

APPENDIX 1:

Improving school conditions by changing public policy in South Los Angeles: The Community Coalition partnership

Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies

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Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies

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“[The campaign’s success] was a combination of good, solid, strategic community organizing backed by hard data they collected to substantiate the claim regarding the need for redistribution of funds.” —Academic Partner

Case Study #7:

Improving school conditions by changing public policy in South Los Angeles: *The Community Coalition Partnership*



With an estimated 694,000 students in a public school system second in size only to New York City’s, Los Angeles, California, has long faced gross disparities in the physical environments in which youth receive an education (1). This disparity has rarely been more apparent than in a dramatic CBPR effort in the late 1990s to study and bring attention to the deplorable condition of schools in South Los Angeles, and the fact that a large, newly passed school bond would likely exacerbate the disparities between affluent and poor neighborhood schools.

Bordered on two sides by freeways and home to more than half a million people, South Central LA (now called South Los Angeles or South LA) is perhaps best known for civil unrest in the spring of 1992, following the acquittal of white police officers in the racially charged Rodney King beating case. The court’s decision sparked the looting and burning down of some 200 of the area’s 728 liquor stores (2). This tragedy also created a valuable opportunity for a community-based organization that had been established two years earlier to address alcohol and drug problems and to effect policy change in South LA through grassroots community organizing.

The Community Coalition for Substance Abuse Prevention and Treatment, or CCSAPT (now known simply as the Community Coalition), began the “Campaign to Rebuild South Central LA without Liquor Stores,” which in turn was credited with preventing the rebuilding of 150 alcohol outlets and helping spur the conversion of 44 liquor outlets to community-friendly businesses such as laundromats. Most of these continue to thrive today (2). The campaign also helped establish the Community Coalition as a powerful voice for health-promoting public policy. Now boasting 5,000 dues-paying members, the Community Coalition frequently has combined CBPR with grassroots organizing to achieve larger policy change objectives (3). The successful Coalition-led campaign to study conditions in South LA schools and to get \$153 million—most of it from a recent school bond—reallocated for repairs and other improvements in South LA schools exemplifies these efforts (4).

The Partnership: Since its founding in 1990, the Community Coalition has worked closely with an evaluation team at Imoyase Research Group Inc., a nonprofit program evaluation and consultation organization, and its CEO/founder, a professor of psychology at Loyola Marymount University. Community-based participatory research has been a central part of the partnership’s mode of operation, with “community-driven research” described by the Coalition and its academic partners as central to the success of their collaborative work. The partners also share a commitment to youth development and empowerment, and the Coalition’s youth group, South Central Youth Empowered through Action (SC-YEA), has played a key role in several partnership efforts.

Research Methods: The Community Coalition partnership has used a variety of research methods, including randomly sampled, door-to-door neighborhood needs assessments; GIS mapping; and secondary data analysis. The schools improvement project involved a survey administered by SC-YEA youth to 1,500 public school students, focus groups with parents, and a modified Photovoice project (5). As part of the data collection process, 60 students were given inexpensive cameras to document

“I think they have altered the process of decision making. When [policymakers] get ready to do things they say, ‘What do you think the Coalition is going to say? Maybe we should run this by [the Coalition].’” —Academic Partner

risks in the school environment. The students then discussed the photos and selected pictures for later use in policy action (6). Taking advantage of the opportunity provided by a recently passed school bond measure, Proposition BB, in-house, policy-focused research was conducted as well to understand key city and state agencies responsible for implementing the legislation and the policy environment in which it would be implemented.

Findings: The survey of 1,500 teens was expected to identify racism, the quality of education, and teacher-student relationships as key areas of student concern. Instead, by far the greatest issue identified was the physical condition of the schools, many of which had leaky roofs and bathrooms with nonfunctioning sinks and toilets. In one high school, a single working toilet served the entire student body of 3,000. The “Photovoice” project, which produced more than 200 pictures, vividly portrayed many of these problems—overflowing toilets, exposed wires, missing cement tiles, and corroded water fountains (6). The youth conducted additional research in the schools and developed a detailed list of plant and grounds problems.

Lastly, the partnership’s policy research revealed that, while most of the Proposition BB money had been allocated for air conditioning in the wealthier San Fernando Valley schools (leading critics to dub the measure “Proposition AC”), the small amount set aside for inner-city schools was earmarked mainly for security guards and window bars.

Getting to Action: Soon after the data-gathering phase of the project, the partnership used its findings to create public and policymaker awareness of twin issues: the terrible condition of South LA schools and the grossly inequitable resource distribution under the new school bond measure. Many of the 200 pictures from the SC-YEA Photovoice project were displayed as part of a demonstration at a meeting of the school district’s oversight committee. In the words of a local political figure overseeing the meeting, “The students were very effective. They were angry, but they didn’t come across as angry. They created a presentation, and they did it very respectfully” (4).

Since part of the Coalition’s strategy was, in the words of a journalist, “to shame the school district into doing the right thing,” the group reached out to the media by writing numerous press releases and arranging school “walk-arounds” for a *Los Angeles Times* columnist accompanied by SC-YEA students. The Photovoice project garnered national coverage of the issue when it was featured in *People* magazine (6). Numerous meetings with government officials or staffers were held to share study findings and advocate for change. Coalition staff and SC-YEA youth testified more than a dozen times at hearings and committee and school board meetings.

