**WITS Sheet Instructions**

This portion of the document is where a Prevention Specialist will enter time spent on activities from the county/reservation Action Plan. The instructions below detail each of the columns and required information. A completed example is available on the WITS spreadsheet.

|  |  |
| --- | --- |
| **Name:** | Enter first and last name |
| **Month:** | **Each month has its own page in the spreadsheet**. Example: To enter February time, click on the “February” tab on the bottom of the page and enter time on that spreadsheet. |
| **County/Reservation:** | Choose the county/reservation one covers from the drop-down menu. If a Prevention Specialist covers more than one county or grant, a separate WITS Tracking Sheet is needed for each. |
| **EXPLAINING THE COLUMNS:** | |
| **Date:** | Enter in the day of the month the activity occurred. |
| **Strategy Name:** | Choose the Center for Substance Abuse Prevention (CSAP) strategy from the drop-down menu for the activity. |
| **Activity Description:** | Include the following information:   1. **Name** of the activity: This comes from the activities on the county/reservation’s Action Plan. This will also be the name that is entered into WITS as the “Activity Name”. 2. **Description** of the activity: This will not be entered into WITS, but will be used to complete Quarterly Reports. |
| **Coalition Meeting:** | Type YES or NO. Answer “yes” to a coalition meeting only if this is the main prevention coalition that is guiding the work on the county/reservation’s Logic Model.   1. **If NO**: there is nothing further to do. 2. **If YES**: keep accurate records of attendance at coalition meetings as this information is entered into WITS. |
| **Hours:**  **(Are directly related to 6 CSAP strategies)** | **Direct**: Direct activities are intended to work directly with the target population to reduce risk factors, increase protective factors, or reduce causal factors.  **Direct activities include:**   1. Dissemination of Information activities: Health Fairs, Speaking Events, Town Halls 2. Prevention Education & Evidence-Based Programs 3. Alternative Activities 4. Problem Identification & Referral: ***Only*** when working with Selective or Indicated populations. Example: Creating an Employee Assistance Program for those who are found to be impaired by alcohol or drugs in the workplace.   **Indirect**:Indirect activities are intended to change the environment in which the target population is located, which will indirectly change their behavior.  **Indirect activities include:**   1. Dissemination of Information: All DOI activities ***EXCEPT***: Health Fairs, Speaking Events, Town Halls 2. Community-Based Process 3. Environmental Approach 4. Problem Identification & Referral: ***Only*** when working with Universal Indirect or Universal Direct populations. *Example: Updating a Student Assistance Program for a school district.* |
| **# of People:** | Enter in the total number of people reached by this activity. For larger activities where not every person can be counted, provide best estimate. The same can be applied to all other demographic categories below. Only include people who have not been counted before. |
| **Gender:** | Enter the number of males and females in attendance. The total of these should equal the “# of people” entered in the previous column. |
| **Age:** | Under each age category, enter in the number of people at the activity who fell within that age range. These are the same age ranges used in WITS. The total of all the “Age Ranges” should equal the “# of People”. |
| **Ethnicity/Race:** | Under each category, enter in the number of people for each different ethnicity/race designations. The total of all the “Ethnicity/Race” indicators should equal the “# of People” |
| **Cost of Strategy:** | Enter the cost of the strategy. This applies ***only*** to the cost of supplies, marketing, etc., not the cost of the labor or fringe. |

**Instructions for Adding Rows to Spreadsheet**

To add a row to the WITS Section of the spreadsheet, right click on the last blank row of the table and select “Insert row above”. This ensures the formulas in the table will still work properly and add up the hour entries. **Do NOT add rows to the Training, Grant Management or Total tables.**

Example: There is a “sum” formula in E19 at the end of the WITS table. The formula reads: **=SUM(E5:E18)**

If a new row is added at the beginning (before E5) or the end (after E18) the formula in E19 will not update automatically.

If however, if a row is added anywhere else (between A1 and A10) it will update the formula automatically.

