Attachment 9:

CARA Progress Report
and Core Measures Final

CARA

Annual Progress Report Mock-Up

October 2022

This document contains updates outlines in detail in the DFC proposed revisions. As editions, they are highlighted in green font here.

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 CARA 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)*

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: _____/_____

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 yes, repeat asking after responds to follow-up 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 yes, repeat asking after responds to follow-up 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: _____
Facebook page/URL: _____
Instagram handle: _____
Coalition website (URL) _____

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 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 SPEECH
Please 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, (c) the activities you are focusing on, (d) key accomplishments to date and successes concerning goal achievement, f) key challenges to achieving goals, and g) things that make your coalition unique. (Maximum of 2,000 character with spaces)

Number of paid staff (*Number of staff with salaries funded partially or fully through the CARA grant.*): _____
   (Note: Number of staff with salaries funded partially or fully through the CARA grant.)
Number of unpaid staff (*Number of staff who are not paid but who contribute significantly to coalition work.*): _____
(Note: Number of unpaid staff that contribute significantly to coalition work.)

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

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

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 <u>your coalition address</u>? *(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) <u>served by your coalition</u>? *(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: Zip Codes Served (CARA Only) and Congressional Districts

Please review the zip code(s) served by your CARA 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):* _____

Note: please look up congressional district by entering your information here: https://www.house.gov/representatives/find-your-representative

What is the congressional district associated with your CARA coalition address?
- ○ 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 zip code(s) served by your CARA 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): _____

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 (drugs, tobacco, alcohol) that can be misused and/or high visibility of drug dealing			Low availability of substances (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,			Youth have easy access to/strong friendships with		

unhealthy, or delinquent behavior;			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 appropriate, prosocial, healthy activities or interest.			Youth seek out and engages 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 <u>protective factors</u> **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.

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: Staffing

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.)

Sub-section: Sectors

Sectors	How many coalition members represent this sector? *(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.)*	How many of these coalition 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**.)*	What is the average level of involvement for this sector? *(Note: Very High Involvement might be associated with agreeing to lead an initiative, agreeing to implement or help implement an evidence based strategy, etc.)* ○ Very High ○ High ○ Medium ○ Low ○ Very Low	Compared to the prior year, has involvement by this sector generally increased, decreased, or stayed the same? ○ Increased ○ Stay about the same ○ Decreased ○ Not applicable (did not have award in prior year)
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)* _____				

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 character with spaces)*

LOCAL DRUG CRISES SECTION

Sub-section: Addressing Opioids/Methamphetamine

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 focuses on each of the following substances specifically:

	Yes	No
• Methamphetamine		
• Prescription opioids		
• Prescription nonopioids		
• 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/methamphetamine, 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/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		
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 methamphetamine currently identified as an issue in the community or surrounding community		
Information about methamphetamine risks		
Information about sharing/storage of prescription opioids		
Information delivered via a town hall forum or conference related to methamphetamine		
Distribution of treatment referral cards/brochures/stickers		
Enhancing Skills (e.g., building skills and competencies)		
Community education and training on opioid risks for various community members (e.g., train youth/parents on risks associated with taking prescriptions not prescribed to you, train school athletic staff/players/families on addressing pain following injury or surgery, train realtors on working with clients to properly store medications prior to showing homes		
Community education and training on signs of opioid/methamphetamine use (e.g., Hidden in Plain Sight trainings)		
Prescriber education and training		
Education, training, and/or technical assistance on monitoring compliance for the Prescription Monitoring Program		
Education and training to reduce stigma associated with opioid use disorder		
Providing Support (e.g., increasing involvement in drug-free/healthy alternative activities)		
Youth/family support groups for those who have relationships with individuals who use/misuse opioid/methamphetamine		
Recovery groups/events		

