

Attachment 5:

**Revised Drug-Free Communities
Progress Report and Core Measures**



Bi-Annual Progress Report

Mock-Up

October 2022

OMB Control Number: 3201-0012; Expiration Date: 1/31/2023

The public reporting burden for each Progress Report is estimated to be 24 hours (including core measures collection and reporting). 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 INFORMATION

Sub-section: Grant Award Information

Award Number: *(Note: this field will be auto-populated and cannot be changed without approval from your Government Project Officer)*

Grant Recipient Name: (Linked to AOR/Business official) name

Recipient address: *(Note: these fields will be auto-populated and cannot be changed without approval from your Government Project Officer)*

Coalition Name: *(Note: this field will be auto-populated and cannot be changed without approval from your Government Project Officer)*

Coalition Address: *(Note: this field will be auto-populated and cannot be changed without approval from your Government Project Officer)*

Year of First DFC Award: *(Note: this field will be auto-populated and cannot be changed without approval from your Government Project Officer)*

What is the month and year the coalition was first established? MM/YYYY

Sub-section: Key Personnel Information

Authorized Organization Representative (AOR)/Business Official:

Name, Email and phone *(Note: these fields will be auto-populated and cannot be changed without approval from your Government Project Officer)*

Project Director/Principal Investigator Information:

Name, email, and phone *(Note: these fields will be auto-populated and cannot be changed without approval from your Government Project Officer)*

Project Coordinator Contact Information:

Name, Email, phone: *(Note: these field will be auto-populated and cannot be changed without approval from your Government Project Officer)*

Day/Month/Year (approximate day) Project Coordinator took current position: ____/____/____

Did your project coordinator change during this reporting period?

- No
- Yes

If yes, please provide the day/month/year (approximate day) your previous Project Coordinator left the position: ____/____/____



What is the level of effort for your Project Director/Principal Investigator on this grant? _____% (0-100%)

Is your PD/PI working with any other DFC coalitions? (if no, move to next item; if yes, ask information about the other grant, then ask again if working with other questions until says no)

- No
- Yes

If yes, please provide the grant number and name of the other coalition and level of effort on each:

Grant number: _____

Coalition Name: _____

Level of Effort: _____ (0-100%)

What is the level of effort for your Project Coordinator on this grant? _____% (0-100%)

Is your project coordinator the coordinator for another DFC coalition? (if no, move to next item; if yes, ask information about the other grant, then ask again if working with other questions until says no)

- No
- Yes

If yes, please provide the grant number and name of the other coalition and level of effort on each:

Grant number: _____

Coalition Name: _____

Level of Effort: _____ (0-100%)

Sub-section: Social Media

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

Twitter handle: _____

Instagram handle: _____

Facebook page/URL: _____

Coalition website (URL) _____

Sub-section: Other Grant Information

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 _____

Sub-section: High-Intensity Drug Trafficking Area (HIDTA)

Coalition Located in a HIDTA Region: (Note this field will be missing for first report and then will be prepopulated based on zip codes served. Any overlap between zip codes served with HIDTA will be considered as located in a HIDTA. If overlap, future reports will include which HIDTA(s) located in. If no overlap, No will be entered).

HIDTA: Does your coalition actively work with a local High Intensity Drug Trafficking Areas (HIDTA) Program?

- No
- Yes

If Yes, select from drop-down list to indicate which HIDTA working with

If Yes, please describe your work with HIDTA: (OPEN TEXT BOX)

Sub-section: Elevator Speech



ELEVATOR

provide a brief summary of your coalition. This is your "Elevator Speech". Include a brief sentence on: (a) your community and population(s) of focus/primary goals, b) something that makes your coalition unique, c) the activities you are focusing on, d) key accomplishments to date and successes concerning goal achievement, e) key challenges to achieving goals, and.

(Maximum of 2,000 characters with spaces)

Needs Assessment

Needs Assessment refers to the decisions your coalition has made concerning the major community areas and populations you want to serve, the major problems upon which you want to focus, 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.

Sub-section: Settings

Geographic setting(s) served (check all that apply):

- Inner City
- Urban
- Suburban
- Rural
- Frontier

Community setting(s) served (check all that apply):

- 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

School Setting Served (select most applicable)

- Single School in a Single District
- Multiple Schools in a Single District
- Multiple Schools in Multiple Districts
- Not currently serving any schools/districts directly

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

Sub-section: ZIP Codes Served/Congressional District

Please review the zip code(s) served by your coalition: (ZIP codes served must be entered in first Progress Report post award then information will be pre-populated by system). Please edit as appropriate. (Open text, must enter five-digit ZIP code(s) separated by commas)

Note: Please confirm congressional district(s) by entering your information here: <https://www.house.gov/representatives/find-your-representative>

What is the congressional district associated with your coalition address? (Note: Coalition will select state and then two-digit district from drop down list).

What is/are the congressional district(s) associated with the zip code(s) served by your coalition? (Note: Coalition will select state and then two-digit district from drop down list. Will enter as many as needed).

Sub-section: Diversity and Health Equity

The DFC NOFO defines health equity as: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.



Does your coalition work to tailor at least some information/prevention efforts to the needs of youth/people from any of the following racial, ethnic, sexual, or other minority group groups? (NOTE: These should be youth/people actively engaged with the coalition and/or with whom coalition implements activities/services, not just community demographics. Not applicable should be selected ONLY when the given group is not present in your community.)

	Yes	No	Not Applicable
American Indian or Alaska Native			
Asian/Asian-American			
Black/African American			
Hispanic/Latina/o/x			
Native Hawaiian or Other Pacific Islander			
White, Non-Hispanic			
Lesbian, Gay, Bisexual, Transgender, Queer, Questioning Youth/People			
Optional: Other (Please specify): _____			
Optional: Other (Please specify): _____			
Optional: Other (Please specify): _____			

Is the coalition working towards identifying and/or addressing diversity and/or health equity issues in your community?

