

Attachment 7:

Drug-Free Communities Progress Report and Core Measures

July 2019

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.

**COALITION STRUCTURE AND PROCESSES SECTION****Coalition Information**

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 coalition 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 _____



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: ____/____

Please provide your coalition's social media contact information for the following, if applicable:

Twitter handle: _____

Facebook page/URL: _____

Instagram handle: _____

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).



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.

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 | ☐ City | ☐ County |
| ☐ Multiple School Districts | ☐ Multiple Cities | ☐ Region or Other Subsection of a State |
| ☐ Single School | ☐ Town | ☐ Statewide |
| ☐ Multiple Schools | ☐ Multiple Towns | ☐ Native American/American Indian/Alaskan Native Reservation |
| | ☐ Neighborhood | ☐ Military |
| | ☐ Multiple Neighborhoods | ☐ Colleges & Universities |

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.

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):

- ☐ Asian
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Lesbian/Gay/Bisexual/Transgender/Queer (LGBTQ) Youth

Grade level(s) served (check all that apply):



☐ Elementary school (K-5)	☐ 6 th grade ☐ 7 th grade ☐ 8 th grade	☐ 9 th grade ☐ 10 th grade ☐ 11 th grade ☐ 12 th grade
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
Target Zip Codes		
<i>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.</i>		
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): _____		
<i>Note: please look up congressional district by entering your information here: https://www.house.gov/representatives/find-your-representative</i>		
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): _____		



Coalition Budget

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.)

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 current total annual operating budget.)	Percentage (Note: The system will automatically calculate percentages.)		
DFC grant				
STOP Act grant				
SPF-SIG funding				
CARA-ALDC				
Other federal government funding				
Other state government funding				
Other local government funding				
Foundation/Non-profit organizations				
Private/Corporate entities				
Individual donations/Funding from fundraising events				
In-Kind contributions				
Other (if applicable, please specify up to one other funding source) -----				
TOTAL Annual Budget	Note: The system will automatically calculate this number based on what the grant award recipient enters above.			
In the next 12 months do you expect your coalition's funding level to: ☐ Increase ☐ Decrease ☐ Stay about the same				
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).				
Please share any additional information about the relevant types of "other" federal, state, and local funding your coalition has received.				

**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.

Membership

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.):

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

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 unpaid staff: _____

(Note: Number of unpaid staff that contribute significantly to coalition work.)

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
- ☐ 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?

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.

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))

Sectors	How many coalition members	How many of these coalition	What is the average level of involvement
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	<i>represent this sector?</i> (Note: A person can be counted as representing the sector if they provide any support to the coalition. They do not need to have been active in the past six months, but they do need to be available to the coalition if needed. Do not count everyone working for a partner organization if they are not directly involved in coalition activities. If an individual member represents more than one sector (e.g., police officer who is also a parent), choose the sector they represent in an official capacity)	members are "active"? (Note: Members should only be counted as active if they have attended a meeting, participated in planning/ implementing a coalition event, or provided some type of support to the coalition in the past six months.)	for this sector?				
			Very High	High	Medium	Low	Very Low
Parents			☐	☐	☐	☐	☐
Youth			☐	☐	☐	☐	☐
Business Community			☐	☐	☐	☐	☐
Civic/Volunteer Groups			☐	☐	☐	☐	☐
Healthcare Professionals			☐	☐	☐	☐	☐
Law Enforcement Agency			☐	☐	☐	☐	☐
Media			☐	☐	☐	☐	☐
Religious/Fraternal Organizations			☐	☐	☐	☐	☐
Schools			☐	☐	☐	☐	☐
State, Local, and/or Tribal Government Agencies with Expertise in Substance Abuse			☐	☐	☐	☐	☐
Youth-Serving organizations			☐	☐	☐	☐	☐
Other Organization with Expertise in Substance Abuse (please specify the organization)			☐	☐	☐	☐	☐



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 character with spaces)

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)



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.)

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.)
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Note: You will be able to enter as many members as needed.

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.

