Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Prevention (CSAP)

Online Reporting Tool (CORT)

Sober Truth on Preventing Underage Drinking Act (STOP Act) Grants

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Center for Substance Abuse Prevention (CSAP)
Online Reporting Tool (CORT)

Sober Truth on Preventing Underage Drinking Act (STOP Act) Grants

</div>

I. Annual Targets Report (ATR)

[TO BE ENTERED IN THE "WORK PLAN" SECTION OF SPARS FOR THE APPROPRIATE FEDERAL FISCAL YEAR.]

Note: Definition of Terms can be found in Appendix A. A list of prevention strategies targeting risk and protective factors can be found in Appendix B.

A. Grant Information

[SECTION TO BE PRE-POPULATED IN SPARS.]

1. **Organization name:** _____

2. **Grant number:** _____

3. **Federal fiscal year:** _____

1.1 Grant-Funded Prevention Strategies Planned

Substance use prevention strategies are practices, policies, or programs intended to reduce the onset and progression of substance use and its related problems. For each prevention strategy your grant program is planning to implement during the federal fiscal year, select "add new strategy" and identify the name of prevention strategy by selecting the corresponding name from the list of prevention strategies (see Appendix B). If the name of the prevention strategy you plan to implement is not included on the list, select "other prevention strategy." Then, provide the name and brief description of the prevention strategy you plan to implement. For each strategy identified, indicate its evidence-based status and criteria for determining status.

If your grant is still in the planning phase and no prevention strategies have been identified, check this box: o

[IF BOX CHECKED, SKIP TO SECTION I.C.]

1. **Planned prevention strategy name:** (Select from drop-down menu.)

   [IF SELECTED ANY NAMED STRATEGY (I.E., ANY RESPONSE *OTHER THAN* "OTHER PREVENTION STRATEGY"), SKIP TO I.B.2.]

   a. **Other prevention strategy name:** _____

   b. **Other prevention strategy description:** _____

2. **Evidence-based status (Select one response.)**
   - o Evidence-based strategy for population of focus
   - o Evidence-informed, promising approach, or innovative strategy
   - o Community-defined evidence practice (Please describe: ____)

3. **Criteria for determining evidence-based status** (Select all that apply.)
   - o Registry of evidence-based strategies (e.g., federal, state, foundation)
   - o Peer-reviewed journal article
   - o Based on documented theory of change
   - o Panel of experts
   - o Other criteria (Please specify: ____)

4. **Prevention strategy approach** (Select all that apply.)
   - o Practice
   - o Policy
   - o Program

Indicate the implementation level for the identified prevention strategy. <u>Note</u>: If your grant is implementing a multi-level program that includes both direct/individual-level and indirect/population-based components, select both options.

5. **Implementation level of planned prevention strategy** (Select all that apply.)
   - o Direct/individual-based effort or component
   - o Indirect/population-based effort or component

If you are planning to implement another prevention strategy, select "add new strategy."

[IF SELECT "ADD NEW STRATEGY," THEN GO TO I.B.1]

B. Performance Measures

[IF NO STRATEGY IDENTIFIED IN I.B.5 = "INDIRECT/POPULATION-BASED," THEN SKIP TO I.C.2.

Estimated total number of *individuals to be reached*.
Enter the aggregate total number of individuals your grant program is planning to *reach* through one or more indirect/population-based prevention efforts during the federal fiscal year.

1. **Estimated total number of individuals to be *reached* through indirect/population-based prevention efforts: _____**

[IF NO STRATEGY IDENTIFIED IN I.B.5 = "DIRECT/INDIVIDUAL-BASED," THEN SKIP I.C.2 AND I.C.3].

Estimated total number of *individuals to be served*.
Enter the aggregate total number of individuals your grant program is planning to *serve* through one or more direct/individual-based prevention efforts during the federal fiscal year.

2. **Estimated total number of *individuals to be served* through direct/individual-based prevention efforts: _____**

Estimated total number of *individuals to be served* by demographic category.
For each demographic category, enter the aggregate total number of individuals your grant is planning to *serve* through one or more direct/individual-based prevention efforts during the federal fiscal year. If your grant program's focal population does not include a specific demographic category, enter "0" for that category.

