Thank you for your participation in PCCD's Research-based Programs Web-based Survey, being conducted by the Evidence-based Prevention and Intervention Support Center. Before beginning the survey, please read the following and indicate your willingness to participate.

Informed Consent Form for Social Science Research - The Pennsylvania State University

Title of Project: Research-based Programs Web-based Survey (IRB#23821)

Principal Investigator: Brian K. Bumbarger, 206 Towers Building, University Park, PA 16802 (814) 865-2617

1. Purpose of the Study: The purpose of this research is to study the replication of effective prevention programs through the Research-based Programs Initiative of the Pennsylvania Commission on Crime and Delinquency.

2. Procedures to be Followed: You will be asked to answer approximately 65 survey questions.

3. Benefits: This research is intended to provide a better understanding of how effective prevention programs can be replicated on a large scale by identifying barriers to implementation, sustainability, and outcome measurement. This information is meant to help current and future programs in making decisions regarding evidenced-based prevention program implementation and sustainability, and to strengthen the initiative in future years.

4. Duration: It will take about 30 minutes to complete the questions.

5. Statement of Confidentiality: Only project staff at the Evidence-based Prevention and Intervention Support Center and Penn State Survey Research Center will know your identity. If this research is published or reported to PCCD, no information that would identify you will be written, and no personally identifiable information will be provided to PCCD.

6. Security of Electronically-transmitted data: Your confidentiality will be maintained to the degree permitted by the technology used. Although precautions have been taken to provide a secure transmission of electronic data, no absolute guarantees can be made regarding the interception by any third parties of data sent via the Internet.

7. Right to Ask Questions: You can ask questions about the research. The person in charge will answer your questions. Contact Brian Bumbarger (814-865-2617) or Brittany Rhoades (814-863-2280) with questions.

8. Your participation in this research is strictly voluntary. You can end your participation at any time and you do not have to answer any questions you do not want to answer.

You must be 18 years of age or older to consent to participate in this research study. If you consent to participate in this research study and to the terms above, please indicate "Yes" below the statement, "I agree to participate in this." Completion and submission of the survey is also considered consent to participate in this research.

Please print one copy of this consent form for your records.

I agree to participate in this survey.

○   Yes = 1

○   No = 0 *(No further data collected)*

Which ONE of the following best describes your **primary** role on (Grant Name)?

○   A. Agency Director = **1**

○   B. Other Administrator = **2**

○   C. Grant Writer = **3**

○   D. Classroom Teacher/Guidance Counselor = **4**

○   E. Therapist = **5**

○   F. Program Coordinator = **6**

○   G. Other (please list): [   ] = **7**

How many years have you been working with the (Program Name) in this community?

○   A. Less than 1 year = **1**

○ B. 1 year = **2**

○ C. 2 years = **3**

○ D. 3 years = **4**

○ E. 4 years = **5**

○ F. 5 or more years = **6**

Did (Program Name) exist in this community prior to this funding from PCCD?

○ A. Yes = **1**

○ B. No = **0** *(Skip to W6SUS5_YR)*

In which of the following ways did PCCD funding expand or enhance (Program Name)? (select all that apply)

	Yes = 1	No = 0
A. additional resources	○	○
B. increase in target population	○	○
C. additional program components offered	○	○
D. increase in number of program staff	○	○
E. Other (please list):	○	○
F. No change in programming, funding simply helped sustain the existing program	○	◉

To what extent is your program still operating?

○ A. It is not operating at all. It ended during or after PCCD funding. =**0 (complete W6SUS1a and end survey)**

○ B. It is operating at a reduced level. =**1 (complete W6SUS1b and continue)**

○ C. It is operating at the same level as in its final year of PCCD funding. =**2**

○ D. It is operating at a higher level than the final year of PCCD funding. =**3**

Why is this program not operating at all?

What changes have been made to operate program at a reduced level?

At what level do you think the program will be operating a year from now?

○ A. It will end completely next year = **1 (complete W6SUS2a)**

○ B. Operating at a lower level next year = **2 (complete W6SUS2b)**

○ C. Operating at the same level next year = **3**

○ D. Operating at a higher level next year = **4**

○ E. Can't predict =**5**

Why do you anticipate the program will end completely next year?

```
[text box]
```

Why do you anticipate the program will be operating at a lower level next year?

```
[text box]
```

How is the program currently being funded? (select all that apply)

	Yes = 1	No = 0
A. It is funded through additional PCCD grant funds	○	○
B. It is funded from other sources of temporary funding (e.g., donations, fundraising, other grants, etc.)	○	○
C. It is funded by non-grant sources (school or agency budget line-item)	○	○

What type(s) of temporary funding or non-grant sources are being used? (select all that apply)

