

SHARES Prevention Forms - Supplemental Guide

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PREVENTION PROGRAM DESCRIPTION

The **Program Description** form is designed to be our ASP Narrative and to allow Prevention Providers to describe their program in detail

1. In SHARES, open the appropriate group member record (*refer to the SHARES Prevention Manual for instructions on searching for and opening a member record*).
 - a. For school programs, please select the district member
 - b. For programs with multiple sites, please select the primary site/provider location as the member.

2. The Prevention Program Description form data is entered once prior to the initiation of the program. **As this data is entered only once per program, enter this data only if this is Session #01 for the program.** Subsequent sessions are linked to the first session. Data fields with titles in Red are required.

The screenshot shows a web form titled "Add Form" with a sub-header "Prevention Program Description Details". The main title of the form is "Wellness / Prevention Program Details". The form contains several required fields (indicated by red text):

- Program Provider***: A dropdown menu currently showing "--SelectOne--".
- Program Title***: A text input field.
- Program Abstract (description)***: A text area with a scroll bar.
- Problem statement from logic model (text describing the assumptions and the logical sequences of events through the program)***: A text area with a scroll bar.
- Performance Targets (text describing the desired short and long term results of program participation)***: A text area with a scroll bar.
- Program Reporting Date**: A date picker showing "Report Date" and a calendar icon.

At the bottom of the form, there are "Add" and "Delete" buttons.

- a. **Program Provider** – Select the name of the Program Provider from this drop-down list. Note that the list contains providers from across the state so take care in selecting the correct provider
- b. **Program Title** – this is a field where you record the title of the program. The title is the Block Grant Title.
- c. **Program Abstract** – please describe briefly the expectations of the program
- d. **Problem statement from Logic Model** – this is where program assumptions are noted as well as the logical sequence of expected events throughout the program.
- e. **Performance Targets** – list the desired short and long term results expected from this program
- f. **Program Reporting Date** – This is the date the provider will submit the Prevention Program Report. Programs will have different reporting dates and number of reports required depending on the session

length. A shorter term program may only need one report to your Board. A longer term program may need multiple reports.

- i. For school programs, submit the prevention program report at the end of each session.
- ii. For summer camps, submit the prevention program report at the end of the session.
- iii. For all other programs, please work with your Board Prevention Specialist to identify reporting dates for the program.

The screenshot shows a web form with the following fields:

- Model Type***: A red dropdown menu with "--SelectOne--" selected.
- Intervention Model Name**: A text input field.
- Model Description***: A large text area with a scroll bar.
- Institute of Medicine Prevention Categories***: A red dropdown menu with "--SelectOne--" selected.
- Expected Type of Program Participation***: A red dropdown menu with "--SelectOne--" selected.
- Program Cycle***: A red dropdown menu with "--SelectOne--" selected.
- Other Program Cycle**: A text input field.

- a. **Model Type** – this is a choice of five different model types in the drop-down list: Evidence Based Model, Adapted/EBP, Promising, Local Intervention, and Coalition.
- b. **Intervention Model Name** – If you select Evidence Based Model or Adapted/EBP, the Intervention Model Name will become required and the field title will print red. You can select a model name from the NREPP list of models by typing in the first few letters of the model name and a drop-down list will display. Select from the drop-down list. If you are unsure of the first few letters, type the space bar to get the full list of evidence-based programs. If you selected a Model Type of Promising, Local intervention, or Coalition, you will type in a model name your agency created.
- c. **Model Description** – this is where you will provide more detail about your program than shown in the abstract shown above.
- d. **Institute of Medicine Prevention Categories** – selected the categories from the drop-down list.
- e. **Expected Type of Program Participation** – select the type of participation expected for the program from the drop-down list. Participation may be Attend all or most sessions or Attend once.
- f. **Program Cycle** – select from the drop-down list of One-time, School Year, Seasonal, Summer, Year-round, or Other
- g. **Other Program Cycle** – If the program has a cycle not on the drop-down list, describe it.

Program Type (pick all that apply)

After School

Coalition

Community Based

Consumer Based

Day Camp

Day Care Center

Detention Center

Employment

Faith-based

Home-based

Hotline / Warmline

Mentoring

School-based

Support Group

Other

Other Program Type

- h. **Program Type** – Click on all the program types that match the Program. The list of types is shown below. If the program has more features than is listed here, click on the “Other” check box and then fill in the “Other Program Type” box.

