

Subrecipient Checklist Supplemental Instructions

Part I and Part II

SUPPLEMENTAL INSTRUCTIONS

Subrecipient Checklist Part I

Subrecipient Checklist (SRCL) Part I is a semi-annual report to the Center for Substance Abuse Prevention (CSAP) regarding basic identification and contact data for each State Incentive Grant (SIG) subrecipient county grantee. In addition, there are questions in Part I about the SIG county grantee organization and funding.

Part I data does not usually change between reporting periods. Grantees will review and update their prior SRCL Part I data for each semi-annual report and make updates, if needed.

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Following are supplemental instructions that provide guidance for answering Questions 1–15 on the SRCL Part I Form. Additional information and definitions for **highlighted** wording are located in the *CSAP SRCL Instructions* document, beginning at page i. The **bold** wording is the actual text from the form.

A. Identification Information

- 1. SIG State:** California has already been selected on the SRCL Form.
- 2. Name of the Subrecipient Organization:** The name, address and phone number for the county agency that received the SIG grant award.
- 3. Name of Person Completing SRCL:** If the California Department of Alcohol and Drug Programs (ADP) has questions about information provided on the SRCL Form, whom should we contact?
- 4. Reporting Period Covered (Already selected for all subrecipients.)**

Cohort I, IV, V, Va, & VI HI, IA, IL, KS, KY, LA, MD, ME, MI, MS, NE, NV, OH, OK, OR, PA, PR, RI, SC, TX, UT, VA, VT, WI, & WY	Cohort II & III AK, AZ, CO, CT, DC, DE, FL, IN, MA, MN, MT, NH, NM, NY, NC, & WA	Cohort VII AL, CA, VI
(Select the appropriate reporting period)	(Select the appropriate reporting period)	Nov 1, 2006 – May 30, 2007

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California is in Cohort VII. Grantees will check Reporting Period:
 November 1, 2005 – April 30, 2006. For this period, subrecipient grantees will use data from quarterly reports and claims covering October 1, 2006 – March 31, 2007.

5. How would you describe your organization? (Check all that apply.)
 Self explanatory.

6. Does your organization receive prevention funding other than SIG dollars? (Check yes or no.) Self explanatory. If No, skip to Question 8.

7. What type of prevention funding other than SIG dollars does your organization receive? (Check all that apply.) Self explanatory.

8. Which of the following areas (other than prevention programming) does SIG support? (Check all that apply.) Self explanatory.

9. In which areas does your organization have specific policies or practices in place relating to cultural competence? [See Definitions, page i.] (Check one on each line.) Self explanatory. Definitions are located in the CSAP SRCL Instructions document.

	Yes	No	DK
a. Administrative policies and practices	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
b. Program personnel	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
c. Language and communication	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
d. Feedback and dissemination of information	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
e. Service approach	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
f. Evaluation design	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

10. In the areas checked yes above... Self explanatory.

B. Subrecipient Prevention Interventions

For Office Use Only	12. Intervention Name	13. SIG Funding Start Date	14. Implementation Start Date	15. SIG Funding End Date
_____	a. CMCA	a. <u>10/01/04</u>	a. _____/_____/_____	a. <u>09/30/2007</u>
_____	b. CCAA	b. <u>10/01/04</u>	b. _____/_____/_____	b. <u>09/30/2007</u>
_____	c. _____	c. _____/_____/_____	c. _____/_____/_____	c. <u>09/30/2007</u>
_____	d. _____	d. _____/_____/_____	d. _____/_____/_____	d. <u>09/30/2007</u>

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Approved interventions have been entered by county analysts on customized SRCL Forms for each subrecipient county grantee to complete.

11. What is the total number of SIG-funded interventions (e.g., planning, development, implementation or evaluation stages) supported by your organization during this reporting period? This number should match the number of interventions listed in Question 12. The number of interventions and intervention titles provided on the SRCL Forms were drawn by county analysts from approved county grantee Prevention Plans. Contact your county analyst if you have questions about the intervention number or titles provided.

