SRAE National Evaluation

Grantee Survey

DRAFT

March 2020

INTRODUCTION

Welcome to the Sexual Risk Avoidance Education National Evaluation Grantee Web Survey! We appreciate you taking the time to complete the survey. Please see below for some information about the SRAENE grantee web survey data collection:

How will the data be used? The information collected through this survey will help ACF better understand the key decisions grantees are making regarding the design of their SRAE-funded programs. Survey questions primarily focus on grant structure, program components, implementation plans, and target populations. The data for each grantee's plans may be shared with ACF and ACF may in turn share the data with another ACF contractor that supports the SRAE grant programHow will the data be reported? Responses to the web survey will be linked to the reporting grantee, but not to the individual completing the survey. The information will be compiled across all grantees to create an overall description of SRAE programming. The information will also be used to produce a profile for each grantee's implementation plans. Profiles will summarize grantees' survey data and provide a description of their current program plans. **What if I have questions or I'm not sure how to respond to a question in the survey?** If you have any questions as you are completing the survey, please contact us at SRAETA@mathematica-mpr.com or 844-919-0173.

Thank you for participating in this survey!

LANDING PAGE #2

The following section asks about the programs funded by your SRAE grant, the providers of those programs, and the curricula being used by the programs. This information will be used to fill questions in other sections so it will be important for you to provide complete and accurate information in response to all questions in this section. This section must be completed first.

After you complete this section, you can complete the remaining sections in any order. You can also stop at any point and come back to complete the survey at a later time. To close out of this section and return to it at a later time, simply close the window.

SECTION A – BACKGROUND

A1.   **What is your job title?**

A2.   **How many years have you been in this position?**

YEARS

A3.   **How many years have you worked in the field of [FILL]?**

YEARS

A18.   **Has [PROVIDER] delivered [CURRICULUM] to youth in the past?**

❍   Yes..1 GO TO A20
❍   No..0 GO TO A21

A19. **Through what funding did [PROVIDER] previously offer [CURRICULUM]?**

	SELECT ONE PER ROW	
	Yes	No
a. Personal Responsibility Education Program (PREP)	1 ○	0 ○
b. OPA Teen Pregnancy Prevention program	1 ○	0 ○
c. CDC Division of Adolescent and School Health (DASH) program	1 ○	0 ○
d. Title V Abstinence	1 ○	0 ○
e. Community Based Abstinence Education (CBAE)	1 ○	0 ○
f. Another federally-funded teen pregnancy prevention program	1 ○	0 ○

SECTION B – CONTEXT

B1a. **You indicated that you or one of your providers will add supplemental content to the primary curriculum. Is any of the supplemental content being added to address SRAE A-F requirements specifically?**

❍ Yes..1 GO TO B2

❍ No..0 GO TO B2

B2. **In which program will [PROVIDER] add supplemental content?**

	SELECT ONE PER ROW	
	Yes	No
a. [PROGRAM NAME]	1 ❍	0 ❍
b. [PROGRAM NAME]	1 ❍	0 ❍
c. [PROGRAM NAME]	1 ❍	0 ❍
d. [PROGRAM NAME]	1 ❍	0 ❍

B2. **Overall, what issue(s) do you plan to address with your SRAE grant?**

	SELECT ONE PER ROW	
	Yes	No
a. Teen sex	1 ❍	0 ❍
b. Teen pregnancy	1 ❍	0 ❍
c. Teen STD/STI rates	1 ❍	0 ❍
d. Behavioral and emotional health	1 ❍	0 ❍
e. Marijuana use	1 ❍	0 ❍
f. Prescription drug use	1 ❍	0 ❍
g. Other drug use	1 ❍	0 ❍
h. Alcohol use	1 ❍	0 ❍
i. Cigarette smoking	1 ❍	0 ❍
j. Vaping	1 ❍	0 ❍
k. High school completion	1 ❍	0 ❍

	Yes	No
l. Dating violence	$_1$ ○	$_0$ ○
m. Sexual coercion	$_1$ ○	$_0$ ○
n. Crime and/or gang violence	$_1$ ○	$_0$ ○
o. Healthy relationship formation	$_1$ ○	$_0$ ○
p. Other *(specify)*	$_1$ ○	$_0$ ○

B7. **Does your state or community have a law or requirement to teach any of the following as part of the general education or health curriculum in <u>middle school</u>?**

SELECT ONE PER ROW

		Yes	No	Don't know
a.	Refraining from sex as a teen	1 ○	0 ○	d ○
b.	Refraining from sex until marriage	1 ○	0 ○	d ○
c.	Reproduction, pregnancy, and birth	1 ○	0 ○	d ○
d.	Types of contraception	1 ○	0 ○	d ○
e.	The use of contraception to prevent pregnancy and STIs/STDs	1 ○	0 ○	d ○
f.	Risks of STIs/STDs and HIV	1 ○	0 ○	d ○
g.	Planning education and career goals	1 ○	0 ○	d ○
h.	Risks of alcohol and other drug use	1 ○	0 ○	d ○
i.	How to resist pressure to use alcohol and other drugs	1 ○	0 ○	d ○
j.	Self-regulation skills, such as how to manage your emotions in ways that are not harmful	1 ○	0 ○	d ○
k.	Bullying awareness and prevention	1 ○	0 ○	d ○
l.	How to identify healthy and unhealthy relationships	1 ○	0 ○	d ○
m.	What makes a good romantic relationship and/or marriage	1 ○	0 ○	d ○
n.	How to resist pressure to have sex as a teen	1 ○	0 ○	d ○
o.	How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 ○	0 ○	d ○
p.	How to avoid situations that could lead to sex as a teen	1 ○	0 ○	d ○
q.	Sexting awareness and prevention	1 ○	0 ○	d ○
r.	Ways to talk to a romantic partner about the decision to have sex	1 ○	0 ○	d ○

