**Greater New Orleans Drug Demand Reduction Coalition**

**Prevention Program Inventory and Description**

Your information will be included in a data base to document the types and amount of prevention services available and to determine the extent to which there are gaps in services based on the needs of different populations.

Your agency or entity may provide multiple prevention or intervention programs. Please complete a separate description for each program.

This MS Word document is a table formatted so that the information you enter can be imported into a data base with minor editing. This file is “write-protected,” please use “save as” to make a copy for your program. Since the document is made compatible with Word 2003, check boxes could not be added. Please put an “x” in the box to indicate your choice, e.g., “[ x].”

**Thank you.**

Survey Questions

1. Program Identification and Contact
2. Name of Principal Program Model
3. Primary Type/Strategy
4. Communities Served
5. Target Population
6. Principal Service Location/Setting
7. Program Evidence Base/Endorsement
8. Risk & Protective Factors Addressed
9. Prevention Strategies Used
10. Assessing Need and Selecting Program Strategy
11. Number of Persons Served by Type for recent annual period
12. Characteristics of Persons Served, Individual-based and Population-based Programs
13. Prevention Staff Resources
14. Cost of Prevention Program Delivery
15. Sources of Funding or Revenue
16. Funding Stability
17. Stability or Expansion of Program
18. Evaluation of Program Outcomes
19. Questions Specific to School-based Programs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Information Item** | | | | | **Please type in your response in this column.**  (The row will expand to accommodate your answer) |
| **A** | **Program Identification & Contact** | | | | |  |
| a | Provider Agency/Entity Name: | | | | |  |
| b | Type of Agency (e.g. school district) | | | | |  |
| c | Program Number (if any) | | | | |  |
| d | Program Name: | | | | |  |
| e | Program Director/Contact Name: | | | | |  |
| f | Address: | | | | |  |
| g | Telephone-1: | | | | |  |
| h | Telephone-2: | | | | |  |
| i | Email Address: | | | | |  |
|  |  | | | | |  |
| **B** | **Principal Focus:** What type of problem(s) is your program designed to prevent? | | | | | Principal problem(s) is what your  program is expected to address. |
|  |  | | | Alcohol and Other Drug | | [ ] Principal [ ] Secondary |
|  |  | | | Tobacco Use | | [ ] Principal [ ] Secondary |
|  |  | | | Violence | | [ ] Principal [ ] Secondary |
|  |  | | | Mental Health | | [ ] Principal [ ] Secondary |
|  |  | | | Health in general | | [ ] Principal [ ] Secondary |
|  | Other: type in> | | |  | | [ ] Principal [ ] Secondary |
|  | Other: type in> | | |  | | [ ] Principal [ ] Secondary |
| **C** | **Principal Type/Strategy** | | | | | Check one [ x] |
| a | Individual-based | | | Universal direct | | [ ] |
| b | Selective | | [ ] |
| c | Indicated | | [ ] |
| d | Population-based | | | Universal indirect | | [ ] |
| **D** | **Name of Principal Program Model** | | | | | Type in below or check one. |
|  | Type in to right> or check one of the following: | | | | | > |
|  | Universal | | 1. Life Skills Training | | | [ ] |
|  | 2. Project Northland | | | [ ] |
|  | 3. Staying on Track (SPF-SIG) | | | [ ] |
|  | 4. Kids Don't Gamble… Wanna Bet? | | | [ ] |
|  | 5. Positive Action | | | [ ] |
|  | 6. Too Good for Drugs and Violence | | | [ ] |
|  | 7. Second Step | | | [ ] |
|  | 8. Project Alert | | | [ ] |
|  | 9. Coping Skills | | | [ ] |
|  | 10. Al's Pal | | | [ ] |
|  | 11. Protecting You-Protecting Me | | | [ ] |
|  | 12. Guided Imagery Program | | | [ ] |
|  | 13. Project Toward No Tobacco Use | | | [ ] |
|  | 14. All Stars | | | [ ] |
|  | Selective | | 1. Children Program Kit | | | [ ] |
|  | 2. Strengthening Families | | | [ ] |