12-15. Please list all of the prevention interventions that you supported with SIG funds during this reporting period. This includes all interventions that were funded in the planning, development, implementation or evaluation stages. Then indicate the actual or projected SIG funding start and end dates, as well as the actual or projected implementation start date for all SIG funded prevention interventions. See 11, above. The funding start date (Question 13) is the date on the initial Notice of Grant Award. The implementation start date (Question 14) will be the date when each intervention begins in the community. (List the intervention, but put no date at Question 14 if an intervention is in the planning phase.) The shared SIG Funding End Date (Question 15) has been automatically completed for all grantees: September 30, 2007. Contact your county analyst if you have questions about the intervention titles provided.

Please complete an intervention form for each one that you funded during this reporting period. Intervention form means the SRCL Part II Form. County analysts prepared a customized SRCL Part II Form for each intervention listed in Question 12-15 of the SRCL Part I Form. One Part II Form must be completed by subrecipient county grantees for each intervention, whether the intervention is in the planning phase, being implemented, or being evaluated.

C. Comments: Subrecipient county grantees may put comments here to clarify any portion of SRCL Part I Form or the subrecipient program.

SUPPLEMENTAL INSTRUCTIONS

Subrecipient Checklist Part II

SRCL Part II is a semi-annual report to the CSAP regarding prevention activities in SIG subrecipient grantee counties. A Part II Form must be completed for each intervention funded by SIG during the current reporting period. Data provided on this form may change greatly between reporting periods and may require substantial updating every six months. Subrecipient county grantees are advised to use data sources such as already-completed quarterly reports and claims.

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Following are supplemental instructions for answering Questions 1–45 on the SRCL Part II Form. Definitions for **highlighted** wording are located in the *CSAP SRCL Instructions* document, beginning at page i. The **bold** wording is the actual text from the form.

Intervention Information

1. Intervention Name: Intervention names have been entered by each SIG county analyst on SRCL Part I and SRCL Part II Forms. Interventions are the programs or strategies reported in the Prevention Plans, approved by ADP, for each subrecipient county grantee. (Intervention is defined on page i of the *CSAP SRCL Instructions*.)

2. If this intervention is based on an existing intervention, please enter the name of that existing intervention on the line below (e.g. Botvin’s Life Skills, Big Brothers/Big Sisters). If the intervention name above is not based on an existing intervention, check box and skip to Question 3. If there is no name provided (by your county analyst) on line 2, check the box and skip to Question 3. An existing intervention is a model program. For the purposes of CSAP reporting, a model program is considered science-based if it is implemented in its entirety. If a strategy from a model program is used without the entire model, it is not considered science-based for this form. The same model program intervention name may have been entered in Question 1 and Question 2.

3. Please describe the intervention named in Question 1. Provide a general description of how the intervention is structured, the target population, and desired outcomes. (Is it classroom-based? Recurring? Media outreach? Where will it be implemented?) For an evidence-/science-based intervention, less description is required.

4. What best describes this intervention: (Check one.) Self explanatory.

5. What geographic areas are served by this intervention? (Indicate responses for all three columns, if applicable.) This data will be used for national geographic analysis of services. If the intervention is serving different towns or cities, use one

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line in column a for each town or city, and enter the zip code for the sites where services are delivered in column c. (Zip codes for any address can be located by calling the U. S. Postal Service directory at (800) 275-8777.) The subrecipient county name in column b stays the same for all entries.

a. City/Town

b. County/Parish

c. Zip Code(s)

Berkeley

Alameda

94704

6. What was the total amount of the SIG funding spent on this intervention (planning, development, implementation or evaluation) during this reporting period? (Please round to the nearest dollar.) Use the SIG claims data for the prior two quarters to complete this item. This is not a cumulative number; only indicate funding for the past six months (October 1, 2006 - March 31, 2007).

7. SIG funds represent what percentage of the total dollars spent on the planning, development, implementation or evaluation of this intervention during this reporting period? (Please round to the nearest percent.)

Sum the total SIG funding (see Question 6) and non-SIG funding sources being applied to this intervention during this six-month reporting period. The dollar amount reported in Question 6, above, represents what percentage of that funding? (Example: the total funding is \$100,000; SIG is \$50,000; the percentage is 50%.)

8. This intervention focused upon which of the following CSAP domains? [See Definitions, page ii.] (Check all that apply.) Self explanatory. Definitions are located in the *CSAP SRCL Instructions*.

1. Individual
2. Family
3. Peer
4. School
5. Community
6. Society/environmental

9. The intervention activities as delivered would be classified in which of the following Institute of Medicine categories? [See Definitions, page iii.] (Check all that apply.) Self explanatory. Definitions are located in the *CSAP SRCL Instructions*.