- Not applicable/No diversity and/or health equity issues identified
- No/Not at all (Issue identified but not working to address)
- Yes

If yes, to what extent is the coalition working towards identifying and/or addressing health equity in each of the following?	Not applicable/ No health equity issues identified	Not at all (Issue identified but not working to address)	Slight Extent	Moderate Extent	Great Extent
Race/Ethnicity					
Socioeconomic Status (financial, educational, social status)					
Sexual Orientation /Gender Identity					
Geographic (e.g., rural, urban)					
Other equity issue, please describe _____					

How effective do you perceive your coalition's efforts to address diversity and health equity have been in each of the following areas:	Not Applicable	Very Ineffective	Somewhat Ineffective	Somewhat Effective	Moderately Effective	Very Effective
Diversity in coalition leadership and sector representatives that are representative of the community						
Diversity in participants in coalition activities representative of the community						
Building Capacity with regard to addressing equity						
Engaging in Assessment that informs coalition about equity challenges in the community						



Planning with a focus on Equity						
Implementation with a focus on Equity						
Evaluation with a focus on Equity						
Sustainability with a focus on Equity						
Addressing Adverse Childhood Experiences						
Overall						
Other (Please describe) _____						

Please Describe any successes your coalition experienced related to addressing health equity during this reporting period. (Maximum of 2,000 characters with spaces)

Please Describe any challenges your coalition experienced related to addressing health equity during this reporting period. (Maximum of 2,000 characters with spaces)

Sub-section: Tribal Focus

Is your coalition located in or serving a federally recognized tribal area?

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

Do you actively involve American Indian/Alaska Native youth/people as part of coalition prevention efforts around:

- Needs assessment, capacity building, and planning;
 - Yes
 - No
- Implementation strategies:
 - Yes
 - No
- Data collection:
 - Yes
 - No

Briefly describe your work with American Indian or Alaska Native Youth/People, including any challenges you may have faced in serving these youth/people. If you are located within a federally-recognized tribal area but are not serving these youth/people, please explain why. (Maximum of 2,000 characters with spaces):

Sub-section: Substance Focus

Please select up to five (5) substances that your coalition is focusing on in your community:



- | | | |
|-------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="radio"/> Alcohol | <input type="radio"/> Over-the-counter (OTC) drugs | <input type="radio"/> Methamphetamine |
| <input type="radio"/> Marijuana | <input type="radio"/> Inhalants | <input type="radio"/> Tobacco / Nicotine |
| <input type="radio"/> Cocaine/Crack | <input type="radio"/> Steroids | <input type="radio"/> Heroin / Fentanyl, Fentanyl analogs or other Synthetic Opioids |
| <input type="radio"/> Stimulants (uppers) | <input type="radio"/> Synthetic Drugs/Emerging Drugs | |
| <input type="radio"/> Tranquilizers | <input type="radio"/> Prescription Drugs (Opioids) | |
| <input type="radio"/> Hallucinogens | <input type="radio"/> Prescription Drugs (Non-Opioids) | |

Sub-section: Risks and Protective 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.

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.

RISK FACTORS (36)	To what extent is this a risk factor in your community ? No/Low Moderate High	Is your coalition engaged in efforts to address this factor in your community ? Yes No	PROTECTIVE FACTORS (35)	To what extent is this a protective factor in your community ? No/Low Moderate High	Is your coalition engaged in efforts to establish/strengthen this factor in your community ? Yes No
Community Factors (12)			Community Factors (12)		
Low rates of youth connection to the community; little sense that youth have a voice in the community/active in community organizations			High rates of youth connection to the community; youth have a voice in the community are actively engaged with community organizations		
Few community activities for young people			Plentiful community activities for young people		
Inadequate laws/ordinances related to substance use/access			Laws, regulations, and policies in place related to substance use/access		
Inadequate enforcement of laws/ordinances related to substance use			Adequate law enforcement presence sufficient to enforce laws/ordinances related to substance use.		
Perceived Community norms favorable toward substance use; Advertising promoting substance use highly visible in the community			Prevention Advertising and other promotion of information related to preventing/ reducing substance use highly visible in the community		
Weak community organization (e.g., High rates of violence/crime, little access to safe, stable housing)			Strong community organization (e.g., low rates of crime/violence, high access to safe, stable housing)		
Easy Availability of substances			Low availability of substances		



(drugs, tobacco, alcohol) that can be misused and/or high visibility of drug dealing			(drugs, tobacco, alcohol) that can be misused; low visibility of drug dealing		
High rates of poverty and limited access to educational/economic opportunities; High unemployment and/or underemployment;			High rates of economic stability and access to educational/economic opportunities		
Community organizations have limited emphasis on cultural awareness, sensitivity, and inclusiveness and promoting equity			Community organizations have a strong emphasis on cultural awareness, sensitivity, and inclusiveness and promoting equity		
Community supports are generally unavailable or are inequitably available (e.g., only available in certain neighborhoods or to those with economic resources)			Community supports are generally available and are equitably available (e.g., available to range of families in the community)		
Lack of local treatment services for substance use and/or poor access to mental health services generally in the community			Sufficient access to mental health and treatment/recovery services in the community		
Available treatment/recovery services for substance use insufficient to meet needs in timely manner			Treatment/recovery services for substance use are sufficient to meet demand in a timely manner		
School, Faith, & Peer Factors (10)			School, Faith, & Peer Factors (10)		
Low school connectedness: Youth do not feel a sense of connectedness to schools/teachers; Youth unlikely to have adults who are mentors/someone to confide in at school			High school connectedness: Youth feel a sense of connection to schools/teachers; Youth have adults who are mentors/someone they can confide in at school		
Low commitment to attend/stay in school; High rates of truancy and/or extended time missing school or dropping out of school			High commitment to staying in school and attending school		
High rates of youth struggling in school; Academic failure			High rates of youth academic success		
Low access to safe, high-quality schools across the lifespan			High/Broad access to safe, high-quality schools across the lifespan		
Few youth feel connected to a faith-based community or see the faith-based community as the source of a positive adult			Most youth feel connected to a faith-based community or see the faith-based community as the source of a positive adult		
Poor access to a range of faith-based services in the community			Broad access to a range of faith-based services in the community		
High rates of youth perceiving peer acceptability (or lack of disapproval) of substance use			Low rates of youth perceiving peer acceptability (or lack of disapproval) of substance use		



