Created by the NC Prevention State Audit Team July 2019, Modified February 2022

Abstract

The NC Prevention Provider Audit Guide serves as a manual for Prevention Providers who receive SAPBG funding. The manual will assist providers with documenting the process and progress of their prevention work within the statewide approve strategies. The guide informs providers of the needed documentation to be uploaded and entered into the Statewide ECCO Reporting System. The use of this guide will help providers connect action plans to impact within the community and satisfy the statewide annual audit requirements.

nc pREVENTION pROVIDEr aUDIT gUIDE

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# Audit Overview:

The audit is conducted by a state funder to determine compliance to funding requirements. The audit reviews an agency’s work, hours, percentages of time, outcomes/process data, and knowledge and implementation of best practices for both environmental and prevention education strategies. It is meant not only to determine compliance to state standards and progress recommendations, but also to determine statewide challenges and statewide and/or individual need for technical assistance or training. The audit helps to build capacity and support a stronger statewide prevention system, which ultimately leads to greater impact on communities in preventing substance misuse. Additionally, audits will allow the state to monitor the quality of services being provided and continue to connect strategies chosen to strong data that can be evaluated to show outcomes within the community.

As an agency receiving SAPBG funds, there are reporting requirements and standards set forth by the state to ensure best practices and monitor the needs of agencies. Standards are outlined in the Strategy Guidance Document. These requirements and standards are reviewed through an audit. This guide will provide steps that agencies should take to prepare and properly document work for the audit.

Audits may occur quarterly, bi-annually, or annually, depending on state requirements. Frequency of the audit will be shared by the Division. However, it is a best practice to maintain monthly ECCO reporting and documentation for agency records and to ensure preparation for any audit work. Monthly entry allows for prompt and continual technical assistance and training to be provided for state or individually.

## TERMINOLOGY:

1. Provider and Agency are considered synonymous terms to indicate the entity receiving funds and required to meet standards.
2. Best Practice Steps: Required Action Steps from the State guidance per strategy (also termed “action steps” in ECCO Part D)
3. Actions Taken: The section for descriptions of work in progress or completed per action step.
4. Strategy: Allowable State intervention
5. Intervention: The ECCO term for allowable state strategies
6. Auditor and Reviewer are equivalent terms
7. Environmental Strategies: The overall Intervention category required by the state
8. Prevention Education: Intervention Category
9. Synar: A specific State required environmental strategy
10. Communication campaigns: A specific environmental strategy
11. Process Data (Evaluation): This term is used to describe the required listed questions’ answers for each intervention in the Process & Report section in ECCO under Process Data.

# AUDIT COMPONENTS

The Audit will be comprised of a Desk Audit and a follow-up audit meeting. Reviewers will utilize a worksheet as a guide to navigate ECCO to review all documentation submitted by an agency. The reviewer will complete the Audit Tool and Audit Summary to share with agencies. Audit materials can be found on the TTA Helpdesk within General Technical Assistance and FAQ Section. ([nctraining.info](file:///C:\Users\Felicia\Documents\Audit%20Team\nctraining.info))

The Prevention Audit Tool: This tool will be used for completing the statewide audit and compiling information from the Desk Audit.

The Tool includes the following sections:

* 1. Sections A-E- includes utilizing the Prevention Audit Worksheet to review agency strategies, process data including Master Reach, percentage of time for CSAP strategies, and hours based on the online reporting system (ECCO) (*ECCO can be accessed through the NC Training and Technical Assistance (NC TTA) website at this link:* <http://nctraining.info> *If you don’t have an account, you’ll be required to create one prior to having access.)* A reviewer should use the progress chart at the end of the guide for comparison to an agency’s progress on strategies and to formulate questions and discussion on strategies that may not meet suggested progress or may exceed progress guidelines.
  2. Section F: CSAP Strategies Percentages, Hours, and Compliance which utilizes the Strategy Report in ECCO to compare to State Standards.A reviewer should use the state standards chart for percentages to help guide decisions about compliance.

1. The Strategy/Intervention Desk Audit Worksheet: This worksheet serves as guide of what to review in ECCO for the desk audit. The worksheet shows the information provided in ECCO and the related documentation and process data that should be provided to show progress on each chosen strategy that aligns with the state Strategy Guidance Document. It will not be submitted, but it will be a tool used by the reviewer.
2. The Audit Summary: This is a comprehensive explanation of the findings of the Audit, including strengths, challenges, and recommendations for providers based upon the desk audit review.

# AUDIT REQUIREMENTS:

Agencies will be expected to provide documentation within ECCO through the Briefcase, completion of Process Data and Hours and clear explanations of work and progress in the Actions Taken section in Part D for each Best Practice Step for both Prevention Education and all Environmental Strategies. For Synar Merchant Education and Tobacco Purchase Surveys, the Merchant tracker should be completed as it will be reviewed to determine progress and work completed. For Community-Based Process, agencies will be expected to upload documentation through the Briefcase and complete Hours and Master Reach. For Administrative (staff training/agency work), hours and documentation will be reviewed.

There are **5 main areas** for agencies to complete in ECCO prior to the **Desk Audit Review**: *Implementation Profiles, Hours, Process Data (including Master Reach), Merchant Tracker (if Synar is a current strategy),* and *Briefcase.*

* *Implementation Profiles:* This is the primary Intervention component and requires completion of *Parts A, B, and D. Part D includes Actions steps, Actions Taken, and Completion indicators.*
* *Hours:* This includes the reporting of all SAPBG staff hours per strategy across all Intervention Types (Administrative, Environmental, etc)
* *Process Data:* This section includes process/outcome questions connected to all Environmental and Prevention Education interventions
  + *Master Reach:* This section is included with in the process data and is required for all interventions.
* *Merchant Tracker:* This section is directly connected to the work completed for Merchant Education and Tobacco Purchase Survey visits.
* *Briefcase:* The section is the housing place for all documentation to justify and showcase work completed within each strategy.

The following Reporting **requirements**/instructions will assist an agency in completing the *5 main areas for the Desk Audit Review:*

*Implementation Profiles:*

1. An agency must ensure that all of Parts A and B (*See note about locations)* are completed for all Interventions chosen in ECCO.

**NOTE:** For Part B Locations: This is required to complete for all Family and Youth Prevention Education Interventions, and it can be used for other interventions such as Communication Campaigns, Safer Prescriber Training, Responsible Beverage Service Training, etc to help provide context and further explain the reach of your intervention.

1. Part B “Strategy/Model Name” will dictate the rest of the auto-populate for Part B (*minus the IOM category for Prevention Education)* and Part D. \*Please ensure this is answered correctly as it will greatly affect the work.
2. For Part D, there are several areas that must be completed. An agency must complete an action plan for each Environmental (including any Synar) and Prevention Education strategy. **\*NOTE: Action plans and actions taken can be provided for Community-based Process but are not required.**
   1. The “Best Practice Steps” listed in the State Strategy Guidance Document *(located on the NCTTA Helpdesk* [*http://nctraining.info*](http://nctraining.info) *Section: SAPBG Approved Prevention Strategies and Tools)* are the primary action steps listed in Part D of ECCO and detailed below in the audit worksheet.
   2. A provider may add ***extra*** action steps for each chosen strategy to create a meaningful action plan that can be used by staff to accomplish strategy completion.
   3. Providers **MUST** put a description and summary for each step completed/in progress in the “*Actions Taken*” listed beside each action step in Part D of ECCO. \**These will be used within the audit to help reviewers understand the work completed and progress on a strategy.*
   4. Once a step is completed, a provider **MUST** mark completed in Part D on that step. **NOTE:** *If an intervention is carrying into a new fiscal year, the agency can mark a step completed and provide an explanation in the Actions Taken section referring to work completed in a previous fiscal year.*

*Hours:*

1. Agencies must enter Hours for each SAPBG funded staff member according to the Intervention and category.
2. Generic categories for Hours are outlined within the SAPBG Strategy Guidance Document.
3. Synar has specially grouped hours depending on the specific strategy being integrated.
4. Hours help a reviewer to understand the percentage of time spent on CSAP strategies.
5. Process Data entered, including Master Reach, Briefcase uploads, and Actions Taken help to support the work reflected in the Hours sections of ECCO.

*Process Data:*

1. Agencies will want to add **process numbers in the month in which the action/best practice step is marked complete in Part D.**
2. **For Community-Based Process**, Process Master Reach should be added for the month that work was completed.
3. Process data should be entered in/for the month in which it occurred/was collected.

**EXAMPLE:** If 5 lock boxes were distributed in May, and 10 in June, then you would want to enter them according to the month rather than just entering 15 for June. This provides a more accurate representation of progress and work for the audit.

1. If the same process entry numbers are associated with multiple steps of a *strategy*, users would only add them once per month without duplications.

**EXAMPLE:** If in the month of June, an agency met with a planning team to discuss Planning steps 1-3 for Safer Prescriber Training, then the agency would only count 1 planning meeting although multiple steps were completed.

1. Process Data entry may not be needed for every month or for every step for each strategy.

**EXAMPLE**: It would not be necessary to enter process data for the Secure Medication and Safe Disposal strategy if during the month of May, agency staff were reviewing data to determine the best location for drop boxes.

1. Where there are numbers associated with people reached, (i.e. Retailers contacted, individuals from meetings, youth recruited, etc.) those numbers will be reported in the REACH/Demographic sections from Process data each month.
2. Remember do not duplicate numbers (for example, if you are meeting monthly about a policy with the same group of people, you will only count them one time for the first meeting and then only count any additional individuals who weren’t in the original count each additional month).

**NOTE:** Master Reach is NOT noted in this guide but is noted in the Master Grid/Intervention Profile Form and Strategy Guidance Document *(located on the NCTTA Helpdesk)*. Master Reach is required to complete for all strategies but specifically for Prevention Education and Environmental Strategies.

1. Process questions are required if connected and relevant to a strategy. Agencies should choose the BEST process questions to justify the completion of a step. Process data helps to justify hours provided and work completed for the strategy.

**EXAMPLE 1**: If the tools states to enter information for process questions related to *enforcement*, but you are not doing *enforcement* at that step, then you do not need to enter this information.

**EXAMPLE 2**: If an agency needs to build capacity or readiness on an intervention, then training may be required, thus the process data pertaining to training of environmental influencers would be required.

*Merchant Tracker:*

1. All fields within the merchant tracker (*located under Synar)* are required for merchant visits and tobacco purchase survey visits.
2. The information will be reviewed for the audit and compared to the Hours entered for Synar categories.

*Briefcase:*

1. Documentation examples have been listed in the Strategy Guidance document for each strategy. The documents have been listed below in the guide. Community-based process sections have suggested documentation listed below in the tool. **NOTE:** *Items uploaded from previous years (certificates, etc.) that connect to the work completed, can be indicated and identified as such in the “Actions Taken” section beside the corresponding best practice step.*
2. Agencies must upload proper documentation to showcase their work. (1-2 examples should be sufficient per strategy/action steps)
3. It is important to remember that documentation should directly correspond with the strategy and best practice steps that it represents.

**EXAMPLE:** Meeting minutes that are uploaded to represent Planning for Safer Prescriber Training should indicate discussion or notes specifically related the planning portion of intervention and should not be simply a report out that “planning has started.”

1. A provider can use the same documentation to prove multiple steps within a *strategy*. A provider should tag uploaded documents to all related strategy(ies) (i.e., minutes for multiple strategies) **\*Note:** *It is helpful to identify the connecting strategy and step(s) in the title of the upload.*

**EXAMPLE:** Minutes from a Prescription Drug Coalition may include discussion on planning Safer Prescriber Training, organizing demonstrations for medical disposal kits, and distribution of Lock Your Meds materials. *These could then be tagged for Secure Medication and Safe Disposal, Lock Your Meds, and Safer Prescriber Training.*

1. Documentation should represent the work completed clearly and succinctly.
2. Documentation along with Process Data showcase work COMPLETED and help reviewers to understand the hours entered. **EXAMPLE:** 300 hours of work entered for Lock Your Meds, should be represented by Process data showing master reach, secure storage initiatives, and/or planning meetings along with proper documentation such as media examples, a campaign/media schedule, partner meeting minutes, etc.
3. Documentation can be combined into one pdf for upload. **EXAMPLE:** Meeting minutes for a particular strategy could be combined into 1 pdf and the title could represent the documentation. Additionally, Lock Your Meds media examples could be combined and uploaded together.

*Additional support documentation:*

For the community-based process and administrative strategies, additional support documentation will be required to complete and upload into ECCO.

These documents are listed as Appendix B and Appendix C in this guide.

**Being Reviewed for FY22 Audit: 1 environmental strategy (or 2 if no prevention education), 1 prevention education strategy (or an additional if no environmental), Synar, overall progress of active interventions, administrative strategies (hours, reach and support documentation for agency work and staff training) and community-based process interventions (hours, master reach and support documentation).**

# AUDIT DOCUMENTATION GUIDANCE TOOL

## SUMMARY

The below tool includes a list of approved documentation to show completion/progress on the best practice steps for each strategy within Community-Based Process, Youth Prevention Education, Synar, and Environmental strategies. The documentation will be the primary information used for the state audit. Community-based process work should connect to a larger Prevention or Environmental strategy.

