ReCAST
Supporting Project
Evaluation Guide

NITT-TA
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TECHNICAL ASSISTANCE CENTER

SAMHSA
Substance Abuse and Mental Health
Services Administration

Table of Contents

Introduction

All ReCAST Grantees are required to develop an Evaluation Plan that contains several evaluation components. This document functions as a suite of tools, and it is intended to serve as a guide for ReCAST Grantees as they develop their Evaluation Plans and navigate the various evaluation and reporting requirements (also found in the ReCAST Request for Applicants and Grantee Manual). This suite of tools is divided into an introduction and four additional parts, with each part focusing on a particular evaluation objective.

Evaluation Objective	Section of ReCAST Evaluation Suite of Tools	Description
Assess progress and use evaluation data and information to meet reporting requirements and improve grant management	Part 1: Project Performance Assessment	Part 1 is intended to serve as a guide for ReCAST Grantees to help meet performance and reporting requirements.
Achieve the goals, objectives, and outcomes of the grant	Introduction, Part 2: Logic Model Tip Sheet	Introduction describes elements to include in an Evaluation Plan to help the grantee think through the purpose and approach of the evaluation, and the methods that will be used to collect evaluation data. Part 2 includes information about how logic models can inform evaluation activities.
Determine stakeholder engagement across all phases of grant implementation	Introduction, Part 2: Logic Model Tip Sheet	Introduction describes elements to include in an Evaluation Plan, including the approach and how grantee will engage stakeholders
Contribute to body of knowledge by documenting innovative and best practices used successfully in diverse communities	Part 3: Community Defined Evidence Tip Sheet	Part 3 is intended to support grantees' implementation efforts by providing examples of CDE practices and guidance on planning and collecting data.
Determine whether and how any program adjustments need to be made to inform continuous quality improvement	Part 4: Evaluating Training of Trainers Overview	Part 3 provides information about how to develop and evaluate trainings.

This introduction provides some basic information useful for developing your Evaluation Plan. More detailed information can be found in the resources section. Included in this introductory section are elements typically included in an Evaluation Plan that can guide the process of determining the purpose and approach of the evaluation, as well as the methods that will be used to collect evaluation data. When used thoughtfully, the evaluation will strengthen your ReCAST project and demonstrate how well implementation worked, what was achieved, and what can be improved. Whether conducting the evaluation internally or using an external evaluator, it will be useful to involve coalition members in these discussions.

EVALUATION BACKGROUND

The plans for local project evaluation should be incorporated into the Community Strategic Plan and will be reviewed by the GPO. Grantees are required to develop and implement a plan to evaluate each ReCAST project. The Evaluation Plan must be designed to assess and evaluate progress and to improve and manage the project. This evaluation process should be designed to help Grantees determine if the goals, objectives, and outcomes are being achieved and if any adjustments or modifications need to be made as activities and strategies are carried out.

Evaluation Approach. The evaluation approach refers to the process used to design and implement evaluation activities—who will be involved and how you will involve them. Some may choose to assign an evaluation lead or to designate a team that will oversee the design and implementation. Whatever model you use, you can benefit from using a participatory approach, similar to that used to develop the ReCAST Community Strategic Plan. This process will increase the likelihood that the evaluation will be culturally appropriate and that the voices of community members that have historically been excluded have been thoughtfully and respectfully incorporated into the plan.

While you may choose to have a smaller group lead these efforts, it is always a good practice to have diverse perspectives represented. Consider important stakeholders to include and how they can contribute to the process. They can participate on your evaluation team or can be consulted for input at different points. Some stakeholders and partners may also provide evaluation data or recommend data sources, so involving them in the design process could be helpful for identifying relevant data sources and ensuring that evaluation questions are relevant to the community. Consider how to best include the perspectives of those that are impacted by the ReCAST activities. Community members are the experts about their community. They can be an important source of information, and they can help you identify data sources and contribute to the data collection process. Community members can bring credibility to the ReCAST Program and help obtain information from others who might be less willing to share with those they don't know from outside the community.

Evaluation Purpose. One of the first steps in evaluation design is to determine the purpose of the evaluation and to draft the evaluation questions that will drive your evaluation activities. Common reasons for conducting evaluation are to understand how your ReCAST program has been implemented (process evaluation) and what your ReCAST program has achieved (outcome evaluation). Evaluation questions should be connected to the project goals and objectives, assuming they are still relevant.

The table below presents examples of process and outcome questions that might be relevant for your project. This is a good point to get broader feedback, such as from your coalition, to learn what they are interested in learning through the evaluation.

Process Questions
1) How closely did implementation of the ReCAST program match the ReCAST Strategic Plan?
2) As the ReCAST program progressed, what types of changes were made to the original training plan and what led to these changes?
3) What factors facilitated or hindered implementation of the Strategic Plan? What were the barriers to community collaboration and partnership development, and how were they addressed?
4) What types of activities did community coalition partners engage in that supported the coordination of services and programs to improved outcomes?
5) How did community-based participatory research practices inform evaluation methods? Who did you engage and how were they engaged?
6) How many new programs were offered in the community?
7) Who were the youth and families who participated in the ReCAST Program?

Outcome Questions

1) What program and contextual factors were associated with project outcomes?

2) How effectively did the ReCAST program reach youth who were experiencing emotional distress; were experiencing problems with substance use; or may be at elevated risk for mental, emotional, or behavioral disorders?

3) What elements of the overall program (e.g., training and workforce development, coordination of community-based services and resources, availability of resource lists) were instrumental in achieving the goals and objectives?

4) How did ReCAST improve community collaboration and partnerships?

5) Did program activities lead to more equitable access to trauma-informed community behavioral health resources?

6) Were disparities in access to care, use of care, and outcomes in the intended population reduced?

7) Did youth impacted by grant activities show increased resilience and well-being?

Once your evaluation questions are finalized, you need to establish how you will measure each of these questions. At a minimum, your local evaluation should include process measures and outcome measures established to assess the specific goals, objectives, and activities of your ReCAST program. Below are some examples for you to consider.

Examples of Process Measures

1) Number of stakeholder coalition members involved in each phase of the grant

2) Number of meetings held with the coalition of stakeholders

3) Number of providers trained in trauma-informed approaches

4) Number of trainings held on trauma-focused evidence-based practices

5) Number of partnerships/collaborative activities initiated

6) Number of family and youth participants in the community coalition

Examples of Outcome Measures
1) Resilience and well-being in the target population
2) Family engagement
3) Disparities in access to care, use of care, and outcomes
4) Equitable access to trauma-informed behavioral health resources
5) Community collaboration
6) Integration of behavioral health services and other community systems.

It is also helpful to revisit the logic model that was developed as part your ReCAST Community Strategic Plan and see it as a companion to the Evaluation Plan. Evaluation discussions may also reveal information that can be used to update your logic model. More specific guidance on logic models is included in Part 2 of this Evaluation Suite of Tools.

Methods and Data Collection. Now that you know *what* you are aiming to measure, next you need to determine *how* to measure it. This includes determining the quantitative and qualitative methods that you will use to collect your evaluation data. The following are commonly used evaluation methods for primary data collection, but keep in mind that there may be secondary data or data that have already been collected that can be incorporated into your Evaluation Plan:

- Surveys
- Interviews
- Focus groups
- Town hall discussions
- Observations
- Photographs

For each measure that you previously identified, you need to consider the most appropriate method, the best data sources, and the data collection instruments that will need to be developed. Below are some questions that can help you make these decisions:

1) Whose perspectives are important to include?

2) Who are potential respondents for surveys, interviews and focus groups?

3) What are the most reliable data sources?

4) When should data be collected? And how often?

5) How long will it take to collect these data?

6) Who will collect the information and how?

7) What is the best way to gather the information?

You will also want to factor in the level of effort and cost involved in your data collection. Larger efforts will take more time to both collect and analyze. You will also need to identify individuals with the skills necessary to analyze quantitative and qualitative data.

Data Analysis. Determine who will be responsible for analyzing and interpreting the data that is being collected. Consider whether the data collected have sufficiently answered your evaluation questions. Again, whether this is undertaken by one person or a small team, take time to gather input from a broader group, especially around interpretation. Informed coalition members and stakeholders can provide context to the data trends that may be emerging.

Dissemination. An often-overlooked step in the evaluation process is the dissemination of the evaluation results. Identify what recommendations can be made as a result of the findings and how results may change implementation. Think through the different audiences for your evaluation findings and consider what might be interesting or useful to share with each audience. Develop short and readable documents that are tailored to your key audiences. Also consider other formats for sharing your information that may not involve a written document and might be more accessible for a broader community and is culturally appropriate. Use data storytelling and photographs to present at community meetings. Schedule meetings with partners to share experiences and results.

EVALUATION CHECKLIST

The following checklist is a self-assessment tool intended to help identify areas of readiness to implement data collection, data analysis, and reporting. Identify how far along you are in each activity and then total each column. From each column sub-total create a grand total for each section (A, B, and C). A scoring method is provided to help identify potential areas of focus to support your evaluation efforts. Useful resources for each of these activities are provided following the checklist.

Evaluation Checklist	Not Even Close	Some Way to Go	Nearly There	We're There
	1	2	3	4
A. Data Collection & Performance Measurement				
A1. Identify/collect baseline and post-test data on at least one high-risk youth outcome				
A2. Identify or collect baseline and post-test data on at least one family engagement outcome as it pertains to high-risk youth				
A3. Identify or collect baseline and post-test data on ReCAST GRPA Performance Measures				
A4. Identify and implement collection of any additional **process measures** and **outcomes measures** that pertain to your project				
A5. Identify and implement collection of data that will allow you to provide quantitative and qualitative progress toward meeting **project goals and objectives**				
Sub-Totals:				
See Section I.2.4 of the ReCAST FOA **Grand Total for A:**				

Evaluation Checklist	Not Even Close	Some Way to Go	Nearly There	We're There
	1	2	3	4
B. Data Analysis				
B1. Identify and implement methods to use quantitative and qualitative data collected to evaluate progress toward meeting project goals and objectives				
B2. Identify and implement collection of data that will allow you to identify whether and how any program adjustments need to be made				
B3. Identify and implement methods to use data to evaluate whether and how program adjustments need to be made				
B4. Identify and implement collection and use of data related to changes in level of collaboration among partners involved in the ReCAST program				
B5. Identify methods to monitor and describe program fidelity				
Sub-Totals:				
Grand Total for B:				
C. Reporting				
C1. Submit Quarterly GRPA Performance Measures to SAMHSA on SPARS				
C2. Produce an Annual Performance Report that contains all required information, including items listed above for the grant period				
C3. Submit Annual Performance Report to SAMHSA				
C4. Produce and submit to SAMHSA an Annual Evaluation Report that contains all required information, including key findings that pertain to items listed above for the grant period				
C5. Submit Annual Evaluation Report to SAMHSA				
Sub-Totals:				
Grand Total for C:				

Upon completion of the checklist, take the grand total for each section (A, B, and C) and graph it on the spider graph on the following page by putting a '•' on the appropriate spot along the line for each section (A, B, and C). Link the points with a line around the entire graph, connecting the dots. Once the web is complete, if any of your dots '•' fall within the 2 inner colored areas (■ ■), consider focusing on those areas more to increase your potential for success.

An example is below and to the right:

For section A, your grand total is 9.
For section B, your grand total is 14.
For section C, your grand total is 18.

By plotting the grand totals, you should see that more focus needs to be placed on section A because it falls within the area colored ■ . The dots for section's B and C lie further outside of the centralized, colored area and therefore should reflect that you have completed many of the tasks related to those sections.
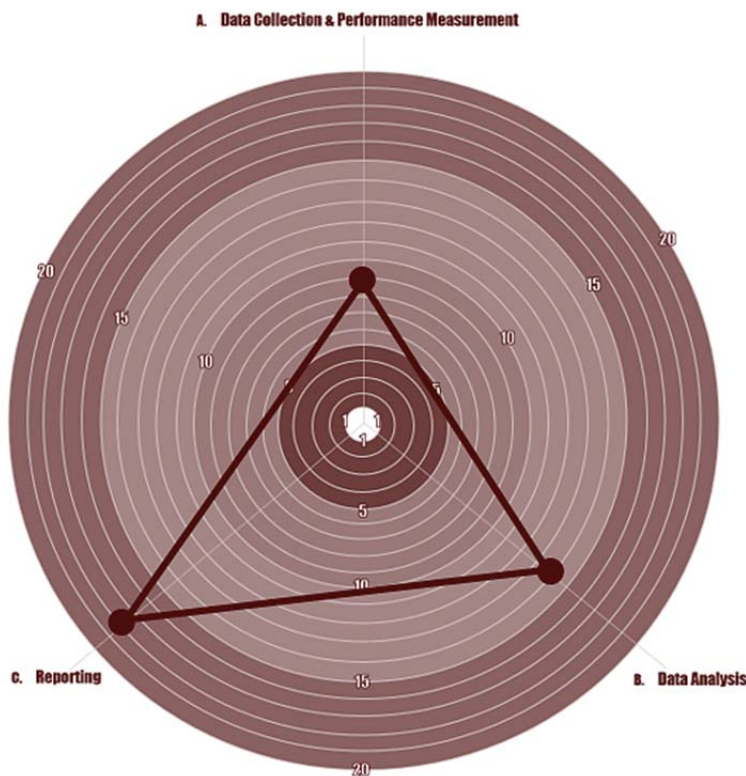

To learn more, or to find more information in the areas needing more focus, please refer to the list of resources listed below.

