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| XXX Coalition1st Quarter ReportYear 1 |
| SPF - Partnerships for Success 2018 |

**Requirements for Completing the Quarterly Report**

1. Only enter information from the reporting period.
	1. Year 1
		1. July 30th report covers October 2018 – June 2019
		2. October 30th report covers July 2019 – September 2019
	2. Years 2-5
		1. January 30th report covers October – December
		2. April 30th report covers January – March
		3. July 30th report covers April – June
		4. October 30th report covers July – September
2. Information should only stay the same from one report to the next is if nothing about that activity has changed over the quarter.
	1. For example, if you are implementing All-Stars in a middle school and you have good buy-in from staff and other stakeholders and you conduct the program twice weekly every week for 2 quarters, the narrative for that accomplishment would not change. However, if a turnover in staff occurs, that would add a new barrier and change the accomplishment. All changes should be reflected in the narratives. DO NOT copy and paste or simply use the same report again and again. This DOES NOT reflect the changes that happen over the quarter and makes reporting difficult. The ONLY time something should be the same as the quarter before is if nothing about it changed.
3. There are only 2 lines available for each accomplishment and barrier section. You do not need to fill both of these if you don’t have anything.
	1. For Example: If you do not have any accomplishments or barriers in assessment because you are in the midst of implementing programs and are not doing any assessment processes, leave assessment blank.
	2. Review the drop down menu and select the best choice that describes your accomplishment/barrier.
	3. REMEMBER! You are only reporting on the quarter you just finished. Not the whole grant, not the whole year, just the last quarter.
	4. Quarterly reporting is your best line of communication about your programming from you to your funders. Do not sell yourself short, include an update on all of your programming, accomplishments and barriers, but follow the directions above and don’t overdo it.

**For Assistance in Completing this Report:**

Please contact the Regional Prevention Coordinator or PFS Coordinator for your Region.

This form was adapted from cross-site evaluator, PEP-C’s, QPR Electronic Version 2014 accessed through the MRT December 2014. Updated for PFS 2018 February 2018.

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# Staff Information

Please provide up-to-date information for the coalition lead. If there is another important point of contact or an additional paid staff, please list them as well.

[ ] Please check here if you are providing changes in staff for this reporting period

Coalition Lead for PFS

Name:

Email

Address:

Phone Number:

Other PFS Contacts

Name:

Email:

Address:

Phone Number:

Name:

Email:

Address:

Phone Number:

# Assessment

Assessment involves the systematic gathering and examination of data about alcohol and drug problems, related conditions and consequences in the area of concern to the community prevention planning group. Assessing the problems means pinpointing where the problems are in the community and which populations are impacted. It also means examining the conditions within the community that put it at risk for the problems and identifying conditions that now, or in the future, could protect against the problems.

## Accomplishment and Barriers

[ ] **Please check box here if there was no assessment activity conducted this quarter**

|  |
| --- |
| Assessment Accomplishments |
| Accomplishment Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

|  |
| --- |
| Assessment Barriers |
| Barrier Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

# Capacity

Capacity refers to the various types and levels of resources available to establish and maintain a community prevention system that can identify and leverage resources that will support an effective strategy aimed at the priority problems and identified risk factors in the community at the appropriate population level. Capacity to carry out strategies depends not only upon the resources of the community organizations and their function as a cohesive problem-solving group, but also upon the readiness and ability of the larger community to commit its resources to addressing the identified problems.

## Accomplishments and Barriers

[ ] **Please check box here if there was no capacity activities that took place this quarter**

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| --- |
| Capacity Accomplishments |
| Accomplishment Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

|  |
| --- |
| Capacity Barriers |
| Barrier Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

# Planning

Planning involves following logical sequential steps designed to produce specific results. The desired results (Outcomes) are based upon data obtained from a formal assessment of needs and resources. The plan, then, outlines what will be done over time to create the desired change.

## Accomplishments and Barriers

[ ] **Please check box here if there was no planning that took place this quarter**

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| --- |
| Planning Accomplishments |
| Accomplishment Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

|  |
| --- |
| Planning Barriers |
| Barrier Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

# Implementation

Implementation is the point at which the activities developed and defined in the Assessment, Capacity, and Planning steps are conducted.

Briefly describe the progress in the implementation process and overall accomplishments to date.