3. **Estimated total number of *individuals to be served* through direct/individual-based prevention efforts by demographic category.**
   a. **Sex**
      (1) Female: _____
      (2) Male: _____
   b. **Race/Ethnicity**
      (1) American Indian or Alaska Native: _____
      (2) Asian: _____
      (3) Black or African American: _____
      (4) Hispanic or Latino: _____

(5) Middle Eastern or North African: _____
(6) Native Hawaiian or Pacific Islander: _____
(7) White: _____

c. Age
(1) 12 years and under: _____
(2) 13 to 17 years: _____
(3) 18 to 20 years: _____
(4) 21 to 24 years: _____
(5) 25 to 44 years: _____
(6) 45 to 64 years: _____
(7) 65 to 74 years: _____
(8) 75 years and older: _____

II. Quarterly Performance Report (QPR)

[TO BE ENTERED IN THE "PERFORMANCE REPORTS" SECTION OF SPARS FOR THE APPROPRIATE REPORTING PERIOD.]

A. Grant Information

[SECTION TO BE PRE-POPULATED IN SPARS.]

1. **Organization name:** _____

2. **Grant number:** _____

3. **Federal fiscal year/quarter:** _____

If no strategies have been identified in current ATR, display the following message for respondent:

Your Annual Target Report (ATR) indicates you have not yet identified any prevention strategies that your program is or will be implementing.

Check this box o to confirm that no prevention strategies have been identified to date.

If your program has identified at least one prevention strategy that your program has or is planning to implement this fiscal year, you must update your ATR and get your government project officer (GPO) to approve it before you can complete this quarterly performance report.

If box unchecked, respondent will not be able to progress.

If box checked, skip to Section II.D.

B. Grant-Funded Prevention Strategies Implemented

For each prevention strategy included in your annual targets report, indicate whether the intervention was active at any point during the reporting period.

1. **Prevention strategy name**

    [SECTION TO BE PRE-POPULATED IN SPARS.]

2. **Prevention strategy status** (Select one response.)
    o Active [SKIP TO II.B.5 INSTRUCTIONS]
    o Inactive

For each inactive prevention strategy, indicate the reason for inactive status and provide additional detail for context, as appropriate.

3. **Reason for inactive status** (Select one response.)
   o Development or planning phase/Not yet implemented.
   o Implementation completed in a previous reporting period.
   o Implementation paused but expected to resume in future.
   o Approved scope change – no longer planning to implement.
   o Other (Please specify: _____)

4. **Additional details regarding inactive status:** _____

   [SKIP TO SECTION II.C.]

If the identified prevention strategy approach has changed (e.g., strategy started as a practice, but adopted as a policy), adjust your responses to reflect those changes.

5. **Prevention strategy approach**
   [MEASURE PRE-POPULATED IN SPARS FROM ATR, BUT RESPONDENT WILL BE ABLE TO CHANGE PRE-POPULATED RESPONSES.]
   o Practice
   o Policy
   o Program

C. Performance Measures

[If no active strategies during the reporting period, then, skip to Section D.]

[IF NO ACTIVE STRATEGY IDENTIFIED IN I.B.5 = "INDIRECT/POPULATION-BASED," THEN SKIP TO II.C.3 INSTRUCTIONS.

Unduplicated total number of *individuals reached*.
Enter the aggregate total number of individuals your grant program *reached* through one or more indirect/population-based prevention efforts during the reporting period. If no individuals were reached during the reporting period, enter "0." In addition, indicate the number of individuals reported as an actual count and/or as an estimated count. If either type of count is not applicable, enter "0" for that type. *Note*: The combined number of actual and estimated counts should equal the total unduplicated number of individuals reached. Regardless of the number of indirect/population-based strategies implemented or the number of times an individual may have been exposed to one, individuals reached should only be counted once for the reporting period.

1. **Unduplicated total number of *individuals reached* through indirect/population-based prevention efforts:** _____
   a. **Actual count:** _____
   b. **Estimated count:** _____

Unduplicated number of new *individuals reached*.
Enter the aggregate number of *new* individuals your grant program *reached* through one or more indirect/population-based prevention efforts during the reporting period. If no new individuals were reached during the reporting period, enter "0." In addition, indicate the number of *new* individuals reported as an actual count and/or as an estimated count. If either type of count is not applicable, enter "0" for that type. *Note*: The combined number of actual and estimated counts should equal the unduplicated number of *new* individuals reached. Regardless of the number of indirect/population-based strategies implemented or the number of times an individual may have been exposed to one, new individuals reached should only be counted once for the reporting period.

