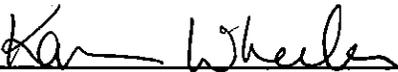


Action Request Transmittal

Select originating program


Authorized Signature

Number: AMH-AR-13-02
Issue Date: 7-8-2-13

Topic: 2012-13 Prevention Annual Reports

Due Date: August 15, 2013

Subject: Prevention Annual Report Forms A, B, C& D

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County DD Program Managers |
| <input type="checkbox"/> Area Agencies on Aging | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): County/Tribal
Prevention Coordinators |

Action Required: Completion of 2012-13 Substance Abuse and Problem Gambling Prevention Annual Report Forms

Reason for Action: Annual Reports are required per the County Financial Assistance Award and through Tribal Contracts with AMH.

Field/Stakeholder review: Yes No
If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s):	Jeff Ruscoe		
Phone:	503-945-5901	Fax:	503-947-5043
E-mail:	Jeff.Ruscoe@state.or.us		

Oregon Health Authority

Addictions and Mental Health Division

Attachment A -- Demographic Reporting Sheet

Service Element 70
July 1, 2012 through June 30, 2013

In addition to other requirements as determined by the Oregon Health Authority – Addictions and Mental Health Division (OHA-AMH), this completed form must be submitted electronically to AMH no later than August 15, 2013.

County/Tribe: _____

Agency: _____

Contact Person: _____

Phone: _____ E-mail: _____

*This report covers the months of **July 1, 2012 through June 30, 2013**. Complete all sections below as they apply to the group(s) targeted with your prevention efforts (as outlined in your Implementation Plan). Program data can be obtained directly from your Minimum Data Set (MDS) entries.*

1. Total number of participants in the reporting period: _____

2. Participant/Attendee Ages. Please note the number in each category:

0-4 yrs.	5 -11 yrs.	12 - 14 yrs.	15 – 17 yrs.	18 – 20 yrs.	21+ yrs.

3. Number of Male Participants _____

Number of Female Participants _____

4. Total Population in the County _____

5. Estimate the following (percentages):

Ethnicity of Program Participants		Ethnicity of Community	
a) White	%	a) White	%
b) African American	%	b) African American	%
c) Hispanic	%	c) Hispanic	%
d) Native American	%	d) Native American	%
e) Other (indicate)Asian/Pac Islander	%	e) Other (indicate)Asian/Pac Islander	%

Oregon Health Authority - Addictions & Mental Health Division

Attachment B - Program Outcomes Report

July 1, 2012 - June 30, 2013

(Please see the directions and example report by using the tabs below.)

<u>County/Tribe</u>	<u>Prevention Coordinator</u>
<u>Agency Phone</u>	<u>E-Mail:</u>
<u>Agency Fax</u>	
Proposed Program and All Proposed Outcomes for this Program	Actual Results (Process, Attitudinal, Educational and Behavioral Outcomes)
<u>1-P</u>	<u>1-P</u>
<u>2-P</u>	<u>2-P</u>
<u>3-P</u>	<u>3-P</u>

Proposed Program and All Proposed Outcomes for this Program	Actual Results (Process, Attitudinal, Educational and Behavioral Outcomes)	If proposed results were not achieved, please explain
<u>4-P</u>	<u>4-P</u>	
<u>5-P</u>	<u>5-P</u>	
<u>6-P</u>	<u>6-P</u>	
<u>7-P</u>	<u>7-P</u>	
<u>8-P</u>	<u>8-P</u>	

Oregon Health Authority

Addictions and Mental Health Division

Attachment C – Program Narrative & Successes Report

July 1, 2012 through June 30, 2013

(Please use this space to report prevention successes and challenges for this year. The “success stories” and other activities will be used to highlight prevention services across the state in our Annual Substance Abuse Prevention Report and the remaining information will help the state prevention staff determine how we may best serve you in the future. You may include pictures and/or relevant graphics, charts, or graphs to further explain your successes. Please indicate whether or not you grant AMH permission to use these items in creating the statewide annual report.)

Referring to your approved implementation plan for this reporting period, please answer the following questions:

1. Which of your listed objectives/activities do you consider to have been the most successful and why (briefly)?
2. Which objectives/activities that you had planned did not work out as you had hoped or expected, and why?
3. What overall challenges/obstacles did you encounter?
4. What factors were in place that contributed to your success?
5. How could we provide you with improved support at the state level?

Oregon Health Authority
Addictions and Mental Health Division

Attachment D –Problem Gambling Prevention Report

July 1, 2012 through June 30, 2013

If you received problem gambling prevention funds during this time period, please report on them using this form—during this transitional period we are not going to request a full and separate annual report for problem gambling prevention. Next year we hope to have the systems more fully integrated, including the implementation plans, data collection and annual reports—in the meantime, please use this form. Your input will help us determine the impact of the programs and identify areas for improvement.

If you did not receive problem gambling prevention funds, please check this box and leave the rest of this attachment blank:

Referring to your approved problem gambling prevention implementation plan:

1. Guesstimate how many residents you reached with problem gambling prevention information (include everything—media, ads, presentations, exhibits, trainings, materials, etc.) _____
2. Which of your listed objectives/activities do you consider to have been the most successful?
3. Which objectives/activities did not work out as you had hoped or expected, and why?
4. What overall challenges/obstacles did you encounter?
5. What factors were in place that contributed to your success?
6. Did you incorporate problem gambling into your existing ATOD prevention efforts? If so, please give an example of how.
7. How did you use your student wellness survey data regarding youth gambling?
8. How can AMH provide you with improved support at the state level?