Attachment 4:

Proposed Changes to Drug-Free Communities Progress Report and Core Measures

Bi-Annual Progress Report
Mock Up

OMB Control Number: 3201-0012; Expiration Date: 1/31/2019

The public reporting burden for each Progress Report is estimated to be 5 hours. To help ensure minimum reporting burden on grant award recipients, ongoing technical assistance is available from DFC_Evaluators@icf.com to address problems or issues in real-time. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number (3201-0012), 1900 E Street NW, Washington, DC 20415-7900. You are not required to respond to this collection of information unless a valid OMB control number is displayed."

Summary of Proposed Changes to the Drug-Free Communities Progress Report

Summary of proposed changes:

1) Modified wording of various items to clarify language, align with CADCA or other entities' preferred language, or split items to differentiate between previously combined responses (e.g., Prescription vs. Non-prescription opioids, risks and protective factors)
2) Added new items:
    a. to identify coalitions working with HIDTA and/or receiving CARA-ALDC grants
    b. to allow ONDCP to connect with coalitions on social media outlets
    c. to capture congressional districts served by the coalition
    d. to give coalitions the opportunity to provide more information about work with specific populations (i.e., youth coalitions; American Indians or Alaska Natives)
    e. to identify lead and key partner sectors
    f. to capture more information or likely common responses based on previously submitted open-ended responses or other lessons learned from field
    g. to provide additional data if available or applicable:
        i. Specific efforts to educate and inform regarding policy changes accomplished by coalition activities/efforts
        ii. Specific accomplishments and challenges related to each of the seven strategies
        iii. Types of funding received
        iv. Additional sectors represented in the coalition to provide more information on how coalitions are building capacity building
        v. Core Measures for Heroin and Methamphetamines, if available
        vi. Strategies engaged in by coalitions if addressing Local Drug Crisis (e.g., opioids, CARA-ALDC), if applicable. This also includes addressing vaping based on feedback from DFC coalitions.
3) Split open ended text items to differentiate clearly between accomplishments and challenges in coalition activities
4) Deleted items that:
    a. are now automatically populated (e.g., coalition name, zip codes served) or calculated (budget total) in DFC *Me* system
    b. did not bring additional information in previous data submissions (e.g., other substances targeted)
    c. were often difficult for coalitions to provide (e.g., Core Measures by gender)

COALITION STRUCTURE AND PROCESSES SECTION

Coalition Information	Proposed Changes
Grant Award Recipient Name: _____ Award Number: _____ **Coalition Name: _____** **Year of First DFC Award: _____** *(Note: these fields will be auto-populated)* **Month and year the coalition was first established: ___/___** If your coalition is a SPF/SIG subrecipient, please enter your grant number. ❍ Our coalition is not a SPF/SIG subrecipient ❍ Our SPF/SIG subrecipient grant number is _____ If your coalition is a STOP Act grant award recipient, please enter your grant number. ❍ Our coalition is not a STOP Act grant award recipient ❍ Our STOP Act grant number is _____ Does your coalition actively work with a local High Intensity Drug Trafficking Areas (HIDTA) Program? ❍ Yes (If Yes, select from drop-down list to indicate which HIDTA working with) ❍ No Has your coalition been awarded the Community-based Coalition Enhancement Grant to Address Local Drug Crises (CARA-ALDC) grant from ONDCP to combat opioid use? If your coalitions is a CARA recipient, please enter your grant number. ❍ Our coalition is not a CARA-ALDC grant award recipient ❍ Our CARA-ALDC grant number is _____	▪ Deletion: 1. Remove items on grant award recipient name, award number, coalition name, and year of first DFC award (these items are now automatically populated by the DFC Me system). ▪ Addition: 1. New item asking if grant award recipient works with HIDTA, and which one. 2. New item asking if grant award recipient has received the Community-based Coalition Enhancement grants to address local drug crises (CARA) grant from ONDCP to combat opioid use. ▪ Minor Change: “the” coalition, “grant award recipient” not grantee

Project Coordinator Contact Information: **Name:** *(Note: this field will be auto-populated and cannot be changed without approval from your SAMHSA Project Officer)* **Title:** *(Note: this field will be auto-populated and cannot be changed without approval from your SAMHSA Project Officer)* **Address:** *(Note: this field will be auto-populated and cannot be changed without approval from your SAMHSA Project Officer)* **Phone:** *(Note: this field will be auto-populated and cannot be changed without approval from your SAMHSA Project Officer)* **Email:** *(Note: this field will be auto-populated and cannot be changed without approval from your SAMHSA Project Officer)* **Month and year Project Coordinator took current position:** ____/_____ **Did your project coordinator change during this reporting period?** ❍ No ❍ Yes If yes, please provide the month and year your previous Project Coordinator left the position: ____/_____	▪ Minor Change: Moved
Please provide your coalition's social media contact information for the following, if applicable: **Twitter handle: _____** **Facebook page/URL: _____** **Instagram handle: _____**	▪ Addition: New items added to allow ONDCP to connect via social media
Is your coalition headed by a religious or faith-based organization? ❍ No ❍ Yes	▪ Deletion: Item deleted and replaced by broader item to select sector that is the lead agency in membership section
Please provide a brief summary of your coalition. This is your "Elevator Speech". Consider including a brief sentence on: (a) your community and target population, (b) your primary goals, (c) the activities you are focusing on, (d) accomplishments to date, (e) successes concerning goal achievement, f) challenges in goal achievement, and g) things that make your coalition unique (2,000 character max).	▪ Minor Change: Minor word edit to be clear

Needs Assessment *Needs Assessment refers to the decisions your coalition has made concerning the major problems upon which you want to focus, the major community areas and populations you want to serve, and the reasons that these priorities were established. In addition, needs assessment refers to the ways you have collected data, or assessed the community's concern to establish these priorities.*		Proposed Changes
Geographic setting(s) served *(check all that apply)*: ❍ Inner City ❍ Urban ❍ Suburban ❍ Rural ❍ Frontier	**Community setting(s) served** *(check all that apply)*: ❍ Single School District ❍ Multiple School Districts ❍ Single School ❍ Multiple Schools ❍ City ❍ Multiple Cities ❍ Town ❍ Multiple Towns ❍ Neighborhood ❍ Multiple Neighborhoods ❍ County ❍ Region or Other Subsection of a State ❍ Statewide ❍ Native American/American Indian/Alaskan Native Reservation ❍ Military ❍ Colleges & Universities	▪ Addition: Added Statewide as community setting
Is your coalition located in or serve a federally-recognized tribal area? ❍ Yes ❍ No Do you target information/prevention efforts specifically to American Indians or Alaska Natives? ❍ Yes ❍ No	**Does your coalition have at least one (1) representative from the Bureau of Indian Affairs, the Indian Health Service, or a Tribal Government Agency with expertise in the field of substance use prevention?** ❍ Yes ❍ No **Briefly describe your work with the American Indian or Alaska Native population, including any challenges you may have faced in serving this population. If you are located within a federally-recognized tribal area but are not serving this population, please explain why.**	▪ Minor Change: Moved from previous section (Coalition Information). Note: Grouped items and minor edits for consistency in responses. ▪ Minor Change: Wording change from "substance abuse" to substance use. ▪ Addition: Added an open text field to better understand work with indigenous people

Do you target at least some information/prevention efforts to a specific minority group or minority groups? ❍ No ❍ Yes If yes, please specify *(check all that apply)*: ❍ ~~American Indian or Alaska Native~~ Asian ❍ Black or African-American ❍ Hispanic or Latino ❍ Native Hawaiian or Other Pacific Islander ❍ Lesbian/Gay/Bisexual/Transgender/Queer (LGBTQ) Youth	▪ Minor Change: Edited intervention to reflect prevention focus. ▪ Deletion: Moved American Indian/Alaska Native out, to be grouped with other items about this population. ▪ Minor Change: updated designation of LGBTQ
Grade level(s) served *(check all that apply)*: ❍ Elementary school (K-5) ❍ 6th grade ❍ 7th grade ❍ 8th grade ❍ 9th grade ❍ 10th grade ❍ 11th grade ❍ 12th grade	No Change
Please select up to five (5) substances that your coalition is targeting in your community:	

❍ Alcohol ❍ Tobacco / Nicotine ❍ Marijuana ❍ Prescription Drugs (Opioids) ❍ Prescription Drugs (Non-Opioids) ❍ Cocaine/Crack	❍ Heroin / Fentanyl, Fentanyl analogs or other Synthetic Opioids ❍ Stimulants (uppers) ❍ Tranquilizers ❍ Hallucinogens ❍ Over-the-counter (OTC) drugs	❍ Inhalants ❍ Steroids ❍ Methamphetamine ❍ Synthetic Drugs/Emerging Drugs ❍ ~~Additional substances addressed: _____~~	▪ Minor Change: Prescription Drugs were separated into Prescription Opioids and Prescription Non-Opioids to better distinguish between these two Added Nicotine to Tobacco and added Fentanyl to Heroin category ▪ Deletion: Remove "Additional substances addressed" open ended response option to reduce burden on grant award recipients. Based on a review of the previously submitted data from multiple time points, the responses provided here are not an additional substance, but often a delivery system (e.g., e-cigs) or a substance already listed in the other response options provided. (i.e., Does not typically yield new information not otherwise captured)
Target Zip Codes *Note: You may either enter each zip code individually OR upload an Excel file of zip codes served. You DO NOT need to submit the file AND enter each zip code individually. In order to enter the zip codes as a file, you MUST use the provided Excel file template.*			

