Attachment 4:

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

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

We have proposed a change to move to annual reporting for Drug-Free Communities (DFC) recipients (reducing from two reports each year to one report each year. The online system provides supports to allow coalitions to add data throughout the year to support their annual report. In addition, for those who prefer, the National Evaluation Team has developed an excel file macro where coalitions can track their implementation data and then generate a summary report for inclusion in the annual progress report.

In addition to the shift to annual reporting, the following is a summary of proposed item changes included in this document:

1. Modified wording of various items to clarify language, align with CADCA, CDC, or ONDCP preferred language, or split items to differentiate between previously combined responses.
2. **Added items:**
   a. Added a section on diversity and equity. This built on prior questions reflecting who coalitions focus activities on being appropriate for to more broadly understand coalition efforts to address local health equity issues. This is in line with CDC and ONDCP expectations around health equity and includes open-text sections for coalitions to describe efforts. Coalitions indicating not currently working to address health equity will not be required to answer additional questions.
   b. Revised the section on Risk and Protective Factors. The list now includes a broader range of potential risk and protective factors and there is better alignment between the two. For each factor, coalitions will be asked the extent the factor is in the community and then to indicate if they engaged in efforts to address/enhance the factor in the community. That is, some factors may be an issue, but the coalition is not working on, while others may be both. This better aligns this section of the report with the broad range of factors that have been associated with substance use. In addition, work on risk and protective factors generally has suggested the importance of both identifying factors and then clarifying which factors are being focused on to potentially impact outcomes.[1] This section also provides opportunity for coalitions to share description of their efforts in this area.
   c. Items added for grant monitoring purposes to assist Project Officers in their role of monitoring the grant:
      1. Information to identify Key Personnel assigned to more than one coalition to assess effort in each.
      2. Added questions to link implementation activities to action plans and for coalitions to assess progress on action plans throughout the strategy implementation section of the report.

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[1]   See for example, National Academies of Sciences, Engineering, and Medicine (2020). Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21st Century. Washington, DC: The National Academies Press. https://doi.org/10.17226/25552

High Risk Substance Use in Youth | Adolescent and School Health | CDC; Substance Use and Sexual Risk Behaviors | DASH | CDC; 20190718-samhsa-risk-protective-factors.pdf

Desmarais SL, Sellers BG, Viljoen JL, Cruise KR, Nicholls TL, Dvoskin JA. Pilot Implementation and Preliminary Evaluation of START:AV Assessments in Secure Juvenile Correctional Facilities. Int J Forensic Ment Health. 2012;11(3):150-164. doi: 10.1080/14999013.2012.737405. Epub 2012 Nov 6. PMID: 23316116; PMCID: PMC3539717.

d. **Local evaluation efforts:** items revised to better understand what efforts coalitions are engaged in locally rather than only broad items indicating effort.

e. **Emerging Drug Threats:** Deleted yes/no items and instead integrated into strategy implementation. In addition, a new section was added where coalitions can self-identify new emerging drug threats as they arise (beyond opioids/methamphetamine and vaping sections that already exist.

f. **Additional Open-Text fields:** Throughout report, coalitions have opportunities to describe efforts.

g. **Data Management Plans:** This section may be built as part of Progress Report or as a separate report in the system. Coalitions are required as grant recipients to assess need for a data management plan and to provide a plan if needed. This provides supports to recipients in meeting this requirement.

3. Deleted items (identified by red font):

   a. Items on ranking strategies removed and replaced with items to better understand innovation by strategy type.

   b. Removed item asking about use of STOP Act funds to support strategy implementation as this data was not utilized.

   c. DFC Progress Report: Deleted items in section on local drug crisis opioids/methamphetamine asking if yes/no engaged in strategy and instead included in examples of strategy type and/or added strategy type within the strategy implementation section. These items retained in CARA progress report.

   d. Items on coalition technical assistance and support needs were merged with items deleted based on low indication of need previously.

4. Core Measures Updates: Core measure primarily have modified wording, but we have also added an option to collect past year use for heroin and methamphetamine.

Bi-Annual Progress Report Mock-Up

October 2022

COALITION INFORMATION	Renamed section. Information reorganized to group together in meaningful ways.

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	Additional grant recipient will be input from the system (no added burden).

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: ____/_____
	Key personnel contact information (name, phone, email) will be entered from the system with no grant recipient burden.

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%)	Information regarding level of effort for key personnel added to aid in grant monitoring.

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)** _____	Added opportunity for coalition to list their own website.

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 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)
	Add indicator if coalition is located in HIDTA based on zip codes served (no burden).

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) the activities you are focusing on, (c) key accomplishments to date and successes concerning goal achievement, (d) key challenges to achieving goals, and (e) things that make your coalition unique.** _(Maximum of 2,000 characters with spaces)_	Minor wording changes

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):_
	
	○ ~~Single School District~~ ○ City
	○ ~~Multiple School Districts~~ ○ Multiple Cities
	○ ~~Single School~~ ○ Town
	○ ~~Multiple Schools~~ ○ Multiple Towns
	○ Neighborhood
	○ Multiple Neighborhoods
	
	○ County
	○ Region or Other Subsection of a State
	○ Statewide
	○ Native American/American Indian/Alaskan Native Reservation
	○ Military
	○ Colleges & Universities
		Separated out/revised school items (removed here and asked next)

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
		Separated out school items and modified choices so can select only one.