Strategy/Activity	Yes	No
Enhancing Access/Reducing Barriers (e.g., improving access, availability, and use of systems and services)		
Make available or increase availability of local prescription drug take-back boxes		
Make available or increase availability of local prescription drug take-back events		
Make available or increase availability of judicial alternatives for individuals with an opioid/methamphetamine use disorder who are convicted of a crime (e.g., drug court, teen court)		
Drop-in events/centers to connect individuals with opioids/methamphetamine use disorders and/or their families to treatment/recovery opportunities		
Make available or increase availability of transportation to support opioid prevention, treatment, or recovery services (e.g., medication assisted treatment, counseling, drug court)		
Home visit follow-ups after an overdose/overdose reversal (e.g., safety official and healthcare provider visit to share and connect to treatment options)		
Improving access to opioid/methamphetamine prevention, treatment, and recovery services through culturally sensitive outreach (e.g., multilingual materials, culturally responsive messaging)		
Make available or increase availability of Narcan/naloxone		
Make available or increase availability of medications for opioid use disorder (e.g., suboxone, Vivitrol, methadone)		
Make available or increase availability of substance use screening programs (e.g., SBIRT)		
Changing Consequences (e.g., incentives/disincentives, increasing attention to enforcement and compliance)		
Drug task forces to reduce access to opioids/methamphetamine in community		
Identify and/or increase monitoring of opioid/methamphetamine use "hot spots"		
Recognition programs (e.g., physicians exercising responsible prescribing practices, individuals in recovery from opioid/methamphetamine use disorder)		
Physical Design (e.g., improving environmental and structural signs and areas to support the initiative)		
Increase safe storage solutions in homes or schools (e.g., lock boxes)		
Clean needles and other waste related to opioid use from parks and neighborhoods		
Identify problem establishments for closure (e.g., close drug houses, "pill mills")		
Educate/Inform about Modifying/Changing Policies (e.g., changing institutional or government policies)		
State policies supporting a Prescription Monitoring Program		
Policies regarding Narcan/naloxone administration		
Good Samaritan Laws		
Crime Free Multi-Housing Ordinances		
Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use)		

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.

COMMUNITY AND POPULATION-LEVEL OUTCOMES SECTION

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

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)
- o 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)
  - o Where are they maintained and who is responsible?
- • Do data to be collected include personally identifiable information (PII)?
  - o 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
  - o 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.

Once the system is updated, 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 & CARA 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. Note may be preapproved in February 2021))* -

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: __/__

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	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 %		
6	Sample Size		
7	Past Year Use %		
7	Sample Size		
8	Past Year Use %		
8	Sample Size		
9	Past Year Use %		
9	Sample Size		
10	Past Year Use %		
10	Sample Size		
11	Past Year Use %		
11	Sample Size		
12	Past Year Use %		
12	Sample Size		
Middle School	Past Year Use %		
Middle School	Sample Size		
High School	Past Year Use %		
High School	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	Prescription Drugs	(Optional) Heroin	(Optional) Methamphetamine
6	30-day Use %			
6	Sample Size			
7	30-day Use %			

Grade	Measure			
	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			

Core Measure: Perception of Peer Disapproval

Please report the percentage of students who reported wrong <u>and</u> very wrong responses for each substance

Grade	Measure	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			

Core Measure: Perception of Parental Disapproval

Please report the percentage of students who reported wrong <u>and</u> very wrong responses for each substance

Grade	Measure	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			

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. The exception to this is to submit your Data Management Plan in the noted field.
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. Add clarity hear about link to issues of data not being representative; ❍ 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 *(no character limit)***: describe geographic area**

Recommended Core Measures Wording

PAST 30-DAY USE		
During the past 30 days have you used prescription drugs not prescribed to you?	Yes	No
During the past 30 days have you used heroin?	Yes	No
During the past 30 days have you used methamphetamines?	Yes	No
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				
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?	No Risk	Slight Risk	Moderate Risk	Great Risk
How much do you think people risk harming themselves physically or in other ways if they use heroin?	No Risk	Slight Risk	Moderate Risk	Great Risk
How much do you think people risk harming themselves physically or in other ways if they use methamphetamines?	No Risk	Slight Risk	Moderate Risk	Great Risk

PERCEPTION OF PEER DISAPPROVAL				
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to use heroin?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to use methamphetamines?	Not at all wrong	A little bit wrong	Wrong	Very wrong

PERCEPTION OF PARENTAL DISAPPROVAL				
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents feel it would be for you to use heroin?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents feel it would be for you to use methamphetamines?	Not at all wrong	A little bit wrong	Wrong	Very wrong