1. Universal
2. Selective
3. Indicated

10. Is this intervention science-based? [See Definitions, page iii.]

(Check yes or no.) If No, skip to Question 12. For the purposes of CSAP reporting, an intervention is considered science-based if it is a model program implemented in its entirety (i.e., answer Yes). If a strategy from a model program is used without the entire model, it is not considered science-based for this form (i.e., answer No). Definitions are located in the *CSAP SRCL Instructions*.

11. How do you know it is science-based? (Check all that apply.)

Select the appropriate resource using the definition of science-based in Question 10, directly above.

12. Have any individuals been served by the intervention to date?

(Check yes or no.) If No, skip to Question 45. This question asks whether program services for the target population have been implemented (not just planned).

13. If you have implemented a science-based intervention, have you adapted it from the approach recommended by the developer on any of these dimensions? If no adaptations were made to the intervention, check box and skip to Question 15. If your intervention is NOT science-based, as defined by CSAP (see Question 10, above), skip to Question 15. If your intervention IS science-based, as defined by CSAP, AND you adapted it in some way, answer a-h, using the suggestions below, if appropriate.

a. Dosage (Check one.): If an environmental intervention adaptation was used, box 5 may be appropriate: Developer makes no recommendation for dosage.

b. Duration (Check one.): If an environmental intervention adaptation was used, box 6 may be appropriate: Developer makes no recommendation for duration.

c. Setting [e.g., held intervention in a different location than model] (Check one.): If an environmental intervention adaptation was used, box 3 may be appropriate: Developer makes no recommendation for setting.

d. Moderator/Staff/Trainer [e.g. used different delivery staff than model] (Check one.): If an environmental intervention adaptation was used, box 3 may be appropriate: Developer makes no recommendation for moderator/staff/trainer.

e. Recruitment/Retention Strategies [e.g., recruited participant differently than model] (Check one.): If an environmental intervention adaptation was used, box 3 may be appropriate: Developer makes no recommendation for recruitment/retention strategies.

f. Target Population [e.g., targeted difference audience than model] (Check one.): Self explanatory.

g. Curriculum Content [e.g., delivered different content than recommended or did not use materials as directed.] (Check one.):

If an environmental intervention adaptation was used, box 3 may be appropriate: Developer makes no recommendation for curriculum content.

h. Was the intervention adapted according to cultural requirements of the community? (Check yes or no.): Self explanatory.

14. If you have checked yes to any part of Question 13 (items a-h), please describe your reasons for making these adaptations (e.g., scheduling, cultural requirements, school policies regarding content). Self explanatory.

15. Were individuals served, reached or potentially reached by this intervention through one or more single events during this reporting period? [See Definitions, page iv.] (Check yes or no.) If the answer is No, skip to Question 18. Examples of single events: a presentation at a civic group luncheon, or a speech at a school assembly. If no single events were planned, implemented, or evaluated, then check No. Definitions are located in the *CSAP SRCL Instructions* document.

16. How many individuals were served, reached or potentially reached by this intervention through one or more single events during this reporting period? Enter either the exact count of individuals actually reached or an estimate of the number possibly reached, according to the event sponsors. Add together the number for separate single events under this one intervention, and report here the total number of all served.

17. Is the number provided in Question 16 an exact count or an estimate? (Check one.) For example, one event could have reached 25 rental property owners (exact count); another event may have potentially reached 2,000 people at a health fair (estimate from fair sponsor).

18. Were individuals served, reached or potentially reached by the intervention through recurring services during this reporting period? [See Definitions, page iv.] (Check one.) If the answer is No, skip to Question 23. An example of a recurring service is a parent education group where the same individuals are enrolled and meet once a week for six weeks. Environmental approaches will probably not have recurring services, as defined by CSAP. Definitions are located in the *CSAP SRCL Instructions* document.

19. How many individuals were enrolled in these recurring services during this reporting period. Add the number for separate recurring services implemented under this one intervention and report the total here.

20. Is the number provided in Question 19 an exact count or an estimate? (Check one.) This question refers to initial enrollment for services. Question 21 captures the number of individuals that completed the services. It is likely that the number will be exact, based on enrollment records.

