Purpose: this reporting format is intended to capture any accomplishments or barriers experienced by the Regional Prevention Task Force (RPTF) in implementing activities funded under the Substance Use Prevention, Treatment and Recovery Block Grant (SUBG) during the prior month. This report supports projected activities contained in the Quarterly Workplan and provides the context for the completion of key tasks or activities during the month as well as any barriers experienced which may impact the timing or completion of them.

For each section please review the accomplishments and barriers listed. Select those that apply to the prior month and provide any additional data such as providing a date for the accomplishment from the date picker provided or entering a description into the text field. Only select those that are applicable to your region. There are fields to describe any accomplishments or barriers that are not included elsewhere as well. Each section has an open text field for additional information.

**Section 1: Community Based Process and Capacity Building Activities**

Past Month Accomplishments

RPTF Meeting date Click or tap to enter a date.

Municipal Meeting Click or tap to enter a date.

State level planning!

GODTF Click or tap to enter a date.

PAC Click or tap to enter a date.

GCBH Click or tap to enter a date.

TFRI Click or tap to enter a date.

Other, please describe: Click or tap here to enter text.

Capacity Building Activities for Coalition Membership (training, technical assistance, retreat). Please describe Click or tap here to enter text. Click or tap to enter a date.

Outreach, recruitment, or engagement activities. Please describe Click or tap here to enter text. Click or tap to enter a date.

Please describe any other community-based process ACCOMPLISHMENTS experienced during the month: Click or tap here to enter text.

Past Month Barriers

No barriers experienced.

Delays in PO being issued.

Delays in decisions about projects and funding. Please describe why there was delays and who is responsible: Click or tap here to enter text.

Vacancy in staff positions, please describe: Click or tap here to enter text.

Meetings with key stakeholders involved in implementing activities were cancelled/rescheduled.

Key stakeholders declined participation in the activities.

Please describe any other community-based process BARRIERS experienced during the month: Click or tap here to enter text.

**Technical Assistance Requests – Community Based Process**

No technical assistance is required.

Technical assistance was requested and received but did not meet the need. Please describe: Click or tap here to enter text.

Technical assistance is requested to address barriers. Please describe the technical assistance you

would like to receive: Click or tap here to enter text.

**Section 2: Information Dissemination Activities**

Past Month Accomplishments

**Website content**

New website content obtained or developed. What specific content was obtained or developed, please describe: Click or tap here to enter text.

New website content posted. What specific content was posted, please describe: Click or tap here to enter text. Please add date: Click or tap to enter a date.

Please describe how the website contents supports an activity associated with your strategic plan or implementation of an EBP (please specify which EBP, as appropriate). Click or tap here to enter text.

**Social Media**

New social media content obtained or developed. What specific content was obtained or developed, please describe: Click or tap here to enter text.

New social media content posted. What specific content was posted, please describe: Click or tap here to enter text. Please add date: Click or tap to enter a date.

Please describe how the website contents supports an activity associated with your strategic plan or implementation of an EBP (please specify which EBP, as appropriate). Click or tap here to enter text.

**Print Materials**

New print material developed. What specific content was obtained or developed, please describe: Click or tap here to enter text.

New print material disseminated. What specific print material was disseminated, please describe: Click or tap here to enter text. Please add date: Click or tap to enter a date.

Please describe how the print material supports an activity associated with your strategic plan or implementation of an EBP (please specify which EBP, as appropriate). Click or tap here to enter text.

**Public Service Announcements (PSAs)**

New public service announcements (PSA) obtained or developed. What specific PSA content was obtained or developed, please describe: Click or tap here to enter text.

New public service announcements (PSA) disseminated. What specific PSA content was disseminated, please describe: Click or tap here to enter text. Please add date: Click or tap to enter a date.

Please describe how the PSA supports an activity associated with your strategic plan or implementation of an EBP (please specify which EBP, as appropriate). Click or tap here to enter text.

**Other**

Outreach, recruitment, or engagement activities. Please describe Click or tap here to enter text. Click or tap to enter a date.

Please describe any other information dissemination ACCOMPLISHMENTS experienced during the month: Click or tap here to enter text.

Past Month Barriers

No barriers experienced.

Website or other platforms down.

Staff need to be trained on platforms used.

Vacancy in staff positions, please describe: Click or tap here to enter text.

Awaiting BHDDH approval.

Please describe any other information dissemination BARRIERS experienced during the month: Click or tap here to enter text.

**Technical Assistance Requests – Information Dissemination**

No technical assistance is required.

Technical assistance was requested and received but did not meet the need. Please describe: Click or tap here to enter text.

Technical assistance is requested to address barriers. Please describe the technical assistance you would like to receive: Click or tap here to enter text.

**Section 3: Educational Strategy/Activities**

**Past Month Accomplishments**

Implementation partners approved use of the educational strategy, program, or activity.

Training for implementers on the educational strategy, program or activity was scheduled but not yet held.

