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:

- O 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:

- o 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
 - o Partner person
 - o Partner organization
 - o Staff person
 - o Coalition member person
 - Budget Allocation
 - Program Planning
 - Implementation
 - Activity Log
 - o Coalition Coordinator/Tribe Px Staff Hours
 - CPWI Quarterly Reporting
 - o Tribal Annual Reporting
 - Enter Session Data, including as applicable:
 - o Add/Edit Session Details (for each session)
 - o Participation & Survey Data
 - Add Participants
 - Partners: participation
 - Staff: participation and direct and indirect service hours
 - Individual Participant: participation and survey responses
 - Mentoring group activities: participation
 - 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	
	Enter programs listed on	Within 30 days of		
Annually	approved Strategic Action Plan	Strategic Action Plan	Minerva	
	by DSHS into Minerva.	approval		
As requested	GPRA Measures. As requested Min		Minerva	
	Prevention activity data input for			
Monthly	all active services including			
	community coalition	15 th of each month for		
	coordination staff hours and	activities from the	Minerva	
	efforts, services, participant	previous month		
	information, training, evaluation			
	tools and assessments.			
Quarterly	CPWI Quarterly Reporting.	October 15, January	Minerva	
Quarterly	Cr Wi Quarterly Reporting.	15, April 15, July 15	Willierva	
Di annually /for DEC	Community Level Instrument –	November 1, 2017		
Bi-annually (for PFS	Revised (CLI-R). As required by	May 1, 2018	Pep-C MRT	
funded Contractor only).	SAMHSA.	November 1, 2018		

- 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 pretest and post-test data reported in Minerva. Evaluation of Minerva data will occur on the 15th 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:

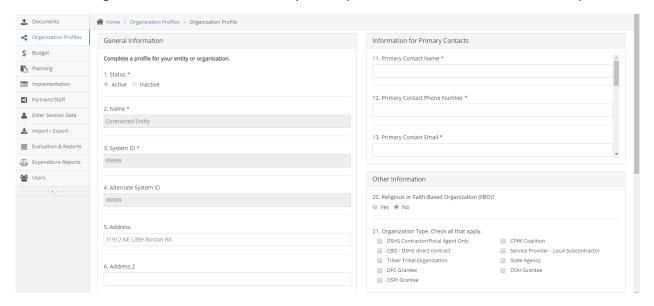
 If Contractor or subcontractor fails to maintain its reporting obligations under this Contract, DSHS reserves the right to withhold reimbursements to the Contractor until the obligations are met (p. 20).

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

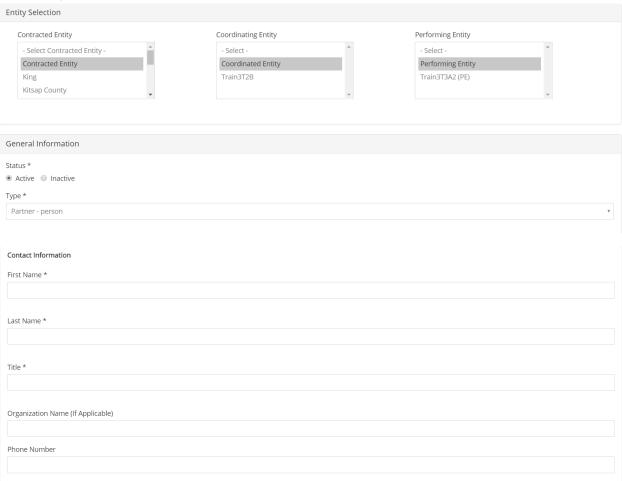
Annually and on an as needed basis, enter and update organization information using the data entry fields in the Organization Profiles module. Complete all parts of the form. Starred items are required.



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.