Resource	Type/Source	Content	URL
Data Collection & Performance Measurement			
Community Defined Evidence	Office Hour Presentation, NITT-TA Center	Key concepts, examples, and resources for CDE	*https://emt.ilinc.com/join /shzmwzy*
Data Collection and Reporting Requirements	Webinar, NITT-TA Center	Overview of use, purpose, and reporting requirements of GPRA	*https://www.youtube.co m/watch?v=yayorRXYazM &feature=youtu.be*
The Step-by-Step Guide of Evaluation: How to Become Savvy Evaluation Consumers	Guide, W.K. Kellogg Foundation	Evaluation approach and methodologies	*http://ww2.wkkf.org/digi tal/evaluationguide/main .html*

Resource	Type/Source	Content	URL
EvaluACTION	Evaluation Plan Builder, CDC Division of Violence Prevention	Program evaluation guide and Evaluation Plan Builder	*https://vetoviolence.cdc.gov/apps/evaluaction*
Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach	Manual, CDC Division of Violence Prevention	Manual is developed for state and local leaders, coalitions, government agencies, and partnerships to prevent violence.	*https://www.cdc.gov/violenceprevention/pdf/evaluation_improvement-a.pdf*
CDC Community Health Resources Web Site	CDC's Healthy Communities Program	Planning guides, evaluation frameworks, communications materials, health risk factors data and statistics, fact sheets, scientific articles, key reports, and state and local program contact information	*http://www.nccor.org/downloads/CommunityHealthResources.111808.pdf*
Data Analysis			
Evaluating/Integrating Data from Needs Assessment, Environmental Scan, & Gaps Analysis	Webinar	Data analysis	*https://youtu.be/32K91Vd-prs https://youtu.be/32K91Vd-prs*
Evaluating Community Programs and Initiatives	The Community Tool Box, Center for Community Health and Development, University of Kansas.	Information on developing a plan for evaluation, evaluation methods, and using evaluation to understand and improve the initiative.	*https://ctb.ku.edu/en/evaluating-community-programs-and-initiatives*
Using Essential Elements to Select, Adapt, and Evaluate Violence Prevention Approaches	CDC Division of Violence Prevention	A guide to evidence-based approaches and how this knowledge can be used to adapt and evaluate approaches	*https://www.cdc.gov/violenceprevention/pdf/adaptationguidance.pdf*

Resource	Type/Source	Content	URL
Communities Advancing Resilience Toolkit (CART)	Toolkit, University of Oklahoma College of Medicine	Provides mechanisms to understand the resilience of a community and identify and implement actions to improve community resilience	*https://www.oumedicine. com/TDC/CART*
Reporting & Grant Management			
SPARS for ReCAST	Webinar	Support for the SPARS reporting platform	*https://emt.ilinc.com/join /bwtftsz*
SPARS Portal	Portal	Online data entry and reporting system	*https://spars.samhsa.gov /*
Grants Management & Programmatic Requirements	Grantee Manual, Section 11	Key responsibilities in meeting grant requirements and implementing the project	*https://www.samhsa.gov*
Protection of Human Subjects Regulations	45 CFR 46, Protection of Human Subjects Regulations criteria, Office of Human Research Protections	Decision tree to determine if your proposed performance assessment will require Internal Review Board (IRB) approval	*http://www.hhs.gov/ohrp /policy/checklists/decision charts.html*
SAMHSA Grants Management Manual	Manual, SAMHSA	Reference guide for ReCAST grantees	*http://www.samhsa.gov/ grants/*
2017 ReCAST Funding Opportunity Announcement (FOA)	Funding Opportunity Announcement (FOA)	Information about specific regulations governing this grant	*https://www.samhsa.gov /grants/grant- announcements/sm-17- 009*
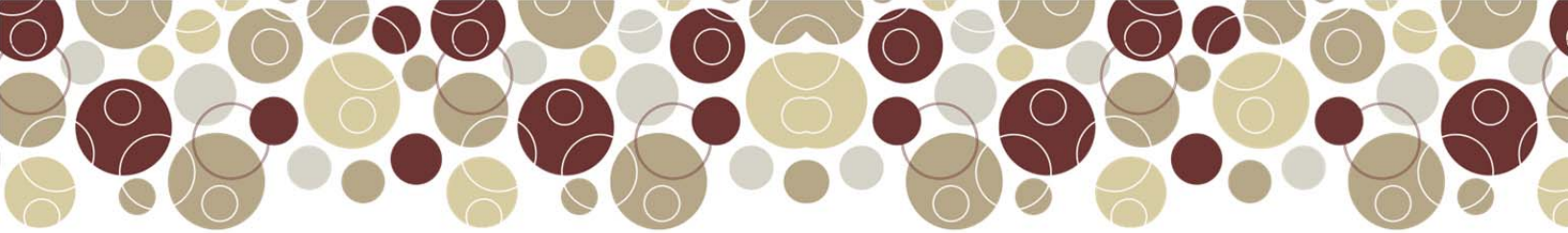
Part 1
Project Performance Assessment

⬤ DATA COLLECTION AND PERFORMANCE ASSESSMENT: OVERVIEW

ReCAST grantees are required to complete several evaluation components, including, but not limited to:
- data collection and performance measurement;
- collection of data for at least two Outcome Performance Measures; and
- local performance assessment and evaluation specific to grant activities.

This document is intended to serve as a guide for ReCAST grantees to help meet performance and reporting requirements. This document includes summaries of all evaluation requirements (also found in the ReCAST Request for Applicants and Grantee Manual) and resources to help grantees plan to meet these requirements.

⬤ DATA COLLECTION AND PERFORMANCE MEASUREMENT

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The collection and reporting of this GPRA data enables SAMHSA to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

Grantees are required to report performance data on four GPRA performance measures. Data for these measures are submitted by grantees on a quarterly basis to SAMHSA's Performance Accountability and Reporting System (SPARS) and annually via the ReCAST Performance Reports. The table below shows the generic GPRA measure, the customized ReCAST measure, and the frequency of data collection.

Measure Identifier	GPRA Measure	Customized ReCAST Measure	Frequency of Data Reporting
WD2	The number of people in the mental health and related workforce trained in mental health-related practices/ activities that are consistent with the goals of the grant.	The number of individuals in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.	Quarterly
TR1	The number of individuals who have received training in prevention or mental health promotion.	Number of individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other trainings as a result of the ReCAST grant.	Quarterly
PC2	The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.	The number of community organizations and agencies that are collaborating, coordinating, and sharing resources with each other as a result of the ReCAST grant.	Quarterly
T3	The number of people receiving evidence-based mental health-related services as a result of the grant.	The number of individuals (youth and family members) receiving services for trauma-informed behavioral health services as a result of the ReCAST grant.	Quarterly

In addition to the GRPA Performance Measures detailed above, the Evaluation Plan must include the following measures, as noted in Section I.2.4 of the ReCAST FOA:

- at least one additional outcome related to high-risk youth; and
- at least one additional outcome related to family engagement as it pertains to high-risk youth.

REPORTING GUIDANCE FOR GRPA PERFORMANCE MEASURES

The information below provides detailed instructions about the data collected and reported for each of the four required performance measures.

WD2: The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.

- **ReCAST Performance Measure.** The <u>number of individuals</u> in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.
- **Data Collection Process.** It is expected that instructors/training facilitators will report these data to the ReCAST Project Coordinator/Director whenever trainings are held. It is expected that the Project Coordinator/Director or Project Evaluator will total these data and enter it into SAMSHA's data platform. Processes to collect, consolidate, and report these data will need to be established.
- **Data Reporting.** The first data entry point will cover the first 9 months of the RECAST grant. All subsequent data entry reporting will be done quarterly and cover the previous reporting period. The data must be entered into SAMHSA's data platform within 30 days after the end of each quarter.
- In the narrative section of SAMHSA's data platform, you should indicate the dates and location of the training(s). For example, to document a training that was held in Rockville, Maryland on April 15, 2018, please indicate, "30 people trained in CIT in Rockville, MD on 04-15-2018."

TR1: The number of individuals who have received training in prevention or mental health promotion.

- **ReCAST Performance Measure.** The number of individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings as a result of the ReCAST grant.
- **Data Collection Process.** It is expected that training facilitators will report these data to the ReCAST Project Coordinator/Director whenever trainings are held. It is expected that the Project Coordinator/Director or Project Evaluator will total these data and enter it into SAMSHA's data platform. Processes to collect, consolidate, and report these data will need to be established.
- **Data Reporting.** The first data entry point will cover the first 9 months of the ReCAST program. All subsequent data entry reporting will be done quarterly and cover the previous three months. Data must be entered into SPARS within 30 days after the end of each quarter.
- Indicate the dates and location of the training in the narrative portion of SPARS. For example, to document a training that was held in Baltimore, MD on April 15, 2018, please indicate "30 persons trained and certified as YMHFA Instructors in Baltimore, MD on April 15, 2018."

PC2: The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.

- **ReCAST Performance Measure.** The number of community organizations and agencies which are collaborating, coordinating, and sharing resources with each other as a result of the ReCAST grant.
- **Data Collection Process.** It is expected that the Project Coordinator/Director or Project Evaluator will total these data and enter it into SPARS. Processes to collect, consolidate, and report these data will need to be established.

- **Data Reporting.** The first data entry point will cover the first nine months of the ReCAST program. All subsequent data entry reporting will be done quarterly and cover the previous three months. Data must be entered into SPARS within 30 days after the end of each quarter.

T3: The number of people receiving evidence-based mental health-related services as a result of the grant.

- **ReCAST Performance Measure.** The number of individuals (youth and family members) receiving trauma-informed behavioral health services as a result of the ReCAST grant.
- **Data Collection Process.** It is expected that the ReCAST Project Coordinator/Director or Project Evaluator will collect this information on a frequent basis. It is recommended that you try to collect this information at least monthly. The data will then need to be entered into SPARS on a quarterly basis. You will need to establish and implement a process to collect, consolidate, and report this data.
- **Data Reporting.** The first data entry point will cover the first 9 months of the ReCAST grant. All subsequent data entry reporting will be done quarterly and cover the previous three months of the RECAST program. Data must be entered into SPARS within 30 days after the end of each quarter.
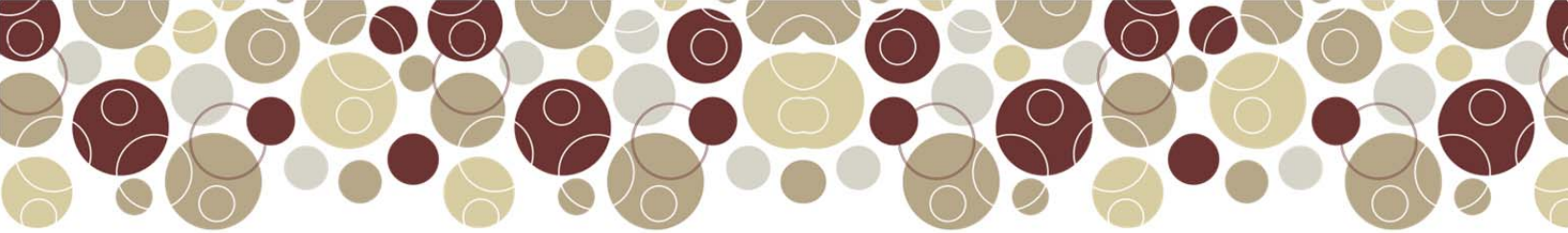
Part 2

Logic Modeling -
The Link Between
Strategy and Evaluation

INTRODUCTION

A logic model is a component of your strategic plan and, as a building block for your evaluation plan, it can serve as a roadmap for planning and implementation. Your logic model is a dynamic resource that can serve a variety of purposes:

- As a method to clarify programmatic purpose and process, it surfaces assumptions and conditions to achieve consensus
- A communication tool for your stakeholders and partners
- A "matchmaker tool" linking activities to impact
- A tool to help you and your team prioritize resource allocation
- An anchor for your evaluation