\***NOTE:** This tool is directly connected to the approved *Master Grid, State Strategy Guidance Document and ECCO reporting system*. Once a provider chooses strategies, use this tool for identifying the documentation/process data required for input into each corresponding best practice step (action step). This tool will help a provider meet the requirements for the state audit. A provider must have access to ECCO to input data online. Access can be requested through the TTA Center: <http://nctraining.info>. The ECCO system portal can be located via NCTTA Helpdesk. *Appendix A includes screenshots from ECCO to assist users with the tool.*

## INSTRUCTIONS:

1. Find the Agency’s *Strategies* and Identify the *Best Practice Steps* for each one. NOTE: For Community-based Process look for the briefcase and process data sections ONLY. NOTE: The process data sections have NOT been added into ECCO for community-based process and will NOT be required for the FY22 audit. However, these will be added for FY23 so they are represented here for reference. Master reach and documentation will be required for Community-based process.
2. After identifying *best practice steps*, view the column to the **Right** of each step for the associated documentation examples for **BRIEFCASE**, if any, that should be collected/uploaded (not all steps have associated documentation to upload).

**NOTE**: **Where “Minutes” is listed, 1 example will suffice.** Providers can upload additional documentation that better justifies completion of a step.

1. **The** **far-Right column** of each Best *Practice Step* lists appropriate ECCO process questions/numbers to be completed in the **Process Data section** of ECCO for each strategy. \**Not all questions listed are required for each step, as not all process data will be entered monthly nor relevant to the work of the strategy, but multiple acceptable sources are provided. Agencies should choose the BEST process questions to justify the completion of a step. Process questions are required if connected and relevant to a strategy.*

**EXAMPLE 1**: If the tools shows to enter information for process questions related to *enforcement*, but you are not doing *enforcement* at that step, then you do not need to enter this information.

**EXAMPLE 2**: If an agency needs to build capacity or readiness on an intervention, then training may be required, thus the process data pertaining to training of environmental influencers would be required.

1. **NOTE: Master Reach is not listed but REQUIRED for all relevant unduplicated demographic data monthly per active intervention.**

**For questions as to documentation that must be required and entered, contact the Division of MH/DD/SAS.**

## AUDIT TOOL

Below are sections that will be reviewed by the auditors and can be found in the Prevention Audit Tool. These can be used as a guide for ensuring that work is completed and entered into ECCO correctly.

## PART B: ACTIVE STRATEGIES PROGRESS

This section will be in response to the pre-audit survey that will be completed by providers and will indicate the active interventions and current progress. These are not for a full review, but will help reviewers assess statewide progress and agency progress on interventions and if support, training or TA is needed.

|  |  |  |
| --- | --- | --- |
| **Active Prevention Education and Environmental Strategies NOT reviewed for full audit**  (add rows as needed) | **Current Progress on Strategy (as shared by Providers)** | **Progress In ECCO Reflected**  Share summary of progress noted from review |
| Click or tap here to enter text. | Planning  Implementation | Y  N  **Notes:** Click or tap here to enter text. |
| Click or tap here to enter text. | Planning  Implementation | Y  N  **Notes:** Click or tap here to enter text. |

## PART C: ADMINISTRATIVE STRATEGIES PROGRESS

This section will indicate work completed under Agency Work and/or Staff Training. Additional documentation will be required for upload into ECCO. This will be reviewed for only the strategies conducted by the provider.

|  |  |
| --- | --- |
| **Administrative Strategies Chosen**  Mark and review all strategies that apply | |
| **Directions:** *Mark if required supporting documentation was uploaded and mark the checkboxes to review the appropriate supported strategies as indicated within the documentation.*  **Uploaded Administrative Hours Support Documentation**  **NOTES:** Click or tap here to enter text. | |
| **Agency Work** | |
| **Hours:**  **Directions:** *Please provide the hours entered for each strategy chosen. Use the NOTES section to provide any comments, concerns or questions related to hours.* | **Hours:** Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Master Reach**  **Directions:** *Please indicate if Master Reach numbers were provided for the strategy(ies) chosen. Use the NOTES section to provide any comments, concerns or questions related to reach.* | **YES NO**  **Notes:** Click or tap here to enter text. |
| **Staff Training** | |
| **Hours:**  **Directions:** *Please provide the hours entered for each strategy chosen. Use the NOTES section to provide any comments, concerns or questions related to hours.* | **Hours:** Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Master Reach**  **Directions:** *Please indicate if Master Reach numbers were provided for the strategy(ies) chosen. Use the NOTES section to provide any comments, concerns or questions related to reach.* | **YES NO**  **Notes:** Click or tap here to enter text. |

## PART D: COMMUNITY-BASED PROCESS STRATEGIES PROGRESS

This section will include a review of additional support documentation that will be uploaded to ECCO as well as the ECCO documentation entered for any Community-based process strategies. Master Reach needs to be entered, and at minimum 1 supporting documentation should be provided per strategy implemented.

|  |  |
| --- | --- |
| **Community-Based Process Strategies Chosen**  Mark and review all strategies that apply | |
| **Directions:** *Mark if required supporting documentation was uploaded and mark the appropriate supported strategies as indicated within the documentation. Provide notes as to whether strategies connect to capacity building, prevention education, or environmental work in the sections below.*  **Uploaded Community-Based Process Support Documentation**  Strategies support the following:  **Prevention Education  Environmental Strategies  General Capacity**  **NOTES:** Click or tap here to enter text. | |
| **Coalition/Task Force/Collaborative/Meetings** | |
| **Briefcase Documentation**  **Directions:** *Please mark any documentation provided to support this strategy. Use the NOTES section to provide any comments, concerns or questions related to the documentation.* | Minutes  Agenda  Marketing materials  Email Communication  Schedule  Other Please specify: Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Hours:**  **Directions:** *Please provide the hours entered for each strategy chosen. Use the NOTES section to provide any comments, concerns or questions related to hours.* | **Hours:** Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Master Reach**  **Directions:** *Please indicate if Master Reach numbers were provided for the strategy(ies) chosen. Use the NOTES section to provide any comments, concerns or questions related to reach.* | **YES NO**  **Notes:** Click or tap here to enter text. |
| **Needs Assessment and Strategic Planning** | |
| **Briefcase Documentation**  **Directions:** *Please mark any documentation provided to support this strategy. Use the NOTES section to provide any comments, concerns or questions related to the documentation.* | Minutes  Agenda  Marketing materials  Email Communication  Schedule  Other Please specify: Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Hours:**  **Directions:** *Please provide the hours entered for each strategy chosen. Use the NOTES section to provide any comments, concerns or questions related to hours.* | **Hours:** Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Master Reach**  **Directions:** *Please indicate if Master Reach numbers were provided for the strategy(ies) chosen. Use the NOTES section to provide any comments, concerns or questions related to reach.* | **YES NO**  **Notes:** Click or tap here to enter text. |
| **State Level Workgroup** | |
| **Briefcase Documentation**  **Directions:** *Please mark any documentation provided to support this strategy. Use the NOTES section to provide any comments, concerns or questions related to the documentation.* | Minutes  Agenda  Marketing materials  Email Communication  Schedule  Other Please specify: Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Hours:**  **Directions:** *Please provide the hours entered for each strategy chosen. Use the NOTES section to provide any comments, concerns or questions related to hours.* | **Hours:** Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Master Reach**  **Directions:** *Please indicate if Master Reach numbers were provided for the strategy(ies) chosen. Use the NOTES section to provide any comments, concerns or questions related to reach.* | **YES NO**  **Notes:** Click or tap here to enter text. |
| **Sustainability Planning/Leveraging Resources** | |
| **Briefcase Documentation**  **Directions:** *Please mark any documentation provided to support this strategy. Use the NOTES section to provide any comments, concerns or questions related to the documentation.* | Minutes  Agenda  Marketing materials  Email Communication  Schedule  Other Please specify: Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Hours:**  **Directions:** *Please provide the hours entered for each strategy chosen. Use the NOTES section to provide any comments, concerns or questions related to hours.* | **Hours:** Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Master Reach**  **Directions:** *Please indicate if Master Reach numbers were provided for the strategy(ies) chosen. Use the NOTES section to provide any comments, concerns or questions related to reach.* | **YES NO**  **Notes:** Click or tap here to enter text. |
| **Communities Mobilizing for Change on Alcohol** | |
| **Briefcase Documentation**  **Directions:** *Please mark any documentation provided to support this strategy. Use the NOTES section to provide any comments, concerns or questions related to the documentation.* | Minutes  Agenda  Marketing materials  Email Communication  Schedule  Other Please specify: Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Hours:**  **Directions:** *Please provide the hours entered for each strategy chosen. Use the NOTES section to provide any comments, concerns or questions related to hours.* | **Hours:** Click or tap here to enter text.  **Notes:** Click or tap here to enter text. |
| **Master Reach**  **Directions:** *Please indicate if Master Reach numbers were provided for the strategy(ies) chosen. Use the NOTES section to provide any comments, concerns or questions related to reach.* | **YES NO**  **Notes:** Click or tap here to enter text. |

## AUDIT WORKSHEET

Agencies can utilize the checkboxes below to assist them in marking documentation and process questions per action step and strategy.

## MULTI SUBSTANCE STRATEGIES

|  |  |  |
| --- | --- | --- |
| youth prevention education or parent family education | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| The prevention provider must receive approval for each curriculum | Email/ letter of Approval uploaded (if program is not listed on master grid) | Enter session #s in Process Evaluation for each YPE or PFE completed  Number of groups completed  Number of new groups  Number of attendees completing 80% |
| Each prevention provider delivering the program has completed Youth Prevention Education (YPE) training | Certificates uploaded |
| Each prevention provider delivering the program has meet required developer training requirements, as necessary.  \*\*\*\*Supplemental tool for required # sessions for curricula | Certificate or proof of completion of any mandatory developer training |
| The prevention provider must deliver an education program with:   * 1. The prescribed number of required core curriculum sessions   2. The core curriculum implemented in the appropriate setting as recommended by the program developer   3. All sessions at least 30 minutes long   4. All sessions delivered no more than two times per week for all programs | Prevention Education Schedule/ plan: include number of sessions, setting, length, and dates for delivery (an example per curricula)  Attendance logs per curriculum |

|  |  |  |
| --- | --- | --- |
| Communication Campaigns (Social Norms/Support for Prevention) | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** | #2 groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #30 Number of new orgs/ agencies engaged with to develop and/or implement campaign  #31 Type of new orgs/ agencies  #32 Target audience  #33 Describe how you engaged the target audience  #34 Target of campaign  #35 What type of policy are you working to implement, modify, or enforce  #36 Was it developed locally  #37 Communication campaign name  #38 were new materials developed  #39-50 Media source type and details |
| 1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience. | Minutes for planning  Communication Campaign Training Certificate |
| 1. Prevention providers must identify the target audience. (Should be listed in Actions Taken Section). | N/A |
| 1. Prevention providers have collected baseline survey data from the target audience. (Note: data must be collected at least once every 3 years to assist in the refinement of campaign messages and measure progress toward the achievement of objectives) | Collection of baseline survey data |
| 1. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources. | Number and list of campaign Objectives: Include why these were selected and the data source used |
| 1. Prevention providers have created campaign materials that do not include moral or fear appeals (ex. Images intended to scare or shock viewers, such as mock crashes, etc.) OR reviewed and utilized current materials that exist. | Campaign examples  Process for developing new materials/choosing materials  Meeting minutes for planning |
| 1. Create a timeline including a marketing plan for distribution of messages | Schedule for campaign release with media sources listed |
| 1. Prevention providers have collected feedback about campaign messages and materials from a representative sample of the target audience. | Summary of feedback (with number of feedback) |
| 1. Prevention providers have tested messages and channels locally | Number of feedback and summary |
| **Implementation Steps:** |  |
| 1. Using the marketing plan, prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.) | Campaign schedule and examples of media |
| 1. Prevention providers have distributed messages through sources that are popular and credible with the target population. | Campaign schedule with media sources listed |
| 1. Prevention providers have released campaign materials at least once every six weeks for 9 consecutive months. | Examples of campaign materials (specifying the messages)  Campaign schedule with media sources listed  Campaign timeline (projected and completed) |
| 1. Prevention providers have distributed messages using supplemental methods (e.g. contests, promotional materials etc.) at least once every 3 months for 9 consecutive months. | Upload the methods of distribution for all campaign messages |
| 1. Integrate process evaluation for the campaign. (Within the Actions Taken section in ECCO describe how the campaign effectiveness and outcomes were evaluated and how evaluation information was disseminated.) | N/A |

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| YOUTH ENVIRONMENTAL MANAGEMENT STRATEGIES | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. The prevention provider will work with schools and/or other community partners to garner support for and to recruit youth to attend youth-focused meetings and trainings around SPF and systemic planning to address ATOD within their community/school. | Recruitment tools, flyers  Meeting minutes  and/or  Marketing materials | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic  #63 Other  #64 Number of action plans created with youth  #65 Number of strategies chosen/enacted by youth  #66 Number of youth-conducted ATOD prevention events |
| 1. The prevention provider may assist the school and/or other community partners with facilitating youth group meetings with a focus around planning and choosing ATOD prevention strategies using local data to determine priorities and create an action plan for each strategy implemented. | Meeting minutes  Marketing materials |
| 1. The prevention provider may train adult liaisons in working with youth to use the SPF. | Training agenda |
| 1. The prevention provider may facilitate or assist the school and/or other community partners to train youth group members in topics including, but not limited to: ATOD specific information, leadership skills and skills pertaining to planned ATOD activities | Training agenda  Meeting minutes |
| 1. Youth must be trained in SPF and participate in the SPF process in order to address ATOD through environmental strategies. | Training agenda |

