

<p>Lancaster County Drug & Alcohol Commission PREVENTION Procedures</p>	<p><i>P # 7</i> <i>Policy: Monthly Narrative Reports</i></p>
<p><i>Most Current Revision: 09012022</i> <i>Page: 1 of 2</i> <i>Effective Date: 07012020</i></p>	

I. Purpose

To provide a framework for the submission of the required **Monthly Narrative Report**

II. Procedure

ALL LCDAC Contracted Prevention Service Providers shall submit via email a **Monthly Narrative Report** to the LCDAC Prevention Program Specialist by the 15th day of the following month.

This **Monthly Narrative Report** is to accompany the monthly invoice and the “*WITS Prevention Services All Services Report*”.

The **Monthly Narrative Report** is to be submitted as an attachment to the email sent to the LCDAC Prevention Program Specialist.

The content of the **Monthly Narrative Report** **MUST** include:

- Name of Prevention Provider
- Report Month & Year
- Name of Person Who Compiled the Report
- For each program/service(s) provided for the reporting month:
 - Name/title of program/service
 - Location of program/service
 - Number of participants
 - Number of unduplicated participants
 - Integration of any other information that has been identified in your contract and/or memorandums that direct said information is to be included in your **Monthly Narrative Report** such as:
 - Admin/indirect time clarification
 - Status of outreach services to secure additional service sites
 - Status of proposed services allocation identified on yearly submitted schedule
 - Status of secured additional service sites identified on the submitted schedule
 - Etc.
- As warranted, the following may also be included in your submitted **Monthly Narrative Report** :
 - Staffing issues

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- Changes being planned for and/or warranted for the next month(s)
- Program evaluation data issues/successes/challenges that are noteworthy
- Fidelity & adaptation issues/successes/challenges that are noteworthy
- Training needs of staff
- Funding issues/challenges
- Participant success stories
- Any other miscellaneous items of interest/importance/relevance

A copy of the “*WITS Prevention Services All Services Report*” MUST accompany the . **Monthly Narrative Report**

Monthly invoices will not be processed until the **Monthly Narrative Report** with the “*WITS Prevention Services All Services Report*” is received.

Approved By:



09012022

Rick Kastner LCDAC Executive Director

Date