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	**Moved item to directly follow school setting**

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: Populations Served**~~	
~~**Do you tailor at least some information/prevention efforts to the needs of people from any specific racial, ethnic, sexual, or other minority group or minority groups?**~~ 　~~○ No~~ 　~~○ Yes~~ ~~If yes, please specify *(check all that apply):*~~ 　~~○ Asian or Asian American Youth/People~~ 　~~○ Black or African-American Youth/People~~ 　~~○ Hispanic or Latino Youth/People~~ 　~~○ Native Hawaiian or Other Pacific Islander Youth/People~~ 　~~○ Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Youth/People~~	**Subsection removed and replaced with the following section on Diversity and Health Equity. Retained items on Tribal Focus**

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.	**New section: Replaces prior item asking about focusing activities on certain subgroups of people in order to better identify DFC focus on diversity and health equity.**

Does your coalition work to tailor at least some information/prevention efforts to the needs of 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.)

American Indian or Alaska Native
o   Yes (If known, please specify Tribe(s) / Tribal affiliation(s) of youth/people served)
_____
o   No
o   Not applicable

Asian/Asian-American
o   Yes
o   No
o   Not applicable

Black/African American
o   Yes
o   No
o   Not applicable

Hispanic/Latina/o/x
o   Yes
o   No
o   Not applicable

Native Hawaiian or Other Pacific Islander
o   Yes
o   No
o   Not applicable

White, Non-Hispanic
o   Yes
o   No
o   Not applicable

Lesbian, Gay, Bisexual, Transgender, Queer, Questioning Youth/People
o   Yes
o   No
o   Not applicable

Other (Please specify (up to three other groups):
_____

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					
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						
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 **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	**Does your coalition have at least one (1) representative from the Bureau of Indian Affairs, the Indian Health Service, or a Tribal Government Agency with expertise in the field of substance use prevention?** ○ Yes ○ No **Briefly describe any efforts to tailor your work to specifically meet the needs of** 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 **or are not tailoring services for their needs,** please explain why. *(Maximum of 2,000 characters with spaces)*:	**Moved item for proximity to other D & I items** **Added items to understand how engaging Tribal youth/people.** **Edited wording.**

Sub-section: Substance Focus

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

○ Alcohol	○ Over-the-counter (OTC) drugs	○ Méthamphétamine
○ Marijuana	○ Inhalants	○ Tobacco / Nicotine
○ Cocaine/Crack	○ Steroids	○ Heroin / Fentanyl, Fentanyl analogs or other Synthetic Opioids
○ Stimulants (uppers)	○ Synthetic Drugs/Emerging Drugs	
○ Tranquilizers	○ Prescription Drugs (Opioids)	
○ Hallucinogens	○ 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.	
Select the major risk factors that are focus areas for your coalition. *(Note: Select all that apply.)*	
Community Factors ⊖ Inadequate laws/ordinances related to substance use/access ⊖ Inadequate enforcement of laws/ordinances related to substance use ⊖ Availability of substances that can be misused ⊖ Perceived acceptability (or lack of disapproval) of substance use/ Community norms favorable toward substance use ⊖ Lack of local treatment services for substance use ⊖ Available treatment services for substance use insufficient to meet needs in timely manner ⊖ New laws/ordinances allowing substance use/access ⊖ Low levels of active coalition engagement among community members **Individual Factors** ⊖ Early initiation of the problem behavior ⊖ Individual youth have favorable attitudes towards substance use/misuse **Family Factors** ⊖ Family trauma/stress ⊖ Perceived parental acceptability (or lack of disapproval) of substance use ⊖ Parental attitudes favorable to antisocial behavior ⊖ Parents lack ability/ confidence to speak to their children about substance use **School Factors** ⊖ Academic failure ⊖ Low commitment to school ⊖ Perceived peer acceptability (or lack of disapproval) of substance use **Other (please specify)** *Coalition can enter free-form text*	Moved to align with Assessment. Replaced with new Risk and Protective Factors Measure
Select the major protective factors that are focus areas for your coalition. *(Note: Select all that apply.)*	
Community Factors ⊖ Laws, regulations, and policies ⊖ Strong community organization (e.g., less crime, less visible drug dealing) ⊖ Advertising and other promotion of information related to substance use ⊖ Pro-social community involvement ⊖ Cultural awareness, sensitivity, and inclusiveness **Family Factors** ⊖ Family economic resources ⊖ Parental monitoring and supervision ⊖ Family connectedness ⊖ Opportunities for pro-social family involvement **Individual Factors** ⊖ Positive contributions to peer group ⊖ Recognition/acknowledgement of efforts **School Factors** ⊖ Contributions to the school community ⊖ Positive school climate ⊖ School connectedness **Other (please specify)** *Coalition can enter free-form text*	
Please report any additional details about your risk factors that were not captured above *(Maximum of 2,000 character with spaces)***:**	

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

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<tr>
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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.

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For each factor, coalitions will indicate the extent to which the factor is an issue in the community and then indicate if it is a factor their are working to address/ strengthen

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RISK FACTORS (36)
For each factor, 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

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PROTECTIVE FACTORS (35)
For each factor, to what extent Is this a protective factor in your community?
No/Low Moderate High

Is your coalition engaged in efforts to strengthen this factor in your community?
Yes   No

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Community Factors (12)