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| **Implementation Steps:** |  | #64 Number of action plans created with youth  #65 Number of strategies chosen/enacted by youth  #66 Number of youth-conducted ATOD prevention events |
| 1. Providers will assist with implementing a SPF process with youth groups, reassessing as needs change. | Meeting minutes |
| 1. Prevention providers will assist the group with choosing environmental strategies and creating action plans with each youth group and reviewing them annually to provide guidance on progress towards interventions. | Action plan example |
| 1. The prevention provider will work with youth, schools and/or other community partners to implement selected strategies | Action plans for individual strategies chosen |

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| ESTABLISH, REVIEW or CHANGE SCHOOL ATOD POLICIES |

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| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1.  The prevention provider will research existing policies, if any, and identify policies that need to be changed/modified to achieve the objective | N/A | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic  #16 Number of new agencies/orgs engaged to review, enact or modify policies  #17 What type of new orgs/agencies did you engage to review enact or modify policies |
| 1. The prevention provider will engage/partner with schools and other community partners responsible for establishing or changing school policies | Meeting minutes |
| **Implementation Steps:** | **N/A** |  |
| 1. Clearly define the population to which the policy applies (students, staff and/or visitors) | #21 Number of policies/ protocols/ ordinances reviewed  #18 What type of policies did you work to review, enact or modify  #19 Number of policy makers contacted  #12-15 (If Training)  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Clearly define where the policy applies (school building, grounds, vehicles on grounds, school-sponsored, off campus events such as athletic events and field trips) | Meeting minutes | #21 Number of policies/ protocols/ ordinances reviewed  #22 Number of policies/ protocols/ ordinances modified |
| 1. Clearly define what substances are prohibited and what constitutes” use” and/or “possession” | N/A | #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Communicatee the policy to all affected populations (e.g. students, staff, visitors, parents) | Copy of new or modified school policy  Meeting minutes | #20 Was the policy review, enactment, or modification completed |
| 1. Schedule a periodic review of the policy (at least every two years) | N/A | #20 Was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed |
| 1. Clearly state consequences of first and subsequent policy violations that include opportunities for intervention and/or treatment as alternatives to suspension/expulsion | N/A | #25 Number of violations  #26 Number of new orgs/ agencies engaged with to support enforcement efforts  #27 What type of new orgs/ agencies did you engage  #28 Which type of policy did you support enforcement  #29 How did you support enforcement of this policy |
| 1. When implementing intervention as a consequence of policy violation, ensure the following:   Substance abuse assessment is completed by someone with training to complete an assessment  Ensure confidentiality for those who are assessed and participate in substance misuse intervention  One-to-one counseling is provided rather than group counseling if education rather than treatment is the intervention goal | N/A | #25 Number of violations  #26 Number of new orgs/ agencies engaged with to support enforcement efforts  #27 What type of new orgs/agencies did you engage  #28 Which type of policy did you support enforcement  #29 How did you support enforcement of this policy |
| 1. Incorporate provisions for prevention, intervention, treatment and return to use prevention. | N/A |

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| ESTABLISHING, REVIEWING OR CHANGING COMMUNITY AND/OR WORKPLACE ATOD POLICIES | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. The prevention provider will engage/partner with communities and/or workplaces responsible for establishing or changing community and/or workplace policies. Some policy work may require specific partners, such as law enforcement, policy makers, or other agencies | Meeting minutes  Readiness Survey feedback (if applicable) | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic  #16 Number of new agencies/orgs engaged to review, enact or modify policies  #17 What type of new orgs/agencies did you engage to review enact or modify policies |
| 1. The prevention provider will research existing policies, if any, and/or identify policies that need to be changed/modified to achieve the objective based on local data | N/A | #20 Was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed  #18 What type of policies did you work to review, enact or modify  #19 Number of policy makers contacted  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Prevention providers will partner with others to create a list of tobacco and alcohol retailers and conduct environmental scans to determine the landscape of potential advertising issues at tobacco and alcohol retailers if needed | N/A |
| 1. Prevention providers will assist communities and/or workplaces in choosing and developing written protocols/procedures with consequences for violations | Meeting minutes  Written protocols & procedures |
| 1. Prevention providers will assist partners in choosing and developing written protocols/procedures and consequences for violations based on local data (i.e., the environmental scan).   For Advertising policies they could include, but are not limited to: prohibiting alcohol advertising within close proximity (500 ft. or less) to youth oriented locations including schools, playgrounds and churches; limiting the amount of alcohol/tobacco advertising inside and outside of windows (with a certain percentage limit); limits on promotional items to anyone 21 years or older (such as giveaways as a result for winning a contest at fairs and/or community events); prohibiting the distributing of promotional materials at commercial or civic events to anyone under 21 years old. Ensure policies are carefully crafted to address the specific identified issue supported by data, and be aware of potential preemption issues. | Copy of new or modified policy  Written protocols/ procedures for community and/or workplace policy | #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Prevention providers will assist communities as necessary in advocating for and receiving support for the written protocols/procedures for community ATOD policies from appropriate city/local governance as necessary. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy. | Advocacy/ support plan  Meeting minutes | #19 Number of policy makers contacted |
| **Implementation Steps:** | Summary of policies  Copy of new or modified policy  Written protocols/ procedures for community and/or workplace policy | #25 Number of violations  #26 Number of new orgs/ agencies engaged with to support enforcement efforts  #27 What type of new orgs/ agencies did you engage  #28 Which type of policy did you support enforcement  #29 How did you support enforcement of this policy  #20 Was the policy review, enactment, or modification completed |
| 1. Prevention providers will assist communities/agencies in adopting and finalizing policy/protocol integration. |
| 1. Prevention providers will assist communities and/or workplace in reviewing and/or monitoring the enforcement of policies and report violations as necessary. |

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| FESTIVAL/EVENT RESTRICTION |

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| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. Prevention providers will engage/partner with agencies/individuals responsible for planning/implementing Festival/Event restrictions to assess readiness/support. Evidence of no readiness could be strong business or political groups opposing alcohol restrictions at community events. If no readiness exists, count as community based processes work (consider gathering information about any problems associated with specific events by contacting local police, facility managers, security personnel, event coordinators and business and property owners near the event) until support is in place. | Minutes  Feedback survey for readiness (if applicable) | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic  #16 Number of new agencies/orgs engaged to review, enact or modify policies  #17 What type of new orgs/agencies did you engage to review enact or modify policies |
| 1. Prevention providers will assist partners in choosing and developing written protocols/procedures for festival/event restrictions (and consequences for violations) including, but not limited to: restricting and/or limiting alcohol/tobacco at youth-oriented and family events; prohibiting alcohol sales at specific venues popular with young people; designating alcohol-free days or periods of time within longer events such as community fairs; establishing restricted alcohol sections at special events where young people are not permitted to enter; prohibiting participants from bringing alcohol into events; requiring responsible beverage service management policies and training for staff at each event; security considerations such as how to handle intoxicated drinkers, banning alcohol consumption in parking lots and monitoring parking lots; limiting cup size, using cups for alcohol beverages that are different than non-alcoholic cups, limiting the number of servings per person/per purchase to one or two at a time, stop selling alcohol at least one hour prior to closing; modifying alcohol and tobacco practices, Restrictions on Hours and days of sale or Restrictions on Drinking promotions | Meeting minutes | #20 Was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed  #18 What type of policies did you work to review, enact or modify  #19 Number of policy makers contacted  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for festival/event restrictions from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of ways to address those that may not support the policy | Advocacy or support plan | #19 Number of policy makers contacted |
| **Implementation Steps:** | N/A | #75 Number participating in RBS training |
| 1. Prevention providers will assist partners in festival/event setup including, but not limited to: set up of non-drinking areas, posting alcohol restriction or warning posters; providing registration and logistical support for responsible beverage service training for servers and sellers prior to the event |
| 1. Prevention Providers will assist partners with formalizing and adopting protocols/procedures/policies with signage, policy handbooks, event marketing, etc. | Written protocols for each event  Copy of new or modified policy  Meeting minutes | #20 Was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed  #18 What type of policies did you work to review, enact or modify  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in festival/event participation/staffing as necessary | N/A | #25 Number of violations  #26 Number of new orgs/ agencies engaged with to support enforcement efforts  #27 What type of new orgs/ agencies did you engage  #28 Which type of policy did you support enforcement  #29 How did you support enforcement of this policy  #20 Was the policy review, enactment, or modification completed |
| 1. Prevention providers will collect information from local law enforcement facility managers, security personnel, event coordinators and business and property owners near the event concerning any problems associated with specific events including, but not limited to: intoxicated patrons, fighting/assaults, noise disturbances, litter/trash on property, traffic and parking issues, property damage or vandalism and public urination for documentation about the nature/extent of issues (and for comparison over time and use in planning each similar event) | Summary of violation and  Follow-up process |

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| SAFE STORES | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. Prevention providers will work with partners to create a comprehensive Safe Stores Pledge and protocols for recognition, follow-up, and monitoring to ensure proper adherence to the pledge by business owners. | Planning minutes | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic |
| 1. Safe Stores Pledges should include the following:   Commitment for employees to check for proper IDs for all appearing younger than 30  All employees will attend a Responsible Beverage Service training or similar approved training  Creating. Revising, or enforcing selling policies with consequences for violations.  Participation in purchase surveys and/or compliance checks. | Planning Minutes  Plan |  |
| 1. Prevention providers will create a recognition plan, which includes a list of media sources, messages for recognition, and a timeline for media messages. | Plan (follow-up, monitoring, recognition) | #39-50 media source type and details |
| 1. Prevention providers will create a list of local businesses who sell alcohol, tobacco and/or dispense prescription drugs and schedule visits with store managers or decision makers to garner support for Safe Stores pledges. | N/A | #67 Number of businesses who completed a safe store pledge |
| 1. Prevention providers will engage/partner with local organizations and/or businesses to promote and recruit businesses for Safe Stores pledges. Businesses agreeing to pledges will commit to all pledge requirements previously outlined. | Recruitment tools | #67 Number of businesses who completed a safe store pledge |
| **Implementation Steps:** | Outreach plans  and  Pledge | #67 Number of businesses who completed a safe store pledge |
| 1. Prevention providers will engage/partner with local organizations and/or businesses to obtain signatures for Safe Stores pledges. Consider several outreach events to encourage sign-up at times that occur before critical events such as Homecoming, Prom, Graduation, school holidays and summer months during which underage use of substances may increase. |
| 1. The prevention engage/partner with local organizations/media to publicize which businesses have signed the Safe Stores pledges according to the recognition plan created. | Media example | #39-50 Media source type and details |
| 1. The prevention provider will engage/partner with local organizations to assist businesses, as necessary, in promoting and/or registering employees for RBS training, providing information about responsible selling policies. | Meeting minutes  And  List of employees registering for training | #75 Number participating in RBS training |
| 1. Prevention providers will utilize their follow-up and monitoring plans to check in with outlets to ensure adherence to the pledge including but not limited to conducting alcohol purchase surveys and encouraging law enforcement/ALE to conduct compliance checks. | Follow-up plan | #68 Number of businesses following safe store pledge  #71 Number of compliance checks supported  #74 Number of retailers/ businesses checked (compliance checks)  #79 Number of retailers who passed  #80 Number of retailers who failed |
| 1. Prevention providers will assist with creation of internal store policies if needed and recommend retailer mystery shop programs and the use of ID scanners. | Follow-up retailer manager information | #72 Number of retailers using ID scanners  #73 Number of retailers participating in mystery shop programs |