Zip Code Served	Do you serve the entire zip code? *(Dropdown: Yes/No)*	If no, please list the specific areas served *(e.g., names of neighborhoods, school districts, etc.)*	Deletion: Previously removed section asking grant award recipients to provide the zip codes they serve. This information is provided in grant application and will be imported into DFC Me from grant spreadsheet.
Please review the zip code(s) served by your coalition: *(information will be pre-populated by system)* **Is/are the zip code(s) listed above correct?** ❍ Yes ❍ No *(please list the correct zip codes served by your coalition)*: _____			▪ Addition: While zip codes are now imported, occasionally there is a typographical error in the zip codes. This item will allow the coalition to indicate any corrections in an open-text field.
Note: please look up congressional district by entering your information here: https://www.house.gov/representatives/find-your-representative **What is the congressional district associated with the address/zip code(s) in which your coalition is located?** ❍ Enter congressional district number for your coalition address here. Identify by state and two digit number (e.g., OH01 for Ohio Congressional District 1): _____ **What is/are the congressional district associated with the address/zip code(s) served by your coalition?** ❍ Enter congressional district(s) served by your coalition here. Identify by state and two digit number (e.g., OH01 for Ohio Congressional District 1): _____			▪ Addition: Coalitions do not currently provide information regarding which congressional district they are located in, although this is a commonly asked question received by ONDCP. Coalitions will be able to enter all congressional districts served into the system.

Coalition Budget			Proposed Changes
Please specify the period that this budget covers: From: mm/dd/yyyy **To:** mm/dd/yyyy *(Note: Typically one fiscal year, but may represent only part of the year (e.g., if new funding added). May be longer than one year if grant award recipient received an extension.)*			▪ Minor Change: wording change
What is your coalition's total annual operating budget? _____			▪ Deletion: Remove item because system now adds the individual budget amounts to create a total.
What dollar amount of your total operating budget comes from each of the following funding sources? **Source of Funding/Resources**	**Dollar Amount** *(Note: Be sure the amount the system calculates as your total budget reflects your actual current total annual operating budget.)*	**Percentage** *(Note: The system will automatically calculate percentages.)*	Minor Change to Note
DFC grant			No Change
STOP Act grant			No Change
SPF-SIG funding			No Change
CARA-ALDC			▪ Addition: New category
Other federal government funding			No Change
Other state government funding			No Change
Other local government funding			No Change
Foundation/Non-profit organizations			No Change
Private/Corporate entities			No Change
Individual donations/Funding from fundraising events			No Change
In-Kind contributions			No Change
Other *(if applicable, please specify up to one other funding source)* _____			No Change

TOTAL Annual Budget	*Note: The system will automatically calculate this number based on what the grant award recipient enters above.*	▪ Addition: New item automatically calculated by system; change to display, not a new request for information
In the next 12 months do you expect your coalition's funding level to: ❍ Increase ❍ Decrease ❍ Stay about the same		No Change
Please provide any information relevant to understanding your expectations regarding your coalition's funding level. Please note funding uncertainties, opportunities, or other information relevant for understanding your coalition's future funding (2,000 character max).		No Change
Please share any additional information about the relevant types of "other" federal, state, and local funding your coalition has received.		▪ Addition: open-ended field

<table>
<tr><th colspan="2">MEMBER CAPACITY SECTION
Capacity refers to the types (such as skills or technology) and levels (such as individual or organizational) of resources that a coalition has at its disposal to meet its aims.</th><th rowspan="2">Proposed Changes</th></tr>
<tr><th colspan="2">Membership</th></tr>
<tr><td>Number of formal coalition meetings held during this period (This is the number of meetings that involve the full coalition plus the number of additional meetings that involve conducting important coalition business, e.g., subcommittee meetings.):
_____
Average attendance at coalition meetings (not including paid staff. Volunteer staff should only be included if they are attending as a sector member):
(Note: This number should reflect the number of attendees at full coalition meetings, on average. Do not include paid staff and only include volunteer staff if they are attending as a sector member.): _____</td><td>Is collaboration among members of your coalition (Note: Think about the level of participation in coalition decisions, joint activities, and other collaborative interactions in your prior reporting period relative to now.):
❍ Increasing
❍ Decreasing
❍ Staying the same</td><td>No Change</td></tr>
<tr><td colspan="2">Total number of members participating in your coalition:_____
(Note: This number should include all members plus all staff (paid and volunteer).)
Number of paid staff: _____
(Note: Number of staff with salaries funded partially or fully through the DFC grant.)
Number of ~~volunteer~~ unpaid staff: _____
(Note: Number of unpaid staff that contribute significantly to coalition work.)</td><td>▪ Minor Change: “volunteer” changed to unpaid
▪ Minor Change: Moved</td></tr>
<tr><td colspan="2">Does your coalition host a youth coalition that meets separately? (Note: A youth coalition is a group of youth who work together to plan and implement activities related to the mission of the full coalition. An adult coalition member serves as a mentor or leader, but the youth have key leadership roles. The youth coalition is integral to the full coalition, but generally meets independently.)
❍ Yes
❍ Not currently, but the coalition is working to host a youth coalition within the next six months.
❍ No and no plans to host a youth coalition within the next six months.
If yes, how often did the youth coalition meet over the last six months?
❍ Every 1-2 weeks
❍ Once a month</td><td>▪ Minor Change: Edited initial item response.
▪ Minor Change: Changed scale to be consistent with High end.
▪ Minor Change: Moved
▪ Addition: New item about youth coalition members in leadership</td></tr>
</table>

❍ Once every two months ❍ One to two times in the past six months **What is the average level of involvement of the youth coalition in planning prevention activities with youth?** ❍ Very High ❍ High ❍ Medium ❍ Low ❍ Very Low Does at least one member of the youth coalition serve on the coalition's board, steering committee, leadership team (i.e., the group that provides overall leadership to the coalition)? ❍ Not Applicable, our coalition does not have a board, steering committee, leadership team (i.e., the group that provides overall leadership to the coalition)? ❍ No, there are no youth coalition members who attend these meetings. ❍ Yes, and the youth coalition member attends these meetings but does not have a vote or say in coalition decisions ❍ Yes, and the youth coalition member not only attends but has a vote or say in coalition decisions made during the meeting.	
If the coalition hosts a youth coalition, briefly describe the youth coalition's work over the past six months. How/to what extent has the youth coalition helped to meet your coalition goals and to engage youth in the coalition? (Maximum of 2,000 characters with spaces)**:** **If the coalition does NOT host a youth coalition, briefly describe why that is and/or describe how you work to engage youth in other ways. Also, please describe any change in youth coalition/youth coalition status over time.** (Maximum of 2,000 characters with spaces)**:**	▪ Addition: Provides coalitions with an opportunity to describe youth coalition work.
Please select the sector that serves as the lead or head agency for your coalition. (*(Note: Select one from drop down: list of sectors. If you select "other organization" you will be asked to specify)* **Please select each sector that serves as a key partner agency for your coalition. (***(Note: Select one from drop down: list of sectors. If you select "other organization" you will be asked to specify. Key partners play a central role in the work of the coalition. This can include work at any step in the Strategic Prevention Framework (e.g., assessment, action plan development, planning and implementation of activities))*	▪ Addition: Provides coalitions with an opportunity to indicate which sector is the lead (head) agency and which sectors are key partners in the coalition

Sectors	*How many coalition members represent this sector? (Note: A person can be counted as representing the sector if they provide*	**How many of these coalition members are "active"?** *(Note: Members should **only** be counted as active if they have attended a meeting, participated*	**What is the average level of involvement for this sector?**					No Change
			Very High	**High**	**Medium**	**Low**	**Very Low**	▪ Minor change: Changed descriptive notes for the two highlighted items: How many coalition members represent this

								▪ sector and How many of these coalition members are active Minor change: Modified the level of involvement selection categories so that the low end mirrors the high end.
Parents			❍	❍	❍	❍	❍	No Change
Youth			❍	❍	❍	❍	❍	No Change
Business Community			❍	❍	❍	❍	❍	No Change
Civic/Volunteer Groups			❍	❍	❍	❍	❍	No Change
Healthcare Professionals			❍	❍	❍	❍	❍	No Change
Law Enforcement Agency			❍	❍	❍	❍	❍	No Change
Media			❍	❍	❍	❍	❍	No Change
Religious/Fraternal Organizations			❍	❍	❍	❍	❍	No Change
Schools			❍	❍	❍	❍	❍	No Change
State, Local, and/or			❍	❍	❍	❍	❍	No Change

