**MOAHP/True You Maryland Quarterly Performance Measure and Narrative Report**

**Quarterly Reporting Requirements**

 **Table 1: True You MD Reporting Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Due Date** | **Project Performance Measures + Progress Narrative Report** | **Project Expenditure Report**  | **Positive Prevention Plus Reach + Attendance data**  |
| **October 7th**  | Due for July 1 -Sep 30 | Due for July 1 -Sep 30 | Not due |
| **January 7th** | Due for Oct 1 – Dec 31\* | Due for Oct 1 – Dec 31\* | **Due for July 1 – Dec 31** |
| **April 7th**  | Due for Jan 1 – March 31 | Due for Jan 1 – March 31 | Not due |
| **July 7th**  | Due for Apr 1 – Jun 30 | Due for Apr 1 – Jun 30) | **Due for Jan 1 – Jun 30** |
| **Submission Instructions:** | - Complete this document and email to UFG Mailbox - CC Christine Johnson, Deb Chilcoat, and Annie Smith | - Complete [expenditure report (MDH 440)](https://www.dropbox.com/s/vgees19fc1z5yur/MDH%20440%20Form%20Template.xlsx?dl=0) and email to UFG Mailbox- CC Christine Johnson, Deb Chilcoat, and Annie Smith | - Complete [3P Reach and Attendance template](https://www.dropbox.com/s/ujbbffu3xgwf3u2/3P%20Reach%20and%20Attendance%20Template.xlsx?dl=0) and email to Christine Johnson, Deb Chilcoat, and Annie Smith |
| **Submission Email Addresses:** | - UFG Mailbox: mdh.ugacmch@maryland.gov- Christine Johnson, State True You MD Coordinator (Maryland Department of Health): christine.johnson@maryland.gov- Deb Chilcoat, Implementation Lead (Healthy Teen Network): deborah@healthyteennetwork.org- Annie Smith, Evaluator (Johns Hopkins University): asmit281@jhu.edu |
| **Template Links:** | - Expenditure report template (MDH 440): <https://www.dropbox.com/s/vgees19fc1z5yur/MDH%20440%20Form%20Template.xlsx?dl=0>- 3P Reach and Dosage template: [https://www.dropbox.com/s/ujbbffu3xgwf3u2/3P Reach and Attendance Template.xlsx?dl=0](https://www.dropbox.com/s/ujbbffu3xgwf3u2/3P%20Reach%20and%20Attendance%20Template.xlsx?dl=0) |

\*Quarterly report due **January 7th, 2022** should include performance measures for the period **July 1 – Dec 31, 2021** in Sections B and C of this document. Remaining sections should be for Oct 1 – Dec 31, 2021.

**Quarterly Reports**

Grantees shall provide quarterly performance reports throughout the state fiscal year. Reports are due 7 days following the end of the quarter and are required even if no expenditures or activities have occurred in any given quarter (see Table 1: Reporting Schedule).

Grantees shall also provide quarterly expenditure reports. Expenditure reports should be cumulative and should be reported on the MDH 440 Budget form. MDH expenditure reports must still be submitted separately through the UFD mailbox each quarter, with Christine Johnson, Deborah Chilcoat, and Annie Smith CC’d.

Maryland Department of Health

Office of Family and Community Health Services (OFCHS)

**Quarterly Report: Expenditures and Performance Measures**

Local Health Dept:  Allegany Fiscal Year: **FY21-22**

# Program Title: **True You Maryland** Contract #

Date Submitted        By Whom:

Telephone:       Fax:       E-mail:

Reporting Period Q1 (Jul-Sep) [ ]  Q2 (Oct-Dec)[ ] Q3 (Jan-Mar )[ ]  Q4 (Apr-Jun) [ ]

1. **Budget and Expenditures**

**Please include a copy of the quarterly expenditure report when you submit this report. A link to the template can be found in Table 1 on page 1 of this document.**

**A1.** In the space below, please briefly summarize your expenditures over the past quarter, including any changes in personnel, materials procurement, events, or activities.

**A2**. Please describe any circumstances that have resulted in the significant under or over expenditure of funds, if applicable.