B8. **Does your state or community have a law or requirement to teach any of the following as part of the general education or health curriculum in <u>high school</u>?**

SELECT ONE PER ROW

		Yes	No	Don't know
a.	Refraining from sex as a teen	1 ◯	0 ◯	d ◯
b.	Refraining from sex until marriage	1 ◯	0 ◯	d ◯
c.	Reproduction, pregnancy, and birth	1 ◯	0 ◯	d ◯
d.	Types of contraception	1 ◯	0 ◯	d ◯
e.	The use of contraception to prevent pregnancy and STIs/STDs	1 ◯	0 ◯	d ◯
f.	Risks of STIs/STDs and HIV	1 ◯	0 ◯	d ◯
g.	Planning education and career goals	1 ◯	0 ◯	d ◯
h.	Risks of alcohol and other drug use	1 ◯	0 ◯	d ◯
i.	How to resist pressure to use alcohol and other drugs	1 ◯	0 ◯	d ◯
j.	Self-regulation skills, such as how to manage your emotions in ways that are not harmful	1 ◯	0 ◯	d ◯
k.	Bullying awareness and prevention	1 ◯	0 ◯	d ◯
l.	How to identify healthy and unhealthy relationships	1 ◯	0 ◯	d ◯
m.	What makes a good romantic relationship and/or marriage	1 ◯	0 ◯	d ◯
n.	How to resist pressure to have sex as a teen	1 ◯	0 ◯	d ◯
o.	How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 ◯	0 ◯	d ◯
p.	How to avoid situations that could lead to sex as a teen	1 ◯	0 ◯	d ◯
q.	Sexting awareness and prevention	1 ◯	0 ◯	d ◯
r.	Ways to talk to a romantic partner about the decision to have sex	1 ◯	0 ◯	d ◯

B9. **Have any of the laws or requirements related to the following had an influence on your SRAE programming decisions?**

SELECT ONE PER ROW

		Yes	No
a.	Refraining from sex as a teen	1 ○	0 ○
b.	Refraining from sex until marriage	1 ○	0 ○
c.	Reproduction, pregnancy, and birth	1 ○	0 ○
d.	Types of contraception	1 ○	0 ○
e.	The use of contraception to prevent pregnancy and STIs/STDs	1 ○	0 ○
f.	Risks of STIs/STDs and HIV	1 ○	0 ○
g.	Planning education and career goals	1 ○	0 ○
h.	Risks of alcohol and other drug use	1 ○	0 ○
i.	How to resist pressure to use alcohol and other drugs	1 ○	0 ○
j.	Self-regulation skills, such as how to manage your emotions in ways that are not harmful	1 ○	0 ○
k.	Bullying awareness and prevention	1 ○	0 ○
l.	How to identify healthy and unhealthy relationships	1 ○	0 ○
m.	What makes a good romantic relationship and/or marriage	1 ○	0 ○
n.	How to resist pressure to have sex as a teen	1 ○	0 ○
o.	How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 ○	0 ○
p.	How to avoid situations that could lead to sex as a teen	1 ○	0 ○
q.	Sexting awareness and prevention	1 ○	0 ○
r.	Ways to talk to a romantic partner about the decision to have sex	1 ○	0 ○

B10. **Which of these federal grant programs aimed at educating youth about avoiding sexual risk are currently operating in the area served by your grant?**

SELECT ONE PER ROW

		Yes	No	Don't know
a.	Another federally-funded SRAE program	1 ○	0 ○	d ○
b.	Another federally-funded teen pregnancy prevention program (such as the Personal Responsibility Education Program (PREP), the OPA Teen Pregnancy Prevention (TPP) Programs, and the Division of Adolescent and School Health (DASH) program)	1 ○	0 ○	d ○

B11. **Please select the other federally-funded teen pregnancy prevention program that is currently operating in the the area served by your grant.**

SELECT ONE PER ROW

	Yes	No	Don't know
a. Personal Responsibility Education Program (PREP)	1 ◯	0 ◯	d ◯
b. OPA Teen Pregnancy Prevention program	1 ◯	0 ◯	d ◯
d. CDC Division of Adolescent and School Health (DASH) program	1 ◯	0 ◯	d ◯
e. Another federally-funded teen pregnancy prevention program	1 ◯	0 ◯	d ◯

SECTION C – PROGRAM PLANS

C1. **Will your grant use a public awareness campaign? A public awareness campaign is an intentional effort to broadly communicate information or promote a particular message about sexual risk avoidance and/or your SRAE-funded project in a particular geographic area.**

○ Yes...1 GO TO C2

○ No..0 GO TO C3

○ NO RESPONSE...M GO TO C2

C2. **What will your public awareness campaign promote?**

SELECT ONE PER ROW

	Yes	No
a. Greater acceptance of sexual risk avoidance behaviors	1 ○	0 ○
b. Statistics about the prevalence of youth behaviors related to sexual risk avoidance	1 ○	0 ○
c. Other *(specify)*	1 ○	0 ○

(STRING 150)

C1. DID YOUR ORGANIZATION RECEIVE ASSISTANCE FROM ANOTHER ORGANIZATION OR ENTITY IN DEVELOPING YOUR SRAE [PROPOSAL/POST-AWARD STATE PLAN]?SELECT ONE ONLY

○ Yes...1

○ No..0

C2. **Which of the following entities assisted in developing your SRAE [proposal/post-award state plan]?**

SELECT ONE PER ROW

	Yes	No
a. State agency/Other agency in my state	1 ○	0 ○
b. Local service provider	1 ○	0 ○
c. University-based researcher	1 ○	0 ○
d. Private program developer	1 ○	0 ○
e. Private research firm or consultant	1 ○	0 ○
f. Local advocacy group	1 ○	0 ○
g. National advocacy group	1 ○	0 ○