Tribal Government Agencies with Expertise in Substance Abuse								
Youth-Serving organizations			❍	❍	❍	❍	❍	No Change
Other Organization with Expertise in Substance Abuse (*please specify the organization)* _____			❍	❍	❍	❍	❍	▪ Minor Change: edits to clarify question.
What is being done to increase membership generally? Specifically, what is being done to increase membership in the sectors not represented or with no active members? (Maximum of 2,000 characters with spaces)								▪ Minor Change: edits to clarify question.
Please share any information about any additional or unusual sector members that your coalitions has brought into the coalition over the last six months (e.g., youth coalition members, realtors, athletic coaches, waste management). These members should be included in the count above. Here you can share any relevant information about who the coalition is working with, how that came about, and how that has increased capacity. (Maximum of 2,000 characters with spaces)								▪ Addition: New item to better understand how coalitions are building capacity

Member Roster *(Note: Please enter a roster of all individuals and organizations involved in your coalition. You may either enter each member individually below OR you may upload a member roster file. You DO NOT need to submit the file AND enter each member individually. In order to enter the roster as a file, you MUST use the provided Excel file template.)*					Proposed Changes
First Name *(Note: If entering an organization enter organization name in last name and leave first name blank.)*	**Last Name** *(Note: If entering an organization enter organization name in last name and leave first name blank.)*	**Type** *(Note: You will select either individual or organization from drop down list.)*	**Sector** *(Note: Select from drop down: list of sectors. If you select "other" you will be asked to specify.)*	**Status** *(Note: Select from drop down menu if individual/organization is an active or inactive member of the coalition.)*	No Change
Note: You will be able to enter as many members as needed.					No Change

Capacity Building Activities *Capacity building activities include any efforts explicitly designed to improve the ability of the coalition to successfully assess needs, plan, make decisions, implement effective activities, evaluate, improve, and sustain coalition functioning.*	Proposed Changes
Please select up to three (3) capacity building activities that were the main focus of your coalition's efforts during the last reporting period: ❍ Gathering community input (e.g., holding hearings on drug problems) ❍ Recruitment (e.g., increasing coalition membership and participation) ❍ Training for coalition members (e.g., building leadership capacity among coalition members) ❍ Building shared vision/consensus (e.g., attaining an agreement among coalition members regarding goals, planned initiatives, etc.) ❍ Increasing fiscal resources (e.g., attaining funding for substance use prevention initiatives) ❍ Strengthening strategies (e.g., planning/executing substance use/misuse prevention initiatives) ❍ Outreach (e.g., engaging key stakeholders in substance use prevention initiatives) ❍ Engaging the general community in substance use prevention initiatives ❍ Developing/Executing a media plan to draw attention to new drug threats ❍ Improving information resources (e.g., engaging in research or evaluation activities) ❍ Strengthening data connections across coalition sectors ❍ Other (please specify): _____	▪ Addition: New response option added based on responses from coalitions during site visits. ▪ Minor Change: Wording change from "substance abuse" to substance use. ▪ Minor Change: Edited item to emphasize strategies versus interventions
Please report any notable accomplishments related to capacity building activities achieved during this reporting period. (Maximum of 2,000 characters with spaces)**:**	▪ Minor Change: moved

Please report any additional details, including barriers or challenges, about your capacity building activities that were not captured above, but are relevant to understanding your coalition's activities/outcomes. (Maximum of 2,000 characters with spaces)**:**	▪ Minor Change: moved

COALITION PROCESSES SECTION **Risks and Protective Factors**	Proposed Changes
Risk Factors *Risk factors are characteristics of community, individuals, families, schools or other circumstances that increase the likelihood or difficulty of mitigating substance use and its associated harms. Prevention activities often focus on reducing risk factors that are perceived to be particularly important in a community.*	▪ Minor Change: Change header to "Risks and Protective Factors" and change sub-header from "Challenges" to "Risk Factors" ▪ Minor Change: Update description to replace "challenges" with "risks"
Select the major risk factors that your coalition is targeting. *(Note: Select all that apply.)*	▪ Minor Change: Wording Change
Community Factors ▪ Inadequate laws/ordinances related to substance use/access	No Change
▪ Inadequate enforcement of laws/ordinances related to substance use	No Change
▪ Availability of substances that can be mis-used	▪ Minor Change: Edited wording to clarify
▪ Perceived acceptability (or lack of disapproval) of substance use/ Community norms favorable toward substance use	▪ Minor Change: Wording change from "substance

	▪ abuse" to substance use. ▪ Minor Change: Edited wording to clarify
▪ Lack of local treatment services for substance use	▪ Addition: New response option
▪ Available treatment services for substance use insufficient to meet needs in timely manner	▪ Addition: New response option
▪ New laws/ordinances allowing substance use/access	▪ Addition: New response option
▪ Low levels of active coalition engagement among community members	▪ Addition: New response option
Individual Factors ▪ Individual youth have favorable attitudes towards substance use/misuse	▪ Minor Change: Edited wording to clarify
▪ Early initiation of the problem behavior	No Change
Family Factors ❍ Family trauma/stress	No Change
▪ Perceived parental acceptability (or lack of disapproval) of substance use	▪ Addition: New response option
▪ Parental attitudes favorable to antisocial behavior	No Change
▪ Parents lack ability/ confidence to speak to their children about substance use	▪ Minor Change: Wording change from "substance abuse" to substance use.
School Factors ❍ Academic failure	No Change
▪ Low commitment to school	No Change

▪ Perceived peer acceptability (or lack of disapproval) of substance use	▪ Addition: New response option
Other (please specify) ▪ *Coalition can enter free-form text*	No Change
Protective Factors *Protective factors are characteristics of a community, individuals, families, schools or other circumstances that decrease the likelihood of substance use and its associated harms. Prevention activities often focus on strengthening protective factors that are perceived to be particularly important in a community.*	No Change
Select the major protective factors that your coalition is targeting. *(Note: Select all that apply.)*	No Change
Community Factors ❍ Laws, regulations, and policies	No Change
❍ Strong community organization (e.g., less crime, less visible drug dealing)	No Change
❍ Advertising and other promotion of information related to substance use	▪ Minor Change: Wording change from "substance abuse" to substance use.
❍ Pro-social community involvement	No Change
❍ Cultural awareness, sensitivity, and inclusiveness	No Change
Family Factors ❍ Family economic resources	No Change
❍ Parental monitoring and supervision	No Change
❍ Family connectedness	No Change
❍ Opportunities for pro-social family involvement	No Change
Individual Factors ❍ Positive contributions to peer group	No Change
❍ Recognition/acknowledgement of efforts	No Change
School Factors ❍ Contributions to the school community	No Change
❍ Positive school climate	No Change
❍ School connectedness	No Change

Other (please specify) *Coalition can enter free-form text*	No Change
Please report any additional details about your risk factors that were not captured above (Maximum of 2,000 character with spaces)**:**	▪ Minor Change: Changed "Challenges" to "Risks" and "Protective Assets" to "Protective Factors" ▪ Minor Change: Split open-text item into two items: (1) risks and (2) protective factors (see next item)
Please report any additional details about your protective factors that were not captured above (Maximum of 2,000 character with spaces)**:**	▪ Addition: Previously risks and protective factors were asked about in 1 item.

Assessment Activities *Assessment - The systematic gathering and analysis of data to identify current assets, problems, and related conditions that require intervention.*	**Proposed Changes**
Please select up to three (3) assessment activities that were the main focus of your coalition's efforts during the last reporting period: ❍ Preparing to assess needs and capacity (e.g., identifying coalition goals) ❍ Assessing action plan in order to design/select strategies/activities ❍ Collecting data for needs assessment purposes ❍ Collecting data for resource assessment purposes ❍ Analyzing and reporting assessment data ❍ Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis ❍ Developing a framework/logic model for change ❍ Using assessment data (e.g., revising a logic model) ❍ Other (*please specify*): _____	▪ Minor Change: Edited wording in two items ▪ Addition: New response option
Please report any notable accomplishments related to assessment activities achieved during this reporting period (Maximum of 2,000 character with spaces)**:**	No Change
Please report any additional details, including barriers or challenges, about your assessment activities that were not captured above (Maximum of 2,000 character with spaces)**:**	No Change

<table>
<tr><td colspan="3">PLANNING SECTION
Planning is a process of developing a logical sequence of steps that lead from individual actions to community-level drug outcomes and achievement of the coalition's vision for a healthier community.</td><td>Proposed Changes</td></tr>
<tr><td colspan="3">Planning Activities
Note: Coalitions will be prompted to upload their strategic plan, logic model, and action plans. Anytime you change any of these documents, a new file should be uploaded.</td><td>No Change</td></tr>
<tr><td>Has your coalition made any modifications to your sustainability plan during this reporting period?
❍ Yes
❍ No

If yes, please describe:
_____</td><td>Has your coalition made any modifications to your Logic Model(s) during this reporting period?
❍ Yes
❍ No

If yes, please describe:
_____</td><td>Has your coalition developed a new 12-month action plan during this reporting period?
❍ Yes
❍ No

