

SHARES Prevention Forms - Instructional 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. A new form will be completed annually.

1. In SHARES, open the appropriate group member record (refer to the SHARES – Provider 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. To get to this form, select Membership and Forms. Select Prevention from the list of Clinical Forms. Select the Prevention Program Description form by clicking on it. 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 content area is titled "Wellness / Prevention Program Details" in a blue bar. Below this, there are several red-labeled fields: "Program Provider*" (a dropdown menu with "--SelectOne--"), "Program Title*" (a text input field), "Program Abstract (description)*" (a text area), "Problem statement from logic model (text describing the assumptions and the logical sequences of events through the program)*" (a text area), and "Performance Targets (text describing the desired short and long term results of program participation)*" (a text area). Below these is a "Program Reporting Date" section containing a table with one row: "Report Date" with a date input field. At the bottom of the form 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 enter a **brief** overall synopsis of your 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. It should include the issues in your target community that need to be addressed (eg. Students/teachers lack of knowledge around MH/AOD signs and symptoms) and how those issues will be addressed by your program.

- e. **Performance Targets** – List all desired short and long term results expected from this program. These should be SMART goals (Specific, Measureable, Attainable, Realistic, and Timely). **There should be a performance target for each direct service Z Code listed on the ASP/Budget form.**
- 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 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 dropdown menu with "--SelectOne--" selected.
- Expected Type of Program Participation***: A dropdown menu with "--SelectOne--" selected.
- Program Cycle***: A 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 list all of the EBPs and interventions you are using in your program. Please list each model and give a description and the stated outcome of that intervention. Please also list any evidence based data collection tools as well (eg. DESSA) and give a brief description.
- d. **Institute of Medicine Prevention Categories** – Select 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 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?** – The expectation is that a needs assessment for the population served by this program is referenced. The assessment should be within the last 5 years. Eg. If your program serves the Early Childhood Mental Health (ECMH) population, look for an assessment that was completed on the early childhood mental health population. The assessment can be local (Franklin County); Regional (Central Ohio) or Statewide.
 - v. **Was a community readiness assessment done?** – This question looks at how ready the community is to engage in service. For AOD programs, please reference the (Minnesota Institute of Public Health) MIPH survey results and for Mental Health programs, please look to community

conversation reports. You can also complete focus groups that ask the question of how ready your program's population is to engage in services.

- vi. **Attitude, Prevalence, & Usage survey results** – Yes or No
 - vii. **Describe the Program Implementation Plan** – Describe how the plan is to be implemented. This section should include information on the referral process, how participants are identified, types of services and frequency each service type occurs, average length of stay for each service type, average length of each service type, and staffing arrangements (eg. Staff split time between buildings, staff are located in one building, etc). It should also include a unique client count. Please refer to the zcodes on the budget form for the list of service types.
 - 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. Highlight key data points associated with your program population. This is additional support for your problem statement.
 - 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. Please respond to the following based on your agency and not a specific program.
- 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’s 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. **Please add a NOM for each Direct Service Z Code listed on your ASP/Budget Forms.**
- 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?** – Please describe the assessment tools that will be used to measure performance.
 - iv. **How will community impact be assessed?** - Describe how your program impacts the community and how this impact is measured. Note: another agency/organization may be collecting and analyzing data on this NOM (eg. Schools, ADAMH, Court, etc). Please include the measurement tool used to measure the NOM. (eg. OHYRBS, OHYES, etc)
 - v. **Additional Program Strategy Description** – Please add a NOM and strategy for each direct service activity.

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

Infant mortality

Infant mortality count Infant mortality rate Infant mortality year

Obesity

Obesity count Obesity rate Obesity year

Curfew violations

Curfew violations count Curfew violations rate Curfew violations year

Loitering

Loitering count Loitering rate Loitering year

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

The screenshot shows a web form window with a white background and a thin border. On the left side, there are four lines of text, each followed by an unchecked checkbox:

- Continue to Prevention Program Population form
- Contunue to Prevention Program Report form
- Contunue to Prevention Memorandum of Understanding
- Continue to Prevention Staffing form

At the bottom right of the window, there are four blue buttons with white text: "Save as Draft", "Save", "Cancel", and "Print". A vertical scrollbar is visible on the right edge of the form area.

n. 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

This form should be completed by school based programs that do not have a district wide agreement and by community based programs that operate out of another organization’s building. However, one time only programs do not have to complete this form. Additionally, please complete 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, the Prevention Program Memorandum of Understanding 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-sight 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

This 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: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

Gender

Female*	Male*	Other/Unknown*
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

Race

American Indian	Alaska Native	Asian	White	Multiracial	Unknown	Black or African American
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; 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: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; 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. If the specific counts are not available, look to the district racial breakdown and apply the same ratio of percentages to the number in the program. For community based and one time only programs, please provide your best estimate.
- 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.

- 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

This 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. Please update annually.

- 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.

The screenshot shows a web form titled "Wellness / Prevention Staffing". It contains the following fields:

- First Name* (text input)
- Last Name* (text input)
- Job Title* (text input)
- Credential Type* (dropdown menu with "--SelectOne--")
- Other Credential* (text input)
- E-mail Address* (text input)
- Years Experience in Prevention* (text input)

- First Name – staff member first name
 - Last Name – staff member last name
 - Job Title – staff member job title
 - Credential Type – staff member highest credential
 - Other Credential – other credentials, if any
 - E-Mail Address – staff member e-mail address
 - 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).
- 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.
 - 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 and Forms. Select Prevention from the list of Clinical Forms. Select the Prevention Program Description form by clicking on it. Repeat steps four then three as frequently as needed.

PREVENTION PROGRAM REPORT

This 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.

- a. Reporting Date – This is the date of the end of the session for which you are completing the report.
- 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. The NOM selected should correspond with the NOM chosen on the program description form. Add an additional NOM for each Z Code listed in the performance target section.
 - 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.