Community Needs and Strengths Assessment

Was a community needs assessment done?*

--SelectOne--

Was a community readiness assessment done?*

--SelectOne--

Attitude, Prevalence, & Usage survey results

--SelectOne--

Describe the Program Implementation Plan*

Identify the community readiness/assessment tool

--SelectOne--

Community readiness/assessment Date*

__/__/____

Summarize community readiness/assessment*

Explanation of agency service capacity and cultural competence*

Sustainability

Structures and Formal Linkages*

--SelectOne--

Champion and Leadership Actions*

--SelectOne--

Resources*

--SelectOne--

Administrative Policies and Procedures*

--SelectOne--

Expertise*

--SelectOne--

Ownership Among Stakeholders*

--SelectOne--

Is this a coalition?*

--SelectOne--

Does your coalition address?

--SelectOne--

- i. **Community Needs and Strengths Assessment** - the following items are part of the Strategic Prevention Framework approach that is becoming standard across the state.
 - iv. Was a community needs assessment done? – Yes or No
 - v. Was a community readiness assessment done? – Yes or No
 - vi. Attitude, Prevalence, & Usage survey results – Yes or No
 - vii. Describe the Program Implementation Plan – describe how the plan is to be implemented.
 - viii. Identify the community readiness/assessment tool – select from one of the tools in the drop-down list.

- ix. Community readiness/assessment Date – record the date of the most recent readiness/assessment date for you target community.
 - x. Summarize community readiness/assessment – describe what was found in the community readiness/assessment survey.
 - xi. Explanation of agency service capacity and cultural competence – describe how agency staff members will provide the prevention service and how staff members are prepared for the cultural environment of the communities in which the program is presented.
- j. **Sustainability** – these items are part of the Strategic Prevention Framework approach that is becoming standard across the state.
- xii. Structures and Formal Linkages – Yes or No
 - xiii. Champion and Leadership Actions – Yes or No
 - xiv. Resources – Yes or No
 - xv. Administrative Policies and Procedures – Yes or No
 - xvi. Expertise – Yes or No
 - xvii. Ownership Among Stakeholders – Yes or No
 - xviii. Is this a Coalition? – Yes or No
 - xix. Does your Coalition address? – Multiple focus areas or Single focus area

Areas Addressed (pick all that apply)

Alcohol

Marijuana

Illicit Drugs

Prescription Drugs

Tobacco

Problem Gambling

Suicide

Mental Health

Behavior Issues

- k. **Areas Addressed** – Click on all the areas addressed by the program.

Target Populations (pick all that apply)

Children of Substance Abusers

Pregnant Women and Teens

Violent and delinquent behavior

High School Drop-outs

Mental health Problems

Economically disadvantaged

Physically disabled

Abuse victims

Already using substances

Homeless and/or runaway youth

Risk assigned

Community

HIV

Re-Entry

Other

Other Population

- I. **Target Populations** - Click on all the target populations addressed by the program.

Program Strategy Descriptions

NOM*

Strategy*

How will program effectiveness be assessed?*

How will community impact be assessed?*

Additional Program Strategy Description

- m. **Program Strategy Descriptions** - these items are part of the POPS approach that is standard across the state but with some modification to meet Board needs. The following four items may be repeated as many times as needed for the program by clicking on the “Additional Program Strategy Description” check box.
 - i. NOM – select from the drop-down list of NOMs
 - ii. Strategy – select from the drop down of strategies
 - iii. How will program effectiveness be assessed? – describe how this will be done for the program.
 - iv. How will community impact be assessed? - describe how this will be done for the program.

Suicide

Community suicide count Community Suicide rate Community Suicide Year

DUI

Community DUI count for target population Community DUI rate for target population Community DUI Year

Drug Arrest

Community drug use arrest count Community drug use arrest rate Community drug use arrest year

Hospitalization due to drug use

Community Hospitalization due to drug use count Community Hospitalization due to drug use rate

Community Hospitalization due to drug use year

Mortality due to drug overdose

Community mortality due to drug overdose count Community mortality due to drug overdose rate

Community mortality due to drug overdose year

Homelessness		
Homelessness count	Homelessness rate	Homelessness year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant mortality		
Infant mortality count	Infant mortality rate	Infant mortality year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Obesity		
Obesity count	Obesity rate	Obesity year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Curfew violations		
Curfew violations count	Curfew violations rate	Curfew violations year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Loitering		
Loitering count	Loitering rate	Loitering year
<input type="text"/>	<input type="text"/>	<input type="text"/>

- n. The following ten community measures are necessary to consider when planning and implementing program services. Please record the community counts, rates, and years for the ten community measures.