Poor access to adult or peer-to-peer mentoring for youth in need of a mentor; youth have poor access to someone to turn to when help is needed in schools or peer group.			High/easy access to adult or peer-to-peer mentoring for youth in need of a mentor or someone to provide help/advise		
Youth have easy access to peers who engage in negative, unhealthy, or delinquent behavior;			Youth have easy access to/strong friendships with peers who engage in positive and healthy behaviors;		
High rates of bullying schools/peer group.			Low rates of bullying schools/peer group.		
Family/Parent/Caregiver Factors (5)			Family/Parent/Caregiver Factors (5)		
Low Family Connectedness: youth do not feel connected to their families/parents/caregivers do not perceive family as a source of support			Family connectedness (youth feel connected to families/caregivers – feel can talk to them about range of feelings/issues)		
Family trauma/stress (e.g., parental/sibling substance use, domestic violence, death of family member)			Families/Parents/Caregivers engage in prosocial behaviors and maintain healthy stable relationships.		
Perceived parental acceptability (or lack of disapproval) of unhealthy behaviors, including substance use			Families/Parents/Caregivers encourage youth to engage in healthy behaviors including avoiding substance use		
Family/Parental/Guardian attitudes favorable to antisocial behavior			High engagement by families/parents/caregivers in monitoring and supervision of youth		
Families/parents/caregivers lack ability/confidence to speak to their children about substance use			Families/parents/caregivers feel able/confident to speak to youth about healthy behaviors including avoiding substance use		
Individual Factors (7)			Individual Factors (6)		
High rates of youth who have experienced two or more risk factors/stressors (e.g., abuse, homelessness, school failure)			Few youth who have experienced two or more risk factors/stressors		
Early initiation of negative or unhealthy behavior, including substance use			Delayed or no initiation of negative or unhealthy behavior, including substance use		
Individual youth have favorable attitudes towards substance use/misuse			Youth have good life skills such as good decision-making and problem-solving skills.		
Youth only follow rules around substance use when appropriately supervised; Breaks rules related to substance use across settings (school, home, other settings)			Youth generally follow and appreciate rules related to substance use at home, in school and other settings even without supervision		
Youth has few if any			Youth seek out and engages		



appropriate, prosocial, healthy activities or interest.			in available positive, healthy, or prosocial behaviors		
Youth as little/no interest in education and work and has poor school and work habits that may contribute to failure.			Youth value education and work and engages in habits to succeed in these settings.		
Youth experiences death of peer/classmate/lose friend					

Please report any additional details about your risk factors including identifying any that were not captured above. How have you aligned implementation of your action plan with addressing local risk factors? (Maximum of 2,000 characters with spaces):

Please report any additional details about your protective factors including identifying any that were not captured above. How have you aligned implementation of your action plan with establishing or building on local protective factors? (Maximum of 2,000 characters with spaces):

Do you have any additional information about activities your coalition has engaged in to address underlying factors that may contribute to youth substance use, specifically adverse childhood experiences or mental health?

- No
- Yes

If Yes, the following open-text question will be available.

Please describe any key activities your coalition has engaged in around these underlying factors. 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 audience(s) for the activity?
- When did activity occur (including how often if more than once)?
- Please share any evidence that the strategy has been effective/successful to date based on the goals of the activity.
- Identify any challenges your coalition needed to address or is still facing that had/would need to be addressed in order for similar activities to be effective in other communities.

Sub-section: 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 characters with spaces):

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



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BUILDING 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.

Sub-section: Coalition Meetings, Staffing, and Leadership

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. Unpaid 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 unpaid 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

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.)

Please select the sector that serves as the lead or head agency for your coalition. (Note: Select one from list of sectors or select "lead is shared across agencies". If select "Lead is shared across agencies", please describe: _____)

Please select each sector that serves as a key partner agency for your coalition. (Note: Select all that apply. 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))

Sub-section: Capacity Building Activities

Please select up to six (6) capacity building activities that were the main focus of your coalition's efforts during the last reporting period. Focus activities are those that you would be able to describe in detail your efforts.

- Gathering community input (e.g., holding hearings on drug problems)
- Recruiting (e.g., increasing coalition membership and participation)
- Training to build capacity among coalition members (e.g., DFC goals, leadership skills, health equity)
- 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 partners in substance use prevention initiatives)
- Engaging the general community in substance use prevention initiatives
- Improving information resources (e.g., engaging in research or evaluation activities)
- Strengthening data connections across coalition sectors
- Working with other coalitions in your region/state around identifying/addressing risk and protective factors
- Established one or more work groups or subgroups (e.g., task force, committee, subcommittee) specifically focused on opioids/methamphetamine.
- Invited new community members/sectors to join the coalition based on expertise relevant to addressing opioids/methamphetamine
- Key coalition staff engaged with work groups (e.g., task force, committee, subcommittee) organized by others in the community to address opioids/methamphetamine
- Other (please specify): _____



Sub-section: Sector Members & Involvement

Sectors	<p>How many coalition members 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.)</i></p>	<p>How many of these coalition members are “active”? <i>(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.)</i></p>	<p>What is the average level of involvement for this sector? <i>(Note: Very High Involvement might be associated with agreeing to lead an initiative, agreeing to implement or help implement an evidence-based strategy, etc.)</i></p> <p> <input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Very Low </p>	<p>Compared to the prior year, has involvement by this sector generally increased, decreased, or stayed the same?</p> <p> <input type="radio"/> Increased <input type="radio"/> Stay about the same <input type="radio"/> Decreased <input type="radio"/> Not applicable (did not have award in prior year) </p>
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 <i>(please specify the organization)</i>				

Describe any changes in membership. Are there sectors where you are working to increase membership and/or involvement of the sector? Sectors where membership has decreased and how that has impacted (positively or negatively) your coalition? What is being done to increase membership in any sectors not represented or with no active members? *(Maximum of 2,000 characters with spaces)*



Sub-section: 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 <i>(Note: If entering an organization enter organization name in last name and leave first name blank.)</i>	Last Name <i>(Note: If entering an organization enter organization name in last name and leave first name blank.)</i>	Type <i>(Note: You will select either individual or organization from drop down list.)</i>	Sector <i>(Note: Select from drop down: list of sectors. If you select "other" you will be asked to specify.)</i>	Is this person a Sector Representative with whom you have a Coalition Involvement Agreement (CIA)?	Status <i>(Note: Select from drop down menu if individual/organization is an active or inactive member of the coalition.)</i>
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Sub-section: Youth Coalitions

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? (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):

Sub-section: New Partnerships, Building Capacity Accomplishments and Challenges

Please share any information about any additional or unique sector members that your coalition has brought into the coalition since your last progress report (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)

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):



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.

Sub-section: 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.