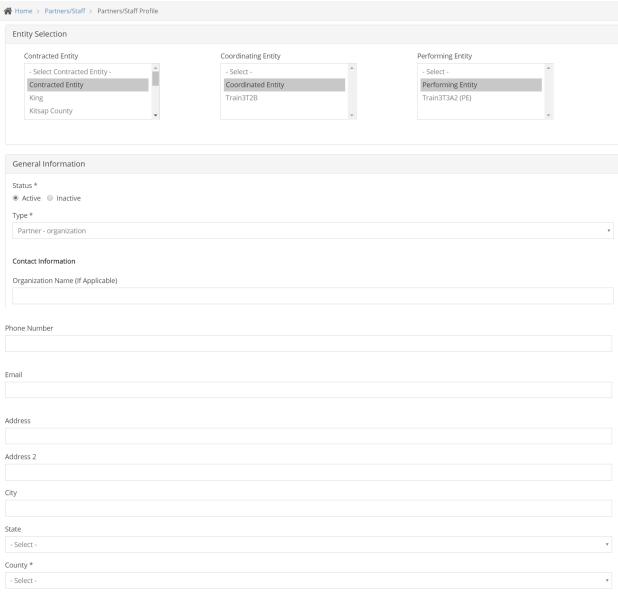
Partner - person

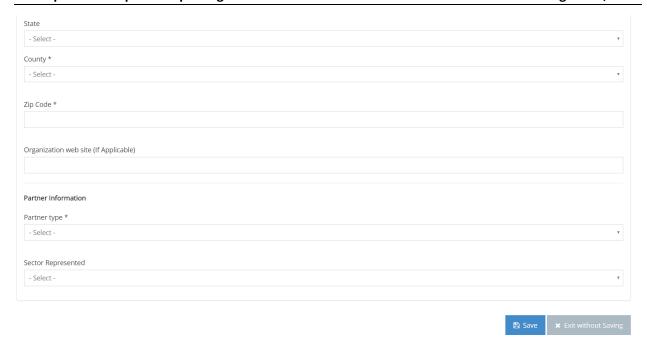


Email	
Address	
Address 2	
City	
State	
- Select -	Ψ
County*	
- Select -	۳
Zip Code *	
Organization web site (If Applicable)	
Demographic Information	
Race *	
- Select -	Ψ
Hispanic, Latino/Latina or Spanish national origin *	
- Select -	Y
Military Service	
- Select -	Y
Partner Information	
Partner type * - Select -	v
Sector Represented - Select -	Y

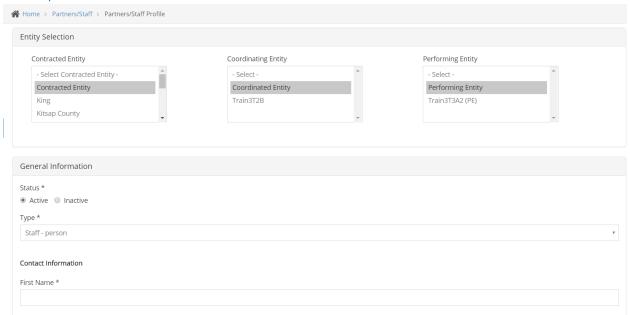
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Partner – organization



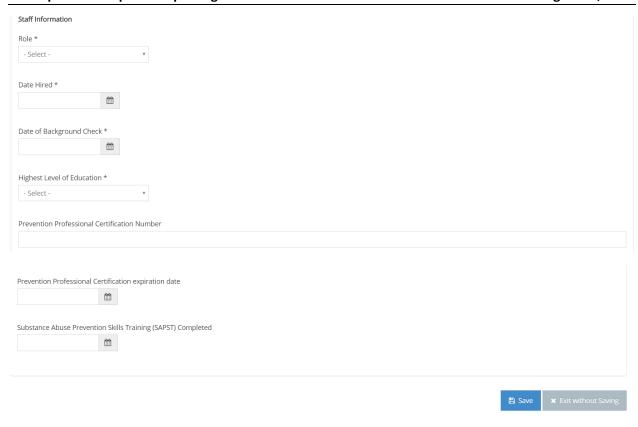


Staff - person

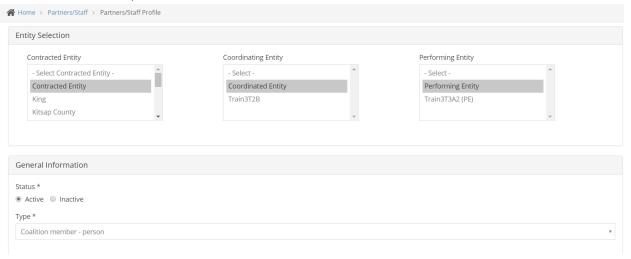


Title *	
Organization Name (If Applicable)	
Phone Number	
Francil .	
Email Control of the	
Address	
Address 2	
City	
State	
- Select -	v
County *	
- Select -	v
Zip Code *	
Demographic Information	
Birth date *	
	m
Gender *	
- Select -	¥
Race * - Select -	v
School	
Hispanic, Latino/Latina or Spanish national origin *	
- Select -	۳
Transgender	
- Select -	۳
Sexual orientation	
- Select -	v
Military Service	
- Select -	v