**B. Project Performance Measures**

**B1. Partner and Systems Team Information**

**a.** Below is a table of formal project partners from your project’s last reporting period. Please update the table, as needed, to represent **formal project partners during the reporting period**. Formal partners are those with whom you have a current or planned memorandum of understanding (MOU) or contract. **If you require more space to enter partners, please add rows to the table.**

|  |
| --- |
| **Formal Partners** |
| **#** | **Partner Name** | **Systems Team Member (Y/N)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

**b.** Below is a table of informal project partners from your project’s last reporting period. Please update the table, as needed, to represent **informal project partners during the reporting period**. Informal partners are those with whom you **do not** have a current or planned memorandum of understanding (MOU) or contract. **If you require more space to enter partners, please add rows to the table.**

|  |
| --- |
| **Informal Partners** |
| **#** | **Partner Name** | **Systems Team Member (Y/N)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

**B3. Project Dissemination**

**a.** Please use the table below to communicate the number of manuscripts, blog posts, and presentations disseminated during the reporting period, and their citations. In the case where there were no dissemination products, please enter “0”

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Citations/Link** |
| **Manuscripts** |
| Manuscripts accepted by a peer-reviewed journal on this MOAHP-funded project |  |  |
| Manuscripts accepted by a peer-reviewed journal on topics of optimal health, teen pregnancy and/or sexually transmitted infection (STI) prevention |  |  |
| **Blog Posts** |
| Original blog posts, online articles, or podcasts used to share information about the MOAHP-funded project |  |  |
| Original blog posts, online articles, or podcasts used to share information about optimal adolescent health and teen pregnancy and/or STI prevention |  |  |
| **Conferences, meetings, and events** |
| Presentations about the MOAHP-funded project at a national conference or event |  |  |
| Presentations about the MOAHP-funded project at a state-wide conference or event |  |  |
| Presentations about the MOAHP-funded project at a local conference or event |  |  |

**b.** Below is a table of account names and/or pages you previously provided that are used to communicate information specifically about the MAOHP-funded project, or teen pregnancy/STI prevention generally. Please update the table to reflect accounts used to communicate this information during the reporting period:

|  |  |  |
| --- | --- | --- |
|  | **Account(s) used to share information about the MOAHP-funded project** | **Any other account(s) used to share information about teen pregnancy and/or STI prevention** |
| Facebook |  |  |
| Instagram |  |  |
| Twitter |  |  |
| TikTok |  |  |
| YouTube |  |  |
| Other (please specify) |  |  |

**c.** Who is the primary contact for project communication/ dissemination on social media, listserves, etc.?

**Name:** **Title:**

**Organization:** **Email:**

**B4. Sustainability**

**a.** Please use the table below to provide information on project sustainability.

|  |  |
| --- | --- |
| Aside from Maryland Department of Health MOAHP, how many sources of additional funding were secured to assist with project activities during the reporting period?  |  |
| Aside from the Maryland Department of Health MOAHP funds, how much additional funding have you secured to assist with project activities during the reporting period?  |  |
| Do you/your local school system have firm plans in place to continue any of the project activities after the end of the project period in 2023?  |  [ ]  Yes [ ]  No |

**b.** Please list the additional funding sources reported above, and their corresponding amounts, below.

|  |
| --- |
| **Additional Funding Sources** |
| **Funding Source** | **$ Amount or Value (for In-Kind Donations)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*Enter “ongoing” (with a start date or date range, if applicable) for continuous activities such as hygiene closets, etc.

**c.** Please describe any plans for sustainability below.

**B5. Supplemental Activities**

**a.** Please use the table below to describe any activities that your team held as part of the MOAHP-funded project in your county during the reporting period, and the approximate number of people reached. Activities may include events, trainings, services, etc. aside from Positive Prevention Plus implementation.

Please do not include events hosted by the state team (e.g., project-wide trainings, activities, etc.). Feel free to add rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Approximate Activity Date\*****(mm/dd/yyyy)** | **Description *(include whether in-person or virtual)*** | **Audience (Youth, Community, Caregivers)** | **# of youth reached** | **# of caregivers reached** | **# of community members reached** |
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\*Enter “ongoing” for continuous activities such as hygiene closets, etc.

**b.** Please tell us more about the additional activities implemented as part of the project, including your rationale for implementing the activities, any feedback you have received about the activities, challenges and/or successes implementing the activities, and any additional support you’d like.

**B6. Stakeholder Engagement**

a. Please provide information on the status of your County Systems Team and Youth Advisory Board in the table below.

|  |  |  |
| --- | --- | --- |
|  | **Systems Team** | **Youth Advisory Board** |
| **Do you have one established?** | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| **Approximately when was it established?** |  |  |
| **How many members are there?** |  |  |
| **How many meetings were held over the reporting period? (July 1 – Dec 30)** |  |  |

**b.** Please summarize how the **Systems Team** was engaged in the project during the reporting period, including any activities that were conducted during Systems Team meetings.

**c.** Please summarize how the **Youth Advisory Board** was engaged in the project during the reporting period, including any activities that were conducted during Youth Advisory Board meetings.

**d.** **In addition to members of your Systems Team and Youth Advisory Board**, please indicate the number of any additional youth, caregivers, and community members who were engaged in the True You Maryland Project over the reporting period in the table below.

