

This document describes the Division of Behavioral Health and Recovery's (DBHR) requirements for reporting per the County Program Agreements for Prevention Services for the period between 07/01/2017 – 06/30/2019. It identifies data to be reported in the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva). This document is not a replacement for information included in a signed contract.

- **Definitions:**
  - Data (p.4) and Prevention Activity Data (p. 5).
  - Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System, or Minerva (p. 6).
- **Performance Statement of Work:**
  - Enter approved programs into Minerva within 30 days of Strategic Action Plan approval (p. 8).
- **Reporting Requirements:**
  - The Contractor shall:
    - Report on all prevention reporting requirements identified in Minerva. DSHS reserves the right to add reporting requirements (p. 10).
      - [Organization Profiles](#)
      - [Partners & Staff](#)
        - [Partner – person](#)
        - [Partner – organization](#)
        - [Staff - person](#)
        - [Coalition member – person](#)
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      - [Program Planning](#)
      - Implementation
        - [Activity Log](#)
        - [Coalition Coordinator/Tribe Px Staff Hours](#)
        - [CPWI Quarterly Reporting](#)
        - [Tribal Annual Reporting](#)
      - [Enter Session Data](#), including as applicable:
        - [Add/Edit Session Details](#) (for each session)
        - [Participation & Survey Data](#)
          - [Add Participants](#)
          - [Partners: participation](#)
          - [Staff: participation and direct and indirect service hours](#)
          - [Individual Participant: participation and survey responses](#)
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          - [Mentoring – support activities: participation](#)
          - [Mentoring – match activities: participation and survey responses](#)
          - [Aggregate count](#)
          - [Population reach](#)

- Ensure monthly prevention activities are reported in Minerva according to the requirements and timeline in section 4.e. of the contract (p. 10).
- Request an extension, if needed, for reporting using the process for requesting an exemption for reporting (p. 10 – 11).
- Report annually, monthly, quarterly, and bi-annually (for PFS funded Contractor only) according to the reporting schedule, and as requested by DSHS (p. 11; reprinted below).

| Reporting Period                              | Report(s)   | Report Due Dates  | Reporting System |
|---|---|---|------------------|
| Annually                                      | Enter programs listed on approved Strategic Action Plan by DSHS into Minerva.   | Within 30 days of Strategic Action Plan approval                      | Minerva          |
| As requested                                  | GPRA Measures.  | As requested  | Minerva          |
| Monthly                                       | Prevention activity data input for all active services including community coalition coordination staff hours and efforts, services, participant information, training, evaluation tools and assessments. | 15 <sup>th</sup> of each month for activities from the previous month | Minerva          |
| Quarterly                                     | CPWI Quarterly Reporting.   | October 15, January 15, April 15, July 15                             | Minerva          |
| Bi-annually (for PFS funded Contractor only). | Community Level Instrument – Revised (CLI-R). As required by SAMHSA.  | November 1, 2017<br>May 1, 2018<br>November 1, 2018                   | Pep-C MRT        |

- Report demographic data for individual participant, population reach, aggregate, environmental, and mentoring or one-to-one services in Minerva (p. 11).
  - Report Community Coalition Coordinator Staff Hours for each month of the calendar year, in Minerva (p. 11).
- **Outcome Measures:**
    - The Contractor shall report outcome measures using required evaluation tools. Exemptions: Through negotiation with the Contract Manager or designee, the number of survey administrations may be reduced. Individual participants in recurring services in which the majority of participants are under 10 years old on the date of the first service are exempt from evaluations (p. 11).
  - **Performance Work Statement/Evaluation:**
    - The Contractor shall ensure program results show positive outcomes for at least half of the participants in each program group. Positive outcomes are determined using pre-test and post-test data reported in Minerva. Evaluation of Minerva data will occur on the 15<sup>th</sup> of the month following the final date of service for each group (p. 12).

- **Subcontracts:**
  - The Contractor shall:
    - Identify for subcontractors actions Contractor will take in the event of termination of a subcontractor to ensure all prevention data on services provided have been entered into Minerva (p. 16).
    - Ensure that subcontractors have entered services funded under the Contract in Minerva; not require subcontractor to enter duplicate prevention service data that is entered into Minerva into an additional system; ensure proper training of staff and designated back-up staff for Minerva data entry to meet report due dates (p. 18).
- **Consideration:**
  - The Contractor shall ensure all expenditures for services and activities under this Contract are submitted on the A-19 invoice appropriate for Minerva data entry (p. 19).
- **Non-compliance:**
  - If Contractor or subcontractor fails to maintain its reporting obligations under this Contract, DSHS reserves the right to withhold reimbursements to the Contractor until the obligations are met (p. 20).
- **Miscellaneous Items:**
  - Submit to Contract Manager or designee: completed Contractor Self-Assessment Monitoring Tool; update Contractor Intake for within 30 days of Contractor changes; provide DUNS number and Zip Code + 4 (p. 21).

## Organization Profiles

Annually and on an as needed basis, enter and update organization information using the data entry fields in the Organization Profiles module. Complete all parts of the form. Starred items are required.

Home > Organization Profiles > Organization Profile

**General Information**

Complete a profile for your entity or organization.

1. Status \*  
 Active  Inactive

2. Name \*  
Contracted Entity

3. System ID \*  
99999

4. Alternate System ID  
99999

5. Address  
31912 NE Little Boston Rd

6. Address 2

**Information for Primary Contacts**

11. Primary Contact Name \*

12. Primary Contact Phone Number \*

13. Primary Contact Email \*

**Other Information**

20. Religious or Faith-Based Organization (FBO)?  
 Yes  No

21. Organization Type. Check all that apply.

|  |   |
|--|---|
| <input type="checkbox"/> DSHS Contractor/Fiscal Agent Only | <input type="checkbox"/> CPWI Coalition                         |
| <input type="checkbox"/> CBO - DSHS direct contract        | <input type="checkbox"/> Service Provider - Local Subcontractor |
| <input type="checkbox"/> Tribe/ Tribal Organization        | <input type="checkbox"/> State Agency                           |
| <input type="checkbox"/> DFC Grantee                       | <input type="checkbox"/> DOH Grantee                            |
| <input type="checkbox"/> OSPi Grantee                      |   |

## Partners & Staff

Add and manage partners and staff using the data entry fields in the Partners & Staff module. Partners & Staff include: Partner - person, Partner – organization, Coalition member, and Staff. Complete all parts of the form. Starred fields are required.

