

The Power of Performance, Department of Children and Families (DCF), Substance Abuse and Mental Health Program Office (Circuits 11&16), and The Miami Coalition for a Safe and Drug Free Community (TMC), is collectively launching Art Works! A Blueprint for a New Generation of Prevention Programs.

In our effort to address the needs of the prevention, education, and arts communities, we are reaching out to you for information about you, your organization, your current programs, your resources, and your interests in participating in this initiative.

Please help us by completing the following PREVENTION COMMUNITY SURVEY at your earliest convenience. This will take about 20 minutes to complete. Although answering every item is not required, OR items may not apply to you, we strongly urge you to complete as many as you can.

Your input is invaluable, whether you provide prevention or intervention services.



2. CURRENT PRIMARY PREVENTION PROGRAM

4. Please describe your current primary prevention program.

- a. Describe your primary program affiliate, if any.
- b. Describe your working relationship with this affiliate:
- c. Program title or focus:
- d. Program goal(s):
- e. Is it a validated model (SAMHSA/CSAP)?
- f. Number of months/years program has been delivered:
- g. Describe the program evaluation:
- h. Most positive aspects of this program:
- i. Most problematic aspects:

5. In regards to #4, describe the participants and program schedule. Check only one choice in each row, except for "a".

	1-5	6-10	11-13	14-17	18-25	26-60	over 61
a. Age range of target population:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Number of participants per session:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Length of time in minutes per session with participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Frequency of sessions per month with same participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Total number of sessions with same participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Duration of program in weeks with same participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

6. In regards to #4, describe the target population served.

	no	yes	NA
a. Are participant numbers consistent from start to conclusion of the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is participant ethnicity mostly African American?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is participant ethnicity mostly Hispanic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Is participant ethnicity mostly Caucasian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Is participant ethnicity mostly Haitian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Participant ethnicity is equally represented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

7. In regards to item #4, describe the kind of activities used in your program.

	none	1%-30% of contact hours	31%-60 % of contact hours	61%-100% of contact hours
Parental involvement:	jñ	jñ	jñ	jñ
Physical activities:	jñ	jñ	jñ	jñ
Workbook lessons:	jñ	jñ	jñ	jñ
Reading:	jñ	jñ	jñ	jñ
Writing:	jñ	jñ	jñ	jñ
Discussion:	jñ	jñ	jñ	jñ
Creative arts:	jñ	jñ	jñ	jñ
Media programs:	jñ	jñ	jñ	jñ
Field trips:	jñ	jñ	jñ	jñ
Community service:	jñ	jñ	jñ	jñ
Guest speakers / specialists:	jñ	jñ	jñ	jñ
Other inclusions (listed in box below):	jñ	jñ	jñ	jñ

Other activities (please specify):

3. CURRENT ART INTEGRATED PROGRAM

8. Has your organization recently (within last 2 years) acted in collaboration with individual ARTISTS or ARTS ORGANIZATION, integrating the arts in your prevention programming?

If no, please skip and advance to item #12.

If yes, please complete the following information:

- a. Name of organization or artist with whom you are working:
- b. Describe your working relationship:
- c. Project title or focus:
- d. Project goal(s):
- e. Number of months/years program has been delivered:
- f. Art form that was used:
- g. Describe the program evaluation:
- h. Most positive aspects of this program:
- i. Most problematic aspects:
- j. Number of other arts collaborations with brief description of activities:

9. In regards to #8, describe the participants and program schedule.

Check only one choice in each row, except for "a".

	0-5	6-10	11-13	14-17	18-20	21-60	over 60
a. Age range of target population:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Number of participants per session:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Length of time in minutes per session with participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Frequency of sessions per month with same participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Total number of sessions with same participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Duration of program in weeks with same participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

10. In regards to #8, indicate your assessment results.

	not at all	somewhat	moderate	great
a. To what degree was the art discipline integrated into the goals of prevention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To what degree did the arts activities impact the prevention goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To what degree did the facility / site support the art activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. To what degree was the arts-based prevention program formally evaluated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. To what degree was the arts-based prevention program managed by the prevention agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. To what degree was the arts-based prevention program managed by the artist or arts organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

11. In regards to #8, what was the source and amount of funds allocated for the arts-based project?

	internal funds of provider agency	corporate grant / sponsorship	private contributions (foundation / benefactor)	government contract or grant	not known
under \$1,000	€	€	€	€	€
\$1,001 to \$7,000	€	€	€	€	€
\$7,001 to \$15,000	€	€	€	€	€
\$15,001 to \$30,000	€	€	€	€	€
\$30,001 to \$45,000	€	€	€	€	€
over \$45,000	€	€	€	€	€

Other (please specify)

