

INSTRUMENT #3

STAFF SURVEY

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**MATHEMATICA**  
Policy Research



# POSITIVE ADOLESCENT

## IN-DEPTH IMPLEMENTATION STUDY STAFF SURVEY

*February 20, 2014*

RESPONDENT ID |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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## INTRODUCTION AND INSTRUCTIONS

The Office of Adolescent Health within the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) has contracted with Mathematica Policy Research to complete an evaluation [PROGRAM]. [For the purposes of this survey and to avoid confusion, AFLP refers to just AFLP (exclusive of PYD), and PYD refers to AFLP with PYD].

Your input on this survey will help us to better understand the services you provide to expectant and parenting teens. This survey asks questions about (1) your current role, (2) how you see your agency/school supporting the program, (3) implementation of the program itself, and (4) your perceptions about the program.

The length of this survey is different for different people, but on average it should take about 35 minutes. Not all response options may apply to you or your organization. Please choose the best answer to each question. You may also choose not to answer any question.

### PRIVACY

Your responses will be kept private. In any reporting, we will not include your name or title. All responses will be reported as a group response only, for example, "Most program staff reported that ..." We will use a study identification number to track responses and follow up with non-respondents.

Please give your most honest and complete answers so that your thoughts and opinions can help provide a better understanding of [PROGRAM], how it's operating, and how best to strengthen it. Your responses will be used for research purposes only. Your individual responses will not be shared with the funder, other staff from your organization, or anyone outside the research team; and, again, your name will not be on this survey.

### COMPENSATION AND FREEDOM TO WITHDRAW

Completion of this survey is voluntary. There is no compensation for completing this survey. You may refuse to answer specific questions or discontinue your participation at any time without any penalty. There are no right or wrong answers to these questions.

Please answer questions to the best of your ability. If a question asks about an issue you do not deal with in your position, please choose the "N/A" (Not Applicable) option.

If you have a comment or a question about the survey or would like to clarify or amend an answer in any way, we have included a space at the end of the survey where you can record your additional thoughts or comments.

Thank you for your participation!

What is today's date?

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
 Month      Day      Year

Before starting the survey, please read and answer the statement below.

i1. I have read the introduction and understand that the information I provide will be kept private and used only for research purposes. My responses will be combined with the responses of other staff and no individual names will be reported.

I agree with the above statement and will complete the survey

I do not agree with the above statement and will not complete the survey →END

**PLEASE MARK ALL ANSWERS WITHIN THE BOXES PROVIDED**

**PLEASE READ EACH QUESTION CAREFULLY.** There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question.

## BACKGROUND AND EXPERIENCE

This first section of questions asks you about your role, your general background, and your training.

**1. Which of the following best describes your role?**

MARK ALL THAT APPLY

- 1  Director
- 2  Administrator or manager (Job Title):  
\_\_\_\_\_
- 3  Supervisor
- 4  Case worker or facilitator (working directly with youth)
- 5  Other role (*specify*):  
\_\_\_\_\_

**2. What is your age?**

|\_\_|\_\_| YEARS OLD

**3. Are you male or female?**

- 1  Male
- 2  Female

**4. Are you Hispanic/Latino?**

- 1  Yes
- 0  No

**5. What is your race?**

MARK ALL THAT APPLY

- 1  American Indian or Alaska Native
- 2  Asian
- 3  Black or African American
- 4  Native Hawaiian or Other Pacific Islander
- 5  White

**6. What is the highest level of education you have completed?**

- 1  Some high school
- 2  High school diploma or equivalent
- 3  Postsecondary vocational or technical training
- 4  Some college, no degree
- 5  Associate's degree
- 6  Bachelor's degree
- 7  Master's degree
- 8  Doctorate or other professional degree

**7. Prior to your current role, in which types of fields did you work?**

MARK ALL THAT APPLY

- 1  Sexual and reproductive health counseling
- 2  Other counseling
- 3  Education
- 4  Vocational rehabilitation
- 5  Juvenile justice
- 6  Psychology
- 7  Social work/human services
- 8  Medicine
- 9  Administration
- 10  Child development
- 11  Child welfare
- 12  Other (*specify*):