***Engagement*** *could involve providing input on any stage of the overall grant project’s implementation, such as, but not limited to:*

* *serving on an advisory group,*
* *providing feedback on the development of program materials,*
* *participating in the continuous quality improvement processes for the project,*
* *helping to plan participant recruitment strategy, rating the youth-friendliness of supportive services, etc.*
* *Engagement* ***should not*** *include young people who received the 3P curriculum, unless they also fit the description of engagement outlined above (e.g., a young person who received 3P and also sits on a YAB).*

|  |
| --- |
| **Additional Stakeholders Engaged** |
| **# of additional youth engaged:** |  |
| **# of additional caregivers engaged (e.g., parents, guardians, foster parents):** |  |
| **# of additional community members engaged (e.g., teachers, educators, social workers, health workers, youth-serving professionals, etc.)** |  |

**c.** Please summarize how the additional youth, caregivers, and community members included in the table above were engaged on the project.

**B7. Positive Prevention Plus Implementation**

**a.** Please use the table below to provide information on Positive Prevention Plus (3P) implementation in your county:

|  |  |
| --- | --- |
| 1. How many public high schools (serving grades 9-12) are in your county? |  |
| 2. Was the 3P curriculum implemented in your county's school system during the reporting period? | [ ]  Yes (Answer Q3+4)[ ]  No (Answer Q5+6) |
| **If 3P WAS implemented in your county’s school system during the reporting period:** |
| 3. How is 3P being implemented in your county? (E.g., fully by teachers, fully by health educators, co-facilitation, etc.) | [ ]  Fully by teachers[ ]  Fully by external health educators[ ]  Co-facilitation by teachers and external health educators[ ]  Other (please specify): |
| 4. How many high schools implemented Positive Prevention Plus during the reporting period? |  |
| **If 3P WAS NOT implemented in your county’s school system during the reporting period:** |
| 5. What approvals remain before 3P can be implemented in schools in your county? |   |
| 6. How likely is it that 3P will be implemented in your county's school system during the next reporting period? |  [ ]  Very likely [ ]  Somewhat likely [ ]  Not likely [ ]  I’m not sure |

**c.** Please summarize school-based implementation of Positive Prevention Plus in your county over the previous quarter. This should include a summary of:

* any feedback from students, teachers and/or community members;
* a description of support your team has provided for school-based implementation;
* any success stories or challenges experienced;
* why implementation didn’t take place (if it did not).
* Please also include a list of the facilitators (including school teachers) who implemented Positive Prevention Plus during the reporting period.

**d. If you are completing a report due January 7th or July 7th, please make sure to submit your county’s 3P reach and attendance data along with this report. You may use the template provided in Table 1 on page 1 of this document, or your own template that contains the same information**

**C. Referrals**

**a.** During the reporting period, how many program participants were referred by grant project staff to supportive service providers for the services in the following areas? When relevant, please provide a brief description of the referring party/ies and the provider(s). If there were no referrals made for a given service, please put “0.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **# of Youth Referred** | **Referring party/ies** | **Provider(s)** |
| **Reproductive Health Care** |  |  |  |
| **Mental Health Services** |  |  |  |
| **Substance Abuse Prevention/Treatment Services** |  |  |  |
| **Primary Health Care** |  |  |  |
| **Educational Services** |  |  |  |
| **Vocational Education/ Workforce Development** |  |  |  |
| **Violence Prevention** |  |  |  |
| **Other** |  |  |  |

**b.** Please provide any additional information that you believe to be relevant for the referrals made.

**D. Accomplishments and Challenges**

**D1.** Aside from those which you have already communicated in Section B, please describe any additional accomplishments from this past quarter that you would like to highlight.

**D2.** Aside from those which you have already communicated in Section B, please describe any additional challenges from this past quarter that you would like to highlight, and how you would like to address them.

**E. Technical Assistance**

**E1.** In the space below, please describe any areas where you would like technical assistance or support from the state team.

**F. Project Contact List**

**F1.** Please update the project contact list on Table X on the next page. Add new staff and remove staff who are no longer part of the project.Please include 3P facilitators (including school-based teachers) in your contact list.

**True You MD County Project Contact List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Organization + Title** | **Email** | **Phone** | **Project Role\*** **(see below for examples)** | **Mark with “x”** |
| **3P Facilitator** | **3P Observer** |
|  |  |  |  |  |  |  |
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**\***Project role can include, for example, Health Educator; Program Manager/Supervisor; Peer Educator; Communications Director or Social Media Director; Fiscal Officer, CEO/Official Contract Signatory, etc.)