## TOBACCO STRATEGIES

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| SYNAR | | |
| **Best Practice Steps for all strategies,**  **aside from Media and Public Relations, are in the**  **Strategy Guidance Document as a guide but not listed in ECCO** | **Briefcase** | **Process Data** |
| Merchant Education Tracker was completed for Merchant Visits | Minutes from meetings with community partners | Complete Synar10 Merchant Education (Select all that apply) |
| Tobacco Survey Tracker was completed for Tobacco Survey Visits | Meeting minutes for planning and implementation  PowerPoint used for training or training materials  Age testing protocols/ form  Tobacco survey protocols | Complete Synar # 9.2 Did you conduct tobacco surveys  Complete Synar #9.3 of 9.2 is YES: If you conducted Tobacco Survey, did you refer those who failed to ask for ID to local law enforcement? (by law enforcement agency  If #9.3 is YES; then answer #9.4 If you referred those who failed to ask for ID to local law enforcement, how many compliance checks did they conduct this reporting period?  #11 Number of meetings held if relevant |
| Hours accurately represent the work completed in the merchant tracker for both merchant education and tobacco surveys | Certificate of completion of merchant education training  Active roster of youth group participants if used | Complete Synar #10. Merchant Education-Identification of Tobacco Retail Outlets and  #11 Number of Additional Retail Outlets Identified |
| Hours accurately represent the work completed for law enforcement | Meeting Agendas  Age Testing Methods  Schedule  Marketing materials example  Recruitment tool  Summary of law enforcement work | Depending on what was accomplished within law enforcement: Complete the following process numbers:  Complete Synar #13. Promoted Local Law Enforcement: Contacted officers from your local police or sheriffs’ departments to promote increased enforcement of youth access laws.  #13.1 List the law enforcement agencies you contacted to promote increased enforcement of youth retail tobacco sales laws.  #13.2 Select Current level of support  #14.1 Select the tasks completed  #14.2 Number of compliance checks conducted with SAPBG Support  #15 Number of meetings held  #16 Number of incentives disseminated to clerks  #17 Number of retailers in violation of youth access to tobacco laws  #18 Number of enforcement operations  #19 Number of retailer training workshops offered in conjunction with local law enforcement  #20 Number of retailers attending training  #21 Number of participants in retailer education workshops |
| Hours accurately represent the work completed for community mobilization and education | Training PowerPoint (if used) or other presentation materials  Meeting minutes to show planning efforts  Training agenda  Marketing materials | Depending on what was accomplished within community mobilization and education: Complete the following process numbers:  Complete Synar #7. Identification of Community Partners: Identified and determined the level of interest and involvement of community partners who share the goal of reducing youth access to tobacco products  #7.1 How many new community partners were identified and secured this reporting period  #7.2 Using the Community partners tool below list each of the current community partners  Complete #8. Community Leadership: Took the lead in pulling together community partners and local retailers to develop strategies to reduce youth access in your service area(s)  #8.1: How many meetings did you have with partners and local retailers to develop strategies to reduce youth retail access to tobacco this reporting period?  #8.2 What strategies were implemented to reduce youth retail access to tobacco this reporting period?  Complete Synar #9. Community Education: Provided information on youth access to policy makers, community leaders, youth and civic groups to education and actively involve them in efforts to reduce youth access to tobacco products  #9.1: What groups did you provide information to actively involved them in efforts to reduce youth access to tobacco products?  Complete Synar # 9.2 Did you conduct tobacco surveys  Complete Synar #9.3 of 9.2 is YES: If you conducted Tobacco Survey, did you refer those who failed to ask for ID to local law enforcement? (by law enforcement agency  If #9.3 is YES; then answer #9.4 If you referred those who failed to ask for ID to local law enforcement, how many compliance checks did they conduct this reporting period?  #10 Number of non-enforcement inspections held  #11 Number of meetings held if relevant |
| Hours accurately represent the work completed for Media and Public Relations | N/A | **SEE BELOW** |
| **Synar: Media and Public Relations Best Practice Steps:** |
| PLANNING: Prevention providers will collaborate with community partners to include news stories, letters to the editor etc. to increase awareness of youth access to tobacco products and penalties and to publicize compliance inspection results. | Media example | Depending on what was accomplished within media and public relations: Complete the following process numbers:  Complete Synar #15. Collaborated with Community Partners to create news stories, letters to the editor, billboards newsletters, public service announcements, etc to increase awareness of youth access to tobacco laws and penalties and to publicize compliance inspection results  #15.1 Specifiy which of the following synar communications were generated this reporting period  #15.2 Media Source  #15.3 Media reach  #15.4 Mediate type  #15.5 Compliance inspection results  #15.6 Upload print sources |
| IMPLEMENTATION: Prevention providers will collaborate with community/youth organizations to conduct a Merchant Pledge campaign and publicize results to recognize merchants and clerks who have pledged not to sell tobacco products to minors. | Pledge | #16 Collaborated with community/youth organizations to conduct a merchant pledge campaign and publicized results to recognize merchants and clerks who have pledged not to sell tobacco products to minors  #16.1 How many merchants pledged not to sell tobacco products to minors?  #16.2 Specify where you recognized stores that pledged not to sell tobacco products to minors  #17 Number of organizations collaborated on merchant pledge campaign |

## PRESCRIPTION DRUG STRATEGIES

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| LOCK YOUR MEDS | | |
| **Best Practice Step**  *(This strategy MUST include Secure Medication Storage and safe disposal process data and action steps, so both must be reviewed)* | **Briefcase** | **Process Data** |
| Planning Steps: |
| .   1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience. | N/A | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12-15 If training needed and conducted  #30 Number of new orgs/agencies engaged to develop/ implement campaign  #31 Type of orgs/ agencies |
| 1. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources. | Meeting minutes  Number and list of campaign objectives | N/A |
| **Implementation:** | Number and type of campaign materials | #39-50 Media type and details |
| 1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g., posters and newsletters, journals, etc.) |
| 1. Using the LYM Focus Group Guide for Message and Channel Testing, prevention providers have collected feedback about comprehension, credibility, reaction, design, and effectiveness of Lock Your Meds materials and distributed materials through sources that are popular and credible with the target population. | Explanation of feedback and process (within the actions taken) | N/A |
| 1. Prevention providers have released campaign materials at least once every six weeks. | Schedule for campaign release with media sites listed | #39-50 Media type and details |
| 1. Prevention providers have connected Lock Your Meds to a co-occurring Secure Medication Storage and Safe Disposal Strategy. | SEE SECTION | See worksheet chart for Secure Medication Storage and Safe Disposal action steps and process data |

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| SECURE MEDICATION STORAGE AND SAFE DISPOSAL | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. Prevention providers will identify and determine the level of interest and involvement of community members, law enforcement, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access to opioids and upholding safe disposal practices. If no readiness exists, count as community-based processes work until support is in place. | Meeting minutes  Training materials, if coordinated | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic |
| 1. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating secure medication storage and safe disposal strategies within the community. | Training materials if coordinated  Meeting minutes  Readiness assessment, if conducted | #2 Groups/populations served/counties  #3 Number of planning meetings  #12-15 (if training provided)  #4 Number of new partners/ organizations  #5 Types of partners engaged |
| 1. Prevention providers will meet with law enforcement and pharmacies to determine the need and logistics for medication take-back events and permanent medication drop boxes. | Meeting minutes for planning  Distribution plan | #3 Number of planning meetings |
| 1. Prevention providers will work to plan with partners the distribution of kits, lockboxes and medication disposal demonstrations or take back events. Prevention providers will work to plan for cabinet installations and drop boxes. | Meeting minutes about plans    distribution plan | #3 Number of planning meetings |
| 1. Prevention providers will work to plan the acquisition of drop box locations and funds. | Meeting minutes | #3 Number of planning meetings |
| **Implementation Steps:** | Distribution plan  Marketing materials  Schedule | #60 Number of cabinet installations  #61 Number of cabinet installation policies  #52 # of lockboxes or medicine safes distributed  #55 Number of chemical disposal kits distributed  #56 Number of chemical disposal demonstrations provided |
| 1. Prevention providers will work with partners to install cabinets and lockboxes and/or distribute lockboxes/medication disposal kits. |
| 1. Prevention providers will provide kits with medication disposal demonstrations and assist with institutionalizing lockbox and proper disposal use within agencies, communities, and homes. | Marketing materials  Schedule | #52 # of lockboxes or medicine safes distributed  #55 Number of chemical disposal kits distributed  #56 Number of chemical disposal demonstrations provided  #57 List the groups who received demonstrations |
| 1. Prevention providers will coordinate and implement take-back events with law enforcement. | Event plans/agenda | #53 Number of drug “Take Back” events you participated in  #54a Number of participants (people dropping off medication) during take back event  #54b Pounds of medication collected during Take Back event |
| 1. Prevention providers will acquire new drop box locations. | N/A | #50 Number of drop boxes included in the program  #50.1.b Location/setting of drop box  #51 Info regarding the reach of drop box |
| 1. Prevention providers will increase usage of current drop box locations through media and other community efforts. | Marketing materials | #51 Info regarding the reach of drop box |
| 1. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals, organizations) to institutionalize policies for drop box, cabinet installation, or lock boxes. | Policy (if drafted) | #23 Number of policies reviewed, enacted, modified  #20 Was the policy review, enactment, or modification completed |

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| SAFER PRESCRIBER TRAINING | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. Prevention providers will identify and determine the level of interest and involvement of prescribers who share the goal of reducing access to opioids and upholding safe prescribing practices. If no readiness exists, count as community-based processes work until support is in place. | N/A | #2 groups/populations served/counties  #3 Number of planning meetings  #4 number of new partners/ organizations  #5 types of partners engaged |
| 1. Prevention providers will become familiar with the laws, policies, and standards by which local healthcare providers and emergency departments are currently operating or required by law to operate (this could include becoming familiar with the STOP Act). | N/A | #20 was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Prevention providers will use data from the CSRS as available to identify the rates for registration and use within their communities/counties of concern. This will help in identifying the need. | Meeting minutes | N/A |

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| 1. Prevention providers should draft a message/elevator pitch for healthcare professionals in order to build capacity and support to work collaboratively (if partners do not already exist within the community). | Meeting minutes with prescribers | N/A |
| 1. Prevention providers will coordinate with state experts and partners within the community to determine dates and topics for prescriber trainings within the community. | Meeting minutes | #3 Number of planning meetings |
| 1. Prevention providers will plan logistics and recruit healthcare prescribers to attend the training. | Training marketing materials | #62 Number of Safer Prescriber Trainings Held  #3 Number of planning meetings |
| 1. Prevention providers will meet with healthcare providers to discuss ways to strengthen safe prescribing practices and the importance of CSRS utilization and strong policies. | Meeting minutes  Feedback survey | #3 Number of planning meetings  #16 Number of new orgs/agencies engaged to review, enact or modify policies  #17 What type of new orgs/ agencies did you engage to review, enact, or modify policies  #58 Number registered for the PDMP/CSRS system  #59 Number of increased use for PDMP/CSRS system |
| 1. Prevention providers will work to plan with healthcare providers how to encourage registration/use of the CSRS and/or how to modify/implement policies. | Meeting minutes | #3 Number of planning meetings  #58 Number registered for the PDMP/CSRS system  #59 Number of increased use for PDMP/CSRS system |
| **Implementation Steps:** | Training agenda  Training schedule  Feedback survey | #62 Number of Safer Prescriber Trainings Held |
| 1. Prevention providers will hold one or more prescriber training(s) within the community/service area |
| 1. Prevention providers will work to increase use of the CSRS system and encourage registration by connecting with local providers. | Recruitment tool example  Meeting minutes | #58 Number registered for the PDMP/CSRS system  #59 Number of increased use for PDMP/CSRS system |
| 1. Prevention providers will work to draft modifications or new policies with healthcare providers for safer prescribing practices. | Meeting minutes about institutionalizing polices/ modifications | #16 Number of new orgs/agencies engaged to review, enact or modify policies  #17 What type of new orgs/ agencies did you engage to review, enact, or modify policies |
| 1. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals) to institutionalize modifications or new policies. | Policy  Meeting minutes | #20 Was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |

## ALCOHOL EDUCATION/ENFORCEMENT STRATEGIES

|  |  |  |
| --- | --- | --- |
| SOCIAL HOST | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| .   1. Prevention providers will research local noise or nuisance ordinances or other laws to see if any exist. If not, some laws ordinances may be modified or amended to include a social host ordinance or a new one could be drafted for approval. There may be different laws/ordinances within city or county limits. Note: No strengthening existing laws can occur. | Minutes | #3 Number of planning meetings  #16 Number of new orgs/agencies engaged to review, enact or modify policies  #17 What type of new orgs/ agencies did you engage to review, enact, or modify policies |
| 1. Prevention providers will engage/partner with local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies to assess readiness/support. If no readiness exists, count as community-based processes work | Meeting minutes | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged |
| 1. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in choosing and developing written language for a social host ordinance or amendment to an already existing ordinance along with procedures for monitoring and protocols (including consequences for violations). Notes: Only civil penalties are allowed. | N/A | #16 Number of new orgs/agencies engaged to review, enact or modify policies  #17 What type of new orgs/ agencies did you engage to review, enact, or modify policies  ☐ #20 Was the policy review, enactment, or modification completed  ☐ #21 Number of policies/ protocols/ ordinances reviewed  ☐ #22 Number of policies/ protocols/ ordinances modified  ☐ #23 Number of policies/ protocols/ ordinances enacted  ☐ #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for the social host ordinance from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy | Advocacy/ support plan  Other Please specify: Click or tap here to enter text. | #18 What type of policies did you work to review, enact or modify  #19 Number of policy makers contacted  #20 was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| **Implementation:** |  |  |
| 1. Prevention providers will assist with the adoption of the ordinance or amendment | Meeting minutes  Other Please specify: Click or tap here to enter text. | #20 Was the policy review, enactment, or modification completed  #21 Number of policies/ protocols/ ordinances reviewed  #22 Number of policies/ protocols/ ordinances modified  #23 Number of policies/ protocols/ ordinances enacted  #24 Number of policies/ protocols/ ordinances in planning/ production |
| 1. Prevention providers will coordinate communication to the public, including but not limited to: Media campaigns and presentations bout the enactment of the social host ordinance and consequences for violations. | N/A | N/A |
| 1. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in monitoring the enforcement of policies and collected data on violations. | Policy  Meeting Minutes | #25 Number of violations  #26 Number of new orgs/ agencies engaged with to support enforcement efforts  #27 What type of new orgs/ agencies did you engage  #28 Which type of policy did you support enforcement  #29 How did you support enforcement of this policy  #76 Number of social host violations |