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Community Factors

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<td>Low rates of youth connection to the community; little sense that youth have a voice in the community/active in community organizations</td>
<td>High rates of youth connection to the community; youth have a voice in the community are actively engaged with community organizations</td>
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<tr>
<td>Few community activities for young people</td>
<td>Plentiful community activities for young people</td>
<td></td>
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<tr>
<td>Inadequate laws/ordinances related to substance use/access</td>
<td>Laws, regulations, and policies in place related to substance use/access</td>
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<tr>
<td>Inadequate enforcement of laws/ordinances related to substance use</td>
<td>Adequate law enforcement presence sufficient to enforce laws/ordinances related to substance use.</td>
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<td>Perceived Community norms favorable toward substance use; Advertising promoting substance use highly visible in the community</td>
<td>Prevention Advertising and other promotion of information related to preventing/ reducing substance use highly visible in the community</td>
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<td>Weak community organization (e.g., High rates of violence/crime, little access to safe, stable housing)</td>
<td>Strong community organization (e.g., low rates of crime/violence, high access to safe, stable housing)</td>
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<tr>
<td>Easy Availability of substances (drugs, tobacco, alcohol) that can be misused and/or high visibility of drug dealing</td>
<td>Low availability of substances (drugs, tobacco, alcohol) that can be misused; low visibility of drug dealing</td>
<td></td>
</tr>
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<td>High rates of poverty and limited access to educational/economic opportunities; High unemployment and/or underemployment;</td>
<td>High rates of economic stability and access to educational/economic opportunities</td>
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<td>Community organizations have limited emphasis on cultural awareness, sensitivity, and inclusiveness and promoting equity</td>
<td>Community organizations have a strong emphasis on cultural awareness, sensitivity, and inclusiveness and promoting equity</td>
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<td>Community supports are generally unavailable or are inequitably available (e.g., only available in certain neighborhoods or to those with economic resources)</td>
<td>Community supports are generally available and are equitably available (e.g., available to range of families in the community)</td>
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<td>Lack of local treatment services for substance use and/or poor access to mental health services generally in the community</td>
<td>Sufficient access to mental health and treatment/recovery services in the community</td>
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<tr>
<td>Available treatment/recovery services for substance use</td>
<td>Treatment/recovery services for substance use are sufficient</td>
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insufficient to meet needs in timely manner	to meet demand in a timely manner	
School, Faith, & Peer Factors (9)	**School, Faith, & Peer Factors**	
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(6)	**Family/Parent/Caregiver Factors**	
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**	
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):*		Modified wording

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)*:	Modified wording
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 question will be available.**	New item
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.	New item

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)*:	

ICF

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

Total number of members participating in your coalition:_____

(Note: This number should include all members plus all staff (paid and unpaid).)

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.)

Section was Moved to connect to membership data

Removed question about total membership (we can get data from membership by sector)

Please select the sector that serves as the lead or head agency for your coalition. *(Note: Select one from list of sectors. Add the option to choose "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))*

Modified item based on review of data around these questions

Sub-section: Capacity Building Activities

Please select up to six three (3 6) capacity building activities that were the main focus of your coalition's efforts during the last reporting period:

- ❑ Gathering community input (e.g., holding hearings on drug problems)
- ❑ Recruitment (e.g., increasing coalition membership and participation)
- ❑ Training 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

- ❑ Outreach (e.g., engaging key partners in substance use prevention initiatives)
- ❑ Engaging the general community in substance use prevention initiatives
- ❑ Developing/Executing a media plan to draw attention to new drug threats
- ❑ Improving information resources (e.g., engaging in research or evaluation activities)
- ❑ Strengthening data connections across coalition sectors
- ❑ Working with other coalitions in your

Modified wording to Increase the number that can be selected to six Deleted 1 older item Added 4 new items (items were in opioids section)

funding for substance use prevention initiatives) ○ Strengthening strategies (e.g., planning/executing substance use/misuse prevention initiatives)	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	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)	Added a tool tip note to define high involvement. Added item for coalition to indicate sector involvement change over 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 characters with spaces*)					**Modified Wording**

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

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 <u>not</u> 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 coalitions has brought into the coalition ~~over the last six months~~ **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)*	**Minor wording edit**
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.*	

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.)* ❍ Yes ❍ No If yes, please describe: _____	**Has your coalition made any modifications to your Logic Model(s) during this reporting period?** ❍ Yes ❍ No If yes, please describe: _____	**Has your coalition developed a new 12-month action plan during this reporting period?** ❍ Yes ❍ No If yes, please describe: _____ If yes, this plan must be provided to your project officer or uploaded in GrantSolutions. Have you provided? ❍ Yes ❍ No	Added item to confirm coalitions were following required process for altering action plans.
Please report any notable accomplishments related to coalition planning activities achieved during this reporting period *(Maximum of 2,000 characters with spaces)*:			
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)*:			

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: Implementation Strategies
During this Reporting Period . . .

Implementation Strategies (Note: These categories apply to both capacity building in the community (supporting programs to do these things) as well as implementation of activities designed to prevent/reduce youth substance use.)	Were any activities implemented in this strategy type? (Yes/No) If no, move to next strategy type) ~~Rank the implementation strategies by the amount of your coalition's *paid staff labor effort* that was spent on each:~~	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)* ~~Rank the implementation strategies by the amount of your coalition *members' labor effort* that was spent on each:~~	If yes, please describe innovative activities implemented during this reporting period. ~~Rank the implementation strategies by the amount of your coalition's *budget* that was spent on each:~~	Removed focus on ranking effort and budget. Replaced with information on innovation.
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)	~~Use Stop Act Funds~~	Number of completed activities this period	Substance(s) Focused On *Select all that apply: Alcohol, Tobacco, Marijuana, Prescription Drugs (Opioids), Prescription Drugs (Non-Opioids), Heroin, Other Substance, No Substance Specified* Update substance list to match above	How many people did this activity reach?		Sector(s) contributing to this activity *Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel*	In your opinion, how successful was the activity (activities) in this effort? *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	Progress made towards action plan goals with this activity ⬜ New activity implemented with progress made during the reporting period ⬜ Continuing activity, no progress made since the last reporting period ⬜ Continuing activity, progress made since last reporting period ⬜ Activity deleted/removed from action plan or replaced with a new activity in action plan ⬜ Activity completed (no plan to implement in the future)	Linking to Action Plan *Describe where in your action plan can the activity be found ((i.e., Goal 1, Objective 2, Strategy Name, Activity 1)*	ACROSS ALL STRATEGIES: Removed question regarding use of STOP Act Funds. Added items to assess progress towards goals and linking to action plan. Replaced "other substance focus" with full list of substances.
					Adults	**Youth**					
Media campaigns: Television/radio/print/billboards/ bus or other posters	⬜ Yes ⬜ No	~~⬜ Yes~~ ~~⬜ No~~	*Number of independent spots/ads aired or placed during this reporting period.*		*Not applicable for this activity*	*Not applicable for this activity*					
Media coverage: TV/radio/newspaper stories	⬜ Yes ⬜ No	~~⬜ Yes~~ ~~⬜ No~~	*Number of media stories appearing this reporting period.*		*Not applicable for this activity*	*Not applicable for this activity*					
Informational materials prepared/produced (e.g., information about marijuana; information about opioids, fentanyl, and methamphetamine; information on sharing/ storage of prescription drugs; treatment referrals)	⬜ Yes ⬜ No	~~⬜ Yes~~ ~~⬜ No~~	*Number of press releases, brochures, flyers, posters, audiovisual products prepared/produced during this reporting period.*		*Not applicable for this activity*	*Not applicable for this activity*					**Added examples**
Informational materials disseminated	⬜ Yes ⬜ No	~~⬜ Yes~~ ~~⬜ No~~	*Number of brochures, flyers, posters, audio visual products*								**Added examples**

