

ASP/Budget 2023 Prevention Program
Description Form



The purpose of a Prevention Services program is to provide alcohol, drug, and mental health education and skill-building services to children, youth, transitional-age youth, young adults, adults, older adults, and families so they can avoid the abuse of drugs and alcohol, make positive behavior choices, and improve the well-being of our community.

Submit one form per program supported by your Prevention allocation.

Date: _____

Provider: _____

Program Title: _____

Contact Name & Contact Information (email/phone):

Amount of Allocation Funding for Program: \$ _____

Projected Consumers Served by Age Group:

Youth: _____

Emerging Adult/Transitional Age Youth: _____

Adult: _____

For school-based youth prevention, identify the district(s) (please submit one school district information form per district listed below):

For community-based prevention, identify the location(s) and address(es):

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Program Abstract - Brief overview of program (limit to 250 words):

Strategic Prevention Framework (SPF) - ASSESSMENT

Was a Community Needs and Strengths Assessment completed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, what date was it completed? _____

Provider: _____ Program: _____

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Identify the community needs assessment tool(s) used (select all that apply):

Addressing Social Determinants of Health in your community	
Adverse Child Experiences	
Communities that Care	
Community Assessment Matrix	
Community Conversations AOD/MH/Gambling	
Early Childhood Community Assessment	
DESSA & DESSA Mini	
Gallup Student Poll SEL	
Hanover Research	
Healthy Cities/Healthy Community Improvement Plan	
HIV Community Assessments	
IOM Community Health Improvement Process	
MAP-IT: A model for Implementing Healthy People 2020	
MAPP: Mobilizing for Action through Planning and Partnership	
OHYES!	
Panorama	
Problem Gambling Community Assessment	
Social Ecological Model	
Strategic Prevention Framework	
Suicide Prevention Community Assessment	
Terrace Metrics	
Other (please specify):	

Summarize the Community Assessment findings (limit to 100 words):

Identify the Attitude, Prevalence & Substance Usage Survey(s) used (select all that apply):

OhYES!	
ADAMH AOD Tool Results	
Other (please specify):	

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Summarize the Attitude, Prevalence & Substance Usage Survey Results (limit to 100 words):

Was a Community Readiness assessment completed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, what date was it completed? _____

Identify the Community Readiness Tool(s) used (select all that apply):

Community Partner Institute’s Community Prevention Index	<input type="checkbox"/>
Community Readiness Mode	<input type="checkbox"/>
CSAP Prevention Platform	<input type="checkbox"/>
FCUC Community Readiness Survey Finding: Gambling	<input type="checkbox"/>
Goodman and Wandersman’s Community Key Leader Survey	<input type="checkbox"/>
Leader Survey	<input type="checkbox"/>
MIPH Community Readiness Survey	<input type="checkbox"/>
Ohio Problem Gambling Community Readiness Questions	<input type="checkbox"/>
Prevention Readiness Index	<input type="checkbox"/>
Tri-Ethnic Center for Prevention Research’s Community Model	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Summarize Community Readiness Findings (limit to 100 words):

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Problem Statement (this is taken directly from the existing logic model):

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SPF - IMPLEMENTATION

Program Models

Model Type (select one):

Adapted EBP	<input type="checkbox"/>
Coalition	<input type="checkbox"/>
Evidence Based Model	<input type="checkbox"/>
Evidence Based Model by Age	<input type="checkbox"/>
Local Intervention	<input type="checkbox"/>
Promising Practice	<input type="checkbox"/>

Institute of Medicine Prevention Categories (select one):

Indicated	<input type="checkbox"/>
Selected	<input type="checkbox"/>
Universal Direct	<input type="checkbox"/>
Universal Indirect	<input type="checkbox"/>

Intervention model name: _____

Model Description (include time allocation and projected number to be served; limit to 100 words):

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Expected Type of Program Participation (select one):

Attend all or most sessions	<input type="checkbox"/>
Attend Once	<input type="checkbox"/>

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Program Cycle (select one):

One-Time	
School Year	
Seasonal	
Summer	
Year Round	
Other (please specify):	

Program Type(s) (select all that apply):

After-school	
Coalition	
Community based Intervention	
Consumer based	
Day Camp	
Day Care Center	
Detention Center	
Employment	
Faith Based	
Home Based	
Hotline/Warmline	
Mentoring	
School Based	
Education Support Group	
Youth-Led	
Other (please specify):	

Target Population(s) (select all that apply):

Children of Substance Abusers	
Pregnant Women and Teens	
Violent and Delinquent Behavior	
High School Dropouts	
Mental Health Problems	
Economically Disadvantaged	
Physically Disabled	
Abuse Victims	
Already using Substances	
Homeless and/or Runaway Youth	
Risk Assigned	
Community	
HIV	
Re-entry	
Other (please specify):	

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Program Services Area(s) Addressed (select all that apply):

Substance Use -Alcohol	<input type="checkbox"/>
Substance Use Marijuana	<input type="checkbox"/>
Substance Use Illicit Drugs	<input type="checkbox"/>
Substance Use Prescription Drugs or Opioids	<input type="checkbox"/>
Substance Use Tobacco	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Behavior Issues	<input type="checkbox"/>
Problem gambling	<input type="checkbox"/>
HIV	<input type="checkbox"/>
Suicide	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Describe the Program Implementation Plan (limit to 250 words):

Program Performance Targets

Describe the short-term outcome of program participation. Provide at least one (and up to three) performance target statements below. Refer to SAMHSA’s NOM Investment Targets PDF document provided. **(Please be sure to complete the accompanying Excel spreadsheet for National Outcome Measures [NOMs] and evaluation.)**

Performance Target example [SMART]: By December 2021 of the 250-youth served in youth-led project 45% will report increased leadership skills measured by Youth Involvement and Engagement Assessment Tool.

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Target #1:

Target #2:

Target #3:

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SPF - CULTURAL COMPETENCE

Demonstrate cultural competence: Staffing, Curriculum, Training, Experience with the target population (limit to 250 words):

SPF - EVALUATION PLAN - COMMUNITY IMPACT

How will program effectiveness be assessed? (limit to 250 words):

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How will community impact be assessed? (limit to 100 words):

Program Reporting Frequency (select one):

Monthly	
Quarterly	
School Year	
Other (please specify):	

SPF - SUSTAINABILITY

Structures and Formal Linkages	Yes		No	
Champion and Leadership Actions	Yes		No	
Resources	Yes		No	
Administrative Policies and Procedures	Yes		No	
Expertise	Yes		No	
Ownership Among Stakeholders	Yes		No	

Provider: _____ Program: _____