

## Welcome!

Rape Prevention and Education (RPE) Program  
Primary Prevention Integration Plan  
(Building Organizational Capacity)  
Step 1: Organizational Self-Assessment

DUE: MONDAY, JULY 9, 2012 at 5:00 PM

The California Department of Public Health (CDPH) and CALCASA are committed to supporting California's Rape Crisis Centers to provide prevention programs in their communities. Working to end sexual violence over the long term requires that organizations have capacity and willingness to "own" their primary prevention role and comprehensively integrate primary prevention into their organizational infrastructures. For example, primary prevention is included in the mission statement, and all staff members feel competent and confident in promotion or delivering primary prevention activities.

This self-assessment is meant to serve as a technical assistance and planning tool. The questions are designed to measure against specific benchmarks and are posed for the purpose of self-reflection and analysis to facilitate ongoing improvements. It is not realistic to expect that rape crisis centers will give themselves the highest score on each of these benchmarks. A true assessment should reveal areas that need improvement. Your agency's assessment will not be used to monitor your CDPH grant, but will help CALCASA tailor training and technical assistance activities, and will identify priority needs to be addressed when developing your Primary Prevention Integration Plan (as required by CDPH).

In completing your self-assessment, we encourage you to include input from a variety of individuals in your organization, including the Executive Director, prevention staff, and others. This may involve a meeting to discuss the questions and responses prior to completing the assessment online. The online assessment is designed so that you can work on it, save your information, and go back as needed.

This assessment focuses on primary prevention activities. Primary prevention is changing the social norms that allow and condone violence and prevents violence before it starts. Primary prevention involves work across all levels of the social ecological model, targeting attitudes, beliefs, behaviors, environments and policies to eliminate those that contribute to violence and promote those that prevent violence. For further clarification on the activities that count as primary prevention work (as opposed to awareness raising, community outreach, etc.), please contact CDPH or CALCASA.

Additionally, for the purpose of this assessment process, the terms agency, organization, and center are used interchangeably to define your rape crisis program.

If you have questions about this assessment, please contact Alexis Marbach at [alexis.marbach@calcasa.org](mailto:alexis.marbach@calcasa.org)

Thank you!

## Agency Information

**\* 1. Please provide the following information about your agency and your primary contact person.**

My agency's name:

Primary contact's name:

Primary contact's job title:

Primary contact's email address:

**2. The following people in my organization participated in completing this self-assessment (names and job titles).**

1.

2.

3.

4.

5.

6.

Others?

## Structures and Processes

### 3. Our organization's mission statement is:

### 4. To what extent does the mission statement of our agency include primary prevention?

1. Does not include primary prevention (not mentioned or implied at all)

2.

3.

4.

5. Emphasizes primary prevention as a main feature, equal in priority to intervention services

### 5. Our mission statement needs to be updated to be more inclusive of our current primary prevention efforts.

Yes

No

If "yes", has the process of revising the mission statement started? What steps have you taken?

### 6. Our organization currently has a strategic plan.

Yes

No (if no, skip to question 9)

### 7. To what extent does our strategic plan include primary prevention?

1. Does not include or mention primary prevention at all

2.

3.

4.

5. Includes goals, measurable objectives, and desired outcomes and/or a logic model for primary prevention

### 8. Our strategic plan was developed with input from:

**9. To what extent does our organization's website emphasize primary prevention?**

1. Does not mention primary prevention at all

2.

3.

4.

5. Has a section dedicated to primary prevention that is easily accessible within one "click" of the homepage, clearly visible, and updated frequently



**10. We use the following forms of social media to communicate about primary prevention:**

Facebook

Twitter

Blogs

YouTube

Flickr

None

Other (please specify)

**11. We feature primary prevention in our newspaper articles, editorials, and press releases:**

All of the time

Most of the time

Some of the time

Never

We don't write articles, editorials, or press releases

**12. Our newsletter includes a primary prevention section:**

All of the time

Most of the time

Some of the time

Never

We don't have a newsletter

**13. When our Executive Director or agency spokesperson makes statements to the press or speaks publicly, he/she emphasizes the need for primary prevention and talks about our primary prevention programs:**

- All of the time
- Most of the time
- Some of the time
- Never

**14. When agency staff (other than primary prevention staff) speak about the agency during outreach presentations and community meetings, they emphasize the need for primary prevention and talk about our primary prevention programs:**

- All of the time
- Most of the time
- Some of the time
- Never

**15. Do you have additional comments about the questions in this section?**

## Leadership

### 16. Our Executive Director meets with primary prevention staff:

Never      On an as needed basis      Quarterly (4 times a year)      1-2 times per month      Weekly basis

                      

### 17. Our Executive Director attends our primary prevention activities:

- All the time
- Most of the time
- Some of the time
- Rarely
- Never

### 18. To what extent does orientation for new / incumbent Executive Directors cover primary prevention?

1. Does not include any information on primary prevention at all

2.

3.

4.