If yes, please describe:
_____</td><td>▪ Minor Change: Term for sustainability plan has been updated (from previous "strategic plan for sustainability") to align with wording in FOA/Terms and Requirements.
▪ Minor Change: Coalitions are encouraged to create logic models for each substance they are targeting and so may have more than one logic model.</td></tr>
<tr><td colspan="3">Please report any notable accomplishments related to planning activities achieved during this reporting period (Maximum of 2,000 characters with spaces):</td><td>No Change</td></tr>
<tr><td colspan="3">Please report any additional details, including barriers or challenges, about your planning activities that were not captured above (Maximum of 2,000 characters with spaces):</td><td>No Change</td></tr>
<tr><td colspan="3">Summary of Effort: Coalition Processes</td><td>No Change</td></tr>
<tr><td colspan="3">Approximately what percent of overall <u>coalition effort</u> went into each of the following processes? (Note: Total is automatically calculated by the system and must sum to 100%)
___% Assessment ___% Capacity ___% Planning ___% Implementation ___% Evaluation</td><td>No Change</td></tr>
</table>

Approximately what percent of overall <u>coalition resources</u> went into each of the following processes? *(Note: Total must sum to 100%)* ___% Assessment ___% Capacity ___% Planning ___% Implementation ___% Evaluation	No Change

IMPLEMENTATION SECTION *Implementation puts into motion the activities identified in the planning process. In this section, grant award recipients will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grant award recipient will be asked to describe the types of activities engaged in during the reporting period.*				**Proposed Changes**
Implementation Strategies **During this Reporting Period . . .**				Minor Change: Note that grantee changed to grant award recipient throughout
Implementation Strategies *(Note: These categories apply to both capacity building in the community (supporting programs to do these things) as well as direct actions.)*	**Rank the implementation strategies by the amount of your coalition's <u>*paid staff labor effort*</u> that was spent on each:**	**Rank the implementation strategies by the amount of your <u>coalition *members' labor effort*</u> that was spent on each:**	**Rank the implementation strategies by the amount of your coalition's <u>*budget*</u> that was spent on each:**	No Change
Providing Information (e.g., community education, increasing knowledge, raising awareness)	*Drop down of ranks (1=Most Effort to 7=Least Effort), plus an Option for Not Applicable (no effort expended)*	*Drop down of ranks (1=Most Effort to 7=Least Effort), plus an Option for Not Applicable (no effort expended)*	*Drop down of ranks (1=Most Budget to 7=Least Budget), plus an Option for Not Applicable (no money expended)*	No Change
Enhancing Skills (e.g., building skills and competencies)				No Change
Providing Support (e.g., increasing involvement in drug-free/healthy alternative activities)				No Change
Enhancing Access/Reducing Barriers (e.g., improving access, availability, and use of systems and services)				No Change
Changing Consequences (e.g., incentives/disincentives, increasing attention to enforcement and compliance)				No Change

Physical Design (e.g., improving environmental and structural signs and areas to support the initiative)				No Change
Educating/Informing about Modifying/Changing Policies (e.g., changing institutional or government policies)				▪ Minor Change: Change "Modifying/Changing Policies" to "Educating/Informing about " in line with allowable uses of federal funds

Strategy Activity Details: Providing Information								Proposed Changes
Activities focused on Providing Information	**Did your coalition work on this activity during this reporting period? (if coalition selects 'yes' they are shown the other items)**	**Did your coalition use STOP Act funds to support the following new or enhanced activities?**	**Number of completed activities this period**	**Target Substance(s)** *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*	**How many people did this activity reach?**		**Sector(s) contributing to this activity** *Select all that apply: list of sectors, includes options for Paid/Unpaid Staff/ Accomplishment*	**In your opinion, how successful was this effort?** *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	▪ Minor Change: Change to DFC Me system only: if grant award recipient selects "No Substance," they will not be able to select any other substance from the list. ▪ Minor Change: Separated Prescription Drugs into Prescription Opioids and Prescription Non-Opioids ▪ Minor Change: Sectors contributing: changed wording to "Paid/ Unpaid Staff Accomplishment"
					Adults	**Youth**			No Change
Media campaigns: Television/radio/print/billboards/bus or other posters	❍ Yes ❍ No	❍ Yes ❍ No	*Number of independent spots/ads aired or placed during this reporting period.*		*Not applicable for this activity*	*Not applicable for this activity*			No Change
Media coverage : TV/radio/newspaper	❍ Yes ❍ No	❍ Yes ❍ No	*Number of media stories appearing this*		*Not applicable for this activity*	*Not applicable for this activity*			No Change

stories			*reporting period.*						
Informational materials prepared/produced	❍ Yes ❍ No	❍ Yes ❍ No	*Number of press releases, brochures, flyers, posters, audiovisual products prepared/produced during this reporting period.*		*Not applicable for this activity*	*Not applicable for this activity*			No Change
Informational materials disseminated	❍ Yes ❍ No	❍ Yes ❍ No	*Number of brochures, flyers, posters, audio visual products distributed during this reporting period.*						No Change
Social networking (Facebook, Twitter, etc.)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of posts on social media sites during reporting period.*		*Adult Facebook Friends, Twitter Followers, etc.*	*Youth Facebook Friends, Twitter Followers, etc.*			No Change
Information on Coalition website	❍ Yes ❍ No	❍ Yes ❍ No	*Number of new materials posted during this reporting period.*		*Number of web hits.*	*Not applicable for this activity*			▪ Minor Change: Change wording from "DFC Coalition website" to "Coalition website"
Direct, face-to-face information sessions	❍ Yes ❍ No	❍ Yes ❍ No	*Number of educational presentations, workshops, seminars, town hall meetings held during this reporting period. Only include sessions to provide general information. Training sessions will be covered in the next strategy.*		*Number of adults in audience*	*Number of youth in audience*			No Change

Special events (e.g., fairs, community celebrations)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of events that your coalition participated in during this reporting period. These events could be either run by your coalition or your coalition could participate in them.*		*Approximate adult attendance at events*	*Approximate youth attendance at events*			No Change
Other (*please specify*): *(NOTE: Able to add up to three "other" activity rows)*									No Change
Indicate the average level of contribution that coalition paid/unpaid staff made to activities involving Providing Information: ❍ Completely responsible for most activities ❍ Typically takes lead with help from coalition members ❍ Typically does not take lead, but helps coalition members ❍ Minimally involved: coalition members take on most responsibilities									▪ Minor Change: wording change from "volunteer" to unpaid.
Please provide a brief overview of any notable accomplishments related to Providing Information activities that you achieved during this reporting period (Maximum of 2,000 character with spaces)**:**									▪ Addition: Opportunity to provide details about providing information activities (accomplishments)
Please provide a brief overview of any challenges related to Providing Information activities that you experienced during this reporting period (Maximum of 2,000 character with spaces)**:**									▪ Addition: Opportunity to provide details about providing information activities (challenges)

Strategy Activity Details: Enhancing Skills									Proposed Changes
Activities focused on Enhancing Skills	**Did your coalition work on this activity during this reporting period?**	**Did your coalition use STOP Act funds to support the following new or enhanced activities?**	**Number of completed activities this period**	**Target Substance(s)** *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*	**How many people did this activity reach? (Do not double count participants if attended more than one session)**		**Sector(s) contributing to this activity** *Select all that apply: list of sectors, includes option for N/A: Paid/Unpaid Staff Accomplishment*	**In your opinion, how successful was this effort?** *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	▪ Minor Change: Change to DFC Me system only: if grant award recipient selects "No Substance," they will not be able to select any other substance from the list. ▪ Minor Change: Separated Prescription Drugs into Prescription Opioids and Prescription Non-Opioids ▪ Minor Change: Sectors contributing: change wording to "Paid/ Unpaid Staff Accomplishment"
					Adults	**Youth**			No Change
Youth Education and Training Programs	❍ Yes ❍ No	❍ Yes ❍ No	*Number of sessions delivered of programs focusing on information/skills for youth.*		*Not applicable for this activity*	*Number of youth receiving training (do not double count if youth attended more than one session)*			No Change
Parent Education and Training Programs	❍ Yes ❍ No	❍ Yes ❍ No	*Number of training sessions on drug awareness,*		*Number of Parents trained (do not*	*Not applicable for this activity*			No Change

			prevention strategies, or parenting skills specifically for parents.		*double count if parent attended more than one session)*				
Teacher/Youth Worker Education and Training Programs	❍ Yes ❍ No	❍ Yes ❍ No	*Number of training sessions on drug awareness and prevention strategies specifically for teachers/youth workers.*		*Number of teachers/ youth workers trained (do not double count if participant attended more than one session)*	*Not applicable for this activity*			No Change
Community Member Education and Training Programs	❍ Yes ❍ No	❍ Yes ❍ No	*Number of training sessions on drug awareness, prevention strategies, or cultural competence for community members, including law enforcement, media, and landlords.*		*Number of community members trained (do not double count if community member attended more than one session)*	*Not applicable for this activity*			No Change
Business Training (e.g., responsible beverage service/vendor training [voluntary or mandatory])	❍ Yes ❍ No	❍ Yes ❍ No	*Number of training sessions delivered on server compliance, training on youth marketed alcohol products, tobacco sales, etc.*		*Number of people trained (do not double count if participant attended*	*Not applicable for this activity*			No Change

					more than one session)				
Other (*please specify): (NOTE: Able to add up to three "other" activity rows)*	❍ Yes ❍ No	❍ Yes ❍ No							No Change
Indicate the average level of contribution that coalition paid/ unpaid staff made to activities involving Enhancing Skills: ❍ Completely responsible for most activities ❍ Typically takes lead with help from coalition members ❍ Typically does not take lead, but helps coalition members ❍ Minimally involved; coalition members take on most responsibilities									▪ Minor Change: wording change from "volunteer" to unpaid.
Please provide a brief overview of any notable accomplishments related to Enhancing Skills activities that you achieved during this reporting period (Maximum of 2,000 character with spaces)**:**									▪ Addition: Opportunity to provide details about enhancing skills (accomplishments)
Please provide a brief overview of any challenges related to Enhancing Skills activities that you experienced during this reporting period (Maximum of 2,000 character with spaces)**:**									▪ Addition: Opportunity to provide details about enhancing skills activities (challenges)