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) | ☐ Outreach (e.g., engaging key stakeholders in substance use prevention initiatives) |
| ☐ Recruitment (e.g., increasing coalition membership and participation) | ☐ Engaging the general community in substance use prevention initiatives |
| ☐ Training for coalition members (e.g., building leadership capacity among coalition members) | ☐ Developing/Executing a media plan to draw attention to new drug threats |
| ☐ Building shared vision/consensus (e.g., attaining an agreement among coalition members regarding goals, planned initiatives, etc.) | ☐ Improving information resources (e.g., engaging in research or evaluation activities) |
| ☐ Increasing fiscal resources (e.g., attaining funding for substance use prevention initiatives) | ☐ Strengthening data connections across coalition sectors |
| ☐ Strengthening strategies (e.g., planning/executing substance use/misuse prevention initiatives) | ☐ Other (please specify): _____ |

Please report any notable accomplishments related to capacity building activities achieved during this reporting period (Maximum of 2,000 character with spaces):

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 character with spaces):

**COALITION PROCESSES SECTION****Risks and Protective Factors****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.

Select the major risk factors that your coalition is targeting. (Note: Select all that apply.)

Community Factors

- ☐ Inadequate laws/ordinances related to substance use/access
- ☐ Inadequate enforcement of laws/ordinances related to substance use
- ☐ Availability of substances that can be mis-used
- ☐ Perceived acceptability (or lack of disapproval) of substance use/ Community norms favorable toward substance use
- ☐ Lack of local treatment services for substance use
- ☐ Available treatment services for substance use insufficient to meet needs in timely manner
- ☐ New laws/ordinances allowing substance use/access
- ☐ Low levels of active coalition engagement among community members

Individual Factors

- ☐ Individual youth have favorable attitudes towards substance use/misuse
- ☐ Early initiation of the problem behavior

Family Factors

- ☐ Family trauma/stress
- ☐ Perceived parental acceptability (or lack of disapproval) of substance use
- ☐ Parental attitudes favorable to antisocial behavior
- ☐ Parents lack ability/ confidence to speak to their children about substance use

School Factors

- ☐ Academic failure
- ☐ Low commitment to school
- ☐ Perceived peer acceptability (or lack of disapproval) of substance use

Other (please specify)

- ☐ Coalition can enter free-form text



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.

Select the major protective factors that your coalition is targeting. (Note: Select all that apply.)

Community Factors

- ☐ Laws, regulations, and policies
- ☐ Strong community organization (e.g., less crime, less visible drug dealing)
- ☐ Advertising and other promotion of information related to substance use
- ☐ Pro-social community involvement
- ☐ Cultural awareness, sensitivity, and inclusiveness

Family Factors

- ☐ Family economic resources
- ☐ Parental monitoring and supervision
- ☐ Family connectedness
- ☐ Opportunities for pro-social family involvement

Individual Factors

- ☐ Positive contributions to peer group
- ☐ Recognition/acknowledgement of efforts

School Factors

- ☐ Contributions to the school community
- ☐ Positive school climate
- ☐ School connectedness

Other (please specify)

Coalition can enter free-form text

Please report any additional details about your risk factors that were not captured above (Maximum of 2,000 character with spaces):

Please report any additional details about your protective factors that were not captured above (Maximum of 2,000 character with spaces):



Assessment Activities

Assessment - The systematic gathering and analysis of data to identify current assets, problems, and related conditions that require intervention.

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): _____

Please report any notable accomplishments related to assessment activities achieved during this reporting period (Maximum of 2,000 character with spaces):

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):

**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.

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.

Has your coalition made any modifications to your sustainability plan during this reporting period?

- ☐ Yes
☐ No

If yes, please describe:

Has your coalition made any modifications to your Logic Model(s) during this reporting period?

- ☐ Yes
☐ No

If yes, please describe:

Has your coalition developed a new 12-month action plan during this reporting period?

- ☐ Yes
☐ No

If yes, please describe: _____

Please report any notable accomplishments related to planning activities achieved during this reporting period (Maximum of 2,000 character with spaces):

Please report any additional details, including barriers or challenges, about your planning activities that were not captured above (Maximum of 2,000 character with spaces):

Summary of Effort: Coalition Processes

Approximately what percent of overall coalition effort 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

Approximately what percent of overall coalition resources went into each of the following processes? (Note: Total must sum to 100%)

____% Assessment ____% Capacity ____% Planning ____% Implementation ____% Evaluation

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 recipients will be asked to describe the types of activities engaged in during the reporting period.

Implementation Strategies

During this Reporting Period . . .