<p>Has your coalition created or made any modifications to your sustainability plan during this reporting period? (Reminder: Coalitions must provide a sustainability plan in Year 3 and Year 7.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please describe:</p> <hr/>	<p>Has your coalition made any modifications to your Logic Model(s) during this reporting period?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please describe:</p> <hr/>	<p>Has your coalition developed a new 12-month action plan during this reporting period?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please describe:</p> <hr/> <p>If yes, this plan must be provided to your project officer or uploaded in GrantSolutions. Have you provided as required?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Please report any notable accomplishments related to coalition planning activities achieved during this reporting period (Maximum of 2,000 characters with spaces):</p>		
<p>Please report any additional details, including barriers or challenges, about your coalition planning activities that were not captured above (Maximum of 2,000 characters with spaces):</p>		



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.

**Sub-section: Innovation
During this Reporting Period . . .**

Implementation Strategies <i>(Note: These categories apply to both capacity building in the community (supporting programs to do these things) as well as implementation of activities designed to prevent/reduce youth substance use.)</i>	Were any activities implemented in this strategy type? (Yes/No) If no, move to next strategy type)	Were any of the activities implemented in this strategy type innovative? (NOTE: Innovation may be creative or outside-the-box solutions coalitions implemented or may be modifications to existing evidence-based practices [e.g. to be culturally relevant])	If yes, please describe innovative activities implemented during this reporting period.
Providing Information (e.g., community education, increasing knowledge, raising awareness)			
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 or Laws (e.g., changing institutional or government policies)			



Sub-section: 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)	Number of completed activities this period	Substance(s) Focused On <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: Coalition Leadership/Key Personnel)</i>	In your opinion, how successful was the activity (activities) in this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	Progress made towards action plan goals with this activity m New activity implemented with progress made during the reporting period m Continuing activity, no progress made since the last reporting period m Continuing activity, progress made since last reporting period m Activity deleted/removed from action plan or replaced with a new activity in action plan m Activity completed (no plan to implement in the future)	Linking to Action Plan <i>Describe where in your action plan can the activity be found ((i.e., Goal 1, Objective 2, Strategy Name, Activity 1; enter as many as applicable)</i>
				Adults	Youth				
Media campaigns: Television/radio/print/billboards/buses or other posters	m Yes m No	<i>Number of independent spots/ads aired or placed during this reporting period.</i>		<i>Not applicable for this activity</i>	<i>Not applicable for this activity</i>				
Media coverage: TV/radio/newspaper stories	m Yes m No	<i>Number of media stories appearing this reporting period.</i>		<i>Not applicable for this activity</i>	<i>Not applicable for this activity</i>				
Informational materials prepared/produced (e.g., information about marijuana; information about opioids, fentanyl, and methamphetamine; information on sharing/ storage of prescription drugs; treatment referrals)	m Yes m No	<i>Number of press releases, brochures, flyers, posters, audiovisual products prepared/produced during this reporting period.</i>		<i>Not applicable for this activity</i>	<i>Not applicable for this activity</i>				
Informational materials disseminated	m Yes m No	<i>Number of brochures, flyers, posters, audio visual products distributed during this reporting period.</i>							
Social networking (Facebook, Twitter, etc.)	m Yes m No	<i>Number of posts on social media sites during reporting period.</i>		<i>Total number of follows: Facebook Friends, Twitter Followers, etc.</i>	<i>Not applicable for this activity</i>				
New Information on Coalition website	m Yes m No	<i>Number of new materials posted during this reporting period.</i>		<i>Number of web hits.</i>	<i>Not applicable for this activity</i>				
Direct, face-to-face information	m Yes	<i>Number of educational</i>		<i>Number of adults in</i>	<i>Number of</i>				



sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>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.</i>		<i>audience</i>	<i>youth in audience</i>				
Conduct or promote special programs and/or special events (e.g., prescribing guidelines, PDMP, drop boxes/take back events, fairs, town halls, community celebrations)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>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.</i>		<i>Approximate adult attendance at events</i>	<i>Approximate youth attendance at events</i>				
Other (please specify): (NOTE: Able to add up to three "other" activity rows)									
<p>Please provide a brief overview of any notable accomplishments related to Providing Information activities that you achieved during this reporting period. Describe how implementation has contributed to progress on coalition action plan goals. (Maximum of 3,000 characters with spaces):</p>									
<p>Please provide a brief overview of any challenges related to Providing Information activities that you experienced during this reporting period. (Maximum of 2,000 characters with spaces):</p>									



Sub-section: Strategy Activity Details: Enhancing Skills									
Activities focused on Enhancing Skills	Did your coalition work on this activity during this reporting period?	Number of completed activities this period	Substance(s) Focused On <i>Select all that apply:</i>	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: Coalition Leadership/Key Personnel)</i>	In your opinion, how successful was the activity (activities) in this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	Progress made towards action plan goals with this activity	Linking to Action Plan <i>Describe where in your action plan can the activity be found.</i>
				Adults	Youth				
Education and training specifically to reduce stigma associated with substance use/substance use disorder	<input type="radio"/> Yes <input type="radio"/> No								
Implementation/ Supported Implementation of an Evidence-Based Curriculum in School Setting	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of sessions delivered of programs focusing on information/skills for youth.</i>		<i>Not applicable for this activity</i>	<i>Number of youth receiving curriculum</i>				
Trainings specifically on identifying signs of potential drug use and/or risks associated with drug use (e.g., risks of adolescent marijuana use; opioid risks/signs of use for various community members; signs of methamphetamine use/sales)	<input type="radio"/> Yes <input type="radio"/> No			<i>Number of adults trained</i>	<i>Number of youth trained</i>				
Youth Education and Training Programs	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of sessions delivered of programs focusing on information/skills for youth.</i>		<i>Not applicable for this activity</i>	<i>Number of youth receiving training (do not double count if youth attended more than one session)</i>				
Parent Education and Training Programs	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of training sessions on drug awareness, prevention strategies, or parenting skills specifically for parents.</i>		<i>Number of Parents trained (do not double count if parent attended more than one session)</i>	<i>Not applicable for this activity</i>				