Keep in mind that, while you will likely develop your logic model early on, it should be revisited and adapted as needed throughout the course of your ReCAST project. Revisiting your logic model regularly can be helpful in modifying your strategies as you move ahead with implementation or situational factors change. This section of the Evaluation Guide includes information about the structure of a logic model; developing a logic model, particularly the value of a participatory approach; and how a logic model can be used in making planning and evaluation decisions.
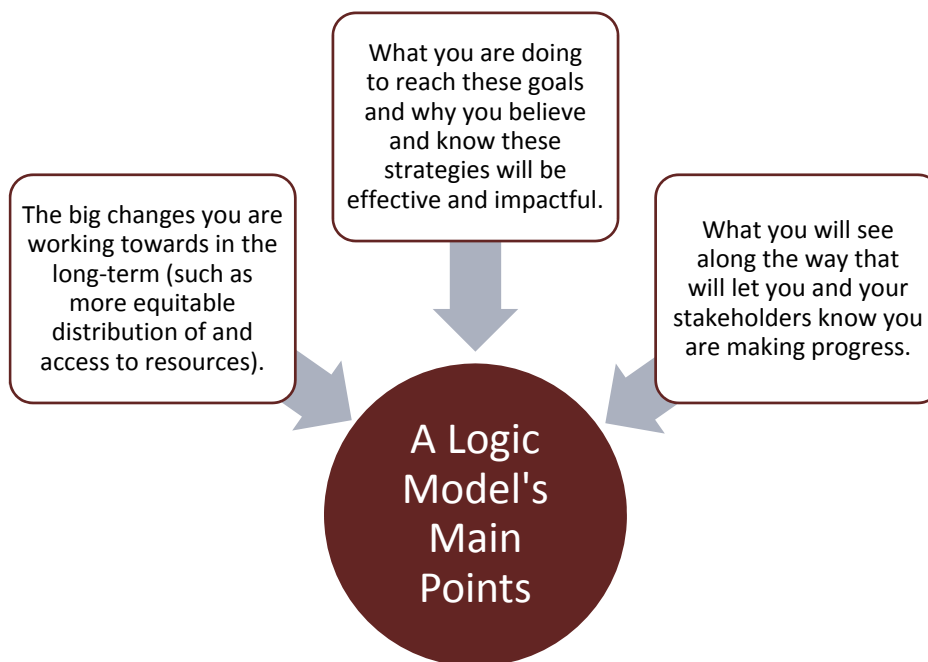
What is a Logic Model Not?
Logic models are helpful tools to use as a foundation for planning and evaluation activities, but they have some limitations. Knowing these limitations will help you better understand how to a logic model can be used to link strategy and evaluation:

- Logic models only represent reality; they are not reality.
- Programs are not linear: Programs are dynamic interrelationships that rarely follow sequential order.
- Because logic models focus on expected outcomes, you also need to pay attention to unintended or unexpected outcomes: positive, negative, and neutral.
- Outcomes cannot always be attributed to items listed in the logic model.
  - The program is likely to be just one of many factors influencing outcomes.
  - Consider other factors that may be affecting observed outcomes.
  - There is no way to prove that the program caused the outcome.
- Logic models do not address the questions: Are we doing the right thing? Should we have this program at all?[1]

Logic models are a simpler version of a theory of change/action/liberation, which can be time intensive. Although these theoretical approaches can be incredibly valuable, ReCAST projects may not be afforded that time. In comparison to these time intensive approaches, a logic model distills the project into three main aspects:

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[1] Adapted from the *Reflect and Improve Tool Kit* ©2005 Innovation Center for Community and Youth Development

The big changes you are working towards in the long-term (such as more equitable distribution of and access to resources).

What you are doing to reach these goals and why you believe and know these strategies will be effective and impactful.

What you will see along the way that will let you and your stakeholders know you are making progress.

A Logic Model's Main Points

Adapted from http://www.racialequitytools.org/resourcefiles/borgman.pdf p10

A Logic Model's Thought Process

"Why You're Here"
- What problem lies at the root of this project?

"Where You Want to Be"
- What does it mean to address the task at hand?

"What We Want to Do"
- What paths are you proposing and how do these options align with solving the problem at the root?

"What We'll Be Preparing For"
- What can cause this project to fail, and how do we plan on overcoming these risks?

"Why We're Best for the Project"
- What specific expertise do we have that demonstrates that we understand this problem and how to fix it? More specifically, why should any of the activities in the logic model be addressed by ReCAST and not another initiative? What is your value add?
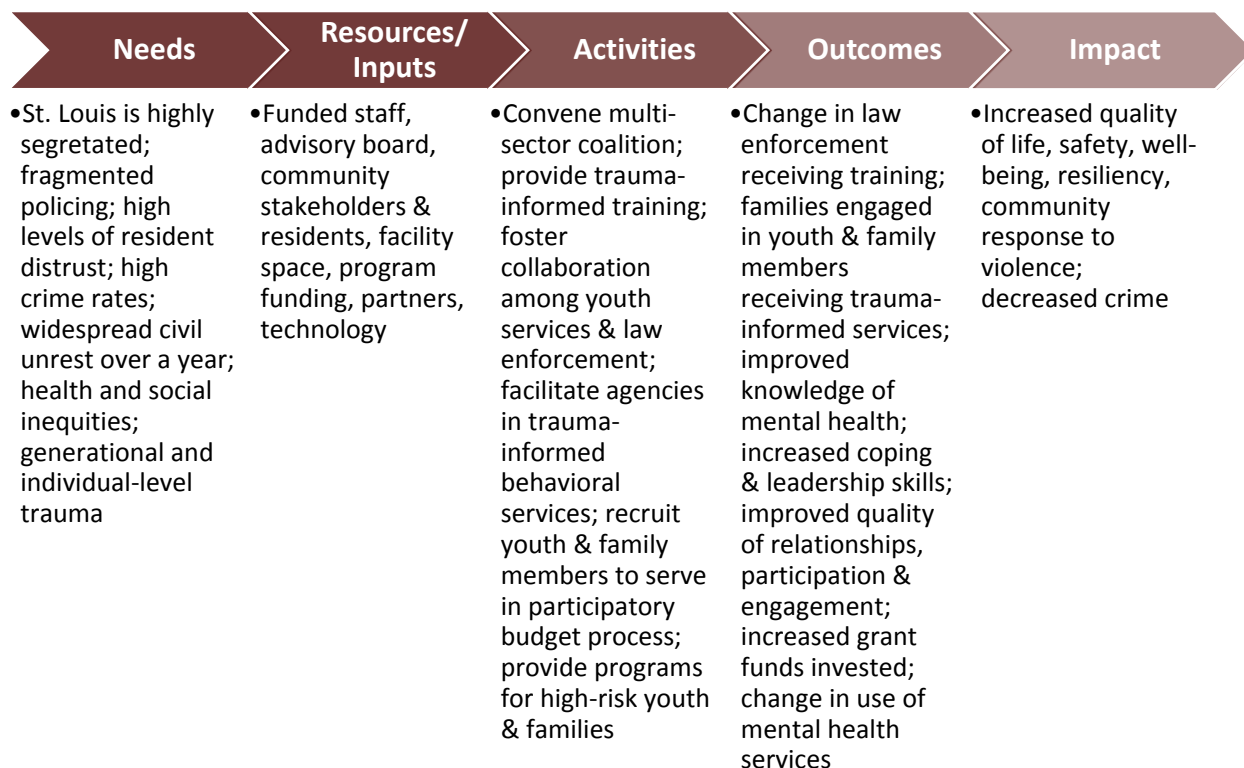
● BASIC LOGIC MODEL STRUCTURE

Logic models visually depict how specific activities/strategies were identified as action steps—based on needs and available resources—that are intended to achieve outcomes and long-term impact.

1	2	3	4	5
Your Planned Work		**Your Intended Results**		
Resources/ Inputs	Activities	Outputs	Outcomes	Impact
•Certain resources are needed to operate your program	•**If** you have access to them, **then** you can use them to accomplish your planned activities	•**If** you accomplish your planned activities, **then** you will hopefully deliver the amount of product and/or service that you intended	•**If** you accomplish your planned activities to the extent you intended, **then** your participants will benefit in certain ways	•**If** these benefits to participants are achieved, **then** certain changes in organizations, communities, or systems might be expected to occur

Adapted from Logic Model Development Guide, W.K. Kellogg Foundation, 1998 (updated 2004).

Here's an example from ReCAST St. Louis that illustrates how they used the above layout to map out their project's theory of action:

Needs	Resources/ Inputs	Activities	Outcomes	Impact
•St. Louis is highly segregated; fragmented policing; high levels of resident distrust; high crime rates; widespread civil unrest over a year; health and social inequities; generational and individual-level trauma	•Funded staff, advisory board, community stakeholders & residents, facility space, program funding, partners, technology	•Convene multi-sector coalition; provide trauma-informed training; foster collaboration among youth services & law enforcement; facilitate agencies in trauma-informed behavioral services; recruit youth & family members to serve in participatory budget process; provide programs for high-risk youth & families	•Change in law enforcement receiving training; families engaged in youth & family members receiving trauma-informed services; improved knowledge of mental health; increased coping & leadership skills; improved quality of relationships, participation & engagement; increased grant funds invested; change in use of mental health services	•Increased quality of life, safety, well-being, resiliency, community response to violence; decreased crime

The following are definitions for logic model components *(Adapted from Logic Model Development Guide)*, displayed in the example above:

1. **Resources/Inputs** are the factors that potentially enable or limit your effectiveness. Enabling protective factors or resources may include funding, existing organizations, potential collaborating partners, existing organizational or interpersonal networks, staff and volunteers, time, facilities, equipment, and supplies. Limiting risk factors or community needs might include lack of resources, policies, community views/attitudes, laws, regulations, and geography.

2. **Activities** are the processes, techniques, tools, events, technology, and actions of the planned project. These may include implementing trainings, developing products, providing or changing services. These also include infrastructure—the structure, relationships, and capacity used to bring about the desired results.

3. **Outputs** are the direct results of program activities. They are usually described in terms of the size and/or scope of the services and products delivered or produced by the program. They indicate if a program was delivered to the intended audiences at the intended "dosage." A program output, for example, might be the number of classes taught, meetings held, or materials produced and distributed; program participation rates and demography; or hours of each type of service provided.

4. **Outcomes** are specific changes in attitudes, behaviors, knowledge, skills, status, or level of functioning expected to result from program activities and which are most often expressed at an individual level.

5. **Impacts** are organizational, community, and/or system level changes expected to result from program activities, which might include improved conditions, increased capacity, and/or changes in the policy arena.

The following table provides more examples of outcomes and impact that your ReCAST project may be trying to achieve.

Type of Outcome	Desired Impact
Individual change: transformative change of a critical mass of individuals	Investment in individual change through training, personal transformation/ consciousness-raising workshops or processes; dialogues and encounter groups; trauma healing
Health relationships and connections: break down isolation, polarization, division, prejudice and stereotypes between/among groups	Process of inter-group dialogue; networking; relationship building processes; joint efforts and practical programs on substantive problems
Root causes/justice: address underlying issues of injustice, oppression/exploitation, threats to identity and security, and people's sense of injury/victimization	Long-term campaigns for social and structural change; truth and reconciliation; changes in social institutions, laws, regulations and economic systems
Institutional development: establish stable/reliable social institutions that guarantee democracy, equity, justice and fair allocation of resources	New institutional and governance arrangements/ entities; development of human rights, rule of law, anti-corruption; establishment of democratic/ equitable economic structures; decentralization
Grass roots mobilization: mobilizing the community so that politicians have to pay attention	Mobilize grass roots groups, non-violent direct-action campaigns, use of the media, education/ mobilization efforts, advocacy groups

Appendix A, "*Steps and Guiding Questions for Strategic Planning,***"** of this document includes questions that can guide the strategic planning questions. These questions might be helpful as you are reviewing your gaps and needs, developing your goals, and identifying your primary project activities.

DEVELOPING LOGIC MODELS THROUGH A PARTICIPATORY APPROACH

The overall goal of ReCAST is for local communities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change. Because successful engagement is critical to the success of this goal, the ReCAST process is designed as participatory to include feedback from your evaluator, stakeholder coalition, partners, and community residents.

In addition to being a grant requirement, there are many benefits that can result from engaging community residents and organizations in the grant. Including them in various phases of project implementation can provide a more complete picture of your community and improve planning and implementation of grant activities. Engagement can result in the following benefits:

- Knowledge of the historical context for events that have led to past or current civil unrest and how those events have impacted community-wide trauma;
- Deep understanding of community issues and gaps that can help illuminate the data and statistics that will be identified through your Community Needs and Resource Assessment process;
- Identification of issues, gaps, and needs that are not captured in the statistics and a better understanding of how to address them;
- Focused attention on the important issues of equity and disparities;
- Input on proposed project activities in terms of who can contribute to implementation and identify potential pitfalls; and
- Guidance on ensuring that activities are culturally appropriate for your priority populations.