	Yes	No
h. Other *(specify)*	1 ○	0 ○

[　　　　　　　　　　　　　　　　　]

C3. **In deciding upon the SRAE programming youth will receive [in your state/from your organization], to what extent did you [FILL]?**

SELECT ONE PER ROW

	A lot	Somewhat	Not much or not at all
a. Assess the current organizational infrastructure and capacity in your state/organization	3 ○	2 ○	1 ○
b. Secure buy-in from key stakeholders, such as elected officials, community leaders, school district administrators, and parents	3 ○	2 ○	1 ○
c. Consider the future sustainability of an SRAE program if federal funds do not continue	3 ○	2 ○	1 ○
d. Consider the Title V "A-F" requirements	3 ○	2 ○	1 ○

**C4.Prior to your SRAE grant award, did your [state agency /organization] provide
any of the following? Please think about programming funded by any source (not only federal funds):**

SELECT ONE PER ROW

	Yes	No
a. Education on refraining from sex as a teen	1 ○	0 ○
b. Education on the benefits of refraining from sex as a teen	1 ○	0 ○
c. Education on refraining from sex until marriage	1 ○	0 ○
d. Education on the benefits of refraining from sex until marriage	1 ○	0 ○
e. Education on the risk of pregnancy and STDs/STIs and HIV	1 ○	0 ○
f. Education on use of contraception	1 ○	0 ○
g. Positive youth development programming	1 ○	0 ○
h. Behavioral and emotional health programming for youth	1 ○	0 ○
i. Education on the risks of alcohol and drugs for youth	1 ○	0 ○
j. Education on dating violence prevention for youth	1 ○	0 ○
k. Education on other violence prevention for youth	1 ○	0 ○
l. Education on healthy relationship formation	1 ○	0 ○
m. Other *(specify)*	1 ○	0 ○

	Yes	No

C5. **Did your [state agency/organization] conduct a needs assessment prior to creating your SRAE program plans? That is, did you use data to inform decisions about your program, the populations you serve, and the settings in which you provide programming? This could include data you accessed from other sources, or data you collected yourself.**

⃝ Yes, my [state agency/organization] conducted one on our own....................1   GO TO C8

⃝ Yes, my [state agency/organization] conducted one with assistance
from other organizations...2   GO TO C7

⃝ No..0   GO TO C6

C6. **Did your [state agency/organization] <u>review</u> a needs assessment conducted by another organization prior to creating your SRAE program plans?**

⃝ Yes..1

⃝ No..0

C7. **Which of the following entities assisted in your needs assessment?**

SELECT ONE PER ROW

		Yes	No
a.	State agency/Other agency in my state	1 ⃝	0 ⃝
b.	Local service provider	1 ⃝	0 ⃝
c.	University-based researcher	1 ⃝	0 ⃝
d.	Private program developer	1 ⃝	0 ⃝
e.	Private research firm	1 ⃝	0 ⃝
f.	Local advocacy group	1 ⃝	0 ⃝
g.	National advocacy group	1 ⃝	0 ⃝
h.	Other *(specify)*	1 ⃝	0 ⃝

C8. **What data did you use for your needs assessment?**

SELECT ONE PER ROW

	Yes	No
a. Prevalence of risk behaviors	1 ○	0 ○
b. Surveys of school administrators or teachers	1 ○	0 ○
c. Surveys of youth	1 ○	0 ○
d. Surveys of providers	1 ○	0 ○
e. Interviews or focus groups with stakeholders	1 ○	0 ○
f. Interviews or focus groups with providers	1 ○	0 ○
g. Interviews or focus groups with local advocacy groups	1 ○	0 ○
h. Interviews or focus groups with youth	1 ○	0 ○
i. Other *(specify)*	1 ○	0 ○

C9. **To what extent did your needs assessment influence your SRAE program plans?**

- ○ A lot...1
- ○ Somewhat..2
- ○ Not at all..0

C10. **Do you plan to [reassess needs at least once more/assess needs at least once] during the grant period?**

- ○ Yes...1
- ○ No...0

H10a. **Please use this space to provide any additional information you think would be helpful to note about the needs assessment for your SRAE grant.**

C11. **To what extent did you use SMARTool to inform your program plans?**

- ❍ A lot..1
- ❍ Somewhat..2
- ❍ Not at all..0

C14. **With your [September 2018/September 2019 [Competitive/General/Departmental] grant will your [state agency/organization] DIRECTLY deliver any SRAE programs to youth (in other words, will your [state agency/organization] act as a program provider)?**

○ Yes...1   GO TO C15

○ No..0   GO TO C19

C15. **Has your [state agency/organization] provided similar programming directly to youth in the past?**

SELECT ONE ONLY

❍ Yes..1

❍ No..0

C16.

How many different SRAE programs will your [state agency/organization] deliver DIRECTLY to youth? For the purpose of this survey, a "program" is a specific set of services, such as primary curricula and other supplemental lessons, activities, and materials.

Please include only those programs that your [state agency/organization] will deliver directly to youth; we will ask about programs provided by subawardees later in the survey.

    o **If you are delivering the same program in multiple sites, please count it as <u>one</u> program – do not count each site or round of implementation as a separate program.**

    o **Please count programs separately IF:**

        ▪ **Programs use the same primary curriculum but different supplemental content**

        ▪ **Programs use a different primary curriculum for different ages or school grade levels (Please count one program for each age group or grade level).**

        ☐   NUMBER

C17. **Grantees may deliver one or more programs and programs may use the same curriculum or different curricula.**

In the table below, list the SRAE programs your [state agency/organization] will DIRECTLY deliver to youth. Please use a different name for each program, and include only those programs that your [state agency/organization] will deliver directly to youth. We will ask about programs provided by subawardees later in the survey.