Teacher/Youth Worker Education and Training Programs	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of training sessions on drug awareness and prevention strategies specifically for teachers/youth workers.</i>		<i>Number of teachers/youth workers trained (do not double count if participant attended more than one session)</i>	<i>Not applicable for this activity</i>				
Community Member Education and Training Programs	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of training sessions on drug awareness, prevention strategies, or cultural competence for community members, including law enforcement, media, and landlords.</i>		<i>Number of community members trained (do not double count if community member attended more than one session)</i>	<i>Not applicable for this activity</i>				
Sector-Based Training (e.g., responsible beverage service/vendor training prescription drug monitoring trainings, prescriber education & training; training on use and how/where to access naloxone and/or fentanyl test strips)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of training sessions delivered on server compliance, training on youth marketed alcohol products, tobacco sales, etc.</i>		<i>Number of people trained (do not double count if participant attended more than one session)</i>	<i>Not applicable for this activity</i>				
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	<input type="radio"/> Yes <input type="radio"/> No								

Please provide a brief overview of any notable accomplishments related to Enhancing Skills activities that you achieved during this reporting period. Describe how implementation has contributed to progress on coalition action plan goals. (Maximum of 3,000 characters 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 characters with spaces):



Sub-section: Strategy Activity Details: Providing Support									
Activities focused on Providing Support	Did your coalition work on this activity during this reporting period?	Number of completed activities this period	Substance(s) Focused On <i>Select all that apply:</i>	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: Coalition Leadership/Key Personnel</i>	In your opinion, how successful was the activity (activities) in this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	Progress made towards action plan goals with this activity	Linking to Action Plan <i>Describe where in your action plan can the activity be found.</i>
				Adults	Youth				
Alternative/drug-free social events	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of drug-free parties, other events supported by coalition</i>		<i>Number of adult attendees not part of coalition</i>	<i>Number of youth attendees</i>				
Youth organizations/drop-in centers	<input type="radio"/> Yes <input type="radio"/> No	<i>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.</i>		<i>Number of adults belonging to clubs or centers</i>	<i>Number of youth belonging to clubs or centers</i>				
Organized youth recreation programs (e.g., athletics, arts, outdoor activities)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of programs supported by coalition</i>		<i>Number of adults this activity reached</i>	<i>Number of program participants</i>				
Youth/family community involvement (e.g., school or neighborhood cleanup)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of community involvement events held</i>		<i>Number of adults this activity reached</i>	<i>Number of youth this activity reached</i>				



Youth/family support groups (e.g., for those who have relationships with individuals who use/misuse substances and recovery groups/events)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of groups (e.g., leadership groups, mentoring programs, youth employment programs)</i>			<i>Number of youth participants, including number of peer mentors (do not double count if attended multiple groups or sessions)</i>				
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	<input type="radio"/> Yes <input type="radio"/> No								
<p>Please provide a brief overview of any notable accomplishments related to Providing Support activities that you achieved during this reporting period. Describe how implementation has contributed to progress on coalition action plan goals. (Maximum of 3,000 characters with spaces):</p>									
<p>Please provide a brief overview of any challenges related to Providing Support activities that you experienced during this reporting period (Maximum of 2,000 characters with spaces):</p>									



Sub-section: Changing Access/Barriers									
Activities focused on Changing Access/Barriers	Did your coalition work on this activity during this reporting period?	Number of completed activities this period	Substance(s) Focused On <i>Select all that apply:</i>	How many people did this activity reach? (<i>Do not double count participants if attended more than one session</i>)		Sector(s) contributing to this activity <i>Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel</i>	In your opinion, how successful was the activity (activities) in this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	Progress made towards action plan goals with this activity	Linking to Action Plan <i>Describe where in your action plan can the activity be found.</i>
				Adults	Youth				
Increased Access to Substance Use Services (e.g., court mandated services; assessment and referral, recovery services; make available or increase availability of substance use screening programs [e.g., SBIRT]; judicial alternatives for individuals with a substance use disorder who are convicted of a crime (e.g., drug court, teen court))	<input type="radio"/> Yes <input type="radio"/> No			<i>Number of adults served, referred to treatment, involved in EAPs</i>	<i>Number of youth served, referred to treatment, involved in SAPs</i>				
Reducing Home and Social Access (e.g., prescription drug disposal/storage; alcohol storage; make available or increase availability of local prescription drug take-back events; make available or increase availability of local prescription drug take-back boxes)	<input type="radio"/> Yes <input type="radio"/> No			<i>Number of adults participating</i>	<i>Number of youth participating</i>				
Improve supports for service use (e.g., child care, transportation; make available or increase availability of transportation to support prevention, treatment, or recovery services [e.g., medication assisted treatment, counseling, drug court])	<input type="radio"/> Yes <input type="radio"/> No			<i>Number of adults activity reached</i>	<i>Number of youth activity reached</i>				
Improve access to prevention, treatment and recovery services through culturally sensitive outreach (e.g., multilingual materials/ speakers; culturally responsive messaging)	<input type="radio"/> Yes <input type="radio"/> No			<i>Number of adults reached (this may be double-counted with entries for Providing Information)</i>	<i>Number of youth reached (this may be double-counted with entries for Providing Information)</i>				
Improving access to overdose prevention materials (e.g. support partner in distribution of naloxone and/or fentanyl test strips) (Note this item will be optional)	<input type="radio"/> Yes <input checked="" type="radio"/> No			<i>Not applicable</i>	<i>Not applicable</i>				
Other (please specify): (NOTE: Able to add up	<input type="radio"/> Yes								



<i>to three "other" activity rows)</i>	<input type="radio"/> No									
Please provide a brief overview of any notable accomplishments related to Changing Access/Barriers activities that you achieved during this reporting period. Describe how implementation has contributed to progress on coalition action plan goals. (Maximum of 3,000 characters with spaces):										
Please provide a brief overview of any challenges related to Changing Access/Barriers activities that you experienced during this reporting period. (Maximum of 2,000 characters with spaces):										



