You are invited to participate in a research study to assess your county’s readiness to implement substance abuse prevention programs. You were selected as a possible subject because of your professional interest and commitment to prevent and reduce alcohol, tobacco, and illicit drug use.

The study is part of the State Prevention Framework State Incentive Grant (SPF SIG). The SPF SIG is a five-year federal grant designed to help grantees build a solid foundation for delivering and sustaining effective substance abuse and/or mental health services. It is awarded to individual states by the Center for Substance Abuse Prevention (CSAP), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the grant is to prevent the onset and reduce the progression of substance abuse, including underage drinking, reduce substance abuse related problems in communities; and assess and build capacity at the state/tribal and community levels. The county readiness assessment is being conducted by the Center for Health Policy, Indiana University School of Public and Environmental Affairs. The data collected in this survey will be made available, in an anonymous format, to Indiana counties to help them identify their current state of readiness, which may assist them in the application for SPF SIG grants.

You must be at least 18 years of age to participate in this survey. The survey will take approximately 15 minutes to complete and does not pose any foreseeable risks or discomforts to you.

Participation in this survey is entirely voluntary, i.e., you don’t have to partake; you don’t have to answer any questions you consider inappropriate; and you may stop the survey at any point. The survey is completely confidential.

By completing this questionnaire, you verify that:
* You understand the purpose of this survey;
* You voluntarily agree to participate; and
* You are at least eighteen (18) years of age.

If you have any questions about this survey and your rights, please contact:

Eric Wright, Ph.D.
(317) 261-3031
ewright@iupui.edu

Marion Greene, MPH
(317) 261-3029
msgreene@iupui.edu

If you agree to participate, please initial here: __________
LOGIN

Please enter the access code that was provided in your email message.

Access Code:  

COMMUNITY

Name of your county:  


EXISTING PREVENTION EFFORTS

List the substance abuse prevention programs, activities, services, and policies that are in place in your county, who they serve (for example, individuals belonging to a certain age group, race, religion/church, geographic area, etc.), and their funding source.

Prevention Effort Name: _____________________________________________________________________________________
Target Population: _____________________________________________________________________________________
Source of Funding: ______________________________________________________________________________________

Prevention Effort Name: _____________________________________________________________________________________
Target Population: _____________________________________________________________________________________
Source of Funding: ______________________________________________________________________________________

Prevention Effort Name: _____________________________________________________________________________________
Target Population: _____________________________________________________________________________________
Source of Funding: ______________________________________________________________________________________
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<th>Prevention Effort Name:</th>
<th>Target Population:</th>
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COMMUNITY KNOWLEDGE OF PREVENTION EFFORTS

On a scale of 1 to 10, how aware are people in your county of substance abuse prevention efforts, with 1 being 'not aware' and 10 being 'very aware'?

1 2 3 4 5 6 7 8 9 10

Not Aware

Very Aware

Is there a need to expand the substance abuse prevention efforts in your county?

Yes
No
Don't Know/Not Sure

Is there planning for additional substance abuse prevention services/programs going on in your county?

Yes
No
Don't Know/Not Sure
LEADERSHIP

On a scale of 1 to 10, how much of a concern is substance abuse prevention to the leadership in your county, with 1 being 'no concern' and 10 being 'very large concern'?

No Concern 1 2 3 4 5 6 7 8 9 10 Very Large Concern

Would the leadership in your county support additional substance abuse prevention efforts?

Yes  No  Don't Know/Not Sure

Do you know who the substance abuse prevention leaders are in your county?

Yes  No  Don't Know/Not Sure
LEADERSHIP

List the top three substance abuse prevention leaders in your county and to which organization or agency they belong.

1. Name:  
   Agency/Organization:

2. Name:  
   Agency/Organization:

3. Name:  
   Agency/Organization:
COMMUNITY CLIMATE

Is there ever a time or circumstance in which members of your county think that substance abuse should be tolerated?

Yes ☐ ☐ No ☐ ☐ Don't Know/Not Sure ☐ ☐

On a scale from 1 to 10, how much of a concern is substance abuse in your county, with 1 being 'no concern' and 10 being 'very large concern'?

No Concern ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Large Concern

1 2 3 4 5 6 7 8 9 10

On a scale from 1 to 10, what is your county's attitude about substance abuse prevention, with 1 being 'not important' and 10 being 'very important'?

Not Important ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Important

1 2 3 4 5 6 7 8 9 10

On a scale from 1 to 10, how important is it to your county to prevent substance abuse among youth, with 1 being 'not important' and 10 being 'very important'?

Not Important ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Important

1 2 3 4 5 6 7 8 9 10
COMMUNITY KNOWLEDGE OF SUBSTANCE ABUSE

On a scale from 1 to 10, how knowledgeable are members of your county about substance abuse (such as statistics, symptoms, consequences, etc.) with 1 being 'not knowledgeable' and 10 being 'very knowledgeable'?

