

## Community Prevention Alliance Workgroup

### Guiding Growth Survey

We are contacting you because of your important role as a current or potential member of the \_\_\_\_\_ (insert Provider Name) Community Prevention Alliance Workgroup (CPAW), whose primary goal is to support the DBHDD GASPS Alcohol Prevention Project funded community and its efforts to impact underage drinking, binge and heavy drinking and related consequences. This survey will help us better address statewide substance abuse prevention needs by highlighting our diverse expertise and ascertaining the skills and resources available for tackling internal projects, seeking local and federal funding, and reaching out to our communities. This survey may also help identify the training needs of our members, utilize and manage our resources efficiently, identify new resources and partnerships, address cultural competency (i.e. diversity), and develop an advantageous and sustainable alliance.

This short survey asks some brief questions about your professional expertise and competencies as well as about infrastructure in your organization. This survey should take **15 minutes** to complete. Please answer to the best of your abilities. It would be great if you could complete the survey by \_\_\_\_.

Field	Write-In
Name (First and Last)	
Title	
Agency Represented	
CPAW Provider Name	

#### Check Box Next to Best Answer

#### Demographic Information

<b>Age Range</b> <input type="checkbox"/> <18 yr <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+	<b>Race</b> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____	
<b>Ethnicity</b> <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified	<b>Education Level</b> <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> 2-year college degree <input type="checkbox"/> 4-year college degree <input type="checkbox"/> Some graduate school <input type="checkbox"/> Graduate Degree <input type="checkbox"/> No response

## Skills and Expertise

On a scale from 0 to 5 where zero is no skill/experience and 5 is expert (have taught in the field, presented professionally at state or national level in the field, or have had more than 3 years experience working in the field)

0	1	2	3	4	5
No Experience					Expert

Please rate your individual skill levels in:

Field	Rating (0-5, see scale above)
Assessing resources and needs for substance abuse prevention	
Collecting and Managing data	
Using research to develop materials used in prevention strategies	
Planning and Implementing evidence-based prevention and intervention programs	
Evaluating substance abuse prevention programs or strategies	
Creating culturally competent substance abuse programs	
Locating and leveraging additional funds for substance abuse prevention	

Looking at your organization as a whole, please rate the level of expertise of your organization on the following criteria:

Field	Rating (0-5, see scale above)
Assessing resources and needs related to substance abuse prevention	
Developing a strategic plan to coordinate state prevention efforts	
Implementing evidence-based substance abuse prevention and intervention programs or strategies	
Evaluating substance abuse prevention programs or strategies	
Foster cultural competence as it relates to substance abuse prevention	
Sustaining prevention programs or strategies	

## Home Agency Collaboration Activities

Please choose one of the following responses: Yes, No, Unsure

1. My home organization has identified substance abuse prevention in Georgia as a primary goal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2. My home organization has identified substance abuse prevention in Georgia as a secondary goal. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
3. My home organization has collaborated or plans to collaborate with CPAW or with the Division of Addictive Diseases at DBHDD. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> <b>Unsure</b> <input type="checkbox"/>
Briefly describe any collaboration activities	

Please choose one of the following responses: Yes, No, Unsure

1. Within the last year, have you or your coworkers shared information or data from your organization related to substance abuse prevention with other organizations? ____	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unsure</b>
2. Within the last year, have you or your coworkers worked on joint proposals with other organizations to obtain additional resources for substance abuse prevention? ____	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unsure</b>
3. Within the last year, have you or your coworkers provided guidance to other organizations in the development, implementation, or evaluation of substance abuse prevention activities? ____	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unsure</b>
4. Within the last year, have you or your coworkers spoken with others in your organization about increasing cooperation and coordination among state agencies to improve substance abuse prevention? ____	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unsure</b>

#### Data

1. Does your organization collect data that includes indicators of substance abuse and related consequences?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unsure</b>
Briefly describe any data collection activities.	

### CPAW Member Past Experiences

1. Have you participated as a member of the _____ (insert Provider Name) CPAW in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes to #1, how regularly did you interact with CPAW members during this time?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2-6 Times a Year <input type="checkbox"/> Once a Year <input type="checkbox"/> Never <input type="checkbox"/> Don't remember
3. If yes to #1, what was your overall experience as a member of CPAW?	<input type="checkbox"/> Very Rewarding <input type="checkbox"/> Rewarding <input type="checkbox"/> Indifferent <input type="checkbox"/> Not Rewarding <input type="checkbox"/> Very Unrewarding
4. If yes to #1, how can we improve the experience?	

### Future Vision of CPAW

Regardless of prior membership, select all areas/projects that you would especially like to see addressed by the \_\_\_\_\_ (insert Provider Name) CPAW within the next three years. Select all that apply.

#### *Areas of Focus for Substance Abuse Prevention*

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol                     | <input type="checkbox"/> Adolescents/Teens/Young Adults (12-25)  |
| <input type="checkbox"/> Tobacco                     | <input type="checkbox"/> College Students                        |
| <input type="checkbox"/> Marijuana/Medical Marijuana | <input type="checkbox"/> Adults                                  |
| <input type="checkbox"/> Synthetic Marijuana         | <input type="checkbox"/> Seniors/Elderly                         |
| <input type="checkbox"/> Prescription Drugs          | <input type="checkbox"/> Prisoners/Institutionalized Populations |
| <input type="checkbox"/> Heroin                      | <input type="checkbox"/> Mental Health                           |
| <input type="checkbox"/> Methamphetamines            | <input type="checkbox"/> Veterans                                |
| <input type="checkbox"/> Hallucinogens               | <input type="checkbox"/> Education                               |
| <input type="checkbox"/> Children (0-11)             | <input type="checkbox"/> Local Policy Change                     |

- ☐ Statewide Policy Change
- ☐ Policy Enforcement
- ☐ Pregnant Women

- ☐ Racial and Ethnic Minorities
- ☐ Other \_\_\_\_\_

*Projects for Substance Abuse Prevention*

- ☐ Data collection quality and needs assessment
- ☐ State prevention program needs assessment
- ☐ Establish local surveillance tools
- ☐ Statewide collaboration in prevention strategies
- ☐ Develop prevention strategy curricula/materials/guidelines
- ☐ Published Research (literature reviews, studies, data analysis)
- ☐ Other Special Projects

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*Additional Membership Incentives*

Please rank the following potential CPAW membership incentives using numbers 1-9, with 1 being the most favored incentive and 9 being the least favored incentive.

Incentives	Ranking (1-9)
Access to knowledge, expertise, and larger professional network outside of your agency	
Scholarships to local conferences such as the Georgia School of Addictions Studies	
Invitations to DBHDD trainings/workshops	
Agency Promotion on Georgia Strategic Prevention System Website or other DBHDD websites, social media, and written promotional materials	
Receiving CPAW quarterly newsletter featuring various agencies' news and projects	
Food provided at CPAW meetings	
Speakers at CPAW meetings	
Opportunities for Publication/Authorship	
Opportunities to have access to data outside your organization	
Do you know anyone that might be interested in joining _____ (insert Provider Name)?	List Contact or Name Here:

**Thank you for your time!**