Implementers were trained on education strategies or EBPs to be implemented. Enter name of the EBP (s)Click or tap here to enter text. Enter date of training: Click or tap to enter a date.

Program materials such as curriculum or lesson plans were received by implementers.

Educational strategy was implemented. Enter strategy name: Click or tap here to enter text. Enter location(s): Click or tap here to enter text. Enter date: Click or tap to enter a date.

Current cycle of educational strategy/activity was completed. Enter strategy name: Click or tap here to enter text.Location: Please add date completed: Click or tap to enter a date.

Outreach, recruitment, or engagement activities. Please describe Click or tap here to enter text. Click or tap to enter a date.

Please describe any other educational strategy ACCOMPLISHMENTS experienced during the month. Enter strategy name: Click or tap here to enter text. Accomplishment description: Click or tap here to enter text.

Past Month Barriers (Educational Strategies)

No barriers experienced.

Implementation partners are not committed or cancelled implementation. Enter strategy name: Click or tap here to enter text. Enter information about the partners: Click or tap here to enter text.

Implementation partners haven’t agreed upon a start date. Enter strategy name: Click or tap here to enter text. Please explain why:Click or tap here to enter text.

Location for program or activity has not been secured or will not be available for the reporting period. Enter strategy name: Click or tap here to enter text.

Vacancy in staff positions needed for the educational activity. Enter strategy name: Click or tap here to enter text.

Training is needed but not yet available. Name of training: Click or tap here to enter text. For whom is the training needed and why it is not available? Click or tap here to enter text.

Please describe any other educational strategy BARRIERS experienced during the month: Click or tap here to enter text.

**Technical Assistance Requests -Educational Strategies**

No technical assistance is required.

Technical assistance was requested and received but did not meet the need. Please describe: Click or tap here to enter text.

Technical assistance is requested to address barriers. Please describe the technical assistance you would like to receive: Click or tap here to enter text.

**Section 4: Alternative Activities**

Past Month Accomplishments

Pre prom substance free activity. Enter location(s): Click or tap here to enter text. Enter date: Click or tap to enter a date.

Post prom substance free activity. Enter location(s): Click or tap here to enter text. Enter date: Click or tap to enter a date.

Graduation substance free activity Enter location(s): Click or tap here to enter text. Enter date: Click or tap to enter a date.

After School Activities (not EBP) Enter location(s): Click or tap here to enter text. – describe date range: Click or tap here to enter text.

Outreach, recruitment, or engagement activities. Please describe Click or tap here to enter text. Click or tap to enter a date.

Please describe any other alternative activity ACCOMPLISHMENTS experienced during the month: Click or tap here to enter text.

Past Month Barriers

No barriers experienced.

Substance free alternative activity was cancelled. Please describe event and enter the cancellation date; Click or tap here to enter text. Why was the activity cancelled? Click or tap here to enter text. Who cancelled it? Click or tap here to enter text.

Please describe any other alternative BARRIERS experienced during the month: Click or tap here to enter text.

**Technical Assistance Requests – Alternative Activities**

No technical assistance is required.

Technical assistance was requested and received but did not meet the need. Please describe: Click or tap here to enter text.

Technical assistance is requested to address barriers. Please describe the technical assistance you would like to receive: Click or tap here to enter text.

**Section 5: Environmental Activities**

Past Month Accomplishments

ALCOHOL Local Law Enforcement Compliance checks. Please enter city/town: Click or tap here to enter text. Please enter date: Click or tap to enter a date. If more than one, please provide the information for each. Click or tap here to enter text.

BARS ALCOHOL Compliance checks. Please enter city/town: Click or tap here to enter text. Please enter date: Click or tap to enter a date. If more than one, please provide the information for each. Click or tap here to enter text.

TOBACCO/ENDS Local Law Enforcement Compliance checks. Please enter city/town: Click or tap here to enter text. Please enter date: Click or tap to enter a date. If more than one, please provide the information for each. Click or tap here to enter text.

BARS TOBACCO/ENDS Compliance checks. Please enter city/town: Click or tap here to enter text. Please enter date: Click or tap to enter a date. If more than one, please provide the information for each. Click or tap here to enter text.

Sticker Shock. Please enter locations: Click or tap here to enter text. Please enter date: Click or tap to enter a date. How many stickers were affixed to products: Click or tap here to enter text.If more than one event, please provide the information for each. Click or tap here to enter text.

Shoulder Tap. Please enter city/town: Click or tap here to enter text. Please enter date: Click or tap to enter a date. If more than one, please provide the information for each. Click or tap here to enter text.

Party Patrols. Please enter city/town and whether it conducted by state DEM, local municipal, or campus police: Click or tap here to enter text. Please enter date: Click or tap to enter a date. If more than one, please provide the information for each. Click or tap here to enter text.

Policy/ordinance change, please describe which municipality and the type of change:Click or tap here to enter text.

Media Advocacy in support of policy/ordinance, please describe which municipality and the media outlet for advocacy (e.g., newspaper, coalition website, listserv, social media, other: Click or tap here to enter text.