			distributed during this reporting period.								
Social networking (Facebook, Twitter, etc.)	m Yes m No	~~m Yes~~ ~~m No~~	*Number of posts on social media sites during reporting period.*		*Total number of follows: Facebook Friends, Twitter Followers, etc.*	*Not applicable for this activity*					
New **Information on Coalition website**	m Yes m No	~~m Yes~~ ~~m No~~	*Number of new materials posted during this reporting period.*		*Number of web hits.*	*Not applicable for this activity*					Added new to be clear focus is on recent/new activity.
Direct, face-to-face information sessions	m Yes m No	~~m Yes~~ ~~m No~~	*Number of educational presentations, workshops, seminars, town hall meetings held during this reporting period. Only include sessions to provide general information. Training sessions will be covered in the next strategy.*		*Number of adults in audience*	*Number of youth in audience*					
Conduct or promote special programs and/or special events (e.g., prescribing guidelines, PDMP, drop boxes/take back events, fairs, town halls, community celebrations)	m Yes m No	~~m Yes~~ ~~m No~~	*Number of events that your coalition participated in during this reporting period. These events could be either run by your coalition or your coalition could participate in them.*		*Approximate adult attendance at events*	*Approximate youth attendance at events*					**Modified wording**
Other (*please specify*): (NOTE: Able to add up to three "other" activity rows)											

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):		**Modified wording**
Please provide a brief overview of any challenges related to Providing Information activities that you experienced during this reporting period (*Maximum of 2,000 character with spaces*)**:**		

Sub-section: Strategy Activity Details: Enhancing Skills

Activities focused on Enhancing Skills	Did your coalition work on this activity during this reporting period? (	~~Stop Act Funds~~	Number of completed activities this period	Substance(s) Focused On *Select all that apply:*	How many people did this activity reach? *(Do not double count participants if attended more than one session)*		Sector(s) contributing to this activity *Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel)*	In your opinion, how successful was the activity (activities) in this effort? *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	Progress made towards action plan goals with this activity	Linking to Action Plan *Describe where in your action plan can the activity be found.*	
					Adults	**Youth**					
Education and training specifically to reduce stigma associated with substance use/substance use disorder	○ Yes ● No										Added item on stigma
Implementation/ Supported Implementation of an Evidence-Based Curriculum in School Setting	○ Yes ○ No	⊝ ~~Yes~~ ⊝ ~~No~~	*Number of sessions delivered of programs focusing on information/skills for youth.*		*Not applicable for this activity*	*Number of youth receiving curriculum*					**Added so we can better understand how many do this type of "training" in particular**
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	○ Yes ○ No	⊝			*Number of adults trained*	*Number of youth trained*					**Added item to separate out a common form of training. Added examples**

use for various community members; signs of methamphetamine use/sales)											
Youth Education and Training Programs	○ Yes ○ No	○ Yes ○ No	Number of sessions delivered of programs focusing on information/skills for youth.		Not applicable for this activity	Number of youth receiving training (do not double count if youth attended more than one session)					
Parent Education and Training Programs	○ Yes ○ No	○ Yes ○ No	Number of training sessions on drug awareness, prevention strategies, or parenting skills specifically for parents.		Number of Parents trained (do not double count if parent attended more than one session)	Not applicable for this activity					
Teacher/Youth Worker Education and Training Programs	○ Yes ○ No	○ Yes ○ No	Number of training sessions on drug awareness and prevention strategies specifically for teachers/youth workers.		Number of teachers/youth workers trained (do not double count if participant attended more than one session)	Not applicable for this activity					

Community Member Education and Training Programs	○ Yes ○ No	○ Yes ○ No	*Number of training sessions on drug awareness, prevention strategies, or cultural competence for community members, including law enforcement, media, and landlords.*		*Number of community members trained (do not double count if community member attended more than one session)*	*Not applicable for this activity*					
~~Business~~ Sector-based Training (e.g., responsible beverage service/vendor training ~~[voluntary or mandatory~~, prescription drug monitoring trainings, prescriber education & training; training on use and how/where to access naloxone and/or fentanyl test strips)	○ Yes ○ No	○ Yes ○ No	*Number of training sessions delivered on server compliance, training on youth marketed alcohol products, tobacco sales, etc.*		*Number of people trained (do not double count if participant attended more than one session)*	*Not applicable for this activity*					Edited examples
Other (*please specify*): (NOTE: Able to add up to three "other" activity rows)	○ Yes ○ No	○ Yes ○ 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 character with spaces):											**Modified wording**
Please provide a brief overview of any challenges related to Enhancing Skills activities that you experienced during this reporting period **(Maximum of 2,000 character with spaces):**											