Strategy Activity Details: Providing Support								**Proposed Changes**
Activities focused on Providing Support	**Did your coalition work on this activity during this reporting period?**	**Did your coalition use STOP Act funds to support the following new or enhanced activities?**	**Number of completed activities this period**	**Target Substance(s)** *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids),*	**How many people did this activity reach?**		**Sector(s) contributing to this activity** *Select all that apply: list of sectors, includes option for N/A: Paid Staff/Volunteer Accomplishment*	**In your opinion, how successful was this effort?** *Drop down: (1) very successful; (2) moderately*	▪ Minor Change: Change to DFC Me system only: if grant award recipient selects "No Substance," they will not be able to select any other substance from the list. ▪ Minor Change: Separated Prescription Drugs into Prescription Opioids and
					Adults	**Youth**			

									▪ Prescription Non-Opioids Minor Change: Sectors contributing: change wording to "Paid/ Unpaid Staff Accomplishment"
Alternative/ drug-free social events	❍ Yes ❍ No	❍ Yes ❍ No	*Number of drug-free parties, other events supported by coalition*		*Number of adult attendees not part of coalition*	*Number of youth attendees*			No Change
Youth organizations/drop-in centers	❍ Yes ❍ No	❍ Yes ❍ No	*Number of clubs (after-school or other) and centers supported by your coalition. "Support" can be in the form of financial, labor, or in-kind assistance.*		*Number of adults belonging to clubs or centers*	*Number of youth belonging to clubs or centers*			No Change
Organized youth recreation programs (e.g., athletics, arts, outdoor activities)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of programs supported by coalition*		*Number of adults this activity reached*	*Number of program participants*			No Change
Youth/family community involvement (e.g., school or neighborhood cleanup)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of community involvement events held*		*Number of adults this activity reached*	*Number of youth this activity reached*			No Change

Youth/family support groups	❍ Yes ❍ No	❍ Yes ❍ No	*Number of groups (e.g., leadership groups, mentoring programs, youth employment programs)*			*Number of youth participants, including number of peer mentors (do not double count if attended multiple groups or sessions)*			No Change
Other (*please specify): (NOTE: Able to add up to three "other" activity rows)*	❍ Yes ❍ No	❍ Yes ❍ No							No Change
Indicate the average level of contribution that coalition paid/ unpaid staff made to activities involving Providing Support: ❍ Completely responsible for most activities ❍ Typically takes the lead with help from coalition members ❍ Typically does not take lead, but helps coalition members ❍ Minimally involved; coalition members take on most responsibilities									▪ Minor Change: wording change from "volunteer" to unpaid.
Please provide a brief overview of any notable accomplishments related to Providing Support activities that you achieved during this reporting period (Maximum of 2,000 character with spaces)**:**									▪ Addition: Opportunity to provide details about providing support (accomplishments)
Please provide a brief overview of any challenges related to Providing Support activities that you experienced during this reporting period (Maximum of 2,000 character with spaces)**:**									▪ Addition: Opportunity to provide details about providing support activities (challenges)

Strategy Activity Details: Enhancing Access/Reducing Barriers							**Proposed Changes**
Activities focused on Enhancing Access/Reducing	**Did your coalition work on this**	**Did your coalition use STOP Act**	**Target Substance(s)** *Select all that apply:*	**How many people did this activity reach?**	**Sector(s) contributing to this activity**	**In your opinion, how successful**	▪ Minor Change: Change to DFC Me system only:

Barriers	activity during this reporting period?	funds to support the following new or enhanced activities?	*Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*	Adults	Youth	*Select all that apply: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment*	was this effort? *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	if grant award recipient selects "No Substance," they will not be able to select any other substance from the list. ▪ Minor Change: Separated Prescription Drugs into Prescription Opioids and Prescription Non-Opioids ▪ Minor Change: Sectors contributing: change wording to "Paid/ Unpaid Staff Accomplishment"
Increased Access to Substance Use Services (e.g., court mandated services, assessment and referral, EAPs, SAPs)	❍ Yes ❍ No	❍ Yes ❍ No		*Number of adults served, referred to treatment, involved in EAPs*	*Number of youth served, referred to treatment, involved in SAPs*			No Change
Reducing Home and Social Access (e.g., prescription drug disposal)	❍ Yes ❍ No	❍ Yes ❍ No		*Number of adults participating*	*Number of youth participating*			No Change
Improve supports for service use (e.g., transportation, child care)	❍ Yes ❍ No	❍ Yes ❍ No		*Number of adults activity reached*	*Number of youth activity reached*			No Change
Improve access through culturally sensitive outreach (e.g., multilingual materials)	❍ Yes ❍ No	❍ Yes ❍ No		*Number of adults targeted (this may be double-*	*Number of youth targeted (this may be double-*			No Change

				counted with entries for Providing Information)	*counted with entries for Providing Information)*			
Other (*please specify*): *(NOTE: Able to add up to three "other" activity rows)*	❍ Yes ❍ No	❍ Yes ❍ No						No Change
Indicate the average level of contribution that coalition paid/ unpaid staff made to activities involving Enhancing Access/Reducing Barriers: ❍ Completely responsible for most activities ❍ Typically takes lead with help from coalition members ❍ Typically does not take lead, but helps coalition members ❍ Minimally involved; coalition members take on most responsibilities								▪ Minor Change: wording change from "volunteer" to unpaid.
Please provide a brief overview of any notable accomplishments related to Enhancing Access/Reducing Barriers activities that you achieved during this reporting period (Maximum of 2,000 character with spaces)**:**								▪ Addition: Opportunity to provide details about enhancing access/reducing barriers (accomplishments)
Please provide a brief overview of any challenges related to Enhancing Access/Reducing Barriers activities that you experienced during this reporting period (Maximum of 2,000 character with spaces)**:**								▪ Addition: Opportunity to provide details about enhancing access/reducing barriers activities (challenges)

Strategy Activity Details: Changing Consequences							Proposed Changes
Activities focused on Changing Consequences	**Did your coalition work on**	**Did your coalition use STOP Act**	**Target Substance(s)** *Select all that apply:*	**How many businesses did each activity**	**Sector(s) contributing to this activity**	**In your opinion, how successful**	▪ Minor Change: Change to DFC Me system only: if grant award recipient

	this activity during this reporting period?	**funds to support the following new or enhanced activities?**	*Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*	**reach?**	*Select all that apply: list of sectors, includes option for N/A: Paid Staff/Volunteer Accomplishment*	**was this effort?** *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	selects "No Substance," they will not be able to select any other substance from the list. ▪ Minor Change: Separated Prescription Drugs into Prescription Opioids and Prescription Non-Opioids ▪ Minor Change: Sectors contributing: change wording to "Paid/ Unpaid Staff Accomplishment"
Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap programs, open container laws)	❍ Yes ❍ No	❍ Yes ❍ No		*Not applicable for this activity*			No Change
Strengthening Surveillance (e.g., monitoring "hot spots," party patrols)	❍ Yes ❍ No	❍ Yes ❍ No		*Not applicable for this activity*			No Change
Recognition programs (e.g., programs for merchants who pass compliance checks, drug-free youth)	❍ Yes ❍ No	❍ Yes ❍ No		Number of businesses receiving recognition for compliance			No Change
Publicize Non-Compliance (e.g., advertisements highlighting businesses not compliant with local ordinances)	❍ Yes ❍ No	❍ Yes ❍ No		Number of businesses highlighted for non-compliance			No Change
Other (*please specify): (NOTE: Able to add up to three "other" activity rows)*	❍ Yes ❍ No	❍ Yes ❍ No					No Change
Indicate the average level of contribution that coalition paid/ unpaid staff made to activities involving changing consequences: ❍ Completely responsible for most activities ❍ Typically takes lead with help from coalition members ❍ Typically does not take lead, but helps coalition members ❍ Minimally involved: coalition members take on most responsibilities							▪ Minor Change: wording change from "volunteer" to unpaid.
Please provide a brief overview of any notable accomplishments related to Changing Consequences activities that you achieved during this reporting period (Maximum of 2,000 character with spaces)**:**							▪ Addition: Opportunity to provide details about changing consequences (accomplishments)

