

Table R4 Local ATOD Prevention Resource Assessment

Answer as many of the following questions as possible for each of the programs and services you listed in the tables above that address the priorities listed in Step 7 (duplicate table as needed).

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| Service/Program/Activity Name | |
| What is the target population of the program/service? | |
| What is the focus of the Service/Program/Activity Focus (specify drug or risk/protective factor(s))? | |
| What agency or group implements the service/program/activity? | |
| How many people does the program/service/activity currently reach? | |
| What is the duration of the program/service/activity? | |
| What prevention strategy(ies) does the program use? | <input type="checkbox"/> Education <input type="checkbox"/> Environmental strategies <input type="checkbox"/> Alternative activities (for high risk youth) <input type="checkbox"/> Community Mobilization <input type="checkbox"/> Assessment and referral <input type="checkbox"/> Information dissemination |
| What domains does the program/service/activity target? | <input type="checkbox"/> Individual/Peer <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Community |
| What are the goals of program/service/activity? | <input type="checkbox"/> Individual change (increased knowledge, skills) <input type="checkbox"/> Change in risk/protective factors <input type="checkbox"/> Change in drug use |
| What methods does the program/service/activity use? | |
| Does the program collect implementation data? | <input type="checkbox"/> Attendance <input type="checkbox"/> Satisfaction <input type="checkbox"/> Other |
| Is the program research based? | <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, which agency(s) has endorsed the program?</i> <input type="checkbox"/> NIDA <input type="checkbox"/> CDC <input type="checkbox"/> CSAP <input type="checkbox"/> DOE <input type="checkbox"/> Drug Strategies <input type="checkbox"/> OJJDP <i>If not from this list, what is the research citation supporting this program?</i> |
| Has the implementer evaluated the program's outcomes? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, what outcome data is collected? | <input type="checkbox"/> Individual change (increased knowledge, skills) <input type="checkbox"/> Change in risk/protective factors <input type="checkbox"/> Change in drug use |
| How much funding is this program/service/activity currently receiving? | \$ |
| What are the current funding source(s)? | |
| Is this short term or ongoing funding? | <input type="checkbox"/> Short term Duration: <input type="checkbox"/> Ongoing |
| Where (geographically) is the program/service/activity delivered? | |
| Could the program/service/activity be expanded to other geographic areas or populations? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain |
| What are their skills and expertise of the people delivering the program/service/activity? | |
| In what kinds of facilities are these programs being delivered? | |
| When was the last time this program/service/activity offered in the area? | |