**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:**