*A Final Report on Building Evaluation Capacity for Programs*
*Funded by the Champaign County Community Mental Health and Developmental Disabilities*
*Boards (CCMHDDB) Year 7*

# APPENDICES FOR SECTION II THRU SECTION VII

*Emily Blevins, M.S.*
*Hope Holland, M.S.*
*Nathan Todd, Ph.D.*
*Mark Aber, Ph.D.*

*Department of Psychology University of Illinois, Urbana-Champaign*

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APPENDICES FOR SECTION II

**<u>Appendix Items:</u>**

Section II A: Revised Preference Assessment
Section II B: Performance Outcome Report (DRAFT)

# ISC Preference Assessment

1. Please tell us who is completing this assessment.
   - Individual interested in receiving supports/services
   - Parent/guardian

2. Please provide Demographic Information of person on PUNS list

| Gender | Race | Ethnicity | Age | Total Household Income: |
|--------|------|-----------|-----|--------------------------|
| ☐ Male | ☐ White | ☐ Hispanic | ☐ Under18 | ☐ ≤ $19,000/annually |
| ☐ Female | ☐ Black/African American | ☐ Non-Hispanic | ☐ 18-23 | ☐ $19,000-$30,000/annually |
| ☐ Transgender | ☐ Asian/Asian American | ☐ Middle Eastern/North African | ☐ 23-30 | ☐ $30,000-$60,000/annually |
| ☐ Gender Non-Conforming | ☐ Biracial/Multi-Racial | ☐ Prefer not to answer | ☐ 30-40 | ☐ ≥ $60,000/annually |
| ☐ Prefer not to answer | ☐ Other | | ☐ Over 40 | ☐ Prefer not to answer |
| | ☐ Prefer not to answer | | | |

3. How long have you been waiting on the PUNS list?
   - less than 1 year
   - 1 to 3 years
   - 3 to 5 years
   - Longer than 5 years

4. Which service category are you currently in on PUNS?
   - Seeking Services (Need services within one year)
   - Planning for Services (Do not need services for at least one year)

5. Where are you currently living?
   - In own home with no support
   - In own home with occasional support
   - At home with family
   - Supportive Living Facility

# ISC Preference Assessment

6. What is your preferred living arrangement?
   - Live with family
   - Live alone
   - Live with roommates
   - 24-Hour Supervised Group Home (CILA)- Single Bedroom
   - 24-Hour Supervised Group Home (CILA) Shared Bedroom
   - Host Family CILA
   - Intermittent CILA
   - Intermediate Care Facility (ICF/DD)
   - Community Living Facility (CLF)
   - Supportive Living Facility (SLF)
   - State Operated Developmental Center

7. If you prefer to live in a setting with housemates, what is your preferred number of housemates? _____

8. Where do you want to live? (City, County, Geographic Region) (Select All that Apply):

   - Ludlow
   - Urbana
   - Bondville
   - Broadlands
   - Champaign
   - Dewey
   - Fisher
   - Foosland
   - Gifford
   - Homer
   - Ivesdale
   - Longview
   - Mahomet
   - Ogden
   - Penfield
   - Pesotum
   - Philo
   - Rantoul
   - Royal

- Sadorus
- St. Joseph
- Savoy
- Seymour
- Sidney
- Thomasboro
- Tolono
- Champaign County
- Outside Champaign County
- Outside of Illinois
- No Preference

9. Are you interested in support to find competitive employment opportunities?
   - Yes
   - No

10. Are you interested in volunteer opportunities?
    - Yes
    - No

11. Do you currently work or volunteer anywhere in the community? If so, please specify_____

12. What types of work/volunteer opportunities are you interested in pursuing?
    - Office
    - Retail
    - Restaurant/Food Services
    - Factory
    - Outdoors
    - Construction
    - Automotive
    - Service Industry
    - Recreation
    - Public Services
    - Education/Childcare
    - Agriculture
    - Working with Animals

# ISC Preference Assessment

- The Arts
- Trade Work
- Technology Services
- Health Services
- Finances
- Writer
- Other
  - Please Specify_____

13. Are you currently participating in any community groups/organizations?
- Yes
- No
- Name of group or activity _____

14. What community groups/organizations would you like to participate in:
- Continuing Education
- Champaign Urbana Special Recreation (CUSR)
- Best Buddies
- Special Olympics
- Church
- Groups and/or Clubs
- Gardening
- Health & Wellness
- YMCA
- Other
  - Please Specify _____

15. What leisure activities do you currently enjoy taking part in?
- Going to the Movies
- Theatre/Arts/Museums
- Shopping
- Zoo/Aquariums
- Parks
- Recreation/Sports
- Swimming
- Sporting Events
- Concerts
- Festivals

# ISC Preference Assessment

- Eating Out
- Other
    - Please Specify _____

16. Are there leisure activities that you would like to participate in but are not available to you?  If yes, please specify:

_____

_____

17. What areas would you benefit from support in?
- Independent/Daily Living
- Medical
- Financial
- Transportation
- Community Day Services
- Competitive Employment Services
- Assistive Technology
- Socialization
- Behavioral Therapy/Counseling
- Physical Therapy/Occupational Therapy/Speech Therapy
- Respite Services
- None
- Other
    - Please Specify _____

18. Are you currently on the waiting list for any of the above services?
- Yes
- No

19. If yes, please specify below what agencies you are currently on a waitlist with, what services you are seeking, and length of time you have been on the waitlist?

| Provider Agency: | Service/Support Seeking: | Length of Time on Wait List: |
|---|---|---|
|  |  | ☐ ≤ 1 year<br>☐ 1 to 3 years<br>☐ 3 to 5 years<br>☐ ≥ 5 years |
|  |  | ☐ ≤ 1 year<br>☐ 1 to 3 years |

# ISC Preference Assessment

| | | |
|---|---|---|
| | | ☐ 3 to 5 years<br>☐ ≥ 5 years |
| | | ☐ ≤ 1 year<br>☐ 1 to 3 years<br>☐ 3 to 5 years<br>☐ ≥ 5 years |

20. Are you currently receiving case management services? If so, where from?
    - Not currently receiving services
    - CCDDB/CCRPC Independent Service Coordination
    - DSC
    - Rosecrance
    - PACE Center for Independent Living
    - Community Choices
    - Other
        - Please Specify_____

21. On a scale from 1 to 10, how comfortable are you in navigating the DD system and/advocating for yourself or your loved one?

1_____2_____3_____4_____5_____6_____7_____8_____9_____10

Not                          Somewhat                           Very
Comfortable               Comfortable                     Comfortable

**Performance Outcome Report Template**

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

| |
|---|
| Agency name: |
| Program name: |
| Submission date: |

| **Consumer Access** – *complete at end of year only* |
|---|
| **Eligibility for service/program** |
| 1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) |
| 2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? |
| 3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) <br><br> - **Are we asking this? We don't ask it on the preference assessment anywhere…** <br> - **Maybe the transition consultants are asking this?** <br> - **I know most people hear about us b/c schools are referring to us from PUNS or they get hooked up through a provider agency & have to get on PUNS to get their services, but I don't know that we have a specific question anywhere about this…** |
| 4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): |

**b)** *Actual* percentage of individuals who sought assistance or were referred who received services:
- **People on PUNS who then started receiving services through county-funded service**
- **Does "services" include getting registered for PUNS?**
- **Email folder with Angela & Mary to put intake referrals?**

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

**b)** *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

**c)** *Actual* percentage of referred clients assessed for eligibility within that time frame:
- **Preference Assessment – waiting for our services**
- **Mary would be able to speak to this**

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

**b)** *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

**c)** *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
- **Do "services" mean with connecting with a county ISC? If so, no additional eligibility determination after PUNS registration..**
- **Are "services" registration for PUNS?  Do we report separate lengths of time for these different services?**

|  | - **Is this length of time between someone being PUNS selected and when we get them funded?** |
|  | - **Mary would be able to speak to this** |

| **7.** | **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): |

|  | **b)** *Actual* average length of participant engagement in services: |
|  | **- Break up by service (ISC, Transition Consultant, Mary case mgmt)** |

**Demographic Information**

| **1.** | *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application) |

| **2.** | Please report here on all of the extra demographic information your program collected. |

**Consumer Outcomes –** *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

| **1.** | *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome. |

Outcome # 1: Individuals with I/DD will have greater choice of services and supports in Champaign County.
Outcome #2: Individuals with I/DD transitioning out of secondary education will have a goal plan in place developed collaboratively with their Transition Consultant.
Outcome #3: Individuals selected from PUNS who were provided service through the Decision Support Person Centered Planning Program will be supported in service connection based on their personal preferences; they will also meet eligibility criteria and have quicker access to Medicaid Waiver Services upon being selected from PUNS.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if other program staff, indicate their role).) Please report all sources of information that apply for each assessment tool (e.g. the XYZ survey may be completed by both a youth client and their caregiver(s).

| Outcome: | Assessment Tool Used: | Information Source: |
|---|---|---|
| E.g.<br>1. Increased empowerment in advocacy clients | Measure of Victim Empowerment Related to Safety  (MOVERS) survey | Client |
| ~~Individuals with I/DD will have greater choice of services and supports in Champaign County.*~~ | ~~Preference Assessment~~<br><br>*Person-Centered Plan— maybe not* | ~~Client~~<br><br>*ISC* |
| Individuals with I/DD transitioning out of secondary education will have a goal plan in place developed collaboratively | # connections with schools (Outreach numbers in Transition Consultant spreadsheet) | Transition Consultants |

**Commented [EB1]:** # of total services clients w/ & w/o ISC are receiving
Waitlist information: For # of total services receiving – include services on waitlist

| | | |
|---|---|---|
| with their Transition Consultant. | | |
| ~~Individuals selected from PUNS who were provided service through the Decision Support Person Centered Planning Program will be supported in service connection based on their personal preferences~~ | ~~Person-Centered Plan~~ ~~Preference Assessment~~ | Client ISC |
| They will also meet eligibility criteria upon being selected from PUNS | DHS PAS | DHS |
| Have quicker access to Medicaid Waiver Services upon being selected from PUNS | Medicaid Waiver Service Award Letters | DHS |
| Individuals will report feeling supported/satisfied | Satisfaction Survey* | Client |
| Clients in crisis working with an ISC will be connected to crisis services more quickly ; crises will be recognized more quickly? | Crisis pass paperwork for Champaign County | BirdsEye (DHS) |

**Commented [EB2]:** Change to build connections in school

**Commented [EB3]:** Deleting this outcome 06/15/2022

3. Was outcome information gathered from every participant who received service, or only some?

   Just people on PUNS registering for first time or completing annual update.