Sub-section: Changing Consequences

Activities focused on Changing Consequences	Did your coalition work on this activity during this reporting period?	Number of completed activities this period	Substance(s) Focused On <i>Select all that apply:</i>	How many people did this activity reach? <i>(Do not double count participants if attended more than one session)</i>		Sector(s) contributing to this activity <i>Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel</i>	In your opinion, how successful was the activity (activities) in this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	Progress made towards action plan goals with this activity	Linking to Action Plan <i>Describe where in your action plan can the activity be found.</i>
				Adults	Youth				
Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap programs, open container laws; drug task forces to reduce access to opioids/methamphetamine in community)	<input type="radio"/> Yes <input type="radio"/> No			Not applicable for this activity					
Strengthening Surveillance (e.g., monitoring "hot spots," party patrols; identify and/or increase monitoring of opioid/methamphetamine use "hot spots")	<input type="radio"/> Yes <input type="radio"/> No			Not applicable for this activity					
Recognition programs (e.g., programs for merchants who pass compliance checks, recognizing drug-free youth; physicians exercising responsible prescribing practices; individuals in recovery)	<input type="radio"/> Yes <input type="radio"/> No			Number of businesses receiving recognition for compliance					
Publicize Non-Compliance (e.g., highlighting businesses not compliant with local ordinances)	<input type="radio"/> Yes <input type="radio"/> No			Number of businesses highlighted for non-compliance					
Other <i>(please specify): (NOTE: Able to add up to three "other" activity rows)</i>	<input type="radio"/> Yes <input type="radio"/> No								
<p>Please provide a brief overview of any notable accomplishments related to Changing Consequences activities that you achieved during this reporting period. Describe how implementation has contributed to progress on coalition action plan goals. <i>(Maximum of 3,000 characters with spaces):</i></p>									
<p>Please provide a brief overview of any challenges related to Changing Consequences activities that you experienced during this reporting period <i>(Maximum of 2,000 characters with spaces):</i></p>									



Sub-section: Physical Design									
Activities focused on Physical Design	Did your coalition work on this activity during this reporting period?	Number of completed activities this period	Substance(s) Focused On <i>Select all that apply:</i>	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: Coalition Leadership/Key Personnel</i>	In your opinion, how successful was the activity (activities) in this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	Progress made towards action plan goals with this activity	Linking to Action Plan <i>Describe where in your action plan can the activity be found.</i>
				Adults	Youth				
Identify Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of physical design problems (e.g., hot spots, clean up areas, outlet clusters) identified this period.</i>							
Cleanup and Beautification (e.g., Improve parks and other physical landscapes, neighborhood clean-ups; clean needles and other waste related to substance use from parks and neighborhoods)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of cleanup / beautification events held this period (e.g., neighborhood cleanup days)</i>							
Improve visibility/ease of surveillance in public places and substance use hotspots (e.g., work with partner to provide improved lighting, surveillance cameras, improved lines of sight)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of areas (public places/hot spots) in which surveillance/visibility was improved this period.</i>							
Promote improved signage/advertising/practices by suppliers (e.g., Decrease signage or advertising, change product locations; post no smoking/no vaping signage)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of suppliers making changes in signage/advertising/displays this period.</i>							
Increase safe storage solutions in homes or schools (e.g., lock boxes, drug deactivation kits)	<input type="radio"/> Yes <input type="radio"/> No								
Identify problem establishments for closure (e.g., close drug houses)	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of problem establishments closed/modified practices</i>							
Encourage business/supplier designation of “no alcohol,” “no tobacco,” or “no marijuana” zones	<input type="radio"/> Yes <input type="radio"/> No	<i>Number of businesses that made changes</i>							
Other (please specify): (NOTE: Able to add up to three “other” activity rows)	<input type="radio"/> Yes <input type="radio"/> No								



Please provide a brief overview of any notable accomplishments related to Physical Design activities that you achieved during this reporting period. Describe how implementation has contributed to progress on coalition action plan goals. (Maximum of 3,000 characters 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 characters with spaces):



Sub-section: Educating/Informing About Modifying/Changing Policies or Laws								
Activities focused on Physical Design	Did your coalition work on this activity during this reporting period?	Number of Policies or Laws your coalition was active in Educating/Informing about Modifying/Changing during this reporting period	Number of Policies or Laws Educated or Informed about that were Passed/Modified During This Period	Substance(s) Focused On <i>Select all that apply</i>	Sector(s) contributing to this activity <i>Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel</i>	In your opinion, how successful was the activity (activities) in this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	Progress made towards action plan goals with this activity	Linking to Action Plan <i>Describe where in your action plan can the activity be found.</i>
Cost: Laws/public policies concerning cost (e.g., alcohol, tobacco, or marijuana tax, fees)	<input type="radio"/> Yes <input type="radio"/> 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 focusing on use, possession, or behavior under the influence for minors	<input type="radio"/> Yes <input type="radio"/> 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	<input type="radio"/> Yes <input type="radio"/> No	<i>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.</i>	<i>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</i>					



<p>Treatment/Prevention: Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Number of laws or public policies concerning availability and sentencing alternatives to increase treatment/prevention you actively informed or helped educate this period.</i></p>	<p><i>Number of laws/policies passed or modified this period concerning availability and sentencing alternatives to increase treatment/prevention</i></p>					
<p>Workplace: Policies promoting drug-free workplaces</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Number of laws or policies concerning drug-free workplaces you actively informed or helped educate this period. Do not include policies mandating treatment.</i></p>	<p><i>Number of laws or policies concerning drug-free workplaces passed or modified during this period. Do not include policies mandating treatment.</i></p>					
<p>Citizen enabling/Liability: Laws/public policies concerning adult (including parent) social enabling or liability such as social host ordinances; policies regarding Narcan/naloxone administration; Good Samaritan Laws</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Number of laws or public policies concerning adult/parent social enabling or liability you actively informed or helped educate this period.</i></p>	<p><i>Number of laws passed or modified this period concerning adult/parent social enabling/liability.</i></p>					
<p>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; Prescription Drug Monitoring Programs)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Number of laws or public policies concerning supplier advertising, promotion, or liability you actively informed or helped educate this period.</i></p>	<p><i>Number of laws passed or modified this period concerning supplier advertising, promotion, or liability.</i></p>					
<p>Outlet Location/Density: Laws/public policies concerning limitation and restrictions of location and density of alcohol or marijuana outlets</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Number of laws or zoning ordinances concerning density/location of alcohol outlets you actively informed or helped educate this reporting period.</i></p>	<p><i>Number of laws/zoning ordinances passed this period concerning the density of alcohol outlets.</i></p>					
<p>Sales Restrictions: Laws/public policies concerning restrictions on product sales (e.g., alcohol at gas stations)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Number of laws or public policies concerning restrictions on product sales you actively informed or helped educate this period.</i></p>	<p><i>Number of laws/public policies passed or modified this period concerning restrictions on product sales.</i></p>					
<p>Other (please specify): (NOTE: Able to add up to three "other" activity rows)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>							



Please provide a brief overview of any notable accomplishments related to Educating/Informing About Modifying/Changing Policies or Laws activities that you achieved during this reporting period. Describe how implementation has contributed to progress on coalition action plan goals. (Maximum of 3,000 characters with spaces):

Please provide a brief overview of any challenges related to Educating/Informing About Modifying/Changing Policies or Laws activities that you experienced during this reporting period (Maximum of 2,000 characters with spaces):

Sub-section: Implementation Summary

In the last six months, did your coalition successfully educate or inform about any policies/laws that were modified/changed?