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**8. How much experience do you have working in programs providing services to expectant or parenting youth (either working directly with youth or in youth program administration)?**

- 1  Less than 1 year
- 2  1 - 4 years
- 3  5 - 7 years
- 4  8 - 10 years
- 5  More than 10 years

**9. How long have you worked for your current employer?**

- 1  Less than 1 year
- 2  1 - 4 years
- 3  5 - 7 years
- 4  8 - 10 years
- 5  More than 10 years

**10. Please indicate the programs from which you currently serve clients (mark all that apply):**

MARK ALL THAT APPLY

- 1  Cal LEARN
- 2  AFLP (excluding PYD)
- 3  PYD
- 4  I am not a case manager/I do not serve clients

The next question asks about your time serving clients enrolled in three separate programs: Cal LEARN, AFLP, and PYD.

**11. Please indicate the number of years you have spent serving clients in each of the following programs:**

**a. Cal LEARN:**

- 1  Less than 1 year
- 2  1 - 4 years
- 3  5 - 7 years
- 4  8 - 10 years
- 5  More than 10 years
- 6  Never worked with Cal Learn clients

**b. AFLP (excluding PYD):**

- 1  Less than 1 year
- 2  1 - 4 years
- 3  5 - 7 years
- 4  8 - 10 years
- 5  More than 10 years
- 6  Never worked with AFLP clients

**c. PYD:**

- 1  Less than 3 months
- 2  3 - 6 months
- 3  7 - 12 months
- 4  More than 12 months
- 5  Never worked with PYD clients

The next questions are about your work activities. Please indicate how often you engage in the following activities as part of your job. *Please answer thinking about your job as a whole.*

12. As part of my current role, I ...

SELECT ONE RESPONSE PER ROW

	AT LEAST ONCE A WEEK	AT LEAST ONCE EVERY TWO WEEKS	AT LEAST ONCE A MONTH	LESS THAN ONCE A MONTH	NEVER
a. Screen or assess potential participants for program eligibility.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Conduct participant intake.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Conduct substance abuse screening and/or assessment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Screen participants for emotional or mental health problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Provide parenting education.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Provide case management services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Develop or use coordinated care plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Monitor the implementation and the quality of screening and assessment protocols.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Conduct individual or group counseling sessions .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Conduct home visits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Use motivational interviewing techniques to elicit and strengthen motivation for change.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Conduct parent-child therapy sessions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Coordinate services for participants with other agencies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Manage or supervise other individuals at your organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Work with clients to accomplish personal goals (for example, completing school, job searching).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Conduct administrative activities (for example, paperwork).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Other activities ( <i>specify</i> ): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



### TRAINING AND TECHNICAL ASSISTANCE

The next set of questions focuses on your experience and training related to your current role in [PROGRAM].

13. In thinking about your current role with [PROGRAM], please indicate if for each of the following, you received sufficient training, you received some training but need more, you did not receive any training and need some, or if you don't feel you needed training in this area.

SELECT ONE RESPONSE PER ROW

	SUFFICIENT TRAINING RECEIVED	SOME TRAINING RECEIVED BUT MORE NEEDED	NO TRAINING RECEIVED BUT SOME IS NEEDED	NO TRAINING NEEDED ON THIS TOPIC
a. General introduction/overview of the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Training on core or required program topics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Refresher training on program concepts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Individual training (i.e., direct coaching from a supervisor, being mentored, shadowing a more experienced case manager).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Training on youth engagement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Specialized trainings (for example: domestic violence, mental health).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

The next two questions are about formal training you may have received on [PROGRAM] from either the state or from people within your organization.

14. In the past fifteen months, how frequently have you participated in formal *state-run* training for [PROGRAM]?

- 1  Once a month
- 2  Once every two months
- 3  Once every three months
- 4  Once every six months
- 5  Once every twelve months
- 6  Once in the past fifteen months
- 7  I have not participated in any state-run [PROGRAM] training in the last fifteen months
- na  Not applicable – there was no formal training offered by the state for this program

**15. In the past fifteen months, how frequently have you participated in formal training for [PROGRAM] conducted by staff from your organization?**

