

**Daughters of Charity Foundation of Saint Louis
User's Guide for Evaluation:**

**A GUIDE TO OUTCOMES AND INDICATORS
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Introduction

The Daughters of Charity Foundation of St. Louis (DCFSL) is committed to the measurement and evaluation of its impact on the poor and underserved and on the community at large. To support this commitment, DCFSL staff, in cooperation with the Board of Directors and the Program Committee, has determined procedures and practices to integrate the evaluation of outcomes and impact of all their grantees into their own impact measurement system.

This requires all applicants to select from a set of DCFSL Outcomes and Indicators to ensure: 1) alignment of their work with the Foundation's mission and 2) alignment and participation in impact measurement within the Foundation's overall efforts. It also requires that all grantees systematically evaluate their progress toward these Outcomes and Indicators to the best of their ability and in compliance with the DCFSL online grant management system. Applicants are also expected to identify a minimum of two organization-defined set of outcomes and indicators that are specific to the programs and services for which they are seeking funding. Grantees are required to provide documentation to support the outcomes/results that are reported to DCFSL.

*The following description is a guide with explanations of the Foundation's thinking of what the outcomes/indicators mean along with **examples of evaluation tools intended for illustration purposes only**. The purpose of the guide is to assist applicants **apply the examples provided and/or develop their own measures** to track and report on DCFSL Outcomes and Indicators. Utilizing items verbatim from the examples are acceptable as long as no copyright rules are broken or when the appropriate permissions from the instrument authors have been requested.*

Definitions of Terms in this Guide:

Outcome: The changes in (or benefits achieved by) individuals, organizations or communities due to their participation in project activities. This may include changes in knowledge, skills, behavior, conditions, or status.

Indicator: An indicator is the more specific and measurable definition of an outcome. Indicators are needed to provide evidence that a certain outcome has been achieved.

Activities: Actual events or actions that take place as part of the project to achieve goals and objectives.

Measure/Measurement Tool: The tool used to collect the information necessary to determine whether an outcome or indicator has been achieved. Includes surveys, checklists, observations, standardized measures, and other types of documentation.

Focus Area: Seniors Living Independently

OUTCOME ONE: Increased Stability

➤ **Indicator 1a: Increased Access to Needed Community Resources**

Refers to the community resources clients need through referral to services and resources external to the grantee organization. These resources are part of the continuum of care services tracked by case managers/organization staff. Evaluating this indicator includes not only the referrals made, but also the extent to which clients access the services/resources to which they are referred.

EXAMPLE: The grocery store vouchers that an older adults' housing program provides to its clients would be an example of increased access to food from a local grocery store (or increased access to a needed resource). Another example would consist of referrals to external agencies in the community where older adults can get support services other than the ones provided by the housing program itself, like counseling, or financial assistance, or any other resource not available through the grantee organization itself.

MEASUREMENT: Measuring this indicator includes tracking the number and type of referrals for each client as well as tracking client follow-up with the services and whether the client's need for a community resource was met.

SAMPLE TOOL: For a sample measurement tool for tracking referrals and client's increased access to needed resources, see the evaluation tools posted on the DCFSL website.

➤ **Indicator 1b: Increased Stability Related to Basic Needs (for food/nutrition, shelter/housing and transportation)**

Focuses on the extent to which clients receive ongoing assistance which enables them to regularly access what they need in the areas of food/nutrition, shelter/housing and transportation.

EXAMPLE: Most social service programs assess the level of need among their clients before they begin service delivery. Achieving this indicator means providing the appropriate level of assistance so that clients are able to regularly access the services/resources they need for maintaining independence or the least restrictive living situation possible.

MEASUREMENT: Measuring this indicator involves a baseline assessment in which areas of need are rated, or scored, with follow-up ratings of the extent to which these needs are met over time. A rubric or other scoring tool is needed for tracking stability/need levels at baseline and then again on a periodic basis to measure progress.

SAMPLE TOOL: Tools that measure increased stability include the Self Sufficiency Matrix, available at: http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=48&cf_id=24

➤ **Indicator 1c: Improved/Maintained Levels of Functioning (Physical/Cognitive)**

Refers to the maintenance or improvement in older adults' physical or cognitive abilities to levels that are appropriate for the individual.

EXAMPLE: This indicator may include the provision of tools, equipment, or services that help improve mobility, or for physical, occupational or cognitive therapies that help older adults do as much as they can to help themselves remain in their own homes and to maintain an appropriate level of independence. An improvement in an older adult's coping skills or the utilization of support from another is an additional way that overall functioning can be maintained as much as possible in the presence of problems like dementia or Alzheimer's.

MEASUREMENT: This indicator is best measured by assessing the levels of older adult functioning that will be addressed by the program at the time of intake (or when older adults first receive services), and then by re-assessing these levels of functioning on a periodic basis to evaluate progress.

SAMPLE TOOLS: Sample instruments used to measure the functioning of older adults include the Instrumental Activities of Daily Living Scale <https://www.abramsoncenter.org/media/1197/instrumental-activities-of-daily-living.pdf> and The Functional Activities Questionnaire: <http://www.healthcare.uiowa.edu/familymedicine/fpinfo/Docs/functional-activities-assessment-tool.pdf>.

➤ **Indicator 1d: Improved/Increased Support for Caregivers**

Refers to both tangible/functional and personal support that caregivers receive in caring for a loved one. This support means that caregivers experience less stress and are better able to continue supporting their loved ones in their own homes for as long as possible.

EXAMPLE: Caregiver support is often delivered through support groups, respite services, and linkages to resources/supports that caregivers access for themselves and their loved ones. Achieving this indicator means not only providing a service (like respite) to caregivers, but also measuring the extent to which the service decreases stress and otherwise enables the caregiver to keep supporting his/her loved one.

MEASUREMENT: Measuring progress toward this indicator includes documentation provided by caregivers who report they are better able to continue caring for their loved one because of the support they receive from the program and/or by measuring stress levels periodically to show that services help ease caregiver stress.

SAMPLE TOOL: A sample tool for measuring caregiver outcomes is the Caregiver Self-Assessment Questionnaire: http://www.caregiverslibrary.org/portals/0/caringforyourself_caregiversselfassessmentquestionnaire.pdf.

OUTCOME Two: Improved Quality of Life

➤ Indicator 2a: Increased Community Connections (Social Interaction)

Refers to an increase in the frequency with which older adults interact with others, outside their homes, in a community setting. Providing an opportunity for older adults to interact with others is not enough in and of itself; instead, this indicator refers to older adults actively interacting with others.

EXAMPLE: Services like adult day care and in-home care are important but social interaction means older adults are communicating/engaging with others in the community who are not paid professionals. For example, an agency may provide supervision during the day, which is meeting basic needs of the client, but social interaction would involve the extent to which the client engages with others, like volunteers, peers, or students in a multigenerational learning program. In other words, passive attendance or receiving services alone does not always mean that older adults interact socially with others in a way that improves their quality of life.

MEASUREMENT: Programs/services that select this outcome should measure/document the extent to which older adults spend more time and/or connect/interact more with others while they spend time in community locations; documentation can be accomplished through observations by staff or caregivers, or through older adult self-reports, completed over time.