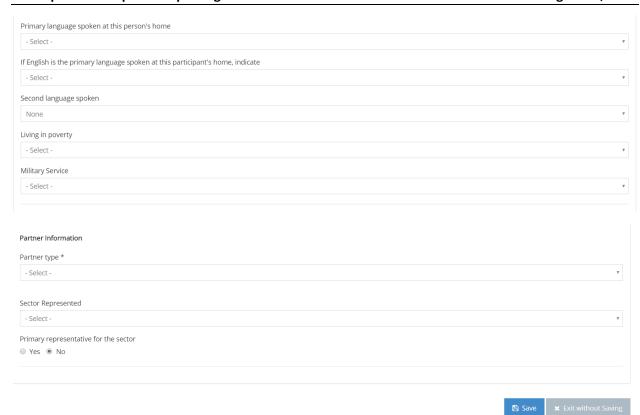
August 31, 2017



Coalition member – person

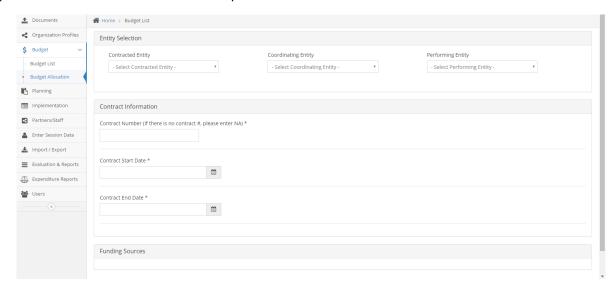


Contact Information	
First Name *	
Last Name #	
Last Name *	
Title *	
Organization Name (If Applicable)	
Organization Harrie (in Application)	
Phone Number	
Feed	
Email	
Address	
Address 2	
City	
State Calcut	¥
- Select -	•
County * - Select -	¥
Zip Code *	
Description of the section	
Demographic Information	
Birth date *	m
Gender*	
- Select -	¥
Race *	
- Select -	¥
Hispanic, Latino/Latina or Spanish national origin *	
- Select -	¥
Transgender	
- Select -	*
Sexual orientation	
- Select -	*



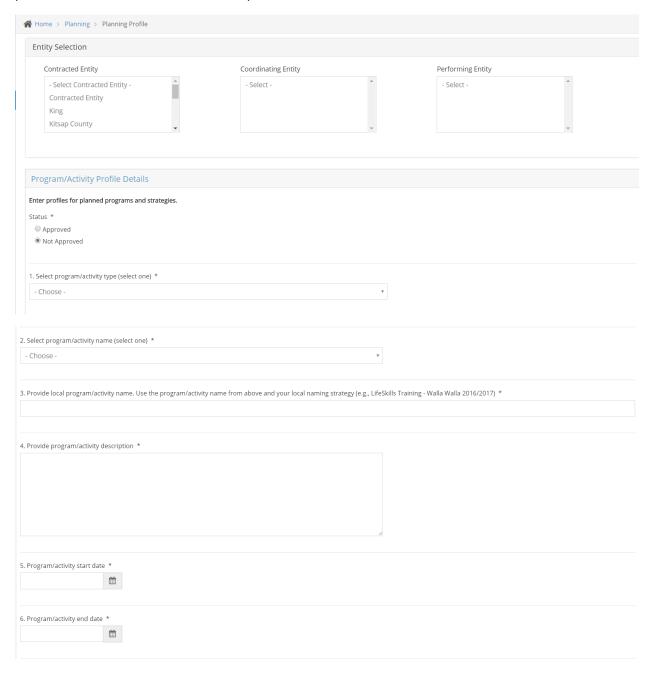
Budget Allocation

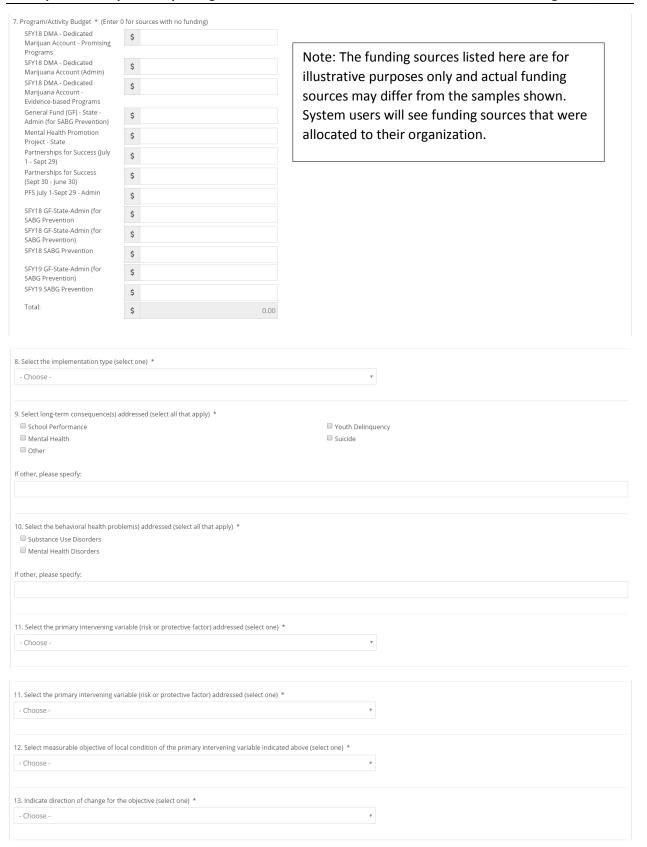
DBHR allocates funds biannually or as funding sources become available. Funds are allocated from one tier to the next immediate tier. Using the data entry fields in the Budget Allocation module, Tier 1 entities allocate funds to Tier 2 entities and Tier 2 entities allocate funds to Tier 3 entities. Complete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



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.