Sub-section: Strategy Activity Details: Providing Support

Activities focused on Providing Support	Did your coalition work on this activity during this reporting period? (	Stop Act Funds	Number of completed activities this period	Substance(s) Focused On Select all that apply:	How many people did this activity reach? (Do not double count participants if attended more than one session)		Sector(s) contributing to this activity Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel)	In your opinion, how successful was the activity (activities) in this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful	Progress made towards action plan goals with this activity	Linking to Action Plan Describe where in your action plan can the activity be found.	
					Adults	Youth					
Alternative/drug-free social events	◯ Yes ◯ No	◯ Yes ◯ No	Number of drug-free parties, other events supported by coalition		Number of adult attendees not part of coalition	Number of youth attendees					
Youth organizations/drop-in centers	◯ Yes ◯ No	◯ Yes ◯ No	Number of clubs (after-school or other) and centers supported by your coalition. "Support" can be in the form of financial, labor, or in-kind assistance.		Number of adults belonging to clubs or centers	Number of youth belonging to clubs or centers					
Organized youth recreation programs (e.g., athletics, arts, outdoor activities)	◯ Yes ◯ No	◯ Yes ◯ No	Number of programs supported by coalition		Number of adults this activity reached	Number of program participants					
Youth/family community involvement (e.g., school or neighborhood cleanup)	◯ Yes ◯ No	◯ Yes ◯ No	Number of community involvement events held		Number of adults this activity reached	Number of youth this activity reached					

						Number of youth participants, including number of peer mentors (do not double count if attended multiple groups or sessions)						**Added examples**
Youth/family support groups (e.g., for those who have relationships with individuals who use/misuse substances and recovery groups/events)	○ Yes ○ No	~~○ Yes~~ ~~○ No~~	Number of groups (e.g., leadership groups, mentoring programs, youth employment programs)									
Other (please specify): (NOTE: Able to add up to three "other" activity rows)	○ Yes ○ No	~~○ Yes~~ ~~○ No~~										

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 character with spaces):**	**Modified wording**
Please provide a brief overview of any challenges related to Providing Support activities that you experienced during this reporting period **(Maximum of 2,000 character with spaces):**	

Sub-section: ~~Enhancing Access/Reducing Barriers~~ Changing Access/Barriers											Renamed to better reflect that change can occur in either direction
Activities focused on Changing Access/Barriers	Did your coalition work on this activity during this reporting period? (	*Stop Act Funds*	Number of completed activities this period	Substance(s) Focused On *Select all that apply:*	How many people did this activity reach? *(Do not double count participants if attended more than one session)*		Sector(s) contributing to this activity *Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel)*	In your opinion, how successful was the activity (activities) in this effort? *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	Progress made towards action plan goals with this activity	Linking to Action Plan *Describe where in your action plan can the activity be found.*	
					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)	○ Yes ○ No	~~○ Yes~~ ~~○ No~~			*Number of adults served, referred to treatment, involved in EAPs*	*Number of youth served, referred to treatment, involved in SAPs*					Edited examples Modified language
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)	○ Yes ○ No	~~○ Yes~~ ~~○ No~~			*Number of adults participating*	*Number of youth participating*					Edited examples
Improve supports for	○ Yes	~~○ Yes~~			*Number of*	*Number of*					

					adults activity reached	youth activity reached						
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])	○ No	~~○ No~~										
Improve access to prevention, treatment and recovery services through culturally sensitive outreach (e.g., multilingual materials/ speakers; culturally responsive messaging)	○ Yes ○ No	~~○ Yes~~ ~~○ No~~			Number of adults reached (this may be double-counted with entries for Providing Information)	Number of youth reached (this may be double-counted with entries for Providing Information)						Edited examples Added language
Improve access to overdose prevention materials (e.g., distribution of naloxone and/or fentanyl test strips) ~~Harm-Reduction Practices: (e.g., Improved access to naloxone, fentanyl test strips)~~	○ Yes ○ No	~~○ Yes~~ ~~○ No~~			*Not applicable*	*Not applicable*						Added item for implementing harm-reduction practices
Other (*please specify*): (*NOTE: Able to add up to three "other" activity rows*)	○ Yes ○ No	~~○ Yes~~ ~~○ 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):	**Modified wording**
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? (	~~Stop Act Funds~~	Number of completed activities this period	Substance(s) Focused On *Select all that apply:*	How many people did this activity reach? *(Do not double count participants if attended more than one session)*		Sector(s) contributing to this activity *Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel)*	In your opinion, how successful was the activity (activities) in this effort? *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	Progress made towards action plan goals with this activity	Linking to Action Plan *Describe where in your action plan can the activity be found.*	
					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)	○ Yes ○ No	⊖ ~~Yes~~ ⊖ ~~No~~			*Not applicable for this activity*						Edited examples
Strengthening Surveillance (e.g., monitoring "hot spots," party patrols; identify and/or increase monitoring of opioid/methamphetamine use "hot spots"	○ Yes ○ No	⊖ ~~Yes~~ ⊖ ~~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)	○ Yes ○ No	⊖ ~~Yes~~ ⊖ ~~No~~			Number of businesses receiving recognition for compliance						Edited examples
Publicize Non-Compliance (e.g., ~~advertisements~~	○ Yes ○ No	⊖ ~~Yes~~ ⊖ ~~No~~			Number of businesses						

highlighting businesses not compliant with local ordinances)				highlighted for non-compliance						
Other (*please specify*): (NOTE: Able to add up to three "other" activity rows)	○ Yes ○ No	~~○ Yes~~ ~~○ No~~								Edited examples