### Partner - person

| Entity Selection   |   |  |
|--|---|--|
| <p>Contracted Entity</p> <p>- Select Contracted Entity -</p> <p>Contracted Entity</p> <p>King</p> <p>Kitsap County</p> | <p>Coordinating Entity</p> <p>- Select -</p> <p>Coordinated Entity</p> <p>Train3T2B</p> | <p>Performing Entity</p> <p>- Select -</p> <p>Performing Entity</p> <p>Train3T3A2 (PE)</p> |

  

| General Information   |
|---|
| <p>Status *</p> <p><input checked="" type="radio"/> Active <input type="radio"/> Inactive</p> <p>Type *</p> <p>Partner - person</p> |

  

| Contact Information   |
|---|
| <p>First Name *</p> <input type="text"/>                      |
| <p>Last Name *</p> <input type="text"/>                       |
| <p>Title *</p> <input type="text"/>                           |
| <p>Organization Name (If Applicable)</p> <input type="text"/> |
| <p>Phone Number</p> <input type="text"/>                      |

Email

Address

Address 2

City

State

County \*

Zip Code \*

Organization web site (If Applicable)

**Demographic Information**

Race \*

Hispanic, Latino/Latina or Spanish national origin \*

Military Service

**Partner Information**

Partner type \*

Sector Represented

 Save  Exit without Saving

## Partner – organization

[Home](#) > [Partners/Staff](#) > [Partners/Staff Profile](#)

### Entity Selection

#### Contracted Entity

- Select Contracted Entity -

Contracted Entity  
King  
Kitsap County

#### Coordinating Entity

- Select -

Coordinated Entity  
Train3T2B

#### Performing Entity

- Select -

Performing Entity  
Train3T3A2 (PE)

### General Information

#### Status \*

Active  Inactive

#### Type \*

Partner - organization

#### Contact Information

Organization Name (If Applicable)

#### Phone Number

#### Email

#### Address

#### Address 2

#### City

#### State

- Select -

#### County \*

- Select -

State  
- Select -

County \*  
- Select -

Zip Code \*

Organization web site (If Applicable)

**Partner Information**

Partner type \*  
- Select -

Sector Represented  
- Select -

 Save  Exit without Saving

## Staff – person

[Home](#) > [Partners/Staff](#) > [Partners/Staff Profile](#)

**Entity Selection**

|  |   |  |
|--|---|--|
| <p>Contracted Entity</p> <p>- Select Contracted Entity -</p> <p>Contracted Entity</p> <p>King</p> <p>Kitsap County</p> | <p>Coordinating Entity</p> <p>- Select -</p> <p>Coordinated Entity</p> <p>Train3T2B</p> | <p>Performing Entity</p> <p>- Select -</p> <p>Performing Entity</p> <p>Train3T3A2 (PE)</p> |
|--|---|--|

**General Information**

Status \*  
 Active  Inactive

Type \*  
Staff - person

**Contact Information**

First Name \*

Title \*

Organization Name (If Applicable)

Phone Number

Email

Address

Address 2

City

State

County \*

Zip Code \*

**Demographic Information**

Birth date \*



Gender \*

Race \*

Hispanic, Latino/Latina or Spanish national origin \*

Transgender

Sexual orientation

Military Service

Staff Information

Role \*  
- Select -

Date Hired \*

Date of Background Check \*

Highest Level of Education \*  
- Select -

Prevention Professional Certification Number

Prevention Professional Certification expiration date

Substance Abuse Prevention Skills Training (SAPST) Completed

Save Exit without Saving

## Coalition member – person

[Home](#) > [Partners/Staff](#) > [Partners/Staff Profile](#)

Entity Selection

|  |   |  |
|--|---|--|
| <p>Contracted Entity</p> <p>- Select Contracted Entity -</p> <p>Contracted Entity</p> <p>King</p> <p>Kitsap County</p> | <p>Coordinating Entity</p> <p>- Select -</p> <p>Coordinated Entity</p> <p>Train3T2B</p> | <p>Performing Entity</p> <p>- Select -</p> <p>Performing Entity</p> <p>Train3T3A2 (PE)</p> |
|--|---|--|

General Information

Status \*  
 Active  Inactive

Type \*  
Coalition member - person

Contact Information

First Name \*

Last Name \*

Title \*

Organization Name (If Applicable)

Phone Number

Email

Address

Address 2

City

State

County \*

Zip Code \*

Demographic Information

Birth date \*



Gender \*

Race \*

Hispanic, Latino/Latina or Spanish national origin \*

Transgender

Sexual orientation

Primary language spoken at this person's home  
- Select -

If English is the primary language spoken at this participant's home, indicate  
- Select -

Second language spoken  
None

Living in poverty  
- Select -

Military Service  
- Select -

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**Partner Information**

Partner type \*  
- Select -

Sector Represented  
- Select -

Primary representative for the sector  
 Yes  No

 Save  Exit without Saving

## Budget Allocation

DBHR allocates funds biannually or as funding sources become available. Funds are allocated from one tier to the next immediate tier. Using the data entry fields in the Budget Allocation module, Tier 1 entities allocate funds to Tier 2 entities and Tier 2 entities allocate funds to Tier 3 entities. Complete all parts of the form. Starred items are required.

The screenshot shows the 'Budget Allocation' form within the 'Budget List' module. The interface includes a left-hand navigation menu with options like 'Organization Profiles', 'Budget', 'Budget Allocation', 'Planning', 'Implementation', 'Partners/Staff', 'Enter Session Data', 'Import / Export', 'Evaluation & Reports', 'Expenditure Reports', and 'Users'. The main content area is titled 'Home > Budget List' and contains the following sections:

- Entity Selection:** Contains three dropdown menus: 'Contracted Entity' (with '- Select Contracted Entity -'), 'Coordinating Entity' (with '- Select Coordinating Entity -'), and 'Performing Entity' (with '- Select Performing Entity -').
- Contract Information:** Contains three required fields (marked with an asterisk):
  - 'Contract Number (if there is no contract #, please enter NA) \*' with an empty text input field.
  - 'Contract Start Date \*' with a date picker.
  - 'Contract End Date \*' with a date picker.
- Funding Sources:** A section with a header and an empty table below it.

## Program Planning

For each approved program, create a Planning Profile using the data entry fields in the Planning Profile module and submit for review to DBHR within 30 days of Strategic Action Plan approval. Complete all parts of the form. Starred items are required.

Home > Planning > Planning Profile

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**Entity Selection**

|   |  |  |
|---|--|--|
| <p>Contracted Entity</p> <p>- Select Contracted Entity -<br/>Contracted Entity<br/>King<br/>Kitsap County</p> | <p>Coordinating Entity</p> <p>- Select -</p> | <p>Performing Entity</p> <p>- Select -</p> |
|---|--|--|

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**Program/Activity Profile Details**

Enter profiles for planned programs and strategies.