4. If only some participants, how did you choose who to collect outcome information from?

| |
|---|
| **5.** How many total participants did your program have?<br><br>**Combine all transition consultant #s, clients served with ISC, & Mary's clients**<br><br>Transition Consultant #s:<br>Clients with ISC:<br>Mary's clients: |
| **6.** How many people did you *attempt* to collect outcome information from?<br><br>Transition Consultant #s:<br>Clients with ISC:<br>Mary's clients: |
| **7.** How many people did you *actually* collect outcome information from?<br><br># completed preference assessments<br># person-centered plans |
| **8.** How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)<br>Pref assessment: intake, renewed annually<br>Person-centered plan: intake & annual |
| **Results** |

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible.  For example, you could report the following:
    i. Means (and Standard Deviations if possible)
    ii. Change Over Time (if assessments occurred at multiple points)
    iii. Comparison of strategies (e.g., comparing different strategies related to recruitment;  comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

~~Individuals with I/DD will have greater choice of services and supports in Champaign County.~~
~~- Preference Assessment: # of total services clients w/ & w/o ISC are receiving – include services on waitlist~~

Transition Consultants will increase connections in community to increase referrals for students transitioning out of secondary education.
    # connections with schools (Outreach numbers in Transition Consultant spreadsheet)
    Transition Consultants made # connections

**Individuals selected from PUNS** who were provided service through the Decision Support Person Centered Planning Program will be supported in service connection based on their personal preferences

- Last year's answer: 100% of persons eligible for DD services were given the opportunity to report their service preferences. This is standard practice during annual PUNS registration or PUNS update meetings. However, only 64% chose to participate in a preference assessment.
- #/% of persons connected with services (clients w/ ISC compared to clients w/o ISC); speed of connecting them? (in the narrative report rather than average waiting period to funding was 3 months for ISC-supported clients vs 4 months for non-ISC-supported clients)

**Individuals selected from PUNS** who were provided service through the Decision Support Person Centered Planning Program will meet eligibility criteria upon being selected from PUNS
- Last year's answer: Proposed Outcome: 95% of individuals selected from PUNS who were provided service through the Decision Support Program will be found eligible for Medicaid Waiver Services and 90% will begin receiving services within three months. Results: 21 individuals who received Decision Support Person Centered Planning services were selected from PUNS in FY21 (July 12, 2021). 100% of individuals selected from PUNS who were provided service through the Decision Support Person Centered Planning program were found eligible for Medicaid Waiver Services.

**Commented [EB4]:** Connection to state-funded services?

| |
|---|
| **Individuals selected from PUNS** who were provided service through the Decision Support Person Centered Planning Program will receive Medicaid Waiver Services award letter more quickly |
| **10.** Is there some comparative target or benchmark level for program services? Y/N |
| **11.** If yes, what is that benchmark/target and where does it come from? |
| **12.** If yes, how did your outcome data compare to the comparative target or benchmark? |
| **(Optional) Narrative Example(s):** |
| **13.** Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional) |
| **14.** In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional) |

**Utilization Data Narrative –**

*The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.*

*Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.*

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below. **You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Non-treatment Plan Clients (NTPC):

Community Service Events (CSE):

Service Contacts (SC):

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

APPENDICES FOR SECTION III

**Appendix Items:**

Section III A: Well Family Care Logic Model

Section III B: Girls 2 Life Logic Model

Section III C: Overview of Data Workbook

Section III D: Cohesive Intake Assessment

APPENDIX SECTION III A

# Well Family Care

**Activities** → **Shorter-term Outcomes** → **Longer-term Outcomes**

Family Needs, Access, and Barriers Assessment; referral to appropriate resources → Immediate needs and appropriate referrals are identified, improving potential for ongoing family engagement

Trauma Psychoeducation; individual counseling; group counseling → Families develop and enhance understanding of their own traumatic experiences and core beliefs →

- Reduction in symptoms of trauma and associated psychological distress (e.g., shame)
- Decreasing negative coping methods
- Increasing positive coping methods

→

- Increased ability to self-regulate and cope with problems (e.g., handling anger)
- Increased self-awareness (e..g, awareness of triggers)

→ Enhanced access to interpersonal skills (e.g., perspective taking)

Well Family Night; individual counseling; strategy and support for individual family members → Increase in intentional family time (e.g., fame night) → Increased family communication → Improved relationship quality → Decreased (youth) problematic home behaviors (e.g., staying out all night)

Tutoring; school advocacy; individual goal setting and monitoring; engaging family support → Decreased time spent out of class (e.g., tardiness; unexcused absences) / Decreased academic discipline (e.g., detention; suspension) → Increased or maintained academic success

Career development; money management → Workforce readiness

Community Service; group activities; advocacy; sharing individual stories → Develop Community with other TWE families and members → Increased representation of the beauty and diversity within Black Culture → Develop and enhance connection to geographic and cultural communities (positive community identity)

TWE families cultivate, enhance, and apply a growth mindset

Self-awareness, strengths, and coping skills are continually and iteratively expanded

**Identity Renewal**

# Girls to Life Youth Development Program (G2L)

**Activities** → **Shorter-term Outcomes** → **Longer-term Outcomes**

**Service Activities that are Intentionally Healing-Centered, Holistic, and Culturally-Responsive**

**1** G2L youth and caregivers/ family develop and enhance a **positive home identity**

**2** G2L youth and family/caregivers develop and enhance understanding of their own **traumatic experiences and core beliefs**

**3** G2L youth and family/caregivers develop and enhance **connection to their geographic and cultural communities (positive community identity)**

**4** G2L youth and family/caregivers cultivate, enhance, and apply a **growth mindset**

Cultivating and enhancing **self-love and confidence**

Experience **ongoing and iterative healing** from trauma

**Identity Renewal**

girls LIFE
A BRANCH OF
The WELL Experience

**OVERVIEW OF DATA WORKBOOK**

This document contains screenshots of the Excel data analytic workbook. When possible, the workbook has built in dropdown responses to streamline and improve reliability of data entry. The workbook also has built in analytic formulas to assess total scores and differences over time.

| Outcome Domains | | | | Data Source(s) |
|---|---|---|---|---|
| | Psychological Health Outcomes | Youth Psychological Health: | Broad Psychological Health Symptoms: | •Level 1 Cross-Cutting Symptom Measure for DSM-5 *(version: Age 11-17, Self-Report)* •Level 1 Cross-Cutting Symptom Measure for DSM-5 *(version: age 6-17, Caregiver Rater)* |
| | | | Trauma Symptoms: | •Child Rating of Trauma Symptoms Measure for DSM5 *(version:xyz Self-Report)* •Parent rated trauma symptom measure (*version: xyz, Caregiver Rater*) |
| | | Caregiver Psychological Health: | Broad Psychological Health Symptoms: | •Level 1 Cross-Cutting Symptom Measure *(version: Adult, Self-Report)* |
| | | | Trauma Symptoms: | •PCL-5 *(version: Adult, Self-Report)* |
| | Academic Outcomes | Youth Academic Success: | Grades: | Grades as measured by (GPA) reported quarterly in mid-semester progress report and end of semester report cards, |
| | | | Attendance: | Reported by attendance records |

| Assessment Reporter | | |
|---|---|---|
| Self-Report | | |
| Informant Report (i.e., Parent or Guardian) | | |

*Note: Built-in redundancy to support use of correct sheet*

| Assessment Timepoint | | |
|---|---|---|
| Baseline (i.e., Intake) | | |
| Timepoint 2 (Approximately 3 mos after intake) | | |
| Timepoint 3 (Approx. 6 mos after intake) | | |
| Timepoint 4 (Approx. 9 months after intake) | | |
| Timepoint 5 (Approx. 12 mos after intake) | | |

*Note: Assessment Timepoint is relative to clients intake date and length of time in the program, with data collection schedule streamlined for ease (Sept., Dec., March, June)*

| YOUTH ASSESSMENTS |
|---|
| **Broad Psychological Symptoms** |
| Youth Self-Reported  Broad Psychological Symptoms |

| Cross-Cutting Symptom Measure Level 1 ; Age 11-17 | | | Cross-Cutting Symptom Measure Level 1; Youth Self Report (11-17 years) | | |
|---|---|---|---|---|---|
| **Items 1-19** | | | **Domain Thresholds Indicating Further Assessment** | | |
| **Response Options** | **Numerical Value** | | Domain: | Item(s) Included in Domain: | Score Threshold Indicating Further Assessment: |
| None | 0 | | 1. Somatic Symptoms | Items 1 and 2 | Mild or greater (Rating of 2 or more) |
| Slight | 1 | | 2. Sleep Problems | Item 3 | Mild or greater (Rating of 2 or more) |
| Mild | 2 | | 3. Inattention | Item 4 | Slight or greater(Rating of 1 or more) |
| Moderate | 3 | | 4. Depression | Items 5 and 6 | Mild or greater (Rating of 2 or more) |
| Severe | 4 | | 5. Anger | Items 7 and 8 | Mild or greater (Rating of 2 or more) |
| **Items 20-25** | | | 6. Irritability | Items 7 and 8 | Mild or greater (Rating of 2 or more) |
| **Response Options** | **Numerical Value** | | 7. Mania | Items 9 and 10 | Mild or greater (Rating of 2 or more) |
| Yes | 1 | | 8. Anxiety | Items 11, 12, and 13 | Mild or greater (Rating of 2 or more) |
| No | 0 | | 9. Psychosis | Items 14 and 15 | Slight or greater(Rating of 1 or more) |
| | | | 10. Repetitive Thoughts & Behaviors | Items 16, 17, 18, and 19 | Mild or greater (Rating of 2 or more) |
| | | | 11. Substance Use | Items 20, 21, 22, and 23 | Any "Yes" |
| | | | 12. Suicidal Ideation/Attempts | Items 24 and 25 | **Any "Yes" -- Pause current assessments and begin safety protocol, etc.** |

| Caregiver Informant Broad Psychological Symptoms | | |

**Caregiver Informant Broad Psychological Symptoms**

| Cross-Cutting Symptom Measure Level 1 ; Caregiver Informant | |
|---|---|
| **Items 1-19** | |
| **Response Options** | **Numerical Value** |
| None | 0 |
| Slight | 1 |
| Mild | 2 |
| Moderate | 3 |
| Severe | 4 |
| **Items 20-25** | |
| **Response Options** | **Numerical Value** |
| Yes | 1 |
| No | 0 |
| Don't Know | 1 |

| Cross-Cutting Symptom Measure Level 1; Caregiver Informant | | |
|---|---|---|
| **Domain Thresholds Indicating Further Assessment** | | |
| **Domain:** | **Item(s) Included in Domain:** | **Score Threshold Indicating Further Assessment:** |
| 1. Somatic Symptoms | Items 1 and 2 | Mild or greater (Rating of 2 or more) |
| 2. Sleep Problems | Item 3 | Mild or greater (Rating of 2 or more) |
| 3. Inattention | Item 4 | Slight or greater(Rating of 1 or more) |
| 4. Depression | Items 5 and 6 | Mild or greater (Rating of 2 or more) |
| 5. Anger | Items 7 and 8 | Mild or greater (Rating of 2 or more) |
| 6. Irritability | Items 7 and 8 | Mild or greater (Rating of 2 or more) |
| 7. Mania | Items 9 and 10 | Mild or greater (Rating of 2 or more) |
| 8. Anxiety | Items 11, 12, and 13 | Mild or greater (Rating of 2 or more) |
| 9. Psychosis | Items 14 and 15 | Slight or greater(Rating of 1 or more) |
| 10. Repetitive Thoughts & Behaviors | Items 16, 17, 18, and 19 | Mild or greater (Rating of 2 or more) |
| 11. Substance Use | Items 20, 21, 22, and 23 | Any "Yes" or "Not Sure" |
| 12. Suicidal Ideation/Attempts | Items 24 and 25 | **Any "Yes" -- If appropriate, Pause current assessments and discuss safety protocol, etc.** |

s                                              2

| ☰ | **Reference Sheet** ▾ | Youth Broad Symptoms_Self Report ▾ | Youth Trauma Symptoms_Self Report ▾ | Youth Trauma Symptoms_Caregiver Report ▾ | ◀ ▶ |