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| PUBLICIZED SOBRIETY CHECKPOINTS | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| .   1. Prevention providers will engage/partner with local law enforcement organizations/agencies responsible for conducting sobriety checkpoints. If no readiness exists, count as community-based processes work until support is in place. | Minutes | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged |
| 1. Prevention providers will engage in planning with partnering agencies (i.e., with local law enforcement) to ensure sobriety checkpoints can be coordinated within the community on a regular basis. | Meeting minutes | #3 Number of planning meetings  #4 Number of new partners/ organizations  #16-26 For policy work |
| 1. Prevention providers will work with law enforcement to determine the locations and schedule needed (should be during times when alcohol misuse is most likely to occur such as: New Years, spring break, graduation, etc.) for publicized sobriety checkpoints based upon data (including but not limited to drinking and driving violations, underage drinking violations, alcohol crashes, etc.) **Note: Prevention providers may not pay for enforcement activities.** | Procedures  Meeting minutes | #3 Number of planning meetings  #4 Number of new partners/ organizations |
| 1. Prevention providers will work with law enforcement, media, and other partners to draft messaging and coordinate media for publicizing the checkpoints and results. | Examples of media messages | #39-50 Media source type and details |
| **Implementation:** | N/A | #77 Number of publicized Sobriety Checkpoints  #26-29 If enforcement efforts exist |
| 1. Prevention Providers can create and/or provide educational materials for law enforcement to distribute during sobriety checkpoints. Law enforcement will be the primary coordinating entity for sobriety checkpoints. Note: Prevention providers may not pay for enforcement. |
| 1. Prevention providers will work with law enforcement, media and other partners to publicize the sobriety checkpoints and results. | Examples of media messages | #77 Number of publicized Sobriety Checkpoints  #39-50 media source type and details |
| 1. Prevention providers will work with partners to continue to raise awareness of the upcoming, ongoing checkpoints and results. | Marketing Plan  Meeting minutes | #78 Number of warnings given  #39-50 Media source type and details |

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| RETAILER ALCOHOL COMPLIANCE CHECKS | | |
| **Support for Alcohol Compliance Checks**  **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. Prevention providers will engage/partner with local organizations/agencies responsible for conducting compliance checks to assess readiness/support. If no readiness exists, count as community-based processes work until support is in place. | Meeting minutes and/or  Training agenda | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic |
| 1. Prevention providers will engage in planning with partnering agencies (i.e., with local law enforcement) to ensure youth/public safety, parental release for youth volunteers, incentives for youth volunteers, age testing, sharing of data regarding retailer violations etc. **Note: prevention providers may not pay for enforcement activities.** | Meeting minutes  And/or  Protocols uploaded | #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged |
| 1. Prevention providers will assist and/or recruit youth volunteers (to participate in compliance checks) as necessary. | Examples of media messages  Recruitment plan for youth | N/A |
| 1. Prevention providers will participate in compliance check training in conjunction with local law enforcement and youth volunteers as necessary if on-site (as adult observers or to help with youth volunteers). | Training agenda | N/A |
| **Implementation Steps:** | Schedule for checks | #71 Number of compliance checks supported  #74 Number of retailers/ businesses checked  #25 Number of violations  #26 Number of new orgs/ agencies engaged with to support enforcement efforts  #27 What type of new orgs/ agencies did you engage  #28 Which type of policy did you support enforcement  #29 How did you support enforcement of this policy |
| 1. Law enforcement will visit retailers routinely, targeted to locations and time of day/year based on data (e.g. citizen complaints, law enforcement information, school events etc.) |
| 1. Prevention providers will follow-up with merchant education materials as needed after each round of compliance checks is completed (i.e., thank you for not selling, signage or information about server/seller trainings etc.) | Summary of follow-ups | #72 Number of Retailers using ID scanners  #73 Number of retailers participating in mystery shop programs |
| 1. Prevention providers will work with law enforcement to collect and obtain data on compliance check results (pass/fail). |  | #79 Number of retailers who passed  #80 Number of retailers who failed |
| 1. Prevention providers could publicize the stores that passed compliance checks. |  | N/A (Could enter media) |
| **Alcohol Purchase Surveys**  **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |  |  |
| 1. For environmental purposes, alcohol purchase surveys should be conducted in conjunction with compliance check. Therefore, prevention providers will partner with local law enforcement and other coalitions, collaborative and groups to create purchase survey protocols, including, but not limited to: type of purchase, type of alcohol, safety procedures, insurance/liability, age testing/verification and survey logistics etc. | Meeting Minutes  Upload the protocols completed | #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged |
| 1. Prevention providers will create and/or obtain a listing of all off-premises (i.e., liquor stores, supermarkets, gas stations, etc.) alcohol retail outlets in the service area(s). | Upload list of outlets  Marketing Plan | N/A |
| 1. Prevention providers will plan and develop purchase survey training and data collection materials including, but not limited to data forms and consent forms | Upload action plan  Training agenda | N/A |
| 1. Prevention providers will recruit ONLY adult and young adult (21 and over) volunteers to pose as buyers and drivers. Adults will act as drivers and observers for purchase survey and young adults will act as the buyer to purchase alcohol. | N/A | N/A |
| 1. Prevention providers will validate the appearance and age of young adults (so as to assure they appear young looking, approximately 18-19 years) via age testing procedures | Age test procedure | #70 Number of age testing validations conducted |
| 1. Prevention providers will create or assist with creating written protocols for the surveys and data collection.   (See Strategy Guidance for details) | Training agenda  Protocols | #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged |
| 1. Prevention providers will train and/or assist local law enforcement and/or other coalition/collaborative/groups to train adult and young adult volunteers on purchase survey protocols, data collection and safety concerns. | N/A | #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic |
| **Implementation Steps:** |  |  |
| 1. Prevention providers will assign and/or assist local law enforcement and/or other coalition/collaborative/groups to assign teams of volunteers to alcohol retail outlets. | Volunteer assignment plan | N/A |
| 1. Prevention providers will visit and/or assist local law enforcement and/or other coalition/collaborative/groups to visit alcohol retail outlets. Prevention providers may be on-site to act as adult observers as necessary | Upload schedule plan | #69 Number of Alcohol Purchase surveys completed |
| 1. Prevention providers will debrief the alcohol purchase survey with local law enforcement and/or other coalition/collaborative/groups as necessary | Meeting minutes | #3 Number of planning meetings |
| 1. Prevention providers will analyze or assist local law enforcement and/or other coalition/collaborative/groups to analyze purchase survey data, including date/time of purchase survey, location/type of outlet, age and other characteristics of buyer, type of alcohol requested, location of alcohol in outlets, age/gender of clerk, attempted purchase outcome, in store observations etc. | Summary of analysis of surveys and/or  Meeting minutes | #3 Number of planning meetings |
| 1. Prevention providers can issue and informational letter to the retail outlet, letting them know they were surveyed providing a warning along with educational materials if needed. | Examples of media messages |  |
| 1. Prevention providers should encourage Responsible Service Training or Safe Store pledges. | Policy | #75 Number of RBS trainings supported |

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| RESPONSIBLE BEVERAGE SERVICE TRAINING | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| .   1. Prevention providers will engage/partner with local law enforcement, ALE officers and/or other local organizations/agencies responsible for planning/implementing Responsible Beverage Server (RBS) training to assess readiness/support. If no readiness exists, count as community-based processes work until support is in place. 2. Prevention providers will assist local law enforcement, ALE officers and/or other local organizations/agencies in planning a training that includes, but is not limited to: understanding state, local laws and consequences for selling to minors or other intoxicated patrons, checking identification, recognizing fake IDs, and identifying and refusing sales to underage youth and intoxicated customers. Plans will consider cost and plans for more than one training offered per year to train businesses who have staff turnover. 3. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to provide logistical support (i.e., securing space, refreshments, copying materials etc.) and promotion of trainings. 4. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to coordinate and recruit managers and store employees to participate in retailer trainings conducted by law enforcement officers. Retailers cited for violations will be an emphasis in recruiting efforts. | Minutes,  Recruitment tools for # 3 planning step | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged |
|
|
|
| **Implementation Steps:** | Training Agenda  Training materials  List of logistical supports offered  List of retail outlets invited/ recruited/ participated in RBS training  Follow-up retail manager information  Example of follow-up with retailers about policies and practices (i.e., e-mail, call, etc.) | #12 Number of new training groups started  #13 Formats of training  #14 Which new groups training commenced  #15 Training topic  #75 Number of Responsible Service Training (RAST and BARS) |
| 1. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to conduct Responsible Beverage Server (RBS) training. Prevention providers may assist with training day duties that include, but are not limited to registration/handing out certificates, refreshments and training-day logistics, as necessary 2. Prevention partners will partner with local law enforcement, ALE officers and/or other local organizations/agencies to follow-up and encourage retail store managers to receive RBS training, have policies in place for responsible serving/selling practices and have a monitoring system to ensure all retail employees are adhering to responsible serving/selling practices |

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| TALK IT UP, LOCK IT UP | | |
| **Best Practice Step**  **(must be done in conjunction with alcohol safe storage initiatives) Review both set of steps and supporting data** | **Briefcase** | **Process Data** |
| **Planning Steps:** |
| 1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience. 2. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources. | Minutes,  Number and list of campaign materials | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 number of new partners/ organizations  #30 Number of new organizations/ agencies to implement campaign  #31 What type of new orgs/ agencies |
| **Implementation Steps:** | Schedule for campaign release with media sites listed  Number and type of campaign materials | Media: #39-50 depending on the type  #30 Number of new organizations/ agencies  #31 What type of new orgs/ agencies  #81 Number of cabinet installations  #82 Number of Locks  #23 Number of policies/ protocols/ ordinances enacted  #20 (To be answered in the month of completed policy work) |
| 1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g., posters and newsletters, journals, etc.) 2. Using Message and Channel Testing, prevention providers have collected feedback about comprehension, credibility, reaction, design, and effectiveness of Talk it up, Lock it up materials and distributed materials through sources that are popular and credible with the target population. 3. Prevention providers have released campaign materials at least once every six weeks. 4. Prevention providers have connected Talk it up, Lock it up to a co-occurring Alcohol Safe Storage Initiative. |

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| ALCOHOL SAFE STORAGE INITIATIVES | | |
| **Best Practice Step** | **Briefcase** | **Process Data** |
| **Planning Steps:** | Minutes  Marketing materials  Other Please specify: Click or tap here to enter text. | #2 Groups/populations served/counties  #3 Number of planning meetings  #4 Number of new partners/ organizations  #5 Types of partners engaged  #81 Number of cabinets installed  #82 Number of locks distributed  #23 Number of policies/ protocols/ ordinances enacted  #20 (To be answered in the month of completed policy work) |
| 1. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access alcohol.  If no readiness exists, count as community-based processes work until support is in place. 2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating safe storage initiatives within the community. 3. Prevention providers will work to plan with partners the distribution locks. Prevention providers will work to plan for cabinet installations. |
| **Implementation Steps:** | Policy (if drafted)  Distribution plan  Other Please specify: Click or tap here to enter text. | #81 Number of cabinet installations  #82 Number of Locks  #23 Number of policies/ protocols/ ordinances enacted  #20 (To be answered in the month of completed policy work) |
| 1. Prevention providers will work with partners to install cabinets and locks. 2. Prevention providers will provide assistance with institutionalizing locks and cabinet installations use within communities and homes. |

# STRATEGY PROGESS CHART FY22

It is expected that prevention providers will make adequate progress within and across interventions each year. *The state and reviewers recognize that outside factors may impede intervention progress, but it is expected that overall, prevention providers will meet progress standards set annually.*

For example, if an agency is conducting Youth Prevention Education, Safer Prescriber Training, Synar Merchant Education and Lock Your Meds, and documents/reports having completed all merchant education and Lock Your Meds planning and implementation steps BUT HAS NOT completed 1 safer prescriber training and HAS COMPLETED at least one 15-week class of Life Skills in FY21, the provider will have met the progress criteria. Providers must show progress with the strategies that are selected for review and aligned with the annual audit standards.

The below chart shows the state progress standards to be met per intervention by June 30, 2022. This progress will serve as the standard for audit reviews and will assist auditors in identifying those agencies not in meeting state standards or those in need of assistance of TA to meet standards. Providers should show a good faith effort to meet state standards for chosen strategies.

For the FY22 audit review, only 1 environmental strategy (or 2 if no prevention education exists), 1 prevention education strategy (or 2 if no environmental strategies exist) and Synar will be reviewed. Community-based process reviews will include additional information from Appendix B and a review of hours. Administrative will include additional documentation and a review of hours and master reach for agency work and staff training. An overall review of strategy progress will be completed as it aligns to the progress reported by providers in the pre-audit survey.