Please provide a brief overview of any challenges related to Changing Consequences activities that you experienced during this reporting period (Maximum of 2,000 character with spaces)**:**	▪ Addition: Opportunity to provide details about changing consequences activities (challenges)

Strategy Activity Detail: Physical Design							Proposed Changes
Activities focused on Physical Design	**Did your coalition work on this activity during this reporting period?**	**Did your coalition use STOP Act funds to support the following?**	**Number of completed activities this period**	**Target Substance(s)** *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*	**Sector(s) contributing to this activity** *Select all that apply: list of sectors, includes option for N/A: Paid Staff/Volunteer Accomplishment*	**In your opinion, how successful was this effort?** *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	▪ Minor Change: Change to DFC Me system only: if grant award recipient selects "No Substance," they will not be able to select any other substance from the list. ▪ Minor Change: Separated Prescription Drugs into Prescription Opioids and Prescription Non-Opioids ▪ Minor Change: Sectors contributing: change wording to "Paid/ Unpaid Staff Accomplishment"
Identify Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of physical design problems (e.g., hot spots, clean up areas, outlet clusters) identified this period.*				No Change
Cleanup and Beautification (e.g., Improve parks and other physical landscapes, neighborhood clean-ups)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of cleanup / beautification events held this period (e.g., neighborhood cleanup days)*				No Change

Improve visibility/ease of surveillance in public places and substance use hotspots (e.g., improved lighting, surveillance cameras, improved lines of sight)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of areas (public places/hot spots) in which surveillance/visibility was improved this period.*				No Change
Promote improved signage/advertising/practices by suppliers (e.g., Decrease signage or advertising , change product locations)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of suppliers making changes in signage/advertising/displays this period.*				No Change
Identify problem establishments for closure (e.g., close drug houses)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of problem establishments closed/modified practices*				No Change
Encourage business/supplier designation of "no alcohol," "no tobacco," or "no marijuana" zones	❍ Yes ❍ No	❍ Yes ❍ No	*Number of businesses that made changes*				▪ Minor Change: New wording
Other (*please specify): (NOTE: Able to add up to three "other" activity rows)*	❍ Yes ❍ No	❍ Yes ❍ No					No Change
Indicate the average level of contribution that coalition paid/ unpaid staff made to activities involving Physical Design: ❍ Completely responsible for most activities ❍ Typically takes lead with help from coalition members ❍ Typically does not take lead, but helps coalition members ❍ Minimally involved: coalition members take on most responsibilities							▪ Minor Change: wording change from "volunteer" to unpaid.
Please provide a brief overview of any notable accomplishments related to Physical Design activities that you achieved during this reporting period (Maximum of 2,000 character with spaces)**:**							▪ Addition: Opportunity to provide details about physical design (accomplishments)
Please provide a brief overview of any challenges related to Physical Design activities that you experienced during this reporting period (Maximum of 2,000 character with spaces)**:**							▪ Addition: Opportunity to provide details about physical design activities (challenges)

Strategy Activity Detail: Educating/Informing about Modifying/Changing Policies	**Proposed Changes**

Activities focused on Educating/ Informing about Modifying/ Changing Policies	**Did your coalition work on this activity during this reporting period?**	**Did your coalition use STOP Act funds to support the following new or enhanced activities?**	**Number of policies or laws your coalition was active in informing or educating this reporting period**	**Number of Policies or Laws Passed/Modified During This Period**	**Target Substance(s)** *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*	**Sector(s) contributing to this activity** *Select all that apply: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment*	**In your opinion, how successful was this effort?** *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	▪ Minor Change: Change "Modifying/Changing Policies" to "Educating/Informing About Modifying/Changing Policies" ▪ Minor Change: Change to DFC Me system only: if grant award recipient selects "No Substance," they will not be able to select any other substance from the list. ▪ Minor Change: Separated Prescription Drugs into Prescription Opioids and Prescription Non-Opioids ▪ Minor Change: Sectors contributing: change wording to "Paid/ Unpaid Staff Accomplishment"
Cost: Laws/public policies concerning cost (e.g., alcohol, tobacco, or marijuana tax, fees)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or policies concerning cost incentives you actively informed or helped educate during this reporting period*	*Number of laws passed or modified this period concerning cost incentives*				▪ Minor Change: New wording

Underage Use: Laws/public policies targeting use, possession, or behavior under the influence for minors	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or public policies you actively informed or helped educate concerning underage use, possession, or behavior under the influence (e.g., underage consumption, false identification laws, blood alcohol concentration, graduated driver's licenses, loss of driving privileges for alcohol violations by minors)*	*Number of laws passed or modified this period concerning underage use, possession, or behavior under the influence (e.g., underage consumption, false identification laws, blood alcohol concentration, graduated driver's licenses, loss of driving privileges for alcohol violations by minors)*				No Change

School: Policies promoting drug-free schools	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or policies concerning drug-free schools you actively informed or helped educate this period. Do not include policies focused on underage use/possession that were covered above.*	*Number of laws or policies concerning drug-free schools passed or modified during this period. Do not include policies focused on underage use/possession that were covered above*				No Change
Treatment/ Prevention: Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use offenders)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or public policies concerning availability and sentencing alternatives to increase treatment/prevention you actively informed or helped educate this period.*	*Number of laws/policies passed or modified this period concerning availability and sentencing alternatives to increase treatment/prevention*				No Change

Workplace: Policies promoting drug-free workplaces	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or policies concerning drug-free workplaces you actively informed or helped educate this period. Do not include policies mandating treatment.*	*Number of laws or policies concerning drug-free workplaces passed or modified during this period. Do not include policies mandating treatment.*				No Change
Citizen enabling/Liability: Laws/public policies concerning adult (including parent) social enabling or liability (e.g., social host ordinances)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or public policies concerning adult/parent social enabling or liability you actively informed or helped educate this period.*	*Number of laws passed or modified this period concerning adult/parent social enabling/liability.*				No Change

Supplier Promotion/Liability: Laws/public policies concerning supplier advertising, promotion, liability, (e.g., server liability, product placement, happy hours, drink specials, mandatory compliance checks, responsible beverage service)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or public policies concerning supplier advertising, promotion, or liability you actively informed or helped educate this period.*	*Number of laws passed or modified this period concerning supplier advertising, promotion, or liability.*				No Change
Outlet Location/Density: Laws/public policies concerning limitation and restrictions of location and density of alcohol or marijuana outlets	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or zoning ordinances concerning density/location of alcohol outlets you actively informed or helped educate this reporting period.*	*Number of laws/zoning ordinances passed this period concerning the density of alcohol outlets.*				▪ Minor Change: New wording

Sales Restrictions: Laws/public policies concerning restrictions on product sales (e.g., methamphetamine pre-cursor access, alcohol at gas stations)	❍ Yes ❍ No	❍ Yes ❍ No	*Number of laws or public policies concerning restrictions on product sales you actively informed or helped educate this period.*	*Number of laws/public policies passed or modified this period concerning restrictions on product sales.*				No Change
Other (*please specify): (NOTE: Able to add up to three "other" activity rows)*	❍ Yes ❍ No	❍ Yes ❍ No						No Change

Indicate the average level of contribution that coalition paid/unpaid staff made to activities involving Educating/Informing About Modifying/Changing Policies:

- ❍ Completely responsible for most activities
- ❍ Typically takes lead with help from coalition members
- ❍ Typically does not take lead, but helps coalition members
- ❍ Minimally involved: coalition members take on most responsibilities

- Minor Change: "Modifying/Changing Policies" to "Educating/Informing about Modifying/Changing Policies"
- Minor Change: wording change from "volunteer" to unpaid.

Please provide a brief overview of any notable accomplishments related to Educating/Informing About Modifying/Changing Policies activities that you achieved during this reporting period (Maximum of 2,000 character with spaces)**:**

- Addition: Opportunity to provide details about educating/informing about modifying/changing policies (accomplishments)

Please provide a brief overview of any challenges related to Educating/Informing About Modifying/Changing Policies activities that you experienced during this reporting period (Maximum of 2,000 characters with spaces)**:**		▪ Addition: Opportunity to provide details about activities related to educating/informing about modifying/changing policies (challenges)

Implementation Summary	Proposed Changes
In the last six months, did you coalition successfully modify/change any policies/laws? **Yes** **No**	No change
If yes, briefly describe each policy/law successfully modified/changed, indicate the month and year the work to successfully modify/change the policy was completed, select the substance(s) targeted by the policy, and briefly describe the modifications/changes to the policy/law. Policy 1: ___(open text field)_ Month/Year (select from dropdown) **Target Substance(s)** **Drop down:** *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*; Grant award recipients may select multiple substances **Briefly describe success in modifying/changing policy.** Policy 2: _____ Month/Year (select from dropdown) **Target Substance(s)** **Drop down:** *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*; Grant award recipients may select multiple substances **Briefly describe success in modifying/changing policy.** Policy 3: _____ Month/Year (select from dropdown) **Target Substance(s)** **Drop down:** Alcohol, *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified*; Grant award recipients may select multiple substances **Briefly describe success in modifying/changing policy.**	▪ Minor Change: Minor wording edits ▪ Addition: Description of specific success.
Please report your top notable accomplishments related to implementation activities achieved during this reporting period (Maximum of 2,000 character with spaces)**:**	No Change