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. (Maximum of 3,000 character with spaces):	**Modified wording**
Please provide a brief overview of any challenges related to Changing Consequences activities that you experienced during this reporting period **(Maximum of 2,000 character with spaces):**	

Sub-section: Physical Design

Activities focused on Physical Design	Did your coalition work on this activity during this reporting period? (	~~Stop Act Funds~~	Number of completed activities this period	Substance(s) Focused On *Select all that apply:*	How many people did this activity reach? *(Do not double count participants if attended more than one session)*		Sector(s) contributing to this activity *Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel)*	In your opinion, how successful was the activity (activities) in this effort? *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	Progress made towards action plan goals with this activity	Linking to Action Plan *Describe where in your action plan can the activity be found.*	
					Adults	**Youth**					
Identify Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys)	○ Yes ○ No	○ ~~Yes~~ ○ ~~No~~	*Number of physical design problems (e.g., hot spots, clean up areas, outlet clusters) identified this period.*								
Cleanup and Beautification (e.g., Improve parks and other physical landscapes, neighborhood clean-ups; clean needles and other waste related to substance use from parks and neighborhoods)	○ Yes ○ No	○ ~~Yes~~ ○ ~~No~~	*Number of cleanup / beautification events held this period (e.g., neighborhood cleanup days)*								Edited examples
Improve visibility/ease of surveillance in public places and substance use hotspots (e.g., improved lighting, surveillance cameras, improved lines of sight)	○ Yes ○ No	○ ~~Yes~~ ○ ~~No~~	*Number of areas (public places/hot spots) in which surveillance/visibility was improved this period.*								
Promote improved signage/advertising/practices by suppliers (e.g., Decrease signage or advertising, change product locations; post no smoking/no vaping signage)	○ Yes ○ No	○ ~~Yes~~ ○ ~~No~~	*Number of suppliers making changes in signage/advertising/displays this period.*								Edited examples

Increase safe storage solutions in homes or schools (e.g., lock boxes, drug deactivation kits))	◯ Yes ◯ No	~~◯~~									Added
Identify problem establishments for closure (e.g., close drug houses)	◯ Yes ◯ No	~~◯ Yes~~ ~~◯ No~~	*Number of problem establishments closed/modified practices*								
Encourage business/supplier designation of "no alcohol," "no tobacco," or "no marijuana" zones	◯ Yes ◯ No	~~◯ Yes~~ ~~◯ No~~	*Number of businesses that made changes*								
Other (*please specify*): (NOTE: Able to add up to three "other" activity rows)	◯ Yes ◯ No	~~◯ Yes~~ ~~◯ No~~									
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):											**Modified wording**
Please provide a brief overview of any challenges related to Physical Design activities that you experienced during this reporting period (Maximum of 2,000 character with spaces):											

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? (	~~Stop Act Funds~~	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 *Select all that apply*	Sector(s) contributing to this activity *Select all that apply: list of sectors, includes option for N/A: Coalition Leadership/Key Personnel)*	In your opinion, how successful was the activity (activities) in this effort? *Drop down: (1) very successful; (2) moderately successful; (3) not successful*	**Progress made towards action plan goals with this activity**	**Linking to Action Plan** *Describe where in your action plan can the activity be found.*	

Cost: Laws/public policies concerning cost (e.g., alcohol, tobacco, or marijuana tax, fees)	○ Yes ○ No	⊖ Yes ⊖ No	*Number of laws or policies concerning cost incentives you actively informed or helped educate during this reporting period*	*Number of laws passed or modified this period concerning cost incentives*					
Underage Use: Laws/public policies focusing on use, possession, or behavior under the influence for minors	○ Yes ○ No	⊖ Yes ⊖ No	*Number of laws or public policies you actively informed or helped educate concerning underage use, possession, or behavior under the influence (e.g., underage consumption, false identification laws, blood alcohol concentration, graduated driver's licenses, loss of driving privileges for alcohol violations by minors)*	*Number of laws passed or modified this period concerning underage use, possession, or behavior under the influence (e.g., underage consumption, false identification laws, blood alcohol concentration, graduated driver's licenses, loss of driving privileges for alcohol violations by minors)*					
School: Policies promoting drug-free schools	○ Yes ○ No	⊖ Yes ⊖ No	*Number of laws or policies concerning drug-free schools you actively informed or helped educate this period. Do not include policies focused on underage use/possession that were covered above.*	*Number of laws or policies concerning drug-free schools passed or modified during this period. Do not include policies focused on underage use/possession that were covered above*					
Treatment/Prevention: Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use)	○ Yes ○ No	⊖ Yes ⊖ No	*Number of laws or public policies concerning availability and sentencing alternatives to increase treatment/prevention you actively informed or helped educate this period.*	*Number of laws/policies passed or modified this period concerning availability and sentencing alternatives to increase treatment/prevention*					

