**Component 2: Core Viral Hepatitis Prevention Activities**

**Reporting Agency**

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| **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) |

**2.1—Support viral hepatitis elimination planning and surveillance,**

**and maximize access to testing, treatment, and prevention**

**Measures 2.1.1.a – 2.1.1.b**

* Establishment and maintenance of a viral hepatitis elimination technical advisory committee (or coalition) with membership to support jurisdictional viral hepatitis elimination planning
* Conduct at least two meetings per year of the viral hepatitis elimination technical advisory committee (or coalition)

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| **Have you established a viral hepatitis elimination technical advisory committee (or coalition) to support viral hepatitis elimination planning?** | *Select one*  □ Completed  □ In progress | | □ Not started |
| **Identify the stakeholder groups that are (or will be) represented on this committee (or coalition).**  (*select all that apply*) | □ Public health  □ Corrections  □ Criminal justice, law enforcement  □ Medicaid  □ Injury prevention services  □ Substance use and mental health services  □ Healthcare providers  □ HIV care providers  □ Hospitals | | □ Laboratories  □ Community-based organizations  □ Local harm reduction coalition members  □ Non-profit/advocacy groups  □ People with viral hepatitis lived experience  □ Other, specify:  >>  □ N/A (committee not established) |
| **During this reporting period, when did the committee (or coalition) meet?** (*MM/DD/YYYY*) | >  > | | >  > |
| □ No meetings held during reporting period  □ N/A (committee not established) | | |
| **If the committee (or coalition) met during this reporting period, please submit** **a copy of meeting agenda(s) with the APR.** | | *Select one*  □ Submitted □ Not submitted  □ N/A (committee not established) | |

**Measure 2.1.1.c**

* Development and maintenance of a viral hepatitis elimination plan with support from the technical advisory committee (or coalition)

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| **Have you developed a viral hepatitis elimination plan?** | *Select one*  □ Completed  □ In progress | □ Not started |
| **Does it contain plans for elimination of hepatitis C and/or hepatitis B?**  (*select all that apply*) | □ Hepatitis C  □ Hepatitis B | □ N/A (plan not started) |
| **If the viral hepatitis elimination plan is completed, please submit a copy with the APR.** | *Select one*  □ Submitted □ Not submitted  □ N/A (plan not started) | |

**Measures 2.1.2.c, 2.1.4.a**

* The jurisdictional viral hepatitis elimination plan addresses recommendations for increasing HCV RNA reflex testing
* The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

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| **Does your viral hepatitis elimination plan address recommendations for increasing HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis C treatment?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis B treatment?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |

**Measures 2.1.2.a – 2.1.2.b**

* CLIA-certified laboratories that conduct testing for at least 80% of all anti-HCV results identified in the jurisdiction
* The proportion conducting HCV RNA reflex testing was assessed; feedback with recommendations conducted

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| **Have you worked with your surveillance and/or epidemiology teams to identify the total number of CLIA-certified laboratories in your jurisdiction that report hepatitis C antibody testing results?** | *Select one*  □ Yes  □ No  □ In progress | |
| **Of the CLIA-certified laboratories you have identified that report hepatitis C antibody testing results, have you selected the subset that reports at least 80% of the hepatitis C antibody testing results in your jurisdiction?** | *Select one*  □ Yes  □ No | □ In progress  □ N/A (labs not identified) |
| **Of this subset, have you performed a needs assessment to identify key barriers and challenges to increasing HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ In progress  □ N/A (labs not identified) |
| **What proportion of the subset is conducting HCV RNA reflex testing?** | *Select one*  %: | □ In progress  □ N/A (labs not identified) |
| **Have you provided recommendations to increase HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ In progress  □ N/A (labs not assessed) |

**Measures 2.1.3.a – 2.1.3.b**

* The top 5 highest volume health systems in the jurisdiction identified
* The proportion of health systems promoting routine HCV and HBV testing assessed; feedback with recommendations was conducted

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| **What are the top 5 highest volume health systems in your jurisdiction?** | 1.  2.  3.  4.  5.  □ In progress  □ Not started | | |
| **Have you assessed how many of these health systems are promoting routine HCV testing?** | | *Select one*  □ Completed  □ In progress | □ Not started  □ N/A (health systems not assessed) |
| **If so, what percent of health systems are promoting routine HCV testing?** | | %: | □ In progress  □ N/A (health systems not assessed) |
| **Have you assessed how many of these health systems are promoting routine HBV testing?** | | *Select one*  □ Completed  □ In progress | □ Not started  □ N/A (health systems not assessed) |
| **If so, what percent of health systems are promoting routine HBV testing?** | | %: | □ In progress  □ N/A (health systems not assessed) |
| **Have you provided feedback to the top 5 highest volume health systems with recommendations on promoting routine HCV and/ or HBV testing?** | | *Select one*  □ Yes, to all 5  □ No, have not provided feedback to any of them | □ Yes, to some but not all  □ N/A (health systems not assessed) |