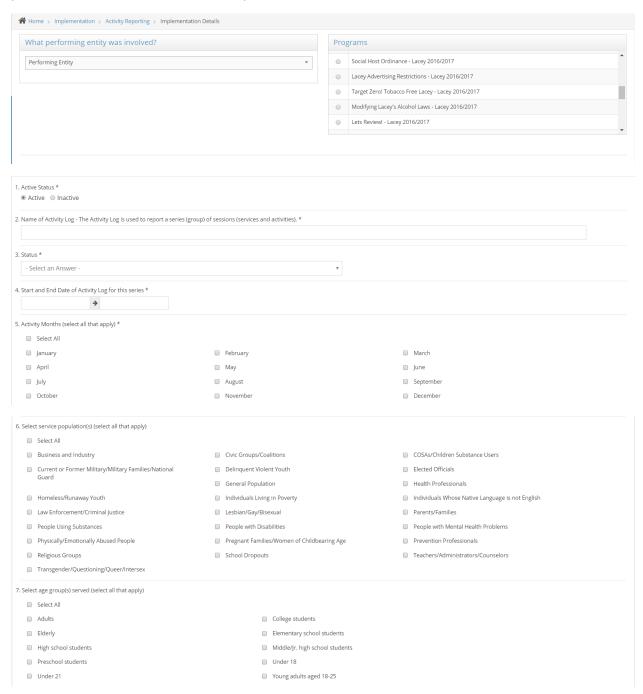


14. Select the secondary intervening variables (risk and protective factors) addressed (select all that app	ly)	
(P)Community: Bonding (opportunity, skills, and recognition)	(P)Community: Healthy Beliefs and Clear Standards	
(P)Engagement and connections in one or more of the following contexts: school, peers, family,	(P)Family: Bonding (opportunity, skills, and recognition)	
employment or culture	(P)Family: Healthy Beliefs and Clear Standards	
(P)Peer: Bonding (opportunity, skills, and recognition)	(P)Peer: Healthy Beliefs and Clear Standards	
(P)School: Bonding (opportunity, skills, and recognition)	(P)School: Healthy Beliefs and Clear Standards	
(R)Academic Failure Beginning in the Late Elementary School	(R)Availability of Alcohol/Drugs	
(R)Community Laws and Norms Favorable to Alcohol/Drug Use, Firearms & Crimes	(R)Constitutional Factors	
(R)Early and Persistent Antisocial Behavior	(R)Early Initiation of the Problem Behavior	
(R)Extreme Economic Deprivation	(R)Family Conflict	
(R)Family History of Problem Behavior	(R)Family Management Problems	
(R)Favorable Attitudes Toward the Problem Behavior	(R)Favorable Parental Attitudes & Involvement in the Problem Behavior	
(R)Friends Who Engage in the Problem Behavior	(R)Lack of Commitment to School	
(R)Low Neighborhood Attachment & Community Disorganization	(R)Rebelliousness	
(R)Transitions and Mobility		
15. Select CSAP strategy category (select one) *		
- Choose -	¥	
46 Calcul OV sets and factor and the		
16. Select IOM category (select one) *		
- Choose -	Ψ	
17. Indicate plan for implementation with fidelity. Please note that adaptations require state approval (s	elect one) *	
- Choose -	¥	
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. *		
10. Indicate expected number of direct service program/activity series (groups). For environmental state	egics indicate the number of university by the detaylites 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 expe	ected reach of environmental/media strategies 🧿 *	

22. Select target population(s) (select all that apply) *	
Business and Industry	Civic Groups/Coalitions
COSAs/Children Substance Users	Current or Former Military/Military Families/National Guard
Delinquent Violent Youth	■ Elected Officials
General Population	■ Health Professionals
Homeless/Runaway Youth	☐ Individuals Living in Poverty
Individuals Whose Native Language is not English	☐ Law Enforcement/Criminal Justice
Lesbian/Gay/Bisexual	□ Parents/Families
People Using Substances	People with Disabilities
People with Mental Health Problems	Physically/Emotionally Abused People
Pregnant Families/Women of Childbearing Age	Prevention Professionals
Religious Groups	School Dropouts
☐ Teachers/Administrators/Counselors	☐ Transgender/Questioning/Queer/Intersex
23. Select target age group(s) (select all that apply) *	
Adults	□ College students
□ Elderly	Elementary school students
High school students	■ Middle/Jr. high school students
Preschool students	Under 18
Under 21	■ 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 -	v .
26. Select program/activity status (select one) *	
- Choose -	Y
27. Program/Activity notes:	
	🖺 Save 🥱 Return 🗶 Exit without Saving

Implementation – Activity Reporting

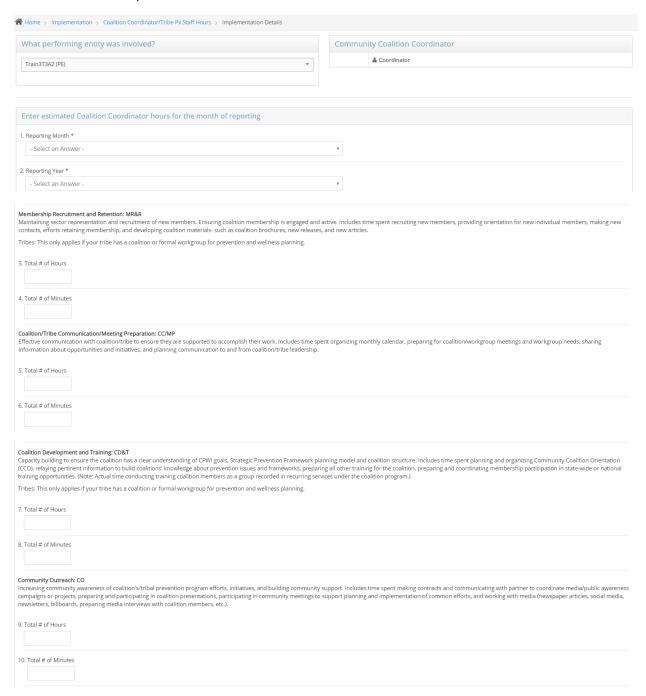
For each Planning Profile approved by DBHR, create an Activity Log or Activity Logs (per the Strategic and Action Plan) using the data entry fields in the Implementation – Activity Reporting section. All Activity Logs should be created at the beginning of the year, following the Action Plan. Complete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