SAMPLE TOOL: A sample self-report instrument includes the Rochester Interaction Record https://www.psych.rochester.edu/people/reis_harry/assets/pdf/ReisWheeler_SocialInteraction.pdf (p. 285) along with relevant questions on the WHOQOL100: http://www.who.int/mental_health/who_qol_field_trial_1995.pdf.

➤ Indicator 2b: Improved Psychological/Mental Health

This indicator refers to the lessening of symptoms related to depression, stress, anxiety and other disorders. In some cases, it may also relate to decreasing/eliminating addictions to unhealthy substances (or the misuse of prescription drugs or alcohol).

MEASUREMENT: Measuring this indicator typically includes the use of standardized tools and inventories, or relevant items selected from these standardized measures. These tools must be administered at least two points in time to measure improvement.

Continued ... OLDER ADULTS OUTCOME TWO: IMPROVED QUALITY OF LIFE

SAMPLE TOOLS: Instruments that can be used for this purpose include the Geriatric Depression Scale (GDS) short version: <https://www.healthcare.uiowa.edu/igec/tools/depression/GDS.pdf>

The Geriatric Anxiety Scale: http://www.uccs.edu/agingandmentalhealthlab/geriatric_anxiety_scale.html

The Geriatric Anxiety Inventory: <http://gai.net.au>

and the Michigan Alcohol Screening Test Short Form (Geriatric Version) (SMAST-G):

https://www.nccdp.org/resources/_PDF_.pdf

As previously mentioned, selected items from widely accepted assessments and inventories (rather than the entire instruments themselves) are acceptable. These items/inventories need to be administered at least two points in time in order to measure improvement.

➤ **Indicator 2c: Clients Report Improvements in Overall Well-Being**

Refers to improvements in clients' self-reports of life satisfaction.

EXAMPLE: This indicator refers to increases in what clients report in terms of their levels of satisfaction with both the tangible and intangible aspects of their quality of life. Examples of this indicator are frequently included in standardized surveys (that are completed by clients) related to overall quality of life.

MEASUREMENT: This indicator can only be measured with older adults who have the capacity to understand and complete written or verbally-administered surveys that compare how they felt about different areas of their lives/living situations **before** they receive services to **after** they receive them. These surveys should be administered at at least two points in time (pre and post) in order to measure improvement.

SAMPLE TOOLS: Sample tools include the World Health Organization Quality of Live questionnaire (HOQOL-BREF):

http://www.who.int/substance_abuse/research_tools/en/english_whoqol.pdf

Quality of life and wellbeing items from the The Medical Outcomes Study:

http://www.rand.org/content/dam/rand/www/external/health/surveys_tools/mos/mos_core_survey.p

[df](http://www.rand.org/content/dam/rand/www/external/health/surveys_tools/mos/mos_core_survey.pdf) Other examples are listed and reviewed at <http://cirrie.buffalo.edu/encyclopedia/en/article/296/#s3>.

Continued ... OLDER ADULTS OUTCOME TWO: IMPROVED QUALITY OF LIFE

➤ **Indicator 2d: Clients Report Improvements in their Living Environments**

Focuses on the extent to which physical improvements in their places of residence (like home repairs, the addition of special housing features or substantial pieces of equipment that are needed for activities of daily living) contribute to older adults' overall comfort and satisfaction with their living environments.

EXAMPLE: This indicator is related to quality of life in that physical improvements can help clients feel safer, more independent, and/or more physically and psychologically comfortable in the places they live as compared to how they felt before the enhancements to their physical environments. For example, improvements may include enhancements to energy efficiency that help heat/cool homes effectively while containing utility costs.

MEASUREMENT: This outcome is measured by both documenting the improvements made to clients' physical environments (by the person who does the installation) as well as by recording the older adult's (or his/her caregiver's) reports that the improvement increases the clients' independence or quality of life.

SAMPLE TOOLS: See the DCFSL website for sample survey items for measuring satisfaction/improvements for adults living in their own homes. To measure levels of satisfaction for those in residential care, see the PACE Satisfaction Survey: <http://gerontologist.oxfordjournals.org/content/44/3/348.full.pdf>

➤ **Indicator 2e: Decreased Stress for Caregivers**

Refers to the relief of some of the stress experienced by caregivers responsible for their loved ones. Respite services and other types of This support means that caregivers experience less stress and are better able to continue supporting their loved ones in their own homes for as long as possible.

EXAMPLE: Respite services and other types of support can help caregivers of older adults develop more coping strategies and/or relieve some of the stress they experience in balancing their responsibilities and continue supporting their loved ones in their own homes for as long as possible. Achieving this indicator means not only providing a service (like respite) to caregivers, but also measuring the extent to which the service decreases stress and improve feelings of well-being and balance in the caregiver's life.

MEASUREMENT: Measuring progress toward this indicator includes assessing the severity of stress experienced by caregivers before receiving respite/support services and then re-assessing stress levels periodically to measure change. A pre/post evaluation approach is effective for support that extends beyond a one-time service. Otherwise, a post-service questionnaire that asks caregivers to document how the support has lessened their stress, is appropriate

SAMPLE TOOL: A sample tool for measuring caregiver outcomes is the Caregiver Self-Assessment Questionnaire: http://www.caregiverslibrary.org/portals/0/caringforyourself_caregiversselfassessmentquestionnaire.pdf. Tools for measuring stress are available at https://www.nysut.org/~media/files/nysut/resources/2013/april/social-services/socialservices_stressassessments.pdf?la=en.

Continued ... OLDER ADULTS OUTCOME TWO: IMPROVED QUALITY OF LIFE

➤ **Indicator 2f: Improved Oral Health Literacy**

Refers to the degree to which older adults and their caregivers have the capacity to obtain, process and understand basic oral health information and services.

EXAMPLE: Oral health literacy enables older adults and their caregivers to make appropriate oral health decisions. Components of oral health literacy includes: 1) knowledge of oral health topics like causes of disease, 2) prevention and management of disease, and 3) the ability to compare and choose when different care options are available.

MEASUREMENT: Measuring this indicator involves a **pre/post comparison** of what older adults knew about these topics before they received health/dental literacy services with what they learned after service participation. Pre/post instruments can include self-report or caregiver surveys, staff observations of clients during health/dental appointments, or reports from health/dental service providers.

SAMPLE TOOL: See <http://nces.ed.gov/naal/health.asp> for health-related items that can be revised to apply to oral health literacy.

Focus Area: Immigrants/Refugees

OUTCOME One: Increased Stability for Immigrants/Refugees

➤ **Indicator 1a: Increased Access to Needed Community Resources (including Legal Assistance)**

Refers to the community resources immigrants/refugees need through referral to services and resources external to the grantee organization. The exception is the provision of legal services, which are scarce and beyond the reach of most immigrants/refugees; these services may be provided by the grantee directly without the use of referrals to external organizations. Community resources refers to those the clients receive as part of a continuum of care services provided by case managers/organization staff.

EXAMPLE: The grocery store vouchers that an immigrant/refugee resettlement program provides to its clients would be an example of increased access to food from a local grocery store (or increased access to a needed resource). Another example would consist of referrals to external agencies in the community where immigrants/refugees can get support services other than the ones provided by the resettlement program itself, like counseling, or financial assistance, or any other resource not available through the grantee organization.