|  | 3. Guiding Good Choices | | | [ ] |
|  | 4. Life Skills Parent | | | [ ] |
|  | 5. Atlas (SPF-SIG) | | | [ ] |
|  | Indicated | | 1. Leadership and Resiliency | | | [ ] |
|  | 2. Teen Intervene | | | [ ] |
|  | 3. Screening, Brief Intervention, Referral | | | [ ] |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | | | | |  |
| I | **Prevention Strategies Used** | | | | | Check only one *Principal* strategy |
| a |  | Education | | | | [ ] Principal [ ] Secondary |
| b |  | Environmental strategies | | | | [ ] Principal [ ] Secondary |
| c |  | Alternative activities (for high risk) | | | | [ ] Principal [ ] Secondary |
| d |  | Community-based process/mobilization | | | | [ ] Principal [ ] Secondary |
| e |  | Assessment, Intervention or referral | | | | [ ] Principal [ ] Secondary |
| f |  | Information dissemination | | | | [ ] Principal [ ] Secondary |
|  |  | | | | |  |
| **E** | **Communities Served** | | | | | Check all that apply [ x] |
| a | Parishes Served | | | Orleans | | [ ] |
| b | Plaquemines | | [ ] |
| c | St. Bernard | | [ ] |
| d | Jefferson | | [ ] |
| e | Other | | [ ] |
| f | Neighborhood(s) Served: type in (if applicable)**→** | | | | |  |
|  |  | | | | |  |
| **F** | **Target Population** | | | | |  |
| a | Describe *Principal Target Population* for this program: type in **→** | | | | |  |
| b | Cultural Factors relevant to serving this target population: type in **→** | | | | |  |
|  | **Target Population(s)** | | | | | **Check only one *Principal* population**; |
|  |  | **Persons** | | | |  |
| c |  | General Population | | | | [ ] Principal [ ] Secondary |
| d |  | Students-Preschool | | | | [ ] Principal [ ] Secondary |
| e |  | Students-Elementary School | | | | [ ] Principal [ ] Secondary |
| f |  | Students-Middle School | | | | [ ] Principal [ ] Secondary |
| g |  | Students-High School | | | | [ ] Principal [ ] Secondary |
| h |  | Students-College | | | | [ ] Principal [ ] Secondary |
| i |  | Youth | | | | [ ] Principal [ ] Secondary |
| j |  | Youth-High Risk | | | | [ ] Principal [ ] Secondary |
| k |  | Pregnant Women/Teens | | | | [ ] Principal [ ] Secondary |
| l |  | Families | | | | [ ] Principal [ ] Secondary |
| m |  | Parents/Guardians | | | | [ ] Principal [ ] Secondary |
| n |  | Children of Substance Abusers | | | | [ ] Principal [ ] Secondary |
| o |  | Adults | | | | [ ] Principal [ ] Secondary |
| p |  | Older Americans | | | | [ ] Principal [ ] Secondary |
| q |  | Persons Using Substances | | | | [ ] Principal [ ] Secondary |
| r |  | Physically/Emotionally Abused | | | | [ ] Principal [ ] Secondary |
| s |  | Economically Disadvantaged | | | | [ ] Principal [ ] Secondary |
| t |  | Persons with Develop. Disabilities | | | | [ ] Principal [ ] Secondary |
| u |  | Veterans | | | | [ ] Principal [ ] Secondary |
| v |  | Employees | | | | [ ] Principal [ ] Secondary |
| w |  | Gay, Lesbian, Bisexual, Transgendered | | | | [ ] Principal [ ] Secondary |
| x |  | Criminal Justice Diversion, e.g., Drug Courts | | | | [ ] Principal [ ] Secondary |
| y |  | Jailed or Incarcerated | | | | [ ] Principal [ ] Secondary |
| z |  | Other: type in **→** | | |  | [ ] Principal [ ] Secondary |
|  |  | **Organizations/Professions** | | | |  |
| 1 |  | Community | | | | [ ] Principal [ ] Secondary |
| 2 |  | Coalitions | | | | [ ] Principal [ ] Secondary |
| 3 |  | Civic Groups | | | | [ ] Principal [ ] Secondary |
| 4 |  | Teachers/Administrators | | | | [ ] Principal [ ] Secondary |
| 5 |  | Business/Industry | | | | [ ] Principal [ ] Secondary |
| 6 |  | Religious Groups | | | | [ ] Principal [ ] Secondary |
| 7 |  | Government/Elected Officials | | | | [ ] Principal [ ] Secondary |
| 8 |  | Health Professionals | | | | [ ] Principal [ ] Secondary |
| 9 |  | Law Enforcement/Military | | | | [ ] Principal [ ] Secondary |
| 10 |  | Prevention Service Agencies | | | | [ ] Principal [ ] Secondary |