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:
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)
Enhancing Skills (e.g., building skills and competencies)			
Providing Support (e.g., increasing involvement in drug-free/healthy alternative activities)			
Enhancing Access/Reducing Barriers (e.g., improving access, availability, and use of systems and services)			
Changing Consequences (e.g., incentives/disincentives, increasing attention to enforcement and compliance)			
Physical Design (e.g., improving environmental and structural signs and areas to support the initiative)			
Educating/Informing about Modifying/Changing Policies (e.g., changing institutional or government policies)			



Strategy Activity Details: Providing Information								
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 option for Paid Staff/Unpaid Staff Accomplishment	In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
					Adults	Youth		
Media campaigns: Television/radio/print/billboards/bu s 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		
Media coverage : TV/radio/newspaper stories	☐ Yes ☐ No	☐ Yes ☐ No	Number of media stories appearing this reporting period.		Not applicable for this activity	Not applicable for this activity		
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		
Informational materials disseminated	☐ Yes ☐ No	☐ Yes ☐ No	Number of brochures, flyers, posters, audio visual products distributed during this reporting period.					



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.		
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		
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		
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		
Other (please specify): (NOTE: Able to add up to three "other" activity rows)								
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								
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):								



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):



Strategy Activity Details: Enhancing Skills								
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) <i>Select all that apply:</i> 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 <i>Select all that apply: list of sectors, includes option for N/A: Paid Staff/Unpaid Staff Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>
					Adults	Youth		
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)		
Parent Education and Training Programs	☐ Yes ☐ No	☐ Yes ☐ No	Number of training sessions on drug awareness, prevention strategies, or parenting skills specifically for parents.		Number of Parents trained (do not double count if parent attended more than one session)	Not applicable for this activity		
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		



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		
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 more than one session)	Not applicable for this activity		
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	☐ Yes ☐ No	☐ Yes ☐ No						
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								
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):								
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):								
Strategy Activity Details: Providing Support								
Activities focused on Providing Support	Did your coalition work on this activity	Did your coalition use STOP Act	Number of completed activities this period	Target Substance(s) <i>Select all that</i>	How many people did this activity reach?	Sector(s) contributing to this activity	In your opinion, how successful was	



	during this reporting period?	funds to support the following new or enhanced activities?		apply: 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/Unpaid Staff Accomplishment	this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
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		
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		
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		
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		
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)		
Other (please	☐ Yes	☐ Yes						



specify): (NOTE: Able to add up to three "other" activity rows)	☐ No	☐ No						
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								
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):								
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):								



Strategy Activity Details: Enhancing Access/Reducing Barriers							
Activities focused on Enhancing Access/Reducing Barriers	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?	Target Substance(s) <i>Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified</i>	How many people did this activity reach?		Sector(s) contributing to this activity <i>Select all that apply: list of sectors, includes option for N/A: Paid Staff/ Unpaid Staff Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>
				Adults	Youth		
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		
Reducing Home and Social Access (e.g., prescription drug disposal)	☐ Yes ☐ No	☐ Yes ☐ No		Number of adults participating	Number of youth participating		
Improve supports for service use (e.g., transportation, child care)	☐ Yes ☐ No	☐ Yes ☐ No		Number of adults activity reached	Number of youth activity reached		
Improve access through culturally sensitive outreach (e.g., multilingual materials)	☐ Yes ☐ No	☐ Yes ☐ No		Number of adults targeted (this may be double-counted with entries for Providing Information)	Number of youth targeted (this may be double-counted with entries for Providing Information)		
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	☐ Yes ☐ No	☐ Yes ☐ No					



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

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):

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):



Strategy Activity Details: Changing Consequences

Activities focused on Changing Consequences	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?	Target Substance(s) <i>Select all that apply:</i> Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified	How many businesses did each activity reach?	Sector(s) contributing to this activity <i>Select all that apply: list of sectors, includes option for N/A: Paid Staff/ Unpaid Staff Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>
Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap programs, open container laws)	☐ Yes ☐ No	☐ Yes ☐ No		Not applicable for this activity		
Strengthening Surveillance (e.g., monitoring "hot spots," party patrols)	☐ Yes ☐ No	☐ Yes ☐ No		Not applicable for this activity		
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		
Publicize Non-Compliance (e.g., advertisements highlighting businesses not compliant with local ordinances)	☐ Yes ☐ No	☐ Yes ☐ No		Number of businesses highlighted for non-compliance		
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	☐ Yes ☐ No	☐ Yes ☐ No				
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						
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):						
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):						

