**PFS Training and Technical Assistance Form**

Use this to record any Training and TA provided to the communities to build capacity. This includes training and TA provided by the state, regions, or by other contractors and consultants. Training and TA should be counted as one unit per issue. It does not include simple clarifying assistance (e.g., sending someone to a website).

**Training** refers to the delivery of structured events focused on topics such as data collection protocols and systems, building community partnerships, or implementing media campaigns.

**Technical Assistance** refers to substantial services provided by professional prevention staff to give technical guidance to grantees and individuals to effectively implement their grant.

**1. Name of T/TA you provided:**

**2. When did you begin providing this T/TA (MM/DD/YYYY)? (If an exact date isn’t known, enter your best estimate, such as the first day of the month it was received.)**

**3. What topic(s) were covered? (select all that apply)**

Behavioral Health Disparities

CAPT Information

Collaboration

Community Data Collection

Community Development

Cultural Competence/Diversity

Data Entry

Developing Prevention Systems

Development of Overdose Prevention

System

Environmental Strategies

Grant Writing/Funding/Resource

Development

Grantee Data Collection

Identifying/Selecting/Implementing

Evidence-Based Programs

Information Technology

Infrastructure Development

Marketing/Communications

National Outcomes Measures (NOMS)

Needs Assessment

Organization Development

Overdose Outcome Measures

Overdose Prevention in Specific Settings

(e.g. shelter, correctional facility)

Prevention Fundamentals

Prevention in Specific Settings (e.g.

workplace, correctional facility)

Readiness Assessment

Risk and Protective Factors

SAMHSA’s Strategic Prevention

Framework (SPF)

State/Territory Data Collection (NPIRS)

Strategic Planning

Substance Use/Abuse

Sustainability

Utilizing Epidemiological Data

Violence Prevention

Youth Involvement

Other

**4. Brief Description of the Need for the Training/TA:**

**5. Who provided the T/TA?**

Region 1

Region 3

Region 4

Region 5

Region 6

State

PTTC/CAPT

Other (please specify):

**6. Who received the T/TA? (select all that apply):**

ASAAP – Area Substance and Alcohol Abuse Prevention Coalition

Back to BASICS

Box Butte County Family Focus

Buffalo County Positive Pressure

Cherry County NCDHD

Coalition RX

Dawes Sioux Community Prevention Team

Gage County MAPS Prevention Coalition

GLW Children’s Council

Healthy Communities Initiative (HCI)

Lancaster Prevention Coalition

Monument Prevention Coalition

Omaha Collegiate Consortium (OCC)

Project Extra Mile

Sarpy/Cass Health Department

Sheridan Community Prevention Team

Southeast District Prevention Partnerships

Three Rivers Health Department

**7. What delivery mechanism was used? (choose one):**

* Face to face
* Moderated distance learning
* Self-paced distance learning
* Telephone
* Video conference
* Web conference
* Other (please specify):

**8. Was this training or TA timely?**

* Yes
* No

**9. Was this training or TA effective?**

* Yes
* No

**10. Provide any additional description of this training/TA experience here:**