Category	Response (edited)	Response	Number of laws (actively informed/educated)	Number of laws (passed/modified)							
Workplace: Policies promoting drug-free workplaces	○ Yes ○ No	⊖ ~~Yes~~ ⊖ ~~No~~	*Number of laws or policies concerning drug-free workplaces you actively informed or helped educate this period. Do not include policies mandating treatment.*	*Number of laws or policies concerning drug-free workplaces passed or modified during this period. Do not include policies mandating treatment.*							
Citizen enabling/Liability: Laws/public policies concerning adult (including parent) social enabling or liability such as social host ordinances; policies regarding Narcan/naloxone administration; Good Samaritan Laws)	○ Yes ○ No	○ Yes ○ No	*Number of laws or public policies concerning adult/parent social enabling or liability you actively informed or helped educate this period.*	*Number of laws passed or modified this period concerning adult/parent social enabling/liability.*							Edited examples
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)	○ Yes ○ No	○ Yes ○ No	*Number of laws or public policies concerning supplier advertising, promotion, or liability you actively informed or helped educate this period.*	*Number of laws passed or modified this period concerning supplier advertising, promotion, or liability.*							Edited examples
Outlet Location/Density: Laws/public policies concerning limitation and restrictions of location and density of alcohol or marijuana outlets	○ Yes ○ No	○ Yes ○ No	*Number of laws or zoning ordinances concerning density/location of alcohol outlets you actively informed or helped educate this reporting period.*	*Number of laws/zoning ordinances passed this period concerning the density of alcohol outlets.*							
Sales Restrictions: Laws/public policies concerning restrictions on product sales (e.g., alcohol at gas stations)	○ Yes ○ No	○ Yes ○ No	*Number of laws or public policies concerning restrictions on product sales you actively informed or helped educate this period.*	*Number of laws/public policies passed or modified this period concerning restrictions on product sales.*							
Other (*please specify*): (*NOTE: Able to add up to three "other" activity rows*)	○ Yes ○ No	○ Yes ○ No									

Please provide a brief overview of any notable accomplishments related to Educating/Informing about Changing Policies/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 character with spaces):	**Modified wording**
Please provide a brief overview of any challenges related to Providing Information activities that you experienced during this reporting period **(Maximum of 2,000 character with spaces):**	

Sub-section: Implementation Summary	

In the last six months, did your coalition successfully educate or inform about any policies/laws that were modified/changed?
 	
  m Yes
  m 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: Month/Year **Substance(s) affected** (please describe) **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: Month/Year **Substance(s) affected** (please describe) **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 character with spaces)*:	

Please report any ~~additional details, including~~ **barriers or challenges**~~, about your~~ regarding **implementation of activities that were not captured above** *(Maximum of 2,000 character with spaces)***:**	**Minor word editing**

Sub-section: Coalition Local Evaluation Effort	

~~Approximately what percent of your coalition's~~ ~~evaluation~~ ~~effort and resources went into the following activities?~~ ~~*(Note: Total must add to 100%)***:**~~
 ~~___% Data collection~~
 ~~___% Data analysis~~
 ~~___% Identifying recommendations for improvement~~
 ~~___% Presenting evaluation findings~~
 ~~___% Other (*please specify*): _____~~
 	
 Did your coalition locally evaluate any of your activities?
     No
     Yes
 	
 If yes, di your coalition engage in any of the following with regard to this local evaluation of implementation activities
	Deleted existing question
	
	 Added new evaluation question

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

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

~~LOCAL DRUG CRISES SECTION~~ **EMERGING DRUG THREATS/ISSUES**	Rename: Emerging Drug Threats Section (and this terminology throughout Section)
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 (~~Local Drug Crisis~~ Emerging Drug Threats) in the community? Yes/no (If yes, the following items will be made available).	

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

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

Added prescription non-opioids to address issue that coalitions find it difficult to distinguish work on prescription opioids from work on prescription non-opioids. If they are able to do so wanted to leave option focused on all prescription drugs.

~~What strategies or activities has your coalition engaged in specifically around the issue of addressing opioids/methamphetamine (Local Drug Crisis Emerging Drug Threats) 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 Emerging Drug Threats). If you are engaged in the activity, but not with the intention to address opioids/methamphetamine, please select "No".~~

Removed this section and incorporated as examples into implementation strategies.

~~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~~			
~~**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 areas/establishments for increased monitoring/closure (e.g., parking lots used for dealing drugs, 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/methamphetaDelemine. How successful have these activities been? Any challenges to overcome in building capacity to address opioids/methamphetamine?		Edited wording and separated out building capacity response from activity response	
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 ~~key at any step in the process~~ from ~~capacity building and~~ Providing Information to buildi~~ng~~ community awareness to ~~reducing opioid/methamphetamine use and overdoses/deaths~~ 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).		Edited wording and separated out building capacity response from activity response	
Identify any challenges that occurred during implementation. Include any recommendations to address/overcome challenges ~~had/would need to be addressed~~ in order for the activity to be effective or for similar activities to be effective in other communities.		Edited wording	

Sub-section: Vaping

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

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

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 (If yes, the following item will be made available)	Added a section to assist coalitions in having an opportunity to share new/emerging threats as they are identified.
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 *All coalitions are required to determine if a data management plan is needed and to maintain in updated status over time.* **NOTE: Instead of being asection of the report this may be in its own section in the DFC & CARA Me system pending development decisions by that team.**	**ALL New**
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.)	Once submit a data management plan, prior responses will be included
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)	New Section added. DFC recipients required as a federal grant to determine if data management plan is needed and if so, to submit the plan in order to be in compliance with

	federal grant requirements.
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?
   o Data elements (i.e., variables or indicators that are collected)
   o 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 character 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 character with spaces)*	
Element 4: Data Use Standards (unlimited characters) • If you plan to share data, please describe where and how data will be stored *(Maximum of 4,000 character with spaces)*	

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 *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.*

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

Grade	Measure					
High School	Size					
	30-Day Use %					
	Sample Size					

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 %			*Given relatively low youth use of these substances and in line with national Youth Risk Behavior Survey, coalitions will have the option to ask about 30-Day Use or Past-Year use if of interest locally. That is, collecting EITHER past 30-day use or past-year use will be acceptable*
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 %			
	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 %							
6	**Sample Size**							
7	Perception of Risk %							
7	**Sample Size**							
8	Perception of Risk %							
8	**Sample Size**							
9	Perception of Risk %							
9	**Sample Size**							
10	Perception of Risk %							

Grade	Measure						
	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 <u>and</u> 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 <u>and</u> 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 %							
	Sample Size							

STOP ACT Core Measure: Attitude Toward Peer Use of Alcohol
Please report the percentage of students who reported moderate <u>and</u> great risk response options for alcohol

