for reported cases among people reporting a history of injection drug use in your jurisdiction?** |  *Select one*□ Yes□ No |

|  |  |
| --- | --- |
| **Please use this space to provide information about challenges and successes experienced when implementing Strategy 3.1 activities. Include additional contextual information that would help us interpret your annual performance data.*****For example, the number of locations associated with each setting type, or other explanatory notation, could be listed here if needed.*** |  |