Yes

No

If yes, briefly describe each policy/law successfully modified/changed and how your coalition educated or informed about it, indicate the month and year the work to successfully modify/change the policy was completed, select the substance(s) affected by the policy, and briefly describe the modifications/changes to the policy/law.

Policy 1: (please describe)

Month/Year

Substance(s) affected

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

Policy 2:
(please describe)

Month/Year

Substance(s) affected

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

Policy 3:
(please describe)

Month/Year

Substance(s) affected

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

Please report your top notable accomplishments related to implementation activities achieved during this reporting period (Maximum of 2,000 characters with spaces):

Please report any barriers or challenges related to implementation of activities that were not captured above (Maximum of 2,000 characters with spaces):



Sub-section: Coalition Local Evaluation Effort

Did your coalition locally evaluate any of your activities?

- No
- Yes

If yes, did your coalition engage in any of the following with regard to this local evaluation of implementation activities?	Yes	No
Level or Fidelity of Implementation	m	m
Identified areas for improving implementation	m	m
Perceptions of satisfaction/engagement of participants in the activity	m	m
Perceptions of dissatisfaction/lack of engagement of participants in the activity	m	m
Pre-test and Post-test Knowledge/Skills assessments	m	m
Link between implementation and core measures outcomes	m	m
Link between implementation and outcomes other than knowledge or core outcomes?	m	m
Analyzed local core measures data (e.g., change over time, subgroup differences)	m	m
Presented evaluation findings to your coalition?	m	m
Presented evaluation findings to your community?	m	m

Please summarize what you learned from your evaluation and how the coalition used the information?



EMERGING DRUG THREATS/ISSUES

Sub-section: Addressing Opioids/Methamphetamine

Has your coalition engaged in any activities to address opioids (e.g., prescription opioids, heroin, fentanyl, fentanyl analogs or other synthetic opioids)/methamphetamine (Emerging Drug Threats) in the community?

- Yes (If yes, the following items will be made available).
- No

If yes, indicate (yes/no) if your work focuses on each of the following substances specifically	Yes	No
Methamphetamine	m	m
Prescription opioids	m	m
Prescription non-opioids	m	m
Heroin	m	m
Fentanyl, fentanyl analogs or other synthetic opioids	m	m

Please describe any key activities your coalition has engaged in around building capacity to address opioids/methamphetamine. How successful have these activities been? Any challenges to overcome in building capacity to address opioids/methamphetamine?

Please describe any key implementation activities your coalition has engaged in around the issue of addressing opioids/methamphetamine in your area. Key activities may be any strategy type from Providing Information to build community awareness to Educating/Information about Changing/Modifying Policies/Laws, with environmental strategies of particular interest. Provide as much detail as possible about the activity and be clear on how effective the activities were based on coalition goals for the activity (link to your Action Plan):

- What was the activity (clear description, including context if part of other activities)
- Who (staff/community members/sectors) was involved in planning and carrying out the activity
- Who was the audience(s) for 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).

Identify any challenges that occurred during implementation. Include any recommendations to address/overcome challenges in order for the activity to be effective or for similar activities to be effective in other communities.



Sub-section: Vaping

Has your coalition engaged in any activities to address vaping (e.g., e-cigarettes) in the community?

- Yes (If yes, the following items will be made available).
- No

Indicate (yes/no) if your work focuses on each of the following substances with regard to vaping specifically:

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

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 audience(s) for 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 successful/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.

Sub-section: Other Emerging Threats

Is your coalition working to address other emerging drug threats locally? (Note: Other than core substances, opioids, methamphetamine, vaping)

- Yes
- No

Please describe the emerging threat including what substance it is related to? Describe what your coalition is doing to address this emerging threat in your community and any successes/challenges to date.



COMMUNITY AND POPULATION-LEVEL OUTCOMES SECTION

SUB-SECTION: DATA MANAGEMENT PLAN

Have you previously submitted a data management plan?

- No (If no, immediately sent to the first item to determine if need a data management plan.)
- Yes

If Yes, do you need to update your data management plan?

- No (If no, coalition is done with data management plan.)
- Yes (If yes, immediately sent to the first item to determine if need a data management plan.)

Do you collect more data than the DFC Core Measures that are reported to ICF?

- Yes
- No (if no, you do not need a data management plan, no other questions asked)

If yes, are you collecting or generating NEW public health data? Generating refers to linking data sources to create a new dataset (This includes if coalition members/volunteers collect the data at the request of DFC-funded staff)

- Yes
- No (if no, you do not need a data management plan, no other questions asked)

If yes, what funds are used to collect or generate this data?

- DFC funds are used. This includes for any part of the process, including the involvement of staff paid with DFC funds. (Data Management Plan Required)
- Matching funds are used. This includes for any part of the process, including the involvement of staff paid with Matching funds. (Data Management Plan Required)
- Both DFC & matching funds are used. This includes for any part of the process, including the involvement of staff paid from either of these funds. (Data Management Plan Required)
- No DFC or matching funds are used to collect or generate this data. (if no, you do not need a data management plan, no other questions asked)

If Yes, a data management plan is required, please answer the following questions:

Element 1: Description of Data: (open-text, no character limit)

- What data are being collected? (Data elements [i.e., variables or indicators that are collected], Anticipated time frame and frequency of data collection)
- How are data being collected? (e.g., interviews, focus groups, surveys, surveillance data)
 - Where are they maintained and who is responsible?
- Do data to be collected include personally identifiable information (PII)?
 - PII is information that can be used to determine a person's identity, either alone or when combined with other info that is or can be linked to a specific person
 - Examples of PII: name, date of birth, street address, email address, social security number, telephone number, images, other identifying numbers, etc.

Element 2: Description of Data (Maximum of 2,000 characters with spaces)

- Please describe procedures to ensure data quality

Element 3: Data Sharing

Will the data be shared?

