

SUBSTANCE ABUSE RESOURCE INVENTORY

An inventory of community resources dedicated toward preventing and treating youth and adult substance abuse issues in Fayette County, Ohio

Please fill out this survey for each substance abuse prevention or treatment activity, program, or project your organization oversees/participates in. Please note, we are completing two community assessments. One assessment refers to adults 19 and over. The other focuses on youth ages 18 and under. Please note on the form, as appropriate, if youth is the subpopulation for the program, activity, and/or service.

Return survey to: cblair@cafayettecounty.org or
Fax it to 740-335-7282 Attn: Christina



Faith in Recovery Coalition
2016 Needs Assessment

Substance Abuse Prevention and Treatment Resource Assessment

Service/Program/Activity Name:	
What is the target population of the program/service?	
What is the focus of the service/program/activity? (Specify the drug or protective factor(s))	
What agency or group implements the service/program/activity?	
How many people does the program currently reach?	
What is the duration of the program?	
What prevention strategies does the program use? (Check all that apply)	<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 target? (Check all that apply)	<input type="checkbox"/> Individual/peer <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Community
What are the goals of the program?	<input type="checkbox"/> Individual change (increased knowledge, skills) <input type="checkbox"/> Change in risk/protective factors <input type="checkbox"/> Change in substance use
What methods does the program use?	
Does the program collect data?	<input type="checkbox"/> Attendance <input type="checkbox"/> Satisfaction <input type="checkbox"/> Other (explain):
Is the program research based? Best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please cite the research/best practice:
Are program outcomes collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of program outcomes are collected, if any?	<input type="checkbox"/> Individual change (increased knowledge, skills) <input type="checkbox"/> Change in risk/protective factors <input type="checkbox"/> Change in substance use
How much funding is this program currently receiving?	
What are the current funding source(s)	
Is this short term or ongoing funding?	
Where (geographically) is the program/service delivered?	
Could the area be expanded?	
What are the skills and expertise of the people delivering the program?	
In what kinds of facilities are these programs being delivered?	
How often is the program offered in the area?	
How can someone access this program/service?	
What is the contact information for the program/service?	