Developing your logic model in conjunction with a broader group of stakeholders and residents will produce a tool that will be more useful. The following are specific strategies that may be useful in your engagement efforts as you are developing your Strategic Plan, including your logic model:

- Become informed (to the best of your knowledge) about any historical context that may impede your engagement efforts.
- Understand the demographic makeup and important racial dynamics in the community.
- Familiarize yourself with the economic and health disparities that exist in the community.
- Familiarize yourself with the existing service system and available behavioral health services.
- Ensure that coalition members are well informed about the history of racism and inequality in the community.
- Approach this not as a limited grant activity, but rather as a long-term process.
- During early meetings, spend more time listening than speaking.
- Host conversations about what the principles mean in practice. For example, what will everyone see and experience if the work and process respects cultural practices
- Designate someone from the community to serve as the community engagement lead.
- Identify existing community networks that may be a good starting place.
- Look out for community events and meetings that you may attend to better understand the pressing issues and community priorities.
- Try multiple engagement strategies, such as meeting one-on-one with partners, getting on other's agendas (e.g. town halls, school district meetings), scheduling sector specific meetings (e.g. faith-based community, social services, youth serving organizations), communicating through social media and local newspapers, and holding open community meetings or listening circles.
- Engage a range of organizations and partners so that the diversity in the community is represented.
- Involve community partners in the facilitation of engagement efforts, such as having them lead engagement meetings and sharing their experience.
- Make accommodations to include non-English speaking participants, such as having interpreters available and translating materials in other languages.

- Try to identify existing community and youth leaders or potential leaders and make genuine efforts to establish relationships and involve them in the effort.
- Share the benefits and opportunities that can be associated with participation in the project.
- Promote coalition meetings and welcome broader attendance.

While there are many benefits to community engagement, it may not be easy. This is particularly true for ReCAST communities with a history of civil unrest who have been disproportionately impacted by poverty, inequality, and a lack of services, as well as historical strains between community and public-sector agencies. There is likely a high level of mistrust that may have existed for many years. Residents may feel that their communities have been overlooked, ignored, and left behind. Be prepared to face resistance or even hostility around your early engagement efforts. Community engagement is not a checklist of activities; rather, authentic community engagement will involve a commitment to developing relationships, building trust, and often times shifting values, beliefs, and behaviors.

LOGIC MODELS AS A USEFUL PLANNING AND EVALUATION TOOL

Described above are some of the benefits that can result from utilizing a participatory process to develop your project logic model. Once developed, the logic model can help you with planning and evaluation decisions since it displays your primary project activities, expected results, and intended outcomes. Additionally, your logic model can be a communications tool that can provide a clear overview of your ReCAST project. This can be helpful when approaching new partners or engaging residents in activities.

Logic Models Can Inform Planning and Budgeting
As a blueprint of your ReCAST activities, your logic model clearly lays out what needs to be planned. It provides the structure for all the planning decisions that are required for successful implementation. *See Figure 1 for more consideration points that can help your logic model development-planning process.*

Revisiting the St. Louis example from above, thee primary ReCAST activities are:

- Convene multi-sector coalition
- Provide trauma-informed training
- Foster collaboration among youth services and law enforcement
- Recruit youth and family members to serve in participatory budget process
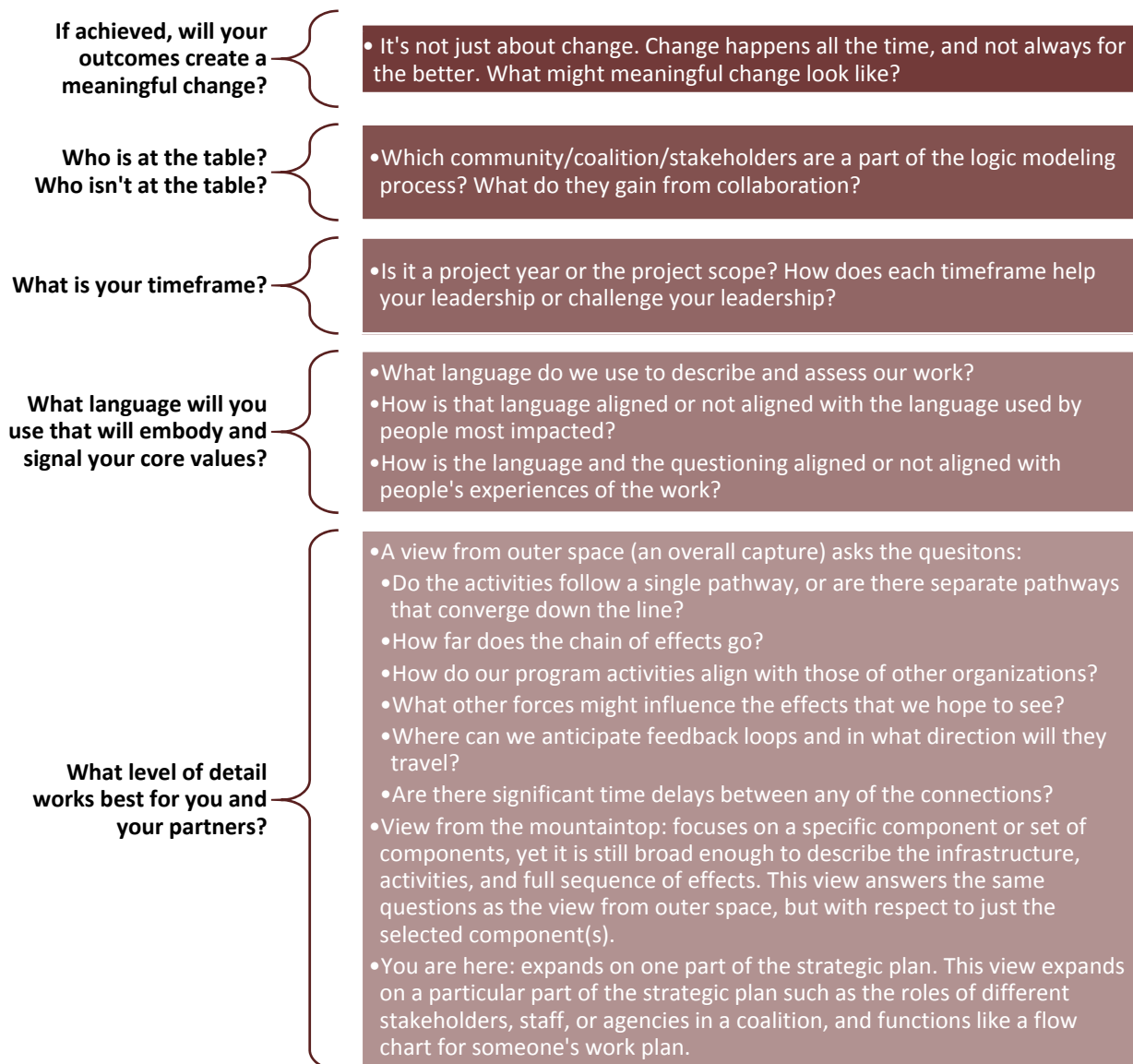- Provide programs for high risk youth and families

For each of these primary activities or strategies, you need to determine:

- What is your timeline?
- Who needs to be involved? Is there a lead person or agency?
- What resources are needed? Are these feasible?
- What are the smaller actions that are needed?
- What are the anticipated barriers or challenges?
- What are the expected outputs?

Logic models can be used as a tool to identify the sequencing of activities that should be implemented, and using a participatory process to talk through these questions ensures that all perspectives have been considered. Also thinking through each activity in more detail allows you to better determine what costs will be involved and what other resources will be needed. It may be helpful to use a workplan to document the answers to these questions. This will allow you track progress over time and easily update others on your progress.

As implementation progresses, be sure to re-visit your logic model and workplan to confirm that you are meeting your expected outputs. If not, consider what adjustments are needed, either in terms of the activities or in the description of your outputs. Ultimately, ongoing review can produce better results by allowing you to make corrections sooner; a logic model is not only a snapshot of your project at conception, but should be considered a work in progress that will be updated throughout implementation.

Figure 1: Logic Model Considerations That Can Frame Your Planning[2]

If achieved, will your outcomes create a meaningful change?	• It's not just about change. Change happens all the time, and not always for the better. What might meaningful change look like?
Who is at the table? Who isn't at the table?	• Which community/coalition/stakeholders are a part of the logic modeling process? What do they gain from collaboration?
What is your timeframe?	• Is it a project year or the project scope? How does each timeframe help your leadership or challenge your leadership?
What language will you use that will embody and signal your core values?	• What language do we use to describe and assess our work? • How is that language aligned or not aligned with the language used by people most impacted? • How is the language and the questioning aligned or not aligned with people's experiences of the work?
What level of detail works best for you and your partners?	• A view from outer space (an overall capture) asks the quesitons: • Do the activities follow a single pathway, or are there separate pathways that converge down the line? • How far does the chain of effects go? • How do our program activities align with those of other organizations? • What other forces might influence the effects that we hope to see? • Where can we anticipate feedback loops and in what direction will they travel? • Are there significant time delays between any of the connections? • View from the mountaintop: focuses on a specific component or set of components, yet it is still broad enough to describe the infrastructure, activities, and full sequence of effects. This view answers the same questions as the view from outer space, but with respect to just the selected component(s). • You are here: expands on one part of the strategic plan. This view expands on a particular part of the strategic plan such as the roles of different stakeholders, staff, or agencies in a coalition, and functions like a flow chart for someone's work plan.

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[2] The considerations are adapted for ReCAST based on conversations with social change strategist Kate Werning and this resource:
https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main

Logic Models Can Support Evaluation Plans

Logic models can help focus an evaluation and determine what to measure. Your logic model displays the outcomes that your ReCAST project is trying to achieve. Review the Introduction to this Evaluation Guide to learn more about how your outcomes should be connected with your evaluation questions. The outcomes that are included in your logic model should be the same outcomes included in your evaluation plan.

If your logic model is developed earlier, then it can be helpful in identifying your primary evaluation questions. Generally, your evaluation questions are related to understanding *how* your ReCAST program has been implemented (process/implementation evaluation), *what* your ReCAST program has achieved (outcome evaluation), and what community factors were important:

- Context: What community factors contributed to successful youth organizing?
- Implementation: How are adult staff involved in community work?
- Outcomes: What have we learned about our work in the community?[3]

The figure[4] below maps out the different evaluation areas and the source of that information.

> **Sample Evaluation Questions**
> - How many youth did we reach in our community-organizing effort?
> - What activities best help youth learn about social change work?
> - What skills are youth learning in our programs?
> - How is trauma-informed training being utilized by partner organization?
> - What are some changes that are resulting from trainings (e.g. individual, organizational)?

Figure 2. What Parts of Your Program Will Be Evaluated?
Using a Logic Model to Frame Your Evaluation Questions.

Formative Evaluation		Summative Evaluation	
What aspects of our situation most shaped our ability to do the work we set out to do in our community?	What did our program accomplish in our community?	What is our assessment of what resulted from our work in the community?	What have we learned about doing this kind of work in a community like ours?

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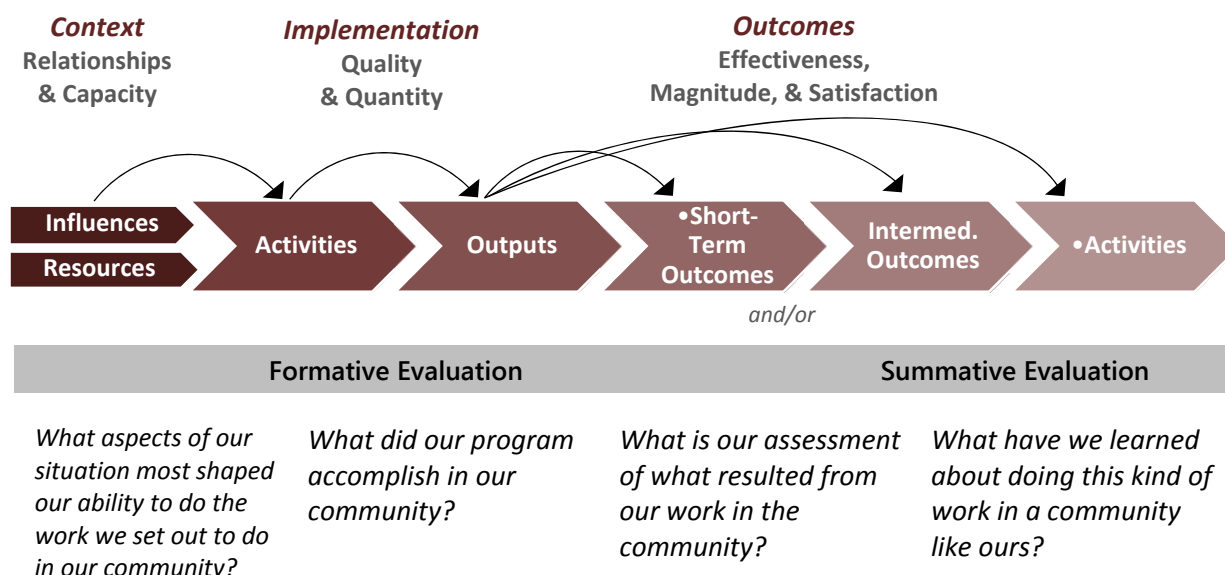
[3] *Reflect and Improve Tool Kit* ©2005 Innovation Center for Community and Youth Development
[4] From *Logic Model Development Guide*, W.K. Kellogg Foundation, 1998 (updated 2004).