Strategy Activity Detail: Physical Design



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) <i>Select all that apply:</i> Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified	Sector(s) contributing to this activity <i>Select all that apply: list of sectors, includes option for N/A: Paid Staff/ Unpaid Staff Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>
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.			
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)			
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.			
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.			
Identify problem establishments for closure (e.g., close drug houses)	☐ Yes ☐ No	☐ Yes ☐ No	Number of problem establishments closed/modified practices			
Encourage business/supplier designation of "no alcohol," "no tobacco," or "no marijuana" zones	☐ Yes ☐ No	☐ Yes ☐ No	Number of businesses that made changes			
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	☐ Yes ☐ No	☐ Yes ☐ No				
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						



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):

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):



Strategy Activity Detail: Educating/Informing About Modifying/Changing Policies

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) <i>Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified</i>	Sector(s) contributing to this activity <i>Select all that apply: list of sectors, includes option for N/A: Paid Staff/ Unpaid Staff Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>
Cost: Laws/public policies concerning cost (e.g., alcohol, tobacco, or marijuana tax, fees)	☐ Yes ☐ No	☐ Yes ☐ No	<i>Number of laws or policies concerning cost incentives you actively informed or helped educate during this reporting period</i>	<i>Number of laws passed or modified this period concerning cost incentives</i>			
Underage Use: Laws/public policies targeting use, possession, or behavior under the influence for minors	☐ Yes ☐ No	☐ Yes ☐ No	<i>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)</i>	<i>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)</i>			



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.			
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			
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.			
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.			



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.			
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.			
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.			
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	☐ Yes ☐ No	☐ Yes ☐ No					
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							
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):							
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 character with spaces):							



In the last six months, did you coalition successfully modify/change any policies/laws?

Yes

No

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.**

Implementation Summary

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

Approximately what percent of your coalition's evaluation 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): _____



COMMUNITY AND POPULATION-LEVEL OUTCOMES

Evaluation measures the quality and outcomes of coalition work Evaluation enables the improvement of interventions and coalition practices

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.

Survey (dropdown of coalition's approved surveys)

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.

Month and Year Data Were Collected: __/__/__

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

Grade	Measure	Alcohol	Marijuana	Tobacco	Prescription Drugs	(Optional) Heroin	(Optional) Methamphetamines
6	30-day Use %						
	Sample Size						
7	30-day Use %						
	Sample Size						
8	30-day Use %						
	Sample Size						
9	30-day Use %						
	Sample Size						
10	30-day Use %						
	Sample Size						
11	30-Day Use %						
	Sample Size						
12	30-Day Use %						



	Sample Size						
Middle School	30-Day Use %						
	Sample Size						
High School	30-Day Use %						
	Sample Size						
Perception of Risk Please report the percentage of students who reported moderate <u>and</u> great risk responses for each substance							
Grade	Measure	Alcohol	Marijuana	Tobacco	Prescription Drugs	(Optional) Heroin	(Optional) Methamphetamines
6	Perception of Risk %						
	Sample Size						
7	Perception of Risk %						
	Sample Size						
8	Perception of Risk %						
	Sample Size						
9	Perception of Risk %						
	Sample Size						
10	Perception of Risk %						
	Sample Size						
11	Perception of Risk %						
	Sample Size						
12	Perception of Risk %						
	Sample Size						
Middle School	Perception of Risk %						
	Sample Size						
High School	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

Grade	Measure	Alcohol	Marijuana	Tobacco	Prescription Drugs	(Optional) Heroin	(Optional) Methamphetamines
6	Perception of Peer Disapproval %						
	Sample Size						
7	Perception of Peer Disapproval %						
	Sample Size						
8	Perception of Peer Disapproval %						
	Sample Size						
9	Perception of Peer Disapproval %						
	Sample Size						
10	Perception of Peer Disapproval %						
	Sample Size						
11	Perception of Peer Disapproval %						
	Sample Size						
12	Perception of Peer Disapproval %						
	Sample Size						
Middle School	Perception of Peer Disapproval %						
	Sample Size						
High School	Perception of Peer Disapproval %						
	Sample Size						