**The Well Experience Cohesive Intake Assessment**

## Included Components:

**Part 1: Family Background and Individual Demographic Information**

- **Demographic information**:
    - Family income range; zipcode, referral source
    - Referral source: School, DCFS, Community Youth Programs (DREAAM. B&G club), Youth Assessment Center, TWE, Other
    - TPC: Summer group is a TPC;
    - youth age(s), gender(s), race/ethnicity(s)
    - Caregiver relationship, gender, race/ethnicity
- **Family Context** (informed by Support Network and Psychosocial Stressors CFI supplementary modules and FAST 3.0 items)
    - Open-ended: What brought you to TWE? (Use this to assess current potential needs/stressors and hopes for their engagement in the program)
    - Salient Context/Family Stressors (this may inform Presenting Needs section):
        i. Current: list of options as well as open-ended (options include, for example: family arguments, not enough time with family, parental absence (death, incarceration, other), family member substance use, DCFS involvement, siblings fight, limited financial resources, not enough food, homelessness, health concerns, etc, stress engaging with child's school, community violence, etc.
        ii. Past (only assessed during intake): e,g., family member was previously incarcerated; family was previously homeless
    - **Family Functioning: Family functioning domain items from Fast (family conflict, family role appropriateness**
    - **Family Supports:** E.g., Extended family; religious or spiritual organization (e.g., Church); family friends
    - **Family Strengths:** E.g., Communication, spirituality, tenacity, etc [items from FAST 3.0]
    - **Family Needs: (items from FAST about family safety, financial resources, residential stability)**
        - Literal resource needs (e.g., food, help signing up for insurance, identifying primary care, etc)
        - Abstract needs: e.g., caregiver-youth relationship needs

**(Summary of Presenting Needs:**
- From staff/interviewer perspective; to be included in case notes.)

**Reason for Engaging with TWE:**
- This may be related to presenting needs, salient stressors, etc, but not necessarily
- "What are you hoping to achieve by engaging with The Well?"

**Part 2: Individual Baseline Assessments**

| Assessment of Youth | | |
|---|---|---|
| **Broad Assessment of Psychological Distress** | | |
| **Informant** | **Measure** | **Notes** |
| Self-Report | • Cross-Cutting Symptom Measure (Youth aged 11-17) | • *If total score 15 or more, administer Child Report of PTSD Symptoms (CROPS)* |
| Caregiver/ Parent Report | • Cross-Cutting Symptom Measure (Parent/Guardian version) | • *If total score 15 or more, administer Parent Report of PTSD Symptoms (PROPS)* |
| **Assessment of Trauma Symptoms and Behaviors** | | |
| Self-Report | • Child Report of PTSD Symptoms (CROPS) | |
| Caregiver/ Parent Report | • Parent Report of PTSD Symptoms (PROPS) | |

| Assessment of Caregiver/Parent | | |
|---|---|---|
| **Broad Assessment of Psychological Distress** | | |
| **Informant** | **Measure** | **Notes** |
| Self-Report | • Cross-Cutting Symptom Measure (Adult version) | • *If indicated total score 15 or more, administer PTSD Checklist-5th Edition (PCL-5)* |
| **Assessment of Trauma Symptoms and Behaviors** | | |
| Self-Report | • PTSD Checklist-5th Edition (PCL-5) | |

**Part 3: Academic-related Outcomes:**

Measurement Timepoints**:** Baseline, September, December, March, June

☐ **Consent/permission to obtain reports of student's grades, attendance, and school-related disciplinary measures (e.g., detention; suspension)**

- **GPA 3.0 and above, 2.9 and below**
- **Attendance (total absences): Chronic absenteeism= 18 or more days missed**
- **Academic problems: — not reported as an evaluation outcome, but used for case management**
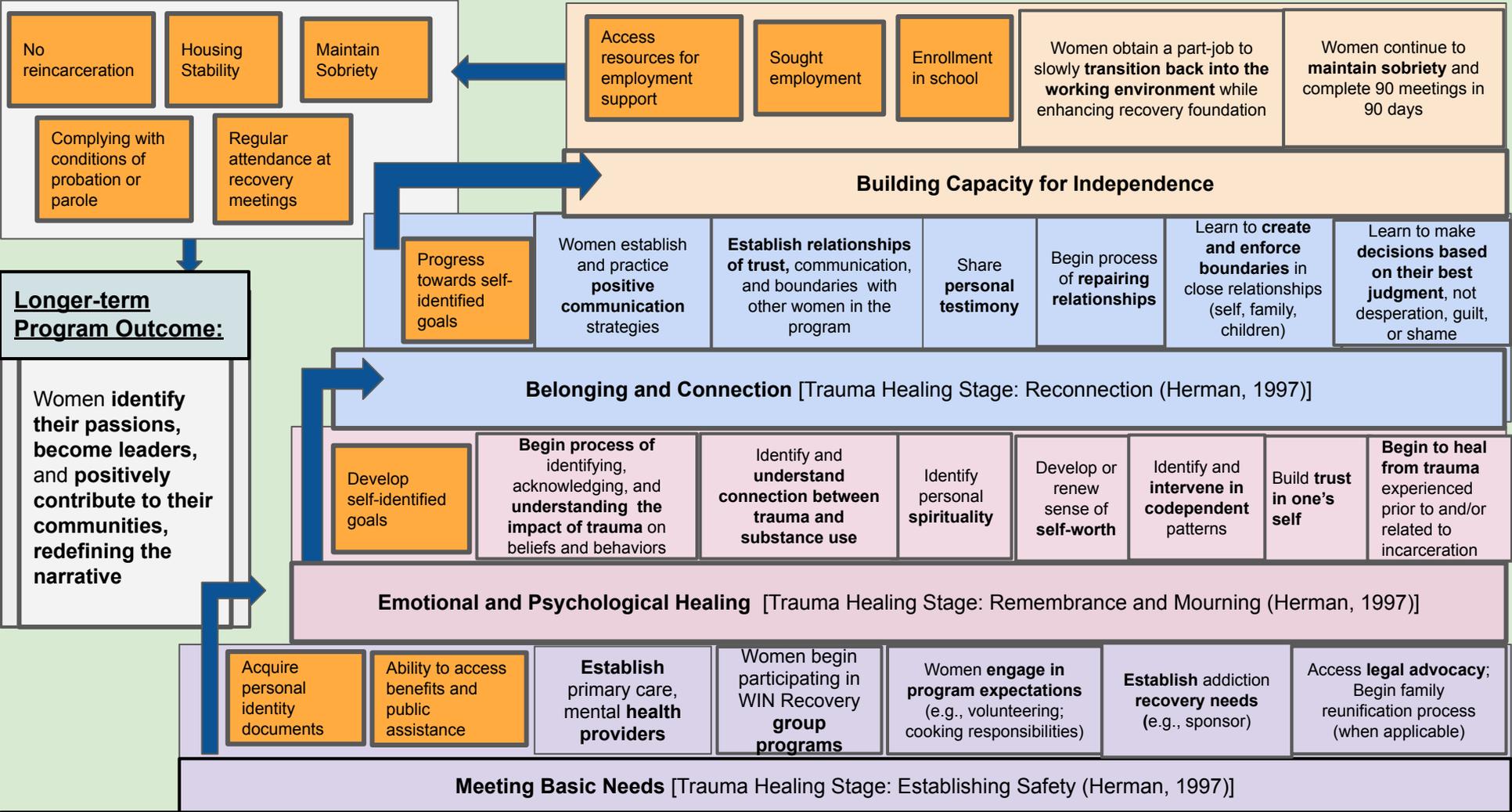
APPENDICES FOR SECTION IV

APPENDIX SECTION IV A

| No reincarceration | Housing Stability | Maintain Sobriety |

| Complying with conditions of probation or parole | Regular attendance at recovery meetings |

**Longer-term Program Outcome:**

Women **identify their passions, become leaders,** and **positively contribute to their communities, redefining the narrative**

| Access resources for employment support | Sought employment | Enrollment in school | Women obtain a part-job to slowly **transition back into the working environment** while enhancing recovery foundation | Women continue to **maintain sobriety** and complete 90 meetings in 90 days |

**Building Capacity for Independence**

| Progress towards self-identified goals | Women establish and practice **positive communication** strategies | **Establish relationships of trust,** communication, and boundaries with other women in the program | Share **personal testimony** | Begin process of **repairing relationships** | Learn to **create and enforce boundaries** in close relationships (self, family, children) | Learn to make **decisions based on their best judgment**, not desperation, guilt, or shame |

**Belonging and Connection** [Trauma Healing Stage: Reconnection (Herman, 1997)]

| Develop self-identified goals | **Begin process of** identifying, acknowledging, and **understanding the impact of trauma** on beliefs and behaviors | Identify and **understand connection between trauma and substance use** | Identify personal **spirituality** | Develop or renew sense of **self-worth** | Identify and **intervene in codependent** patterns | Build **trust in one's self** | **Begin to heal from trauma** experienced prior to and/or related to incarceration |

**Emotional and Psychological Healing** [Trauma Healing Stage: Remembrance and Mourning (Herman, 1997)]

| Acquire personal identity documents | Ability to access benefits and public assistance | **Establish** primary care, mental **health providers** | Women begin participating in WIN Recovery **group programs** | Women **engage in program expectations** (e.g., volunteering; cooking responsibilities) | **Establish** addiction **recovery needs** (e.g., sponsor) | Access **legal advocacy**; Begin family reunification process (when applicable) |

**Meeting Basic Needs** [Trauma Healing Stage: Establishing Safety (Herman, 1997)]

**WIN Recovery Provides a Holistic Foundation for Healing and Recovery from Substance Abuse and Trauma**

## PCL-5

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem <u>in the past month</u>.