Continued... OUTCOME ONE: INCREASED STABILITY FOR IMMIGRANTS/REFUGEES

MEASUREMENT: Measuring this indicator includes tracking the number and type of referrals for each client as well as tracking client follow-up with the services and whether the client's need for a community resource was met by the referral. In the case of measuring increased access to legal assistance when provided by the grantee organization itself, the indicator can be measured by tracking the issues that clients need help with, the hours and types of assistance provided, and the outcome of the assistance (for example, whether the issue was resolved or whether other, interim indicators show that the assistance is helping meet client needs).

SAMPLE TOOL: For a sample measurement tool for tracking referrals and client's increased access to needed resources as well as a sample for tracking legal assistance, see the evaluation tools posted on the Daughters of Charity [website](#).

➤ **Indicator 1b: Increased Stability Related to Basic Needs (for Food/Nutrition, Shelter/Housing and Transportation)**

Refers to the extent to which immigrants/refugees receive ongoing assistance which enables them to regularly access what they need in the areas of food/nutrition, shelter/housing and transportation.

EXAMPLE: Most social service programs assess the level of need among their clients before they begin service delivery. Achieving this indicator means providing the appropriate level of assistance so that clients are able to regularly access the services/resources they need to meet basic material needs.

MEASUREMENT: Measuring this indicator involves a baseline assessment in which areas of need are rated, or scored, with follow-up ratings of the extent to which these needs are met over time. A rubric or other scoring tool is needed for tracking stability/need levels at baseline and then again on a periodic basis to measure progress.

SAMPLE TOOL: Tools that measure increased stability include the Self Sufficiency Matrix, available at: http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=48&cf_id=24

➤ **Indicator 1c: Improved Levels of Functioning (Life Skills, English Language Skills)**

Refers to increases in life skills and/or English language skills to help immigrants/refugees adjust, in concrete ways, to life in a new country.

EXAMPLE: There are a variety of life skills that new immigrants/refugees will attain as they make progress in their abilities to function effectively to life in the U.S. This includes skills related to attaining/using transportation, understanding and speaking English, attaining basic literacy levels required for activities like completing job applications, etc.

MEASUREMENT: Measuring increased life skills involves assessing the level of life skills (in diverse areas) at the time that immigrants/refugees begin receiving services, and utilizing the same assessment approach to measure improvement over time. Increases in English language skills involve true pre/post-testing of written and/or verbal skills or the attainment of English language proficiency.

Continued... *OUTCOME ONE: INCREASED STABILITY FOR IMMIGRANTS/REFUGEES*

SAMPLE TOOLS: A sample instrument for measuring basic skills is the Life Skills Inventory (http://www.sped.sbcsc.k12.in.us/PDF%20Files/tassessments/Independent%20Living/Life%20Skills%20Inventory_Independent%20Living.pdf) which addresses such areas as money management/consumer awareness, food management, health, housing, transportation, job seeking and maintenance skills, emergency and safety skills, knowledge of community resources, and legal skills.

For information on tools for measuring English Language Proficiency Among Adults, see: http://www.cal.org/caela/tools/program_development/elltoolkit/Part4-31EnglishLanguageAssessmentInstruments.pdf

➤ **Indicator 1d: Improved Employment Situations**

Refers to the extent to which immigrants/refugees are able to gain work experience that leads to paid employment, or the extent that their paid work experiences increase or improve. Providing job training or help in applying for jobs is not enough to achieve this outcome; these would pertain more to the indicator above (Improved levels of functioning, which includes basic job skills).

EXAMPLE: Improved employment situations can include the following: 1) moving from unemployment to an internship or apprenticeship or subsidized employment in which on-the-job work experience/training is provided; 2) increasing the number of hours worked; 3) increasing an hourly wage or total monthly income; 4) moving from a temporary position to a permanent position; 5) moving from an unhealthy or dysfunctional employment situation (which is taking a toll on the health or well-being of the client) to a more suitable position; 6) moving from a position with no health or other benefits to a position that provides these benefits, or 7) moving into a more skilled position that offers a better chance for advancement.

MEASUREMENT: In all cases, measuring this outcome requires comparing the employment situations of refugees/immigrants when they come into a program to their employment situations after receiving services. It also involves numeric comparisons appropriate for increases in wages, income, benefits and hours. In other words, these increases should be measured quantitatively, with “pre” totals/averages compared to “post” totals/averages.

SAMPLE TOOL: For a sample tool to track/measure improvement, see the sample instruments on the Daughters of Charity [Website](#).

OUTCOME Two: Improved Quality of Life for Immigrants/Refugees

➤ **Indicator 2a: Increased Community Connections**

Refers to an increase in the frequency with which immigrants/refugees interact with others, outside their homes, in a community setting.

EXAMPLE: The purpose of community connections for immigrants/refugees under this indicator is to eliminate social isolation and assist clients in adjusting to life in a new country. Providing one-time events or short-term classes are not enough to achieve this indicator; involvement with others in the community should take place on an ongoing basis with an appropriate level of social support attained.

Continued... *OUTCOME TWO: IMPROVED QUALITY OF LIFE FOR IMMIGRANTS/REFUGEES*

MEASUREMENT: Programs/services that select this indicator should measure/document the extent to which immigrants/refugees spend more time and/or connect/interact more with others, and different types of people, while they spend time in community locations; documentation can be done through self reports and/or observations/attendance tracking by program staff. If attendance tracking is used to help measure this outcome, attendance needs to be reported for individuals and the extent of their involvement over time, and not by the number of people who attend certain events offered by the grantee organization.

SAMPLE TOOLS: Sample measures for community connections and social support include: Medical Outcomes Study: Social Support Survey - MOS-SSS:

http://www.rand.org/health/surveys_tools/mos/social-support/survey-instrument.html The Multidimensional Scale of Perceived Social Support:

<http://www.yorku.ca/rokada/psycstest/socsupp.pdf>

The Social Provisions Scale:

<http://chipts.ucla.edu/wp-content/uploads/downloads/2012/01/Social-Provisions-Scale.pdf> The Duke-UNC Functional Social Support Questionnaire (DUFSS):

http://www.adultmeducation.com/downloads/fssq_tool.pdf

Other measures are listed and reviewed at

http://www.first5la.org/files/SSMS_LopezCooper_LiteratureReviewandTable_02212011.pdf (p 19)

➤ **Indicator 2b: Clients Achieve the Appropriate Legal Status**

Refers to the attainment of a legal status that is appropriate for the immigrant/refugee, serving to decrease his/her life stress and increase his/her overall functioning or stability

EXAMPLE: This indicator refers to moving from a precarious legal status in the U.S. to one that is more suitable for the immigrant's/refugee's plans for the future. This indicator moves beyond the provision of legal services alone; it includes concrete progress in the legal process.

MEASUREMENT: Measuring legal status involves formal documentation of concrete improvements in an immigrant's/refugee's legal situation, or the progress he/she makes in reaching their overall goals related to visas, green cards, asylum, resident status, etc. This documentation should be provided and/or verified by a legal services provider in a format that is recommended by this provider and reported without the use of client identifying information to the Foundation in a summary format.

SAMPLE TOOL: For a sample outline of how this indicator can be measured and reported, please see the sample instruments on the DCFSL [website](#).

➤ **Indicator 2c: Clients Report Improvements in Overall Well-being**

Refers to self-reports of life satisfaction.