Status \*

Approved  
 Not Approved

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1. Select program/activity type (select one) \*

- Choose -

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2. Select program/activity name (select one) \*

- Choose -

---

3. Provide local program/activity name. Use the program/activity name from above and your local naming strategy (e.g., LifeSkills Training - Walla Walla 2016/2017) \*

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4. Provide program/activity description \*

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5. Program/activity start date \*



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6. Program/activity end date \*



7. Program/Activity Budget \* (Enter 0 for sources with no funding)

|   |    |      |
|---|----|------|
| SPY18 DMA - Dedicated Marijuana Account - Promising Programs      | \$ |      |
| SPY18 DMA - Dedicated Marijuana Account (Admin)                   | \$ |      |
| SPY18 DMA - Dedicated Marijuana Account - Evidence-based Programs | \$ |      |
| General Fund (GF) - State - Admin (for SABG Prevention)           | \$ |      |
| Mental Health Promotion Project - State                           | \$ |      |
| Partnerships for Success (July 1 - Sept 29)                       | \$ |      |
| Partnerships for Success (Sept 30 - June 30)                      | \$ |      |
| PFS July 1-Sept 29 - Admin  | \$ |      |
| SPY18 GF-State-Admin (for SABG Prevention)                        | \$ |      |
| SPY18 GF-State-Admin (for SABG Prevention)                        | \$ |      |
| SPY18 SABG Prevention   | \$ |      |
| SPY19 GF-State-Admin (for SABG Prevention)                        | \$ |      |
| SPY19 SABG Prevention   | \$ |      |
| <b>Total:</b>   | \$ | 0.00 |

Note: The funding sources listed here are for illustrative purposes only and actual funding sources may differ from the samples shown. System users will see funding sources that were allocated to their organization.

8. Select the implementation type (select one) \*

- Choose -

9. Select long-term consequence(s) addressed (select all that apply) \*

- School Performance
- Mental Health
- Other
- Youth Delinquency
- Suicide

If other, please specify:

10. Select the behavioral health problem(s) addressed (select all that apply) \*

- Substance Use Disorders
- Mental Health Disorders

If other, please specify:

11. Select the primary intervening variable (risk or protective factor) addressed (select one) \*

- Choose -

11. Select the primary intervening variable (risk or protective factor) addressed (select one) \*

- Choose -

12. Select measurable objective of local condition of the primary intervening variable indicated above (select one) \*

- Choose -

13. Indicate direction of change for the objective (select one) \*

- Choose -

14. Select the secondary intervening variables (risk and protective factors) addressed (select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> (P)Community: Bonding (opportunity, skills, and recognition)   | <input type="checkbox"/> (P)Community: Healthy Beliefs and Clear Standards                     |
| <input type="checkbox"/> (P)Engagement and connections in one or more of the following contexts: school, peers, family, employment or culture | <input type="checkbox"/> (P)Family: Bonding (opportunity, skills, and recognition)             |
| <input type="checkbox"/> (P)Peer: Bonding (opportunity, skills, and recognition)  | <input type="checkbox"/> (P)Family: Healthy Beliefs and Clear Standards                        |
| <input type="checkbox"/> (P)School: Bonding (opportunity, skills, and recognition)  | <input type="checkbox"/> (P)Peer: Healthy Beliefs and Clear Standards                          |
| <input type="checkbox"/> (R)Academic Failure Beginning in the Late Elementary School  | <input type="checkbox"/> (P)School: Healthy Beliefs and Clear Standards                        |
| <input type="checkbox"/> (R)Community Laws and Norms Favorable to Alcohol/Drug Use, Firearms & Crimes   | <input type="checkbox"/> (R)Availability of Alcohol/Drugs                                      |
| <input type="checkbox"/> (R)Early and Persistent Antisocial Behavior  | <input type="checkbox"/> (R)Constitutional Factors   |
| <input type="checkbox"/> (R)Extreme Economic Deprivation  | <input type="checkbox"/> (R)Early Initiation of the Problem Behavior                           |
| <input type="checkbox"/> (R)Family History of Problem Behavior  | <input type="checkbox"/> (R)Family Conflict  |
| <input type="checkbox"/> (R)Favorable Attitudes Toward the Problem Behavior   | <input type="checkbox"/> (R)Family Management Problems   |
| <input type="checkbox"/> (R)Friends Who Engage in the Problem Behavior  | <input type="checkbox"/> (R)Favorable Parental Attitudes & Involvement in the Problem Behavior |
| <input type="checkbox"/> (R)Low Neighborhood Attachment & Community Disorganization   | <input type="checkbox"/> (R)Lack of Commitment to School                                       |
| <input type="checkbox"/> (R)Transitions and Mobility  | <input type="checkbox"/> (R)Rebelliousness   |

15. Select CSAP strategy category (select one) \*

16. Select IOM category (select one) \*

17. Indicate plan for implementation with fidelity. Please note that adaptations require state approval (select one) \*

18. Indicate expected number of direct service program/activity series (groups). For environmental strategies indicate the number of different type of activities you will use. ⓘ \*

19. Indicate expected number of total sessions (For all series/strategy types (groups)) ⓘ \*

20. Indicate expected total hours for all program/activities. ⓘ \*

21. Indicate expected total unduplicated participants for this direct service program/activity or total expected reach of environmental/media strategies ⓘ \*

22. Select target population(s) (select all that apply) \*

- |   |  |
|---|--|
| <input type="checkbox"/> Business and Industry                            | <input type="checkbox"/> Civic Groups/Coalitions                                     |
| <input type="checkbox"/> COSAs/Children Substance Users                   | <input type="checkbox"/> Current or Former Military/Military Families/National Guard |
| <input type="checkbox"/> Delinquent Violent Youth                         | <input type="checkbox"/> Elected Officials   |
| <input type="checkbox"/> General Population                               | <input type="checkbox"/> Health Professionals  |
| <input type="checkbox"/> Homeless/Runaway Youth                           | <input type="checkbox"/> Individuals Living in Poverty                               |
| <input type="checkbox"/> Individuals Whose Native Language is not English | <input type="checkbox"/> Law Enforcement/Criminal Justice                            |
| <input type="checkbox"/> Lesbian/Gay/Bisexual                             | <input type="checkbox"/> Parents/Families  |
| <input type="checkbox"/> People Using Substances                          | <input type="checkbox"/> People with Disabilities                                    |
| <input type="checkbox"/> People with Mental Health Problems               | <input type="checkbox"/> Physically/Emotionally Abused People                        |
| <input type="checkbox"/> Pregnant Families/Women of Childbearing Age      | <input type="checkbox"/> Prevention Professionals                                    |
| <input type="checkbox"/> Religious Groups                                 | <input type="checkbox"/> School Dropouts   |
| <input type="checkbox"/> Teachers/Administrators/Counselors               | <input type="checkbox"/> Transgender/Questioning/Queer/Intersex                      |

23. Select target age group(s) (select all that apply) \*

- |   |  |
|---|--|
| <input type="checkbox"/> Adults               | <input type="checkbox"/> College students                |
| <input type="checkbox"/> Elderly              | <input type="checkbox"/> Elementary school students      |
| <input type="checkbox"/> High school students | <input type="checkbox"/> Middle/Jr. high school students |
| <input type="checkbox"/> Preschool students   | <input type="checkbox"/> Under 18                        |
| <input type="checkbox"/> Under 21             | <input type="checkbox"/> Young adults aged 18-25         |

24. Select the survey instrument(s) to be used in the evaluation (select all that apply)

25. Select frequency of survey (select one) \*

- Choose -

26. Select program/activity status (select one) \*

- Choose -

27. Program/Activity notes:

**Implementation – Activity Reporting**

For each Planning Profile approved by DBHR, create an Activity Log or Activity Logs (per the Strategic and Action Plan) using the data entry fields in the Implementation – Activity Reporting section. All Activity Logs should be created at the beginning of the year, following the Action Plan. Complete all parts of the form. Starred items are required.