| In the past month, how much were you bothered by: | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|---|---|---|---|---|
| 1. Repeated, disturbing, and unwanted memories of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 2. Repeated, disturbing dreams of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? | 0 | 1 | 2 | 3 | 4 |
| 4. Feeling very upset when something reminded you of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? | 0 | 1 | 2 | 3 | 4 |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? | 0 | 1 | 2 | 3 | 4 |
| 8. Trouble remembering important parts of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | 0 | 1 | 2 | 3 | 4 |
| 10. Blaming yourself or someone else for the stressful experience or what happened after it? | 0 | 1 | 2 | 3 | 4 |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame? | 0 | 1 | 2 | 3 | 4 |
| 12. Loss of interest in activities that you used to enjoy? | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling distant or cut off from other people? | 0 | 1 | 2 | 3 | 4 |
| 14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? | 0 | 1 | 2 | 3 | 4 |
| 15. Irritable behavior, angry outbursts, or acting aggressively? | 0 | 1 | 2 | 3 | 4 |
| 16. Taking too many risks or doing things that could cause you harm? | 0 | 1 | 2 | 3 | 4 |
| 17. Being "superalert" or watchful or on guard? | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling jumpy or easily startled? | 0 | 1 | 2 | 3 | 4 |
| 19. Having difficulty concentrating? | 0 | 1 | 2 | 3 | 4 |
| 20. Trouble falling or staying asleep? | 0 | 1 | 2 | 3 | 4 |

## Overview of Analytic Strategy

This document contains screenshots of the Excel data analytic workbook. When possible, the workbook has built in dropdown responses to streamline and improve reliability of data entry. The workbook also has built in analytic formulas to assess total scores and differences over time.

| Outcome Language: |
|---|
| On average, women report an X point reduction in PTSD symptoms at Timepoint 2 (Transition to WIN Independent House) as compared to Baseline. |
| On average, women report an X point reduction in PTSD symptoms at Timepoint 3 (Transitioning to Independent Living compared to baseline. |
| On average, women report an X point reduction in PTSD symptoms at Timepoint 4 (6 months after transitioning to living indepenently) compared to baseline. |
| Overall, [X] number of women demonstrated reliable change in PTSD scores as compared to baseline assessment. |
| Overall, [X] number of women demonstrated statistically-significant change ib PTSD scores as compared to baseline assessment. |

**Analytic Strategy**

Analysis will start with one aggregate group; if high symptom trajectory results are getting "washed out" with low symptom trajectory results, then could consider having two analysis groups:: one with baseline high trauma symptom trajectories and one with baseline low trauma symptom trajectories.

**Please note that all client reported data and associated outcome numbers included in this document are fake and for testing and example purposes only.**

| Templates and Descriptions | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1) Template for PCL-5 Data Entry | | | | | | 2) Template for Client Sheet | | | | 3) Template for Visual Charts | | | | | | | | | | |
| Manually Enter | Use Dropdown to Select | Manually Enter | Use Dropdown to Select | Domain B: Intrusion Symptoms | | | | | ain C: Avoidance Symp | | Domain D: Negative Alterations in Cognition and/or Mood | | | | | | | Domain E: | | |
| ClientID | Program Enrollment | Date of Measure | Data Timepoint | PCL_1 | PCL_2 | PCL_3 | PCL-4 | PCL_5 | PC_6 | PCL_7 | PCL-8 | PCL-9 | PCL_10 | PCL_11 | PCL_12 | PCL_13 | PCL_14 | PCL_15 | PCL_16 | |

AVERAGEIF(WorkshopType, 'Reference Sheet'!$U$5, 'Data_Aggregated Item Responses '!AH:AH)

| All Programs, PCL Score Average by Timepoint | | | | | |
|---|---|---|---|---|---|
| Average Total_PCL | Average Total | Average Total_Timep | AverageTotal Timepoint3 | Average Total_Timep | AverageTota lTimepoint5 |
| 36 | 49 | 33 | 28 | 41 | 27 |

| All Programs | | | |
|---|---|---|---|
| Average Change: | | | |
| T1-T2 | 1-T3 | T1-T4 | T1-T5 |
| 16 | 21 | 8 | 23 |

| Re-Entry Program, PCL Score Average by Timepoint | | | | | |
|---|---|---|---|---|---|
| Average Total_PCL | Average Total | Average Total_Timep | AverageTotal Timepoint3 | Average Total_Timep | AverageTota lTimepoint5 |
| 37 | 53 | 31 | 23 | 48 | 40 |

| Re-Entry Program | | | |
|---|---|---|---|
| Average Change: | | | |
| T1-T2 | 1-T3 | T1-T4 | T1-T5 |
| 22 | 30 | 5 | 13 |

| Decarceration  Program, PCL Score Average by Timepoint | | | | | |
|---|---|---|---|---|---|
| Average Total_PCL | Average Total | Average Total_Timep | AverageTotal Timepoint3 | Average Total_Timep | AverageTota lTimepoint5 |
| 33 | 42 | 38 | 38 | 34 | 13 |

| Decarceration Timepoint | | | |
|---|---|---|---|
| Average Change: | | | |
| T1-T2 | 1-T3 | T1-T4 | T1-T5 |
| 4 | 4 | 8 | 29 |

| List of Response Options for Data Validation Dropdowns: |
|---|

| Program Enrollment | WIN Re-Entry |
|---|---|
| | Decarceration |

| Program Enrollment |
|---|
| Response Options |
| WIN Re-Entry |
| Decarceration |

| Item Response Options: | | Value for Excel Calculations |
|---|---|---|
| | Not at all | 0 |
| | A little bit | 1 |
| | Moderately | 2 |
| | Quite a bit | 3 |
| | Extremely | 4 |
| | (Missing response) | "No data" |

| PCL-5 Measure Data Collection Timepoints | | |
|---|---|---|
| | Variable Name | Description of Timepoint |
| WIN Recovery Phase 1 | PCLTotal_Baseline | Baseline/Intake |
| WIN Recovery Phase 2 | PCLTotal_Timepoint2 | Transition to WIN independent house |
| WIN Recovery Phase 3 | PCLTotal_Timepoint3 | Transition to living independently (e.g., housing voucher) |
| | PCLTotal_Timepoint4 | 6 months after transition to  living independently |

| Data Collection Timepoints: | | Time point numerical value |
|---|---|---|
| | Baseline | 1 |
| | Transition to WIN Independent House | 2 |
| | Transition to Living Independently | 3 |
| | 6 months after Living Independently | 4 |
| | Program Graduation | 5 |

APPENDICES FOR SECTION V

**Appendix Items:**

Section V A: Outcomes Mapping Document

Section V B: Family Feedback Form

Section V C: Data Collection and Evaluation Timeline

Section V D: Performance Outcomes Report Instructions

Section V E: Data Tracking Spreadsheet

| Goals for Next Iteration of Community Living Program Evaluation/Program Goals | Outcomes What would you expect to see to know goal is being met? Participant outcomes | Data Sources/Indicators How is this being measured/tracked? How do you know participant are doing this? What is the checkbox? | Timing |
|---|---|---|---|
| People have rich and fulfilling lives (self-defined) | /Housing figured out /~~Job they like~~ and/or financially secure /Have friends/connection to broader world /Have stuff they like to do /Know how to navigate challenges/barriers (could include having a system or supports) | /Participants say "I like where I live" - Independent living skills checklist response transferred to narrative report /Sustained housing over time - Where were they at start of fiscal year, did they move (narrative report; filled out by case worker) / "Do you have enough money to meet your basic needs?" "have money to do the things you want to do" from POM /money left over after paying all bills (witnessed by case worker helping with budget – maybe in narrative report) /contact notes? (prob not practical source longterm) /Planning interview – how much can you afford to pay, SSI, monthly income, section on finances (sources of income, who manages money) | Annual plan update, tracked across time in narrative report  Narrative report updated quarterly  Annually in POM update  ==Narrative report updated quarterly==  ??  At intake |
| People maintain housing over a sustained period | /Nobody is homeless /People aren't switching locations; staying in the same place for a period | /Participants say "I like where I live" - Independent living skills | Annual plan update, tracked across time in narrative report |

| | | | |
|---|---|---|---|
| | of months without emergency situations or crises (e.g., unsure if they'll be able to pay rent)<br>/People don't have to move to higher level of support (e.g., group home) | checklist response transferred to narrative report<br>/Sustained housing over time<br>- Where were they at start of fiscal year, did they move (narrative report; filled out by case worker)<br>/Leaving the program (moving to a group home would eliminate the funding for community living program). Narrative report "Annual Plans" tab | Narrative report updated quarterly<br><br>Quarterly update to narrative report |
| Participants have a long-term plan for sustainable community living | /Having a plan written -- e.g., In the next five years, moving out…" & participants say plan feels doable/realistic<br>/Report from person that they feel good/confident in being in the world<br>/If ask participants "What will happen after your parents can't help you," they say "I'm okay. I know that CC can help me, or I know how to do that myself, or I know who can help me"<br>/Participants have strategy for navigating challenges<br>- Recognizing barriers people may have and how we'll mitigate those and troubleshoot them to be successful<br>- Participants know when to ask for help<br>- Could include power of | /3$^{rd}$ part of Planning Interview (long-term planning). Question for family: "Do you feel like you can make some of these changes (e.g., stepping back in some areas; contacting lawyer)?"<br>/Self-efficacy questions in Living Skills Checklist<br>- Maybe one learned helplessness statement (e.g., I need help from people when I have problems.) and another on self-advocacy (e.g., "I know how to solve problems on my own")<br>/Family questions in annual planning: "You said you were going to work on xyz, have | /Intake<br><br><br><br><br><br>/Annual planning process<br>/Annual planning process<br><br><br><br><br><br>/Annual planning |

| | | | |
|---|---|---|---|
| | attorney/crisis planning /Participants and parents understand local resources for attaining long-term plan (e.g., where to get an attorney, get help with a trust, guardianship) | you made progress? Were the resources we provided helpful/used?" /Feedback form after planning interview ("Are your next steps manageable and clear?") | /Intake |
| Parents feel able to step back in support areas | /Parents have more free time (e.g., able to go on vacation, go out for dinner) /Higher quality of time spent with child (able to do more nice things rather than spending time on supports) /Parents report having more time to self and being able to step back | /Planning interview (where are we now, what do we want this to be) /Initial feedback form ("how much free time do you have in your life" "how much quality time – not providing support – do you spend with your child?") /Annual family evaluation form ("how much free time do you have in your life" "how much quality time – not providing support – do you spend with your child?" "Do you think these changes are because your person is more independent?") | /Intake /Post-intake /Annual planning process |
| People have the skills to self-direct their ongoing supports and problem solve | /Participants experience a sense of agency or ownership over their goals. People feel in charge of their lives. /Self-directing supports: -   e.g., I know who I can call if I need help with SNAP benefits; I know Carly can help me reach my PSW. I know how to call my PSW to ask them to pick me up from | /POM interview ("I define my goals," "I realize my goals") /Self-efficacy scale in Living Skills Checklist -   E.g., "I sometimes have to tell people what I need" vs "Other people know best what I need" | /Annual planning process /Annual planning process |