**CSAP Strategy by Individual vs. Population-Based Strategies & IOM Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Individual-Based** | | | **Population-Based** |
| **CSAP Category** | **Universal Direct** | **Selective** | **Indicated** | **Universal Indirect** |
| **Information Dissemination Health Fairs, Town Halls, Speaking Engagements** | **YES** | **NO** | **NO** | **NO** |
| **Information Dissemination**  **Print Materials, PSA’s, Social Media, Newspaper, Radio** | **NO** | **NO** | **NO** | **YES** |
| **Prevention Education** | **YES** | **YES** | **YES** | **NO** |
| **Alternative Activities** | **YES** | **YES** | **YES** | **NO** |
| **Community-Based Process** | **NO** | **NO** | **NO** | **YES** |
| **Environmental Activities** | **NO** | **NO** | **NO** | **YES** |
| **Problem ID & Referral** | **NO** | **YES** | **YES** | **NO** |

**Training Hours Instructions:**

This table is designed to track time spent on Prevention Specialist’s training and education.This does not include employer-specific training for the employer. At the bottom of the table, the hours will add up automatically and populate in the yellow table titled “As Entered in WITS System”. **DO NOT add additional rows into this section.** *Questions on how time should be coded should be directed to the Regional TA Leader.*

|  |  |
| --- | --- |
| **Date:** | Enter the day of the month the activity occurred, or if training took place over more than one day, enter the date training was complete. *Example: Ethics in Prevention took place December 2nd-13th, so the date used in this box would be 12/13/20.* |
| **Training Type:** | Choose one of the following options:   1. **Mandatory:** Training, webinar, conference, conference session or other education module that is ***required*** by the Addictive and Mental Disorders Division, grant deliverable, or from the core courses list outlined in the 5-Year Training Plan. 2. **Webinar for Certification:** Training, webinar, conference, conference session or other education module from the elective courses list outlined in the 5-Year Training Plan. 3. **Other Webinar:** Any other state-approved training that does not appear on the core or elective lists. |
| **Training Name:** | Enter the name or title of the course taken. Be as specific as possible. |
| **Hours:** | Enter the number of hours for the training.  NOTE: Core, elective or other courses being used for certification will have predetermined CEU units. These CEU units are **NOT** the same as hours to complete the training.  *Example: SAPST is worth 32 CEU hours for certification. When entering SAPST on the WITS sheet a Prevention Specialist will include all hours it took to complete the training, including: SAPST pre-training course, travel to and from the training and the training itself. While CEU units are 32 hours, WITS sheet time may reflect a larger amount.* |

**Grant Management Hours Instructions:**

This table is designed to track time spent on activities that support prevention programming goals and activities, and are not tied to Action Plan strategies. At the bottom of the table, the hours will add up automatically and populate in the yellow table titled “As Entered in WITS System”. To fill out: Only ONE entry per category per month - **DO NOT add additional rows into this section.** Add up all hours for that grant management activity and provide details in the description box. *Questions on how time should be coded should be directed to the Regional TA Leader.*

|  |  |
| --- | --- |
| **Date:** | Enter in the last day of the month. This confirms to the RTAL that all monthly hours for that activity have been compiled into one entry. |
| **Grant Management Activity:** | 1. **Agency Requirements:** Items an employer requires from an individual such as agency onboarding and training, learning time-reporting software, office staff meetings, etc. This time is not associated with any prevention or grant activities, but are requirements of employment. 2. **Grant Deliverables:** This is time spent working on items required of the grant, but is not associated with any action plan strategy. This includes but is not limited to: Quarterly Report, WITS Sheets, WITS entry, Logic Model/Action Plan, budget preparation, Roundtables, Regional Meetings, Invoicing/Billing and Peer Support. (Note: *If one is receiving peer support, that time should be placed on the WITS portion of the spreadsheet).* 3. **Paid Time Off** (sick, vacation, holiday): Can only be used if it has been accrued during the time frame the employee has been working under the current grant. Vacation or sick time accumulated prior to the beginning of either Block or PFS grant will not be accepted. 4. **TA or State Communications:** Any technical assistance a Prevention Specialist receives by the RTAL and/or State whether it be via email, video chat, conference call or face to face. Some of these calls may seem like “training”, as in one is learning how to do something specific, but for grant management it would fall under this category. 5. **Other:** Any time that does not otherwise fit under the above classifications. *Give a well written description*. |
| **Description:** | Provide details of the entire month’s activities for that category. |
| **Hours:** | Add together all hours for the month spent on activities in that category. |

**As Entered In WITS System:**

The fields in this table are pre-populated with formulas from other tables on the spreadsheet to calculate the total number of hours worked by the Prevention Specialist for the month. Do not type into these boxes. If one feels there is an error with a calculation, contact the Regional TA Leader for assistance.