Home > Implementation > Activity Reporting > Implementation Details

What performing entity was involved?

Performing Entity

Programs

- Social Host Ordinance - Lacey 2016/2017
- Lacey Advertising Restrictions - Lacey 2016/2017
- Target Zero! Tobacco Free Lacey - Lacey 2016/2017
- Modifying Lacey's Alcohol Laws - Lacey 2016/2017
- Lets Review! - Lacey 2016/2017

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1. Active Status \*

Active  Inactive

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2. Name of Activity Log - The Activity Log is used to report a series (group) of sessions (services and activities). \*

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3. Status \*

- Select an Answer -

---

4. Start and End Date of Activity Log for this series \*

---

5. Activity Months (select all that apply) \*

|                                     |                                   |                                    |
|-------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Select All | <input type="checkbox"/> February | <input type="checkbox"/> March     |
| <input type="checkbox"/> January    | <input type="checkbox"/> May      | <input type="checkbox"/> June      |
| <input type="checkbox"/> April      | <input type="checkbox"/> August   | <input type="checkbox"/> September |
| <input type="checkbox"/> July       | <input type="checkbox"/> November | <input type="checkbox"/> December  |
| <input type="checkbox"/> October    |                                   |                                    |

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6. Select service population(s) (select all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Select All  | <input type="checkbox"/> Civic Groups/Coalitions                     | <input type="checkbox"/> COSAs/Children Substance Users                   |
| <input type="checkbox"/> Business and Industry                                       | <input type="checkbox"/> Delinquent Violent Youth                    | <input type="checkbox"/> Elected Officials                                |
| <input type="checkbox"/> Current or Former Military/Military Families/National Guard | <input type="checkbox"/> General Population                          | <input type="checkbox"/> Health Professionals                             |
| <input type="checkbox"/> Homeless/Runaway Youth                                      | <input type="checkbox"/> Individuals Living in Poverty               | <input type="checkbox"/> Individuals Whose Native Language is not English |
| <input type="checkbox"/> Law Enforcement/Criminal Justice                            | <input type="checkbox"/> Lesbian/Gay/Bisexual                        | <input type="checkbox"/> Parents/Families                                 |
| <input type="checkbox"/> People Using Substances                                     | <input type="checkbox"/> People with Disabilities                    | <input type="checkbox"/> People with Mental Health Problems               |
| <input type="checkbox"/> Physically/Emotionally Abused People                        | <input type="checkbox"/> Pregnant Families/Women of Childbearing Age | <input type="checkbox"/> Prevention Professionals                         |
| <input type="checkbox"/> Religious Groups  | <input type="checkbox"/> School Dropouts                             | <input type="checkbox"/> Teachers/Administrators/Counselors               |
| <input type="checkbox"/> Transgender/Questioning/Queer/Intersex                      |  |   |

---

7. Select age group(s) served (select all that apply)

|   |  |
|---|--|
| <input type="checkbox"/> Select All           | <input type="checkbox"/> College students                |
| <input type="checkbox"/> Adults               | <input type="checkbox"/> Elementary school students      |
| <input type="checkbox"/> Elderly              | <input type="checkbox"/> Middle/Jr. high school students |
| <input type="checkbox"/> High school students | <input type="checkbox"/> Under 18                        |
| <input type="checkbox"/> Preschool students   | <input type="checkbox"/> Young adults aged 18-25         |
| <input type="checkbox"/> Under 21             |  |

8. In what county(ies) is this activity taking place? (select all that apply) \*

- |                                     |                                       |                                      |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Select All | <input type="checkbox"/> Asotin       | <input type="checkbox"/> Benton      |
| <input type="checkbox"/> Adams      | <input type="checkbox"/> Clallam      | <input type="checkbox"/> Clark       |
| <input type="checkbox"/> Chelan     | <input type="checkbox"/> Cowlitz      | <input type="checkbox"/> Douglas     |
| <input type="checkbox"/> Columbia   | <input type="checkbox"/> Franklin     | <input type="checkbox"/> Garfield    |
| <input type="checkbox"/> Ferry      | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Island      |
| <input type="checkbox"/> Grant      | <input type="checkbox"/> King         | <input type="checkbox"/> Kitsap      |
| <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Klickitat    | <input type="checkbox"/> Lewis       |
| <input type="checkbox"/> Kittitas   | <input type="checkbox"/> Mason        | <input type="checkbox"/> Okanogan    |
| <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Pierce      |
| <input type="checkbox"/> Pacific    | <input type="checkbox"/> Skagit       | <input type="checkbox"/> Skamania    |
| <input type="checkbox"/> San Juan   | <input type="checkbox"/> Spokane      | <input type="checkbox"/> Stevens     |
| <input type="checkbox"/> Snohomish  | <input type="checkbox"/> Wahkiakum    | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Thurston   | <input type="checkbox"/> Whitman      | <input type="checkbox"/> Yakima      |
| <input type="checkbox"/> Whatcom    |                                       |                                      |

9. What tribe(s) is this activity associated with? (select all that apply)

Prerequisite choices have not been made.

10. Zip code(s) for location of series? (select all that apply) \*

Prerequisite choices have not been made.

11. School district(s) for location of series (select all that apply) \*

Prerequisite choices have not been made.

12. Legislative district(s) for location of series (select all that apply) \*

Prerequisite choices have not been made.

13. Congressional district(s) for location of series (select all that apply) \*

Prerequisite choices have not been made.

**Note: Response options for Question 9 through Question 13 are dependent on and appear based on selection(s) made in Question 8.**

14. Indicate if coalition members or sector partners are involved in this series \*

- Yes  No

15. General notes

16. Indicate how data will be entered for participants \*

- |  |  |
|--|--|
| <input type="radio"/> Aggregate                      | <input type="radio"/> Individual participant       |
| <input type="radio"/> Population reach               | <input type="radio"/> Mentoring - match activities |
| <input type="radio"/> Mentoring - support activities | <input type="radio"/> Mentoring - group activities |

**Implementation – Coalition Coordinator/Tribe Px Staff Hours**

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month and for each item and section, report Coalition Coordinator/Tribe Px Staff Hours using the data entry fields provided in the Implementation – Coalition Coordinator/Tribe Px Staff Hours section. Complete all parts of the form. Starred fields are required.

Home > Implementation > Coalition Coordinator/Tribe Px Staff Hours > Implementation Details

What performing entity was involved?