Please report any additional details, including barriers or challenges, about your implementation activities that were not captured above (Maximum of 2,000 character with spaces)**:**	No Change

Coalition Evaluation Effort	Proposed Changes
Approximately what percent of your coalition's <u>evaluation</u> effort and resources went into the following activities? *(Note: Total must add to 100%)***:** ___% Data collection ___% Data analysis ___% Identifying recommendations for improvement ___% Presenting evaluation findings ___% Other (*please specify*): _____	No Change

COMMUNITY AND POPULATION-LEVEL OUTCOMES *Evaluation measures the quality and outcomes of coalition work Evaluation enables the improvement of interventions and coalition practices*	Proposed Changes
Core Measures Core Measures will be reported in a separate section of the DFC *Me* system. To create a new core measures report, select the Core Measures tab under Reporting. Once you've completed entering your core measures data into a report, click Mark as Ready for Submission. Then, in the Progress Report Community & Population Level Outcomes Section, click the box next to the name of your core measures report to attach the measures to the progress report. You must submit the survey used to collect the data that you are submitting in order to be able to submit core measure data. You will receive a survey review guide from the DFC National Evaluation team once their review of your survey is complete. Be sure to leave adequate time prior to core measure data submission to complete this step in the process. Surveys can be submitted at any time. Your survey review guide provides you with information on what data the grant award recipient is expected to submit (which core measures have been approved for which substances) as well as guidance on how to calculate percentage use. For substances labeled as Optional, data may be submitted if available but are not required.	▪ Minor Change: clarification about new optional items. ▪ Minor Change: wording change See notes on p. 52 and clean copy of mockup.
Survey *(dropdown of coalition's approved surveys)*	No Change
For which grade levels are you reporting data? *Select all grade levels that you will report data for. Please note that if you are unable to separate your data by grade level, please select "All Middle School (aggregate data)" and/or "All High School (aggregate data)" to report combined core measures data for middle and high school students.*	No Change
Month and Year Data Were Collected: __/__	No Change
Past 30-Day Use **Please report the percentage of students who reported any use in the past 30-days, including only reporting use on one day**	No Change

Grade	Measure	Alcohol	Marijuana	Tobacco	Prescription Drugs	(Optional) Heroin	(Optional) Methamphetamines	▪ Addition: New optional Heroin and Methamphetamines items see note on p. 52 for details on new optional items
6	30-day Use %							No Change
	Sample Size							No Change
7	30-day Use %							No Change

	Sample Size							No Change
8	30-day Use %							No Change
	Sample Size							No Change
9	30-day Use %							No Change
	Sample Size							No Change
10	30-day Use %							No Change
	Sample Size							No Change
11	30-Day Use %							No Change
	Sample Size							No Change
12	30-Day Use %							No Change
	Sample Size							No Change
Middle School	30-Day Use %							No Change
	Sample Size							No Change
High School	30-Day Use %							No Change
	Sample Size							No Change
~~Gender~~	~~Measure~~	~~Alcohol~~	~~Marijuana~~	~~Tobacco~~	~~Prescription Drugs~~			▪ ~~Deletion~~: Remove expectation to report by gender
~~Male~~	~~30-Day Use %~~							
	~~Sample Size~~							
~~Female~~	~~30-Day Use %~~							
	~~Sample Size~~							
Perception of Risk Please report the percentage of students who reported moderate and great risk responses for each substance								No Change
Grade	**Measure**	**Alcohol**	**Marijuana**	**Tobacco**	**Prescription Drugs**	**(Optional) Heroin**	**(Optional) Methamphetamines**	▪ Addition: New optional Heroin and Methamphetamines items see note on p. 52 for details on

								new optional items
6	Perception of Risk %							No Change
	Sample Size							No Change
7	Perception of Risk %							No Change
	Sample Size							No Change
8	Perception of Risk %							No Change
	Sample Size							No Change
9	Perception of Risk %							No Change
	Sample Size							No Change
10	Perception of Risk %							No Change
	Sample Size							No Change
11	Perception of Risk %							No Change
	Sample Size							No Change
12	Perception of Risk %							No Change
	Sample Size							No Change
Middle School	Perception of Risk %							No Change
	Sample Size							No Change
High School	Perception of Risk %							No Change
	Sample Size							No Change
~~**Gender**~~	~~**Measure**~~	~~**Alcohol**~~	~~**Marijuana**~~	~~**Tobacco**~~	~~**Prescription Drugs**~~			▪ Deletion: Remove expectation to report by gender
~~Male~~	~~Perception of Risk %~~							
	~~**Sample Size**~~							

Female	Perception of Risk %					
	Sample Size					

Perception of Peer Disapproval Please report the percentage of students who reported wrong and very wrong responses for each substance								No Change
Grade	**Measure**	**Alcohol**	**Marijuana**	**Tobacco**	**Prescription Drugs**	**(Optional) Heroin**	**(Optional) Methamphetamines**	▪ Addition: New optional Heroin and Methamphetamines items see note on p. 52 for details on new optional items
6	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
7	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
8	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
9	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
10	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
11	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
12	Perception of Peer Disapproval %							No Change

	Sample Size							No Change
Middle School	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
High School	Perception of Peer Disapproval %							No Change
	Sample Size							No Change
~~Gender~~	~~Measure~~	~~Alcohol~~	~~Marijuana~~	~~Tobacco~~	~~Prescription Drugs~~			▪ Deletion: Remove expectation to report by gender
~~Male~~	~~Perception of Peer Disapproval %~~							
	~~Sample Size~~							
~~Female~~	~~Perception of Peer Disapproval %~~							
	~~Sample Size~~							
Perception of Parental Disapproval Please report the percentage of students who reported wrong and very wrong responses for each substance								No Change
Grade	**Measure**	**Alcohol**	**Marijuana**	**Tobacco**	**Prescription Drugs**	**(Optional) Heroin**	**(Optional) Methamphetamines**	▪ Addition: New optional Heroin and Methamphetamines items see note on p. 52 for details on new optional items
6	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
7	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
8	Perception of							No Change

	Parental Disapproval %							
	Sample Size							No Change
9	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
10	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
11	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
12	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
Middle School	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
High School	Perception of Parental Disapproval %							No Change
	Sample Size							No Change
~~Gender~~	~~Measure~~	~~Alcohol~~	~~Marijuana~~	~~Tobacco~~	~~Prescription Drugs~~			▪ Deletion: Remove expectation to report by gender
~~Male~~	~~Perception of Parental Disapproval %~~							
	~~Sample Size~~							
~~Female~~	~~Perception of Parental Disapproval %~~							

	~~Sample Size~~					

STOP ACT Core Measure: Attitude Toward Peer Use of Alcohol Please report the percentage of students who reported moderate and great risk response options for alcohol			Proposed Changes
Grade	**Measure**	**Alcohol**	No Change
6	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
7	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
8	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
9	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
10	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
11	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
12	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
Middle School	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
High School	Attitude Toward Peer Use of Alcohol %		No Change
	Sample Size		No Change
~~Gender~~	~~Measure~~	~~Alcohol~~	▪ Deletion: Remove expectation to report by gender
~~Male~~	~~Attitude Toward Peer Use of Alcohol %~~		

	~~Sample Size~~		
~~Female~~	~~Attitude Toward Peer Use of Alcohol %~~		
	~~Sample Size~~		
STOP ACT Core Measure: Perception of Risk (Regular Alcohol Use) **Please report the percentage of students who reported somewhat and strongly disapprove response options for alcohol**			No Change
Grade	**Measure**	**Regular Alcohol Use**	No Change
6	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
7	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
8	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
9	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
10	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
11	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
12	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
Middle School	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
High School	Perception of Risk (Regular Alcohol Use) %		No Change
	Sample Size		No Change
~~Gender~~	~~Measure~~	~~Alcohol~~	

~~Male~~	~~Perception of Risk (Regular Alcohol Use) %~~		▪ Deletion: Remove expectation to report by gender
	~~Sample Size~~		
~~Female~~	~~Perception of Risk (Regular Alcohol Use) %~~		
	~~Sample Size~~		

Addition of **optional** Core Measures for new core measure substances of Heroin and Methamphetamine (will add columns and collect in same manner as for four core substances):
Coalitions will **not** be required to report this information but may submit it if available. Note that wording below **will be added to the survey review guide** and is used in YRBS 2017. (Centers for Disease Control, YRBSS Questionnaire Content: 1991-2019, https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2019/YRBS_questionnaire_content_1991-2019.pdf)

Proposed optional Heroin items:

- During the past 30 days have you used heroin (also called smack, junk, China White)? (yes, no)
- How wrong do your parents feel it would be for you to use heroin (also called smack, junk, China White)? (Not at all wrong, a little bit wrong, wrong, very wrong) (also called smack, junk, China White)
- How wrong do your friends feel it would be for you to use heroin (also called smack, junk, China White)? (Not at all wrong, a little bit wrong, wrong, very wrong)
- How much do you think people risk harming themselves physically or in other ways if they use heroin? (no risk, slight risk, moderate risk, great risk)

