

Ohio's Strategic Prevention Framework – Partnerships for Success (SPF-PFS)

Problem Identification and Referral – Tracking Form

Coalition Name: _____ **Today's Date:** ____/____/____

County Name: ☐ Carroll ☐ Champaign ☐ Coshocton ☐ Hardin ☐ Holmes ☐ Mercer
☐ Seneca ☐ Tuscarawas ☐ Warren ☐ Wayne ☐ Other: _____

SAMHSA Substance Addressed: ☐ Underage Drinking ☐ Prescription Drug Abuse and Misuse

SPF-PFS-Funded and EBP-Approved Strategy: ☐ Media Campaign ☐ Prevention Program

Directions: While implementing SPF-PFS funded & EBP-approved strategies, there may be participants who require a warm hand-off for additional services beyond the scope of prevention professionals. Please track and report the information below for those participants.

Send completed form to OSET evaluator **30 days after the end** of your SPF-PFS-funded strategy or **by August 15, 2019**, whichever occurs first.

Tracking ID	Gender			Age Groups						Types of Services for Referrals								
	Male	Female	Un-known	0-11	12-17	18-20	21-25	26+	Un-known	Substance abuse treatment	Mental health treatment	Substance abuse prevention activities	Housing services	After-school activities	Trans- portation	Day care or adult care services	Health care	Other (Describe)

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