EXAMPLE: This indicator refers to increases in what clients report in terms of their levels of satisfaction with both the tangible and intangible aspects of their quality of life. Examples of this indicator are frequently included in standardized surveys (that are completed by clients) related to overall quality of life.

MEASUREMENT: This indicator is measured through written or verbally-administered surveys that ask immigrants/refugees to rate their levels of satisfaction with various aspects of their lives and living situations both before and after receiving services.

SAMPLE TOOLS: See Quality of Life questionnaires for sample survey items, including the Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF): <https://outcometracker.org/library/Q-LES-Q-SF.pdf>

➤ **Indicator 2d: Increased Coping Skills**

Refers to skills needed by immigrants/refugees who have experienced trauma or the significant stressors of living with high levels of uncertainty

EXAMPLE: This indicator refers to the acquisition of coping skills that help immigrants/refugees address symptoms of Post-Traumatic Stress Disorder, chronic stress, anxiety, health problems, and other disorders that arise from prolonged exposure to stressful living conditions or violence.

MEASUREMENT: Coping skills should be measured using a standardized instrument or inventory (that can be adapted as copyrights allow) to measure change from the beginning of services, again at periodic points while services are delivered, and finally, toward the end of program/service participation.

SAMPLE TOOLS: For a sample measure of coping skills, see the COPE Inventory:

<http://www.midss.org/sites/default/files/cope.pdf>

For a list and description of other instruments to measuring coping, see: <http://userpage.fu-berlin.de/gesund/publicat/copchap6.htm>

➤ **Indicator 2e: Decreased Stress (including Traumatic Stress)**

Refers to a reduction in stress-related symptoms associated with past trauma, difficult life situations, anxiety, and/or the lack of effective coping skills.

EXAMPLE: Immigrants/refugees experience different types of stressors when coming to live in a new country. Many have experienced traumatic experiences that lead to additional stress that needs to be addressed as they adjust to life in the U.S.

MEASUREMENT: This outcome is primarily measured through the use of standardized tools and inventories that measure stress. These tools/inventories need to be administered at least two points in time (at the beginning and near the end of services) in order to measure improvement.

Continued... *OUTCOME TWO: IMPROVED QUALITY OF LIFE FOR IMMIGRANTS/REFUGEES*

EXAMPLE: This indicator refers to increases in what clients report in terms of their levels of satisfaction with both the tangible and intangible aspects of their quality of life. Examples of this indicator are frequently

SAMPLE TOOLS: Samples include the Multidimensional Acculturative Stress Inventory

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431619/?report=reader#fn_sectitle

The Sociocultural Adaptation Scale: <http://isplaza.dreamhosters.com/research/measures/>

and the Perceived Stress Scale: <https://www.mindgarden.com/documents/PerceivedStressScale.pdf>

Focus Area: Veterans

OUTCOME One: Increased Stability for Veterans

➤ **Indicator 1a: Increased Access to Needed Community Resources (including legal assistance)**

Refers to the community resources veterans need through referral to services and resources external to the grantee organization. The exception is the provision of legal services, which are scarce and beyond the reach of many veterans; these services may be provided by the grantee directly without the use of referrals to external organizations. Community resources refers to those the clients receive as part of a continuum of care services provided by case managers/organization staff.

EXAMPLE: The grocery store vouchers that a veterans' assistance program provides to its clients would be an example of increased access to food from a local grocery store (or increased access to a needed resource). Another example would consist of referrals to external agencies in the community where veterans can get support services other than the ones provided by the veterans assistance program itself, like counseling, or financial assistance, or any other resource not available through the grantee organization.

MEASUREMENT: Measuring this indicator includes tracking the number and type of referrals for each client as well as tracking client follow-up with the services and whether the client's need for a community resource was met by the referral. In the case of measuring increased access to legal assistance when provided by the grantee organization itself, the indicator can be measured by tracking the issues that clients need help with, the hours and types of assistance provided, and the outcome of the assistance (for example, whether the issue was resolved or whether other, interim indicators show that the assistance is helping meet client needs).

SAMPLE TOOL: For a sample measurement tool for tracking referrals and client's increased access to needed resources as well as a sample for tracking legal assistance, see the evaluation tools posted on the Daughters of Charity [website](#).



➤ **Indicator 1b: Increased Stability Related to Basic Needs (for food/nutrition, shelter/housing and transportation)**

Refers to the extent to which veterans receive ongoing assistance which enables them to regularly access what they need in the areas of food/nutrition, shelter/housing and transportation.

EXAMPLE: Achieving this indicator means providing the appropriate level of assistance so that veterans are able to regularly access the services/resources they need to meet basic material needs.

MEASUREMENT: Measuring this indicator involves a baseline assessment in which areas of need are rated, or scored, with follow-up ratings of the extent to which these needs are met over time. A rubric or other scoring tool is needed for tracking stability/need levels at baseline and then again on a periodic basis to measure progress.

SAMPLE TOOL: Tools that measure increased stability include the Self Sufficiency Matrix (relevant items can be selected from the overall tool), available at:

http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=48&cf_id=24

➤ **Indicator 1c: Improved Levels of Functioning (Life Skills and Employment Skills)**

Refers to increases in life skills and/or employment skills to help veterans re-adjust, in concrete ways, civilian life.

EXAMPLE: There are a variety of life skills that veterans may need to attain/regain as they make progress in their abilities to function effectively in civilian life. This includes skills related to housing, transportation, basic literacy levels required for activities like completing job applications, everyday technology (like using computers and the Internet), etc. Employment skills refer to observable skills related to a veteran's ability to attain and maintain appropriate employment for stability in the community.

MEASUREMENT: Measuring increased life skills and employment skills involves assessing specific skills levels (in diverse areas) at the time that veterans begin receiving services, and utilizing the same assessment approach to measure improvement over time.

SAMPLE TOOLS: A sample instrument for measuring basic skills is the Life Skills Inventory

<http://www.sped.sbcsk12.in.us/PDF%20Files/tassessments/Independent%20Living/Life%20Skills%20Inventory%20Independent%20Living.pdf> which addresses such areas as money management/consumer awareness, food management, health, housing, transportation, job seeking and maintenance skills, emergency and safety skills, knowledge of community resources, and legal skills.

Tools for measuring employment skills include:

The Skills Assessment Worksheet

<http://ccv.edu/documents/2013/11/skills-inventory-worksheet.pdf>

A sample matrix that can be used for observations of job skills can be found at

http://webcache.googleusercontent.com/search?q=cache:Pds2IkRT2r0J:ucsfhr.ucsf.edu/files/competency_scales.doc+&cd=10&hl=en&ct=clnk&gl=us&client=safari



➤ **Indicator 1d: Improved Employment Situations**

Refers to the extent to which veterans are able to gain work experience that leads to paid employment, or the extent that their paid work experiences increase or improve. Providing job training or help in applying for jobs is not enough to achieve this indicator; these would pertain more to the indicator “Improved levels of functioning”, which is described above).

EXAMPLE: Improved employment situations can include the following: 1) moving from unemployment to an internship or apprenticeship or subsidized employment in which on-the-job work experience/training is provided; 2) increasing the number of hours worked; 3) increasing an hourly wage or total monthly income; 4) moving from a temporary position to a permanent position; 5) moving from an unhealthy or dysfunctional employment situation (which is taking a toll on the health or well-being of the client) to a more suitable position; 6) moving from a position with no health or other benefits to a position that provides these benefits, or 7) moving into a more skilled position that offers a better chance for advancement.