Continue to Prevention Program Population form	<input type="checkbox"/>
Continue to Prevention Program Report form	<input type="checkbox"/>
Continue to Prevention Memorandum of Understanding	<input type="checkbox"/>
Continue to Prevention Staffing form	<input type="checkbox"/>

- o. The following check boxes allow you to go directly to the other Prevention forms immediately after you save this one. I wouldn't click on these unless you have the information for those forms. You can select and enter data for these forms at a later time.

- 3. The last thing to do in any form is to save the data you have just entered. Click on the Save button in the lower right of the form window.

PREVENTION MEMORANDUM OF UNDERSTANDING

The **Prevention Program Memorandum of Understanding** form will be completed for each program site that is not at the agency location. While the Prevention Program Description is needed only for the first instance of a program, this form is needed for every site where the program is run that is not the agency’s home address. In other words, if a program had Session #01 on the agency home site, Session #02 at a library, and Session #03 at a community center, the Prevention Memorandum of Understanding form is required for sessions #02 and #03 as they are not at the home site.

*NOTE: Schools who are working within the entire school district DO NOT need a memorandum of understanding with each building.

1. The Prevention Program Description form data is entered once prior to the initiation of the program. This Memorandum of Understanding data is entered for each off-sight program session. Data for the on-site programs has already been entered.

- a. School/Community Site Representative Last Name – this is the last name of the site contact person.
- b. School/Community Site Representative First Name – this is the first name of the site contact person.
- c. Responsible Prevention Staff Members Providing Service – these are the names of provider staff members who are on site to provide prevention services.
- d. Confirm Service AOD/MH Prevention Education – Yes or No
- e. Confirm Service Tutoring and/or Mentoring – Yes or No

- f. Confirm Service After School Recreation or Other Alternative Activities – Yes or No
- g. Confirm Service Problem Identification and Referral – Yes or No

- h. Confirm Service Information Dissemination – Yes or No
 - i. Confirm Service AOD/MH Education with School Staff Member – Yes or No
 - j. Confirm Service Problem Identification and Referral Provided in a Space with Confidentiality – Yes or No
2. The last thing to do in any form is to save the data you have just entered. Click on the Save button in the lower right of the form window.

PREVENTION PROGRAM POPULATION

The **Prevention Program Population** form will be completed for every program site. While the Prevention Program Description is needed only for the first instance of a program, the Prevention Program Population form is needed for every site where the program is run. In other words, if a program had Session #01, Session #02, and Session #03, the Prevention Program Population form is required for all three sessions.

NOTE: For school programs working within the entire district, please complete this form for the school district and not individual buildings.

1. The Prevention Program Description form data is entered once prior to the initiation of the program. This Program Population data is entered for each off-sight program session. Data for the on-sight programs has already been entered.

- a. **School Characteristics** – prevention program participants may attend school. Some programs may draw participants from several schools. This section of the form allows you to describe the characteristics of the one or more schools where participants are students. Ultimately, we will be able to see if there is an association between program activities and changes in the various school statistics. Please refer to the Ohio Department of Education’s School Report Cards to collect this information.
 - i. School Name – enter the name of the school building or school district
 - ii. School statistic reported – District or Building

- iii. School grade achievement – State assigned grade of A, B, C, D, or F
- iv. School economic disadvantage – 0% - 67.99%, 68% - 76.49%, 76.5% - 84.99%, 85% - 93.49%, or 94% - 100%
- v. School academic year – select the two calendar year range for the school academic year from the drop-down list
- vi. In-school suspension count
- vii. In-school suspension rate
- viii. Out-of-school suspension count
- ix. Out-of-school suspension rate
- x. School Expulsion count
- xi. School Expulsion rate
- xii. High School graduation count
- xiii. High school graduation rate
- xiv. Additional School – click on this check box if there are more schools for participants in the program.