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| --- | --- |
| **STRATEGY** | **PROGRESS COMPLETION BY JUNE 30, 2022** |
| **Youth Prevention Education/Parent Family Education** | Planning/Implementation for one class (3 lesson minimum-online, in person) |
| **Synar (Merchant Education, Law Enforcement, Media, Community Mobilization [tobacco surveys])** | Planning/Implementation for one Community Mobilization,  20 Merchant Education visits  Planning Completed for Law Enforcement/Media  Consider online options for media.  Social distancing and safety is paramount. |
| **Lock Your Meds** | Planning and Implementation  Consider Online Options |
| **Communication Campaigns-ONGOING** | Implementation Steps 1-4 (planning steps must be completed before implementation steps).  Consider online material/dissemination options |
| **Communication Campaign-NEW** | Planning steps 1-5. Consider online options. |
| **Secure Storage and Safe Disposal** | Planning/Implementation for one event/dissemination of lockbox, cabinets, chemical medication disposal kits. Consider social distancing/contactless options. |
| **PDMP Registration/Utilization (no policy effort)** | Planning/Implementation for one effort. Online efforts appropriate. |
| **Safer Prescriber Training** | Planning/Implementation for one training-online training acceptable |
| **Youth Environmental Management Strategies-NEW and ONGOING\*** | All Planning steps with one youth group (If school is not open, consider alternative options-social media, online meetings/activities, etc.)  \*Note about ONGOING: Count work under planning implementation for the appropriate environmental strategy once it is chosen by the group (i.e. Secure Medication Storage and Safe Disposal event) |
| **Retailer Compliance Checks (Alcohol Purchase Surveys, Support for APS)** | Compliance Checks-All Planning Steps  Alcohol Purchase Surveys-Planning/ Implementation. Survey at least 20 retailers. Social distancing and safety is paramount |
| **Responsible Beverage Server Training (BARS, RAST)** | One training per year. *Consider online options.* |
| **Safe Stores-NEW** | All planning steps completed. *Social distancing and safety is paramount* |
| **Safe Stores-ONGOING** | All planning/implementation steps completed. *Social distancing and safety is paramount* |
| **Establishing, Reviewing or Changing School ATOD Policies-NEW/ONGOING** | This takes 1-3 years to implement. Progress should be made in planning steps 1-2 in year 1. Progress should be made in Implementation of policy in Years 2-3. |
| **Establishing, reviewing or changing community and/or workplace ATOD policies-NEW/ONGOING** | This takes 1-3 years to implement. Progress should be made in planning steps 1-4 in years 1-2. Progress should be made in Implementation and enforcement of policy in Years 2-3. |
| **Festival Event Restriction-NEW/ONGOING (includes modifying alcohol/tobacco ads, restriction on ads/promotions)** | All Planning steps completed. *May move into implementation if COVID situation changes.* |
| **Social Host (must focus on existing law/civil penalties)** | New block grant strategy. Begin planning/readiness efforts. *Consider online options* |
| **Sobriety Checkpoints** | New block grant strategy. Begin planning/readiness efforts. *Consider online options* |
| **Alcohol Safe Storage Initiatives** | Planning/Implementation for one event/dissemination of locks, cabinets, Consider social distancing/contactless options. |
| **Talk it up, Lock it up** | Planning and Implementation  Consider Online Options |

\*It is important to note that the completion of strategies directly connects to the capacity, including both readiness and resources within the community. If agencies are not progressing within a strategy, guidance might be needed to build capacity or identify a more attainable strategy.

\*Note these progress standards are intended to define *a reasonable rate of progress*; however, it is recognized that outside factors may impede intervention progress.  As such, providers will be provided an opportunity describe any barriers that prevented adequate progress via the audit follow-up meeting.

STRATEGY PROGRESS CHART (GENERAL)

**GENERAL ANNUAL PROGESS CHART (not standard for FY21-FY22)**

This chart shows the general progress to be expected for strategies. However, the state can provider alternative progress charts to guide the annual audit.

|  |  |  |
| --- | --- | --- |
| **STRATEGY** | **PROGRESS COMPLETION FOR 1 FY** | **PROGRESS DESCRIPTION** |
| Family & Youth Prevention Education | Planning and Implementation Steps for at least one YPE or PFE completed | Planning steps should take no longer than 6 months if a school relationship exists. At least 1 curricula should be implemented within a year |
| Synar: Community Mobilization and Education (in conjunction with Merchant Education and/or law enforcement related activities | -Planning and Implementation Steps for at least one Synar Community Education effort completed  AND/OR  -All Planning steps completed for Tobacco Purchase Surveys | Can be completed within 6 months to a year |
| Synar: Merchant Education | All Planning and Implementation steps completed | Can be completed within 1 month to a year |
| Synar: Law Enforcement Related Activities | All Planning steps (1-7) completed for Law Enforcement Related activities | May take between 1-3 years to complete, planning could take 1-2 years if no readiness or relationship exists with law enforcement |
| Synar: Media and Public Relations | All Planning steps completed for Media and Public Relations | Could be completed within a year |
| Lock Your Meds | Planning and Implementation  Consider Online Options | Can be completed within 3-6 months. This must be completed along with Secure Storage and Safe Disposal. |
| Communication Campaigns | Planning Steps 1-5 completed | Planning could take up to 9 months, Completion could take up to 2 years |
| Secure Storage and Safe Disposal | Planning/Implementation for one event/dissemination of lockbox, cabinets, chemical medication disposal kits. | At least 1 medicine take back event could be implemented within 6 months-year. Planning for 1 medicine take back should not take a full year. These could be ongoing.  Permanent Medication drop box could be a longer than a year strategy depending on securing resources to purchase the drop box and monitor. Planning for drop boxes could last a year or 2 if partners and resources are being leveraged and plans are made for locations and monitoring.  At least 1 Lockbox distribution and chemical medication disposal could be completed within 1 month to a year depending on the action plan and timeline for providers. These could be ongoing.  Cabinet installation could take 1-3 years if relationships and readiness do not exist. Planning for cabinet installation could take a year if policy work is involved. Local Family cabinet installation could be a quicker process. These could be ongoing. |
| PDMP Policy Change/Registration Utilization | All Planning and Implementation Steps completed for at least one registration/utilization effort  Policy change: All planning steps (1-6) completed | PDMP Policy Change could be a 1-3 year process with planning taking 1-2.5 years depending on partners and readiness to create/modify policy. Registration Utilization can occur within 1 year if new providers are connected with the system. |
| Safer Prescriber Training | All Planning and Implementation Steps completed for at least one prescriber training | This strategy (at least 1 training) can be completed within 1 year. These could be annually. |
| Youth Environmental Management Strategies | All planning steps completed with one youth group | This strategy can be started within 1-2 years and action plans can be developed within a year of working with youth groups. Strategy work by youth groups will take longer. This could be an ongoing strategy with new youth groups. |
| Retailer Compliance Checks (Alcohol Purchase Surveys, Support for APS) | Compliance Checks-All Planning Steps  Alcohol Purchase Surveys-Planning/ Implementation. Survey at least 20 retailers. Social distancing and safety is paramount | Compliance checks may take more than 1 year, but alcohol purchase surveys can be completed in 1 year. |
| Responsible Alcohol Sales Training (RAST) and Be A Responsible Server (BARS) | All planning and implementation steps completed for at least one training | One training can be completed within 1 year. |
| Safe Stores | All planning steps completed | This can be started within a year and continually improved and expanded. |
| Establish, Review or Change School ATOD Policies | All planning steps completed | This could take 1-3 years to complete. Planning could take up to 2-2.5 years as readiness must be built and policies approved through various channels. Could be ongoing in various school districts/schools are involved with multiple policies. |
| Establishing, reviewing or changing community and/or workplace ATOD policies | All planning steps completed | This could occur within 1 year or take up to 3 with some agency protocols. |
| Festival/Event Restriction | All planning steps completed | This could take up to 3 years to complete if readiness does not exist. If after 3 years no movement is made on a festival/event, advice would be to focus resources on a more achievable strategy while working to build capacity and readiness. |
| Social Host (must focus on existing law/civil penalties) | New block grant strategy. Begin planning/readiness efforts. *Consider online options* | This strategy could take 1-3 years to complete. Planning could take up to 2-.2.5 years as readiness must be built and policies approved through various channels. |
| Publicized Sobriety Checkpoints | New block grant strategy. Begin planning/readiness efforts. *Consider online options* | This strategy could take 1-3 years to complete. Planning could take 1-2.5 years as readiness must be built with law enforcement. |
| Alcohol Safe Storage Initiatives | Planning/Implementation for one event/dissemination of locks, cabinets, Consider social distancing/contactless options. | This can be done within 6months to a year. Planning for cabinet installation and policy work make take longer as readiness must be built. |
| Talk it up, Lock it up | Planning and Implementation  Consider Online Options | This can be done within 3 months- 6 months. Messages must be tested. This strategy must be paired with Alcohol Safe Storage Initiatives. |

**\*It is important to note that the completion of strategies directly connects to the capacity, including both readiness and resources within the community.** If agencies are not progressing within a strategy, guidance might be needed to build capacity or identify a more attainable strategy.

\*Note these progress standards are intended to define *a* ***reasonable rate of progress*;** however, it is recognized that outside factors may impede intervention progress.  As such, providers will be provided an opportunity describe any barriers that prevented adequate progress via the audit follow-up meeting.

# COMPLIANCE GUIDELINES

**Guidelines:**

During the audit, the reviewer will make recommendations for:

* discontinuation of the intervention (depending upon the likelihood of overcoming the barriers and/or the degree to which barriers can be controlled by the prevention provider) OR
* technical assistance in overcoming barriers to making adequate progress OR
* a corrective action plan (depending upon the likelihood of overcoming the barriers and/or the degree to which barriers were out of control of the prevention provider)

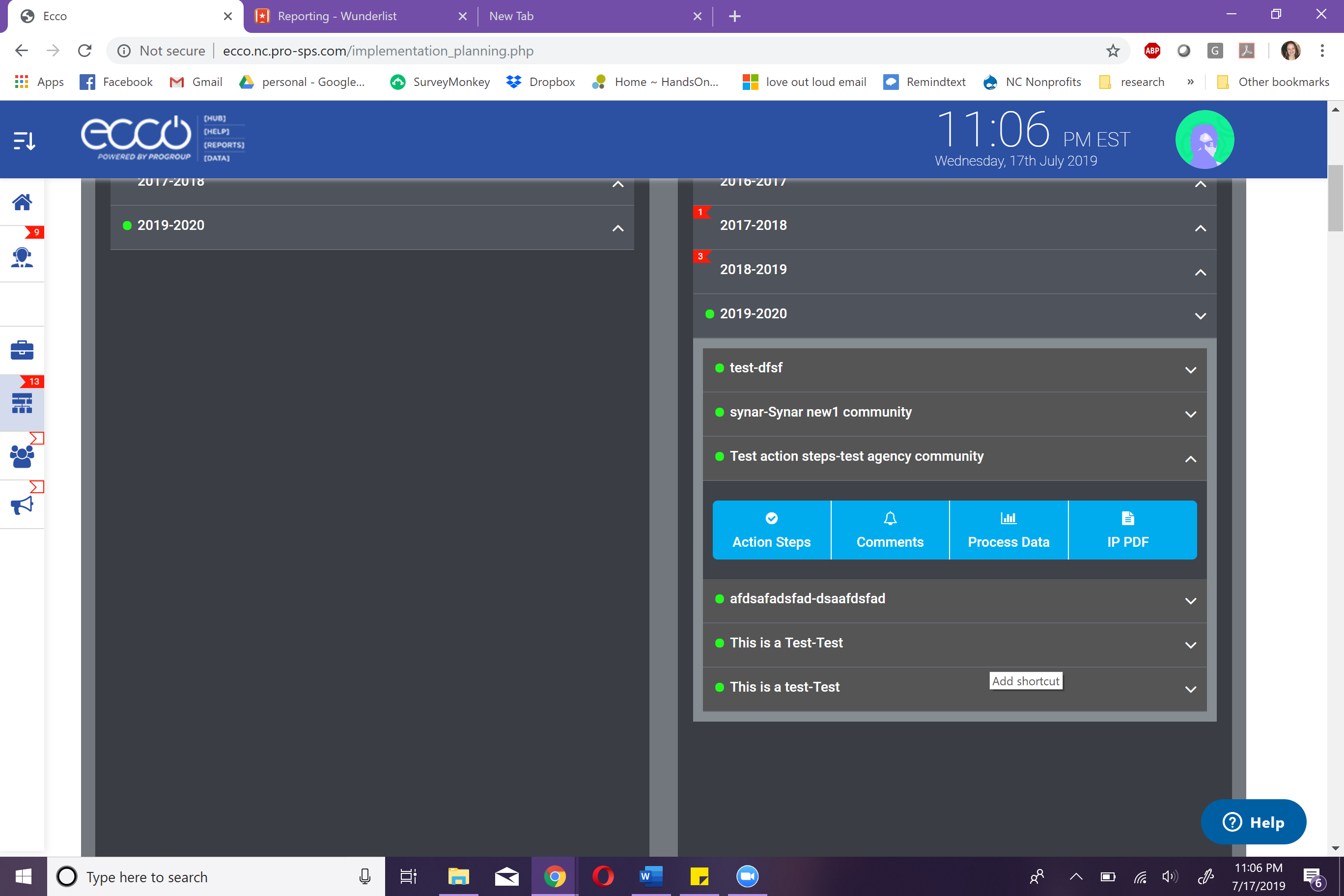
\*Consideration will be given if the prevention provider proactively seeks out assistance in addressing challenges during FY. As such, if this intervention and prevention education progress standard is not met, and the prevention provider did not proactively reach out to the state or its statewide partners for help addressing challenges within the fiscal year (July 1-June 30), a plan of corrective action may be written.

