



WVCIA Monthly Report

Reports need to be submitted to dhrbhbreporting@wv.gov within 25 calendar days of the end of each quarter. Please include in the subject line of the e-mail the Name of the Grantee, Name of Service/Program and the Year/Month of the report.

Months Reported	Monthly Report Due Date
All	20 th of Every Month

Program (same as SOW):	Partnership for Success
Name of Program	West Virginia Collegiate Initiative to Address High Risk Alcohol and Substance Use
Grant #	
Program Code	10001021
Grantee Name	
Contact Name	
Contact Phone	
Month being Reported:	

Performance Measures

1. Assessment

Institution	Describe the assessment activity, any needs identified, and include date(s) completed	Describe any challenges/barriers identified
Statewide		
Alderson Broaddus		
Bethany College		
Bluefield State		
Bridge Valley C&TC		
Concord Univ.		
Fairmont State Univ.		
Glenville State		
Marshall Univ.		
Mountwest C&TC		
Pierpont C&TC		
Potomac State		
Shepherd Univ.		
Univ. of Charleston		
West Liberty Univ.		
WV SOM		
WV State Univ.		
WVU		
WVU Tech		
WVU Parkersburg		

2. Staff Training (training provided to faculty & staff at institution – may be EBP)

Institution	Nature of Training provided and audience	Number of Attendees
Alderson Broaddus		
Bethany College		
Bluefield State		
Bridge Valley C&TC		
Concord Univ.		
Fairmont State Univ.		
Glenville State		
Marshall Univ.		
Mountwest C&TC		
Pierpont C&TC		
Potomac State		
Shepherd Univ.		
Univ. of Charleston		

West Liberty Univ.		
WV SOM		
WV State Univ.		
WVU		
WVU Tech		
WVU Parkersburg		
Wheeling University		
		Total:

3. Professional Development

Training/Conference Attended	Date & Location	Name of Attendee/Institution	Report given to WVCIA

4. Meetings WVCIA Hosted (attach agenda and sign-in sheet)

Name of Meeting	Date and Location of Meeting	Number of Attendees

5. Meetings WVCIA Attended

Name of Meeting	Date and Location of Meeting	Number of WVCIA Attendees

6. Individual Based Programs

Institution	Description/Notes/Location			Program Name		Start Date	End Date	# Served
IOM: U/S/I	Description/Notes/Location			Trainer(s)		Start Date	End Date	# Served
Age								
0-14	15-17	18-20	21-24	25-44	45-64	65 and over	Not Known	Total
Gender								
Female	Male	Other	Not Known	Total				
Race								
White	Black or African American	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	More Than One Race	Not Known	Total		
Ethnicity								
Hispanic or Latino	Not Hispanic or Latino	Not Known	Total					
LGBTQ								

# Identify LGBTQ	Not known	Total	

Institution		Program Name					
IOM: S/I		Description/Notes/Location	Trainer(s)		Start Date	End Date	# Served
Age							
0-14	15-17	18-20	21-24	25-44	45-64	65 and over	Not Known
							Total
Gender							
Female	Male	Other	Not Known	Total			
Race							
White	Black or African American	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	More Than One Race	Not Known	Total	
Ethnicity							
Hispanic or Latino	Not Hispanic or Latino	Not Known	Total				
LGBTQ							
# Identify LGBTQ	Not known	Total					

Institution		Program Name					
IOM: S/I		Description/Notes/Location	Trainer(s)		Start Date	End Date	# Served
Age							
0-14	15-17	18-20	21-24	25-44	45-64	65 and over	Not Known
							Total
Gender							
Female	Male	Other	Not Known	Total			
Race							
White	Black or African American	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	More Than One Race	Not Known	Total	
Ethnicity							
Hispanic or Latino	Not Hispanic or Latino	Not Known	Total				
LGBTQ							
# Identify LGBTQ	Not known	Total					

7. Population Based Programs

Institution	Evidence Based Practice, Policies, or Programs	Start Date	End Date	Description/Notes/If not at the Institution include county	Strategy Type (table below)	# Reached

Environmental Strategy		Information Dissemination	
E1.	Promoting the establishment or review of alcohol and drug use school policies	11.	Brochure
E2.	Guidance and TA on monitoring enforcement governing availability and distributions of alcohol and other drugs	12.	Clearinghouse/Information Resource Center in Operation
E3.	Modifying alcohol advertising practices	13.	Health Fairs and other Health Promotion

E4.	Product Pricing Policies	14.	Media Campaigns
E5.	Other	15.	Radio and TV Public Service Announcements
		16.	Resource Directory
		17.	Speaking Engagements
		18.	Information lines/Hotlines
		19.	Other

8. Problem ID and Referral

Institution	Describe the need (included DX if known and high-risk category)	What were they referred for? (OUD treatment, MAT treatment, MH services, Suicide Prevention, Alcohol Treatment, or other treatment)	# Unduplicated Served (Please completed demo section)
Alderson Broaddus			
Bethany College			
Bluefield State			
Bridge Valley C&TC			
Concord Univ.			
Fairmont State Univ.			
Glenville State			
Marshall Univ.			
Mountwest C&TC			
Pierpont C&TC			
Potomac State			
Shepherd Univ.			
Univ. of Charleston			
West Liberty Univ.			
WV SOM			
WV State Univ.			
WVU			
WVU Tech			
WVU Parkersburg			

Institution								
Age								
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Ethnicity								
Hispanic or Latino	Not Hispanic or Latino	Not Known	Total					
LGBTQ								
# Identify LGBTQ	Not known	Total						

9. Sustainability

Institution	Describe the sustainability activity	Describe any challenges/barriers Identified
Statewide		
Alderson Broaddus		
Bethany College		
Bluefield State		
Bridge Valley C&TC		
Concord Univ.		
Fairmont State Univ.		
Glenville State		
Marshall Univ.		

Mountwest C&TC		
Pierpont C&TC		
Potomac State		
Shepherd Univ.		
Univ. of Charleston		
West Liberty Univ.		
WV SOM		
WV State Univ.		
WVU		
WVU Tech		
WVU Parkersburg		

10. [Additional Comments:](#)