Perception of Parental Disapproval							
Please report the percentage of students who reported wrong <u>and</u> very wrong responses for each substance							
Grade	Measure	Alcohol	Marijuana	Tobacco	Prescription Drugs	(Optional) Heroin	(Optional) Methamphetamines
6	Perception of Parental Disapproval %						
	Sample Size						
7	Perception of Parental Disapproval %						
	Sample Size						
8	Perception of Parental Disapproval %						
	Sample Size						
9	Perception of Parental Disapproval %						
	Sample Size						
10	Perception of Parental Disapproval %						
	Sample Size						
11	Perception of Parental Disapproval %						
	Sample Size						
12	Perception of Parental Disapproval %						
	Sample Size						
Middle School	Perception of Parental Disapproval %						
	Sample Size						
High School	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		
Grade	Measure	Alcohol
6	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
7	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
8	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
9	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
10	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
11	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
12	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
Middle School	Attitude Toward Peer Use of Alcohol %	
	Sample Size	
High School	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		
Grade	Measure	Regular Alcohol Use
6	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	
7	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	
8	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	
9	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	
10	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	



11	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	
12	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	
Middle School	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	
High School	Perception of Risk (Regular Alcohol Use) %	
	Sample Size	



Outcomes Summary

Note: You are only required to complete these four fields if you will be submitting Core Measures with this Progress Report.

Compared to target area, the geographical area covered by these data is:

- ☐ Larger
- ☐ Smaller
- ☐ The Same
- ☐ Don't Know

Does your data represent your target population?

- ☐ Yes
- ☐ No

If no, please explain: _____

Does your data represent the same grades and same schools that were surveyed in your last report?

- ☐ Yes
- ☐ No

If no, please explain: _____

Do you have any concerns about the quality of your data? Please explain.

- ☐ Yes
- ☐ No

If yes, please explain: _____

Please report any notable accomplishments related to evaluation achieved during this reporting period (Maximum of 2,000 character with spaces):

Please report any additional details, including barriers or challenges, about your evaluation activities that were not captured above (Maximum of 2,000 character with spaces):



CHALLENGES AND Coalition Development Support					
Challenges					
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
Increasing coalition membership and participation	☐	☐	☐	☐	☐
Building leadership capacity among coalition members	☐	☐	☐	☐	☐
Attaining an agreement among coalition members regarding goals, planned initiatives, etc.	☐	☐	☐	☐	☐
Developing/revising a framework/logic model of change	☐	☐	☐	☐	☐
Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis	☐	☐	☐	☐	☐
Recruiting/engaging target populations (e.g., students) in substance use prevention initiatives	☐	☐	☐	☐	☐
Engaging key stakeholders (e.g., school personnel, parents) in substance use prevention initiatives	☐	☐	☐	☐	☐
Engaging the general community in substance use prevention initiatives	☐	☐	☐	☐	☐
Planning/executing substance use prevention initiatives	☐	☐	☐	☐	☐
Developing/executing a media plan to draw attention to new drug threats	☐	☐	☐	☐	☐
Attaining funding for substance use prevention initiatives	☐	☐	☐	☐	☐
Collecting/analyzing data for evaluation purposes	☐	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐	☐



Coalition Development Support: Survey of Needs				
Areas	To what extent would your coalition benefit from training and Coalition Development support in each of these areas during the next 6 months			
	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	☐	☐	☐	☐
Coalition and partnership maintenance	☐	☐	☐	☐
Community needs and resource assessment	☐	☐	☐	☐
Goal and outcome development and assessment	☐	☐	☐	☐
Effective problem solving within a group setting	☐	☐	☐	☐
Develop a logic model for each prioritized substance	☐	☐	☐	☐
Leadership development	☐	☐	☐	☐
Cultural competency	☐	☐	☐	☐
Organizational management	☐	☐	☐	☐
Strategic/action planning	☐	☐	☐	☐
Developing substance use prevention initiatives	☐	☐	☐	☐
Advocacy and policy development	☐	☐	☐	☐
Grant writing	☐	☐	☐	☐
Program evaluation	☐	☐	☐	☐
Program/Initiative sustainability	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐
Did your coalition provide any training or technical assistance to other community groups or organizations? ☐ Yes ☐ No If yes, please describe:				



Local Drug Crises



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	☐	☐
Information about opioids (heroin, fentanyl, fentanyl analogs or other synthetic opioids) currently identified as an issue in the community or surrounding community	☐	☐
Information about methamphetamines currently identified as an issue in the community or surrounding community	☐	☐
Information about methamphetamines risks	☐	☐
Information about sharing/storage of prescription opioids	☐	☐



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.



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:

- 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 vaping outcomes associated with the activity).

■ Addition: New section

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.