

**Lakeshore Regional Entity
Narrative Quarterly Report
Due Dates (January 15, April 15, July 15, and October 15)
(Must submit the monitoring and evaluation chart as well)**

DATE:

AGENCY:

CONTACT PERSON:

Please answer the following questions in regards to the previous 3 months activity. For questions 1 through 3 please answer in regard to your overall agency prevention efforts rather than for individual projects.

- 1. Please highlight any special accomplishments during the reporting period. Be sure to identify any unique or innovative approaches and/or successes of which you are especially proud.**
- 2. Please describe how your agency's prevention efforts aligned with the work of the substance abuse collaborative in your county during the reporting period. Provide at least one specific example.**
- 3. Please describe any efforts to align your agency's prevention efforts with substance abuse treatment providers. Be sure to describe how this alignment has enhanced or improved the continuum of substance use disorder services in your community.**
- 4. Please list any projected benchmarks that should have been accomplished within the reporting period but were not. For each benchmark listed provide a brief explanation of why it was not achieved and what you will do to correct the problem.**