Grade	Measure	Alcohol	
6	Attitude Toward Peer Use of Alcohol %		

Grade	Measure		
	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 <u>and</u> 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)*:	**ICF: Need to create a place for just the DMP**

TRAINING AND COALITION DEVELOPMENT SUPPORT	

~~Sub-section: Challenges~~						**Removed this scale and integrated in needs for training/support**
~~To what extent has your coalition experienced challenges in the following area?~~	~~Significant Challenge (Please select up to three (3) that are the primary challenges experienced by your coalition)~~	~~Some Challenge~~	~~A Little Challenge~~	~~No Challenge~~	~~Not Applicable~~	
~~Increasing coalition membership and participation~~	~~m~~	~~m~~	~~m~~	~~m~~	~~m~~	Deleted item as most consider not a challenge based on historical data
Building leadership capacity among coalition members	m	m	m	m	m	Moved item to integrate into next section
~~Attaining an agreement among coalition members regarding goals, planned initiatives, etc.~~	~~m~~	~~m~~	~~m~~	~~m~~	~~m~~	Deleted item as most consider not applicable or not a challenge based on historical data
~~Developing/revising a framework/logic model of change~~	~~m~~	~~m~~	~~m~~	~~m~~	~~m~~	Deleted item as most consider not applicable or not a challenge based on historical data
~~Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis~~	~~m~~	~~m~~	~~m~~	~~m~~	~~m~~	Deleted item as most consider not applicable or not a challenge based on historical data
Recruiting/engaging populations of focus(e.g., youth/students) in substance use prevention initiatives	m	m	m	m	m	Moved item to integrate into training /support section
Engaging key partners (e.g., school personnel, parents) in substance use prevention initiatives	m	m	m	m	m	Moved item to integrate into training /support section
Engaging the general community in substance use prevention	m	m	m	m	m	Moved item to integrate into training /support section

initiatives						
Planning/executing substance use prevention initiatives	m	m	m	m	m	Moved item to integrate into training /support section
Developing/executing a media plan to draw attention to new drug threats	m	m	m	m	m	Moved item to integrate into training /support section
Attaining funding for substance use prevention initiatives	m	m	m	m	m	Moved item to integrate into training /support section
Collecting/analyzing data for evaluation purposes	m	m	m	m	m	Moved item to integrate into training /support section
~~Did your coalition experience a challenge in another area? (If yes, please specify other area):_____~~	~~m~~	~~m~~	~~m~~	~~m~~	~~m~~	Deleted item as most consider not applicable or not a challenge based on historical data
~~Did your coalition experience a challenge in another area? (If yes, please specify other area):_____~~	~~m~~	~~m~~	~~m~~	~~m~~	~~m~~	Deleted item as most consider not applicable or not a challenge based on historical data
~~Did your coalition experience a challenge in another area? (If yes, please specify other area):_____~~	~~m~~	~~m~~	~~m~~	~~m~~	~~m~~	Deleted item as most consider not applicable or not a challenge based on historical data

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?				Minor wording edit to support combining this section and the prior section into one section, with some items eliminated
	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					Moved item to integrate in this scale
Making progress on understanding and addressing cultural competency and health equity as a coalition ~~Cultural competency~~	m	m	m	m	Revised wording
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	Revised wording when integrating

Recruiting/engaging populations of focus(e.g., youth/students) in substance use prevention initiatives					Moved item to integrate in this scale
Engaging key partners (e.g., school personnel, parents) in substance use prevention initiatives					Moved item to integrate in this scale
Engaging the general community in substance use prevention initiatives					Moved item to integrate in this scale
Attaining funding for substance use prevention initiatives					Moved item to integrate in this scale
~~Advocacy and policy development~~ Training on the difference between advocacy and lobbying. How to be sure educating/informing with regard to policy development					Replaced existing item to separate understanding of difference between advocacy and lobbying from understanding what a model policy might look like.
~~Advocacy and policy development~~ Training/Examples to help in developing model policies.	m	m	m	m	Replaced existing item to separate understanding of difference between advocacy and lobbying from understanding what a model policy might look like.
Developing/executing a media plan to draw attention to new drug threats					
Collecting/analyzing data for local evaluation purposes	m	m	m	m	Revised wording when integrating
Understanding when and why / why not to engage with local evaluators					Added item
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? ❏ Yes ❏ 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.

- Propose change to 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?	☐	☐
During the past 30 days did you smoke part or all of a cigarette?	☐	☐
During the past 30 days have you used marijuana or hashish? (e.g., smoked, vaped, edibles)	☐	☐
During the past 30 days have you used prescription drugs *not prescribed to you*?	☐	☐
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?	☐	☐	☐	☐
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?	☐	☐	☐	☐
How much do you think people risk harming themselves physically or in other ways if they ~~smoke~~ use marijuana once or twice a week (e.g., smoke/vape/edibles)?	☐	☐	☐	☐
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?	☐	☐	☐	☐

PERCEPTION OF PARENTAL/GUARDIAN/CAREGIVER DISAPPROVAL: (NOTE: MEASURES CAN INDICATE PARENTS SPECIFCALLY 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?	☐	☐	☐	☐
How wrong do your parents feel it would be for you to smoke tobacco?	☐	☐	☐	☐
How wrong do your parents feel it would be for you to ~~smoke~~ use marijuana? (e.g., smoking, vaping, edibles)	☐	☐	☐	☐
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	☐	☐	☐	☐

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?	☐	☐	☐	☐
How wrong do your friends feel it would be for you to smoke tobacco?	☐	☐	☐	☐
How wrong do your friends feel it would be for you to ~~smoke~~ use marijuana? (e.g., smoking, vaping, edibles)	☐	☐	☐	☐
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	☐	☐	☐	☐

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?"