For example, if your evaluation questions are about implementation, then you will focus more on capturing information about activities and outputs (e.g. assessing quantity and quality of trauma-informed trainings). If your evaluation is more outcomes focused, then outcomes data are most important (e.g. changes that resulted from trauma-informed trainings). However, if you choose to frame your evaluation, remember to regularly review and update your logic model so that it continues to represent the most current theory of change—that is, how the project's resources and activities/strategies are expected to produce the desired results (i.e., outcomes).

Additional resources are included in the following section as well as in the ReCAST Grantee Manual; Chapter 6 includes a section about developing your logic model as part of your Community Strategic Plan.

LOGIC MODEL RESOURCES

Logic Modeling

1. *The Innovation Center Logic Model Activity*
   http://www.theinnovationcenter.org/files/doc/B5/RI%20pp%2031%20Logic%20Modeling.pdf

2. *Kellogg Logic Model Guide* presents a basic introduction to the logic model as an action-oriented tool for program planning and evaluation.
   https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide

3. *Innovation Network's Logic Model Workbook* provides a great logic model step by step process.
   http://www.pointk.org/resources/logic-model-workbook

4. *Social Impact Collaborative Logic Model Template* provides a PowerPoint template for you to use when creating your logic model.
   http://impactedphl.com/wp-content/uploads/2017/01/Social-Impact-Collaborative-Logic-Model-Template.pptx

5. The *Developing a Logic Model to Guide Program Evaluation – 2015 Presentation* shows how logic models can be used to inform program planning, implementation, and evaluation. Originally developed for SAMHSA's Service to Science initiative, the presentation explores the key components of a programmatic logic model. Learn more about building a logic model.
   https://www.samhsa.gov/capt/sites/default/files/resources/developing-logic-model-guide.pdf

6. *SAMHSA's Understanding Logic Models*
   https://www.samhsa.gov/capt/applying-strategic-prevention-framework/step3-plan/understanding-logic-models

Assessing Collaboration Functioning
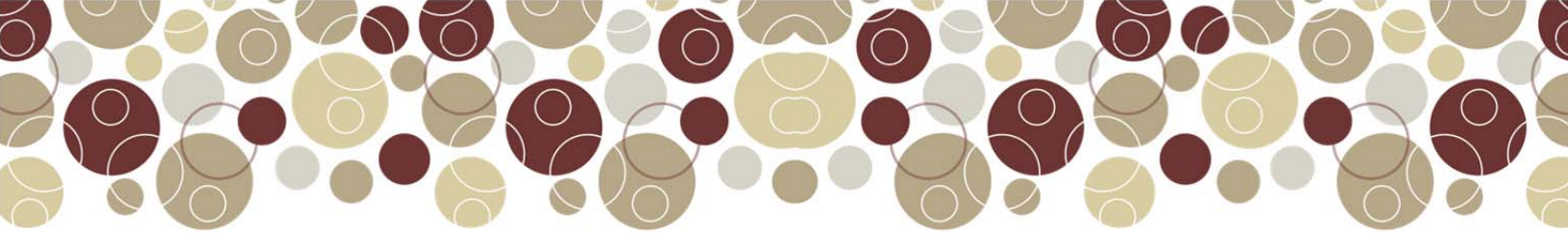
These tools focus on collaboration functioning and support gathering participant and stakeholder input on the collaborative process and evaluating the functioning of a collaboration.

1. The *Partnerships and Collaboratives: Diagnostic Tool for Evaluating Group Functioning* self-assessment guides each member of the group to rank how they feel the collaborative is functioning across key elements, which can be used to plan for improvements.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%201%20Diagnostic%20Tool%20for%20Evaluating%20Functioning.pdf

2. The *Local Collaborative Assessment of Capacity* self-assessment asks a series of questions about ten elements of collaborative capacity as a way of helping collaborative members determine how far they have progressed.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%202%20Local%20Collaborative%20Assessment%20of%20Capacity.pdf

3. The *Keeping Fit in Collaborative Work: A Survey to Self-Assess Collaborative Functioning* tool is designed to assess a collaborative's organizational functioning as well as progress on strategies, projects or activities.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%203%20Keeping%20Fit%20in%20Collaborative%20Work.pdf

4. *The Collaborative Self-Assessment* survey assesses experiences with a School Readiness collaborative to find out how useful the collaboration is to the work of each participating organizations.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%204%20Collaborative%20Self-Assessment.pdf

5. *Self-Assessment/Self-Identification Tool: Evaluation of an Organization in an Existing Partnership* evaluates the functioning of each participating organization in the partnership and identifies areas for improvement.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%205%20Self-Assessment%20Self-Identification%20Tool%20Evaluation%20of%20an%20Org.pdf

6. *Survey for Collaborative Members* is for individual members of a collaborative to assess their experiences with key aspects of collaboration functioning.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%206%20Survey%20for%20Collaborative%20Members.pdf

7. *Diagnosing the Health of Your Coalition Assessment Instrument* assesses coalition functioning across ten different areas of the work with each section scored separately, allowing coalitions to focus improvement efforts toward specific areas.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%207%20Diagnosing%20the%20Health%20of%20Your%20Coalition.pdf

8. *Climate Diagnostic Tool: The Six R's of Participation* focuses on participation as key to successful collaboration functioning, this assessment tool asks participants to rank the collaboration across six factors of participation: recognition, respect, role, relationship, reward, and results.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%208%20Climate%20Diagnostic%20Tool.pdf

9. *CFSA Collaboration Planning and Assessment Tool* involves participants assessing collaboration work across five core principles. The tool also facilitates participants toward consensus about where on the continuum the collaboration falls and the most important areas to focus attention.
   http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/4B%209%20CFSA_Collaboration_Planning_and_Assessment_Tool.pdf

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Part 3

Tip Sheet
Community Defined Evidence

Introduction

One of the ReCAST evaluation objectives is to contribute to the body of knowledge by documenting innovative and best practices used successfully in diverse communities. As ReCAST grantees that are working with high-risk youth and families in communities, you are doing important work to build resilience and equity. Some of these strategies may be drawn from evidence-based practices that have been proven to be effective. In other cases, ReCAST grantees may choose to rely on or implement other community-driven strategies or community-defined evidence (CDE). These are practices that communities have identified as effective but that may not have been formally measured. There is great value in CDE practices that are community-driven, incorporate knowledge from diverse communities, and consider cultural values and beliefs. It is also important to document the results that are achieved from implementing CDE practices and to disseminate findings about how grantees are addressing violence prevention, community engagement, and strengthening linkages to trauma-informed behavioral health services. This tip sheet is intended to support grantees' implementation efforts by providing examples of CDE practices and guidance on planning and collecting data.

What is Community-Defined Evidence (CDE)?

Community-Defined Evidence (CDE) is a set of practices that communities have identified as effective; they may not have been formally measured. These practices can produce positive results in accordance with community definitions of wellness and are received as having acceptance within the community. CDE is commonly based on community beliefs regarding distress and healing, as well as cultural and traditional practices. CDE also considers the perception of a specific community and its population, as well as the historical and social background of that community. CDE promotes equity by considering cultural implications in research and identifying solutions for minoritized populations.

Overall, the use of CDE allows communities to take the lead in developing and/or identifying culturally appropriate measures to formulate a study or process designed specifically for their own communities and relevant to their culture and traditions.

How is CDE different from evidence-based practices?

CDE differs from evidence-based practices because CDE practices may not have been acquired experimentally. CDE is a complement to evidence-based practices and treatments, which may not consider cultural appropriateness in their development or application. This prevents the use of practices that are not culturally appropriate and which can lead to unreliable and invalid results.

How is CDE is different than Practice Based Evidence (PBE)?

Both CDE and PBE are similar in that the evidence identified is respected by the community. However, with CDE, representative members of the community define practices. With PBE, the researcher uses their observations of cultural practices to inform the evidence base. For example, consider different strategies for creating an evaluation plan regarding the effectiveness of a drug abuse prevention program. A CDE approach would involve community members generating evaluation questions, while a PBE approach could entail a researcher identifying evaluation questions based on a site visit.

What are the Benefits of Using CDE?

- Focus is on practices developed at the community level that positively affect services, supports, interventions, and outcomes.

- Practices are intended to evolve and contribute to a developing body of knowledge that takes into consideration cultural values and beliefs.

- Not limited to clinical treatments or interventions and can therefore include practices that increase accessibility, availability, and utilization of services.

- Since practices are validated by community members, assumptions and bias can be prevented and equity is promoted.

How Can Communities Use CDE?

Capacity Building
Example: Community members identify training topics for training curricula designed for mental health workers.

Raising Public Awareness
Example: Community members develop an implementation process for a campaign focused on decreasing school violence.

Community Outreach
Example: Community members identify strategies for mobile health screening services.

Increasing Service Accessibility
Example: Community members design the approach for enhancing a client intake process for administering mental health services at local hospital.

Innovative Engagement Practices
Example: Community members assess and select appropriate tools and practices for utilizing video conferencing to offer expanded mentoring services for transitional youth.

Localization of Services and Practices
Example: Community members develop a communication approach towards creating a partner network for facilitating mental health services.

**Best Practices in Collecting Data
That Can Be Used for CDE**
CDE is a complement to evidence-based practices and treatments, which emphasize empirical testing and may not consider cultural appropriateness in their development or application. Suitable approaches to produce CDE may come through the collection of qualitative data using the following techniques:

Group Interviews. Members from a specific group develop a set of questions for a researcher wanting to conduct a group interview with individuals of the same group.

Individual Interview. Community consensus determines a set of questions that a researcher will use to conduct individual interviews.

Focus Groups. Community members facilitate a focus group with fellow community members.

Observations. A member of the community implements an observational study of a specific event or activity and provides narrative aligned with dialect used in that specific community.

Community or Youth Participatory Action Research. Community consensus identifies opportunities for participatory and practical engagement to influence an activity or situation.

Case Studies. Nominated individuals from a community are assigned to identify suitable candidates for review or evaluation purposes.

Planning and Moving Forward with CDE
The following inquiries may support conversations between researchers and communities when considering the use of CDE to drive results and analysis.

1. Consider the benefits of using CDE in your research efforts, evaluation, or decision-making process.

2. Identify the ways using a CDE approach can be beneficial and challenging.

3. Determine how CDE can be used to achieve specific goals.

4. Determine how CDE can support equity when developing or enhancing efforts for diverse groups.

5. Formulate a planning process and determine who will need to be involved.

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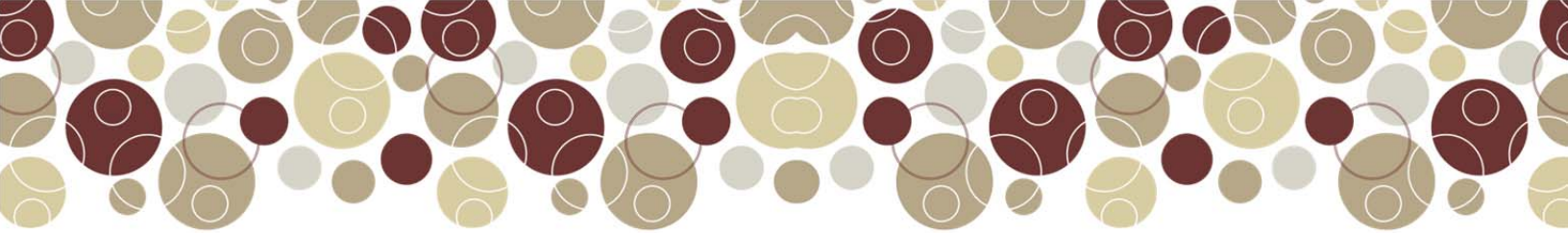
Part 4

Evaluating Trainings & Professional Development Learning Sessions

How do we know if our trainings have been effective, impactful, and support our goals?