Media Literacy (Media Ready/Media Detective) or provide names of others: Click or tap here to enter text.

Social Marketing Please add name of Social Marketing campaign: Click or tap here to enter text. Please enter date the campaign began: Click or tap to enter a date. Please enter date when it is anticipated to end: Click or tap to enter a date.

Outreach, recruitment, or engagement activities. Please describe Click or tap here to enter text. Click or tap to enter a date.

Please describe any other environmental strategy ACCOMPLISHMENTS experienced during the month: Click or tap here to enter text.

Past Month Barriers

No barriers experienced.

Please describe any other environmental strategy BARRIERS experienced during the month: Click or tap here to enter text.

**Technical Assistance Requests – Environmental Strategies**

No technical assistance is required.

Technical assistance was requested and received but did not meet the need. Please describe: Click or tap here to enter text.

Technical assistance is requested to address barriers. Please describe the technical assistance you would like to receive: Click or tap here to enter text.

**Section 6: Data Collection Activities**

Past Month Accomplishments

Focus Groups (to update Needs Assessment or Strategic Plan), please describe group(s) and date(s) conducted: Click or tap here to enter text.

Key Informant Surveys (to update Needs Assessment or Strategic Plan) please describe population(s), and date(s) conducted: Click or tap here to enter text.

Pre or posttests for an intervention please describe program(s), group(s) and date(s) conducted: Click or tap here to enter text.

RISS Coordination Activities. Please describe: Click or tap here to enter text.

Development of pre and posttests. Please describe the EBP(s) or activities that will have the pre or posttests: Click or tap here to enter text.

Identification of thresholds for participation in pre or posttests. Please describe the EBP(s) or activities that will be impacted: Click or tap here to enter text.

Evaluation design for EBPs that don’t have a developer required or provided pre post or evaluation plan. Please describe the EBP(s) or activities that will be impacted: Click or tap here to enter text.

Adaptation of previously designed pre or posttests. Please describe the EBP(s) or activities that will be impacted: Click or tap here to enter text.

Packaging and presenting data. Please describe the EBP(s) or activities for which data was packaged or presented: Click or tap here to enter text. Please describe the presentation format: Click or tap here to enter text. Please enter date: Click or tap to enter a date.

Outreach, recruitment, or engagement activities. Please describe Click or tap here to enter text. Click or tap to enter a date.

Please describe any other data collection ACCOMPLISHMENTS experienced during the month: Click or tap here to enter text.

Past Month Barriers

No barriers experienced.

Focus group was cancelled. Please describe group and enter the cancellation date; Click or tap here to enter text.

Key informant declined to participate. Please describe: Click or tap here to enter text.

Other data collection activity was cancelled or postponed. Please describe: Click or tap here to enter text.

Please describe any other data collection BARRIERS experienced during the month: Click or tap here to enter text.

**Technical Assistance Requests- Data Collection**

No technical assistance is required.

Technical assistance was requested and received but did not meet the need. Please describe: Click or tap here to enter text.

Technical assistance is requested to address barriers. Please describe the technical assistance you would like to receive: Click or tap here to enter text.

**Required Reports for Monthly Invoice & Instructions**

1. Report Name**: “**Planned Activities by Program**”**

Purpose: This report will provide you with the total number of planned or completed activities for a specific program within a given timeframe. For the report to generate the information you need; you must first ensure that you have entered your data into IMPACTSAPT correctly.

*Generating the Report:*

1. Go to: Reports/ Reports Module and under Implementation, select Planned Activities by Program.
2. Enter start and end dates that align with your reporting period – in this case the month covered by the invoice submitted.
3. Select your Organization, Program, Objective, Start Date, End Date and Activity Status and click Generate Report. (Select any with SUBG naming convention).

2. Report Name**: “**People Served by Month.**”**

Purpose: This report will provide you with the total number of people served by a specific program or multiple programs for a one-year period. It presents data both as a bar chart and a count by month. **For program participants to be counted, the program type must be an educational service and include the classroom education service code.**

*Generating the Report:*

1. Go to: Reports/ Reports Module and under Implementation, select People Served by Month.
2. Enter a start date – the report will automatically cover a 12-month period and reports each month separately. Please make sure that the month for which you are invoicing is covered within the 12-month period selected.
3. Select your Organization, Program, and Groups as desired and click Generate Report. (Select any with the SUBG naming convention).

**Reporting Schedule and Instructions**

Accomplishments and Barriers Report

For the contract year starting 10/1/24, the first accomplishments and barriers report will be due 1/15/25 and will cover the prior quarter (Oct.- Dec. 2024). Subsequent reports will be submitted monthly thereafter with the invoice.

Annual & Quarterly Workplan Template

The annual workplan will be required starting October of 2024. It will be due each year on October 1st.

The Quarterly Workplan Template is due the first day of each quarter, October 1, January 1, April 1 and June 1.