2. Unduplicated number of *new* individuals *reached* through <u>indirect/population-based</u> prevention efforts: _____
   a. Actual count: _____
   b. Estimated count: _____

[If no strategy identified in I.B.5 = "direct/individual-based," then skip to Section D].

Unduplicated total number of *individuals* <u>served</u>.
Enter the aggregate total number of individuals your grant program *served* through one or more direct/individual-based prevention efforts during the reporting period. If no individuals were served during the reporting period, enter "0." *Note*: Regardless of the number of direct/individual-based prevention strategies implemented or the number of times an individual may have been exposed to one, individuals served should only be counted once for the reporting period.

3. Unduplicated total number of individuals *served* through <u>direct/individual-based prevention efforts</u>: _____

Unduplicated total number of *individuals* <u>served</u> by demographic category.
For each demographic category, enter the aggregate total number of individuals your grant program *served* through one or more direct/individual-based prevention efforts during the reporting period. If no individuals served identified with a specific demographic category, enter "0" for that category. *Note*: Program participants can identify as more than one race/ethnicity. In these cases, count the program participants in all the applicable categories. Although there may be overlap across demographic categories, no demographic category should exceed the *total unduplicated number of individuals served* reported in the previous item.

4. **Unduplicated total number of individuals *served* through <u>direct/individual-based prevention efforts</u> by demographic category.**
   a. **Sex**
      (1) Female: _____
      (2) Male: _____
   b. **Race/Ethnicity**
      (1) American Indian or Alaska Native: _____
      (2) Asian: _____
      (3) Black or African American: _____
      (4) Hispanic or Latino: _____
      (5) Middle Eastern or North African: _____
      (6) Native Hawaiian or Pacific Islander: _____
      (7) White: _____
      (8) Unknown/not provided: _____
   c. **Age**
      (1) 12 years and under: _____
      (2) 13 to 17 years: _____
      (3) 18 to 20 years: _____
      (4) 21 to 24 years: _____
      (5) 25 to 44 years: _____
      (6) 45 to 64 years: _____
      (7) 65 to 74 years: _____

(8) 75 years and older: _____

(9) Unknown/not provided: _____

Unduplicated number of *new individuals served*.

Enter the aggregate unduplicated number of first-time participants your grant program served through one or more direct/individual-based prevention efforts during the reporting period. If no new individuals were served during the reporting period, enter "0." *Note*: Regardless of the number of direct/individual-based prevention strategies implemented or the number of times an individual may have been exposed to one, new individuals served should only be counted once.

5. **Number of *new individuals served* through direct/individual-based prevention efforts: _____**

Unduplicated number of _new individuals served_ by demographic category.

For each demographic category, enter the aggregate unduplicated number of first-time participants your grant program served through one or more direct/individual prevention efforts during the reporting period. If no new individuals served identified with a specific demographic category, enter "0" for that category. _Note_: Program participants can identify as more than one race/ethnicity. In these cases, count the program participant in all the applicable categories. Although there may be overlap across demographic categories, no demographic category should exceed the _number of new individuals served_ reported in the previous item.

6. **Number of _new_ individuals _served_ through direct/individual-based prevention efforts by demographic category.**

   a. **Sex**
      (1) Female: _____
      (2) Male: _____

   b. **Race/Ethnicity**
      (1) American Indian or Alaska Native: _____
      (2) Asian: _____
      (3) Black or African American: _____
      (4) Hispanic or Latino: _____
      (5) Middle Eastern or North African: _____
      (6) Native Hawaiian or Pacific Islander: _____
      (7) White: _____
      (8) Unknown/not provided: _____

   c. **Age**
      (1) 12 years and under: _____
      (2) 13 to 17 years: _____
      (3) 18 to 20 years: _____
      (4) 21 to 24 years: _____
      (5) 25 to 44 years: _____
      (6) 45 to 64 years: _____
      (7) 65 to 74 years: _____
      (8) 75 years and older: _____
      (9) Unknown/not provided: _____

D. Progress Report Overview Updates

Please share updates for grant-funded activities during the reporting period related to overall programmatic implementation and to approved goals and objectives.