5. Includes a comprehensive overview of primary prevention and the public health approach

                      

### 19. Our Executive Director receives on-going training specific to primary prevention:

- Never
- Rarely
- Sometimes
- Frequently
- At every meeting

### 20. Our Board of Directors is comprised of:

1. members who have no interest, background, or expertise in primary prevention

2.

3.

4.

5. majority of members who have specific expertise in primary prevention and the public health approach

                      

### 21. To what extent does orientation for new Board Members cover primary prevention?

1. Does not include any information on primary prevention

2.

3.

4.

5. Includes a comprehensive overview of primary prevention and the public health approach

                      

Other (please specify)

**22. Primary prevention and/or a prevention related topic is on the Board of Director's meeting agenda**

Never	1-2 times a year	3-4 times a year	5-6 times a year	Always (standing item on the agenda)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. Our Board of Directors receives on-going training specific to primary prevention:**

- Never
- Rarely
- Sometimes
- Frequently
- At every meeting

**24. Do you have additional comments about the questions in this section?**

## Agency Staffing

**25. Please rate the following forms of internal communication (within the agency, between agency staff members) in order of how frequently they are used, with 1 being the form of communication used most frequently and 6 being the least utilized form.**

<input type="text"/>	Staff meetings
<input type="text"/>	Email updates
<input type="text"/>	Departmental manager meetings
<input type="text"/>	Executive Director updates
<input type="text"/>	Staff communicate across departments/programs on an infrequent basis
<input type="text"/>	Staff communicate through informal methods

**26. To what extent is primary prevention discussed at all-staff meetings?**

Primary prevention is never discusses at staff meetings	Primary prevention is discussed about 25% of the time	Primary prevention is discussed about 50% of the time	Primary prevention is discussed about 75% of the time	Primary prevention is discussed at every staff meeting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**27. To what extent do orientation and training for new staff cover primary prevention?**

1. Does not include any information on primary prevention	2.	3.	4.	5. Includes a comprehensive overview of primary prevention and the public health approach
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**28. Ongoing trainings and opportunities for professional development specific to primary prevention are offered**

Never	1-3 times per year	4-6 times per year	7-10 times per year	More than 10 times per year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**29. The percentage of all agency staff that can correctly identify where to find the most up-to-date information on the prevalence of sexual violence and research on effective programs to prevent it:**

- 0-10%
- 10-25%
- 25-50%
- 50-75%
- 75-100%



**30. All staff members at our organization are invited and encouraged to attend primary prevention activities in the community.**

- Yes
- No

**31. The number of staff members that are completely dedicated to primary prevention is (i.e., .5FTE, 1FTE, etc.)**

**32. Our prevention staff feels as though they have access to the training and technical assistance needed to deliver high quality prevention programming.**

- Yes
- No

Can you identify what training / technical assistance is needed to better support your work?

**33. Primary prevention staff members receive release time and tuition support to participate in leadership development opportunities.**

- Yes
- No

**34. We have a clear plan in place for maintaining primary prevention work at the agency in the event that a staff person were to leave or change positions.**

- Yes
- No

**35. Do you have additional comments about the questions in this section?**

## Other Resources

### 36. Our organization utilizes volunteers in the following way:

	0-10% of volunteers are used in this capacity	11-25% of volunteers are used in this capacity	26-50% of volunteers are used in this capacity	51-75% of volunteers are used in this capacity	76-100% of volunteers are used in this capacity
Crisis line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SART Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office/Administrative help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary prevention activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community outreach (tabling at events, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 37. In the past year, our organization has dedicated the following numbers of volunteers to work solely on primary prevention:

- 0-2
- 3-5
- 7-9
- 10-12
- more than 12

### 38. To what extent do orientation and training for new volunteers cover primary prevention?

- |   |                       |                       |                       |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does not include any information on primary prevention | 2.                    | 3.                    | 4.                    | 5. Includes a comprehensive overview of primary prevention and the public health approach |
| <input type="radio"/>                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |

### 39. We require that all volunteers complete the 40 hour state certification to take crisis line calls.

- Yes
- No

### 40. Over the past year, our organization has submitted proposals to potential funders (other than CDPH) that address primary prevention:

- 0 times
- 1-2 times
- 3-4 times
- 5 or more times

**41. Over the past year, our organization has conducted activities to raise unrestricted funding specifically for primary prevention:**

- 0 times
- 1-2 times
- 3-4 times
- 5 or more times

**42. When we speak to potential donors, we discuss our primary prevention focus and activities.**

1. Never	2.	3.	4.	5. At every possible opportunity
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**43. Our organization has a fee for service schedule for primary prevention activities.**

- Yes
- No

**44. Our agency has a formalized or official partnership with at least one other agency that is engaged in primary prevention of some public health and social change issue with similar goals (e.g. healthy relationships, gang violence, bullying, promoting tolerance, teen pregnancy, etc.).**

- Yes
- No

**45. Our organization has identified and built a relationship with a champion of our primary prevention efforts within our community.**

- Yes
- No

**46. Do you have additional comments about the questions in this section?**