| 11 |  | Prevention/Treatment Professionals | | | | [ ] Principal [ ] Secondary |
| 12 |  | Other: type in **→** | | |  | [ ] Principal [ ] Secondary |
|  |  | | | | |  |
| **G** | **Principal Service Location/Setting** | | | | | Check one [ x] |
| a |  | School classroom | | | | [ ] |
| b |  | School other than classroom | | | | [ ] |
| c |  | Healthcare setting | | | | [ ] |
| d |  | Recreational setting | | | | [ ] |
| e |  | Faith-based setting | | | | [ ] |
| f |  | Other community setting | | | | [ ] |
| g |  | Home | | | | [ ] |
| h |  | Jail/correctional setting | | | | [ ] |
| i |  | Other criminal justice setting | | | | [ ] |
| j |  | Other: type in **→** | | |  | [ ] |
|  |  | | | | |  |
| **H** | **Program Evidence Base/Endorsement** | | | | |  |
|  | Program Model’s Evidence Base | | | | | Check one [ x] |
| a |  | Included in National Registry of Evidence-based Programs and Practices (NREPP) | | | | [ ] |
| b |  | Reported in peer-reviewed journals | | | | [ ] |
| c |  | Documented as effective program model | | | | [ ] |
| d |  | Not yet documented | | | | [ ] |
|  | Program’s Model Endorsed By: | | | | | Check all that apply [ x] |
| e |  | National Institute of Drug Abuse | | | | [ ] |
| f |  | Center for Disease Control & Prevention | | | | [ ] |
| g |  | Department of Education | | | | [ ] |
| h |  | Office of JJ and Delinquency Prevention | | | | [ ] |
| i |  | Name of Agency or Foundation: type in **→** | | | |  |
|  |  | | | | |  |
| H | **Risk & Protective Factors Addressed**  Is this program specifically designed to respond to or address any of the these risk (R) and protective (P) factors: | | | | | Check all that apply [ x] |
| a |  | Program is not based on R&P Factors | | | | [ ] |
|  | **Community Domain** | | | | |  |
| b | R | Community laws and norms favorable to substance use | | | | [ ] |
| c | R | Availability of alcohol, drugs and firearms | | | | [ ] |
| d | R | Neighborhood transition/mobility | | | | [ ] |
| e | R | Low neighborhood attachment | | | | [ ] |
| f | R | Community disorganization | | | | [ ] |
| g | R | Neighborhood poverty and social deprivation | | | | [ ] |
| h | P | Opportunities for pro-social involvement | | | | [ ] |
| i | P | Rewards for pro-social involvement | | | | [ ] |
|  | **Family Domain** | | | | |  |
| j | R | Family history of problem behavior | | | | [ ] |
| k | R | Poor family management | | | | [ ] |
| l | R | Family conflict | | | | [ ] |
| m | R | Parental attitudes favorable to alcohol, drugs and problem behavior | | | | [ ] |
| n | P | Family opportunities for pro-social involvement | | | | [ ] |
| o | P | Family rewards for pro-social involvement | | | | [ ] |
| p | P | Family attachment | | | | [ ] |
|  | **School Domain** | | | | |  |
| q | R | Academic failure | | | | [ ] |
| r | R | Low commitment to school | | | | [ ] |
| s | P | School opportunities for positive involvement | | | | [ ] |
| t | P | School pro-social involvement | | | | [ ] |
| u | P | School rewards for positive involvement | | | | [ ] |
|  | **Peer/ Individual Domain** | | | | |  |
| v | R | Early initiation of alcohol, drug and problem behavior | | | | [ ] |
| w | R | Rebelliousness | | | | [ ] |
| x | R | Friends who use alcohol/drugs | | | | [ ] |
| y | R | Attitude favorable to alcohol, drugs and other problem behavior | | | | [ ] |
| z | R | Perceived risk of alcohol and drug use | | | | [ ] |
| 1 | R | Peer rewards for alcohol, drug and other problem behavior | | | | [ ] |
| 2 | R | Depressive symptoms | | | | [ ] |
| 3 | R | Gang involvement | | | | [ ] |
| 4 | R | Intention to use alcohol, tobacco, drugs | | | | [ ] |
| 5 | P | Religiosity | | | | [ ] |
| 6 | P | Belief in the moral order | | | | [ ] |
| 7 | P | Social skills | | | | [ ] |
|  |  | | | | |  |
| J | **How do you assess need and select prevention strategies and programs?**  **Is assessment helpful in deciding on the type: Universal, Selective, Indicated? →** | | | | |  |