1. **Overall progress**

   Please share an update on progress completed during the reporting period related to overall programmatic implementation and to approved goals and objectives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

2. **Challenges/barriers**

   If applicable, please share challenges faced during the reporting period related to overall programmatic implementation and to approved goals and objectives and identified strategies to overcome them. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

3. **Successes**

    If applicable, please share accomplishments achieved during the reporting period related to overall programmatic implementation and to approved goals and objectives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

4. **Innovations**

    If applicable, please share innovations developed and/or implemented during the reporting period related to program initiatives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

E. **Comments (Optional):** _____ [OPEN TEXT FIELD]

III. Work Plans

[TO BE ENTERED IN THE "WORK PLAN" SECTION OF SPARS]

A. Needs Assessment

Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your needs assessment.

B. Strategic Plan

Depending upon your grant cohort, you may be required to submit one or more individual components of a strategic plan and/or a complete comprehensive strategic plan. If you are unsure of your requirements, consult your government project officer (GPO).

Strategic plan components

1. **Logic model**

   Upload and provide a brief description of your document. Once you upload your document, you will only update this section if you revise your logic model. *Due within 90 calendar days of grant award.*

2. **Action plan**

   Upload and provide a brief description of your document. Once you upload your document, you will only update this section if you revise your plan. *Due within 90 calendar days of grant award*.

3. **Another strategic plan component not listed above**

   Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your plan.

Full strategic plan

4. **Strategic plan**

   Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your plan.

C. Evaluation

1. **Evaluation plan**

   Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your plan.

2. **Evaluation report**

   Upload and provide a brief description of your document, if required. Once you upload your document, you will only update this section if you revise your report.

Definitions

Active [prevention strategy status]: A prevention strategy is considered "active" if any part of the strategy was implemented at any point in time during the reporting period.

Alternatives: Alternatives refers to prevention strategies that provide opportunities for populations of focus to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.

Assessment: Assessment is the first step in the Strategic Prevention Framework (SPF) process and helps prevention planners understand prevention needs for the population of focus based on a careful review of data gathered from a variety of sources. Specifically, assessment involves collection and analysis of available data sources to identify substance use consumption patterns, related consequences, and risk and protective factors impacting the population of focus. A comprehensive assessment also involves the examination of available resources to identify gaps, examines readiness to address problems identified, and prioritizes problems based on specific criteria (e.g., magnitude, trends, severity). See A Guide to SAMHSA's Strategic Prevention Framework for more details. Also, see definition for needs assessment.

Community-defined evidence practice(s): Community-defined evidence practices are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Direct/individual-based prevention efforts: Direct/individual-based prevention efforts are strategies or services directly delivered to individuals, either on a one- on-one basis or in a group format. Typically, service providers and participants are at the same location during the grant-funded prevention service encounter.

Evaluation: Evaluation is the fifth step in the SPF process and is about enhancing prevention practice. It is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making. See A Guide to SAMHSA's Strategic Prevention Framework for more details.

Evaluation plan: An evaluation plan is a written document that describes how grant-funded prevention strategies will be assessed and establishes outcome and/or impact measures tied to the original problem that the grant-funded program plans to address.

Evaluation report: An evaluation report is a written document that summarizes the purpose, methodologies, findings, and conclusions of grantee evaluations efforts and offers recommendations for program improvements. As part of the findings section, the evaluation report should examine whether prevention activities were successful in achieving the grant program's goals and objectives as laid out in the evaluation plan. Ideally, evaluation reports should include both process and outcome evaluation.

Evidence-based practices, policies, and programs (EBPs): EBPs are prevention strategies that were reported as effective for your target substance and population of focus on a formal registry (e.g.,

federal, state, foundation) or in a published peer-reviewed journal article, were based on a documented theory of change, or were deemed effective by a panel of experts.