8. In what county(ies) is this activity taking place? (select all that app	ly) *	
☐ Select All		
Adams	Asotin	Benton
□ Chelan	Clallam	□ Clark
☐ Columbia	Cowlitz	Douglas
☐ Ferry	☐ Franklin	☐ Garfield
☐ Grant	☐ Grays Harbor	Island
☐ Jefferson	■ King	□ Kitsap
☐ Kittitas	■ Klickitat	Lewis
Lincoln	Mason	Okanogan
□ Pacific	■ Pend Oreille	□ Pierce
□ San Juan	■ Skagit	Skamania
☐ Snohomish	Spokane	□ Stevens
☐ Thurston	■ Wahkiakum	■ Walla Walla
□ Whatcom	Whitman	Yakima
What tribe(s) is this activity associated with? (select all that apply) Prerequisite choices have not been made.		Note: Response options for Question 9 through
 Zip code(s) for location of series? (select all that apply) * Prerequisite choices have not been made. 		Question 13 are dependent on and appear based
11. School district(s) for location of series (select all that apply) *		on selection(s) made in Question 8.
Prerequisite choices have not been made.		
Prerequisite choices have not been made. 12. Legislative 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) *		
Legislative district(s) for location of series (select all that apply) * Prerequisite choices have not been made. Congressional district(s) for location of series (select all that app	ly) *	
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 app Prerequisite choices have not been made. 14. Indicate if coalition members or sector partners are involved in	ly) *	
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 app Prerequisite choices have not been made. 14. Indicate if coalition members or sector partners are involved in 9 Yes No	ly) *	
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 app Prerequisite choices have not been made. 14. Indicate if coalition members or sector partners are involved in 9 Yes No	ly) *	
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 app Prerequisite choices have not been made. 14. Indicate if coalition members or sector partners are involved in Yes No 15. General notes	ly) * this series *	al participant
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 app Prerequisite choices have not been made. 14. Indicate if coalition members or sector partners are involved in ② Yes ② No 15. General notes 16. Indicate how data will be entered for participants *	ly) * this series *	
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 app Prerequisite choices have not been made. 14. Indicate if coalition members or sector partners are involved in ② Yes ③ No 15. General notes 16. Indicate how data will be entered for participants * ③ Aggregate	ly) * this series * Individ	ial participant

Implementation – Coalition Coordinator/Tribe Px Staff Hours

Monthly on the 15th 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.



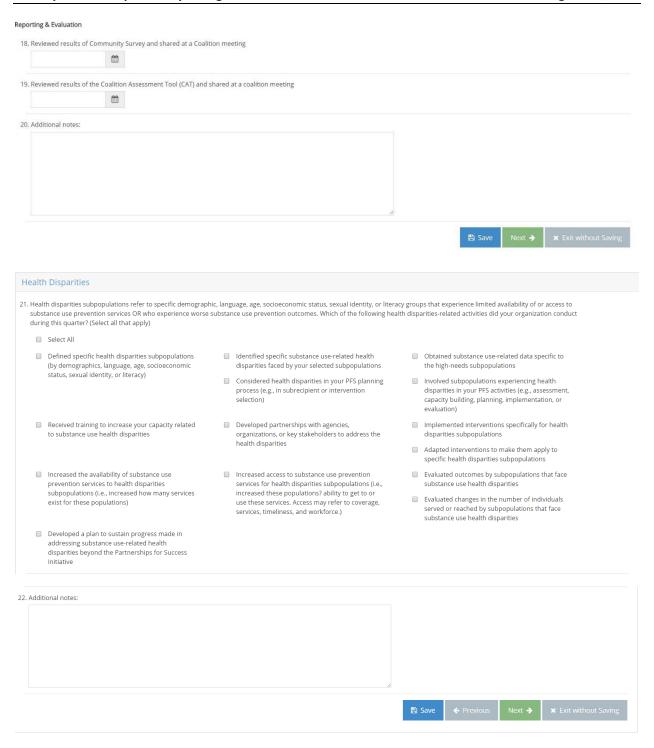
Orientation (KLO) events, tribal leader events, meetings with key decision or policy makers in the community to build and strengthen relationships that will result in future partnerships or common visions for services. Includes any effort to build community awareness of coalition or coaliti
11. Total # 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
17. Total # of Hours 18. Total # of Minutes
18. Total # of Minutes
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 pa
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.
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
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 coalitions'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 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