|  |  | | | | |  |
| K1 | **Number of Persons Served for recent annual period** (Enter a direct count or best estimate) | | | | | [ ] direct count [ ] best estimate  [ ] not applicable |
| a | Individual-based Programs | | | Universal direct | |  |
| b | Selective | |  |
| c | Indicated | |  |
| d | TOTAL | |  |
| K2 | **Number of Persons Served for recent annual period** (Enter a direct count or best estimate) | | | | | [ ] direct count [ ] best estimate  [ ] not applicable |
|  | Population-based Programs | | | Universal indirect | |  |
| f | Individual-based figures are: | | | | | [ ] direct counts [ ] best estimates |
| g | Population-based figure is: | | | | | [ ] direct count [ ] best estimate |
|  |  | | | | |  |
| L1 | **Individual-based Programs, all types,**  **Characteristics of Persons Served** | | | | | [ ] direct counts [ ] best estimates  [ ] not applicable |
| a | Age of  Persons  Served | | | 1-4 yrs. (pre-K) | |  |
| b | 5-9 yrs. (grades K-4) | |  |
| c | 10-11 yrs. (grades 5-6) | |  |
| d | 12-14 yrs. (grades 7-9) | |  |
| e | 15-17 yrs. (grades 10-12) | |  |
| f | 18-20 years | |  |
| g | 21-24 years | |  |
| h | 25-29 years | |  |
| i | 30-44 years | |  |
| j | 45-55 years | |  |
| k | 55-64 years | |  |
| l | 65 and older | |  |
| m | Gender of Persons Served | | | Male | |  |
| n | Female | |  |
| o | Race of  Persons  Served | | | White | |  |
| p | Black/African Amer. | |  |
| q | Nat. Hawaiian/Pac. Isls. | |  |
| r | Asian | |  |
| s | Amer. Indian/Alaskan | |  |
| t | More than one race | |  |
| u | Unknown or other | |  |
| v | Ethnicity of Persons Served | | | Hispanic or Latino | |  |
| w | Not Hispanic or Latino | |  |
|  |  | | | | |  |
| L2 | **Population-based Programs,**  **Characteristics of Persons Served** | | | | | [ ] direct counts [ ] best estimates [ ] not applicable |
| a | Age of  Persons  Served | | | 1-4 yrs. (pre-K) | |  |
| b | 5-9 yrs. (grades K-4) | |  |
| c | 10-11 yrs. (grades 5-6) | |  |
| d | 12-14 yrs. (grades 7-9) | |  |
| e | 15-17 yrs. (grades 10-12) | |  |
| f | 18-20 years | |  |
| g | 21-24 years | |  |
| h | 25-29 years | |  |
| i | 30-44 years | |  |
| j | 45-55 years | |  |
| k | 55-64 years | |  |
| l | 65 and older | |  |
| m | Gender of Persons Served | | | Male | |  |
| n | Female | |  |
| o | Race of  Persons  Served | | | White | |  |
| p | Black/African Amer. | |  |
| q | Nat. Hawaiian/Pac. Islands | |  |
| r | Asian | |  |
| s | Amer. Indian/Alaskan Nat. | |  |
| t | More than one race | |  |
| u | Unknown or other | |  |
| v | Ethnicity of Persons Served | | | Hispanic or Latino | |  |
| w | Not Hispanic or Latino | |  |
|  |  | | | | |  |
| M | **Prevention Staff Resources** | | | | | Please use decimal points for full-time equivalents. |
| a | Program Direction & Supervision | | | Total full-time equivalent | |  |
| b | Lic. Prevent. Professional | |  |
| c | Cert. Prevent. Professional | |  |
| d | Direct Prevention Services | | | Total full-time equivalent | |  |
| e | Lic. Prevent. Professional | |  |
| f | Cert. Prevent. Professional | |  |
|  |  | | | | |  |
| N | **Cost of Prevention Program Delivery for Provider Agency** | | | | | Please enter estimated annual $ dollar amounts |
| a | Prevention  Service | | | Salaries, wages | |  |
| b | Fringe benefits | |  |
| c | Training | |  |
| d | Supplies, Materials | |  |
| e | Service Space Rent, if any | |  |
| f | Travel | |  |
| g | Other | |  |
| h | TOTAL Direct | |  |
| i | Overhead/Admin | | | Allocated to service | |  |
| j | TOTAL | | | Direct plus Indirect | |  |
|  |  | | | | |  |
| O | **Sources of Funding or Revenue for Operating Costs of the Prevention Program** | | | | | Check sources |
| a |  | Human Service District/Authority | | | | [ ] |
| b |  | Local Education funds | | | | [ ] |
| c |  | State Education funds (direct) | | | | [ ] |