MEASUREMENT: In all cases, measuring this outcome requires comparing the employment situations of veterans when they come into a program to their employment situations after receiving services. It also involves numeric comparisons appropriate for increases in wages, income, benefits and hours. In other words, these increases should be measured quantitatively, with “pre” totals/averages compared to “post” totals/averages.

SAMPLE TOOL: For a sample tool to track/measure improvement, see the sample instruments on the Daughters of Charity [website](#).

OUTCOME Two: Improved Quality of Life for Veterans

➤ **Indicator 2a: Greater Access to Appropriate Mental Health Services (including Alternative Services)**

Refers to receiving mental health services that are accessible and directly targeted to the needs of veterans

EXAMPLE: This indicator refers to the extent to which veterans receive appropriate levels of services, on an ongoing basis, that are targeted to their specific mental health needs. This includes the provision of alternative services that have early evidence showing their efficacy in addressing the mental health needs of veterans.

MEASUREMENT: Measuring this indicator involves assessments of individual veteran's needs for mental health support when they come into the program, and tracking/reporting on the types of services, frequencies of services, and durations of services over time. Just reporting on how many veterans receive services and how many attend group services is not enough to measure this outcome.

SAMPLE TOOL: For a sample tool that tracks this indicator, please see the instruments posted on the Daughters of Charity [website](#).

➤ **Indicator 2b: Improved Psychological/Mental Health**

Refers to the lessening of symptoms related to psychological/mental health needs and/or diagnoses

EXAMPLE: Improved psychological/mental health includes a reduction in symptoms related to Post Traumatic Stress Disorder, depression, anxiety and other disorders. It may also relate to decreasing/eliminating addictions to unhealthy substances (or the abuse of drugs and alcohol).

MEASUREMENT: This indicator is typically measured through the use of standardized tools and inventories. These items/inventories need to be administered at least two points in time in order to measure improvement

SAMPLE TOOLS:

The Clinician-Administered PTSD Scale (CAPS-5) available from the U.S. Department of Veterans Affairs, National Center for PTSD

<http://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>

Other examples are listed at http://www.ptsd.va.gov/professional/assessment/all_measures.asp

For additional tools to assess and measure change in mental health symptoms, see:

<http://www.ptsd.va.gov/professional/pilots-database/pilots-assessment>

Continued... *OUTCOME TWO: IMPROVED QUALITY OF LIFE FOR VETERANS*

➤ **Indicator 2c: Clients Report Improvements in Overall Well-being**

Refers to self-reports of life satisfaction

EXAMPLE: The extent to which veterans report improvements in their quality of life (or overall well-being) is an accepted measure of individual levels of life satisfaction. Standardized quality of life measures include many examples of the areas that may be included in achieving this indicator.

MEASUREMENT: This indicator is measured with those who have the capacity to understand and complete written or verbally-administered surveys that compare how they felt about different areas of their lives/living situations before receiving services to how they feel about these same areas after receiving services.

SAMPLE TOOLS:

Sample survey or interview items are available in the Medical Outcomes Study: 36-Item Short Form Survey Instrument (see items referring to energy/vitality, social functioning, role limitations and mental health):

http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html

A version of this survey has been designed specifically for veterans; see the following site for additional information:

<http://www.outcomes-trust.org/monitor/0100mnr.pdf>

➤ **Indicator 2d: Increased Coping Skills**

Refers to coping skills that can help veterans address the effects of trauma and the significant stressors of military life

EXAMPLE: Veterans who have experienced trauma and/or military life may benefit from the acquisition of coping skills that help them improve their functioning and quality of life. This could include addressing symptoms of Post-Traumatic Stress Disorder, anxiety, and other disorders that arise from prolonged exposure to stressful living conditions and/or violence.

MEASUREMENT: Coping skills should be measured using a standardized instrument or inventory (that can be adapted if copyrights allow) to measure change from the beginning of services, again at periodic points while services are delivered, and finally, toward the end of program/service participation.

SAMPLE TOOLS: For a sample measure of coping skills, see the COPE

Inventory: <http://www.midss.org/sites/default/files/cope.pdf>

For a list and description of other instruments to measuring coping, see:

<http://userpage.fu-berlin.de/gesund/publicat/copchap6.htm>

Continued... *OUTCOME TWO: IMPROVED QUALITY OF LIFE FOR VETERANS*

➤ **Indicator 2e: Decreased Stress (including Traumatic Stress)**

Refers to a reduction in stress-related symptoms associated with past trauma, difficult life situations, anxiety, and/or the lack of effective coping skills.

EXAMPLE: Decreased stress includes a reduction in situations or ways of thinking that lead to excess stress, or a reduction in stress-related symptoms associated with anxiety, difficult life situations and health problems. For example, a veteran with high blood pressure may not have a specific mental health diagnosis but may have been advised by his/her physician that a reduction in stress and anxiety will likely lead to improved health.

MEASUREMENT: This outcome is primarily measured through the use of standardized tools and inventories that measure stress. These tools/inventories need to be administered at least two points in time (at the beginning and near the end of services) in order to measure improvement.

SAMPLE TOOL:

The Perceived Stress Scale <https://www.mindgarden.com/documents/PerceivedStressScale.pdf> and other standardized tools to measure depression, anxiety and other mental health challenges associated with traumatic stress. Tools can be identified utilizing the following website: <http://www.ptsd.va.gov/professional/pilots-database/pilots-assessment.asp>

Focus Area: Human Trafficking Prevention

OUTCOME One: Increased Knowledge/Skills/Collaboration for Prevention

➤ **Indicator 1a: Increased Knowledge of Human Trafficking and its Risk Factors**

Refers to public education/public awareness efforts as well as to increasing knowledge among those who work with children/youth as professionals

EXAMPLE: Accurately measuring the impact of public awareness and education efforts is beyond the resources most nonprofit organizations are able to access. Thus, it is acceptable to track other indicators as proxies for actual knowledge and awareness. Measuring proxy indicators for broadly-based efforts that help a range of individuals (including the public) understand more about the problem of human trafficking in our community. This includes raising awareness of what human trafficking/the Commercial Sexual Exploitation of Children and Youth is, who is most at risk (African American girls, LGBTQ youth, homeless youth, Latina Youth, low-income youth, immigrant and refugee youth and youth aging out of the foster care system) and what can be done to address this growing concern. This indicator may also apply to workshops and in-depth presentations designed to increase knowledge among service providers and professionals who work with youth.

Continued... OUTCOME ONE: INCREASED KNOWLEDGE/SKILLS/COLLABORATION FOR CSEC PREVENTION

MEASUREMENT: Measuring this indicator for broadly-based efforts may involve: 1) tracking the numbers and a few basic characteristics of the people who are reached through communications/ awareness efforts (including presentations on human trafficking to large audiences and the distribution of information about the problem at community events; 2) tracking the number of times the Commercial Sexual Exploitation of Children and Youth (CSEC) is mentioned in print and broadcast media with the aim of seeing increases over time; 3) tracking the number of visitors to websites and/or those who respond to social media postings about human trafficking/CSEC, once again with the aim of seeing increases over time, and 4) tracking the number of informational brochures or reports that are requested and distributed to members of the public.