Participating Population

All Participant Count*

Age Group Counts

0 - 4 years	5 - 11 years	12 - 14 years	15 - 17 years	18 - 20 years	21 - 24 years	25 - 44 years	45 - 64 years	65+ years
<input style="width: 100%; height: 20px;" type="text"/>								

Gender

Female*	Male*	Other/Unknown*
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Race

American Indian	Alaska Native	Asian	White	Multiracial	Unknown	Black or African American
<input style="width: 100%; height: 20px;" type="text"/>						

Native Hawaiian or other Pacific Islander

Other Special Racial Group Other Group Count Additional Other Special Racial Group and/or Count

Ethnicity

Puerto Rican	Cuban	Other Hispanic	Not Hispanic or Latino	Mexican, Mexican American or Chicano
<input style="width: 100%; height: 20px;" type="text"/>				

b. Participating Population

- i. All Participant Count – record the total number of participants from this site. This field on the form is required.
- ii. Age Group Counts – record the counts of participants in each age group category. The total across age categories should equal the All Participant Count.
- iii. Gender – record the number of females, males, and Other or Unknown gender. These fields are required.

- iv. Race – record the number of each race.
- v. Other Special Racial Group – record the name of a special racial group. These special groups are identified by county.
- vi. Other Group Count – record the count for the special racial group.
- vii. Additional Other Special Racial Groups – click on the box for this choice if there is another special racial group.
- viii. Ethnicity – record the number under each ethnic group.

Risk and Protective Factors

	None	Some	Most	All
A family history of the identified problem behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of alcohol and other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community laws and norms favorable to drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic deprivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family conflict/disrupted family process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family management problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Favorable attitude toward drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Favorable parental attitudes and involvement in problem behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High school dropouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of commitment or value associated with education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low community support or connectedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low or no perception of harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer engagement in problem behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer using	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistent antisocial behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protective Bonding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protective Healthy Beliefs and Clear Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protective Individual Characteristics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- c. **Risk and Protective Factors** – The following check boxes allow you to describe the extent of risk and protective factors in the group.
2. The last thing to do in any form is to save the data you have just entered. Click on the Save button in the lower right of the form window.

PREVENTION STAFFING

The **Prevention Staffing** form will be completed once per staff member per site who provides service to the program. As new staff members are added their information can be added.

1. The Prevention Program Description form data is entered once prior to the initiation of the program. This Program Staffing data is entered for each program session.

- a. First Name – staff member first name
 - b. Last Name – staff member last name
 - c. Job Title – staff member job title
 - d. Credential Type – staff member highest credential
 - e. Other Credential – other credentials, if any
 - f. E-Mail Address – staff member e-mail address
 - g. Years Experience in Prevention – number of years the staff member has worked in prevention programs rounded down to the next lower integer value (no decimals).
2. The last thing to do in any form is to save the data you have just entered. Click on the Save button in the lower right of the form window.
 3. If a prevention program as a session/site has more than one staff member, a second or more staff member may be added.

To get to this form again, select **Membership** -> **Forms**. Select **Prevention** from the list of Clinical Forms. Select the Prevention Program Description form by clicking on it. Repeat these steps as frequently as needed.

PREVENTION PROGRAM REPORT

The **Prevention Program Report** form will be completed for each program.

1. The Prevention Program Description form data is entered once prior to the initiation of the program. This Program Reporting data is entered for each off-sight program session. Data for the on-sight programs has already been entered.

The screenshot shows the 'Prevention Program Report Details' form. At the top, there is a blue header with the text 'Prevention Program Reports'. Below this is a 'Reporting Date*' field. The main section is titled 'Behavioral Objective Projection/Outcomes' and contains a table with the following structure:

NOM	Objective	Projected Count	Actual Count
1	--SelectOne--	--SelectOne--	

Below the table are 'Add' and 'Delete' buttons. The 'Information Dissemination Results' section includes a 'Service Mode' dropdown menu, 'Projected Count' and 'Actual Count' input fields, and an 'Additional Info Dissemination Results' checkbox.

- a. Reporting Date
 - b. Behavioral Objective Projection/Outcomes – the data format used here is to fill in one row and then click on the Add button to add another row of data.
 - i. NOM – identify a NOM from the drop-down list
 - ii. Objective – select an objective from the drop-down list
 - iii. Projected Count – enter the number of participants expected to complete the objective
 - iv. Actual Count – enter the actual number of participants who completed the objective
 - c. Information Dissemination Results
 - i. Service Mode – select a service mode from the drop-down list
 - ii. Projected Count - enter the number of dissemination items projected to be distributed
 - iii. Actual Count - enter the actual number of dissemination items distributed
 - iv. Additional Info Dissemination Results Click on this check box if additional mode of information dissemination are used.
2. The last thing to do in any for is to save the data you have just entered. Click on the Save button in the lower right of the form window.