According to the NC Guidelines, LME/MCOs are required to meet the following funding restrictions per Primary Prevention Strategy:

|  |  |
| --- | --- |
| Environmental | Alongside of Community-based process a minimum of 51% |
| Community-Based Process | Alongside of Environmental a minimum of 51% |
| Prevention Education | Maximum of 30% |
| Information Dissemination | Maximum of 12% |
| Alternatives | Maximum of 3% |
| Problem ID & Referral | Maximum of 4% |
| Administrative (support strategies) | Maximum of 20% |

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# APPENDIX A: ECCO SCREENSHOTS

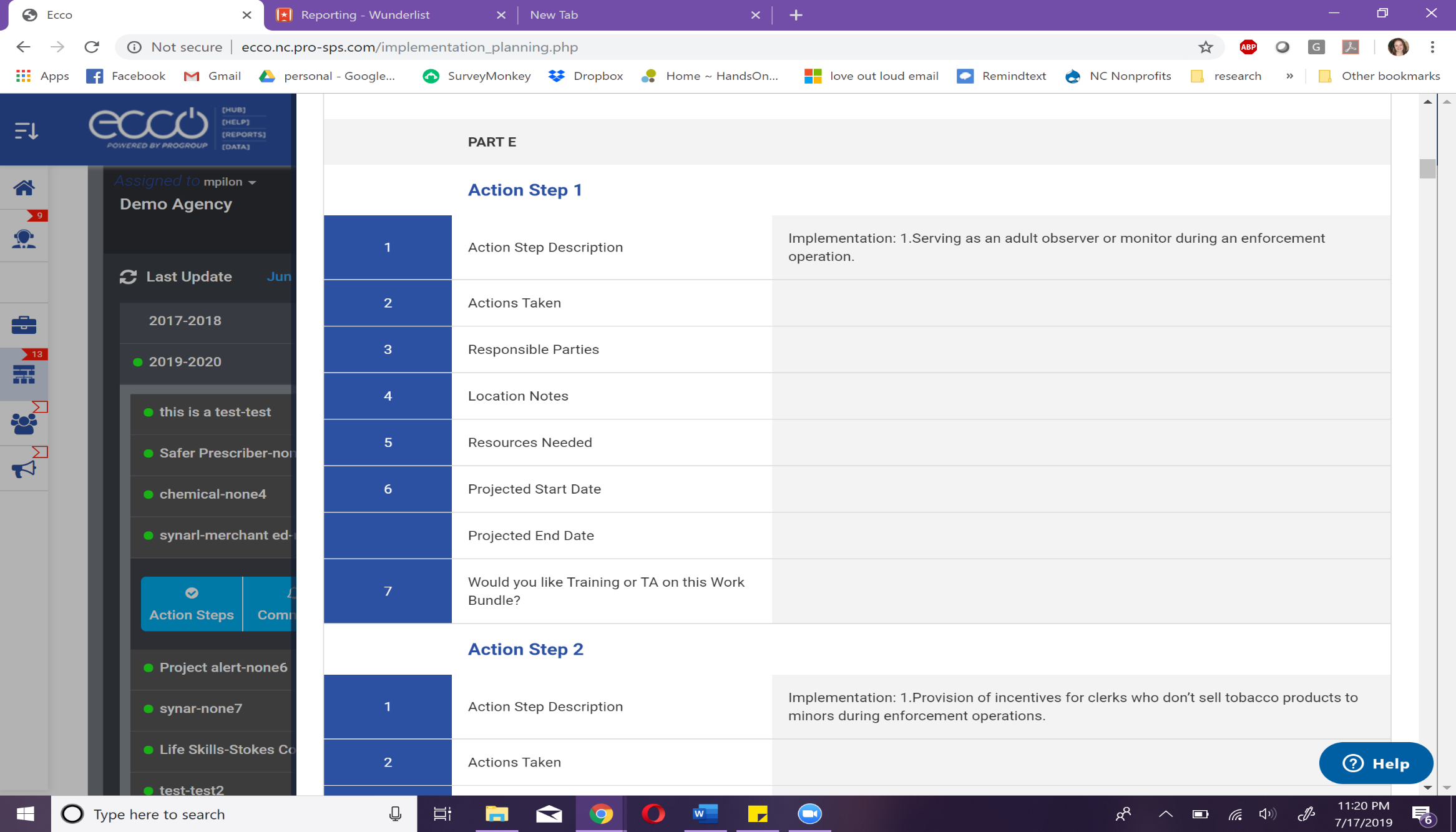


Screenshot 1: Location of Reporting Sections

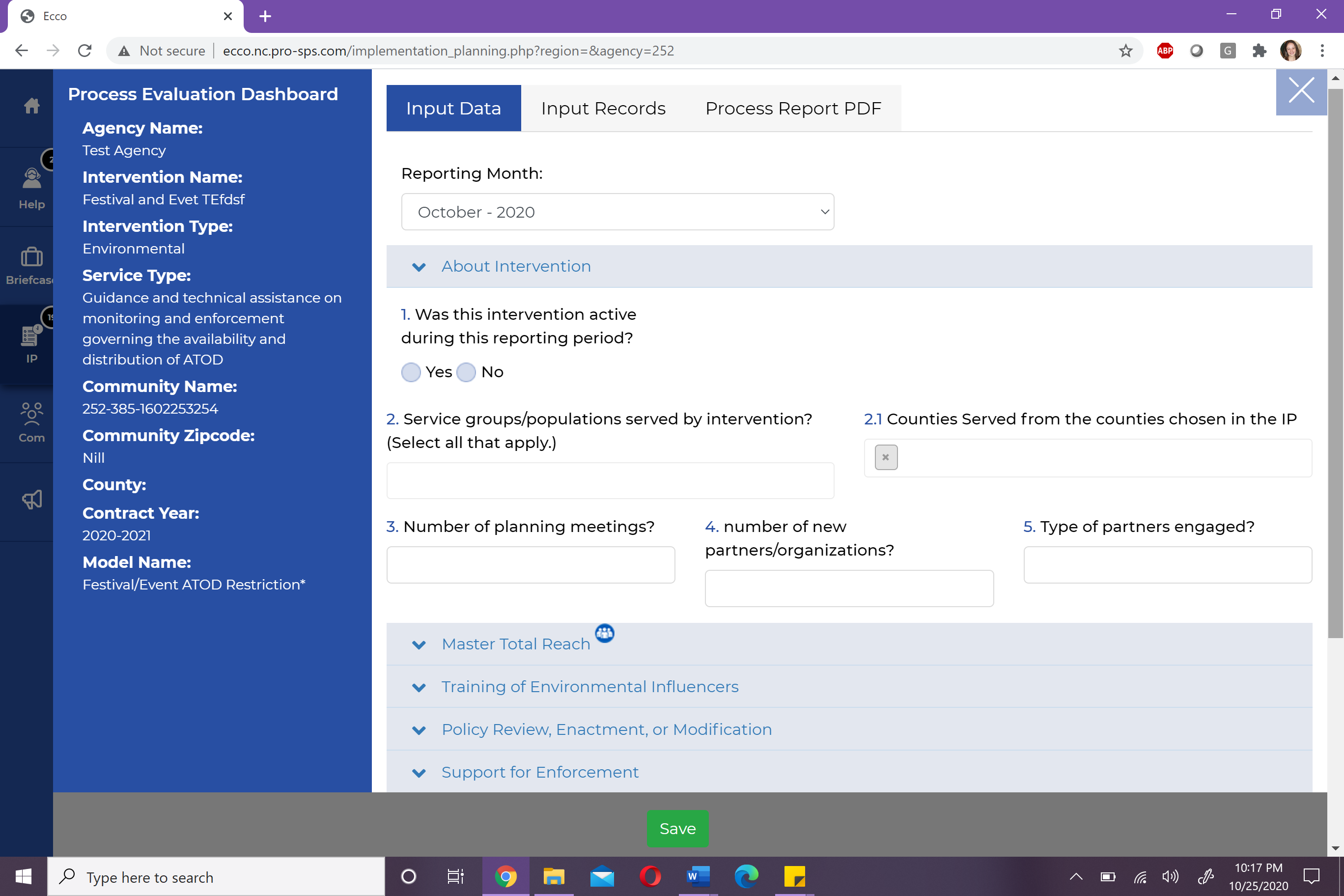
Part E: Action Steps: Also located here is “Actions Taken” column for descriptors for audit work

Process Data: This Section houses the process questions associated with the strategy/intervention.

IP PDF: Location where you can view Parts A-E for an intervention to check work and use for printable action plans. \*NOTE: This will be used by reviewers to look at the various sections in ECCO.

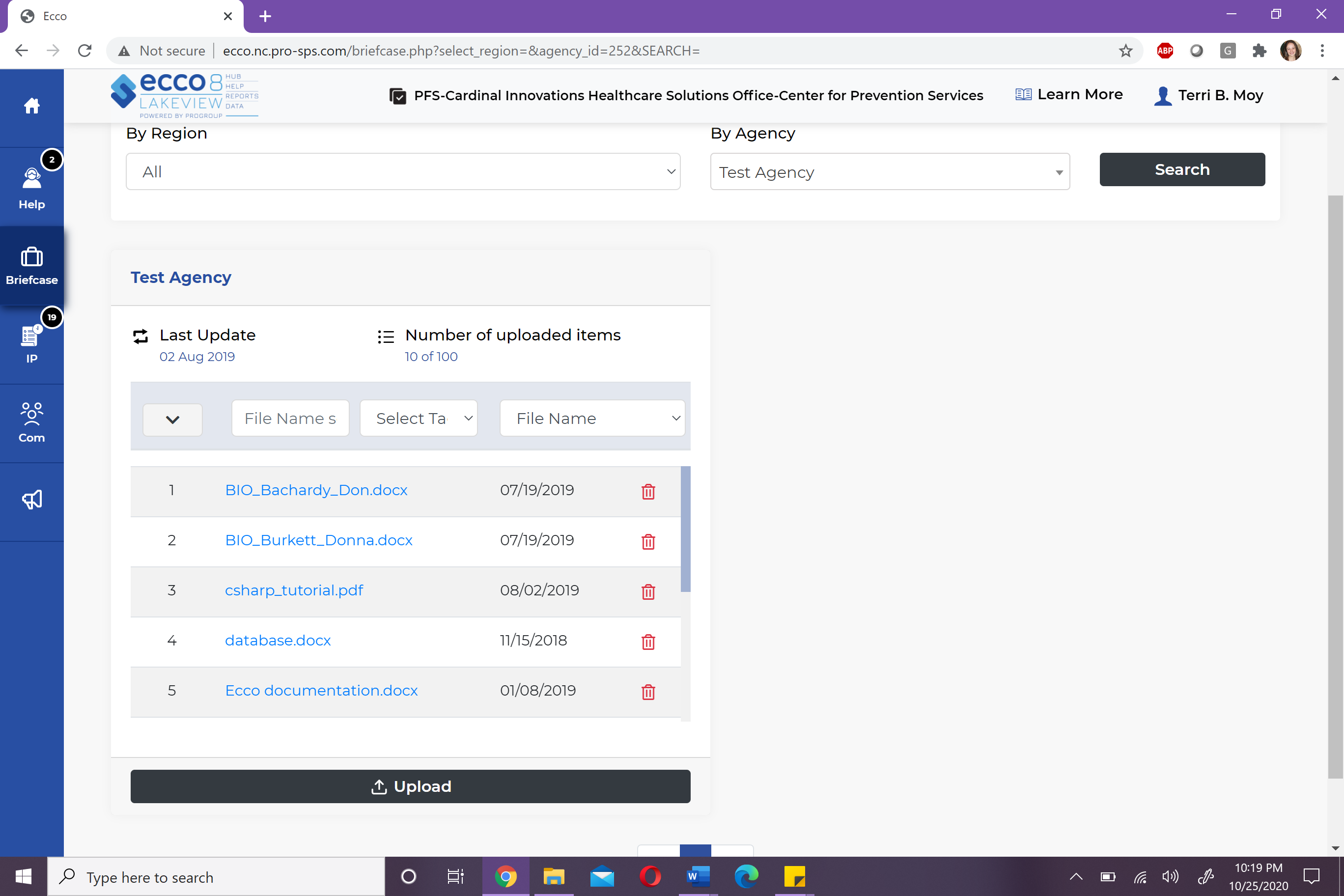


Screenshot 2: This shows the IP PDF. In it you will note that the action steps will be listed in the description, and the “Actions Taken” section is the portion to be completed by the users. This section will need to hold relevant information to explain the progress/completion of a step. The dates will also help users to show progress and completion. The reviewers will use this PDF to conduct most of the desk audit as it shows a summary of work completed.



Screenshot 3: Process Data Dashboard.

Once a user clicks the “Process Data” link shown in Screenshot 1, then they are brought to this dashboard. The dashboard above is for Environmental strategies. The process numbers located in the **far-right** column of the audit guide table correspond to the questions that can be found within this dashboard. \*The Reporting Month shows the current month when first logged in, the user must choose the appropriate month to add process data. Process data should be added per month it is completed, to show progress. A reviewer will be able to see if data is completed by two methods: 1. Noting a name identifier beside the month in the drop down OR 2. By choosing the Input Records Tab which will show all months in which data was entered. The Process Report PDF will be used by reviewers for the desk audit.



Screenshot 4: This is the Briefcase Dashboard, where a user will upload recommended documentation from the provider audit guide table. Reviewers will also use this dashboard to conduct the audit. Users will be able to link their uploads to interventions by “tagging” the interventions.