Train3T3A2 (PE)

Community Coalition Coordinator

Coordinator

---

Enter estimated Coalition Coordinator hours for the month of reporting

1. Reporting Month \*  
 - Select an Answer -

2. Reporting Year \*  
 - Select an Answer -

**Membership Recruitment and Retention: MR&R**  
 Maintaining sector representation and recruitment of new members. Ensuring coalition membership is engaged and active. Includes time spent recruiting new members, providing orientation for new individual members, making new contacts, efforts retaining membership, and developing coalition materials- such as coalition brochures, new releases, and new articles.  
 Tribes: This only applies if your tribe has a coalition or formal workgroup for prevention and wellness planning.

3. Total # of Hours

4. Total # of Minutes

**Coalition/Tribe Communication/Meeting Preparation: CC/MP**  
 Effective communication with coalition/tribe to ensure they are supported to accomplish their work. Includes time spent organizing monthly calendar, preparing for coalition/workgroup meetings and workgroup needs, sharing information about opportunities and initiatives, and planning communication to and from coalition/tribe leadership.

5. Total # of Hours

6. Total # of Minutes

**Coalition Development and Training: CD&T**  
 Capacity building to ensure the coalition has a clear understanding of CPWI goals, Strategic Prevention Framework planning model and coalition structure. Includes time spent planning and organizing Community Coalition Orientation (CCO), relaying pertinent information to build coalitions' knowledge about prevention issues and frameworks, preparing all other training for the coalition, preparing and coordinating membership participation in state-wide or national training opportunities. (Note: Actual time conducting training coalition members as a group recorded in recurring services under the coalition program.)  
 Tribes: This only applies if your tribe has a coalition or formal workgroup for prevention and wellness planning.

7. Total # of Hours

8. Total # of Minutes

**Community Outreach: CO**  
 Increasing community awareness of coalition's/tribal prevention program efforts, initiatives, and building community support. Includes time spent making contracts and communicating with partner to coordinate media/public awareness campaigns or projects, preparing and participating in coalition presentations, participating in community meetings to support planning and implementation of common efforts, and working with media (newspaper articles, social media, newsletters, billboards, preparing media interviews with coalition members, etc.).

9. Total # of Hours

10. Total # of Minutes

# SUD Prevention and MH Promotion Online Reporting System

## Description of Required Reporting

August 31, 2017

### Key Leader Engagement/Relationship Building: KLE/RB

Increasing key leader (i.e. tribal leaders, elders, elected officials) and policy makers' awareness of tribe/coalition's strategic prevention plan. Nurture community partnerships. Includes time spent organizing and implementing Key Leader Orientation (KLO) events, tribal leader events, meetings with key decision or policy makers in the community to build and strengthen relationships that will result in future partnerships or common visions for services. Includes any effort to build community awareness of coalition or coalition's direction with Key Leaders (i.e., emails, phone calls, meetings, interactions).

11. Total # of Hours

12. Total # of Minutes

### Coordinator/Tribe Staff Professional Development: CPD

Increasing knowledge and skills of coordinator/tribe prevention staff to support coalition and/or prevention efforts. Includes time spent viewing webinars, reading resources related to prevention research and new information, strategic prevention framework, attending prevention and wellness training, learning about hot topics and topics of interest that the coalition has requested more information about, training related to coalition development and community organization and participating in and attending required DBHR meetings for Community Coalition Coordination.

13. Total # of Hours

14. Total # of Minutes

### Strategic Planning: SP

The process, findings decisions and plan for the future for each step of the planning framework. Includes time spent supporting coalition/tribal prevention program structure development, ensuring cultural competency, advancing sustainability, assessing needs, and overseeing coalition's/tribal community priority needs selection, resources assessment, gap analysis, strategy selection, action plan development, evaluation planning, and involvement in developing and writing plan.

15. Total # of Hours

16. Total # of Minutes

### Technical Assistance to Coalition Strategy Implementation: TA

Providing technical assistance to support coalition members to carry out action plans. Includes time spent supporting coalition efforts and related initiatives as needed to assist the coalition in successful implementation. Includes technical assistance to youth coalitions, coalitions and workgroups and subcommittees.

Tribes: This only applies if your tribe has a coalition or formal workgroup for prevention and wellness planning.

17. Total # of Hours

18. Total # of Minutes

### Reporting and Evaluation: R&E

Ensuring all data related to the coalitions/tribal prevention strategies activities are reported analyzed and evaluated. Includes time spent collecting pre/post tests, community surveys, coalition assessments (annually), providing Technical Assistance for evaluation, gathering community input, preparing evaluation tools for coalitions/tribal workgroups, meeting with community partners to facilitate outreach for community participation in evaluation, collecting local data from partners, reviewing outcomes, support coalition's evaluation workgroup, preparing reports for coalitions feedback, entering service date and evaluation on behalf the coalition/tribe into the online reporting system.

19. Total # of Hours

20. Total # of Minutes

### Organization Support: OS

Ensuring proper functioning and accountability to internal structures/fiscal agent. May include time spent participating in budget/fiscal meetings and communication, attending internal staff meetings, sub-contracting related to coalition's/tribal prevention plan and processing billing paperwork.

21. Total # of Hours

22. Total # of Minutes

# SUD Prevention and MH Promotion Online Reporting System

## Description of Required Reporting

August 31, 2017

**Other:**

Coordinator/tribal prevention staff time that does not include coordination services. Example include: Sick leave, annual/vacation leave, maternity/paternity leave, bereavement, jury duty, and holiday.

23. Please Specify

24. Total # of Hours

25. Total # of Minutes

**TOTAL HOURS AND MINUTES REPORTED:**

26. Total # of Hours

27. Total # of Minutes

28. Notes/Comments

 Save  Complete  Exit without Saving

**Implementation - CPWI Quarterly Reporting**

Quarterly (October 15, January 15, April 15, and July 15), complete the CPWI Quarterly Report using the data entry fields provided in the Implementation – CPWI Quarterly Reporting section. Report by entering data for items and sections for which activities took place in the quarter being reported on, as a quarterly roll-up. Complete all applicable parts of the form.

**Update any CPWI Coalition Tasks that you have completed during this reporting period**

**Getting Started**

3. Media Release for selected site issued

 

4. Coordinator hired

 

5. Registered for Athena

 

6. Obtained or renewed your Certified Prevention Professional (CPP) credential

 

**Capacity**

7. Conducted Coalition Assessment Tool (CAT) Coalition member survey

 

8. Number of Survey completed

9. Updated your Community Profile

 

10. Engaged Key Leaders in Coalition efforts (Key Leader Event)

 

**Assessment**

11. Completed administration of annual CPWI Community Survey

 

**Planning**

12. Submitted Coalition's Action Plan

 

13. Submitted Coalition's Budget

 

14. Submitted Coalition's Logic Model

 

**Implementation**

15. Reviewed and revised the Coalition structure

 

Reporting & Evaluation

18. Reviewed results of Community Survey and shared at a Coalition meeting

 

19. Reviewed results of the Coalition Assessment Tool (CAT) and shared at a coalition meeting

 

20. Additional notes:

 Save  Next  Exit without Saving

Health Disparities

21. 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. Which of the following health disparities-related activities did your organization conduct during this quarter? (Select all that apply)

- Select All
- 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
- Received training to increase your capacity related to substance use health disparities
- 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)
- Increased the availability of substance use prevention services to health disparities subpopulations (i.e., increased how many services exist for these populations)
- Developed partnerships with agencies, organizations, or key stakeholders to address the health disparities
- Implemented interventions specifically for health disparities subpopulations
- Developed a plan to sustain progress made in addressing substance use-related health disparities beyond the Partnerships for Success Initiative
- 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.)
- Adapted interventions to make them apply to specific health disparities subpopulations
- 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

22. Additional notes:

 Save  Previous  Next  Exit without Saving

# SUD Prevention and MH Promotion Online Reporting System

## Description of Required Reporting

August 31, 2017

### Leveraged Funding/Resources

One of the goals of the CPWI is to increase the number of prevention activities that are supported by collaboration and the leveraging of funding streams. Describe the types of funding for substance abuse prevention that you, as the organization, received this quarter. Do not include funding received by other organizations in your coalition or group (unless those funds are used for CPWI activities).