- 1  Once a month
- 2  Once every two months
- 3  Once every three months
- 4  Once every six months
- 5  Once every twelve months
- 6  Once in the past fifteen months
- 7  I have not participated in any [PROGRAM] training conducted by my organization in the last fifteen months
- na  Not applicable – there was no formal training offered by my organization for this program

**16. In the past fifteen months, how frequently have you received targeted support and individualized feedback to help you implement [PROGRAM] from either your organization, the developer, or a partner organization?**

- 1  Once a week
- 2  Once every two weeks
- 3  Once every three weeks
- 4  Once a month
- 5  Once every six months
- 6  Once every twelve months
- 7  Once in the past fifteen months
- 8  I have not received any targeted support of individualized feedback for this program in the last fifteen months
- na  Not applicable – there was no support or individualized feedback offered for this program

**The next questions are about any training that you may have received beyond what you received for [PROGRAM]**

**17. What additional training, if any, beyond any training for [PROGRAM] have you ever received?**

MARK ALL THAT APPLY

- 1  None, no training beyond that provided for [PROGRAM]
- 2  Review of training manual and/or implementation strategies with supervisor
- 3  Periodic webinar(s) provided by staff from your organization
- 4  Periodic webinar(s) provided by staff outside your organization
- 5  In-person training provided by staff from your organization
- 6  In-person training provided by staff outside your organization
- 7  Other (*please describe*)

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na  Not applicable – there was no other training offered.

**18. In the past 15 months, how frequently have you participated in other formal training (not including formal training for [PROGRAM])?**

- 1  Once a month
- 2  Once every two months
- 3  Once every three months
- 4  Once every six months
- 5  Once every twelve months
- 6  Once in the past fifteen months
- 7  I have not participated in any other training in the last fifteen months

**In thinking about your current role with [PROGRAM], please indicate how much you agree or disagree with each of the following:**

**19. I need more training on. . .**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Increasing participation of youth in the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Monitoring progress of youth as they participate in the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Improving the quality of communication with youth.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Improving youth engagement in the services I provide.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Decreasing youth's risk behaviors.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Discussing sensitive topics such as birth control, risky sexual behaviors, and healthy relationships with youth.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Improving youth's decision-making skills ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**SUPERVISION AND SUPPORT**

The next set of questions ask you to think about your workload and the support and supervision you receive at your organization or school.

**20. On average, what is your monthly caseload of clients (i.e. expectant or parenting youth you work with) who are considered active?**

- 1  1 - 10 clients
- 2  11-15 clients
- 3  16 - 20 clients
- 4  21 - 25 clients
- 5  26 - 30 clients
- 6  31 - 35 clients
- 7  36 - 40 clients
- 8  More than 40 clients
- 9  Not a case manager/Don't see clients

**21. How often do you typically see clients?**

- 1  1 visit with each client every 3 months
- 2  1 visit with each client every month
- 3  2 visits with each client every month
- 4  There is no standard number of visits that you typically conduct
- 5  I am not a case manager or client visits are not part of your job

**22. If you have supervisory responsibilities, how many case managers do you typically supervise?**

- 1  None
- 2  1 - 4
- 3  5 -10
- 4  10 - 15
- 5  More than 15
- 6  I am not a supervisor

**23. In the past 12 months, have you noticed an increase or decrease in each of the following:**

SELECT ONE RESPONSE PER ROW

	LARGE DECREASE	SMALL DECREASE	NO CHANGE	SMALL INCREASE	LARGE INCREASE
a. Your caseload size?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Your overall workload?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Your paperwork?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The amount of time spent per visit?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Number of client visits per month?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**24. Please rate how much you agree or disagree with the following statements about your workload:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. The quality of the services I deliver would improve if my caseload was lower. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I often feel overwhelmed by the number of clients I serve on a monthly basis.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The number of clients I serve is just right..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**25. Please rate how much you agree or disagree with the following statements about your organization:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Training helps facilitate implementation of this program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Training activities take too much time away from delivery of program services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The resources that are available help facilitate implementation of this program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The workload and pressures here decrease my motivation to deliver the program services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. It is too difficult to adapt information and skills learned in trainings so that they will work in this program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. The background of program staff limits the kind of improvements to this program's implementation that are possible.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. There is too little appreciation for trying to improve implementation of this program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**26. Please rate how much you agree or disagree with each statement about your supervisor.**