21. How many individuals completed this recurring service intervention during this reporting period? If appropriate, answer this question with a zero to indicate that the recurring services have not been completed. When the recurring services have ended, indicate the number who completed them. Add together and report the number of individuals attending separate recurring services completed under this one intervention.

22. Is the number provided in Question 21 an exact count or an estimate? (Check one.) It is likely that the number will be exact, based on enrollment and meeting records.

23. Were individuals served, reached or potentially reached by the intervention through one or more environmental interventions during this reporting period? [See Definitions, page iv.] (Check yes or no.) If No, skip to Question 26. Also, media campaigns are entered at Question 26. Indicate here whether implementation of the planned environmental strategy has begun by answering Yes. If it is still in the planning stage, indicate No. Definitions are located in the *CSAP SRCL Instructions* document.

24. How many individuals were served, reached or potentially reached by this intervention through one or more environmental interventions during this reporting period? Do not indicate media campaigns here; enter at Question 26. If appropriate, answer 0 to indicate the strategy has not yet been implemented. Conversely, if one (or more than one) environmental strategy was implemented during the reporting period, add together the number reached and report here.

25. Is the number provided in Question 24 an exact count or an estimate? (Check one.) For example, if the intervention served individuals at a health fair, the number provided would be an estimate of the number served based on data from the fair sponsor.

26. Were individuals served, reached or potentially reached by the intervention through one or more media campaigns during this reporting period? [See Definitions, page iv.] (Check yes or no.) If No, skip to Question 29. Answering Yes indicates that the media campaign for this intervention strategy has been implemented. Definitions are located in the *CSAP SRCL Instructions* document.

27. How many individuals were served, reached or potentially reached by this intervention through one or more media campaigns during this reporting period? The media provider should have an estimate of the number of individuals reached, or potentially reached, by the campaign during this reporting period. Combine the estimated number of individuals reached by all types of media campaigns for this intervention and provide the total estimate here.

28. Is the number provided in Question 27 an exact count or an estimate? (Check one.) The number is probably an estimate.

29-34. In the tables below, please indicate the racial/ethnic background of those served during this reporting period. Please list race and ethnicity separately. Report only ethnicity in the first table and only race in the second table. If you do not know exact counts, you may estimate percentages using community/school profiles or community census data. Please round percentages to the nearest tenth percent. Note: In the second table, if information on race was not collected for the Hispanic populations, check yes for Other and specify Unknown (Hispanic).

- According to the 2000 Census, the term Hispanic refers to an ethnicity; within that ethnicity, individuals may consider themselves part of various races: White Hispanic, Black Hispanic, etc. See 30 and 33 instructions, below, for guidance.

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In 29 and 32, served means the total number of individuals reported at Questions 16, 19, 21, 24, and 27 for this intervention during this period.

- DK means don't know.
- Select Yes, No, or DK to indicate if any of the individuals served represent the race and ethnicity categories listed. (Details about the percentages of the population served are provided in 30 and 33.)
- It may be helpful to use Needs Assessment data to answer these questions, as well as 2000 Census data.

In 30 and 33, indicate the percentage of the total number of individuals served (reported at Questions 16, 19, 21, 24, and 27) represented by each ethnic and race category.

- For example, if the total number served by this intervention for this reporting period is 1,000, and 300 were Asian, then 30% is placed at 33c.
- If DK has been selected in 29 and 32, no percentage is required.
- Needs Assessment data, as well as 2000 Census data, may be helpful in completing this section.
- On the next page, **Example Table A** shows how data is reported for Hispanic/Latino participants without reflecting race data (which is deemed unknown for this example). In this example of 1000 (100%) participants, 250 (25%) individuals identified themselves as African American/Black, 250 (25%) as White, and 500 (50%) identified themselves as Hispanic/Latino, without designating their race. Select Other, and write in Unknown (Hispanic) to indicate that race data for Hispanic/Latino participants is not known.
- On the next page, **Example Table B** shows how data is reported for Hispanic/Latino participants with race data (which is deemed reported by participants for this example.) In this example of 1000 (100%) participants, 250 (25%) individuals identified themselves as African American/Black, plus 250 (25%) Hispanic/Latino individuals identified their race as Black, for a total of 500 (50%) participants in this race category. Another 250 (25%) identified themselves as White, plus 250 (25%) Hispanic/Latino participants identified their race as White for a total of 500 (50%) participants in this race category. Although 50% is entered in the ethnicity column at 30, it is not added into the 100% total for that column (30 and 33). To do so would be double-counting Hispanic/Latino data.

