

Non-GPRA Reporting Tool

Please complete the survey below.

Thank you!

Non-GPRA Reporting Tool

Non-GPRA Reporting for SOS 3.0 and SOS 4.0 Projects

Welcome to Non-GPRA Reporting Tool!

Thank you for gathering and reporting the data requested in this tool. This data collection tool is for SOS 3.0 and SOS 4.0 prevention projects who do not complete GPRA. To determine if your project should complete this tool, please reach out to your Project Lead at the Ohio Department of Mental Health and Addiction Services.

DEFINITIONS RELATED TO REPORTING:

The definitions and examples listed below are provided for reference when answering the questions throughout this report.

Intervention Type:

A "Model based" program that has been identified as effective by SAMHSA, OJJDP, USDE or other nationally recognized organization and has produced a consistent positive pattern of results on the majority of the intended recipients or target population. This intervention is implemented to fidelity.

An "Adapted" program is based on a Model program that is not implemented to fidelity based on modifications or adaptations to the target population or implemented procedures.

A "Local" program is one that is developed within the community that is based on prevention theory and practice and has some documented evidence of success.

A "Coalition" is defined by CADCA as a formal arrangement for collaboration among groups or sectors of a community, in which each group retains its identity but all agree to work together toward the common goal of a safe, healthy and drug-free community. Coalitions should have deep connections to the local community and serve as catalysts for reducing local substance abuse rates.

"Other" is a prevention-based intervention not defined on the provided list.

Institute of Medicine (IOM) Level of Risk:

The definitions and examples listed below are provided for reference when answering the questions throughout this report.

Universal Preventive Interventions: Targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

Example: School-based programs offered to all children to teach social and emotional skills or to avoid substance use.

Selective Prevention Interventions: Targeted to individuals or a population subgroup whose risk of developing mental health and/or substance use disorders is significantly higher than average. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder.

Example: Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse to reduce risk for adverse mental, emotional, and behavioral outcomes.

Indicated Prevention Interventions: Targeted to high-risk individuals that have been identified as having signs or symptoms of a mental, emotional, or behavioral disorder but who do not meet diagnostic criteria at the current time. Or those who have biological markers indicating predisposition for such disorder(s). These services are implemented to prevent the progression of the problem.

Example: Interventions for children with early problems of aggression or elevated symptoms of depression or anxiety.

Census: Gathers information about every member of the population.

Sample: Gathers information about a smaller portion (or subset)

DEMOGRAPHICS

Ages of Individuals Served (Enter Number Served in Box)

0-4 years	<div></div>
5-11 years	<div></div>
12-14 years	<div></div>
15-17 years	<div></div>
18-20 years	<div></div>
21-24 years	<div></div>
25-44 years	<div></div>
45-64 years	<div></div>
65-74 years	<div></div>
75 and older	<div></div>

Race of Individuals Served (Enter Number Served in Box)

Indigenous American or Alaska Native	<div></div>
Asian or Asian American	<div></div>
Black or African American	<div></div>
Native Hawaiian or Other Pacific Islander	<div></div>
White or Caucasian	<div></div>

Race Not Listed (please specify below)

Please specify the other race not currently listed

Unknown Race

Declined to Identify

Ethnicity of Individuals Served (Enter Number Served in Box)

Hispanic or Latin

Non-Hispanic or Latin

Ethnicity Not Listed (please specify)

Please enter ethnicity not already listed

Unknown Ethnicity

Declined to Identify

Sex of Individuals Served (Enter Number Served in Box)

Male

Female

Did not answer/Refused

Individuals Identified as Having Accessible Needs (Enter Number Served in Box)

Emotional

Intellectual/Developmental

Mental/Behavioral

Physical (Including Hearing, Speech, and Visual)

Sensory

Accessible Needs Not Listed (Please Specify)

Please Specify the Accessible Needs Not Listed

Unknown Accessible Needs

Declined to Identify

INTERVENTION

Name of Intervention

Intervention Type

- ☐ Model
☐ Adapted
☐ Local
☐ Coalition
☐ Other Intervention
(Check all that apply)

Institute of Medicine (IOM) Level of Risk

- ☐ Universal Direct
☐ Universal Indirect
☐ Selective
☐ Indicated
(Check all that apply)

Collection Type

- ☐ Census
☐ Sampling

What is the Overall Goal of the Intervention?

Types of Content or Materials Delivered/Distributed

Instrument(s) Used to Implement Intervention

Are These Instruments Evidence-Based Practices?

- ☐ Yes
☐ No
☐ Unknown
☐ Adapted (please specify)

Please specify how these instruments were adapted

Result(s) of Interventions

- ☐ Provides a Setting
☐ Provides Knowledge
☐ Provides a New Skill(s) or Increases Proficiency in Skill
☐ Changes Attitude(s)
☐ Changes Behaviors(s)
☐ Changes Status
☐ Other Result (not listed)
(Check all that apply)

How is Success Measured within your Intervention?

Number of Anticipated Participants Served (full project period)

Actual Number of Participants Served (this reporting period)

Number of Participants Achieving Success (as you defined earlier)

What was Accomplished as a Result of Your Intervention (this reporting period)

Please Identify at Least One Success/Challenge (this reporting period)

Do you have another non-GPRA intervention to report on?

☐ Yes
☐ No

IF YOU HAVE ANOTHER INTERVENTION TO REPORT ON, PLEASE SELECT "Report on Another Intervention" BELOW. OTHERWISE, SELECT "Submit" TO END THE NON-GPRA SURVEY.