| | | | |
|---|---|---|---|
| | work. <br>- Participants are deciding what they need rather than agencies deciding for them (e.g., "I want to live here; I don't want to live there.") <br>- Participants define their goals and are involved in the process of how to make them happen <br>/Problem-solving: <br>- People tell us about it. They call Ryan and say they had this problem, they did this. & They ask "was this okay" <br>- If we don't hear about it, that often means it's worked out | /Self-efficacy scale of Living Skills Checklist <br>- E.g., "I know that things will work out because I have the ability to find solutions" vs "I never know how to fix my problems" | /Annual planning process |
| | /People have learned the skills they said they wanted to learn & are implementing those, maintaining them, & able to generalize those skills to other settings <br>/Increased sense of self-agency | /POM interview ("I realize my goals") <br>/Narrative summary (goals met yes/no – counts/percentages; supports | /Annual planning process <br>/Annual planning process |
| Natural supports maximized to the greatest extent possible | /Participants can identify their natural supports (e.g., I could call Jasmine about the bus because she's good at taking the bus) | /Asked in POM interview (not part of scoring) - If they have a goal for that, then use of natural resources would be tracked in notes, narrative report etc **Do we want to ask about this in the family annual eval form or add a question to the ILSC for the participant? – maybe not high on the list | /Annual planning process, regular meetings/quarterly reports <br><br>/possibly quarterly reports, annual planning process |
| | /Participants have skills/plan for | /If they had a goal, then | |

| | | | |
|---|---|---|---|
| | incorporating friends, other resources/people/acquaintances into their plan of how they get around the world & get things done on a regular basis<br>*Difficult to know* | tracked | |
| People are satisfied with their housing and have the skills, resources, and connections to sustain it. | /People stay in housing<br>/People say they like their housing<br>/Able to pay bills to stay in place they like<br>/Can use resources available to help them pay bills (e.g., voucher, IHEAP)<br>/House is clean enough, relatively healthy and safe<br>/Housing allows them to be connected to community they like (e.g., close enough to friends, places they enjoy) | /ILSC – eval questions section<br>/same as above<br>/Quarterly Narrative(done annually)<br>/ILSC<br><br>/ILSC<br><br>/ILSC – eval questions (though not direct) | /Annual Planning Process |
| People's natural supports increase trust in individual's growing agency | /Parents can back away (I know it's okay for me to go out of town)<br>/Parents' idea of long-term changes a little bit (e.g., from "they're never going to be able to live on their own" to "maybe this could keep going if I move away or die") – shift in imagination of what's possible<br>/Maybe they don't need to x,y,z; letting the person take over certain tasks on their own – giving them more freedom & control over their own lives (e.g., debit card) | /Parent Eval (annual)<br><br>/Parent Eval (possibly)<br><br><br><br><br>/Cumulative goal data in narrative reports, parent eval | /Annual Planning process<br><br><br><br><br><br>/Quarterly (but over time) |
| People increase their sense of agency | | ILSC | Annual |

| | | | |
|---|---|---|---|
| People meet goals for identified skills | | Narrative Report | Quarterly |
| People meet resource goals | | Narrative Report | Quarterly |
| People move out | | Narrative Report | Quarterly |
| | | | |
| | | | |

# Planning Interview - Family Evaluation

To be completed following the completion of the Planning Interview

---

* Required

1. Did you recently complete your INITIAL planning interview, or an ANNUAL planning interview? *

    *Mark only one oval.*

    ◯ Initial (just getting started with services)     *Skip to question 2*

    ◯ Annual (reviewing progress after 1+ years working with us)     *Skip to question 5*

    Routine, Time, and Family Role - INITIAL

2. How many hours a week of FREE TIME (time to pursue pleasurable activities and interests) do you have each week?

    _____

3. How much time per week do you spend providing support, instruction, prompting for your adult family member with a disability?

    _____

4. Did going through this planning process with us help you build a new image of what your parent role could be in your family member's community-based life?

    *Mark only one oval.*

    ◯ Not at all     *Skip to question 10*

    ◯ Somewhat     *Skip to question 10*

    ◯ Yes     *Skip to question 10*

Routine, Time, and Family Role - ANNUAL

5.  How many hours a week of FREE TIME (time to pursue pleasurable activities and interests) do you have each week?

    _____

6.  How much time per week do you spend providing support, instruction, prompting for your adult family member with a disability?

    _____

7.  Have you noticed improvement in the amount of free time or quality time with your family member since becoming involved in the Inclusive Community Support program?

    *Mark only one oval.*

    ( ) Not at all

    ( ) Somewhat

    ( ) Yes, there has been improvement

8.  If you answered "Somewhat" or "Yes," what do you think has driven this change?

    _____

    _____

    _____

    _____

    _____

9.   Has your parent role changed in the ways you'd hoped/in positive ways since engaging with the Inclusive Community Support Program?

*Mark only one oval.*

( ) Not at all        *Skip to question 12*

( ) Somewhat        *Skip to question 12*

( ) Yes        *Skip to question 12*

## Plan Development – INITIAL

10.   Based on your participation in the CC Planning Interview, please rate the following:

*Mark only one oval per row.*

|  | 1 (Not at all) | 2 (Very little) | 3 (Somewhat) | 4 (A fair amount) | 5 (A great deal) |
|---|---|---|---|---|---|
| I have clear idea of what I would like a community-based living situation to look like for my family member with I/DD | ( ) | ( ) | ( ) | ( ) | ( ) |
| I know the immediate next steps necessary to make community-based living possible for my family member with I/DD | ( ) | ( ) | ( ) | ( ) | ( ) |
| I feel confident that my family member can continue to live in the community without me. | ( ) | ( ) | ( ) | ( ) | ( ) |
| I was provided with resources I am eager to use in my next steps. | ( ) | ( ) | ( ) | ( ) | ( ) |

11. What resources provided in your planning interview are you most eager to use in your next steps?

_____

*Skip to question 17*

Resources - ANNUAL

At your Planning Interview we discussed long-term planning steps for your family.

For example:
-Setting up guardianship or successor guardianship
-Creating an ABLE account
-Developing a system to report wages to SSA
-Set up a Special Needs Trust
-Discussing long term plans with extended families and/or siblings

12. What progress have you made on these long-term planning steps?

_____
_____
_____
_____
_____

13. Were the resources provided useful in making progress?

*Mark only one oval.*

◯ Not at all

◯ Sometimes

◯ Yes

14.    What else would have been helpful for you to move forward?

_____

_____

_____

_____

_____

*Skip to question 15*

Impact - ANNUAL

15.    Do you feel that the Inclusive Community Support program has been helpful to your family member in the following areas:

*Mark only one oval per row.*

|  | 1 (Not at all) | 2 | 3 | 4 | 5 (Very much) |
|---|---|---|---|---|---|
| learning new skills | ⬭ | ⬭ | ⬭ | ⬭ | ⬭ |
| finding or sustaining preferred community-based housing | ⬭ | ⬭ | ⬭ | ⬭ | ⬭ |
| connections and social networks | ⬭ | ⬭ | ⬭ | ⬭ | ⬭ |
| accessing support other than from yourself | ⬭ | ⬭ | ⬭ | ⬭ | ⬭ |

16.    Overall, what more could the program be doing to support your family member to live a full, community-based life?

_____

_____

_____

_____

_____

Pilot Questions - INITIAL

17.   What was most helpful to you from this Planning Interview Process?

_____

_____

_____

_____

_____

18.   What would you have changed in this Planning Interview Process?

_____

_____

_____

_____

_____

19.   Did you have a clear sense of what the purpose of the Planning Interview was
      when starting?

_____

_____

_____

_____

_____

20.   Did you have a clear sense of what to expect next from CC at the end of the
       Planning Interview Meeting?

       _____

       _____

       _____

       _____

       _____

21.   What type of additional resources or materials would have made this process more
       helpful?

       _____

       _____

       _____

       _____

       _____

22.   Is there anything the facilitators could have changed to make the meeting more
       productive? If so, what would you have changed?

       _____

       _____

       _____

       _____

       _____

Google Forms

**Intake**

**1** CC Intake Meeting / Eligibility Screening (demographics & eligibility)

**2** Planning interview
1. Go through the 8 different domains (now & ideal)
2. What supports do you have in your life now
3. Long-term planning

Planning Interview summary sent to family/client

**3** Send family evaluation form after planning interview
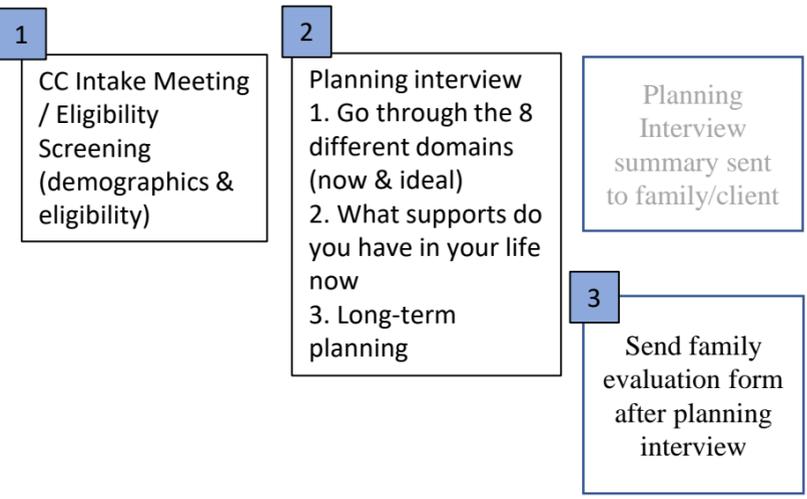
July 1, 2022

July 20, 2022 – Aug 5, 2022

---

**Initial Individualized Planning Meeting(s)**

**4** POM

**5** Independent Living Skills Checklist

**6** Informational Forms
- Safety plan
- Healthcare Mgmt form
- Permissions
- Financial form
- Update financial benefit info
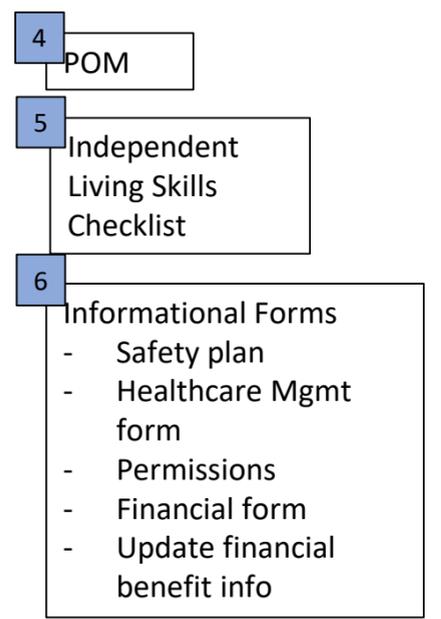
Aug 12-26, 2022