INTRODUCTION

ReCAST grantees are tasked with 1) designing and delivering programs and services to meet the needs of youth and families in the community and 2) instituting policy, financial, and other infrastructure changes that promote trauma-informed approaches.

As part of this work, many grantees have identified developing and implementing trainings with internal and external partner stakeholders as a key strategy for building their project's capacity building and sustainability. More specifically, some ReCAST grantees have identified trauma-informed and healing-centered approaches as providing the most effective content, skills, and learning for meeting the two goals mentioned above.

This section examines how to evaluate trainings, and it uses the topic of trauma-informed care and approaches as an example to help ReCAST program leaders and their evaluators understand how to develop and evaluate trainings in general and trauma-informed trainings in particular.[5] Evaluation information can be used to inform whether any program adjustments are needed and improve the effectiveness of your training activities.

DESIGNING HIGH QUALITY, HIGH IMPACT TRAININGS

As an important strategy for creating change, the use of high quality trainings is critical for ReCAST grantees. The following training principles are essential for high quality and effective trainings:[6]

- The audiences and resources available for training should be considered at every step when developing, delivering, and evaluating training.
- When appropriate, make use of existing training resources and activities. Don't reinvent the wheel.
- Providing high-quality training requires time and effort. The quality of the product depends on the quality of the resources devoted to producing it.
- No one can or nor should apply every strategy for enhancing training in every training effort. Appropriate strategies will vary depending on the circumstances.
- Training efforts can be very effective without being textbook perfect. Don't let the perfect be the enemy of the good – or the good enough.
- Evaluation is critical. There is a need to demonstrate that training is being done well and that there is value in training efforts.
- Effective evaluation begins when the training process is initiated, not completed. Evaluation cannot be an afterthought.
- Each training activity offers a learning opportunity for the trainer, as well as the trainees. Trainers can use the knowledge gained each time they conduct a training session to improve future training efforts.

These principles are important to consider throughout the process of designing, implementing and evaluating your training activities. The following figure depicts the five stages for designing high quality, high impact trainings.

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[5] For the purposes of this section, we include Train the Trainer design and implementation as a part of the overall training discussion.
[6] http://www.phf.org/programs/PHTI/PHTIguide/Pages/introduction.aspx

Assess	Motivate	Design	Deliver	Evaluate
•Factors: the learners, the organization, the trainers, and the environment •What is the learner concerned about? What is the learner's employer concerned about? What is the trainer concerned about?	•Clear subject matter expertise, agreed objectives, and matched human learning methods	•Planning for the training, developing the materials, and planning for the evaluation and cycle of inquiry •Informed by the results of the Assess stage and the outcomes of the Evaluate stage	•Formative assessment throughout training •Clear, consistent, positive and attuned to learners •Opportunities for interaction between, reflection for, and timely feedback to learners	•Process evaluation •Outcome evaluation - qualitative and quantitative (establish key measures and indicators) •Share results (determine what went well and how, identify areas for improvement, commit to improvement action items)

The section below provides guidance on each of these stages, going into the most depth about Stage 5, "Evaluate."

Stage 1: Assess

Factors: the learners, the organization, the trainers, and the environment

- What is the learner concerned about?
- What is the trainer concerned about?

Before the training program begins, the lead agency should work with the trainer(s) to assess the readiness of the participants or lead organizations for the training. Some things to consider about the participants: How knowledgeable are they of the topic area? How will they be expected to apply this information? How motivated are they to learn? Are there language and cultural considerations that need to be integrated into the training? You can typically gather this information informally through discussions with the lead organization. Alternatively, you can develop a survey to administer in advance of the training. Both approaches can help you tailor the training to each group's needs.

Generally, a group that is ready to learn is interested in the topic, motivated to build their skills, and understands how they will incorporate the information that will be learned. Learn more about potential participant concerns and strategize about how to minimize them. In selecting trainers, ensure they represent the diversity of the participants, have prior training experience, are aware of power dynamics that may emerge among participants, and are committed to community change. Talk through any anticipated challenges trainers anticipate based on their experience and approach for addressing them as well as any other factors that could impact the training.

Stage 2: Motivate

Factors: Clear subject matter expertise, agreed objectives, and matched human learning methods

Work with the trainer and partner organizations to develop clear learning objectives. While planning and executing the training, identify how the trainer can ensure that participants feel supported. Partnering organizations must ensure that supports are in place during and after the training in order to increase the odds that participants can use their skills within their organizations or in broader community activities. The following are some ways to motivate participants and support them after the training:

- Get buy-in from supervisors and have them encourage training experience
- Offer rewards or certificates for participating
- Link training to professional development goals or other professional competency(ies)
- Offer opportunities to network with other participants and share experience applying new knowledge
- Provide coaching or mentoring to support applied learning

Stage 3: Design

- Plan for the training, develop the materials, and plan for the evaluation and cycle of inquiry
- Use results from Stage 1 Assess and the outcomes of the Stage 5 Evaluate to inform the design

Having gathered some assessment information about the participants, you now have information that can be used to design an effective training that is appropriate for your participants. As content is identified, confirm that it is relevant and that it supports the learning objectives previously identified. In collaboration with partner agencies, draft the outline for proposed content so that it meets their expectations and will be useful to participants.

If a decision has not been made about the format, then also discuss the teaching methods (e.g. in person, webinar), size, and length (e.g. day long training, multiple sessions) that will work best for participants and support the learning objectives.

Also begin to plan for evaluation—identify your evaluation questions and what outcomes will result from the training. For example, are you trying to achieve changes among participants, a change in work practice(s), or larger organizational changes?

During the Stage 3 Design phase, it's time to develop materials, design learning exercise and activities, and plan how to present content. It is very important to consider the following assumptions about adult learners and how a trainer can incorporate these (see table below). Adult learning principles also recommend the use of multiple modes of teaching—through text, visual, audio, and interactive—to address the various learning styles among participants. See **Appendix B,** *"Tips for Facilitating Trauma-Informed Trainings,"* for sample guiding talking points for facilitators engaging in trauma informed trainings.

Assumption[7]	What it Means
• Adults want to know why they should learn. • Adults are motivated to put time and energy into learning if they know the benefits of learning and the costs of not learning.	Develop "a need to know" in your learners—make a case for the value of the learning in their lives. Help learners answer the question, "What's in it for me?"
• Adults need to take responsibility. • By definition, adult learners have a self-concept of being in charge of their own lives and being responsible for their own decisions, and a need to be seen and treated as being capable of taking responsibility.	Realize that despite this self-concept and need for responsibility, once they enter a classroom many adults revert back to their school and college days when they tended to be passive learners. Do not fall into a trap of assuming that they want to learn passively. Empower them to learn and to take responsibility for learning. Enable learners to assess their own learning, similar to the self- assessment and feedback that you experienced during the Instructor Development course.
• Adults bring experience to learning. • That experience is a resource for them and for other learners, and it gives richer meaning to new ideas and skills. Experience is a source of an adult's self-identify.	Experience is both a plus and a minus. It is a plus because it is a vast resource. It is a minus because it can lead to bias and presuppositions. Because adults define themselves by their experiences, respect and value that experience.
• Adults are ready to learn when the need arises. • Adults learn when they to choose to learn and commit to learn. That desire to learn usually coincides with the transition from one developmental stage to another and is related to developmental tasks, such as career planning, acquiring job competencies, improving job performance, etc. Often, however, adults perceive employer- provided training as employer-required training.	Be aware that some learners might not want to be there. In which case, be honest. Acknowledge that fact and the fact that nothing can be done about it. Then, agree to make the most out of training nevertheless. On the other hand, be aware that for those who want to be in the class, training is important, and they must walk away with something.
• Adults are task-oriented. • Education is subject-centered, but adult training should be task-centered. For example, a child in a school composition class learns grammar, and then sentence and paragraph construction. An adult in a composition training program learns how to write a business letter, a marketing plan, etc.	Organize content around tasks, not subjects.

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[7] "Adult Learning," by Malcolm S. Knowles, The ASTD Training & Development Handbook: A Guide to Human Resource Development, Robert L. Craig, editor, 1996

Stage 4: Deliver

- Use formative assessment throughout training
- Be clear, consistent, positive and attuned to learners
- Provide opportunities for interaction between, reflection for, and timely feedback to learners

Now that the time for training has arrived, check-in with the trainer to ensure that learning objectives are clearly explained and that participants understand how objectives will be met through planned activities.

The following are additional recommendations for creating a safe space for participants to learn and build repertoire with the group:

- Work with the group to establish ground rules
- Allow time for self-reflection
- Welcome participants to share their personal experiences when relevant
- Incorporate questions that facilitate group discussion
- Check-in regularly with participants to get real-time feedback
- Be open to adapting to participant needs
- Allow for adjustments to planned activities based on observations of group dynamics
- Incorporate different learning styles in content presentation
- Allow for peer interactions and small group work

At the conclusion of the training, be sure to communicate expectations, next steps and any opportunities for continued learning. As shared earlier, lead organizations should plan for adequate follow-up and monitoring to ensure that the training is successful.

Stage 5: Evaluate

- Conduct a process evaluation
- Conduct an outcome evaluation: qualitative and quantitative (establish key measures and indicators)
- Share results (determine what went well and how, identify areas for improvement, commit to improvement action items)

While informal evaluation activities—i.e. gathering feedback throughout the training—can be included as part of the training delivery, a more formal evaluation can help identify the most and least successful elements of the training itself, as well as track some of the knowledge and skills gained from the training.

EVALUATING TRAININGS

One way to approach assessing the learning through evaluation is to think about the different levels at which you can evaluate—from the easiest to the most complex, both for the evaluator and for participants. Drawn from the work of the Association for Talent Development (including Kirkpatrick and Katzell's contributions), the following framework can help you determine the most appropriate level for your ReCAST project's training evaluation plan.

While the majority of trainings are measured by satisfaction assessment questions, learning specialists recommend designing training evaluation plans by backwards planning, first beginning with articulating the end result and mapping process measures back to the baseline reaction.
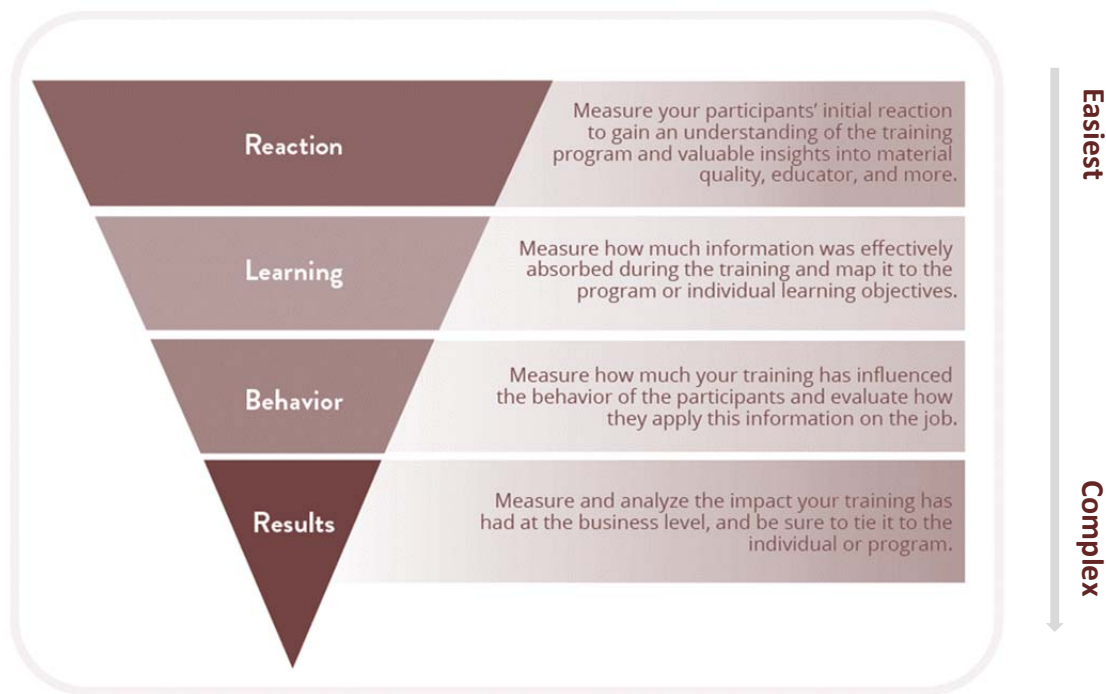
THE KIRKPATRICK MODEL

Image from "The Best Way to Use the Kirkpatrick Model" (Petrone, 2017)[8]

Notably, and especially relevant for ReCAST work, Guskey (2002)[9] expanded on the four levels to add a fifth, "Organizational Support & Change." See **Appendix C,** *"General Sample Training/Professional Development Evaluation,"* for a sample survey that reflects each level.