Proposed optional Methamphetamine items:

- During the past 30 days have you used methamphetamine (also called speed, crystal, crank, ice)? (yes, no)
- How wrong do your parents feel it would be for you to use methamphetamine (also called speed, crystal, crank, ice)? (Not at all wrong, a little bit wrong, wrong, very wrong)
- How wrong do your friends feel it would be for you to use methamphetamine (also called speed, crystal, crank, ice)? (Not at all wrong, a little bit wrong, wrong, very wrong)
- How much do you think people risk harming themselves physically or in other ways if they use methamphetamine (also called speed, crystal, crank, ice)? (no risk, slight risk, moderate risk, great risk)

Outcomes Summary *Note: You are only required to complete these four fields if you will be submitting Core Measures with this Progress Report.*	**Proposed Changes**
Compared to target area, the geographical area covered by these data is: ❍ Larger ❍ Smaller	No Change

❍ The Same ❍ Don't Know	
Does your data represent your target population? ❍ Yes ❍ No If no, please explain: _____	No Change
Does your data represent the same grades and same schools that were surveyed in your last report? ❍ Yes ❍ No If no, please explain: _____	No Change
Do you have any concerns about the quality of your data? Please explain. ❍ Yes ❍ No If yes, please explain:_____	No Change
Please report any notable accomplishments related to evaluation achieved during this reporting period (Maximum of 2,000 characters with spaces)**:**	No Change
Please report any additional details, including barriers or challenges, about your evaluation activities that were not captured above (Maximum of 2,000 characters with spaces)**:**	No Change

CHALLENGES AND Coalition Development Support						Proposed Changes Minor Change- (Note: CADCA now refers to Technical Assistance as Coalition Development Support so aligned here)
Challenges						No Change
To what extent has your coalition experienced challenges in the following area?	**Significant Challenge (Please select up to three (3) that are the primary challenges experienced by your coalition)**	**Some Challenge**	**A Little Challenge**	**No Challenge**	**Not Applicable**	▪ Minor Change: Edited option to clarify top priority needs. May add as separate list depending on system changes)
Increasing coalition membership and participation	❍	❍	❍	❍	❍	No Change
Building leadership capacity among coalition members	❍	❍	❍	❍	❍	No Change
Attaining an agreement among coalition members regarding goals, planned initiatives, etc.	❍	❍	❍	❍	❍	No Change
Developing/revising a framework/logic model of change	❍	❍	❍	❍	❍	No Change
Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis	❍	❍	❍	❍	❍	No Change
Collecting/analyzing data for assessment purposes	❍	❍	❍	❍	❍	▪ Deletion: Remove item
Recruiting/engaging target populations (e.g., students) in substance use prevention initiatives	❍	❍	❍	❍	❍	No Change
Engaging key stakeholders (e.g., school personnel, parents) in substance use prevention initiatives	❍	❍	❍	❍	❍	▪ Minor Change: Wording change from “substance abuse” to substance use.
Engaging the general community in substance use prevention initiatives	❍	❍	❍	❍	❍	▪ Minor Change: Wording change from “substance abuse” to substance use.

Planning/executing substance use prevention initiatives	❍	❍	❍	❍	❍	▪ Minor Change: Wording change from "substance abuse" to substance use.
Developing/executing a media plan to draw attention to new drug threats	❍	❍	❍	❍	❍	No Change
Attaining funding for substance use prevention initiatives	❍	❍	❍	❍	❍	▪ Minor Change: Wording change from "substance abuse" to substance use.
Collecting/analyzing data for evaluation purposes	❍	❍	❍	❍	❍	No Change
Other (*please specify*): _____	❍	❍	❍	❍	❍	No Change
Other (*please specify*): _____	❍	❍	❍	❍	❍	No Change
Other (*please specify*): _____	❍	❍	❍	❍	❍	No Change

Coalition Development Support: Survey of Needs					Proposed Changes
Areas	**To what extent would your coalition benefit from training and Coalition Development support in each of these areas during the next 6 months**				▪ Minor Change: Modified section title to align with CADCA description of TA as Coalition Development Support Modified question and response items to be clear
	A Great Deal (Top 3 Need)	**Some (Beyond Top 3 Need)**	**A Little (Anticipated Need once others are addressed)**	**Not at All**	
Coalition and partnership development	❍	❍	❍	❍	No Change
Coalition and partnership maintenance	❍	❍	❍	❍	No Change
Community needs and resource assessment	❍	❍	❍	❍	No Change
Goal and outcome development and assessment	❍	❍	❍	❍	No Change
Effective problem solving within a group setting	❍	❍	❍	❍	No Change
Develop a logic model for each prioritized substance ~~Develop a framework or model of change~~	❍	❍	❍	❍	▪ Minor Change: Clarified item to assess if logic

					models are specific to substance being addressed
Leadership development	❍	❍	❍	❍	No Change
Cultural competency	❍	❍	❍	❍	No Change
Organizational management	❍	❍	❍	❍	No Change
Strategic/action planning	❍	❍	❍	❍	▪ Minor Change: Clarified wording
Developing substance use prevention initiatives	❍	❍	❍	❍	▪ Minor Change: Wording change from "substance abuse" to substance use.
Advocacy and policy development	❍	❍	❍	❍	No Change
Grant writing	❍	❍	❍	❍	No Change
Program evaluation	❍	❍	❍	❍	No Change
Program/Initiative sustainability	❍	❍	❍	❍	No Change
Other (*please specify*): _____	❍	❍	❍	❍	No Change
Did your coalition provide any training or technical assistance to other community groups or organizations? ❍ Yes ❍ No If yes, please describe:					No Change

Local Drug Crisis	Proposed Changes
	▪ Addition: New section

1. Has your coalition engaged in any activities to address opioids (e.g., prescription opioids, heroin, fentanyl, fentanyl analogs or other synthetic opioids)/methamphetamine (Local Drug Crisis) in the community? Yes/no (If yes, the following items will be made available).
2. Indicate (yes/no) if your work targets each of the following substances specifically:

	Yes	No
• Methamphetamine		
• Prescription opioids		
• Heroin		
• Fentanyl, fentanyl analogs or other synthetic opioids		

3. What strategies or activities has your coalition engaged in specifically around the issue of addressing opioids/methamphetamine (Local Drug Crisis) in your community? Indicate Yes/No for each option to indicate in which strategies/activities the coalition has invested resources and effort explicitly to address opioids/methamphetamine (Local Drug Crisis). If you are engaged in the activity, but not with the intention to address opioids, please select "No".

Strategy/Activity	Yes	No
Building Capacity		
Established one or more work groups or subgroups (e.g., task force, committee, subcommittee) specifically focused on opioids/methamphetamines	☐	☐
Invited new community members/sectors to join the coalition based on expertise relevant to addressing opioids/methamphetamines	☐	☐
Key coalition staff engaged with work groups (e.g., task force, committee, subcommittee) organized by others in the community to address opioids/methamphetamines	☐	☐
Providing Information (e.g., community education, increasing knowledge, raising awareness		
Prescribing guidelines	☐	☐
Promotion of Prescription Monitoring Program	☐	☐
Promotion of prescription drug drop boxes/take back events	☐	☐

4. Please describe any key activities your coalition has engaged in around the issue of addressing opioids/ methamphetamines in your area. Activities may be key at any step in the process from capacity building and building community awareness to reducing opioid/methamphetamine use and overdoses/deaths. Provide as much detail as possible about the activity: • *What* was the activity (clear description, including context if part of other activities) • *Who* (DFC staff/community members/sectors) was involved in planning and carrying out the activity • *Who* was the target audience(s) of the activity • *When* did activity occur (including how often if more than once), • *How* the activity impacted the community (e.g., any opioid/methamphetamine outcomes associated with the activity). Be clear on how effective the activities were based on coalition goals for the activity. Identify any challenges that had/would need to be addressed in order for similar activities to be effective in other communities.	▪ Addition: New section

VAPING

1. Has your coalition engaged in any activities to address vaping (e.g., e-cigarettes) in the community? Yes/no (If yes, the following items will be made available).
2. Indicate (yes/no) if your work targets each of the following substances with regard to vaping specifically:

	Yes	No
a. Nicotine		
b. Marijuana		
c. Other (Please describe _____)		

- Addition: New section to address local drug crisis and vaping. Only those indicating to addressing the issue answer remaining questions

3. Please describe any key activities your coalition has engaged in around the issue of addressing vaping in your area. Activities may be key at any step in the process from capacity building and building community awareness to preventing or reducing vaping use. Provide as much detail as possible about the activity:
   a. What was the activity (clear description, including context if part of other activities)
   b. Who (DFC staff/community members/sectors) was involved in planning and carrying out the activity
   c. Who was the target audience(s) of the activity
   d. When did activity occur (including how often if more than once),
   e. How the activity impacted the community (e.g., any vaping outcomes associated with the activity).

Be clear on how effective the activities were based on coalition goals for the activity. Identify any challenges that had/would need to be addressed in order for similar activities to be effective in other communities.

- Addition: New section