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**Action Plan**

**7** Create Narrative Report (input data from individualized planning meeting)
- POM
- Living Skills Checklist
- Satisfaction data
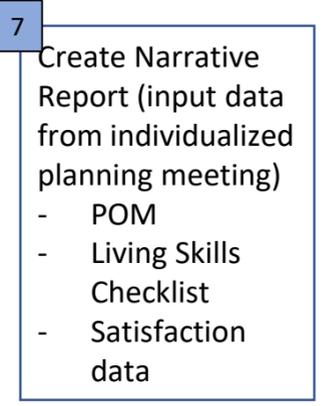
Sep 1, 2022

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**Routine Services**

**8** State & county claims with case notes
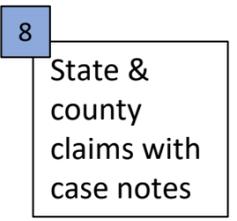
Ongoing

---

**Quarterly Report**

**9** Narrative Report
- Progress on goals
- Impact of supports
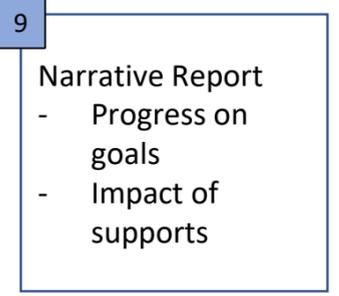
October 15, 2022

January 15, 2023

April 15, 2023

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**Annual Planning Meetings**

**10** POM

**11** Independent Living Skills Checklist

**12** Update Narrative Report
- Progress on goals
- Impact of supports
- Satisfaction data
- *POM*
- *Living Skills Checklist*

**13** Family Evaluation Form
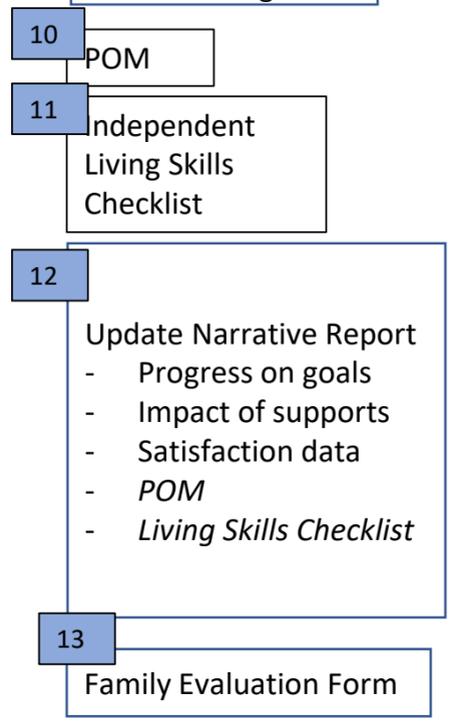
Sep 1, 2023

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Gray font: No explicit data collection

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Participants have a long-term plan for sustainable community living
2, 3

Parents feel able to step back in support areas
3

Natural supports maximized to the greatest extent possible
2

People's natural supports increase trust in individual's growing agency
3

---

People have rich and fulfilling lives (self-defined)
4, 5

People maintain housing over a sustained period
5

People have the skills to self-direct their ongoing supports and problem solve
4, 5, 6

Natural supports maximized to the greatest extent possible
4, 5, 6

People are satisfied with their housing and have the skills, resources, and connections to

---

People have rich and fulfilling lives (self-defined)
7

People maintain housing over a sustained period
7

Natural supports maximized to the greatest extent possible
7

---

People meet goals for identified skills
8

People meet resource goals
8

People move out
8

---

People maintain housing over a sustained period
9

Participants have a long-term plan for sustainable community living
9

People have the skills to self-direct their ongoing supports and problem solve
9

People are satisfied with their housing and have the skills, resources, and connections to sustain it.
9 (officially just 1x per year)

People's natural supports

---

People have rich and fulfilling lives (self-defined)
10, 11, 12

People maintain housing over a sustained period
11, 12

Participants have a long-term plan for sustainable community living
13, 11,

Parents feel able to step back in support areas
13

People have the skills to self-direct their ongoing supports and problem solve
10, 11, 12, 13

Consumer Outcomes -- FY23

====================================================================================

**What impact will this program have on the people it serves? Provide Numbered Outcomes. (300 word limit)**

1. FAMILY SUPPORT AND PLANNING: Whole Families have access to the supports that are important for them to fulfill their Community Living Plan.
   a. Families  feel that they have an achievable long-term plan for sustainable community living.
      - 1a: Initial Family Eval Form

         - X = the total number of families who have participated in a Planning Interview during the FY.

            - We use the "New" client list and indicate who has involved families. This is the number of people we attempt to contact. Actual X is the number of people who respond with a timestamp within the fiscal year.

            - Success is indicated when the person has chosen the "Somewhat" - "Extremely" options. Lack of Success is indicated by "not at all" and "A little" options.

   b. Families indicate a decrease in time spent providing daily living support.
      - 1b: Annual Family Eval Form

         - X = All "Continuing" participants if they have involved families (we have contact with).

            - We use our "continuing client" list. Of these, we choose who has involved families. This is the number of people we attempt to contact. Actual X will be the number of families who actually respond with a timestamp within the fiscal year.

            - Calculate the difference between the initial response or the previous year's response and the most recent annual eval. We could report the average change, or the mode (most frequent) change.

   c. Families indicate an increase in their quality of life.
      - 1c: Annual Family Eval Form

         - X = All "Continuing" participants if they have involved families (we have contact with).

            - We use our "continuing client" list. Of these, we choose who has involved families. This is the number of people we attempt to contact. Actual X will be the number of families who actually respond with a timestamp within the fiscal year.

            - Success is indicated when they choose "Somewhat" Or "Yes". Lack of success is indicated when they choose "No"

   d. Family members indicate that ICS has supported their person to achieve desired housing, and build natural supports, skills, and connections.
      - 1d: Annual Family Eval Form

         - X = All "Continuing" participants if they have involved families (we have contact with).

- We use our "continuing client" list. Of these, we choose who has involved families. This is the number of people we attempt to contact. Actual X will be the number of families who actually respond.

- Success is indicated when the person has chosen the "Somewhat" - "Extremely" options. Lack of Success is indicated by "not at all" and "A little" options.

2. HOUSING, LEARNING, CONNECTING: Participants build lives in the community.
   a. HOUSING
      i. Participants maintain stable housing over time
         - 2ai: Quarterly Check-In/Narrative Reports

            - *X = All "Continuing" participants, including those in consultation*
            - *Does NOT Include NEW people. We would NOT include data from the initial ILSC, only the annual (2nd, 3rd, etc).*

            - *POSSIBLE OUTCOME TO report: Do people with stable housing show greater progress/success on goals?*
      ii. Participants indicate they are satisfied with their housing
         - 2aii: ILSC
            - *X = All "Continuing" participants, including those in consultation*
            - *Does NOT Include NEW people. We would NOT include data from the initial ILSC, only the annual (2nd, 3rd, etc).*
      iii. Participants indicate ICS has been helpful in finding or sustaining preferred housing.
         - 2aiii: ILSC

            - *X = All "Continuing" participants, including those in consultation*
            - *Does NOT Include NEW people. We would NOT include data from the initial ILSC, only the annual (2nd, 3rd, etc).*
   b. LEARNING
      i. Participants develop the skills  they identified as critical for community living
         - 2bi: Action Plan & Quarterly Check-in/Narrative Report

         - ***Of X number of participants, xx% made progress on at least 1 goal.***
            - *X= The total participants actively working in the department during the FY.*
               - *Go to client list by quarter document & make list of who should be included:*
                  - *Engaged in the program for at least 2 quarters (2 quarterly report entries)*
                  - *Participants in Consultation should NOT be counted*
            - *Calculating xx% = Review each person's goals. If they made progress on at least 1 goal during 1 quarter of the fiscal year, then that is counted as "success". Then calculate this percentage.*
               - *Progress can include "taking steps on own" or "taking steps with guidance".*
            - *We could break this down even more and say:*
               - *XXX% made progress on multiple goals*
               - *XXXX% made began making progress independently (w/o our Support)*

- *** *the base number of people would always remain the same. X always = the number of total active people in the department (as above). The %s always are based on that.*

    ii.   Participants indicate that Inclusive Community Supports have been helpful in skill building.
- *2bii: ILSC*

      - *X = All "Continuing" participants, including those in consultation*
      - *Does NOT Include NEW people. We would NOT include data from the initial ILSC, only the annual (2nd, 3rd, etc).*

  c.   CONNECTING
    i.   Participants identifying a desire to build connections, find belonging with people, places, or groups in their community.
- *2ci: Action Plan & Quarterly Check-in/Narrative Report*

- ***Of X number of participants that had goals related to CONNECTING, xx% made progress on at least 1 of their connection goals.***
      - *Count the number of participants who had Connection-related goals from the Narrative Report. This is X - New participants will be counted if they have been engaged in the program for at least 2 quarters (2 quarterly report entries).*
      - *Of these participants, count the number that made progress in at least 1 Q of the past fiscal year. Then calculate the % of these successful cases.*
         - *Progress can include "taking steps on own" or "taking steps with guidance".*
      - *Could breakdown further…*
         - *xxx% is making progress independently at their goal.. etc.*

    ii.   Participants indicate ISC has been helpful to their building community connections.
- *2cii: ILSC*
      - *X = All "Continuing" participants, including those in consultation*
      - *Does NOT Include NEW people. We would NOT include data from the initial ILSC, only the annual (2nd, 3rd, etc).*
    iii.   Participants have people and places where they are comfortable
- *2ciii: ILSC*

      - *X = All "Continuing" participants, including those in consultation*
      - *Does NOT Include NEW people. We would NOT include data from the initial ILSC, only the annual (2nd, 3rd, etc).*
      - *POSSIBLE OUTCOME TO REPORT: Are people with social connections (people and places) more likely to have stable housing?*

3. PERSONAL OUTCOME MEASURES
  a.   Participants increase their POM scores in targeted outcomes over time
- *3a: POM*

  b.   Participants increase their POM Supports present for targeted outcomes over time
- *3b: POM*

4. PERSONAL DEVELOPMENT CLASSES: Individuals with I/DD build distinct independent living skills
   a. 100% of participants [15] will indicate growth or skill development based on the course assessments.
      - 4a: Class Pre/Post Evaluation

**For each of these outcomes, list the specific survey or assessment tool to be used to collect information on the outcome, and indicate who will provide the data. Associate each with a Numbered Outcome. (300 word limit)**

Assessment Tools/Data Collection Used:

- INITIAL FAMILY EVALUATION FORM - Self-Report measure given to all families after the intake planning meeting

- ANNUAL FAMILY EVALUATION FORM - Self-report measure given to all families 12 months following their intake and annually thereafter

- QUARTERLY CHECK-INS /QUARTERLY NARRATIVE REPORTS - Reports drafted by case workers summarizing case notes and participants' progress with their goals as reported on the Narrative Report (see below)

- INDEPENDENT LIVING SKILLS CHECKLIST (ILSC) - An inventory of critical community-living skills, self-efficacy measures, and participant experience questions reviewed with each participant at intake and annually thereafter

- ACTION PLAN - A document summarizing the person's self-determined goals, and supports provided. Used to guide the quarterly progress records kept in the Quarterly Narrative Reports.