The following chart maps out different levels and domains of evaluating trainings, and it provides examples for applying the model to trainings focused on trauma informed approaches, competencies and care.

Level 1: Evaluation of Reaction

Evaluation of Reaction is the satisfaction, usefulness, and general thoughts about the training. This level is focused on evaluating the participant's training experience. You can use post-training surveys or get verbal feedback on different aspects of the training, such as the following:

- Overall satisfaction with the training (see **Appendix D** for a sample satisfaction survey)
- The extent to which the training was relevant to their work
- Whether they would recommend the training to others
- Recommendations for improving the training

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[8] See the full article here: https://learning.linkedin.com/blog/learning-thought-leadership/the-best-way-to-use-the-kirkpatrick-model--the-most-common-way-t

[9] See Gusky's Five Levels of Evaluation here: https://connectingcantycommunities.wikispaces.com/file/view/Guskey+5+levels.pdf

Level 2: Intake Evaluation of Learning

Intake Evaluation of Learning is "What did participants actually take away from the training? What was the value add? What new knowledge did they gain?". This level is focused on measuring changes in knowledge, skills and attitudes. Most commonly this is determined by administering surveys both prior to and after the training in order to measure changes in the overall group. In addition to pre- and post-tests, this level can also be assessed by creating learning assignments for participants.

The following are potential trauma-, healing-, and trauma-informed care-based competencies that can be modified for evaluating a training based in that content (adapted from "Core Competencies for Trauma Informed Staff," Rutgers, 2015)[10]:

Knowledge
- Describes interconnection of violence, trauma, and social issues
- Summarizes the findings of the Adverse Childhood Experience Study (ACES)
- Describes impact of trauma on the body, spirit, mind and community
- Understands impact of trauma over the life-span
- Understands the complex needs of trauma survivors
- Describes the impact of historic, cultural trauma and structural violence
- Understands re-traumatization, complex trauma, and systems' participation in perpetuating both
- Understands cultural differences in how people understand, respond to, and treat trauma
- Understands impact of trauma on LGBTQI and gender non binary individuals and community
- Understands healthy boundaries within trauma- informed contexts
- Understands the building blocks of establishing a trusting relationship

Skills
- Ability to establish and maintain healthy boundaries
- Ability to define and distinguish the difference between responding and reacting
- Ability to create a safe, welcoming physical/inclusive/supportive environment
- Supports peer skill development by sharing power
- Ability to establish and maintain transparency in actions and interactions
- Ability to offer true choice to peers/participants and to honor their choice
- Ability to coach peers/participants to know their strengths and talents

Values & Attitudes
- Values the lived experience of peers/participants
- Believes individuals and communities are the experts in their own recovery
- Connections between staff and participants are reciprocal and offer opportunities for shared learning
- Believes that healing happens in relationships
- Believes that recovery from trauma possible for everyone

Please see **Appendix E**, "Trauma-Informed 101 Sample Training/Professional Development Evaluation," for other samples survey questions that measure learning intake.

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[10]See the full mapping tool here: http://www.cpe.rutgers.edu/njdcf2015/docs/9a-Core-Competencies-for-Trauma-Informed-Staff.pdf

Level 3: Apply Evaluation of Behavior

This level focuses on long-term change and whether capacity has increased via behavior change. Collecting data on behavior change may include measuring:

- The extent to which participants have changed their behavior—are using training materials, are conducting trainings
- The extent to which participants are comfortable conducting trainings (for a train-the-trainer model)
- The extent to which participants are comfortable adapting content to meet community needs

This information can be captured through observations (coaching in real time on skills), mentoring, integrated projects with feedback, and surveys reporting adoption.

One of the central strategies to evaluate change in behavior is to assess a shift in attitude and individual sense of wellness, wellbeing and perception of feeling supported to make behavior shifts. Both the ProQOL and ARTIC (listed in **Appendix F,** "Trauma Informed Training & Train the Trainer Considerations") support these assessment goals.

Level 4: Impact Evaluation of Results

This level goes beyond the individual-level to examine changes at the organizational or systems-level, which are considered more sustainable than individual-level changes. It is recommended that this level of outcomes should be determined at the onset of planning training. While this level of evaluation is more complex, it is important to consider, as ReCAST grantees are expected to institute policy and other infrastructure changes promoting trauma-informed approaches.

It might be helpful to think about the process measures and outcome measures that can be included in this level of evaluation. Some examples include:

- Process—description of trainings informed organizational and systems changes; description of new trauma-informed policies that were implemented as a result of the trainings
- Outcomes—the number of policy and infrastructure changes that resulted from trainings; the type of new trauma-informed policies that were implemented as a result of trainings; type of changes in organizational policy or practice around trauma-informed training

You may be able to draw from the trauma-informed resources in Part 5 to identify evaluation measures. Some of these can be adapted to evaluate trainings themselves so that the training approach models the trauma-informed principles that learners are being invited to adopt and apply.
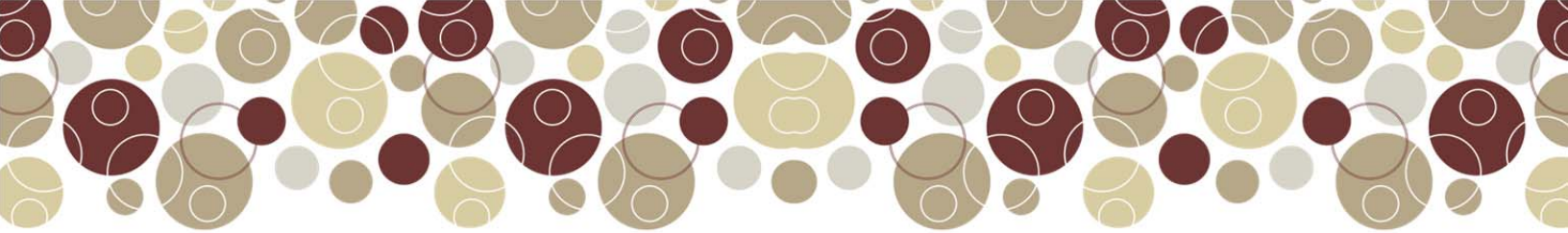
Part 5

Resources

❖ **CBPP Pediatric Task Force & NYC DOHMH Pediatric Disaster Advisory Group. (2006). Pediatric Tool Kit: Hospital Guidelines for Pediatrics in Disasters.**
https://www.omh.ny.gov/omhweb/disaster_resources/pandemic_influenza/hospitals/bhpp_focus_ped_toolkit.html

❖ **Emergency Preparedness Exercise Evaluation Tools. Harvard T. H. Chan School of Public Health.**
http://www.hsph.harvard.edu/preparedness/toolkits/exercise-evaluation-database/

❖ **Iowa Counties Public Health Association. (2015). 16th Annual Iowa Public Health Practice Colloquium Toolkit: Envisioning Public Health & Primary Care in 2030.**
http://prepareiowa.training-source.org/training/toolkits/Envisioning%20Public%20Health%20%26%20Primary%20Care%20in%202030/detail

❖ **Kirkpatrick's Four Levels of Training Evaluation in Detail.**
http://www.ct.gov/ctdn/lib/ctdn/ttt_14_m5_handouts2.pdf

❖ **Learning from Critical Incidents Toolkit. Harvard T. H. Chan School of Public Health.**
http://www.hsph.harvard.edu/preparedness/toolkits/critical-incidents/

❖ **Menschner, C., & Maul, A. (April 2016). Key Ingredients for Successful Trauma-Informed Care Implementation.** *Advancing Trauma-Informed Care* **Issue Brief. Center for Health Care Strategies and Robert Wood Johnson Foundation.**
http://www.chcs.org/media/ATC_whitepaper_040616.pdf

❖ **Northwest Center for Public Health Practice. (2014). Effective Evaluation: A Toolkit for Evaluating Presentations and Trainings. University of Washington School of Public Health.**
http://www.nwcphp.org/training/opportunities/toolkits-guides/effective-evaluation-a-toolkit-for-evaluating-presentations-and-trainings

❖ **PERLC. Kirkpatrick Level 2 (Learning) Evaluation Tool Matrix.**
http://www.phf.org/programs/preparednessresponse/evaluationrepository/Documents/Kirkpatrick_Level_2_Evaluation_Tool_Matrix.pdf

❖ **PERLC. Public Health Preparedness and Response Knowledge, Skills, and Attitudes (KSAs) By Core Competencies.**
http://www.phf.org/programs/preparednessresponse/evaluationrepository/Documents/Knowledge_Skills_Attitudes.pdf

❖ **Public Health Preparedness & Response Core Competency Mode. (December 17, 2010).**
https://www.cdc.gov/phpr/documents/perlcpdfs/preparednesscompetencymodelworkforce-version1_0.pdf

❖ **Savoia, E. (2015). Principles of Evaluation and Applicability to Public Health Emergency Preparedness. Harvard T. H. Chan School of Public Health.**
https://www.youtube.com/watch?v=Wlw4ZZ7Y1oo#t=1s

❖ **Substance Abuse and Mental Health Services Administration.** *Trauma-Informed Care in Behavioral Health Services.* **Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.**
https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

❖ **Trauma-Based Screenings and Assessments.**
https://training.cfsrportal.acf.hhs.gov/book/export/html/2440

❖ **Upper Midwest Preparedness and Emergency Response Learning Center (PERLC). State of Iowa Radiological Emergency Preparedness Training.**
http://iowarep.training-source.org/

Part 6
Appendix

An expanded look at this look from the ReCAST 2017 Grantee Manual.

STEP 1: ENGAGE STAKEHOLDERS

- What are you hoping to get from stakeholder engagement during strategic planning process? How can engagement benefit from the strategic planning process?

- What have you learned from past engagement efforts that can be applied to the strategic planning process?

- Are you communicating in language that is clear and understandable and not relying on jargon that can be off-putting?

- Are there stakeholders or perspectives that have been missing from earlier planning phases? How can you include them moving forward?

- Are meetings (location/times) and communications inclusive of community stakeholders (including those who may not speak English)?

- Do stakeholders include organizations and partners include those that are part of the trauma-focused system?

STEP 2: DEVELOP THE VISION, MISSION, AND PROJECT VALUES STATEMENTS

- What is the mission of the project? Are you considering the aim of the ReCAST, whom it serves, how it serves, and why it exists?

- What is the vision of ReCAST? What will the ReCAST community look like if the project is successful?

- Are your project values consistent with ReCAST Resilience Framework?

- Do project value statements reflect a foundation of respect, inclusion, and equity?

- Do project value statements reflect the importance of family, youth, and community engagement?

- Do project value statements acknowledge the systemic and structural barriers that support inequity?

- Do project value statements support a practice of reflection and learning from past events?

STEP 3: TRANSLATE PROGRAMS AND POLICIES INTO GOALS, OBJECTIVES, AND ACTIVITIES

A. Reviewing Gaps & Needs from Your DIS and CNRA

- What did your Disparities Impact Statement reveal in terms of largest disparities in your community?

- What were the big takeaways from the Community Needs and Resource Assessment?

- What are priority populations most impacted by trauma or health disparities?

- What needs of families and youth are going unmet?

- What are agencies and organizations that are part of [or the] local trauma-focused system?

- How are families and youth at greatest risk receiving trauma-focused services, prevention programs and supports? If not receiving trauma-focused interventions and supports, why not?

- What are the existing historical strains between the community and public agencies (e.g. police, schools, and social services)?

- What priorities were identified by community members?

- What are community strengths that can promote wellness and resilience of high-risk youth and their families?

- What are agencies and organizations that are promoting wellness and resilience of high-risk youth and families?

B. Developing Goals & Objectives

- How are goals defined in the ReCAST application supported by the results of the Community Needs and Resource Assessment?

- Which goals should be retained? Eliminated? Added to or modified?

- Which objectives would serve as interim steps to achieve the broad goals?

C. Identifying Activities

- Are there programs, services, policies that can address these unmet needs among priority populations or health disparities?

- Are there EBPs that can help meet these gaps or unmet needs? Is implementation of these EBPs appropriate for priority populations? Are there cultural adaptations that might be needed?

- What community partners are currently working with your population of focus or working to help bring about your project's intended goals and outcomes?

- Are there existing program or partners that are already providing these services? Are there plans to include them in implementation to minimize duplication?

- How do potential programs and policies consider a culturally and linguistically competent approach?

- How do potential programs and policies promote resiliency and well-being for high-risk youth, families, and communities?

- Are potential programs and policies appropriate, given the trauma experienced by community members?

- What are the local policies that might be updated to integrate and support a streamlined trauma-focused system?

- Do potential programs and policies reflect community priorities?

- Do potential programs and policies address strains (if any)?

- Is there sufficient political will and stakeholder support to change these policies?