#### Drug-Free Communities (DFC) grant

23. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

24. Is any part of funding stream used for PFS activities?

Yes  No  N/A

25. Amount of this funding stream used for PFS activities (\$)

#### Sober Truth on Preventing Underage Drinking (STOP) Act funding

26. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

27. Is any part of funding stream used for PFS activities?

Yes  No  N/A

28. Amount of this funding stream used for PFS activities (\$)

#### Minority HIV/AIDS Initiative (MAI HIV)

29. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

30. Is any part of funding stream used for PFS activities?

Yes  No  N/A

31. Amount of this funding stream used for PFS activities (\$)

#### Medicaid (Federal, State, local)

32. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

33. Is any part of funding stream used for PFS activities?

Yes  No  N/A

34. Amount of this funding stream used for PFS activities (\$)

#### Other Federal funds

35. Describe:

36. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

37. Is any part of funding stream used for PFS activities?

Yes  No  N/A

38. Amount of this funding stream used for PFS activities (\$)

**SUD Prevention and MH Promotion Online Reporting System**  
**Description of Required Reporting**

**August 31, 2017**

**WA State's DOH DMA funds**

39. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

40. Is any part of funding stream used for PFS activities?

Yes  No  N/A

41. Amount of this funding stream used for PFS activities (\$)

**Other State/tribal/jurisdiction funds**

42. Describe:

43. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

44. Is any part of funding stream used for PFS activities?

Yes  No  N/A

45. Amount of this funding stream used for PFS activities (\$)

**Other local government funds**

46. Describe:

47. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

48. Is any part of funding stream used for PFS activities?

Yes  No  N/A

49. Amount of this funding stream used for PFS activities (\$)

**Foundations/nonprofit organizations**

50. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

51. Is any part of funding stream used for PFS activities?

Yes  No  N/A

52. Amount of this funding stream used for PFS activities (\$)

# SUD Prevention and MH Promotion Online Reporting System

## Description of Required Reporting

August 31, 2017

### Corporate/business entities

53. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

54. Is any part of funding stream used for PFS activities?

Yes  No  N/A

55. Amount of this funding stream used for PFS activities (\$)

### Individual donations/funding from fundraising events

56. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

57. Is any part of funding stream used for PFS activities?

Yes  No  N/A

58. Amount of this funding stream used for PFS activities (\$)

### Other

59. Specify:

60. Total dollar amount that went to substance use prevention for your organization as a whole (\$)

61. Is any part of funding stream used for PFS activities?

Yes  No  N/A

62. Amount of this funding stream used for PFS activities (\$)

63. Additional notes:

Save

← Previous

Complete ✓

✕ Exit without Saving

### Tribal Annual Reporting

Annually, report on Tribal prevention activities using the data entry fields provided in the Implementation – Tribal Annual Reporting section. Complete all parts of the form. Starred fields are required.

What performing entity was involved?

Performing Entity

### Tribal Annual Report

1. Reporting Year \*

- Select an Answer -

Prevention Only

2. Does the tribe participate in prevention funding activities? \*

Yes  No

[Save](#) [Next →](#) [Exit without Saving](#)

### Prevention Funding Activities

**Needs Assessment**  
Needs Assessment - (See 45 CFR 96.133, 45 CFR 96.122, and 42 USC 300x.29)

3. How have the needs of the populations been met?

4. What strategies have been used to improve existing treatment and prevention programs, create new programs, or actions taken to remove barriers?

5. Describe the strengths and challenges faced in delivering treatment or prevention services?

**Training And Continuing Education**  
(See 42 USC 300x-28(b) and 45 CFR 96.132(b))

6. Describe efforts made to ensure that training and continuing education is made available to prevention staff.

**Coordinating prevention activities and services with other appropriate services.**  
(See 42 USC 300x-29(c) and 45 CFR 96.132(c))

7. Describe what activities or initiatives have been implemented to coordinate services.

8. What activities have been used to raise public awareness in communities?

9. Describe what tools are used to perform background checks on all employees, volunteers and subcontractors?

[Save](#) [← Previous](#) [Next →](#) [✕ Exit without Saving](#)

**Mental Health Mini Grant - Wellness Promotion Only**

**Mental Health Mini Grant - Wellness Promotion Only**

10. Does your tribe participate in Mental Health Promotion Grant activities? \*

Yes  No

[Save](#) [← Previous](#) [Next →](#) [✕ Exit without Saving](#)

Mental Health Promotion Grant activities

11. Please describe all of the activities related to your Mental Health Promotion project

12. Please describe the outcomes related to your Mental Health Promotion project

13. Please describe what worked related to your Mental Health Promotion project

14. Please describe what you would do differently related to your Mental Health Promotion project

 Save  Previous  Next  Exit without Saving

Designated Marijuana Account Grant

**Designated Marijuana Account Grant - DMA Programs Only**

15. Does the tribe participate in DMA funding activities? \*

Yes  No

 Save  Previous  Next  Exit without Saving

DMA funding activities

Reporting & Evaluation

16. Please describe all of the activities related to your DMA project

17. Please describe the outcomes related to your DMA project

18. Please describe what worked related to your DMA project

19. Please describe what you would do differently related to your DMA project

 Save  Previous  Next  Exit without Saving

Additional Notes

20. Additional Notes

 Save  Previous  Complete  Exit without Saving

### Enter Session Data

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, create a Session for each session using the data entry fields in the Enter Session Data module. After a Session is created, Add/Edit Session Details. Based on the Planning Profile and Activity Log the session is associated with, data entry fields specific to individual participant and survey data, mentoring, aggregate count, and population reach will be available. For all sessions, record Partner and Staff Participation and Staff direct and indirect hours. Complete all parts of the form. Starred fields are required.

### Add/Edit Session Details

Home > Session Data > Sessions

Activity Log Summary Add New Session

|                              |  |
|------------------------------|--|
| Entry Id: 6881               | Program: Healthy Lacey! - Lacey 2017/2018                  |
| Entity: Performing Entity    | Activity Log Name: Healthy Lacey! Speaker Series 2017/2018 |
| Activity Log Type: Aggregate |  |

These are sample program and activity log names.