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



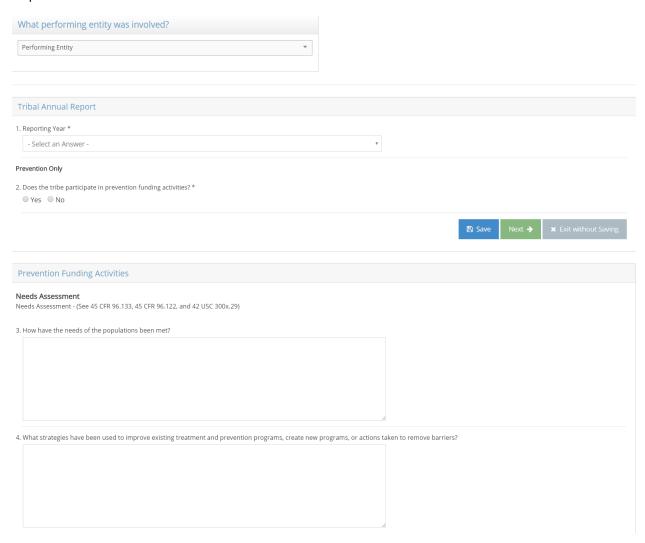
Leveraged Funding/Resources
One of the goals of the CPWI is to increase the number of prevention activities that are supported by collaboration and the leveraging of funding streams. Describe the types of funding for substance abuse prevention that you, as the organization, received this quarter. Do 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 NA
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?
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 NA N/A
38. Amount of this funding stream used for PFS activities (\$)

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? ② Yes ③ No ③ N/A
52. Amount of this funding stream used for PFS activities (\$)

Corporate/business entitles				
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? 9 Yes 9 No 9 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 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 No N/A				
62. Amount of this funding stream used for PFS activities (\$)				
63. Additional notes:				
	A			
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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.



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.	
What activities have been used to raise public awareness in communities?	8
9. Describe what tools are used to perform background checks on all employees, volunteers and subcontractors?	
A	
	Save Frevious Next > X 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	
	B Save ← Previous Next → x Exit without Saving

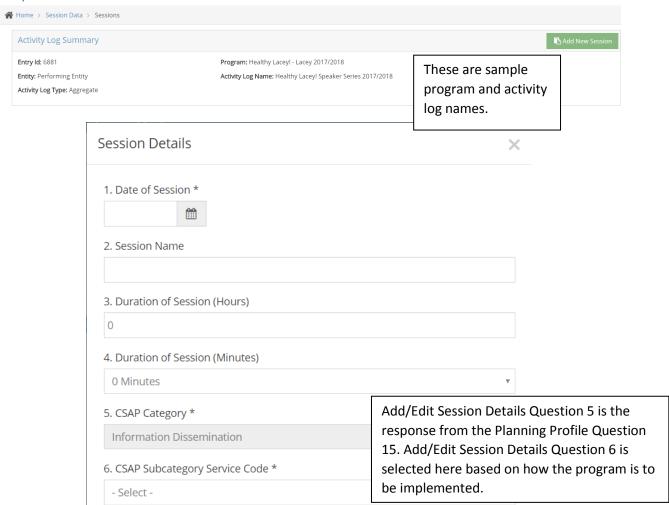
Mental Health Promotion Grant activities				
11. Please describe all of the activities related to your Mental Health Promotion project				
	<u>A</u>			
12. Please describe the outcomes related to your Mental Health Promotion project				
	h.			
13. Please describe what worked related to your Mental Health Promotion project				
	le.			
14. Please describe what you would do differently related to your Mental Health Promotion project				
	E			
	🖺 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

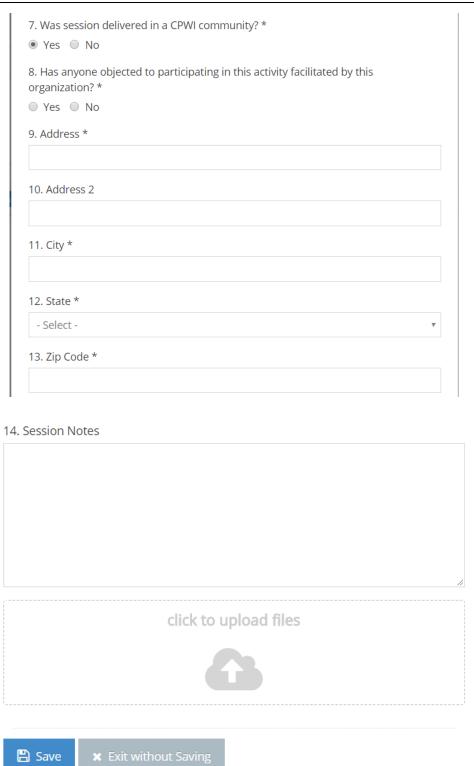
DMA funding activities	
Reporting & Evaluation	
16. Please describe all of the activities related to your DMA project	
47 New death death and a second a second and	4
17. Please describe the outcomes related to your DMA project	
18. Please describe what worked related to your DMA project	
19. Please describe what you would do differently related to your DMA project	
	<u> </u>
	☐ Save ← Previous Next → ★ Exit without Saving
Additional Notes	
20. Additional Notes	
	Save ← Previous Complete ◆ x Exit without Saving