SELECT ONE RESPONSE PER ROW

<b>My supervisor...</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. encourages staff to help each other with work problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. provides emotional support to me in difficult situations with program participants.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. is appropriately flexible when it comes to applying rules.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. supports me in balancing the demands of my job with my personal life.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. knows effective ways to work with program participants.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. encourages creative solutions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. reinforces the training I receive.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. has expectations for my work that are challenging but reasonable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. gives me clear feedback on my job performance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. has helped me work more effectively as part of a team.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. has regular meetings with me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. trusts my professional judgment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

When implementing programs, it is common to ask questions, seek support, and share experiences with others. The next set of questions focuses on your interactions with other staff at your organization or outside your organization.

27. How often do you request support or share knowledge and materials with each of the following people to address the day-to-day challenges of delivering services as part of [PROGRAM] – regularly, occasionally, or never?

SELECT ONE RESPONSE PER ROW

Request support or share knowledge with...	REGULARLY	OCCASIONALLY	NEVER
a. Other colleagues delivering the same program within my organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Other colleagues delivering different services or programs in my organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Other staff outside my organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



## ORGANIZATIONAL CLIMATE

**28. Organizations have a “personality” that is reflected in the day to day operations of the organization and the way staff members view their work. These items ask about some dimensions that relate to the use of [PROGRAM] in your organization or school. For each item, please indicate the extent to which you disagree or agree the statement is true for your organization or school. Since you started to implement the program...**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Staff members are adequately trained to implement the program at this organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Top administration strongly supports the implementation of the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff members get positive feedback and/or recognition for their efforts to implement the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Top administrators minimize obstacles and barriers to implementing the program at this organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. This organization established clear and specific goals related to the implementation of the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. There are performance-monitoring systems in place to guide the implementation of the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Training and individualized feedback are readily available to staff members involved in implementing the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Adequate resources are available to implement the program as prescribed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Staff members have been encouraged to express concerns that arise in the course of implementing the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**29. Please rate how much you agree or disagree with the following statements about program support in the communities where you work:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. There are other programs that address topics that are the same as or similar to our program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. There is broad community support for programs that provide services to young parents or expectant youth, including helping to reduce teen pregnancy and STIs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**IMPLEMENTATION**

**30. The following statements are about the feelings someone might have about using new types of programs or interventions which have structured components and provide written instructions (such as a facilitator’s guide or manual). To what extent do you agree or disagree with each statement in thinking about your work?**

*A manualized or structured intervention refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way.*

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I am willing to try new types of interventions or programs even if I have to follow a intervention manual.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Field experience is more important than using manualized or structured interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I would not use manualized or structured interventions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I would try a new manualized or structured intervention even if it were very different from what I am used to doing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**31. How much would each of the following influence your decision to adopt a new program if:**

SELECT ONE RESPONSE PER ROW

	A GREAT DEAL	SOMEWHAT	A LITTLE	NOT AT ALL
a. it was intuitively appealing?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. it was required by your agency/organization?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. it was required by state agency funding your program?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. it was being used by colleagues who were happy with it?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. you felt you had enough training to use it correctly?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Sometimes staff have to make changes in program implementation to meet the needs of participating youth, the timeline, organizational resources, or some other factor. The next questions are about adjustments or adaptations you made to your program or services for any reason.**

**32. Which of the following best describes what adjustments or adaptations you have made while implementing [PROGRAM]:**

- 1  I have been able to use the program exactly as defined by the developer (without any adjustments or adaptations) and meet the needs of my clients
- 2  I have made minor adjustments or adaptations to the program design in order to meet for it to work for my clients
- 3  I have made significant adjustments or adaptations to the program's design (for example: structure, content, methods) in order to make it work for my clients

**33. Which of the following adjustments or adaptations did you make to the program's design in order to meet your clients' needs?**

MARK ALL THAT APPLY

- 1  Changed procedures and methods
- 2  Changed the sequence of sessions or activities
- 3  Increased the number of sessions or visits
- 4  Decreased the number of sessions or visits
- 5  Increased the length of sessions or visits
- 6  Decreased the length of sessions or visits
- 7  Changed program content
- 8  Changed program materials
- 9  Other (*Please specify*):  