After you enter the program names, use the drop down menu in the curriculum column to select the <u>primary</u> curriculum used by each program. If any programs use the same primary curriculum but different supplemental content, please list them separately. If any program uses a different primary curriculum for different ages or school grade levels, please list the program for each age group or school grade level separately.

PROVIDER	PROGRAM	CURRICULUM LIST	OTHER CURRICULUM
[GRANTEE NAME]		DROP DOWN LIST	
[GRANTEE NAME]		DROP DOWN LIST	
[GRANTEE NAME]		DROP DOWN LIST	
[GRANTEE NAME]		DROP DOWN LIST	

CURRICULUM LIST

a. Aspire

b. Choosing the Best

c. Game Plan

d. Healthy Futures

e. Heritage Keepers

f. Living WELL Aware Adolescent Health Program

g. Love Notes (Classic)

h. Love Notes (SRA)

i. Making a Difference

j. Navigator

k.   Positive Potential

l.   Promoting Health Among Teens (Abstinence only)

m. Promoting Health Among Teens (Comprehensive)

n.   Pure and Simple

o.   REAL Essentials

p.   Relationship Smarts Plus (Classic)

q.   Relationship Smarts Plus (SRA)

r.   Teen Outreach Program (TOP)

s.   Wise Guys

t.   Worth the Wait

u.   Your Future on the Line

v.   Other *(specify)*

x.

C18.   Has your [state agency/organization] used any of the following before?

SELECT ONE PER ROW

	Yes	No
a. [CURRICULUM]	1 ◯	0 ◯
b. [CURRICULUM]	1 ◯	0 ◯
c. [CURRICULUM]	1 ◯	0 ◯
d. [CURRICULUM]	1 ◯	0 ◯

C19. **Under which grant program did you previously use [CURRICULUM]?**

SELECT ONE PER ROW

	Yes	No
a. Personal Responsibility Education Program (PREP)	1 ○	0 ○
b. OPA Teen Pregnancy Prevention program	1 ○	0 ○
c. CDC Division of Adolescent and School Health (DASH) program	1 ○	0 ○
d. Title V Abstinence	1 ○	0 ○
e. Community Based Abstinence Education (CBAE)	1 ○	0 ○
f. Another federally-funded teen pregnancy prevention program	1 ○	0 ○

C20. **Will you use subawardees to deliver SRAE programming directly to youth?**

SELECT ONE ONLY

○ Yes..1   GO TO C21

○ No...0   GO TO C32

C21. **Did you provide subawardees with a list of curricula to choose from for their SRAE programming?**

SELECT ONE ONLY

○ Yes..1   GO TO C22

○ No...0   GO TO C23

C22. **Which curricula were on the list provided to your subawardees?**

a. Aspire

b. Choosing the Best

c. Game Plan

d. Healthy Futures

e. Heritage Keepers

f. Living WELL Aware Adolescent Health Program

g. Love Notes (Classic)

h. Love Notes (SRA)

i. Making a Difference

j. Navigator

k. Positive Potential

l. Promoting Health Among Teens (Abstinence only)

m. Promoting Health Among Teens (Comprehensive)

n. Pure and Simple

o. REAL Essentials

p. Relationship Smarts Plus (Classic)

q. Relationship Smarts Plus (SRA)

r. Teen Outreach Program (TOP)

s. Wise Guys

t. Worth the Wait

u. Your Future on the Line

x. Other *(specify)*

C23. **How many different subawardees do you anticipate working with to deliver programming to youth?**

☐☐☐ NUMBER

IF C20=YES

C24. **Among these, how many of these subawardees have delivered SRA or abstinence programming for your [state agency/organization] in the past?**

☐☐☐ NUMBER

IF C20=YES

C25. **Which types of organizations are eligible for subawards to deliver SRAE programming to youth?**

SELECT ONE PER ROW

	Yes	No
a. Schools	1 ○	0 ○
b. Community based organizations	1 ○	0 ○
c. Detention centers	1 ○	0 ○
d. Foster care providers	1 ○	0 ○
e. Institutions for youth with emotional or behavioral health needs	1 ○	0 ○
f. Faith-based institutions	1 ○	0 ○
g. Clinics/hospitals	1 ○	0 ○
h. Universities	1 ○	0 ○
i. Program developers	1 ○	0 ○
j. Other *(specify)*	1 ○	0 ○

☐

C26.

In the table below list the name of [the/each] subawardee that will deliver programming to youth (from here on referred to as the provider) and the number of programs delivered by [the/each] provider.

A program is a specific set of services, such as primary curricula and other supplemental lessons, activities, and materials. If any programs use the same primary curriculum but use different supplemental content, please count them separately. If any program uses a different primary curriculum for different ages or school grade levels, please count the program for each age group or school grade level separately.

Name of Provider	Number of Programs

C29.

In the table below please list the names of the programs [PROVIDER] will directly deliver to youth. [*If you do not have a name for a program use the name of the primary curriculum.]* Please use a different name for each program.

*After you enter the program names, use the d*rop down menu in the curriculum column to select the primary curriculum used by each program. If any programs use the same primary curriculum but use different supplemental content, please list them separately. If any program uses a different primary curriculum for different ages or school grade levels, please list the program for each age group or school grade level separately.

Please do not include curricula that will be used to supplement the primary curriculum at this time. You will be asked about supplemental program content later.