Enter Session Data

Monthly on the 15th 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



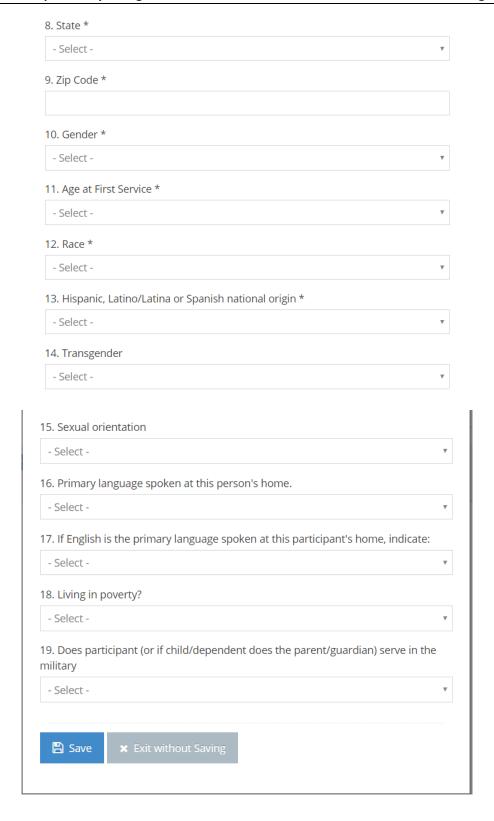


Participants & Survey Data

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 Participa	ants & Add New Participant
	Add New Participant		×	
	1. Status *			
	- Select -		▼	
	2. First Name *			
	3. Last Name *			
	4. Date of Birth *			
	5. Address			
	6. Address 2			
	7. City *			



Partners: participation

Monthly on the 15th 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.



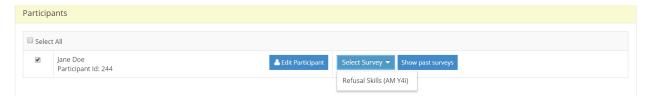
Staff: participation and direct and indirect hours

Monthly on the 15th 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.



Individual Participant: participation and survey responses

Monthly on the 15th 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.



Mentoring – group activities: participation

Monthly on the 15th 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.



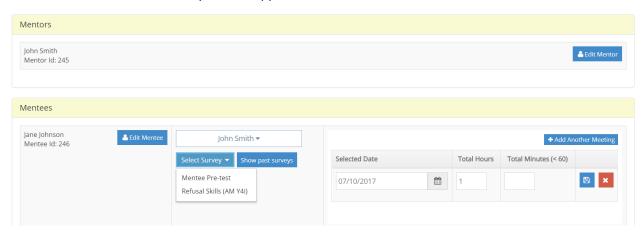
Mentoring – support activities: participation

Monthly on the 15th 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.



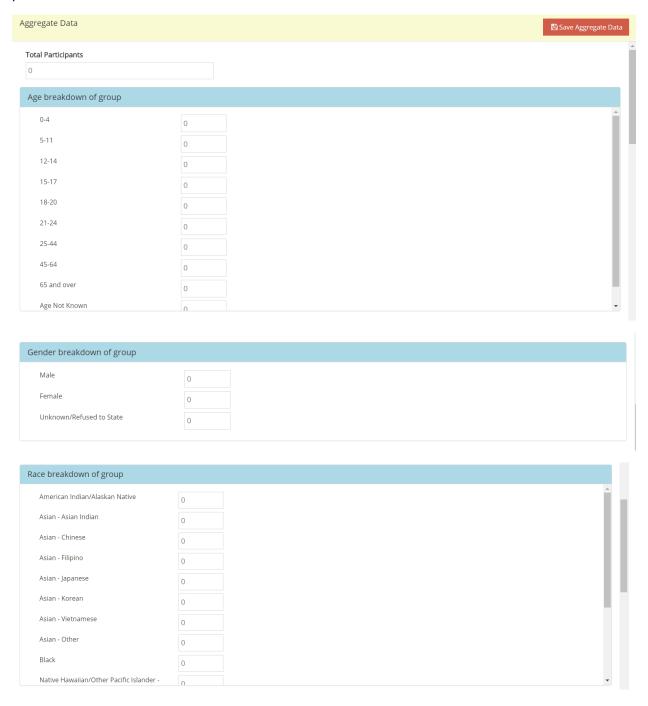
Mentoring – match activities: participation and survey responses

Monthly on the 15th 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.



Aggregate count

Monthly on the 15th 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.