4. EXPERIENCE & INTEREST IN ARTS-BASED PREVENTION

12. Describe the qualifications of your agency's facilitators who deliver prevention education.

	full time staff	part time staff	contract personnel	volunteer
a. Qualified by education / degree	€	€	€	€
b. Qualified by specialized training program	€	€	€	€
c. Qualified by on-the-job training	€	€	€	€
d. Qualified by experience in the field	€	€	€	€
e. Other (indicate in box below)	€	€	€	€

Other (please specify):

13. How would you describe your (or agency staff's) level of interest:

	none	some	moderate	great
a. in partnering with an artist or arts agency?	jñ	jñ	jñ	jñ
b. in training staff to deliver arts-based prevention?	jñ	jñ	jñ	jñ
c. in learning ways of using the arts to impact substance use/abuse resiliency among youth?	jñ	jñ	jñ	jñ
d. in gaining new skills and understanding about the field of arts integrated substance abuse prevention?	jñ	jñ	jñ	jñ
e. in developing an arts evidence-based prevention model?	jñ	jñ	jñ	jñ
f. in following the steps to program innovation and validation in accordance with SAMHSA-CSAP guidelines?	jñ	jñ	jñ	jñ

Please add your other interests:

14. What do you consider are the professional development and training needs of agency staff who participate in prevention partnerships?

	none	some	moderate	great
a. drug use/abuse prevention (background, strategies, essential criteria)?	jñ	jñ	jñ	jñ
b. establishing and sustaining an arts partnership?	jñ	jñ	jñ	jñ
c. planning and developing an arts-based prevention program?	jñ	jñ	jñ	jñ
d. arts / prevention curriculum design?	jñ	jñ	jñ	jñ
e. arts evidence-based evaluation methodologies?	jñ	jñ	jñ	jñ
f. management skills used in an arts partnership?	jñ	jñ	jñ	jñ
g. funding strategies and resources?	jñ	jñ	jñ	jñ
h. developing and managing an arts project business plan?	jñ	jñ	jñ	jñ
h. the marketing component of an arts project?	jñ	jñ	jñ	jñ

Other (please specify):

5. EXPERIENCE & INTEREST IN ARTS-BASED PREVENTION cont'd

15. Rate the following professional training and development strategies for providers who want to integrate art in prevention programs?

	least effective	useful	effective	best
a. Hands-on art techniques used to achieve prevention goals	jn	jn	jn	jn
b. Prevention techniques specific to target populations	jn	jn	jn	jn
c. Panel presentations / discussions	jn	jn	jn	jn
d. Resource and reference reviews (via printed or media works)	jn	jn	jn	jn
e. How-to guidelines with step-by-step processes	jn	jn	jn	jn
f. Demonstrations (e.g., community organizing techniques and approaches)	jn	jn	jn	jn
g. Group interaction (task group, simulations, role plays)	jn	jn	jn	jn
h. Case studies	jn	jn	jn	jn

Other (please specify):

16. What is most needed to support and advance community arts and prevention provider partnerships?

	not needed	useful	needed	most needed
a. More opportunities for prevention providers to network with artists	jn	jn	jn	jn
b. Small topical meetings	jn	jn	jn	jn
c. Regional conferences	jn	jn	jn	jn
d. Hands-on / experiential workshops	jn	jn	jn	jn
e. Peer-to-peer networking	jn	jn	jn	jn
f. More team building within arts partnerships	jn	jn	jn	jn
g. Support for consultation from experts in the field	jn	jn	jn	jn
h. More funding	jn	jn	jn	jn
h. More art world legitimacy	jn	jn	jn	jn
j. More legitimacy of arts as agents of social change	jn	jn	jn	jn
k. Internet-based information and communication sites for prevention proviers	jn	jn	jn	jn

Other (please specify):

17. Please suggest resources to include in the Art Works! initiative. Include contact information where appropriate.

PEOPLE and their special interests / expertise:

ORGANIZATIONS:

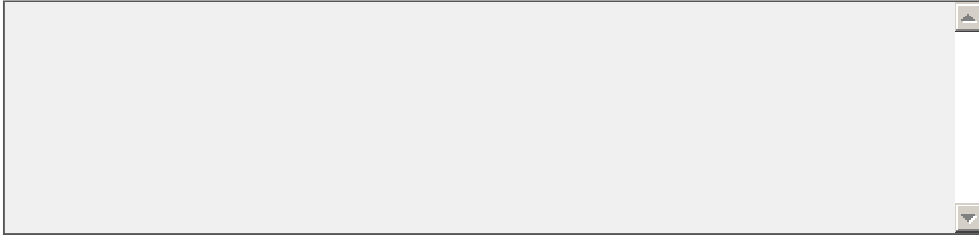
FACILITIES:

RESOURCE MATERIALS:

EVENTS:

OTHER:

18. Please feel free to add anything you feel is important to include in this survey relevant to arts-based prevention activities and interests. Write as much as you like.



Thank you so much for taking the Art Works! Prevention Provider Survey. For more information or to be added to our mailing list, e-mail livingarts-artworks@yahoo.com.