Evidence-informed prevention strategy: Evidence-informed prevention strategies are approaches or methods based in research, with demonstrated effectiveness in addressing a prevention priority, but are not considered an evidence-based practice, policy, or program (i.e., not listed in a registry of evidence-based practices, studied in a peer-reviewed journal article, based on a theory of change, or deemed effective by a panel of experts).

Federal fiscal year: Federal fiscal year (FY) is the annual period established for government accounting purposes. It begins on October 1 and ends on September 30 of the following year. For program monitoring purposes, the federal FY is further broken down into four quarters.
- Federal FY/Quarter 1: October 1 - December 31
- Federal FY/Quarter 2: January 1 - March 31
- Federal FY/Quarter 3: April 1 - June 30
- Federal FY/Quarter 4: July 1 – September 30

Goal: A goal is a broad statement about the long-term expectation of what should happen because of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence. The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved.
- Goals are concise.
- Goals describe the behavior or condition in the community expected to change.
- Goals describe who will be affected by the project.
- Goals lead clearly to one or more measurable results.

Implementation: Implementation is the fourth step of the SPF process and puts a community's prevention plan into action by delivering evidence-based programs and practices as intended. To accomplish this task, planners will need to balance fidelity and adaptation, and establish critical implementation supports. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

Inactive [prevention strategy status]: A prevention strategy is considered "inactive" if no part of the strategy was implemented during the reporting period. Strategies that have not yet started or were completed in a previous reporting period would be considered "inactive."

Indirect/population-based prevention efforts: Indirect/population-based prevention efforts are prevention strategies aimed at impacting an entire population. Examples of indirect/population-based prevention efforts include environmental strategies, such as establishment and enforcement of policies or laws that support healthy behavior (e.g., "zero tolerance" policies prohibiting smoking on school property, minimum drinking age).

Individuals reached/individuals to be reached: Individuals reached/individuals to be reached refers to grant-funded population-based prevention strategies aimed at impacting an entire population. Because there is no direct interaction with populations affected by the prevention strategies implemented, counts of people reached are typically estimates obtained from sources such as the US Census (population of targeted community) or media outlets (estimated readership or audience size).

Individuals served/individuals to be served: Individuals served/individuals to be served refers to grant-funded individual-based prevention strategies or services directly delivered to individuals, either on a one- on-one basis or in a group format. Typically, the provider of prevention services and participants

are at the same physical location or virtual environment (e.g., webinar) during the service encounter. Because providers have direct interaction with these individuals, they are able to keep accurate counts and, in many cases, to collect data about the characteristics and outcomes of these participants through attendance lists and pre-post surveys. Examples include virtual training sessions and in-person educational classes.

Innovation/innovative strategy: An innovative prevention strategy is a method, idea, or approach that departs from the common ways of addressing a problem by applying adaptations, new processes, or new techniques to accomplish a goal.

Logic model: A logic model is a graphic planning tool, much like a roadmap, that can help prevention planners communicate where prevention efforts are headed and how goals will be reached. See A Guide to SAMHSA's Strategic Prevention Framework for more details.

Needs assessment: A needs assessment uses data to define the nature and extent of substance abuse problems, identifies affected populations, identifies underlying causal factors that lead to consumption patterns, and uses findings to select appropriate strategies. Also, see definition for assessment.

New individuals reached: New individuals reached are individuals exposed to one or more grant-funded population-based prevention strategies for the first time. If individuals were exposed to population-based prevention strategies funded by your grant program during a previous reporting period and were counted in a previous QPR, do not report these individuals again as "new."

New individuals served: New individuals served refers to first-time grant program participants who received one or more grant-funded direct prevention service during the reporting period. The number reported for new individuals served should be an unduplicated count and should only include individuals receiving grant-funded services for the *first time*. If an individual received one or more grant-funded services during a previous reporting period and was counted in a previous QPR, do not report this person again as "new."

Objectives: Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability.

Panel of experts: A panel of experts may include qualified prevention researchers, local prevention practitioners, and key community leaders (e.g., law enforcement and education representatives, elders within indigenous cultures).

Policy: Policy is a set of organizational rules (including but not limited to laws) intended to promote healthy behavior and prevent unhealthy behavior.

Population of focus: Population of focus refers to a group of individuals that prevention efforts are intended to reach or serve.

Practice: A practice is a type of approach, technique, or strategy that is intended to promote wellbeing and reduce the onset and progression of substance use and its related problems.