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| **Please use this space**  **to provide information about challenges and successes experienced when implementing Strategy 2.1 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |

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| **Was Section 2.2 funded?** | *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**2.2—Increase access to hepatitis C and/or hepatitis B testing and referral to care**

**in high-impact settings**

**Measures 2.2.2.a – 2.2.2.b**

* Jurisdiction established relationship with partners in high-impact settings to identify high priority facilities for expansion of testing for HCV and/or HBV in high-impact settings, by setting type (syringe services programs, substance use disorder treatment programs, correctional facilities, emergency departments, hospital-based programs, sexually transmitted disease clinics, homeless services, health centers, other)
* Number of clients seen, by setting

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| During the reporting period, were component 2 activities conducted at one or more syringe services programs (SSPs)?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more substance use disorder (SUD) treatment programs (non-hospital based)?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more hospital-based substance use disorder (SUD) treatment programs?  □ Yes  □ No |
| During the reporting period, were component 2 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 2 activities conducted at one or more health centers (non-hospital based)?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more sexually transmitted infections (STI) clinics?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more mobile clinics?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more emergency departments?  □ Yes  □ No |
| During the reporting period were component 2 activities conducted at one or more correctional facilities?  □ Yes  □ No |
| During the reporting period were component 2 activities conducted at one or more homeless services?  □ Yes  □ No |
| During the reporting period, were component 2 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 2 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 2 activities conducted at a third other type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No |

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| **Setting type** | **Was relationship established to expand HCV testing?** | **Was relationship established to expand HBV testing?** | **Number of clients seen at this setting during reporting period** |
| **SSPs**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **SUD treatment programs, non-hospital based**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **SUD treatment programs, hospital-based**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Health centers (non-hospital based)**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **STI clinics**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Mobile clinics**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Emergency departments**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Correctional facilities**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Homeless services**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Other type of setting described above, first**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Other type of setting described above, second**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Other type of setting described above, third**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |

**Measures 2.2.2.c – 2.2.2.f, 2.2.3.a**

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

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|  | **During this reporting period, number of:** | | | | |
| **Setting type** | **Clients screened for hepatitis C (anti-HCV)** | **Clients positive for anti-HCV** | **Clients tested for HCV RNA** | **Clients positive for HCV RNA** | **Clients positive for HCV RNA 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* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |

**Measures 2.2.2.g – 2.2.2.h, 2.2.3.b**

* Number of clients screened for hepatitis B, by setting
* Number of clients positive for HBsAg, by setting
* Number of clients positive for HBsAg linked to care, by setting

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|  | **During this reporting period, number of:** | | |
| **Setting type** | **Clients screened for hepatitis B** | **Clients positive for HBsAg** | **Clients positive for HBsAg 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* | >  □ Unknown | >  □ Unknown | >  □ Unknown |

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| **Please use this space**  **to provide information about challenges and successes experienced when implementing Strategy 2.2 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |

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| **Was Section 2.3 funded?** | *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**2.3—Improve access to services preventing viral hepatitis**

**and other bloodborne infections among people who inject drugs (PWID)**

**Measures 2.3.3.a – 2.3.3.d**

* Number of hepatitis A vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis A vaccination series, by setting
* Number of hepatitis B vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis B vaccination series, by setting

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|  | **During this reporting period, number of:** | | | |
| **Setting type** | **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* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |

**Measures 2.3.1.a – 2.3.1.d, 2.3.2.a**

* Number of syringe services programs (SSPs) in the jurisdiction
* Number of visits in the jurisdiction, by SSP
* Number of unduplicated SSP clients in the jurisdiction, by SSP
* Mean (median) syringe coverage rates, by SSP
* Number of clients linked to substance use disorder treatment by SSPs in the jurisdiction, by SSP

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|  | **During this reporting period, number of:** | | |  |
| **Syringe services programs (SSPs) in jurisdiction** | **Total client visits** | **Unduplicated SSP clients** | **Clients linked to substance use disorder treatment** | **Mean syringe coverage rates during this reporting period** |
| **SSP 1**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 2**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 3**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 4**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 5**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 6**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 7**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 8**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 9**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 10**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 11**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 12**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 13**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 14**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 15**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 16**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 17**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 18**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 19**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 20**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 21**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 22**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 23**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 24**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 25**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 26**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 27**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 28**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 29**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 30**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 31**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 32**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 33**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 34**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 35**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 36**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 37**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 38**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 39**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 40**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 41**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 42**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 43**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 44**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 45**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 46**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 47**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 48**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 49**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 50**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |

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| --- | --- |
| **Please use this space**  **to provide information about challenges and successes experienced when implementing Strategy 2.3 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |