

Provider Name: _____
Period Covering: _____ Date Completed: _____

OASAS Prevention Program Progress Report And Workplan

The attached pages will allow you to report on the progress made in your last contract period toward achieving performance targets developed to meet the needs of your target population(s) and to present a Workplan for the upcoming contract period.

The Progress Report should be completed for each performance target developed for your last Workplan. Please copy as many sheets as are needed to report on these targets.

The Prevention Program Workplan should be completed for your next contract period. Copy pages as necessary to report on all required items.

Submission Guidelines:

Programs under contract with the Local Governmental Unit (LGU) should submit the completed document to the LGU for review and approval according to the due date established by the LGU. The LGU should submit the approved document to the appropriate OASAS Field Office for final review and approval **by October 15th** for programs on the January - December cycle, or by **May 1st** for programs on the July - June cycle.

Programs under direct contract with OASAS should submit the completed document for review and approval directly to the appropriate OASAS Field Office by **October 15th** for programs on the January - December cycle, or by **May 1st** for programs on the July - June cycle.

County:

Provider Name:

Address:

Phone Number

(List additional sites as appropriate; include addresses & contact persons) (Use additional sheets as needed)

Person Who Prepared This Workplan (Name And Title):

PLEASE NOTE:

Certain prevention activities are eligible to be funded under the Federal Safe and Drug Free Schools and Communities Act Governor's Program, which supports certain **before- and after school** prevention programs and programs targeting specific target population groups. To assist in determining if your proposed program, in full or in part is eligible under this funding stream, please complete the following information:

Are you proposing to provide Prevention services to youth that will be provided Before or After regular school hours (or) in a non-school setting, during regular school hours?

Yes No

If yes, you must complete a SEPARATE WORK PLAN for each prevention service and clearly mark it BEFORE AND/OR AFTER SCHOOL or Non School Setting.

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Progress In Meeting Performance Targets For Year _____

This form should be used to report on the status of each performance target in *the prior year's* Workplan. Please copy this page and address each performance target on a separate page.

Performance Target # _____

A. Progress in meeting performance target and indicators of progress towards achieving target:

B. Barriers (if any) and how barriers were addressed:

C. What was learned as you implemented this performance target (including any modification to the course of action):

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Provide the following information for your OASAS prevention program. Providers with multiple sites should submit one integrated Workplan. Be as specific as possible in each of the following categories:

I. Guidance For Conducting Needs Assessments: Providers shall base the program on a thorough assessment of objective data about the risk and protective factors associated with alcohol and substance abuse and related problems in the schools and communities served.

A. **Target Population** (These are the individuals to be served by your program. Think of them as customers, the primary beneficiaries of your services. Clarity, focus, and specificity in terms of number and type of participants are necessary). Please include the data collection methods used to assess the needs of the target population.

1. **Number of Persons** (Note the number of individuals you expect to serve at all program sites, regardless of duration. If you run a multi-step program, note separately those to be served by different program components [such as: general information, counseling, peer leadership, mentoring, parent counseling, etc.]).

2. **Characteristics** Please list specific risk and protective factors to be addressed for each target population identified above.

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II. Guidance For Defining Results To Be Achieved: Providers must focus on specific results that will occur as a result of their program interventions.

A. Performance Targets

The selection of Performance Targets is one of the most important aspects of this document. **There should be at least one Performance Target for each separate Target Population.** These are the changes in participant behavior or condition on which your program focuses. They must have a direct or known relationship to the specific risk and protective factors identified in your assessment of the target population. For each Performance Target, identify the related risk and/or protective factor. Please note that Performance Targets are not inputs (e.g., staff time, number of hours or service units).

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III. Guidance For Effective Research-Based Programs: Providers shall design and implement strategies and activities based on research or evaluation that demonstrates they are effective in reducing risk factors and increasing protective factors.

A. The Service Approach

Describe the service approach you will employ to achieve the Performance Targets. OASAS funded prevention providers **must utilize specific interventions (universal, selective, indicated) that have been identified to be effective research-based approaches.** Please identify the setting, level of intensity, and duration for each service.

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IV. Guidance For Verification of Performance Targets: Verification of the Performance Targets involves the use of measurement tools to determine if a specific objective has been achieved.

A. Verifying Performance Target Achievements

Describe the measurement tools and techniques you will use to assess progress toward accomplishment of the Performance Targets. *How will you use the verification findings to refine, improve and strengthen the program and to refine the Performance Targets as appropriate?*

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Milestone Chart

Performance Target (Separate page for <u>each Performance Target</u> in Workplan)
Key Assumptions
Expected Progress 1st Quarter Actions to be Taken:
Expected Progress 2nd Quarter Actions to be Taken:
Expected Progress 3rd Quarter Actions to be Taken:
Expected Progress 4th Quarter Actions to be Taken:

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Quarterly Milestone Report

Quarter: (please specify 1st, 2nd, 3rd, 4th) _____

Performance Target (separate page for <u>each</u> Performance Target in Workplan/Milestone Chart)	
Key Assumptions	
I. Reflect Actual Accomplishments And Learnings During Report Quarter	
Actual Accomplishments	Learnings
II. Reflect Adjusted Expected Progress And Actions For Subsequent Quarter	
Quarterly Expected Progress	Actions to be Taken