In addition, evaluation surveys completed by participants at the end of presentations/ information sessions can also be used to measure this indicator. Pre/post surveys (or Retrospective Pre Plus Post Surveys) are the preferred evaluation method for informational workshops for professionals who work with youth.

SAMPLE TOOLS: For sample tools for tracking increased public awareness/individual knowledge of human trafficking/CSEC, see the Public Awareness/Education Tracking Form on the DCFSL website. A sample Retrospective Pre Plus Post Survey for evaluating workshops is also available on the website.

➤ **Indicator 1b: Increased understanding of survivors as victims of trafficking rather than offenders**

Refers to changes in attitudes/awareness among social service providers, health care providers, law enforcement, legal services, and others who work with human trafficking survivors or those at high risk

EXAMPLE: Human trafficking survivors/victims of the Commercial Sexual Exploitation of Children and Youth (CSEC) undergo deep and significant trauma during their victimization; they tend to be at higher risk for arrests related to truancy, drug charges, and other offenses, or for being assessed/treated for these issues without a full understanding of the victimization that preceded the more evident concerns. Training for social workers, health care and behavioral health providers, law enforcement officials, and anyone else who is a point of first contact, needs to increase understanding of victims and those at high risk to improve their own abilities to better interact and engage with young people dealing with or healing from victimization.

MEASUREMENT: Measuring this indicator involves surveying participants to document the extent to which they gain new insights into their work, including being able to better identify those currently being victimized (as well as survivors), to understanding more fully the depth of the trauma that has occurred and how it may be expressed through victims'/survivors' behavior or other characteristics, to knowing more about responding appropriately when victimization has occurred. For short or one-time educational presentations, a post-training survey that asks participants to report on what they learned and the extent to which it will be used in their work may be appropriate. For longer, more in-depth programming, a pre/post survey model may be the most effective measurement approach.

SAMPLE TOOLS: Please see the DCFSL website for sample surveys, including a Post-Only and Retrospective Pre Plus Post Survey.

Continued... OUTCOME ONE: INCREASED KNOWLEDGE/SKILLS/COLLABORATION FOR CSEC PREVENTION

➤ **INDICATOR 1c: Increased Knowledge of Primary, Secondary and/or Tertiary Prevention**

Refers to increased knowledge related to preventing human trafficking/the Commercial Sexual Exploitation of Children and Youth (and/or re-victimization for survivors) among those who participate in educational workshops or specialized training

EXAMPLE: This indicator applies to programs that specially address individuals' knowledge of effective strategies, or steps that can be taken, at an individual, organizational or community level, to prevent human trafficking and/or re-victimization. Appropriate types of prevention that are relevant for victims/survivors of Commercial Sexual Exploitation of Children and Youth (CSEC) include the following:

- **Primary Prevention¹:** Approaches that take place before sexual exploitation has occurred to prevent initial perpetration or victimization.
- **Secondary Prevention:** Immediate responses after exploitation has occurred to deal with the short-term consequences of trauma.
- **Tertiary Prevention:** Long-term responses after exploitation/trauma has occurred to deal with the lasting consequences of the experience.

Categories of prevention as described by the Institute of Medicine and SAMHSA can also be applied:

- **Universal prevention** includes strategies that are delivered to broad populations without consideration of individual differences in terms of risk.
- **Selected prevention** includes programs and practices that are delivered to sub-groups of individuals identified on the basis of their membership in a group that has an elevated risk for exploitation.
- **Indicated prevention** further focuses on interventions to address specific risk categories or conditions.

For more information on these categories (as they apply to behavioral health), see <https://www.samhsa.gov/prevention>.

MEASUREMENT: Measuring increased individual knowledge of human trafficking prevention typically goes beyond what can be learned from a single, short presentation; measuring this indicator requires a pre/post approach to evaluating participant knowledge both before and after an educational intervention. Both tested and perceived knowledge of primary, secondary and/or tertiary prevention is acceptable; that is, participants in educational interventions can either report on how much they believe they have learned (with some indication of primary lessons they gained from the program along with the new knowledge they will use in their work), or they can complete true tests of specific knowledge (by completing pre/post tests on what strategies are effective in preventing victimization/CSEC).

¹ For more information on these categories and how they apply in the human trafficking context, see the CDC report available at <https://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf>.

Continued... OUTCOME ONE: INCREASED KNOWLEDGE/SKILLS/COLLABORATION FOR CSEC PREVENTION

SAMPLE TOOLS: Measuring perceived increases in knowledge is acceptable for one-time programs can be evaluated using a Retrospective Pre Plus Post approach, while longer interventions are better suited for true pre/post evaluation surveys. For a sample of a Retrospective Pre Plus Post survey to measure knowledge gain, please see the DCFSL website.

➤ **Indicator 1d: Increased Skills Among Education, Health and Social Service Providers for Prevention**

Refers to the extent to which participants in human trafficking prevention programs develop new skills (or improved skills) to prevent and/or interrupt the occurrence of the Commercial Sexual Exploitation of Children and Youth (CSEC), including re-victimization among survivors

EXAMPLE: These skills can include those needed for working with children/youth most at-risk for CSEC, skills to work with those who have been victimized to prevent further occurrences, and/or skills needed to work with coalitions, collaborations, or groups of community professionals to prevent CSEC.

MEASUREMENT: Prevention skills should be demonstrated by program participants in some way and observed over time to document increases and improvements. A one-time intervention is typically not enough to lead to increased skills unless it is highly specialized and lasts long enough for individuals to both learn and practice skills.

SAMPLE TOOL: A sample rubric for observing and evaluating prevention skills is included on the DCFSL website.

➤ **Indicator 1e: Increased collaboration among service providers, advocates, and others to prevent human trafficking**

Refers to regular, ongoing action among service providers, advocacy organizations and/or other cross-sector groups in order to support a holistic and well-coordinated approach to the prevention of human trafficking/the Commercial Sexual Exploitation of Children and Youth (CSEC)

EXAMPLE: The prevention of human trafficking on a systems or community level will require real and sustained collaboration across the sectors that both engage directly with high-risk and survivor youth as well as those with the ability to change systems and policies. Effective collaboration includes the opportunity for youth who have been impacted by CSEC to share their experiences and insights, to increase cross-sector understanding and build effective approaches for primary, secondary and tertiary prevention.

MEASUREMENT: Measuring collaboration involves defining stages of collaboration as well as the depth to which true collaboration occurs. Making referrals from one organization to another is a stepping stone to cooperation among providers, but not enough to constitute ongoing collaboration. There are different models of collaboration that can be used to define the levels and depths of the coordinated planning and activities needed to prevent CSEC; a systems-level approach is more likely than individual referral relationships to be effective.

SAMPLE TOOLS: Depending on the depth and goals of collaborations, sample tools may include Collaborative

Process Surveys like the Wilder Collaborative Factors Survey (see <http://www.wilder.org/Wilder-Research/Publications/Studies/Collaboration%20Factors%20Inventory/Collaboration%20Factors%20Inventory.pdf>) or forms that track collaborative actions and results. Please see the DCFSL website for a sample.

OUTCOME Two: Increased Support and Stability for High-Risk Youth and Youth Survivors

➤ **Indicator 2a: Increased Shelter/Safety for Survivors and Those at Highest Risk**

Refers to the provision of safe and appropriate shelter/housing for trafficking victims/survivors of Commercial Sexual Exploitation of Children and Youth (CSEC) and other youth identified as high risk

EXAMPLE: Many of those at highest risk of trafficking/CSEC (including survivors) are children/youth who are homeless or lack basic levels of protection in the places they live. This outcome refers to providing safety and support to high risk groups (including runaways, those released from foster care, and homeless LGBTQ youth) to enable them to remove themselves from high risk and exploitative circumstances and to heal from the trauma that results from victimization.

MEASUREMENT: Measuring this indicator involves assessing the safety and stability of youth's current living situation and tracking/documenting the improvements in shelter and safety that are provided by the program over time.

SAMPLE TOOL: A Housing Situation and Safety Tracking Form can be used for evaluation; a sample is provided on the DCFSL website.

➤ **Indicator 2b: Increased Access to Substance Abuse/Mental Health Services among Survivors/Those at Highest Risk**

Refers to the provision and use of behavioral health services for substance abuse and/or mental health issues experienced by impacted and at-risk children/youth

EXAMPLE: Many of the children and youth who are survivors or at highest risk for the Commercial Sexual Exploitation of Children and Youth (CSEC) experience behavioral health concerns related to the trauma of their experiences. Victims/survivors are in need of ongoing behavioral health support to both prevent victimization as well as to heal or better cope with the impact of CSEC trauma.

MEASUREMENT: Measuring this indicator goes beyond tracking referrals for substance abuse and/or mental health services to documenting service/treatment types along with the frequency, duration and overall outcomes of services received.

SAMPLE TOOL: A sample Behavioral Health Services tracking form is available on the DCFSL website.

Continued... OUTCOME TWO: INCREASED SUPPORT AND STABILITY FOR YOUTH

➤ **Indicator 2c: Increased Availability of Survivor-led Programming**

Refers to increasing the availability of services that have been designed and/or are being led by those who have experienced human trafficking/the Commercial Sexual Exploitation of Children and Youth (CSEC) in their own lives

EXAMPLE: Individuals who have been personally impacted by human trafficking/CSEC are often in the best positions to relate to others who have had similar experiences. Survivors' backgrounds and experiences may better equip them to fully understand the types of trauma that other young people have endured, and how best to address the complex feelings and behaviors that may result. Survivors' own healing processes and the strategies they used to cope (and continue to use) is vital information for those who have been recently victimized or who are in danger of exploitation.

SAMPLE TOOL: A recommended form for tracking the participation of survivors and the extent to which they design/lead interventions and supportive services is available on the DCFSL website.

➤ **Indicator 2d: Increased Availability of Longer-term Residential Services/Programming**

Refers to increasing long-term treatment and programming options for those who have survived human trafficking/the Commercial Sexual Exploitation of Children and Youth (CSEC)

EXAMPLE: The trauma of being exploited and victimized sexually at a young age has been shown to cause deep and lasting trauma for survivors. Short-term, time-limited therapies and treatment are not always effective in helping young people heal from the abuse while also developing coping skills and the other types of support that are needed as trauma experiences are triggered by other, current events in the young person's life.

MEASUREMENT: Evaluating this indicator includes documenting the extent to which the availability of longer-term services is increased along with general indicators of the treatment/service outcome. There are several ways in which this indicator can be accomplished, including through providing additional beds or long-term treatment slots for CSEC survivors, and/or extending current services for CSEC survivors so they are supported over a longer period of time. Measurement requires documenting the current availability of longer-term programming (before the grant is received) along with how residential services/programming is extended over time.

SAMPLE TOOL: A sample form for tracking increases in the availability of longer-term residential services and other types of programming is included on the DCFSL website.

Continued... OUTCOME TWO: INCREASED SUPPORT AND STABILITY FOR YOUTH

➤ **Indicator 2e: Increased stability/well-being among survivors/those at highest risk for human trafficking**

Focuses on the extent to which survivors/those at highest risk receive ongoing assistance which enables them to regularly access what they need in the areas of food/nutrition, shelter/housing, health, transportation and emotional well-being

EXAMPLE: Many of the victims and survivors of the Commercial Sexual Exploitation of Children and Youth (CSEC) are living in highly unstable conditions (including being homeless) before, during and after their victimization. This indicator refers to the provision of support (both tangible and psychological/emotional) services that help youth achieve more stability in their environments and well-being as they either develop greater skills to avoid exploitation or as they heal from the trauma they experienced from their victimization.

MEASUREMENT: Most social service and behavioral health programs assess the level of need among their clients before they begin service delivery. Achieving and measuring this indicator means providing and documenting the appropriate forms of assistance so that youth are able to regularly access the services/resources they need for maintaining stability and healthy functioning. This measurement typically involves a baseline assessment in which areas of physical or emotional need are rated, or scored, with follow-up ratings of the extent to which these needs are met and the youth's stability improve over time. A rubric or other scoring tool is needed for tracking needs and stability at baseline and then again on a periodic basis to measure progress.

SAMPLE TOOLS: Tools that measure increased stability include the Self Sufficiency Matrix, available at:

http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=48&cf_id=24. Standardized or "best practice" measures of emotional well-being and coping skills, administered on a periodic or pre/post basis, are also appropriate. Sample measures include the Beck Youth Inventories (see <http://www.pearsonclinical.com/psychology/products/100000153/beck-youth-inventories-second-edition-byi-ii.html>), Resiliency Scales (<http://www.pearsonclinical.com/psychology/products/100000153/beck-youth-inventories-second-edition-byi-ii.html>), the Kutcher Adolescent Depression Scale (<https://psychology-tools.com/kutcher-adolescent-depression-scale/>) and measures available from the National Child Traumatic Stress Network (<http://www.nctsn.org/resources/online-research/measures-review>).

Strategy Area: Improving Organizations Through Capacity Building

OUTCOME: Increased Organizational Capacity of Nonprofits

➤ **Indicator a: Increased Number of People Served**

Refers to the ability of organizations to reach more people in need

EXAMPLE: In the short-term, this indicator refers to the ability of a nonprofit to reach more people as a result of increased funding or other resources. On a longer-term basis, it can also refer to increases in those served as a result of more effective services.

MEASUREMENT: Measuring the achievement of this outcome requires documenting the number and characteristics of those who were served by the program/organization before the grant was received and then again periodically throughout the grant period with a final count at the end. This reported numbers should include reports of the hours of service/units of service delivered through the program/organization; cutting the number of service hours previously provided in order to serve more people with lower “doses” of service does not qualify as increased capacity; instead, the grant has helped the organization work more efficiently/effectively to serve more people in need at the same level of frequency and intensity as before.

SAMPLE TOOLS: For a sample grid that could be used to track this indicator, see the DCFSL [website](#).

➤ **Indicator b: Increased Organizational Growth (Services are Expanded in Terms of What is Offered)**

Refers to the expansion of services/needs addressed among those in need

EXAMPLE: Often, human service programs are in need of expansion to better address the needs of those they serve. The need for expansion should be based on a needs assessment and/or could also include the addition of evidence-based practices or promising, innovative practices with early evaluation results supporting their efficacy.