	Yes = 1	No = 0
A. Other (non-PCCD) state funds. Please describe agency or funding stream: [text box]	○	○
B. Federal funds. Please describe agency or funding stream: [text box]	○	○
C. Local government (e.g., county or school district) funds. Please describe agency or funding stream: [text box]	○	○
D. Private sector (e.g., local business) donations or funds.	○	○
E. Foundation or Philanthropy funds.	○	○
F. Other (please specify) [text box]	○	○

In your organization/school, if funding declined, do you think the program would be among the first things to be cut or eliminated?
- ○ A. Yes, the program would be among the first to be cut = 1
- ○ B. No, the program would be reduced, but not cut = 2
- ○ C. No, the program would continue at the same level = 3

In the past 12 months, did you develop a sustainability plan or revise/work on an existing sustainability plan?
- ○ A. No, we have never developed a plan for sustainability. = **0** *(Skip to coalition questions)*
- ○ B. We have developed a plan for sustainability, but we have not revised or worked on it in the past 12 months**. = 1** *(Skip to coalition questions)*
- ○ C. Yes, we have developed or revised/worked on a sustainability plan in the past 12 months. = **2** *(if 2 is selected, answer sustainability planning questions.)*

The following questions ask you about certain aspects of sustainability planning. For each item, please indicate the degree to which you planned for sustainability during the past 12 months.

Plan to secure funds by applying for additional grants.
- ○ A. No Discussion = **0**
- ○ B. Limited Discussion with No Clear Plan = **1**
- ○ C. Discussion with Tentative Plan = **2**

○ D. Discussion with Firm Plan = **3**

○ E. Executed Plan = **4**

Strategies to secure funds beyond external grants.

○ A. No Discussion = **0**

○ B. Limited Discussion with No Clear Plan = **1**

○ C. Discussion with Tentative Plan = **2**

○ D. Discussion with Firm Plan = **3**

○ E. Executed Plan = **4**

Developed a fiscal plan outlining the funds needed to sustain the program.

○ A. No Discussion = **0**

○ B. Limited Discussion with No Clear Plan = **1**

○ C. Discussion with Tentative Plan = **2**

○ D. Discussion with Firm Plan = **3**

○ E. Executed Plan = **4**

Strategies for identifying key stakeholders who might support the program.

○ A. No Discussion = **0**

○ B. Limited Discussion with No Clear Plan = **1**

○ C. Discussion with Tentative Plan = **2**

○ D. Discussion with Firm Plan = **3**

○ E. Executed Plan = **4**

Determine how the program aligns with the mission and goals of potential future stakeholders.

○ A. No Discussion = **0**

○ B. Limited Discussion with No Clear Plan = **1**

○ C. Discussion with Tentative Plan = **2**

○ D. Discussion with Firm Plan = **3**

○ E. Executed Plan = **4**

Plans to discuss with local leaders how the program relates to the community's overall prevention needs.

○ A. No Discussion = **0**

○ B. Limited Discussion with No Clear Plan = **1**

○ C. Discussion with Tentative Plan = **2**

○ D. Discussion with Firm Plan = **3**

○ E. Executed Plan = **4**

Plans to present outcome data to potential stakeholders.

○ A. No Discussion = **0**

○ B. Limited Discussion with No Clear Plan = **1**

○ C. Discussion with Tentative Plan = **2**

○ D. Discussion with Firm Plan = **3**

○ E. Executed Plan = **4**

Strategies for integrating the program into existing organizations, agencies, schools, and/or communities.
- ○ A. No Discussion = **0**
- ○ B. Limited Discussion with No Clear Plan = **1**
- ○ C. Discussion with Tentative Plan = **2**
- ○ D. Discussion with Firm Plan = **3**
- ○ E. Executed Plan = **4**

Plans to turn over ownership of the program to the community, schools, or other organizations.
- ○ A. No Discussion = **0**
- ○ B. Limited Discussion with No Clear Plan = **1**
- ○ C. Discussion with Tentative Plan = **2**
- ○ D. Discussion with Firm Plan = **3**
- ○ E. Executed Plan = **4**

Plans to make the program a line-item in the budget of your organization, school, or community.
- ○ A. No Discussion = **0**
- ○ B. Limited Discussion with No Clear Plan = **1**
- ○ C. Discussion with Tentative Plan = **2**
- ○ D. Discussion with Firm Plan = **3**
- ○ E. Executed Plan = **4**

Other aspects of your planning for sustainability not noted above:

The next group of questions asks about your current involvement and connection to a collaborative board.

During the past 12 months, was your program connected with any of these coalitions (if more than one, choose the one most closely connected)….
- ○ A. CTC = **1(Answer CTC Coalition specific questions)**
- ○ B. FSSR = **2**
- ○ C. Weed and Seed =**3**
- ○ D. Healthy Communities = **4**
- ○ E. SIG/SPF-SIG = **5**
- ○ F. BARJ = **6**
- ○ G. Other (please list) [_____] = **7**
- ○ H. None = **0 (Skip to Training Questions)**

What is the name of the CTC Coalition your program is currently connected with (please list)?
Please specify the name of this other CTC coalition.

Please describe how the coalition has been most helpful to your program this year?

[text box]

Please describe how the coalition has been least helpful to your program this year?

[text box]

The questions on the following page ask about the degree to which your program has been connected to a Communities that Care, FSSR, or other Coalition during the past 12 months. Some questions may not apply at all.

How effective would you say the local Coalition has been at mobilizing resources and supporting prevention programming this year?
○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit =**4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

How often does a representative of the ${e://Field/Program%20Name} program attend Coalition meetings?
○ A. Once a Month = **1**

○ B. Quarterly = **2**

○ C. Once a Year = **3**

○ D. Less Often than Once a Year = **4**

○ E. Don't Know = **998 (.d)**

To what extent has the Coalition assisted in seeking funding for your program including identifying funding sources or helping with grant application this year?
○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit =**4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition provided your program with resources this year?
○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit =**4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition encouraged interagency collaboration this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit =**4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition promoted evidence-based prevention programs in your community this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit =**4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent did the Coalition guide your selection of the ${e://Field/Program%20Name}?

⦿ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition considered your program a priority this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition assisted in evaluating the impact of your program this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition given your program data/advice about meeting community needs this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition assisted with marketing or publicity this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition given your program advice or support in recruiting your target population this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has your program relied on the resources of the Coalition this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has your program solicited advice from the Coalition this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

To what extent has the Coalition influenced the success of your program this year?

○ A. Not At All = **1**

○ B. A Little = **2**

○ C. Somewhat = **3**

○ D. Quite A Bit = **4**

○ E. A Great Deal = **5**

○ F. Don't Know = **998(.d)**

The next group of questions asks about the process leading up to the selection and implementation of your program. Please indicate how much you agree with the following statements regarding preparation for program implementation.

We needed more time to prepare.
○ Strongly Agree = **1**

○ Agree = **2**

○ Neutral = **3**

○ Disagree = **4**

○ Strongly Disagree = **5**

We spent most of the first year planning instead of implementing the program.
○ Strongly Agree = **1**

○ Agree = **2**

○ Neutral = **3**

○ Disagree = **4**

○ Strongly Disagree = **5**

Because we were unprepared when funding began, we fell behind schedule.
○ Strongly Agree = **1**

○ Agree = **2**

○ Neutral = **3**

○ Disagree = **4**

○ Strongly Disagree = **5**

We would have benefited from Technical Assistance during program start-up.
○ Strongly Agree = **1**

○ Agree = **2**

○ Neutral = **3**

○ Disagree = **4**

○ Strongly Disagree = **5**

We were prepared to implement the program because we received help and support from the program developers.
○ Strongly Agree = **1**

○ Agree = **2**

○ Neutral = **3**

○ Disagree = **4**

○ Strongly Disagree = **5**

We were unprepared because schools or other implementing partners were not fully on board.
○ Strongly Agree = **1**

○ Agree = **2**

○ Neutral = **3**

○ Disagree = **4**

○ Strongly Disagree = **5**

How supportive or resistant was each of the following key parties during preparation for program implementation:

School Administration
○ Very Resistant = **1**
○ Somewhat Resistant = **2**
○ Indifferent = **3**
○ Supportive = **4**
○ Very Supportive = **5**
○ Not Applicable = **0**

Community Leaders
○ Very Resistant = **1**
○ Somewhat Resistant = **2**
○ Indifferent = **3**
○ Supportive = **4**
○ Very Supportive = **5**
○ Not Applicable = **0**

Coalition Members
○ Very Resistant = **1**
○ Somewhat Resistant = **2**
○ Indifferent = **3**
○ Supportive = **4**
○ Very Supportive = **5**
○ Not Applicable = **0**

Agency Director(s)
○ Very Resistant = **1**
○ Somewhat Resistant = **2**
○ Indifferent = **3**
○ Supportive = **4**
○ Very Supportive = **5**
○ Not Applicable = **0**

Parents
○ Very Resistant = **1**
○ Somewhat Resistant = **2**
○ Indifferent = **3**
○ Supportive = **4**
○ Very Supportive = **5**
○ Not Applicable = **0**

Youth

- ○ Very Resistant = **1**
- ○ Somewhat Resistant = **2**
- ○ Indifferent = **3**
- ○ Supportive = **4**
- ○ Very Supportive = **5**
- ○ Not Applicable = **0**

Police Department

- ○ Very Resistant = **1**
- ○ Somewhat Resistant = **2**
- ○ Indifferent = **3**
- ○ Supportive = **4**
- ○ Very Supportive = **5**
- ○ Not Applicable = **0**

Hospitals

- ○ Very Resistant = **1**
- ○ Somewhat Resistant = **2**
- ○ Indifferent = **3**
- ○ Supportive = **4**
- ○ Very Supportive = **5**
- ○ Not Applicable = **0**

Local Youth/ Family Centers

- ○ Very Resistant = **1**
- ○ Somewhat Resistant = **2**
- ○ Indifferent = **3**
- ○ Supportive = **4**
- ○ Very Supportive = **5**
- ○ Not Applicable = **0**

Local Charity Organizations

- ○ Very Resistant = **1**
- ○ Somewhat Resistant = **2**
- ○ Indifferent = **3**
- ○ Supportive = **4**
- ○ Very Supportive = **5**
- ○ Not Applicable = **0**

Local Churches

- ○ Very Resistant = **1**
- ○ Somewhat Resistant = **2**

○ Indifferent = **3**

○ Supportive = **4**

○ Very Supportive = **5**

○ Not Applicable = **0**

Local School Districts

○ Very Resistant = **1**

○ Somewhat Resistant = **2**

○ Indifferent = **3**

○ Supportive = **4**

○ Very Supportive = **5**

○ Not Applicable = **0**

Community Associations/ Organizations (e.g., United Way, PTA)

○ Very Resistant = **1**

○ Somewhat Resistant = **2**

○ Indifferent = **3**

○ Supportive = **4**

○ Very Supportive = **5**

○ Not Applicable = **0**

Of the staff who have implemented the program in the past 12 months, how many have received formal training?

○ A. None = **1 (If version 1 or 4, skip to W6TNG7 question about confidence in describing logic model, If version 2, skip to TNG2 Q on how much cost was a barrier)**

○ B. Some = **2**

○ C. All = **3**

For those staff who have implemented the program in the past 12 months and were formally trained, who provided that training?

○ A. All were trained by the program developer/certified trainer =**1**

○ B. All were trained by someone other than the program developer/certified trainer =**2**

○ C. Some were trained by the program developer/certified trainer and some were trained by someone other than the program developer/certified trainer = **3**

○ D. Other (specify) [   ] = **4**

For those staff who have implemented the program in the past 12 months and were formally trained, when were they trained?

○ A. All were trained before they began implementing the program = **1**

○ B. All were trained sometime after they began implementing the program = **2**

○ C. Some were trained before they began implementing the program and some were trained sometime after they began implementing the program = **3**

○ D. Other (specify) [   ] = **4**

How much was <u>cost</u> a barrier to initial training?

○ A. Not a barrier = **0**

○ B. Somewhat of a barrier = **1**

○ C. A significant barrier = **2**

○ D. An insurmountable barrier = **3**

How much was access/availability of trainers a barrier to initial training?

○ A. Not a barrier = **0**

○ B. Somewhat of a barrier = **1**

○ C. A significant barrier = **2**

○ D. An insurmountable barrier = **3**

The following questions ask how you would characterize different aspects of the initial training you received:

How would you rate the quality of the initial training?

○ 1. Very Poor =**1**

○ 2. Poor =**2**

○ 3. Okay =**3**

○ 4. Good =**4**

○ 5. Excellent =**5**

During the training, how much did the trainer discuss the underlying theory of the program (e.g., the program's "logic model")?

○ 1. Not at All =**0**

○ 2. Very Little =**1**

○ 3. Some =**2**

◉ 4. A Lot =**3**

How confident are you that you could describe the program's essential elements and its model of change to someone who was not familiar with the program?

○ 1. Not at All =**0**

○ 2. A Little =**1**

○ 3. Somewhat =**2**

○ 4. Confident =**3**

○ 5. Extremely Confident =**4**

If you were forced to make a substantive change to your program (i.e., skipping some lessons or leaving out a component), how confident are you that you could do so without altering an essential element of the program?

○ 1. Not at All =**0**

○ 2. A Little =**1**

○ 3. Somewhat =**2**

○ 4. Confident =**3**

○ 5. Extremely Confident =**4**

Does your organization currently have someone who is certified to train other implementers in the program model (i.e., a certified trainer)?

○ Yes = **1**

○ No = **0**

Is this person also certified to train others as trainers (i.e., certified trainer of trainers, or TOT)?

○ Yes = **1**

○ No = **0**

In the past year, how much communication have you had with the program developer or trainer?

○ 1. None = **1**

○ 2. Weekly = **2**

○ 3. Monthly = **3**

○ 4. Quarterly = **4**

○ 5. Yearly = **5**

In the past year, how would you rate the responsiveness of the program developer or trainer to your questions?

○ 1. Very Poor =**1**

○ 2. Poor =**2**

○ 3. Okay =**3**

○ 4. Good =**4**

○ 5. Excellent =**5**

We would like to know where you go when you have questions about your program.

In the past 12 months, have you needed Technical Assistance or support related to Training/Start-up?

○ No = **0**

○ Yes = **1**

Please indicate which organization/resource you went to for information on Training/Start-up.

○ 1. EPISCenter = **1**

○ 2. PCCD = **2**

○ 3. Program Developer/Trainer = **3**

○ 4. Online = **4**

○ 5. Peers (another community/organization implementing the same program) = **5**

○ 6. Other Local community agency = **6**

○ 7. Other (please specify) [＿＿＿＿＿] = **7**

In the past 12 months, have you needed Technical Assistance or support related to Program Implementation/Adaptation?

No = **0**
Yes = **1**
Please indicate which organization/resource you went to for information on Program Implementation/Adaptation.

○ 1. EPISCenter = **1**

○ 2. PCCD = **2**

○ 3. Program Developer/Trainer = **3**

○ 4. Online = **4**

○ 5. Peers (another community/organization implementing the same program) = **5**

○ 6. Other Local community agency = **6**

○ 7. Other (please specify) [＿＿＿＿＿] = **7**

In the past 12 months, have you needed Technical Assistance or support related to Evaluation/Outcome Measurement?

○ No = **0**

○ Yes = **1**

Please indicate which organization/resource you went to for information on Evaluation/Outcome Measurement.

○ 1. EPISCenter = **1**

○ 2. PCCD = **2**

○ 3. Program Developer/Trainer = **3**

○ 4. Online = **4**

○ 5. Peers (another community/organization implementing the same program) = **5**

○ 6. Other Local community agency = **6**

○ 7. Other (please specify) [   ] = **7**

In the past 12 months, have you needed Technical Assistance or support related to Fiscal Issues?
No = **0**
Yes = **1**

Please indicate which organization/resource you went to for information on Fiscal Issues.

○ 1. EPISCenter = **1**

○ 2. PCCD = **2**

○ 3. Program Developer/Trainer = **3**

○ 4. Online = **4**

○ 5. Peers (another community/organization implementing the same program) = **5**

○ 6. Other Local community agency = **6**

○ 7. Other (please specify) [   ] = **7**

In the past 12 months, have you needed Technical Assistance or support related to Sustainability/Outreach?

○ No = **0**

○ Yes = **1**

Please indicate which organization/resource you went to for information on Sustainability/Outreach.

○ 1. EPISCenter = **1**

○ 2. PCCD = **2**

○ 3. Program Developer/Trainer = **3**

○ 4. Online = **4**

○ 5. Peers (another community/organization implementing the same program) = **5**

○ 6. Other Local community agency = **6**

○ 7. Other (please specify) [   ] = **7**

The following questions ask specifically about the technical assistance you have received from the EPISCenter during the past 12 months. Please indicate how much you agree/disagree with each of the following statements:

TA was conveniently scheduled.

○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

TA was too rigid and bureaucratic (did not seem to respect my/our staff's opinions or local knowledge).

○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

The TA offered was practical and useful.

○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

My TA provider was knowledgeable and helpful.

○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

My TA provider was accessible and prompt in getting back to me.

○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

I worry that approaching my TA provider for assistance might cause problems for me with PCCD, or jeopardize my grant.

○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

The TA provided can improve the delivery and effectiveness of my program.

○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

The next set of questions asks about the individuals currently implementing (program name) *at your site (over the past 12 months).*

Staff are/were supportive and motivated to implement the program.

- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

Staff have/had the required skill and knowledge of the program model and key elements.
- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

Staff have/had the time necessary to implement the program.
- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

The program is/was a priority for staff.
- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

Implementers have/had adequate communication with other program staff.
- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

Staff generally have/had a positive attitude about implementing the program.
- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

Some programs monitor implementation by collecting data on certain aspects of the program. Please indicate whether or not you are currently <u>formally</u> monitoring (i.e., collecting data on) the following:

Number of session/lessons held
○ A. Yes, we are collecting data on the number of sessions/lessons held = **1**
○ B. No, we are not collecting data on the number of sessions/lessons held = **0**

How often/how much do you collect data on number of sessions/lessons?

Attendance
○ A. Yes, we are collecting data on attendance = **1**
○ B. No, we are not collecting data on attendance = **0**

How often/how much do you collect data on attendance?

Quality of delivery of session/lesson by implementer (i.e., how well the program is being delivered)
○ A. Yes, we are collecting data on the quality of the delivery of sessions by the implementer = **1**
○ B. No, we are not collecting data on the quality of the delivery of sessions by the implementer = **0**

What is the source of the quality of delivery data? (select all that apply)

	Yes= 1	No= 0
1. Program records (i.e., attendance records)	○	○
2. Implementer self-reports (i.e., the teacher, facilitator, mentor or therapist implementing the program completes a survey after each session)	○	○
3. Observations (a third party observes sessions and rates the implementation)	○	○
4. Participant self-report (i.e., youth/parents rate the implementation)	○	○
5. Other (please describe)	○	○

How often/how much do you collect data on quality of delivery of session/lesson?

[text box]

Quality of interaction between recipients and implementers
○ A. Yes, we are collecting data on the quality of interaction between recipient and implementers = **1**
○ B. No, we are not collecting data on the quality of interaction between recipient and implementers = **0**

What is the source of the quality of interaction data? (select all that apply)

	Yes= 1	No= 0
1. Program records (i.e., attendance records)	○	○
2. Implementer self-reports (i.e., the teacher, facilitator, mentor or therapist implementing the program completes a survey after each session)	○	○
3. Observations (a third party observes sessions and rates the implementation)	○	○
4. Participant self-report (i.e., youth/parents rate the implementation)	○	○
5. Other (please describe) [ ]	○	○

How often/how much do you collect data on quality of interaction between recipients and implementers?

[text box]

Program content coverage (i.e., required components of the program were delivered)

○   A. Yes, we are collecting data on program content coverage = **1**

○   B. No, we are not collecting data on program content coverage = **2**

○   C. Not applicable = **3**

What is the source of the content coverage data? (select all that apply)

	Yes = 0	No = 1
1. Program records (i.e., attendance records)	●	○
2. Implementer self-reports (i.e., the teacher, facilitator, mentor or therapist implementing the program completes a survey after each session)	○	○
3. Observations (a third party observes sessions and rates the implementation)	○	○
4. Participant self-report (i.e., youth/parents rate the implementation)	○	○
5. Other (please describe) [text box]	○	○

How often/how much do you collect data on program content coverage?

[text box]

Are you formally monitoring (i.e., collecting data on) any other implementation practices?

○   Yes = 1

○   No = 0

Other implementation practices being monitored:

[text box]

What is the source of this other implementation data? (select all that apply)

	Yes =1	No=0
1. Program records (i.e., attendance records)	○	○
2. Implementer self-reports (i.e., the person implementing the program completes a survey after each session)	○	○
3. Observations (a third party observes sessions and rates the implementation)	○	○
4. Participant self-report (i.e., youth/parents rate the implementation)	○	○
5. Other (please describe) [text box]	○	○

How often/how much do you collect this other implementation data?

[text box]

Sometimes programs are changed from their original design, either in response to barriers or limitations, or proactively to expand on or otherwise strengthen the model for local needs.

The following set of questions asks about the degree to which the program has been adapted from its original design during the past 12 months.

Have you adapted the program or improved the model to meet local needs during the past 12 months?

○ A. Yes = 1

○ B. No Changes = 0

What kind of adaptations were made during the past 12 months? (select all that apply)

	Yes= 1	No=
A. Changes in procedures (i.e., location, time, survey instrument, recruitment process)	○	○
B. Changes in dosage (i.e., number or length of sessions/lessons)	○	○
C. Changes in target population	○	○
D. Changes in content (added lessons or activities)	○	○
E. Adapted for cultural relevance	○	○
F. Other (please describe) [text box]	○	○

Did you plan for changes to the procedures in advance or did you make them in reaction to something you hadn't planned for (e.g., not enough class periods, or difficulty recruiting parents, etc.)?

○ We planned for these changes in advance = **1**

○ We made these changes in reaction to something we hadn't planned for (e.g. not enough class periods, or difficulty recruiting parents, etc.) = **2**

Please briefly describe the changes to procedures that were made during the past 12 months, including which aspect of the program was changed and what is being done instead of or in addition to the original program.

[text box]

 Did you plan for changes to the dosage in advance or did you make them in reaction to something you hadn't planned for (e.g., not enough class periods, or difficulty recruiting parents, etc.)?

○ We planned for these changes in advance = **1**

○ We made these changes in reaction to something we hadn't planned for (e.g. not enough class periods, or difficulty recruiting parents, etc.) = **2**

Please briefly describe the changes to dosage that were made during the past 12 months, including which aspect of the program was changed and what is being done instead of or in addition to the original program.

[text box]

Did you plan for changes to the target population in advance or did you make them in reaction to something you hadn't planned for (e.g., not enough class periods, or difficulty recruiting parents, etc.)?

○ We planned for these changes in advance = **1**

○ We made these changes in reaction to something we hadn't planned for (e.g. not enough class periods, or difficulty recruiting parents, etc.) = **2**

Please briefly describe the changes to the target population that were made during the past 12 months, including which aspect of the program was changed and what is being done instead of or in addition to the original program.

Did you plan for changes to the content in advance or did you make them in reaction to something you hadn't planned for (e.g., not enough class periods, or difficulty recruiting parents, etc.)?

○ We planned for these changes in advance = **1**

○ We made these changes in reaction to something we hadn't planned for (e.g. not enough class periods, or difficulty recruiting parents, etc.) = **2**
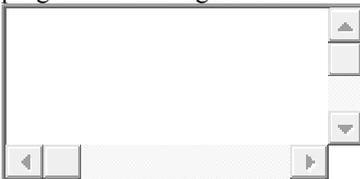
Please briefly describe the changes to content that were made during the past 12 months, including which aspect of the program was changed and what is being done instead of or in addition to the original program.

Did you plan for changes for cultural relevance in advance or did you make them in reaction to something you hadn't planned for (e.g., not enough class periods, or difficulty recruiting parents, etc.)?

○ We planned for these changes in advance = **1**

○ We made these changes in reaction to something we hadn't planned for (e.g. not enough class periods, or difficulty recruiting parents, etc.) = **2**

Please briefly describe the changes for cultural relevance that were made during the past 12 months, including which aspect of the program was changed and what is being done instead of or in addition to the original program.

Did you plan for the other changes you noted above in advance or did you make them in reaction to something you hadn't planned for (e.g., not enough class periods, or difficulty recruiting parents, etc.)?

○ We planned for these changes in advance = **1**

○ We made these changes in reaction to something we hadn't planned for (e.g. not enough class periods, or difficulty recruiting parents, etc.) = **2**

Please briefly describe the other changes you noted above that were made during the past 12 months, including which aspect of the program was changed and what is being done instead of or in addition to the original program.
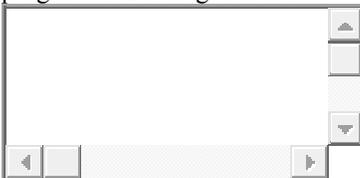
To what degree did the following factors contribute to changes being made during the past 12 months?

Difficulty recruiting participants
- ○ 1. Not At All/Not Applicable = **0**
- ○ 2. Very Little Influence = **1**
- ○ 3. Some Influence = **2**
- ○ 4. A Lot of Influence = **3**
- ○ 5. The Primary Reason for Change = **4**

Difficulty retaining or engaging participants
- ○ 1. Not At All/Not Applicable = **0**
- ○ 2. Very Little Influence = **1**
- ○ 3. Some Influence = **2**
- ○ 4. A Lot of Influence = **3**
- ○ 5. The Primary Reason for Change = **4**

Difficulty finding adequate staff
- ○ 1. Not At All/Not Applicable = **0**
- ○ 2. Very Little Influence = **1**
- ○ 3. Some Influence = **2**
- ○ 4. A Lot of Influence = **3**
- ○ 5. The Primary Reason for Change = **4**

Lack of or limited resources (e.g., space/funding)
- ○ 1. Not At All/Not Applicable = **0**
- ○ 2. Very Little Influence = **1**
- ○ 3. Some Influence = **2**
- ○ 4. A Lot of Influence = **3**
- ○ 5. The Primary Reason for Change = **4**

Lack of time or competing demands on time
- ○ 1. Not At All/Not Applicable = **0**
- ○ 2. Very Little Influence = **1**
- ○ 3. Some Influence = **2**
- ○ 4. A Lot of Influence = **3**
- ○ 5. The Primary Reason for Change = **4**

Resistance from implementing staff/teachers
- ○ 1. Not At All/Not Applicable = **0**
- ○ 2. Very Little Influence = **1**
- ○ 3. Some Influence = **2**
- ○ 4. A Lot of Influence = **3**
- ○ 5. The Primary Reason for Change = **4**

Resistance or lack of support from Principals/Administrators

○ 1. Not At All/Not Applicable = **0**

○ 2. Very Little Influence = **1**

○ 3. Some Influence = **2**

○ 4. A Lot of Influence = **3**

○ 5. The Primary Reason for Change = **4**

Need for a more culturally appropriate program

○ 1. Not At All/Not Applicable = **0**

○ 2. Very Little Influence = **1**

○ 3. Some Influence = **2**

○ 4. A Lot of Influence = **3**

○ 5. The Primary Reason for Change = **4**

Requests for changes by recipients

○ 1. Not At All/Not Applicable = **0**

○ 2. Very Little Influence = **1**

○ 3. Some Influence = **2**

○ 4. A Lot of Influence = **3**

○ 5. The Primary Reason for Change = **4**

Other factors that contributed to changes being made:

[text box]

Please rate from 1 - 7 your organizations' view on making changes or adapting the program to meet local needs or cultural/philosophical differences vs. implementing the program exactly as designed by the program developer.

We *actively* promote that implementers (i.e., teachers, mentors, therapists, facilitators) use their own professional judgement in making any adaptations/changes to the program.		We leave it up to individual implementers (i.e., teachers, mentors, therapists, facilitators) to determine how best to deliver the program.		On rare occasions we recognize a need to make minor program adaptations.		We *actively* promote 100% fidelity (strict adherence to the program model).
1	2	3	4	5	6	7
○	○	○	○	○	○	○

Did you receive a <u>promise</u> of a monetary or in-kind match from other key stakeholders prior to PCCD funding?

○ A. Yes = **1**

○ B. No = **0**

○ C. I don't know = **998**

To what extent do you believe this monetary or in-kind match created additional buy-in to the program?
○ A. We did not receive the promised match = **0**

○ B. Not at all = **1**

○ C. A little = **2**

○ D. Somewhat = **3**

○ E. Quite a bit = **4**

○ F. A great deal= **5**

Did you receive a monetary or in-kind match from other key stakeholders prior to PCCD funding?
○ A. Yes = **1**

○ B. No = **0**

○ C. I don't know = **998**

To what extent did the match contribute to the sustainability of the program?
○ A. Not at all = **1**

○ B. A little = **2**

○ C. Somewhat = **3**

○ D. Quite a bit = **4**

○ E. A great deal = **5**

The following questions ask about your school or organization's philosophy about evaluation and their organizational capacity to carry out evaluation activities. Please indicate how much you agree/disagree with each of the following statements:

My organization/school regularly conducts formal evaluations of its programs.
○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

My organization/school regularly uses data for feedback and continuous quality improvement.
○ 1. Strongly Disagree = **1**

○ 2. Disagree = **2**

○ 3. Neutral = **3**

○ 4. Agree = **4**

○ 5. Strongly Agree = **5**

Please briefly describe how your organization/school regularly uses data for feedback and continuous quality improvement.

My organization/school usually contracts with someone from the outside when we need to evaluate a program.

- ⦿ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

My organization/school has specific staff trained in evaluation and data collection/analysis, who coordinate our evaluation efforts.

- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

My organization/school lacks the resources (people, software, skills) to conduct our own program evaluations or impact assessments.

- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

In my organization/school, it is important to have data to show whether programs are achieving their goals.

- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

In my organization/school, we set aside time to discuss program data and what it means regarding program implementation and effectiveness.

- ○ 1. Strongly Disagree = **1**
- ○ 2. Disagree = **2**
- ○ 3. Neutral = **3**
- ○ 4. Agree = **4**
- ○ 5. Strongly Agree = **5**

In the past 12 months, have you conducted a local outcome assessment of your program?

- ○ A. Yes = **1**
- ○ B. No = **2**

What type of outcome assessment are you conducting? [click here for definitions](#)

- ○ A. Post-test only = **1**
- ○ B. Pre-test/Post-test with no comparison group= **2**
- ○ C. Pre-test/Post-test with a comparison group = **3**
- ○ D. Randomized design with nonequivalent comparison group= **4**

○ E. Randomized design with equivalent comparison group = **5**

○ F. Other design (please describe) [＿＿＿＿＿] = **6**

What is the source of your data? (select all that apply)

	Yes= 1	No=
A. youth/student self-report surveys specific to this program	○	○
B. general self-report survey (PA Youth Survey, CTC Youth Survey)	○	○
C. teacher surveys	○	○
D. parent surveys	○	○
E. observations	○	○
F. archival records (children & youth reports; police records; juvenile probation records; school discipline, attendance, & achievement records.)	○	○
G. other (please describe) [＿＿＿＿＿]	○	◉

How much was lack of expertise or resources a barrier to assessing your program's impact during the past 12 months?

○ A. Not a barrier = **0**

○ B. A Little of a barrier = **1**

○ C. Somewhat of a barrier = **2**

○ D. A significant barrier = **3**

○ E. An insurmountable barrier = **4**

In the past 12 months, have you utilized an external consultant or contractor to oversee evaluation of your program?

○ A. Yes = **1**

○ B. No = **0**

In the past 12 months, have you collected the following type of outcome data to demonstrate the impact of your program locally? (select all that apply)

	Yes = 1	No=
A. Behavior	◉	◉
B. Skills	◉	◉
C. Knowledge	◉	◉
D. Attitudes	◉	◉
E. Don't Know	◉	◉

In the past 12 months, have you developed a specific report describing your program's impact/outcomes?

○ A. Yes = **1**

○ B. No = **0**

Have you submitted or presented this data to: (select all that apply)

	Yes= 1	No=
A. PCCD	○	○
B. Coalition/Collaborative Board	○	○
C. Community Groups/Organizations	○	○
D. Local Agencies/School Board	○	○

What are you using the data for? (select all that apply)

	Yes= 1	No=

Yes= 1   No=

A. To meet requirements of grants   ○   ○

B. To know if the program is working   ○   ○

C. to use the data to garner financial support (grant writing, presentations to potential funders)   ○   ○

                                                                                            ○   ○
D. Other (please describe) ┌─────────────┐
                           └─────────────┘

Thank You!

Your participation in this survey provides valuable information to improve PCCD's initiatives and the replication of evidence-based prevention programs!

Yes= 1   No=

○   ○

○   ○