**Program Year-End Report**

**Alcohol and Drug Abuse Division (ADAD)**

**Hawai‘i State Department of Health**

|  |  |  |
| --- | --- | --- |
| **Agency Name:** | | **ASO Log No.** |
| **Identified Community:** | | |
| **Name of Evidence-Based Intervention(s):** | | |
| **Fiscal Year:** | **Quarter:** **Q1** **Q2** **Q3** **Q4** | |
| **ADAD Contract Manager:** | | |
| **Name and Title of Person Submitting this Report:** | **Phone #:**  **Email:** | |
| **Signature:** | **Date:** | |

Instructions: Please provide a summary of the year’s highlights including accomplishments, barriers, capacity building, and efforts to build/maintain prevention partnerships. Information you provide in this report is to supplement the data you entered in the online data management system.

1. **Accomplishments:** Highlight the most significant accomplishment or success in **each** area of the Strategic Prevention Framework:
2. Assessment
3. Capacity
4. Planning
5. Implementation
6. Evaluation
7. Sustainability
8. Cultural Competency
9. **Barriers:**
10. Highlight the most impactful barrier or challenge in **each** area of the Strategic Prevention Framework.
11. Assessment
12. Capacity
13. Planning
14. Implementation
15. Evaluation
16. Sustainability
17. Cultural Competency
18. How did staff attempt to overcome these obstacles and are there future plans to address them?
19. **Capacity Building:** 
    1. Highlight training events you found to be most helpful to building your program’s capacity.
    2. How did you apply what you learned to make program adjustments or improvements?
    3. Please describe any technical assistance you received from the curriculum developer and how it impacted your service delivery and program fidelity (e.g., adaptions made, etc.).
20. **Implementation**: Highlight any promising approaches or innovations demonstrated.
21. **Partnerships**:
    1. Provide an overall summary of existing and potential partnerships. What’s working and what’s not regarding partnership building and maintenance.
    2. What community outreach strategies did you utilize to let others know about your services? (Including outreach to disparate populations)
22. Did you participate in any community coalition activities? How did you support the coalition’s efforts?
23. Did you build any new relationships with stakeholders in your community?
24. Did you formalize any agreements with schools or organizations where your services were delivered?
25. Were you able to engage parents and families in activities? If so, how?

1. What potential partnerships are you hoping to build in the new fiscal year?
2. Did you utilize resources provided by your County or other partners (e.g., The Hawai‘i Prevention Resource Center, spfhawaii.org, Hawai‘i State Epidemiologic Profiles)? If yes, how were they helpful to your program?
3. **National Outcome Measures**: Attach the National Outcome Measures Report (excel workbook) to this report.