| d |  | Social Services funds | | | | [ ] |
| e |  | Public Health funds | | | | [ ] |
| f |  | Healthcare funds | | | | [ ] |
| g |  | Medicaid behavioral health | | | | [ ] |
| h |  | Medicare | | | | [ ] |
| i |  | Private healthcare insurance | | | | [ ] |
| j |  | Community foundations/United Way | | | | [ ] |
| k |  | Private foundations grants | | | | [ ] |
| l |  | Criminal/juvenile justice contracts | | | | [ ] |
| m |  | Federal grants | | | | [ ] |
| n |  | Other – type inhere: | | | | [ ] |
| o |  | Other – type in here**:** | | | | [ ] |
| p |  | Other – type in here: | | | |  |
| q |  | Unfunded, Donations, Fund-raising | | | | [ ] |
| r |  | TOTAL | | | |  |
|  |  | | | | |  |
| P | **Funding Stability**: What is the stability of funding and/or revenue? Is funding short-term or ongoing? Are major grants expiring? Do you expect difficulty in maintaining program services or do you plan to be able to expand services?  Type in **→** | | | | |  |
|  |  | | | | |  |
| Q | **Stability or Expansion of Program** | | | | |  |
| a |  | How many years has the program been in operation? Number of years **→** | | | |  |
| b |  | What are the skills and expertise need to deliver this program? Type in **→** | | | |  |
| c |  | Could this program be expanded to other communities, neighborhoods or populations-in-need? Type in **→** | | | |  |
|  |  | | | | |  |
| R | **Evaluation of Program Outcomes** | | | | |  |
| a |  | Have program outcomes been evaluated by the Provider Agency or Funding Source? | | | | [ ] Yes [ ] No |
| b |  | If yes, what outcomes are measured for change? | | Knowledge, skills, etc. | | [ ] |
| c |  | Risk/protective factors | | [ ] |
| d |  | Alcohol/drug use | | [ ] |
| e |  | Other: Type in **→** | |  |
| f |  | What methods are used for the evaluation? **→** | | | |  |
| g |  | Do you administer pre- and post-tests? **→** | | | |  |
|  |  | | | | |  |
| S | **Questions Specific to School-based Programs** | | | | |  |
| a | Does your program provide prevention services within schools? | | | | | [ ] Yes [ ] No **If no, Thank You for completing this survey.** |
| b | Number of Schools | For the grades that you serve, how many schools are in the district(s) you serve with this program? | | | |  |
| c | How many of these schools do you serve with this program? | | | |  |
| d | How many of these schools do not receive your type of prevention services for their students? (“Type” means universal, selected or indicated.) | | | |  |
| e | How is it determined which schools receive your program (if not all schools receive it)? Type in **→** | | | | |  |
| f | What grades do you provide services to? | | | | | [ ] Pre-K [ ] K [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6  [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ] ungraded |
| g | School Enrollment | For the schools you serve, what is the enrollment in the grades you serve? | | | |  |
| h | For schools whose students don’t receive your type of prevention services, what is the enrollment in the grades you serve? | | | |  |
| i | Program Enrollment | In the course of the school year, how many students are enrolled in the program? | | | |  |
| j | What is the average class attendance? | | | |  |
| k | How many class sessions does the course of your program provide? (maximum classes per student) | | | |  |
| l | Program Delivery | Do teachers remain in the classroom while you are teaching? Type in **→** | | | |  |
| m | Is the parent material in textbooks distributed to parents? Type in **→** | | | |  |
| n | Are there separate parent classes or activities? Type in **→** | | | |  |
| o | Are there any other prevention programs that augment the work that you are doing? Type in **→** | | | | |  |
| p | Are there alternative programs in the schools, such as red ribbon week? Type in **→** | | | | |  |
|  |  |  | |  | | **THANK YOU** |