MEASUREMENT: When services are expanded, they require a strong process and outcome evaluation component to assure that the program adjustments are achieving better overall results for clients than what the program produced before. Thus, reporting on this outcome includes reporting on evaluation results for the program both before and after the expansion.

SAMPLE TOOLS: For a sample format for reporting on the achievement of this indicator, please see the DCFSL [website](#).

➤ **Indicator c: Increased Individual Knowledge, Skills and Abilities of Staff and/or Management**

Refers to the acquisition of new skills or measurable improvement in professional skills among program staff and management

Continued... INCREASED ORGANIZATIONAL CAPACITY OF NONPROFITS

EXAMPLE: Improvement in skills and abilities is typically accomplished through structured training workshops/programs plus supervised opportunities to use the skills on the job. For example, improved skills in working with clients from a trauma-informed perspective would include specialized training plus follow-up supervision/coaching to assure skills are used appropriately with clients.

MEASUREMENT: Measuring this outcome typically requires a structured observation and evaluation of skills both before the training and again after. Ideally, observations should be conducted by an objective expert/specialist or by a supervisor using a rubric that defines skill components and how they change over time.

SAMPLE TOOL: See the DCFSL [website](#) for a sample observation format.

➤ **Indicator d: Increased Organizational Effectiveness (Related to Program Outcomes and/or Organizational Functioning)**

Refers to measurable change in the effectiveness of programs or organizations

EXAMPLE: Organizations may use capacity building assistance to increase the effectiveness of organizational processes/components like fund development, human resources, information technology, communications, impact measurement/evaluation, volunteer management, etc. They may also use capacity building assistance to institute new program models or best practices to improve the effectiveness, or outcomes, of their programs.

MEASUREMENT: Measuring improved effectiveness for programs requires conducting a thorough process and outcome evaluation of the program both before the grant period and then again after to demonstrate improved outcomes from “pre” to “post.” Measuring efficacy or improvements for organizations requires an organizational assessment completed by multiple staff members and other organizational stakeholders (like board members or volunteers) that identifies areas in need of improvement. Following organizational improvement efforts, the assessment is administered again to measure change.

SAMPLE TOOLS: For samples of organization assessments, see the following websites: http://www.innonet.org/index.php?section_id=64&content_id=185
<http://caseygrants.org/resources/org-capacity-assessment/>
<https://www.centerfornonprofitexcellence.org/sites/default/files/OrganizationalAssessmentsToolsCCF.pdf>

Continued... INCREASED ORGANIZATIONAL CAPACITY OF NONPROFITS

➤ **Indicator e: Improved Leadership Skills (of Board and/or Staff)**

Refers to measurable improvements among those in leadership positions for the organization, including organization executives, board members and program managers.

EXAMPLE: As the complexity of today's nonprofit environment continues to grow, organizational leaders may need training or other capacity building assistance to increase their abilities to make decisions that impact organizational sustainability and to lead teams and communities in effectively serving those in need.

MEASUREMENT: This requires assessing the leadership structure and/or the individual skills of organizational leaders, monitoring improvements over time, and evaluating change at the end of the grant period.

SAMPLE TOOLS: Sample measures for evaluating strengthened leadership include:

<https://www.unitedwaydanecounty.org/nonprofit-services/LeadershipOrganizationalExcellenceAssessmentTool.pdf>

<http://www.ccl.org/Leadership/assessments>

For further information on evaluating leadership development, see:

http://ssir.org/articles/entry/measuring_leadership_development

Strategy Area: Supporting Social Justice/Building Collaboration Through Collaborative Grants

PLEASE NOTE: This section is currently under development.

OUTCOME: Increased Awareness, Support and Action to Address Unmet Needs

➤ **Indicator a: Increased Knowledge/Awareness of Unmet or Underfunded Community Needs**

This outcome refers to the communications and public awareness aspect of social justice collaborations that address community needs that are not well understood by the public. Measuring increased knowledge involves documenting new learning through surveys of those who participate in some aspect of the collaboration, whether it be presentations to small or large audiences or the staff of organizations involved in a coalition. When appropriate, knowledge change can be evaluated on a pre/post basis, or through retrospective pre plus post surveys, or through audience-member self reports. When the collaboration includes broadly-based communications strategies (social media, print and broadcast media placements, etc.), the most realistic approach is to track proxy measures for increased awareness, including social media/website analytics regarding site visits, click-throughs, and shares, or the estimated number of people reached through print or broadcast media based on the media outlet's marketing information.

➤ **Indicator b: Increased Resources in the Community to Address Unmet/Underfunded Needs**

In this context, community resources refer to tangible benefits available to those in need. These could include increases in the financial assistance or funding available to individuals and organizations, or new services targeted to those with unmet needs, or tools/publications/products that are used directly by those associated with/suffering from this issue (among other examples). Measuring this outcome requires some type of assessment of what is currently available, at what level, related to this community need, and tracking the extent to which these resources are increased and extended. This includes careful tracking of these resources, how many people they reach, some indicator of how many people benefit from the resource, and an explanation of how they benefit.

Continued... INCREASED AWARENESS, SUPPORT AND ACTION

➤ **Indicator c: Increased Leadership in the Community to Address Unmet/Underfunded Needs**

This outcome applies to measurable improvements in the extent to which an organization or collaboration is able to establish itself as a recognized resource, convener, planner, and motivator of action in the community to address a critical community issue. Organizations/collaborations who select this outcome should have a clear idea of where leadership is needed, what types of leadership are needed, and what the tangible indicators are of progress in further developing the organization's/collaboration's leading role in the community. Indicators may include the following examples (among others): the number of people attracted to/participating in a collaboration due to the leadership provided; the extent to which other organizational or civic leaders recognize the leadership of the organization/collaboration; and, most importantly, documentation of the actions or tangible results inspired by/associated with this leadership organization or group. Increased leadership could also be measured by stakeholder surveys completed by community members who agree that the organization/collaboration is seen as an important leader/organizer/convener in the area of unmet need.

➤ **Indicator d: Increased Collaboration and/or Community Engagement in Addressing Unmet/Underfunded Needs**

Measuring increased collaboration and/or community engagement involves tracking and reporting on the number of individuals, organizations or other groups of people who actively participate in addressing unmet or underfunded needs. In addition, the types of collaboration and engagement should also be tracked, along with the frequency, intensity, or depth of participation among key stakeholders and constituents. One aspect of this outcome involves gathering support/participation among multiple sectors of the community, including the involvement of those impacted by the issue being addressed, to work for systems change. Grantees are required to document the increases in collaboration and engagement over the duration of the grant period.

➤ **Indicator e: Increased Advocacy to Address Unmet/Underfunded Needs Through Policy Change**

This indicator refers to activity aimed to support positive policy changes (or to defeat possible changes that would negatively impact the poor and oppressed) at the organizational, systems, and local/state/national levels. In other words, actions to change organizational policies and practices that discriminate against the poor and oppressed (for example, in mental health, social service or health care settings/systems) are included in this outcome as well as advocacy activities aimed at legislative action. Measuring increased advocacy involves tracking and reporting on the number of individuals, organizations or other groups of people who actively participate, and, if possible, the numbers who are reached. In addition, the types of advocacy activities should also be tracked, along with the targets (legislators, systems/organizational leadership and/or other decision makers and opinion leaders) and any results that occur on the way to actual change.