- Do you have the right people at the table needed to change these policies (e.g. elected officials, policy makers)?

- Will you need a memoranda of understanding (MOU in place, in order to move ahead with your work? What other resources are needed to update these policies?

- What other resources are needed to update these policies?

Consider these tips and suggestions to integrate trauma-informed pedagogical strategies into your sessions:

- Before each professional development session, ask yourself:
    - *How might you create a learning space that is consistent, relationship-based, energetic and teacher-focused?*
    - *How might you let go of expectations of what each professional development session should be?*
    - *How might you expect and accept a lack of closure?*

- Provide options to teachers and school-site leadership. Try:
    - *Using language like "I invite you to."*
    - *Ensuring each activity has some element of choice.*
    - *Inviting teachers to physically regulate any way they need to (hydrate, eat, stand, sit, stretch).*
    - *Explicitly note a transition. For example, "We are now going to transition to X because Y".*
    - *As much as possible, greet each participant at the door and learn names as quickly as possible.*

- Provide descriptive praise and affirmation

- Model reflective listening and appreciation; mirror body language of participants

- Make all learning relevant to the school context

- Set boundaries; remember, you aren't on staff, you aren't a therapist, and you aren't there to solve problems for participants. This is not about you—it's about them, their community and their students.

- Keep doing the things that seem to resonate with your audience: notice when a practice, way of communicating an idea, or a style of learning works and do more of it.

- Use nonviolent language. For example, avoid the words "bullet points" or phrases like "let's do a whip around the room," or, "I'll shoot you an email".

- Take a moment or many moments for yourself. Consider:
    - Before a coaching session, journal about your intentions.
        - *What do you want to learn about your own coaching practice?*
        - *What do you want participants to learn, and how will you know if they've learned it?*
        - *How will their expertise be demonstrated?*
    - After a coaching session, journal about your learnings.
        - *What went the way you anticipated? Why?*
        - *What went differently? What is your hunch about what caused the difference?*
    - During a session, bookmark your own transition with breath.

In order to assist us to continually improve, please respond to each of the following statements.

Level I: Reactions

Statements	Agree Strongly	Agree	Disagree	Strongly Disagree
CONTENT was of high quality.				
CONTENT was presented in a professional manner.				
FORMAT of the delivery has met my learning style(s).				

Explain!

Level II: Acquisition of Knowledge and Skills

Statements	Agree Strongly	Agree	Disagree	Strongly Disagree
I gained new insights and increased my knowledge and understanding in relation to the learning outcomes.				
As an individual, I was able to reflect, plan, and strategize for how I might apply/use/implement my new learning.				
Our team was able to reflect, plan, and strategize for how we might apply/use/implement our new learning.				
I engaged in thoughtful dialogue with my colleagues.				

Explain!

Level III: Organizational Support

Statements	Agree Strongly	Agree	Disagree	Strongly Disagree
Administration has advocated and collaborated in planning and/or facilitating the learning activities.				
Our leadership team has advocated, supported, and collaborated in planning and/or facilitating today's learning activities.				
I believe we will have the follow up support needed to implement our new learning.				

Explain!

Level IV: Applying Knowledge and Skills

Statements	Agree Strongly	Agree	Disagree	Strongly Disagree
I believe my implementation and/or application of this training's learning and activities will improve my ability to meet the program's outcomes.				

Explain!

Level V: Impact on [Student] Learning

Statements	Agree Strongly	Agree	Disagree	Strongly Disagree
I believe my new learning and/or activities we did in this workshop will support meeting our identified *performance and achievement* [student] outcomes.				
I believe my new learning and/or activities we did will support meeting our identified *affective (attitudes and dispositions)* [student] outcomes.				
I believe my new learning and/or activities we did will support meeting our identified *psychomotor (skills and behaviors)* [student] outcomes.				

Explain!

Other Optional Questions

What worked today? What would you like to see more of?
(Think about delivery, organization, flow, content, energy, etc.)

What could have been better? What might you like to see less of?
(Think about delivery, organization, flow, content, energy, etc.)

In thinking about next steps, what work needs to happen for today's learning to have impact?

In what ways are you willing and interested in supporting the work (in any way) to move forward?

Comments/Additional Feedback?

Appendix D: Sample Satisfaction Survey

Thank you to ReCAST Evaluation Subject Matter Expert Katherine Roberts for her contribution to this section.

Participant Fill In

Title of training
Date
Location
Instructor(s)
Organization (*note: this can be a GPRA PC2 data point*)

Strongly Agree to Strongly Disagree

- Goals of the training were clearly communicated.
- The information was presented in a well-organized and easy to follow manner.
- The time was used effectively.
- The presenter was clear, knowledgeable, and well prepared.
- I gained valuable information as a result of this training.
- Materials used during the training are helpful in my understanding of the subject.
- I feel confident in teaching others based on what I learned from this training.
- My questions and concerns were addressed.
- I would recommend this training to others.

Extremely Satisfied to Not at all Satisfied

- Overall, how satisfied are you with this training?

Qualitative

- What elements of the training did you find the most useful?
- Were there things that you wish had been further clarified or improved? Please explain.
- Please share other comments or feedback you have about this training

Other Questions

- Why did you participate in the training (check all that apply)?
  - ❑ Employer suggested
  - ❑ Personal interest
  - ❑ Educational credits
  - ❑ Speaker
  - ❑ Friend/neighbor recommended
  - ❑ Other

Rate your level of satisfaction with the following meeting logistics:

- The venue (meeting rooms)
- Food/beverage
- Registration process
- Time
- Location

- What is your gender? Response categories
- How do you describe your race/ethnicity? Response categories
- What is your age? Response categories
- Which zip code do you live? Response categories of the ten zip codes plus other
- Which zip code do you work? Response categories of the ten zip codes plus other

You may want to ask participants how they heard about the training if you are measuring channels of communication.

Based on a sample pre/post survey development by the Child Wise Institute for the ACE Interface Master Trainers

How do you rate your knowledge about:	PRIOR TO THIS WORKSHOP					AFTER THIS WORKSHOP				
	Very Low	Low	Moderate	High	Very High	Very Low	Low	Moderate	High	Very High
1. The importance of identifying and addressing adverse childhood experiences (ACEs)										
2. ACEs' impacts on brains and behavior										
3. How ACEs may have impacted your own life or your family's										
4. My ability to teach others what I have learned about ACEs										
5. The role of ACEs in my job										
6. ACEs' implications for the organization that employs me.										
7. Why and how my community needs to get organized/mobilized to identify and address ACEs										
8. What it takes to develop a community-wide, trauma-informed system										

As a result of this training, will you:	No	Maybe	Yes	Already doing this
1. Incorporate ACEs' assessment and treatment in your daily work?				
2. Seek more information about the causes and effects of ACEs?				
3. Seek more information and guidance regarding trauma-informed practice?				
4. Advocate for ACEs assessments and treatments as a permanent fixture in your organization?				
5. Actively participate in community-wide efforts to identify, assess, and treat ACEs' victims.				

List one action or behavior that you will do as a result of this training:

Please rate your overall satisfaction with this training:

Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied

Organizations often ask, "How do I know if our work is trauma-informed?" **This matrix provides an overview of trauma-informed assessments that can help organizations and individuals answer this question**. To use these tools, it's important to recognize that being truly trauma-informed may require a significant shift in an organization's systems, structures, and philosophy.

Implementation is not a one-time event, but rather a series of interlocking changes that take place over a period of years. Organizations should expect that continuous coaching and modeling of trauma-informed behavior will be needed to achieve a coordinated trauma-informed approach at the organizational level. SAMHSA's _ten trauma-informed implementation domains_ can help organizations assess where change is most likely to succeed.

Name	Description	Notes
Agency / Organizational Assessment		
TICOMETER -Center for Social Innovation _http://us.thinkt3.com/ticometer-new_	Consisting of 35 items across five domains, the Ticometer$^©$ measures the degree to which an organization is engaged in trauma-informed practices. The assessment takes approximately 15 minutes for staff members to complete online and scores are available to the organization immediately.	Requires purchase. Contact: info@thinkt3.com See accompanying webinar from Futures Without Violence: _https://www.futureswithoutviolence.org/measuring-trauma-informed-practice-tools-for-organizations_ Created in collaboration with AIR; see one pager here: _https://www.air.org/sites/default/files/trauma-informed-care-instrument-one-pager-Feb-2016.pdf_ The five domains include: • Building trauma-informed knowledge and skills. • Establishing trusting relationships. • Respecting service users. • Fostering trauma-informed service delivery. • Promoting trauma-informed policies and procedures.
Trauma-informed Care Belief Measure Version 3.2 -Traumatic Stress Institute _http://traumaticstressinstitute.org/wp-content/uploads/2013/11/Trauma-Informed-Belief-Measure-Final-3.2-5-12.pdf?32c611&32c611_	Trauma-Informed Belief Scale is a 19-item measure developed by the Traumatic Stress Institute that assesses staff attitudes favorable to trauma-informed care. Considerable empirical research has been done on this measure. A research project is underway in collaboration with Tulane University Department of Clinical Psychology to revise this measure and strengthen its psychometric properties.	

Name	Description	Notes
Staff Behavior in the Treatment Program Revised 5/12 -Traumatic Stress Institute *http://traumaticstressinstitute.org/wp-content/uploads/2013/11/Staff-Behavior-in-the-Treatment-Program-5-12.pdf?32c611&32c611*	Staff Behavior in the Treatment Program is a 12-item measure developed by the Traumatic Stress Institute that assesses self-reported staff behavior favorable to trauma-informed care.	For a manager's assessment of staff (can be adapted)
Trauma-Informed Organizational Toolkit -AIR, 2009 *https://www.air.org/resource/trauma-informed-organizational-toolkit*	The Trauma-Informed Organizational Toolkit, a product from AIR's National Center on Family Homelessness, gives programs a roadmap for becoming trauma-informed. The toolkit offers concrete guidelines so that organizations can assess if they are responding appropriately to the needs of families who have experienced traumatic stress.	Domains include: • Supporting staff development (training and education, staff supervision, support and care) • Creating a Safe & Supportive Environment (physical environment, information sharing, cultural competence, safety and crisis planning) • Assessing & Planning Services (Intake Assessments, Developing Goals & Plans, Offering Services & Trauma-Specific Interventions, Involving Current & Former Consumers) • Adapting Policies (Creating Policies, Reviewing written policies)
The CCTIC Self-Assessment and Planning Protocol -Harris & Fallot, 2009 *https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf*	The Self-Assessment and Planning Protocol is divided into six domains; they address both services-level and administrative or systems-level changes. In each domain, there are guiding questions for a collaborative discussion by a comprehensive workgroup of a program's activities and physical settings, followed by a list of more specific questions and/or possible indicators of a trauma-informed approach. Many of these questions and indicators are drawn from the experiences of human service agencies that have previously engaged in this self-assessment.	This can be adapted to establish a training's indicators for success, to measure a training's impact. For example, "To what extent are *program activities and settings* consistent with five guiding principles of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment?" can be modified: "To what extent are *the training's activities and settings* consistent with five guiding principles of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment?"
Other Assessments Used related to Trauma Informed Organizations		
Professional Quality of Life Scale (PRQOL) Compassion Satisfaction and Compassion Fatigue Version 5 (2009) *http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf*	Provides self-score for compassion satisfaction, burnout scale, secondary traumatic stress score.	[©] B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org.

Name	Description	Notes
Wisconsin Trauma-Sensitive Schools Fidelity Tool Department of Public Instruction *https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/tsfidelitytool.pdf*	This tool is intended to paint a picture of a school prior to the implementation of trauma-sensitive policies and practices. It may also help shape a school's conversation around how to become more trauma-sensitive.	This tool was created by the Wisconsin Project AWARE Team and used in conjunction with the ARTIC (see above).
Attitudinal Shift Assessments		
The Attitudes Related to Trauma-Informed Care (ARTIC) Scale -The Traumatic Stress Institute To obtain a sample copy of the ARTIC, send an email to *artic@klingberg.org* Here is the ARTIC modified for teachers: *https://www.cde.state.co.us/cdesped/ springdirmtg2017_2d_articsurvey* Wisconsin AWARE has developed an online version of the ARTIC: *https://forms.dpi.wi.gov/se.ashx?s=56301B2D 765EC727*	The ARTIC is one of the first psychometrically valid measure of trauma-informed care (TIC) to be published in the peer-reviewed literature. The ARTIC is a measure of professional and paraprofessional attitudes favorable or unfavorable toward TIC. It was developed collaboratively by the Traumatic Stress Institute of Klingberg Family Centers and Dr. Courtney Baker at Tulane University.	The ARTIC is not free. For the full journal article in *School Mental Health*, click here Baker, Brown, Wilcox, Overstreet, & Arora, 2015 FINAL

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