- PERSONAL OUTCOME MEASURES - A highly regarded assessment tool developed by CQL to determine the presence of key life outcomes and support toward those outcomes. This is an interview style assessment that is scored to create a quantitative measurement. This is completed with participants annually.

- CLASS PRE/POST EVALUATIONS - Evaluations are developed to assess course objectives for each class. Effort is taken to collect pre and post class data for all participants.

| LIST ALL PROGRAM PARTICIPANTS - delete any closed clients from the "continuing list" | Program Status | CONSULTATION for more than 1/2 the year? (consultation = the person doesn't have any specific goals to work on, and any support is informal and not "life-critical") | Did the person maintain stable housing from one year to the next? | Did the person indicate that they are satisfied with their housing? | Did the person indicate that ICS has been helpful in their finding or sustaining perfered housing? | Did the particpant make progress on at least 1 goal for 1 Q? (progress = taking steps on own or with guidance | Did they made progress on multiple goals? | Did the person indicate that ICS had been helpful in Skill Building? |
|---|---|---|---|---|---|---|---|---|
| **OUTCOME NUMBER:** | | | 2ai | 2aii | 2aiii | 2bi | **BONUS** | 2bii |
| **DATA SOURCE:** | | | ILSC/Q Report | ILSC/Q Report | ILSC/Q Report | Q Report | Q Report | ILSC/Q Report |
| **WHO TO INCLUDE:** | | | All Continuing + Closed Clients (if known), even if in consultation | All Continuing + Closed Clients (if known), even if in consultation | All Continuing + Closed Clients (if known), even if in consultation - NO New People | Continuing clients who are NOT in consultation New Participants w/ 2 Q Report entries | Continuing clients who are NOT in consultation New Participants w/ 2 Q Report entries | All Continuing Clients, including those in consultation |
| Client A | Continuing | YES | YES | YES | NO | N/A | N/A | NO |
| Client B | New Q4 | No | YES | YES | N/A - Initial year | YES | N/A | N/A - Initial Year |

| 2ci | 2ci | 2cii | 2ciii | 3a | 3a | 3a | | 3b |
|---|---|---|---|---|---|---|---|---|
| Q Report | Q Report | ILSC/Q Report | ILSC/Q Report | POM/Q Report | POM/Q Report | POM/Q Report | | POM/Q Report |
| Review All | All participants w/ Connection Goals (must have 1 Q Report Entries) -- can sort for "Yes" in Column J | All Continuing + Closed Clients (if known), even if in consultation - NO New People | All Continuing + Closed Clients (if known), even if in consultation - NO New People | All Continuing Clients who are NOT in Consultation, include closed clients if data is present | All Continuing Clients who are NOT in Consultation, include closed clients if data is present | All Continuing Clients who are NOT in Consultation, include closed clients if data is present | | All Continuing Clients who are NOT in Consultation, include closed clients if data is present |
| **Did the person have a goal related to Connections?** | **Did the person make progress on their Connection Goal (taking steps on own or with guidance)?** | **Did the person indicate that ICS had been helpful in building community connections?** | **Does the person indicated that they have people and places they feel connected to?** | **Number of Targeted POM Outcomes Present THIS YEAR:** | **Number of Targeted POM Outcomes Present in inital POM? (if known)** | **Number of Targeted POM Outcomes present last year?** | | **Number of Targeted POM Supports Present THIS YEAR:** |
| NO | N/A | NO | YES | N/A | N/A | N/A | | N/A |
| NO | N/A | N/A | YES | 5 | 5 | N/A | | 1 |

| 3b | 3b | | 3a+b | 4a | 4a | 4a | 4a | 4a |
|---|---|---|---|---|---|---|---|---|
| POM/Q Report | POM/Q Report | | POM/Q Report | Classes Narrative Report | Classes Narrative Report | Classes Narrative Report | Classes Narrative Report | Classes Narrative Report |
| All Continuing Clients who are NOT in Consultation, include closed clients if data is present | All Continuing Clients who are NOT in Consultation, include closed clients if data is present | | All Continuing Clients who are NOT in Consultation, include closed clients if data is present | Class 1 | Class 1 | Class 2 | Class 2 | Class 3 |
| **Number of Targeted POM Support Present in inital POM? (if known)** | **Number of Targeted POM Supports present last year?** | | **Number of years in program?** | **How many participants?** | **How many participants indicated growth** | **How many participants?** | **How many participants indicated growth** | **How many participants?** |
| N/A | N/A | | 5 | | | | | |
| 1 | N/A | | 0 | | | | | |

| 4a | 4a | 4a | 4a | 4a |
|---|---|---|---|---|
| Classes Narrative Report | Classes Narrative Report | Classes Narrative Report | Classes Narrative Report | Classes Narrative Report |
| Class 3 | Class 4 | Class 4 | Class 5 | Class 5 |
| **How many participants indicated growth** | **How many participants?** | **How many participants indicated growth** | **How many participants?** | **How many participants indicated growth** |
| | | | | |
| | | | | |

APPENDICES FOR SECTION VI

**Appendix Items:**

Section VI A: CDC List of Risk and Protective Factors for Sexual Violence Perpetration

Section VI B: RACES Data Workbook

**CDC** Centers for Disease
Control and Prevention

APPENDIX SECTION VI A

Violence Prevention

# Risk and Protective Factors

Risk factors are linked to a greater likelihood of sexual violence (SV) perpetration. They are contributing factors and might not be direct causes. Not everyone who is identified as at risk becomes a perpetrator of violence. A combination of individual, relational, community, and societal factors contribute to the risk of becoming a perpetrator of SV. Understanding these factors can help identify various opportunities for prevention.

CDC focuses on preventing the first-time perpetration of SV. Watch Moving Forward to learn more about how increasing what protects people from violence and reducing what puts people at risk for it benefits everyone.

## Risk Factors for Perpetration

### Individual Risk Factors

- Alcohol and drug use

- Delinquency

- Lack of concern for others

- Aggressive behaviors and acceptance of violent behaviors

- Early sexual initiation

- Coercive sexual fantasies

- Preference for impersonal sex and sexual-risk taking

- Exposure to sexually explicit media

- Hostility towards women

- Adherence to traditional gender role norms

- Hyper-masculinity

- Suicidal behavior

- Prior sexual victimization or perpetration

### Relationship Factors

- Family history of conflict and violence

- Childhood history of physical, sexual, or emotional abuse

- Emotionally unsupportive family environment

- Poor parent-child relationships, particularly with fathers

- Association with sexually aggressive, hypermasculine, and delinquent peers

- Involvement in a violent or abusive intimate relationship

### Community Factors

- Poverty

- Lack of employment opportunities

- Lack of institutional support from police and judicial system

- General tolerance of sexual violence within the community

- Weak community sanctions against sexual violence perpetrators

### Societal Factors

Societal Factors

- Societal norms that support sexual violence

- Societal norms that support male superiority and sexual entitlement

- Societal norms that maintain women's inferiority and sexual submissiveness

- Weak laws and policies related to sexual violence and gender equity

- High levels of crime and other forms of violence

# Protective Factors for Perpetration

Protective factors may lessen the likelihood of sexual violence victimization or perpetration. These factors can exist at individual, relational, community, and societal levels.

- Families where caregivers work through conflicts peacefully

- Emotional health and connectedness

- Academic achievement

- Empathy and concern for how one's actions affect others

References                                                                               ⌄

1. Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. Trauma, Violence, & Abuse, 14(2), 133-167. https://doi.org/10.1177/1524838012470031

Page last reviewed: February 5, 2022

First spreadsheet view:

AutoSave ● Off | Appendix_B_RACES_Data_Workbook ∨ | Search (Alt+Q)

File   Home   Insert   Page Layout   Formulas   Data   Review   View   Help   Acrobat

C3

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| 1 | Formula for "Counts for all Schools" tab: | =SUMIF('K2 All Schools'!B3:B4136 ,"Incorrect",'K2 All Schools'!C3:C4124 ) | Circle the box that shows what to do if someone asks to see or touch your body parts. **Correct: B; Key Outcome 1** | Circle the box that shows someone using the Always Ask First skill. | Circle the box that says how to refuse an unsafe touch. | Circle the box that shows what your private body parts are. |
| 2 | School | Accuracy | Q1_pre | Q2_pre | Q3_pre | Q4_pre |
| 3 | St Joe | Correct | | | | |
| 4 | St Joe | Incorrect | | | | |
| 5 | Booker T | Correct | | | | |
| 6 | Booker T | Incorrect | | | | |
| 7 | Broadmeadow | Correct | | | | |
| 8 | Broadmeadow | Incorrect | | | | |
| 9 | Carrie Busey | Correct | | | | |
| 10 | Carrie Busey | Incorrect | | | | |
| 11 | | | | | | |

Second spreadsheet view:

AutoSave ● Off | Appendix_B_RACES_Data_Workbook ∨ | Search (Alt+Q)

File   Home   Insert   Page Layout   Formulas   Data   Review   View   Help   Acrobat

H11

| | B | C | D | E | F | H |
|---|---|---|---|---|---|---|
| 1 | | **K2 Grade Pre-Test (N = 500)** | | | | |
| 2 | | Pre Q1 | Pre Q2 | Pre Q3 | Pre Q4 | **The formulas on this sheet use the "SUMIF" function in Excel to only count the numbers who answered each quetsion "Correct" and "Incorrect" (searches Column B for "correct" or "incorrect" and sums the number of students in Column C, D, E, etc)** |
| 3 | Correct | 0 | 0 | 0 | 0 | |
| 4 | Incorrect | 0 | 0 | 0 | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | **K2 Grade Post-Test (N = 300)** | | | | |
| 8 | | Post Q1 | Post Q2 | Post Q3 | Post Q4 | |
| 9 | Correct | | | | | |
| 10 | Incorrect | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | **3-5 Grade Pre-Test (N = 400)** | | | | |
| 17 | | Pre Q1 | Pre Q2 | Pre Q3 | Pre Q4 | =SUMIF('K2 All Schools'!B3:B4136,"Incorrect",'K2 All Schools'!C3:C4124) |
| 18 | Correct | 0 | | | | |
| 19 | Incorrect | 0 | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | **3-5 Grade Post-Test (N = 400)** | | | | |
| 23 | | Post Q1 | Post Q2 | Post Q3 | Post Q4 | |
| 24 | Correct | | | | | |
| 25 | Incorrect | | | | | |
| 26 | | | | | | |