PROGRAM	CURRICULUM LIST	OTHER CURRICULUM
	DROP DOWN LIST	
	DROP DOWN LIST	
	DROP DOWN LIST	
	DROP DOWN LIST	

CURRICULUM LIST

a. Aspire

b. Choosing the Best

c. Game Plan

d. Healthy Futures

e. Heritage Keepers

f. Living WELL Aware Adolescent Health Program

g. Love Notes (Classic)

h. Love Notes (SRA)

i. Making a Difference

j. Navigator

k. Positive Potential

l. Promoting Health Among Teens (Abstinence only)

m. Promoting Health Among Teens (Comprehensive)

n. Pure and Simple

o. REAL Essentials

p. Relationship Smarts Plus (Classic)

q. Relationship Smarts Plus (SRA)

r. Teen Outreach Program (TOP)

s. Wise Guys

t. Worth the Wait

u. Your Future on the Line

x. Other *(specify)*

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C33. **Will your new SRAE grant funds replace any existing sexual risk avoidance or sexual risk reduction programs in your [state/community]?**

SELECT ONE ONLY

❍ Yes...1

❍ No..0

C34. **Will your new SRAE grant funds be used to provide programming not previously available to youth?**

SELECT ONE ONLY

❍ Yes...1

❍ No..0

C36. **Which entity was responsible for selecting which curriculum or curricula to use?**

 ❍ Grantee 1

 ❍ Subawardee program providers 2

 ❍ Other (specify) 3

C37. **Supplemental content includes anything that is not part of the primary curriculum, such as additional lessons, activities, or materials. When responding, please think about any supplemental content funded by your grant, whether delivered directly by your agency/organization or by other subawardee providers.**

Will you or any of your providers add supplemental content to any of the primary curriculum?,

 ❍ Yes 1   GO TO B1a2

 ❍ No 0   GO TO B6

C41. **Is the supplemental content for [PROGRAM] drawn from existing curricula or was it developed by you or in coordination with your grant partners for your SRAE grant?**

 ❍ From existing curricula...1 GO TO C42

 ❍ Developed for our SRAE grant..0 GO TO C42 BOX

C42. **From which curriculum will [[PROVIDER]/the providers] draw supplemental content for [PROGRAM]?**

a. Aspire

b. Choosing the Best

c. Game Plan

d. Healthy Futures

e. Heritage Keepers

f. Living WELL Aware Adolescent Health Program

g. Love Notes (Classic)

h. Love Notes (SRA)

i. Making a Difference

j. Navigator

k. Positive Potential

l. Promoting Health Among Teens (Abstinence only)

m. Promoting Health Among Teens (Comprehensive)

n. Pure and Simple

o. REAL Essentials

p. Relationship Smarts Plus (Classic)

q. Relationship Smarts Plus (SRA)

r. Teen Outreach Program (TOP)

s. Wise Guys

t. Worth the Wait

u. Your Future on the Line

x. Other *(specify)*

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_____
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C44.

B4=YES

LOOP OVER C44 THROUGH C45 FOR ALL
CURRICULA WHERE C38=1. IF C39=0, LOOP OVER
C44 AND C45 FOR EACH PROVIDER-
CURRICULUM COMBINATION. THEN GO TO C46.

C46. **Which entity was responsible for deciding whether to add supplemental content?**

❍ Grantee..1

❍ Subawardee program providers..2

❍ Other (specify)..3

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┌─────────────────────────────────┐
│                                 │
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B6a. **Please use this space to provide any additional information you think would be helpful to note about the supplemental content provided for your SRAE grant.**

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C48. **Do you require that your SRAE programs be monitored for adherence (whether the program was delivered as intended) and/or quality(whether the program was delivered well)?**

❍ Yes...1   GO TO C49

❍ No...0   GO TO C52

C49. **Who will conduct monitoring activities?**

	SELECT ONE PER ROW	
	Yes	No
a. Our agency/organization (the grantee)	$_1\bigcirc$	$_0\bigcirc$
b. Each provider	$_1\bigcirc$	$_0\bigcirc$
c. Independent evaluator	$_1\bigcirc$	$_0\bigcirc$
d. The program developer	$_1\bigcirc$	$_0\bigcirc$
e. Other *(specify)*	$_1\bigcirc$	$_0\bigcirc$

[   ]

C50. **Have you worked with this independent evaluator in this capacity in the past?**

　　○ Yes..1

　　○ No...0

C51. **Have you worked with this program developer in this capacity in the past?**

SELECT ONE ONLY

　　○ Yes..1

　　○ No...0

C52. **Will you collect data on adherence to the program?**

　　○ Yes..1
　　○ No...0

C53. **How often will you collect data on adherence to the program?**

　　○ Once a month...1

　　○ Once a quarter...2

　　○ After every administration of the curriculum...............................3

　　○ Other (*specify*)...4

[   ]

C54. **Will you collect data on the quality of program implementation?**

　　○ Yes..1

　　○ No...0

C55. **How often will you collect data on the quality of program implementation?**

❍ Once a month..1
❍ Once a quarter...2
❍ After every administration of the curriculum..3
❍ Other (specify)...4

C56. **Will you require that program facilitators receive training before they deliver your SRAE funded program?**

❍ Yes...1 GO TO C57
❍ No..0 GO TO C61

C57. **On which of the following topics will you require program facilitators to receive training?**

	SELECT ONE PER ROW	
	Yes	No
a. The curriculum	1 ○	0 ○
b. Sexual Risk Avoidance Specialist certification (Ascend)	1 ○	0 ○
c. Classroom management	1 ○	0 ○
d. Positive Youth Development	1 ○	0 ○
e. Trauma competent caregiving	1 ○	0 ○
f. Mental health	1 ○	0 ○
g. Dating violence/consent	1 ○	0 ○
h. Suicide prevention	1 ○	0 ○
i. Child protection	1 ○	0 ○
j. Other *(specify)*	1 ○	0 ○

[ ]

C58. **Who will conduct the trainings?**

	SELECT ONE PER ROW	
	Yes	No
a. Our agency/organization (the grantee)	1 ○	0 ○
b. Each provider	1 ○	0 ○
c. A training organization	1 ○	0 ○
d. The program developer	1 ○	0 ○
e. Other *(specify)*	1 ○	0 ○

[ ]

C59. **Have you worked with this training organization in this capacity in the past?**