#### Session Details ×

1. Date of Session \*
2. Session Name
3. Duration of Session (Hours)
4. Duration of Session (Minutes)
5. CSAP Category \*
6. CSAP Subcategory Service Code \*

Add/Edit Session Details Question 5 is the response from the Planning Profile Question 15. Add/Edit Session Details Question 6 is selected here based on how the program is to be implemented.

7. Was session delivered in a CPWI community? \*

Yes  No

8. Has anyone objected to participating in this activity facilitated by this organization? \*

Yes  No

9. Address \*

10. Address 2

11. City \*

12. State \*

13. Zip Code \*

14. Session Notes

click to upload files



Save

Exit without Saving

## Participants & Survey Data

### Add Participants

After creating a session, enter participants into the system. Participants are linked to an Activity Log and may be “pulled” from one Activity Log to another and only have to be entered once for sessions within one Activity Log.

Activity Log Summary Add New Session Pull Existing Participants Add New Participant

#### Add New Participant ✕

1. Status \*
2. First Name \*
3. Last Name \*
4. Date of Birth \*  
 
5. Address
6. Address 2
7. City \*

8. State \*

9. Zip Code \*

10. Gender \*

11. Age at First Service \*

12. Race \*

13. Hispanic, Latino/Latina or Spanish national origin \*

14. Transgender

15. Sexual orientation

16. Primary language spoken at this person's home.

17. If English is the primary language spoken at this participant's home, indicate:

18. Living in poverty?

19. Does participant (or if child/dependent does the parent/guardian) serve in the military

 Save

 Exit without Saving

Partners: participation

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, record participation of partners by checking the box next to the name of partners who participated in each session as applicable.

| Partners                            |   |
|-------------------------------------|---|
| ASSOC                               | Partner   |
| <input checked="" type="checkbox"/> | Joe Apple<br>Happy Community Elementary School<br>Partner Id: 121 |

Staff: participation and direct and indirect hours

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, record staff participation and enter direct hours and minutes and indirect hours and minutes, as applicable. Do not duplicate in this section Coordinator Hours reported in the Coalition Coordinator/Tribe Px Staff Hours section. Direct staff time is staff time spent in direct service provision for the Session being reported. Indirect staff time is time spent to support service provision for the Session being reported on.

| Staff Members                       |         |                   |  |
|-------------------------------------|---------|-------------------|--|
|                                     |         |                   |  |
| <input checked="" type="checkbox"/> | Jon Doe | 2 Hours 0 Minutes | 2 Hours 30 Minutes <small>SAVED!</small> |

Individual Participant: participation and survey responses

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, record participant participation by checking the box next to the name of participants in attendance. Click on Select Survey to open the survey data entry form (the survey was selected in the Planning Profile). As applicable, enter survey data and record the Date the Survey was Taken, record participant responses, and indicate whether the survey was one-time, pre, post, mid, or follow-up.

| Participants  |  |
|---|--|
| <input type="checkbox"/> Select All                                 |  |
| <input checked="" type="checkbox"/> Jane Doe<br>Participant Id: 244 | <a href="#">Edit Participant</a> <a href="#">Select Survey</a> <a href="#">Show past surveys</a> |
| Refusal Skills (AM Y4i)   |  |

Mentoring – group activities: participation

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, record mentor and mentee participation by checking the box next to the name of participants in attendance.

| Mentors   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Select All                             |                             |
| <input checked="" type="checkbox"/> John Doe<br>Mentor Id: 205  | <a href="#">Edit Mentor</a> |
| <input checked="" type="checkbox"/> Amy Smith<br>Mentor Id: 197 | <a href="#">Edit Mentor</a> |

| Mentees  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Select All                              |                             |
| <input checked="" type="checkbox"/> John Adams<br>Mentee Id: 198 | <a href="#">Edit Mentee</a> |

Mentoring – support activities: participation

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, record mentor participation by checking the box next to the name of participants in attendance.

| Mentors   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Select All                               |                             |
| <input checked="" type="checkbox"/> Thomas John<br>Mentor Id: 238 | <a href="#">Edit Mentor</a> |

Mentoring – match activities: participation and survey responses

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, record mentor participation by checking the box next to the name of participants in attendance. For each mentor – match meeting within the reporting month, enter each meeting as a separate row and record the total hours and minutes. Enter survey data as applicable.

Mentors

John Smith  
Mentor Id: 245 Edit Mentor

Mentees

Jane Johnson  
Mentee Id: 246 Edit Mentee

John Smith

Select Survey Show past surveys

Mentee Pre-test  
Refusal Skills (AM Y4i)

+ Add Another Meeting

| Selected Date | Total Hours | Total Minutes (< 60) |  |
|---------------|-------------|----------------------|--|
| 07/10/2017    | 1           |                      | <span>Print</span> <span>Delete</span> |

### Aggregate count

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, record Aggregate counts for where information was collected on the number of attendees or items handed out. Complete all parts of the form.

Aggregate Data Save Aggregate Data

Total Participants

Age breakdown of group

|               |                                |
|---------------|--------------------------------|
| 0-4           | <input type="text" value="0"/> |
| 5-11          | <input type="text" value="0"/> |
| 12-14         | <input type="text" value="0"/> |
| 15-17         | <input type="text" value="0"/> |
| 18-20         | <input type="text" value="0"/> |
| 21-24         | <input type="text" value="0"/> |
| 25-44         | <input type="text" value="0"/> |
| 45-64         | <input type="text" value="0"/> |
| 65 and over   | <input type="text" value="0"/> |
| Age Not Known | <input type="text" value="0"/> |

Gender breakdown of group

|                          |                                |
|--------------------------|--------------------------------|
| Male                     | <input type="text" value="0"/> |
| Female                   | <input type="text" value="0"/> |
| Unknown/Refused to State | <input type="text" value="0"/> |

Race breakdown of group

|  |                                |
|--|--------------------------------|
| American Indian/Alaskan Native           | <input type="text" value="0"/> |
| Asian - Asian Indian                     | <input type="text" value="0"/> |
| Asian - Chinese                          | <input type="text" value="0"/> |
| Asian - Filipino                         | <input type="text" value="0"/> |
| Asian - Japanese                         | <input type="text" value="0"/> |
| Asian - Korean                           | <input type="text" value="0"/> |
| Asian - Vietnamese                       | <input type="text" value="0"/> |
| Asian - Other                            | <input type="text" value="0"/> |
| Black                                    | <input type="text" value="0"/> |
| Native Hawaiian/Other Pacific Islander - | <input type="text" value="0"/> |

|  |                                |
|--|--------------------------------|
| Native Hawaiian/Other Pacific Islander - Guamanian or Chamorro | <input type="text" value="0"/> |
| Native Hawaiian/Other Pacific Islander - Samoan                | <input type="text" value="0"/> |
| Native Hawaiian/Other Pacific Islander - Other                 | <input type="text" value="0"/> |
| White  | <input type="text" value="0"/> |
| Two or more races (Multiracial)                                | <input type="text" value="0"/> |
| Other Race   | <input type="text" value="0"/> |