Tabs: ... | 3-5 All Schools | 6-8 All Schools | 9-12 All Schools | **Counts for all Schools** | ⊕

APPENDICES FOR SECTION VII

**Appendix Items:**

Section VII A: Core Workshop Items

Section VII B: Evaluated Outcomes

Section VII C: Overview of Data Workbook

## Core Workshop Items

| Core Assessment Item Language: | | |
|---|---|---|
| **Item Prompt:** "PRIOR TO participating in the training, how would you rate yourself?" | | |
| | Pre_1 | *"My knowledge about LGBTQ+ issues in general"* |
| | Pre_2 | *"My knowledge about trans experiences"* |
| | Pre_3 | *"My confidence to share my pronouns"* |
| | Pre_4 | *"My confidence to correct someone who uses the wrong pronouns for another person"* |
| | Pre_5 | *"My confidence to correct someone who uses the wrong name for another person"* |
| | Pre_6 | *"My awareness of the impact of correct language use for the LGBTQ+ community"* |
| | Pre_7 | *"My intent to improve experiences for LGBTQ+ people"* |

| Core Assessment Item Response Options and Assigned Values | |
|---|---|
| Response Option | Numeric Value |
| Not at all | 0 |
| A little | 1 |
| Moderately | 2 |
| Quite a bit | 3 |
| A lot/ Extremely | 4 |
| No response | *"Missing response"* |

| | Item Prompt: "AFTER participating in the training, how would you rate yourself?" | |
|---|---|---|
| | Post_1 | *"My knowledge about LGBTQ+ issues in general"* |
| | Post_2 | *"My knowledge about trans experiences"* |
| | Post_3 | *"My confidence to share my pronouns"* |
| | Post_4 | *"My confidence to correct someone who uses the wrong pronouns for another person"* |
| | Post_5 | *"My confidence to correct someone who uses the wrong name for another person"* |
| | Post_6 | *"My awareness of the impact of correct language use for the LGBTQ+ community"* |
| | Post_7 | *"My intent to improve experiences for LGBTQ+ people"* |

**Core Assessment Item Response Options and Assigned Values**

| Response Option | Numeric Value |
|---|---|
| Not at all | 0 |
| A little | 1 |
| Moderately | 2 |
| Quite a bit | 3 |
| A lot/ Extremely | 4 |
| No response | *"Missing response"* |

## Evaluated Workshop Outcomes

| Outcome Language: |
| --- |
| X% of participants reported an increase on at least 1 assessment item. |
| X% of participants experienced an 4 or more assessment items. |
| X% of participants experienced an increase on all 7 assessment items. |
| Overall, workshop participants demonstrated statistically significant change on [X] number of assessment items. |
| Overall, participants rated the relevance of the training as *[qualitative descriptor here; example :very high]*, with an average rating of X.X out of 10 (with 1 being low and 10 being very high). |
| Overall, participants rated the knowledge level of the workshop presenter as *[insert qualitative descriptor (e.g., very high/high),* with an average rating of X.X out of 10 (with 1 being low and 10 being very high). |
| Overall, workshop participants indicated that they would be *[insert qualitative descriptor (e.g., very likely/likely/unlikely)]* to recommend the training to others, with an average response of [X.X] out of 10 (with 1 being low and 10 being very high). |

| Number of workshop respondents indicating improvements on | | Percentage of Total Sample |
| --- | --- | --- |
| ...at least one assessment item | | 0% |
| ...4 or more assessment items | | 0% |
| ...all 7 assessment items | | 0% |

Excel Analysis Workbook Overview

Reference Sheet:

Includes:

| |
|---|
| • Description of Data Fields, Survey Item Language, Response Options, and Assigned Values  Used Within this Workbook |
| • Reported Outcome Language, Description of Data Source(s), and Formula(s) Used in Analysis |
| • Overview of Collected Demographic Information, Item Language, and Response Options |

Procedure:

-When making any changes to definitions, group categories, etc, be sure to save a copy of the workbook with the previous data in case anything goes wrong.
-Be sure to update categories, definitions, etc on the reference sheet of the Workbook.
-Note that sometimes adding categories can create problems in existing formulas, so try not to do this often.

| Data Field: | Description: | Data Entry Method and Format: |
|---|---|---|
| Workshop Date | Date the workshop was held, not necessarily the same date the survey was completed | Manually entered; Column is formatted as "Short Date" |
| Workshop Type | Describes the nature of the workshop in terms of a) whether the content was significantly customized for the setting, and if not then b) the length of the workshop (standard/extended) | Dropdown selection; see response options in a following table ("Workshop Type") |
| Workshop Context | Describes the workshop setting/ affiliation of primary attendees (If multiple audiences/settings, consider the primary intended audience) | Dropdown selection; see response options in a following table ("Workshop Attendee Affiliation/Context") |

| Workshop Attendee Setting/Context | |
|---|---|
| Standard | Standard UP Cultural Competency Workshop |
| Extended | Standard workshop plus addition of calling in/calling out and roleplay section |
| Customized | Workshop including components outside of the standard/extended training templates (e.g., asexuality spectrum workshops) |

| Core Assessment Item Language: | | |
|---|---|---|
| **Item Prompt:** "PRIOR TO participating in the training, how would you rate yourself?" | | |
| | Pre_1 | *"My knowledge about LGBTQ+ issues in general"* |
| | Pre_2 | *"My knowledge about trans experiences"* |
| | Pre_3 | *"My confidence to share my pronouns"* |
| | Pre_4 | *"My confidence to correct someone who uses the wrong pronouns for another person"* |
| | Pre_5 | *"My confidence to correct someone who uses the wrong name for another person"* |
| | Pre_6 | *"My awareness of the impact of correct language use for the LGBTQ+ community"* |
| | Pre_7 | *"My intent to improve experiences for LGBTQ+ people"* |

| **Item Prompt:** "AFTER participating in the training, how would you rate yourself?" | | |
|---|---|---|
| | Post_1 | *"My knowledge about LGBTQ+ issues in general"* |
| | Post_2 | *"My knowledge about trans experiences"* |
| | Post_3 | *"My confidence to share my pronouns"* |
| | Post_4 | *"My confidence to correct someone who uses the wrong pronouns for another person"* |
| | Post_5 | *"My confidence to correct someone who uses the wrong name for another person"* |
| | Post_6 | *"My awareness of the impact of correct language use for the LGBTQ+ community"* |
| | Post_7 | *"My intent to improve experiences for LGBTQ+ people"* |

| Workshop Attendee Affiliation/Context: | Education Professionals | | |
|---|---|---|---|
| | Mental/Behavioral Health Professionals | | |
| | Medical Professionals | | |
| | Students/Youth | | |
| | Family Members/Close Allies | | |
| | Religious Organization | | |
| | Another Type of Affiliation/Organizational Setting | | |

| Core Assessment Rated Items Response Options and Assigned Values | |
|---|---|
| Response Option | Numeric Value |
| 10 (High) | 10 |
| 9 | 9 |
| 8 | 8 |
| 7 | 7 |
| 6 | 6 |
| 5 | 5 |
| 4 | 4 |
| 3 | 3 |
| 2 | 2 |
| 1 (Low) | 1 |
| No response | *"No data"* |

**Rated Items:**

| | | |
|---|---|---|
| | **Relevance_Rating** | *"How would you rate the relevance of this training?"* |
| | **Knowledge_Rating** | *"How would you rate the knowledge level of the presenter?"* |
| | **Recommend_Rating** | *"Please rate how likely are you to recommend this training to other people"* |
| *When Applicable* | **Corrections_Rating** | *"How would you rate the helpfulness of the Corrections/Calling In vs. Calling Out and Role Play section of this training?"* |
| | | *If not applicable (i.e., question is not asked), enter N/A in relevant cells* |

| Data Field Name: | Item Language: |
|---|---|
| Age | "What is your age, in years?" |
| Gender | "What is your gender? (Select all that apply)" |
| Gender Identity | "Do you identify as transgender?" |
| Sexual Orientation/Identity | "What is your sexual identity or orientation? (Select all that apply)" |
| Race | "What is your race? (Check all that apply)" |
| Ethnicity | "What is your ethnicity? (Check all that apply)" |
| Zipcode | "What is your home zipcode?" |

| Respondent Data Entry Notes: | UP Data Entry Method and Format: |
|---|---|
| Manually entered by respondent | |
| Respondents select from pre-created categories; see response options below. | |
| Respondents select "Yes" (indicating they identify as transgender) or "No". | Respondent data is copied and pasted from intial data file to the "Data_Aggregated Demographics" worksheet in this workbook. |
| Respondents select from pre-created categories; see response options below. | |
| Respondents select from pre-created categories; see response options below. | |
| Respondents select from pre-created categories; see response options below. | |
| Manually entered by respondent. | |

| Respondent Gender: |
| --- |
| Agender |
| Genderqueer or genderfluid |
| Māhū |
| Man |
| Muxe |
| Nonbinary |
| Two-Spirit |
| Woman |
| Questioning or unsure |
| My gender is not listed (please specify): |
| Prefer not to answer *[Consider adding]* |
| (No response) |

| Respondent Gender Identity |
| --- |
| Yes [i.e., I **do** identify as transgender] |
| No [i.e., I **do not** identify as transgender] |
| Prefer not to answer [Consider adding] |
| (No response) |

| Respondent Sexual Orientation/Identity: |
| --- |
| Aromantic |
| Asexual |
| Bisexual |
| Fluid |
| Gay |
| Lesbian |
| Pansexual |
| Queer |
| Questioning or unsure |
| Same-gender loving |
| Straight (heterosexual) |
| Omnisexual |
| My sexual identity is not listed |
| Prefer not to answer [Consider adding] |
| (No response) |

| Respondent Racial Identity: |
| --- |
| White |
| Black or African American |
| American Indian or Alaskan Native |
| Asian or Asian American |
| Native Hawaiian or other Pacific Islander |
| My race is not listed (Please Specify) |
| Prefer not to answer [Consider adding] |
| (No response) |

| Respondent Ethnicity: |
| --- |
| Hispanic or Latinx |
| Not Hispanic or Latinx |
| My ethnicity is not listed (Please Specify) |
| Prefer not to answer [Consider adding] |
| (No response) |