○ Yes... 1

○ .... No 0

C60. **Have you worked with this program developer in this capacity in the past?**

○ Yes... 1

○ No.. 0

C61. **Will you collect data on whether all facilitators received the required training?**

◯ Yes...1

◯ No...0

C62. **Will you require that program facilitators receive refresher trainings or technical assistance?**

◯ Yes...1 GO TO C63

◯ No...0 GO TO C66

C63. **Who will provide the refresher trainings or technical assistance?**

		SELECT ONE PER ROW	
		Yes	No
a.	Our agency/organization (the grantee)	1 ◯	0 ◯
b.	Each provider	1 ◯	0 ◯
c.	A training organization	1 ◯	0 ◯
d.	The program developer	1 ◯	0 ◯
e.	Other *(specify)*	1 ◯	0 ◯

C64. **Have you worked with this training organization in this capacity in the past?**

◯ Yes...1

◯ No...0

C65. **Have you worked with this program developer in this capacity in the past?**

◯ Yes...1

◯ No...0

C66. **Will you collect data to monitor the extent to which facilitators receive refresher training or technical assistance?**

◯ Yes...1

◯ No...0

C67. **Will you require that program facilitators are observed?**

- ❍ Yes...1 GO TO E21
- ❍ No..0 GO TO E27

C68. **How often will you require that program facilitators are observed?**

- ❍ Once per program cycle...1
- ❍ Once per year (if there is more than one program cycle in a year) 2
- ❍ Once per grant period...3
- ❍ Other (specify)...4

C69. **Who will conduct the observations?**

SELECT ONE PER ROW

	Yes	No
a. Our agency/organization (the grantee)	1 ○	0 ○
b. Each provider	1 ○	0 ○
c. An independent evaluator	1 ○	0 ○
d. A training organization	1 ○	0 ○
e. The program developer	1 ○	0 ○
f. Other *(specify)*	1 ○	0 ○

C70. **Have you worked with this independent evaluator in this capacity in the past?**

○ Yes..1

○ No...0

C71. **Have you worked with this training organization in this capacity in the past?**

○ Yes..1

○ No...0

C72. **Have you worked with this program developer in this capacity in the past?**

○ Yes..1

○ No...0

C73. **Will you collect data to monitor the extent to which facilitators are observed?**

❍ Yes...1

❍ No..0

C74. **In the <u>first</u> year of your grant, what percentage of your grant dollars [WILL BE/WERE] used for each of the following categories?**

If you do not know the precise percentages, an estimate is fine.

	Percentage
a. Grant administration	
b. Provision of programming to youth (either directly or through subawards)	
c. Training providers	
d. Monitoring providers	
e. Observing facilitators	
f. Social media or social marketing	
g. Evaluation	
h. Other *(specify)*	
	SUM a-h

SUM (hard check)   100

C75. **In the <u>second</u> year of your grant, what percentage of your grant dollars [will be/were] used for each of the following categories?**

If you do not know the precise percentages, an estimate is fine.

	Percentage
a. Grant administration	
b. Provision of programming to youth (either directly or through subawards)	
c. Training providers	
d. Monitoring providers	
e. Observing facilitators	

	Percentage
f. Social media or social marketing	
g. Evaluation	
h. Other *(specify)*	
	SUM a-h

SUM (hard check)   100

C76. **Did you develop a logic model for your overall [state/organization] SRAE program for each individual program operated by each subawardee or both?**

○ Yes, my [state/organization] developed a logic model for our overall SRAE program...1

○ Yes, my [state/organization] developed a logic model for each individual program operated by each subawardee.......................................2

Yes, my [state/organization] developed a logic model for our both our overall SRAE program and each individual program operated by each subawardee...3

○ No, my [state/organization] did not develop any logic models........................0

C77. **In which settings [do your providers/did your providers plan to] deliver SRAE programming over the first grant year?**

SELECT ONE PER ROW

	Yes	No
a. Middle schools, during school	1 ○	0 ○
b. Middle schools, after school	1 ○	0 ○
c. High schools, during school	1 ○	0 ○
d. High schools, after school	1 ○	0 ○
e. Community based organizations out of school time	1 ○	0 ○
f. Detention centers	1 ○	0 ○
g. Foster care group homes	1 ○	0 ○
h. Institutions for youth with emotional or behavioral health needs	1 ○	0 ○
i. Faith-based institutions	1 ○	0 ○
j. Clinics/hospitals	1 ○	0 ○
k. Other *(specify)*	1 ○	0 ○

[   ]

C78. **For each setting, in how many total sites did [PROVIDER]/does [PROVIDER] plan to deliver [PROGRAM NAME] in the <u>first</u> grant year?** *If [PROVIDER] does not plan to deliver [PROGRAM NAME] in a setting in the first grant year, please enter "0."*

	Number of sites
a. Middle schools, during school	
b. Middle schools, after school	
c. High schools, during school	
d. High schools, after school	
e. Community based organizations out of school time	
f. Detention centers	
g. Foster care group homes	
h. Institutions for youth with emotional or behavioral health needs	
i. Faith-based institutions	
j. Clinics/hospitals	

		Number of sites
k.	[F 10K FILL]	

> LOOP OVER C78 FOR ALL PROVIDER-PROGRAM COMBINATIONS. THEN GO TO C79.