**Hispanic, Latino/Latina or Spanish breakdown of group**

|  |                                |
|--|--------------------------------|
| Not Hispanic, Latino(a) or Spanish       | <input type="text" value="0"/> |
| Mexican, Mexican American, Chicano       | <input type="text" value="0"/> |
| Puerto Rican                             | <input type="text" value="0"/> |
| Cuban                                    | <input type="text" value="0"/> |
| Other Hispanic, Latino or Spanish Origin | <input type="text" value="0"/> |
| Hispanic ethnicity unknown               | <input type="text" value="0"/> |

**Transgender breakdown of group**

|                   |                                |
|-------------------|--------------------------------|
| Transgendered     | <input type="text" value="0"/> |
| Not transgendered | <input type="text" value="0"/> |
| Unknown           | <input type="text" value="0"/> |

**Sexual Orientation breakdown of group**

|                        |                                |
|------------------------|--------------------------------|
| Straight               | <input type="text" value="0"/> |
| Gay/Lesbian            | <input type="text" value="0"/> |
| Bisexual               | <input type="text" value="0"/> |
| Questioning            | <input type="text" value="0"/> |
| Queer                  | <input type="text" value="0"/> |
| Gender Neutral         | <input type="text" value="0"/> |
| Two-spirit             | <input type="text" value="0"/> |
| Choose not to identify | <input type="text" value="0"/> |

**Language Spoken at Home breakdown of group**

|         |                                |
|---------|--------------------------------|
| English | <input type="text" value="0"/> |
| Spanish | <input type="text" value="0"/> |
| Other   | <input type="text" value="0"/> |
| Unknown | <input type="text" value="0"/> |

How well English Spoken at Home breakdown of group

|                   |                                |
|-------------------|--------------------------------|
| English Very well | <input type="text" value="0"/> |
| Well              | <input type="text" value="0"/> |
| Not well          | <input type="text" value="0"/> |
| Not at all        | <input type="text" value="0"/> |
| Unknown           | <input type="text" value="0"/> |

Family economic breakdown of group

|                                       |                                |
|---------------------------------------|--------------------------------|
| Appear to be living in poverty        | <input type="text" value="0"/> |
| Do not appear to be living in poverty | <input type="text" value="0"/> |
| Unknown financial circumstances       | <input type="text" value="0"/> |

Military breakdown of group - Participant or parent of dependent participant

|   |                                |
|---|--------------------------------|
| Currently serve in the Armed Forces   | <input type="text" value="0"/> |
| Currently serve in the Reserves   | <input type="text" value="0"/> |
| Currently serve in the National Guard   | <input type="text" value="0"/> |
| Served in the past, but do not currently serve in the Armed Forces, Reserves, or National Guard | <input type="text" value="0"/> |
| Never served in the Armed Forces, Reserves, or National Guard                                   | <input type="text" value="0"/> |
| Military status unknown   | <input type="text" value="0"/> |

**Population reach**

Monthly on the 15<sup>th</sup> of each month for the activities from the previous month, use Population reach to report on services where the total number reached is known and in conjunction with the MIS census calculation to calculate the population reach based on school district. Enter editable cells if values are known (editable cells are those for which census data was not available). Complete all parts of the form.

Save Population Data

**Population Reached**

Total Reached

School Districts Reached (select all that apply)  
 Okanogan School District

**Age breakdown of group**

|               |  |
|---------------|--|
| 0-4           | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="60"/>  |
| 5-11          | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="68"/>  |
| 12-14         | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="35"/>  |
| 15-17         | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="37"/>  |
| 18-20         | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="25"/>  |
| 21-24         | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="33"/>  |
| 25-44         | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="166"/> |
| 45-64         | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="222"/> |
| 65 and over   | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="154"/> |
| Age Not Known | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>   |

**Gender breakdown of group**

|                          |  |
|--------------------------|--|
| Male                     | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="414"/> |
| Female                   | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="388"/> |
| Unknown/Refused to State | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>   |

**Race breakdown of group**

|                                |   |
|--------------------------------|---|
| American Indian/Alaskan Native | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="51"/> |
| Asian - Asian Indian           | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>  |
| Asian - Chinese                | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>  |
| Asian - Filipino               | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>  |
| Asian - Japanese               | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>  |
| Asian - Korean                 | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>  |
| Asian - Vietnamese             | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="0"/>  |
| Asian - Other                  | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="9"/>  |
| Black                          | <input style="width: 90%; border: 1px solid #ccc;" type="text" value="15"/> |

|  |     |
|--|-----|
| Native Hawaiian/Other Pacific Islander - Guamanian or Chamorro | 0   |
| Native Hawaiian/Other Pacific Islander - Samoan                | 0   |
| Native Hawaiian/Other Pacific Islander - Other                 | 0   |
| White  | 635 |
| Two or more races (Multiracial)                                | 0   |
| Other Race   | 0   |

**Hispanic, Latino/Latina or Spanish breakdown of group**

|  |     |
|--|-----|
| Not Hispanic, Latino(a) or Spanish       | 661 |
| Mexican, Mexican American, Chicano       | 0   |
| Puerto Rican                             | 0   |
| Cuban                                    | 0   |
| Other Hispanic, Latino or Spanish Origin | 141 |
| Hispanic ethnicity unknown               | 0   |

**Transgender breakdown of group**

|                   |   |
|-------------------|---|
| Transgendered     | 0 |
| Not transgendered | 0 |
| Unknown           | 0 |

**Sexual Orientation breakdown of group**

|                        |   |
|------------------------|---|
| Straight               | 0 |
| Gay/Lesbian            | 0 |
| Bisexual               | 0 |
| Questioning            | 0 |
| Queer                  | 0 |
| Gender Neutral         | 0 |
| Two-spirit             | 0 |
| Choose not to identify | 0 |

**Language Spoken at Home breakdown of group**

|         |     |
|---------|-----|
| English | 630 |
| Spanish | 102 |
| Other   | 10  |
| Unknown | 0   |

How well English Spoken at Home breakdown of group

|                   |     |
|-------------------|-----|
| English Very well | 715 |
| Well              | 0   |
| Not well          | 27  |
| Not at all        | 0   |
| Unknown           | 0   |

Family economic breakdown of group

|                                       |     |
|---------------------------------------|-----|
| Appear to be living in poverty        | 197 |
| Do not appear to be living in poverty | 605 |
| Unknown financial circumstances       | 0   |

Military breakdown of group - Participant or parent of dependent participant

|   |     |
|---|-----|
| Currently serve in the Armed Forces   | 0   |
| Currently serve in the Reserves   | 0   |
| Currently serve in the National Guard   | 0   |
| Served in the past, but do not currently serve in the Armed Forces, Reserves, or National Guard | 68  |
| Never served in the Armed Forces, Reserves, or National Guard                                   | 531 |
| Military status unknown   | 0   |