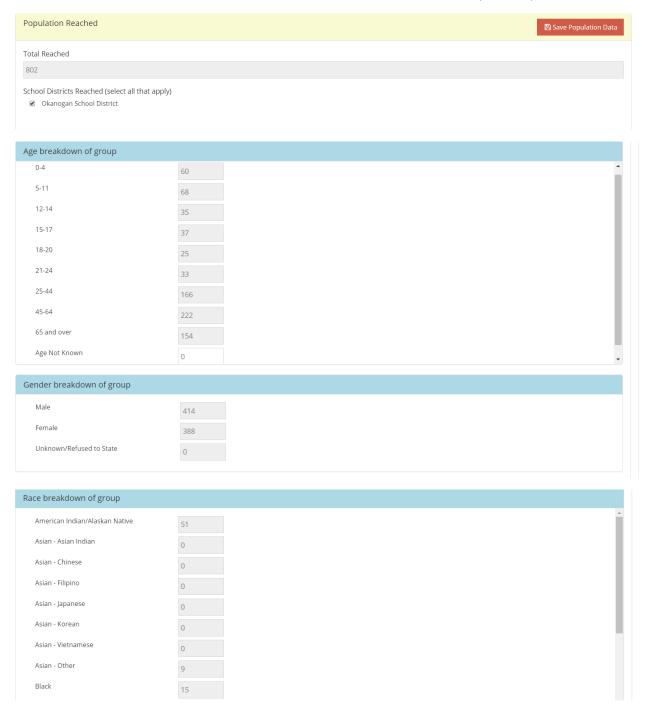


Native Hawaiian/Other Pacific Islander - Guamanian or Chamorro	0
Native Hawaiian/Other Pacific Islander -	0
Samoan Native Hawaiian/Other Pacific Islander -	0
Other White	
	0
Two or more races (Multiracial)	0
Other Race	0
Hispanic, Latino/Latina or Spanish bre	akdown of gr
Not Hispanic, Latino(a) or Spanish	0
Mexican, Mexican American, Chicano	0
Puerto Rican	
	0
Cuban	0
Other Hispanic, Latino or Spanish Origin	0
Hispanic ethnicity unknown	0
Transgender breakdown of group	
Transgendered	0
Not transgendered	0
Unknown	0
Sexual Orientation breakdown of grou	ib
Straight	0
Gay/Lesbian	0
Bisexual	
	0
Questioning	0
Queer	0
Gender Neutral	0
Two-spirit	0
Choose not to identify	0
	O .
Language Spoken at Home breakdow	n of group
English	0
Spanish	0
Other	
Unknown	0
OTIKTOWIT	0

nglish Very well	0	
Vell	0	
lot well	0	
lot at all	0	
Inknown	0	
ily economic breakdown of group		
ppear to be living in poverty	0	
o not appear to be living in poverty	0	
Inknown financial circumstances		
TIKTIOWIT IIITATICIAI CII CUITISTATICES	0	
ary breakdown of group - Participa	ant or parent of dependent participant	
urrently serve in the Armed Forces	0	
urrently serve in the Reserves	0	
urrently serve in the Reserves		
	0	
urrently serve in the National Guard erved in the past, but do not currently	0	
urrently serve in the National Guard	0	
urrently serve in the National Guard erved in the past, but do not currently erve in the Armed Forces, Reserves, or lational Guard lever served in the Armed Forces,		
urrently serve in the National Guard erved in the past, but do not currently erve in the Armed Forces, Reserves, or	0	

Population reach

Monthly on the 15th 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.



Native Hawaiian/Other Pacific Islander -		
Guamanian or Chamorro	0	
lative Hawaiian/Other Pacific Islander - amoan	0	
ative Hawaiian/Other Pacific Islander - ther	0	
/hite	635	
wo or more races (Multiracial)	0	
Other Race	0	
ispanic, Latino/Latina or Spanish brea	ıkdown 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	
ansgender breakdown of group		
Transgendered	0	
Not transgendered		
Not transgendered Unknown	0	
Not transgendered Unknown		
	0	
	0	
Unknown	0 0	
Unknown exual Orientation breakdown of grou	0 0	
Unknown exual Orientation breakdown of grou Straight	0 0	
Unknown exual Orientation breakdown of grou Straight Gay/Lesbian	0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual	0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning	0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer Gender Neutral	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer Gender Neutral Two-spirit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer Gender Neutral Two-spirit Choose not to identify	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer Gender Neutral Two-spirit Choose not to identify	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer Gender Neutral Two-spirit Choose not to identify anguage Spoken at Home breakdown English	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer Gender Neutral Two-spirit Choose not to identify anguage Spoken at Home breakdown English Spanish	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
exual Orientation breakdown of grou Straight Gay/Lesbian Bisexual Questioning Queer Gender Neutral Two-spirit Choose not to identify anguage Spoken at Home breakdown English	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

well English Spoken at Home bre	akdown of group
nglish Very well	715
/ell	0
Not well	27
Not at all	0
Unknown	0
nily economic breakdown of group	
Appear to be living in poverty	197
Do not appear to be living in poverty	605
Unknown financial circumstances	0
tary breakdown of group - Particip.	ant or parent of dependent participant
itary breakdown of group - Particip Currently serve in the Armed Forces	ant or parent of dependent participant
Currently serve in the Armed Forces	
	0
Currently serve in the Armed Forces Currently serve in the Reserves Currently serve in the National Guard Served in the past, but do not currently	0
urrently serve in the Armed Forces urrently serve in the Reserves urrently serve in the National Guard erved in the past, but do not currently erve in the Armed Forces, Reserves, or lational Guard	0 0
Currently serve in the Armed Forces Currently serve in the Reserves Currently serve in the National Guard	0 0