C79. **Does your [state agency/organization] or any of your providers plan to add sites in subsequent grant years?**

○ Yes...1   GO TO F13

○ No..0   GO TO F17

C80. **In which settings does your [state agency/organization] or providers plan to add sites in <u>subsequent</u> grant years?**

SELECT ONE PER ROW

		Yes	No
a.	Middle schools, during school	1 ○	0 ○
b.	Middle schools, after school	1 ○	0 ○
c.	High schools, during school	1 ○	0 ○
d.	High schools, after school	1 ○	0 ○
e.	Community based organizations out of school time	1 ○	0 ○
f.	Detention centers	1 ○	0 ○
g.	Foster care group homes	1 ○	0 ○
h.	Institutions for youth with emotional or behavioral health needs	1 ○	0 ○
i.	Faith-based institutions	1 ○	0 ○
j.	Clinics/hospitals	1 ○	0 ○
k.	Other *(specify)*	1 ○	0 ○

C81. **Which providers of SRAE programming plan to add sites in <u>subsequent</u> grant years?**

SELECT ONE PER ROW

		Yes	No
a.	[PROVIDER]	1 ○	0 ○

SELECT ONE PER ROW

	Yes	No
b. [PROVIDER]	1 ○	0 ○
c. [PROVIDER]	1 ○	0 ○
d. [PROVIDER]	1 ○	0 ○

C82. **For each setting, in how many total sites does [PROVIDER] plan to deliver [PROGRAM NAME] in <u>subsequent</u> grant years, that is after the first year of the grant?** *If [PROVIDER] does not plan to deliver [PROGRAM NAME] in a setting in subsequent grant years, please enter "0."*

	Number of sites	Don't know
a. Middle schools, during school		d ○
b. Middle schools, after school		d ○
c. High schools, during school		d ○
d. High schools, after school		d ○
e. Community based organizations out of school time		d ○
f. Detention centers		d ○
g. Foster care group homes		d ○
h. Institutions for youth with emotional or behavioral health needs		d ○
i. Faith-based institutions		d ○
j. Clinics/hospitals		d ○
k. [C78K FILL]		d ○

C83. **What type of facilitator does [PROVIDER] plan to use to deliver [PROGRAM NAME] in [SETTING]?**

☐ A school teacher (such as a health teacher, biology teacher or gym teacher)...1

☐ A school counselor or school nurse...2

☐ A peer instructor...3

☐ An outside facilitator (such as a health educator).......................................4

C84. **For all programs, which entity was responsible for deciding on the <u>settings</u> in which programs will be provided?**

    ❍ Grantee..1

    ❍ Subawardee program providers..2

    ❍ Other (specify)..3

    |_____| (

C85. **For all programs, which entity was responsible for deciding on the <u>sites</u> at which programs will be provided?**

    ❍ Grantee..1

    ❍ Subawardee program providers..2

    ❍ Other (specify)..3

    |_____|

C86. **What specific populations is [PROVIDER] targeting with your SRAE grant?**

	SELECT ONE PER ROW	
	Yes	No
a. Middle school-age youth	$_1$ ◯	$_0$ ◯
b. High school-age youth	$_1$ ◯	$_0$ ◯
c. Adjudicated youth	$_1$ ◯	$_0$ ◯
d. Youth from racial or ethnic minority groups	$_1$ ◯	$_0$ ◯
e. Youth in foster care	$_1$ ◯	$_0$ ◯
f. Youth with emotional or behavioral health needs	$_1$ ◯	$_0$ ◯
g. Homeless or runaway youth	$_1$ ◯	$_0$ ◯
h. Youth in high areas of poverty	$_1$ ◯	$_0$ ◯
i. Other *(specify)*	$_1$ ◯	$_0$ ◯

(STRING 75)

C87. **Which racial or ethnic minority groups is [PROVIDER] targeting?**

☐ Hispanic..1

☐ American Indian or Alaska Native...2

☐ Asian...3

☐ Black or African American..4

☐ Native Hawaiian or Pacific Islander...5

☐ Other *(specify)*...7

C88. **For all providers, which entity was responsible for deciding which population(s) to target?**

◯ Grantee...1

◯ Subawardee program providers..2

◯ Other (specify)...3

C89. **In which types of areas will your providers deliver SRAE programming?**

	Yes	No
a. Rural	$_1$ ○	$_0$ ○
b. Urban	$_1$ ○	$_0$ ○
c. Suburban	$_1$ ○	$_0$ ○

C91. **How many youth did [PROVIDER] /do you expect [PROVIDER] to serve during the <u>first year</u> of service delivery for your current grant?**

☐ NUMBER

C92. **How many total youth do you expect [PROVIDER] to serve over the project period for your current grant?**

☐ NUMBER

C93. **Will all providers offering [CURRICULUM] offer the same number of hours of programming to youth during one round of program implementation?**

❍ Yes..1   GO TO C94

❍ No...0   GO TO C95

❍ Don't know...DK
....

☐

C96. **Will <u>all</u> providers offering [CURRICULUM] implement the program over the same number of weeks during one round of program implementation?**

❍ Yes...1   GO TO C97

❍ No...0   GO TO C98

❍ Don't know...DK GO TO C98

49

C99. **For [PROVIDER], which components of the SRAE program, [NAME OF PROGRAM] address items A through F?**

SELECT ALL THAT APPLY

	Primary Curricula	Supplemental programcontent		Facilitator personal characteristics	Social media	Parent Programming	Not included in the program
a. The holistic and individual societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future	1 ☐	2 ☐	3	3 ☐	4 ☐	5 ☐	6 ☐
b. The advantage of refraining from non-marital sexual activity in order to improve the future prospects and physical and emotional health of youth	1 ☐	2 ☐		3 ☐	4 ☐	5 ☐	6 ☐
c. The increased likelihood of avoiding poverty when you attain self-sufficiency and emotional maturity before engaging in sexual activity	1 ☐	2 ☐		3 ☐	4 ☐	5 ☐	6 ☐
d. The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families	1 ☐	2 ☐		3 ☐	4 ☐	5 ☐	6 ☐
e. How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex	1 ☐	2 ☐		3 ☐	4 ☐	5 ☐	6 ☐
f. How to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that even with consent teen sex remains a youth risk behavior	1 ☐	2 ☐		3 ☐	4 ☐	5 ☐	6 ☐