Prevention: Prevention is the active, assertive process of creating conditions and/or personal attributes that promotes the wellbeing of people. A proactive process designed to empower individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. Substance use prevention is intended to promote wellbeing and reduce the onset and progression of substance use and related problems.

Prevention strategies: Prevention strategies are practices, policies, or programs intended to promote wellbeing and reduce the onset and progression of substance use and its related problems.

Program: A program is a set of predetermined, structured, and coordinated activities intended to promote wellbeing and reduce the onset and progression of substance use and its related problems. It can incorporate different practices; guidance for implementing a specific practice can be developed and distributed as a program.

Promising approach: A promising approach is an activity, program, initiative, or policy that shows potential for improving outcomes or addressing a prevention priority. Promising approaches may be in earlier stages of implementation and/or evaluation than evidence-informed or evidence-based prevention strategies.

Sex: Sex: Sex shall refer to an individual's immutable biological classification as either male or female. "Female" means a person belonging, at conception, to the sex that produces the large reproductive cell. "Male" means a person belonging, at conception, to the sex that produces the small reproductive cell.

SPARS: SPARS is the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System. It is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA.

Strategic plan: Strategic planning is the fifth step in the SPF process and increases the effectiveness of prevention efforts by ensuring prevention planners select and implement the most appropriate programs/strategies for population of focus. A strategic plan is a written document that prioritizes substance use problems identified in the assessment process (SPF Step 1), selects appropriate programs/practices to address each priority, combines programs/practices to ensure a comprehensive approach, and builds/shares a logic model with key stakeholders. See A Guide to SAMHSA's Strategic Prevention Framework for more details.

APPENDIX B – List of Prevention Strategies

Prevention Strategies

Name of Prevention Strategy
Active Parenting
Adolescent Transitions Program
Alcohol Literacy Challenge
Alcohol Misuse Prevention Study
AlcoholEdu
All Stars
ATLAS (Athletes Training and Learning To Avoid Steroids)
Big Brothers Big Sisters Mentoring Program
Blues Program (Cognitive Behavioral Group Depression Prevention)
Border Binge-Drinking Reduction Program
Brief Alcohol Screening and Intervention for College Students (BASICS)
Brief Strategic Family Therapy (BSFT)
CAST (Coping And Support Training)
Class Action
Climate Schools: Alcohol and Cannabis Course
Collaborative HIV Prevention and Adolescent Mental Health Project (CHAMP) Family Program
College Drinker`s Check-up (CDCU)
Communities That Care
Community Trials Intervention To Reduce High-Risk Drinking
Computer-Assisted System for Patient Assessment and Referral (CASPAR)
Coping Power Program
Coping With Work and Family Stress
Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)
Creating Lasting Family Connections Fatherhood Program
Curriculum-Based Support Group (CBSG) Program
Dram Shop Liability
Early Risers "Skills for Success"
Enhanced Enforcement of Laws Prohibiting Sales to Minors
Familias Unidas
Family Matters
Family Spirit
Good Behavior Game (GBG)
Guiding Good Choices
Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)
Keep A Clear Mind (KACM)
keepin`it REAL (Refuse, Explain, Avoid, Leave)
LifeSkills Training (Botvin)
Linking the Interests of Families and Teachers (LIFT)
Michigan Model for Health

Name of Prevention Strategy
ModerateDrinking.com and Moderation Management
New Beginnings Program
Nurturing Parenting Program
Positive Action
Positive Family Support Program
PRIME For Life
Project ASSERT
Project Northland
Project STAR / Midwest Prevention Project
Project TALC (Teens and Adults Learning to Communicate)
Project Towards No Drug Abuse
Protecting You/Protecting Me
Ripple Effects Whole Spectrum Intervention System (Ripple Effects)
SAFEChildren
Say It Straight (SIS)
Schools and Families Educating Children (SAFE Children)
Screen4Success
SODAS City
Sources of Strength
SPORT Prevention Plus Wellness
Strengthening Families 10-14
"Talk. They Hear You."® Campaign
Teams-Games-Tournaments Alcohol Prevention
Teen Intervene
Wellness Outreach at Work
Other prevention strategy not listed*