Not Knowledgeable 1 2 3 4 5 6 7 8 9 10  

Very Knowledgeable

On a scale from 1 to 10, how knowledgeable are members of your county about risk factors leading to substance abuse, with 1 being 'not knowledgeable' and 10 being 'very knowledgeable'?

Not Knowledgeable 1 2 3 4 5 6 7 8 9 10  

Very Knowledgeable

Is local data on substance abuse available in your county?

Yes ☐ No ☐ Don't Know/Not Sure ☐
COMMUNITY KNOWLEDGE OF SUBSTANCE ABUSE

Is enough local data on substance abuse available in your county?

Yes ☐ No ☐ Don't Know/Not Sure ☐

In which area is more local substance abuse data needed in your county?


On a scale from 1 to 10, how much do the local media contribute to inform and educate your county on substance abuse related issues, with 1 being 'no contribution' and 10 being 'extensive contribution'?

No Contribution ☐ 1 2 3 4 5 6 7 8 9 10 Extensive Contribution
COMMUNITY KNOWLEDGE OF SUBSTANCE ABUSE

On a scale from 1 to 10, rate the following substances on the number of problems they cause in your county, with 1 being 'causing no problems' and 10 being 'causing many problems'.

<table>
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<tr>
<th>Substance</th>
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<td>Alcohol</td>
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<td>Cocaine/Crack</td>
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<td>'Rave Drugs' (e.g., Ecstasy, GHB)</td>
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<td>Tobacco</td>
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</table>
# RESOURCES FOR PREVENTION

On a scale from 1 to 10, what is the level of expertise, training, and/or skill among the substance abuse prevention program staff in your county, with 1 being 'no expertise' and 10 being 'extensive expertise'?

<table>
<thead>
<tr>
<th>No Expertise</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>9</th>
<th>10</th>
<th>Extensive Expertise</th>
</tr>
</thead>
</table>

On a scale from 1 to 10, how supportive are the local businesses in your county of substance abuse prevention efforts (such as volunteering time, making financial donations, providing space, etc.), with 1 being 'not supportive' and 10 being 'very supportive'?

<table>
<thead>
<tr>
<th>Not Supportive</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
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<th>10</th>
<th>Very Supportive</th>
</tr>
</thead>
</table>

On a scale from 1 to 10, how supportive are the citizens in your county of substance abuse prevention efforts, with 1 being 'not supportive' and 10 being 'very supportive'?

<table>
<thead>
<tr>
<th>Not Supportive</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
<th>10</th>
<th>Very Supportive</th>
</tr>
</thead>
</table>

On a scale from 1 to 10, how much collaboration occurs among public and private agencies involved in substance abuse prevention, with 1 being 'no collaboration' and 10 being 'extensive collaboration'?

<table>
<thead>
<tr>
<th>No Collaboration</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
<th>10</th>
<th>Extensive Collaboration</th>
</tr>
</thead>
</table>
DEMOGRAPHICS

Gender:
☐ Male ☐ Female

Age: ______ years

Race/Ethnicity:
☐ African American/Black
☐ American Indian
☐ Asian
☐ Caucasian/White
☐ Hispanic
☐ Pacific Islander
☐ Other

Educational Background:
☐ Less than high school diploma or GED
☐ High school graduate
☐ Some college/vocational school
☐ College degree
☐ Graduate degree

Which of the following categories best describes your occupation?
☐ Academia/research
☐ Clergy
☐ Counseling and social services
☐ Criminal justice
☐ Education
☐ Government leader
☐ Law enforcement
☐ Medical field
☐ Substance abuse prevention/intervention
☐ Other
On a scale from 1 to 10, rate your knowledge of substance abuse prevention efforts in your county, 1 being 'no knowledge' and 10 being 'extensive knowledge.'

No Knowledge 1 2 3 4 5 6 7 8 9 10 Extensive Knowledge

Do you have any comments regarding substance abuse prevention or this survey?
COMMUNITY CONTACTS

Do you know any other community leaders or individuals who are knowledgeable about substance abuse prevention we can contact? If so, please list their names, email, addresses, and/or phone numbers.

Name:________________________________________
Email:________________________________________
Address:_____________________________________
City:________________________________________
State:________________________________________
Zip Code:____________________________________
Phone:_______________________________________

Name:________________________________________
Email:________________________________________
Address:_____________________________________
City:________________________________________
State:________________________________________
Zip Code:____________________________________
Phone:_______________________________________

Name:________________________________________
Email:________________________________________
Address:_____________________________________
City:________________________________________
State:________________________________________
Zip Code:____________________________________
Phone:_______________________________________
FINISHED

You have completed the survey. Thank you for helping us get a better picture of the substance abuse prevention efforts in your county. Your responses are vital in improving substance abuse programs and availability in your area.

If you have any questions about this survey and your rights, please contact:

Eric Wright, Ph.D.
(317) 261-3031
ewright@iupui.edu

Marion Greene, MPH
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