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| Implementation Progress and Accomplishments |
|  |

## 5.1 Accomplishments and Barriers

[ ] **Please check box here if there was no implementation that took place this quarter**

|  |
| --- |
| Implementation Accomplishments |
| Accomplishment Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

|  |
| --- |
| Implementation Barriers |
| Barrier Name | If “Other” selected, Specify Other | Description |
| (Select Name) |  |  |
| (Select Name) |  |  |

## 5.2 Description of SPF Progress

Briefly describe where the organization is currently in the SPF process. Please ONLY discuss the SPF step the subrecipient is actually in and NOT the entire SPF process. It is possible to be in multiple SPF steps at the same time, so your answer may contain more than one step. For instance a group conducting multiple activities may be in planning for one while implementing another. List the step and the work that has been done in the quarter for that step, in a few (2-5) sentences. Because this is a high level summary, this may not change every quarter, however, please be sure to monitor carefully and update it when changes do occur.

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| Briefly describe where the organization is in the SPF process  |
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# Health Disparities

Healthy People 2020 defines health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

## Health Disparities

Health disparities subpopulations refer to specific demographic, language, age, socioeconomic status, sexual identity, or literacy groups that experience limited availability of or access to substance use prevention services OR who experience worse substance use prevention outcomes. Following are examples of health disparities activities:

* Defined specific health disparities subpopulations (by demographics, language, age, socioeconomic status, sexual identity, or literacy)
* Identified specific substance use-related health disparities faced by your selected subpopulations
* Obtained substance use-related data specific to the high-needs subpopulations
* Considered health disparities in your PFS planning process (e.g., in subrecipient or intervention selection)
* Involved subpopulations experiencing health disparities in your PFS activities (e.g., assessment, capacity building, planning, implementation, or evaluation)
* Received training to increase your capacity related to substance use health disparities
* Developed partnerships with agencies, organizations, or key stakeholders to address the health disparities
* Implemented interventions specifically for health disparities subpopulations
* Adapted interventions to make them apply to specific health disparities subpopulations
* Increased the availability of substance use prevention services to health disparities subpopulations (i.e., increased how many services exist for these populations)
* Increased access to substance use prevention services for health disparities subpopulations (i.e., increased these populations’ ability to get to or use these services. Access may refer to coverage, services, timeliness, and workforce.)
* Evaluated outcomes by subpopulations that face substance use health disparities
* Evaluated changes in the number of individuals served or reached by subpopulations that face substance use health disparities
* Developed a plan to sustain progress made in addressing substance use-related health disparities beyond the Partnerships for Success Initiative

Provide a brief summary of any health disparities activities in the box below.

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| Health Disparity Activities |
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## Health Disparities Summary

Please provide any additional information about activities noted above in the accomplishments box.

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| Health Disparities Accomplishments |
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Provide a brief summary of any barriers in the appropriate box below.

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| Health Disparities Barriers |
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# Sustainability

Sustainability is defined as “a community’s ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies and continuously improve health and quality of life for all”. From CDC’s sustainability planning guide for healthy communities, 2011.

## 7.1 Sustainability Activities

**During the past quarter**, how have you worked to ensure that prevention intervention activities and outcomes continue after SPF-PFS funding has ended? Following are examples of sustainability activities:

* Leveraged, redirected, or realigned other funding sources or in-kind resources (e.g., used the success of the PFS efforts to secure other funds)
* Worked to ensure that prevention intervention activities are incorporated into the missions/goals and activities of other organizations (e.g., school districts, law enforcement agency)
* Worked to ensure that prevention staff positions are folded into other organizations (e.g., school districts, community agencies)
* Worked to gain *formal* adoption of prevention intervention activities into other organizations’ practices (e.g., school district curriculum, organizational policy change)
* Worked to implement local level laws, policies, or regulations to guarantee the continuation of prevention intervention activities or outcomes
* Worked on developing a partnership structure that will continue to function beyond the end of the PFS grant period

Provide a brief summary of prevention intervention activities in the box below.

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| --- |
| Sustainability Activities |
|  |

## 7.2 Sustainability Summary

Please provide any additional information about activities noted above in the accomplishments box.

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| --- |
| Sustainability Accomplishments |
|  |

Provide a brief summary of any barriers in the box below.

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| --- |
| Sustainability Barriers |
|  |