- Yes, with the general public
- Yes, with coalition partners
- Yes, with both the general public and coalition partners.
- No

If no to data sharing, please provide a justification:

- Data cannot be shared without compromising participants' privacy
- Data shared with DFC/CARA recipient under a data use agreement (third party data)
 - Explain that the recipient does not retain ownership _____
 - Provide point of contact for the data _____
- Value of data is specific to the program

If yes to data sharing, please describe who will share the data, what will be shared, and when the data will be shared. Then provide information requested for Elements 4 and 5. (Maximum of 2,000 characters with spaces)



Element 4: Data Use Standards (unlimited characters)

- If you plan to share data, please describe where and how data will be stored

Element 5: Data Preservation (unlimited characters)

- If you plan to share data, please indicate the following:
 - How long the data will be stored/maintained:
 - How will people be able to access the data (e.g. email request, posted on public website)?
 - Who will serve as the point of contact:

Sub-section: Core Measures

Core Measures will be reported in a separate section of the DFC & CARA 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. Core measure recommended wording is provided at the end of this document.

Select 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.

Day/Month/Year (approximate day finished collecting) Data Were Collected: __/__/_____

Core Measure: 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) Methamphetamine
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						

Optional Core Measure: Past Year (12-Month) Use

Please report the percentage of students who reported any use in the past year, including only reporting use on one day

Grade	Measure	(Optional) Heroin	(Optional) Methamphetamine
6	Past Year Use %		
	Sample Size		
7	Past Year Use %		
	Sample Size		
8	Past Year Use %		
	Sample Size		
9	Past Year Use %		
	Sample Size		
10	Past Year Use %		
	Sample Size		
11	Past Year Use %		
	Sample Size		
12	Past Year Use %		
	Sample Size		



Middle School	Past Year Use %		
	Sample Size		
High School	Past Year Use %		
	Sample Size		

Core Measure: Perception of Risk
 Please report the percentage of students who reported moderate and great risk responses for each substance

Grade	Measure	Alcohol	Marijuana	Tobacco	Prescription Drugs	(Optional) Heroin	(Optional) Methamphetamine
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						



Core Measure: 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) Methamphetamine
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						

Core Measure: Perception of Parental/Guardian/Caregiver 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) Methamphetamine
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 %						



	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	

Sub-section: 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 your coalition's area of focus (zip codes served), the geographical area covered by these data is:



Larger
 Smaller
 The Same
 Don't Know

Does your data represent your population of focus?
 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):

TRAINING AND COALITION DEVELOPMENT SUPPORT

Sub-section: Survey of Needs

Areas	To what extent would your coalition benefit from training and/or Coalition Development support in each of these areas over the next year?			
	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	m	m	m	m
Coalition and partnership maintenance	m	m	m	m
Community needs and resource assessment	m	m	m	m
Goal and outcome development and assessment	m	m	m	m
Effective problem solving within a group setting	m	m	m	m
Develop a logic model for each prioritized substance	m	m	m	m
Leadership development for key personnel	m	m	m	m
Building leadership capacity among coalition members				
Making progress on understanding and addressing cultural competency and health equity as a coalition	m	m	m	m
Organizational management	m	m	m	m
Strategic/action planning	m	m	m	m
Developing/Planning and executing substance use prevention initiatives	m	m	m	m
Recruiting/engaging populations of focus (e.g., youth/students) in substance use prevention initiatives	m	m	m	m
Engaging key partners (e.g., school personnel, parents) in substance use prevention initiatives	m	m	m	m
Engaging the general community in substance use prevention initiatives	m	m	m	m
Attaining funding for substance use prevention initiatives	m	m	m	m
Training on the difference between advocacy and lobbying. How to be sure educating/informing on policy development	m	m	m	m



Training/Examples to help in developing model policies/laws.	m	m	m	m
Developing/executing a media plan to draw attention to new drug threats	m	m	m	m
Collecting/analyzing data for local evaluation purposes	m	m	m	m
Understanding when and why / why not to engage with local evaluators	m	m	m	m
Grant writing	m	m	m	m
Program/Initiative sustainability	m	m	m	m
Would your coalition benefit from training and technical assistance in another area? (If yes, please specify other area): _____	m	m	m	m
Did your coalition provide any training or technical assistance to other community groups or organizations? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:				



Core Measure Items Wording

The following is the recommended wording for each of the core measure items, in place since 2012. DFC coalitions submit surveys for review to ensure they are collecting each given core measure item. For example, many DFC coalitions collect past 30-day prevalence of use by asking the number of days (0 to 30) in the past 30 days the youth used the given substance. Any use is counted as “yes,” and therefore the data are approved to be submitted.

- Coalitions may make it clear that marijuana use includes edibles/vaping in marijuana items (any delivery of marijuana). Note that coalitions with existing data will be encouraged to continue to collect data in same manner over time.
- Replaced parent with parent/caregiver/guardian (Coalitions may also make this clear in directions).

TABLE A.1. CORE MEASURE ITEMS RECOMMENDED WORDING (2012 TO PRESENT)

PAST 30-DAY PREVALENCE OF USE				
	Yes		No	
During the past 30 days did you drink one or more drinks of an alcoholic beverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past 30 days did you smoke part or all of a cigarette?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past 30 days have you used marijuana or hashish? (e.g., smoked, vaped, edibles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past 30 days have you used prescription drugs <i>not prescribed to you</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAST YEAR (12-MONTH) USE				
During the past year (past 12-months) have you used heroin?	Yes		No	
During the past year (past 12-months) have you used methamphetamines?	Yes		No	
PERCEPTION OF RISK				
	No risk	Slight risk	Moderate risk	Great risk
How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you think people risk harming themselves physically or in other ways if they use marijuana once or twice a week (e.g., smoke/vape/edibles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PERCEPTION OF PARENTAL/GUARDIAN/CAREGIVER DISAPPROVAL:

(NOTE: MEASURES CAN INDICATE PARENTS SPECIFICALLY BUT ARE ENCOURAGED TO MAKE IT CLEAR THAT IT MEANS PARENTS/CAREGIVERS/GUARDIANS TO BE INCLUSIVE)

	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to use marijuana? (e.g., smoking, vaping, edibles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERCEPTION OF PEER DISAPPROVAL

	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to use marijuana? (e.g., smoking, vaping, edibles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DFC coalitions also are permitted to collect and submit perception of risk and peer disapproval alcohol core measures associated with the Sober Truth on Preventing Underage Drinking (STOP) Act grant. These may be collected instead of or in addition to the respective DFC core measure. For perception of risk of alcohol use, the alternative item is: “How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage nearly every day?” For peer disapproval, the alternative item is worded as attitudes toward peer use: “How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?”