C100. **Will any of your providers use social media?**

SELECT ONE PER ROW

	Yes	No
a. [PROVIDER]	1 ○	0 ○
b. [PROVIDER]	1 ○	0 ○
c. [PROVIDER]	1 ○	0 ○
d. [PROVIDER]	1 ○	0 ○

C101. **In what ways will [PROVIDER] use social media ?**

SELECT ONE PER ROW

	Yes	No
a. Recruiting youth to participate in programming	1 ○	0 ○
b. Promoting greater acceptance of sexual risk avoidance behaviors	1 ○	0 ○
c. Sharing statistics about the prevalence of youth behaviors related to sexual risk avoidance	1 ○	0 ○
d. Other *(specify)*	1 ○	0 ○

C102. **Will any of the programs funded by your SRAE grant include the option to offer information on contraception?**

○ Yes...1 GO TO C103

○ No..0 GO TO C105

○ Don't know...DK GO TO C8

C103. **Which providers plan to include information on contraception as part of their program plans?**

SELECT ONE PER ROW

	Yes	No
a. [PROVIDER]	$_1$◯	$_0$◯
b. [PROVIDER]	$_1$◯	$_0$◯
c. [PROVIDER]	$_1$◯	$_0$◯
d. [PROVIDER]	$_1$◯	$_0$◯

C104. **In which program does [PROVIDER] plan to include information on contraception as part of their program plans?**

SELECT ONE PER ROW

	Yes	No
a. [PROGRAM NAME]	$_1$◯	$_0$◯
b. [PROGRAM NAME]	$_1$◯	$_0$◯
c. [PROGRAM NAME]	$_1$◯	$_0$◯
d. [PROGRAM NAME]	$_1$◯	$_0$◯

C105. **Which entity is responsible for deciding whether to provide information on contraception?**

◯ Grantee...1
◯ Subawardee program providers..2
◯ Other (specify)..3

```
[                                    ]
```

C8a. **Please use this space to provide any additional information you think would be helpful to note about the information on contraception provided for your SRAE grant.**

```
[                                                                    ]
```

C106. **Which entity is responsible for ensuring [FILL]?**

SELECT ALL THAT APPLY

	Grantee	Provider	Other Partner	No one yet identified
a. Programs contain substantial and unambiguous emphasis on avoiding non-marital sexual activity and that avoiding sex before marriage offers the best opportunity for optimal health	1 ◯	2 ◯	3 ◯	0 ◯
b. Programs are medically accurate and complete, meaning they are verified or supported by the weight of research conducted in compliance with accepted scientific methods	1 ◯	2 ◯	3 ◯	0 ◯
c. Programs are age appropriate, meaning suitable to the developmental and social maturity of the particular age group of youth based on developing cognitive, emotional, and behavioral capacity typical for the age group	1 ◯	2 ◯	3 ◯	0 ◯
d. Programs are based on adolescent learning and developmental theories for the age group	1 ◯	2 ◯	3 ◯	0 ◯
e. Programs are culturally appropriate, recognizing experiences of youth from diverse communities, backgrounds and experiences	1 ◯	2 ◯	3 ◯	0 ◯

C107. **Which entity is responsible for ensuring [FILL]?**

SELECT ALL THAT APPLY

	Grantee	Provider	Other Partner	No one yet identified
a. The curriculum applies key program elements found to be effective in positive youth behavior change (delaying initiation of sexual activity, returning to a lifestyle without sex, and refraining from non-marital sex)	1 ◯	2 ◯	3 ◯	0 ◯
b. Participants are linked to services with local community partners and agencies that support the health, safety, and well-being of youth with a commitment to optimal health outcomes that do not normalize teen sexual activity	1 ◯	2 ◯	3 ◯	0 ◯
c. Formal training and continuing technical assistance is provided to program facilitators on the program model, elements of the program model, and youth risk and protective factors	1 ◯	2 ◯	3 ◯	0 ◯
d. Programs teach the benefits associated with self-	1 ◯	2 ◯	3 ◯	0 ◯

	Grantee	Provider	Other Partner	No one yet identified
regulation, success sequencing for poverty prevention, healthy relationships, goal setting, resisting sexual coercion and dating violence, and other youth risk behaviors without normalizing teen sexual activity				
e. Programs are inclusive of gender identity and sexual orientation	1 ○	2 ○	3 ○	0 ○

C108. Will any of your SRAE grant funds be used to offer programming to parents?

Programming to parents can include workshops for parents only, workshops for parents and children together, activities for parents and children to complete together at home, or other similar activities. Informational flyers or brochures should not be considered programming to parents.

○ Yes...1 GO TO C109

○ No...0 GO TO C111

○ Don't know...DK GO TO C13

[ ]

C109. **Which providers plan to offer programming to parents?**

SELECT ONE PER ROW

	Yes	No
a. [PROVIDER]	$_1\bigcirc$	$_0\bigcirc$
b. [PROVIDER]	$_1\bigcirc$	$_0\bigcirc$
c. [PROVIDER]	$_1\bigcirc$	$_0\bigcirc$
d. [PROVIDER]	$_1\bigcirc$	$_0\bigcirc$

C110. **In which program does [PROVIDER] plan to provide programming to parents?**

SELECT ONE PER ROW

	Yes	No
a. [PROGRAM NAME]	$_1\bigcirc$	$_0\bigcirc$
b. [PROGRAM NAME]	$_1\bigcirc$	$_0\bigcirc$
c. [PROGRAM NAME]	$_1\bigcirc$	$_0\bigcirc$
d. [PROGRAM NAME]	$_1\bigcirc$	$_0\bigcirc$

C111. Which entity was responsible for deciding whether SRAE programming involves parents?

❍ Grantee..1

❍ Subawardee program providers..2

❍ Other (specify)..3

_____

C12a. Please use this space to provide any additional information you think would be helpful to note about the programming you offer to parents for your SRAE grant.