# APPENDIX B: COMMUNITY-BASED PROCESS SUPPORT DOCUMENTATION

COMMUNITY-BASED PROCESS SUPPORT DOCUMENTATION TEMPLATE

**INSTRUCTIONS:** *Complete this template for the SAPBG Audit. All community-based strategies are provided below. Providers should ONLY complete the sections related to the community-based strategies that have been conducted within the audit review timeframe for the fiscal year of the audit review. Beside several of the questions are simple examples. Please note that clear explanations are advised. It is important to clearly outline the work done within community-based process as it connects to environmental and prevention education strategies.*

*NOTE: It is not required to connect each community-based strategy to BOTH prevention education AND environmental strategies. Some General capacity building can be demonstrated. However, it is important to focus community-based process work around larger prevention education or environmental strategies.*

*Once the sections have been completed, this template should be saved and renamed with the agency name, fiscal year, and CBP Temp. (i.e. AgencyName\_22\_CBPTemp.doc).*

*The saved document should then be uploaded to the ECCO briefcase and tagged for the appropriate fiscal year and community-based process strategies. This serves as supporting documentation for the audit review of the hours indicated in community-based process.*

## GENERAL INFORMATION

**Agency Name:** Click or tap here to enter text. **Fiscal Year:** Click or tap here to enter text.

**Manager Name:** Click or tap here to enter text. **LME:** Click or tap here to enter text.

## COMMUNITY-BASED PROCESS

**Instructions:** *Mark all strategies that have been conducted during the current audit review timeframe.*

Coalition/Task Force/Collaborative/Meetings

☐ Needs Assessment and Strategic Planning

☐ State Level Workgroup

☐ Sustainability Planning/Leveraging Resources

☐ Communities Mobilizing for Change on Alcohol

## STRATEGY DOCUMENTATION

**Instructions:** *Complete the questions below for each community-based process strategy that was completed within the audit review timeframe. Please provide specific examples when asked. Additional documentation such as minutes, emails, agenda, etc can be added to this document for reference. Only check the boxes below for the strategies that are active during the audit review timeframe.*

### Coalition/Task Force/Collaborative/Meetings

1. List any environmental strategies directly supported by this community-based process strategy *(EXAMPLE: List “Safer Prescriber Training” for Coalitions that are attended that connect to efforts for Safer Prescriber Training)*

Click or tap here to enter text.

1. Provide examples of **HOW** your coalition/task force/collaboratives/meetings directly supported environmental strategy work. *(EXAMPLE: For Safer Prescriber Training, ABC County Coalition has a mission for addressing prescription drug misuse, and meetings are attended by staff to build capacity in the community and to train volunteers to assist with implementing Safer Prescriber Trainings within ABC County.)*

Click or tap here to enter text.

1. List any prevention education strategies directly supported by this community-based process strategy *(EXAMPLE 1: For Too Good for Drugs, we work with the coalition members to bridge connections with schools and assist with scheduling the prevention education implementation.)*

Click or tap here to enter text.

1. Provide examples of **HOW** your coalition/task force/collaboratives/meetings directly supported prevention education strategies. *(EXAMPLE: ABC County Coalition has a mission for addressing prescription drug misuse, and volunteers assist with scheduling and securing schools for implementing the prevention education program ABC County.)*

Click or tap here to enter text.

1. Provide examples of **HOW** your coalition/task force/collaboratives/meetings directly increased your general capacity for prevention work *(Example: By participating in the ABC County Child Health Task Force, we are able to build partnerships with those in the community and utilize resources to support the prevention work that we do and expand the reach within the community)*.

Click or tap here to enter text.

1. Which of these efforts were conducted within the strategy Coalition/Task Force/Collaboratives/Meetings (Mark all that apply)

☐ Planning Meetings ☐ Task Force/Collaborative/Coalition Meetings

☐ Coalition Officer/Chair duties ☐ Stakeholder meetings (e.g. Partner/Community, etc)

☐ Other (Specify): Click or tap here to enter text.

1. Provide a list of Coalitions/Task Force/Collaboratives that were engaged during this fiscal year.

Click or tap here to enter text.

1. Approximately how many coalition/task force/collaborative meetings were attended? (Aggregated number) Click or tap here to enter text.
2. Approximately how many new partners were established? Click or tap here to enter text.
3. How many staff members were involved in the strategy? Click or tap here to enter text.
4. How many counties were served by this strategy? Click or tap here to enter text.

### ☐ Needs Assessment and Strategic Planning

1. List any environmental strategies directly supported by this community-based process strategy *(EXAMPLE: Safer Prescriber Training within ABC County.)*

Click or tap here to enter text.

1. Provide examples of **HOW** your needs assessment and strategic planning directly supported environmental strategy work. *(EXAMPLE: Administrative data from the FY21 block grant needs assessment indicated overprescribing practices in ABC County. Staff conducted community focus groups to better understand this identified problem as well as the need for safer prescriber training and CSRS awareness efforts.)*

Click or tap here to enter text.

1. List any prevention education strategies directly supported by this community-based process strategy *(EXAMPLE: Too Good for Drugs for ABC County)* Click or tap here to enter text.
2. Provide examples of **HOW** your needs assessment and strategic planning directly supported prevention education strategies. *(EXAMPLE: After implementing and reviewing the PRIDE survey, we were able to note a need for prevention education to address low perception of harm among youth within ABC County.)* Click or tap here to enter text.
3. Provide examples of **HOW** your need assessment and strategic planning directly increased your general capacity for prevention work *(Example: By participating in the ABC County Community Health Assessment, we were able to build in questions around substance use within the community that will help identify community problems that can be addressed)*.

Click or tap here to enter text.

1. Which of these efforts were conducted within the strategy (Mark all that apply)

☐ Planning Meetings ☐ Staff Meetings ☐ Data Research and Review

☐ Data Analysis ☐ Data Collection ☐ Interviews/Focus Groups

☐ Strategic Planning sessions with stakeholders

☐ Other (Specify): Click or tap here to enter text.

1. Approximately how many new partners were established? Click or tap here to enter text.
2. How many staff members were involved in the strategy? Click or tap here to enter text.

1. How many counties were served by this strategy? Click or tap here to enter text.

### ☐ State Level Workgroup

1. List any environmental strategies directly supported by this community-based process strategy *(EXAMPLE 1: Only for Capacity within ABC County EXAMPLE 2: SYNAR.)*

Click or tap here to enter text.

1. Provide examples of **HOW** your state level workgroup directly supported environmental strategy work. *(EXAMPLE 1: The state workgroup assists in building tools and capacity around addressing Synar in counties. EXAMPLE 2: The workgroup helps build overall capacity to address prevention work and support stronger administrative support tools for managing prevention.)*

Click or tap here to enter text.

1. List any prevention education strategies directly supported by this community-based process strategy. *(EXAMPLE 1: Only for Capacity within ABC County EXAMPLE 2: Catch My Breath)* Click or tap here to enter text.
2. Provide examples of **HOW** your state level workgroup directly supported prevention education strategies. *(EXAMPLE 1: Only for Capacity within ABC County EXAMPLE 2: The state workgroup is being used to address better practices for implementing Catch My Breath.)*  Click or tap here to enter text.
3. Provide examples of **HOW** your state level workgroup strategy directly increased your general capacity for prevention work *(Example: By participating in the state coalition, we can gain access to state level evaluation partners that we can then use to conduct assessments within ABC County)*. Click or tap here to enter text.
4. Provide a list of the State Level Workgroups attended/engaged this year. Click or tap here to enter text.
5. How many staff members were involved in the strategy? Click or tap here to enter text.
6. How many state policies, practices, workforce development issues were addressed, enacted, or reviewed? Click or tap here to enter text.

### ☐ Sustainability Planning/Leveraging Resources

1. List any environmental strategies directly supported by this community-based process strategy *(EXAMPLE 1: Only for Capacity within ABC County EXAMPLE 2: SYNAR.)*

Click or tap here to enter text.

1. Provide examples of **HOW** your Sustainability Planning/Leveraging Resources directly supported environmental strategy work. *(EXAMPLE 1: Only for Capacity within ABC County EXAMPLE 2: Resources for supporting law enforcement Synar efforts were secured through a local community grant.)* Click or tap here to enter text.

1. List any prevention education strategies directly supported by this community-based process strategy. *(EXAMPLE 1: Only for Capacity within ABC County EXAMPLE 2: Catch My Breath)* Click or tap here to enter text.
2. Provide examples of **HOW** Sustainability Planning/Leveraging Resources directly supported prevention education strategies. *(EXAMPLE 1: Only for Capacity within ABC County EXAMPLE 2: Partnerships were developed with schools and teachers were trained in order to sustain Catch My Breath programming annually within the school.)* Click or tap here to enter text.
3. Provide examples of **HOW** your sustainability planning/leveraging resources directly increased your general capacity for prevention work *(Example: By partnering on our local YMCA grant, we were able to find funding for afterschool programming, during which we hope to gain access to an audience that has been identified through our needs assessment as being disproportionately affected by alcohol so that we can engage in alcohol prevention efforts)*.

Click or tap here to enter text.

1. Which of these efforts were conducted within the strategy (Mark all that apply)

☐ External Partner Meetings ☐ Internal Staff Meetings ☐ Data Research and Review

☐ Fundraising ☐ Grant support (partnering with other agencies)

☐ Grant creation/submission (to support strategy work)

☐ Other (Specify): Click or tap here to enter text.

1. How many staff members were involved in the strategy? Click or tap here to enter text.
2. How many new resources have been leveraged or sustainability efforts have been implemented this year to support SAPBG strategies? Click or tap here to enter text.

### ☐ Communities Mobilizing For Change on Alcohol

1. List any environmental strategies directly supported by this community-based process strategy . *(EXAMPLE 1: Social Host)*

Click or tap here to enter text.

1. Provide examples of **HOW** Communities Mobilizing For Change on Alcohol directly supported environmental strategy work. *(EXAMPLE 1: Social Host policies are being developed and community readiness around address alcohol concerns have been increased. New partners have been developed.)* Click or tap here to enter text.
2. List any prevention education strategies directly supported by this community-based process strategy *(EXAMPLE 1: N/A)* Click or tap here to enter text.
3. Provide examples of **HOW** Communities Mobilizing For Change on Alcohol directly supported prevention education strategies. *(EXAMPLE 1: N/A)* Click or tap here to enter text.
4. Provide examples of **HOW** your strategy directly increased your general capacity for prevention work *(Example: By implementing CMFCA, we were able to build partnerships with those in the community and build awareness around the problems of alcohol use so that strategies addressing alcohol will be better received by community members)*.

Click or tap here to enter text.

1. How many communities were impacted by Communities Mobilizing For Change on Alcohol?

Click or tap here to enter text.

1. How many staff members were involved in the strategy? Click or tap here to enter text.
2. How many counties were served by this strategy? Click or tap here to enter text.

### Comments

Provide any additional insights into your Community-Based Process efforts not captured in the above questions that support the hours and work completed during the fiscal year under review.

Click or tap here to enter text.

# APPENDIX C: ADMINISTRATIVE HOURS SUPPORT DOCUMENTATION

ADMINISTRATIVE HOURS SUPPORT DOCUMENTATION TEMPLATE

**INSTRUCTIONS:** *Complete this template for the SAPBG Audit. This support document provides information about the work completed within the Administrative Hours entered in ECCO for the audit review timeframe within the fiscal year under review. Providers should answer the questions below as it relates to work that has been conducted within the fiscal year of the audit review for Agency Work and Staff Training strategies. Other strategies under Administrative such as Block Grant Supervision and ECCO Reporter will not be audited. Please note that clear explanations are advised. It is important to clearly outline the work done for which hours were documented for the SAPBG under the Administrative Category ONLY.*

*Once the sections have been completed, this template should be saved and renamed with the agency name, fiscal year, and ADMIN. (i.e. AgencyName\_22\_ADMIN.doc).*

*The saved document should then be uploaded to the ECCO briefcase and tagged for the appropriate fiscal year and Agency Work. This serves as supporting documentation for the audit review of the hours indicated in the Administrative Category.*

## GENERAL INFORMATION

**Agency Name:** Click or tap here to enter text. **Fiscal Year:** Click or tap here to enter text.

**Manager Name:** Click or tap here to enter text. **LME:** Click or tap here to enter text.

## ADMINISTRATIVE WORK

**Instructions:** *Mark all strategies that have been conducted during the current fiscal year.*

☐ Agency Work

☐ Staff Training

## STRATEGY DOCUMENTATION

**Instructions:** *Complete the questions below for each administrative strategy that was completed within the fiscal year. Please provide specific examples when asked. Additional documentation such as minutes, emails, agenda, etc can be added to this document for reference.*

### Agency Work

1. Provide examples of work completed during the fiscal year for the Agency Work strategy within ECCO.

Click or tap here to enter text.

1. How many staff members were involved in the strategy? Click or tap here to enter text.

### ☐ Staff Training

1. Please complete the chart to include any staff trainings attended under the Administrative Category within the fiscal year under review.

|  |
| --- |
| **Staff Training Name/Title** |
| Click or tap here to enter text. |
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1. How many counties were served by this strategy? Click or tap here to enter text.

### Comments

Provide any additional insights into your Administrative Strategy efforts not captured in the above questions that support the hours and work completed during the fiscal year under review. Click or tap here to enter text.