For 31 and 34, identify Subgroups Targeted within the race or ethnic categories, if appropriate. For example, if Filipino was a targeted population, write Filipino on line 1 (column 34) at row d. Native Hawaiian or Other Pacific Islander.

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EXAMPLE TABLE A

Ethnicity	29. Served			30. Population served	31. Subgroups Targeted (e.g., Puerto Rican)
	Yes	No	DK		
Hispanic/Latino	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	50%	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
Race	32. Served (Check one on each line.)			33. Population served	34. Subgroups Targeted if applicable (e.g., Filipino)
	Yes	No	DK		
a. African American/Black	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	25%	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
b. American Indian or Alaska Native	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
c. Asian	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
d. Native Hawaiian or Other Pacific Islander	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	<input type="checkbox"/> %	1. Filipino 2. <input type="checkbox"/> 3. <input type="checkbox"/>
e. White	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	25%	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
f. Persons reporting more than one race	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
g. Other (Specify) <u>Unknown</u> <u>(Hispanic)</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
				100 %	

EXAMPLE TABLE B

Ethnicity	29. Served			30. Population served	31. Subgroups Targeted (e.g., Puerto Rican)
	Yes	No	DK		
Hispanic/Latino	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	50%	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
Race	32. Served (Check one on each line.)			33. Population served	34. Subgroups Targeted if applicable (e.g., Filipino)
	Yes	No	DK		
a. African American/Black	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	50%	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
b. American Indian or Alaska Native	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
c. Asian	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
d. Native Hawaiian or Other Pacific Islander	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	<input type="checkbox"/> %	1. Filipino 2. <input type="checkbox"/> 3. <input type="checkbox"/>
e. White	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	50%	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
f. Persons reporting more than one race	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
g. Other (Specify) <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="checkbox"/> %	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
				100 %	

35. Did this intervention (as implemented) provide culturally appropriate intervention activities for the targeted population? (Check yes or no.)
Self explanatory.

36. Did this intervention collect information regarding participant satisfaction with the cultural appropriateness of the intervention? (Check yes or no.) Self explanatory.

B. Intervention Outcomes. You may or may not choose to have the county evaluation contractor complete the following section.

37. Did you or the evaluator collect any outcome data during this reporting period. (Check one.) Self explanatory.

38. Does the evaluation design enable the evaluation team to link an individual on the pre-tests and the post-tests? (Check one.) Since most programs will use environmental (non-individual) strategies, the answer here is probably No for most subrecipient county grantees.

39. Did you or the evaluator collect data from a comparison group? (Check one.) Self explanatory.

40. Did you or the evaluator use the data collection instrument recommended by the intervention developer? (Check one.) If you are reporting on a science-based program, as defined by CSAP (see Question 10), the developer may have recommended a specific data collection instrument.

41. Did you or the evaluator use CSAP's Core Measures for these domains?

	Yes	No
a. Alcohol, Tobacco, and other Drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Individual/Peer	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. School	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Family	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Community	1 <input type="checkbox"/>	2 <input type="checkbox"/>

42. Did you or the evaluator analyze any outcome data during this reporting period. (Check yes or no.) Self explanatory.

43. Does the outcome data that you have analyzed support or demonstrate the effectiveness of this intervention? (Check yes or no.) If No, then skip to 45. Self explanatory.

44. Does the outcome data you have collected demonstrate...(Check one on each line.) If No, then skip to 45. Self explanatory.

a. Decreased risk factors (e.g. truancy, delinquency)?

b. Increased protective factors?

c. Reductions in underage alcohol use?

d. Reductions in tobacco use? This is not a requirement of the California SIG (3 for N/A), but may be reported if it is known (1 for Yes).

e. Reductions in youth illicit drug use? This is not a requirement of the California SIG (3 for N/A), but may be reported if it is known (1 for Yes).

45. This intervention is targeting which of the following age group(s)? (Check all that apply.) Self-explanatory.

C. Comments: Subrecipient county grantees may enter comments here to clarify any portion of the SRCL or the county grantee program.

Please take a few minutes to review the SRCL to make sure you have followed all skip patterns and answered all questions applicable to this intervention.

Thank you for completing this form.