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- 10  No changes made

**34. Please rate how much you agree or disagree with the following statements about potential challenges or issues you may have faced during program implementation:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Clients needed more than the time and resources I was able to give them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I did not get the training and support I needed to deliver the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I had too many clients.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I had to spend a lot of time on crisis intervention and management, which prevented me from covering the program topics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Many of my clients were disengaged or disinterested in the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Many of my clients frequently missed appointments and scheduled sessions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. I did not understand how to use some of the strategies required by the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**35. Which of the following statements most accurately describes how the training related to your ability to overcome challenges you faced during implementation of the [PROGRAM]?**

- 1  The training was instrumental in helping me overcome the challenges I faced.
- 2  The training was a little helpful in helping me overcome the challenges I faced.
- 3  The training was not helpful in helping me overcome the challenges I faced.
- 4  I already had the skills I needed in overcoming the types of challenges I faced.

### STAFF PERCEPTIONS

Complete the questions in this section only if you are a case manager or work directly with youth.

36. Below are statements that describe ways a case worker or home visitor might think or feel about the client (i.e. teen parent or expectant youth) with whom she/he is working. Think about the client visits you went on in the last month. For how many of your clients, would you agree with the following statements? Work fast, your first thoughts are the ones we would like to see.

Check here if you are a supervisor (or principal) and do not work with youth and skip to the end.

SELECT ONE RESPONSE PER ROW

	ALL OR ALMOST ALL OF MY CLIENTS	MOST OF MY CLIENTS	SOME OF MY CLIENTS	A FEW OF MY CLIENTS	NONE OF MY CLIENTS
a. The client and I agree about the steps to be taken to benefit her and her family.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The client and I both feel confident about the usefulness of our current activity in [PROGRAM].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I believe the client likes me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I have doubts about what we are trying to accomplish with [PROGRAM].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I am confident in my ability to help the client.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I appreciate the client as a person.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. We agree on what is important for the client to work on.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. The client and I have built a mutual trust.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The client and I have different ideas on what she wants and needs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. We have established a good understanding between us of the kind of changes that would be good for the client.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The client believes the way we are working toward her goals is correct.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. I believe the client can be successful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**37. Please rate how much you agree or disagree with the following statements about youth:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Youth in crisis should not be asked to set goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The program is difficult to implement because there are youth who have no strengths.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Youth should take the lead in establishing goals for themselves.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Some youth are so vulnerable that I should not set high expectations for them....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Not all youth can be successful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Helping youth participate in their community builds resilience.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Youth do not need to participate in identifying the steps needed to achieve their goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**38. Please rate how much you agree or disagree with the following statements about your role:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I assist youth in reflecting on caring relationships in their lives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I assist youth in developing achievable goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I know how to assist youth in reframing problems into challenges.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I know how to include life planning into my home visits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. When youth are in crisis, it is up to me to determine the best course of action.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use specific approaches to help youth identify their personal strengths.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. I establish high expectations for all youth.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I rarely provide time for youth to reflect on past successes to help them achieve their goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. I encourage youth to have caring relationships outside of the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. I assist youth in using their strengths to work on their goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. I assist youth in identifying opportunities to participate and contribute in ways that are important to them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



**39. Please rate each item by checking the number that best describes your perception of your skill level in each area.**

SELECT ONE RESPONSE PER ROW

	BASIC						ADVANCED
	←						
<b>INTERPERSONAL SKILLS</b>							
a. Interviewing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Listening.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Counseling.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Non-verbal communication.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Reasoning.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Empathizing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
g. Interpersonal relationships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
h. Cultural sensitivity.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
<b>CASE SKILLS</b>							
i. Eliciting accurate information from youth and/or their families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
j. Evaluating case facts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
k. Gathering complete and quality information from youth and their families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
l. Effectively having youth complete case plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
m. Decision making skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
n. Accuracy of judgments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
o. Developing case plans with youth and/or their families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
p. Involving youth in the assessment process.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
q. Identifying youth and family strengths.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
r. Connecting youth with needed resources.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
s. Collaborative decision making with youth and/or their families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

**Thank you for completing this survey!**