The Coalition and its partners’ policy advocacy was effective in part because of the careful preparatory research that preceded it. They consequently did a careful mapping of the policy environment, along with key players and pressure points. Although the academic partners’ role was less visible in the policy advocacy aspects of the work, they held trainings for Coalition staff and youth members throughout the process, participated in a detailed strategic planning process, collected needed policy-related information that was sometimes difficult for community partners to gather, and used a detailed archiving system to compile relevant information from newspapers and other sources. The academic partners also worked with the Coalition to develop short-, middle-, and long-term goals to guide the organization’s future work.

Policy Change Outcomes: The Coalition and its partners’ documentation of the deteriorating conditions in South LA schools, together with their background research on the planned use of Proposition BB monies, effective organizing, and media and policy advocacy, was widely credited with the reopening of repair and construction contracts made in conjunction with the \$2.4 billion bond. Roughly \$100 million was reallocated for repairs in schools in South LA and other inner-city neighborhoods, supplemented by \$153 million from other sources. Media accounts and local political figures cited the role of the Coalition and teenagers involved in the partnership’s project as having played a major role in bringing about this investment (5). Approximately 1,800 repairs

“[The Coalition] did a lot of investigative work to understand who the key players were in the process, where there were points of potential impact from a policy perspective, [and] what needed to be done both from an organizing standpoint and from a research standpoint to make some type of inroad into that pressure point.” —Academic Partner

were made to address the problems brought to light by the Coalition study. These efforts in turn helped lay the groundwork for a subsequent bond measure and a successful lawsuit that brought \$750 million to low-income communities in and around Los Angeles for new school construction.

The Coalition’s victories also contributed to youth empowerment. In the words of one SC-YEA participant, “For us to go down there and protest and talk to people...the Community Coalition showed me I can make a difference around my neighborhood.”

The school district also made changes in its operating procedures in the wake of the campaign, hosting an annual gathering of hundreds of interested students and also regularly having students present their concerns at school board meetings (3). In the end, the successful schools campaign enhanced the perception of the Coalition as a major player in the local political arena. As one observer commented, “When [policymakers] get ready to do things, they ask, ‘What do you think the Coalition is going to say? Maybe we should run this by the Coalition.’”

Barriers and Success Factors: The Coalition’s work was not without obstacles. “Publicly available” information (e.g., municipal budget allocations) was sometimes withheld from the community partner despite repeated efforts to obtain it; sometimes access to information required the intervention of the academic partner. Several students involved in exposing poor conditions at their school faced retaliation by their principal, and in one case, a senior’s transcripts were held up, potentially jeopardizing his admission to college. Although adult intervention ended this standoff in the student’s favor, the incident was a reminder of the personal obstacles that may be confronted in such work.

Counterbalancing such challenges, however, was the very visible and powerful role of the Coalition, its history of success on important community-driven issues (2, 7), its large membership base, and increasingly, its youth program. Several policymakers, prominent business leaders, and the mass media

commented on the significant role of the SC-YEA youth in the budget reallocation decision and the school improvements that followed (4). Regular youth involvement at city council meetings and in other venues and the Coalition’s adept use of media advocacy also contributed to the group’s success.

Summary Reflections: Education and school quality have strong links to health, with recent studies suggesting that education is indeed even more important than income as a contributor to adverse health outcomes, including lower life expectancy (8). The Community Coalition’s efforts to improve the deteriorating South LA schools for and with youth helped improve the physical environments in which children grow up and learn, in the process improving their chances for leading healthy and productive lives.

The Coalition continues to work in a variety of areas, from kinship care policy through land use to social services delivery, welfare reform, and community economic development. Further, and as a testament, in part, to its broad base of community support, the organization’s former executive director, Karen Bass, stepped down to run for State Assembly—and was elected by a wide margin in November 2004. Assemblywoman Bass, who went on to become the first African American woman Speaker of the House in 2008, stated that her decision to run for public office signaled not only her belief in the strength and sustainability of the Coalition, but also in the need to provide another avenue for the organization and the broader community to have access to power and to keep lawmakers’ “feet to the fire” in being responsive to their base.

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“The [Coalition] wanted to be a player at the table...in order to ensure that the community voice was part of any discourse on issues that would impact the community. I think they have accomplished that.” —Academic Partner

For Further Reading:

Foege, A., and V. Sheff-Cahan. 1999. Picture imperfect. *People*, November 29.

Lopez-Garza, M. 2001. *State of South Los Angeles 1990–2010: A Community Coalition Perspective*. Los Angeles: Community Coalition.

Saurwein, K., and K. A. Haynes. 1999. Schools have no trouble identifying the LA school district’s most pressing problems. *Los Angeles Times*, October 15, p. 2.

Case Study #8:

**Making the Healthy Choice
the Easy Choice:
A Healthy Communities CBPR
Partnership in New Castle, Indiana**



Best known for many years as a center of automobile parts manufacturing, New Castle, Indiana, is a rural community that experienced economic hardships with the declines in the American automobile industry. However, New Castle also “has a history of helping itself and using the resources available” (1). This attitude is reflected in its formation, 25 years ago, of a Healthy Cities Committee (HCC). Part of a statewide Healthy Cities initiative, the HCC was designed to promote the health of the town through multisectoral collaboration. With representatives from health and social services, government, business, the arts, environmental concerns, the media, and transportation, as well as ordinary citizens, the HCC attempted to build on local assets to address shared health problems in ways that were tailored to the local community.

The Partnership: In the mid-1990s, funded through an initial grant from the W. K. Kellogg Foundation, the HCC began a community-based participatory research collaboration with four faculty members at

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APPENDIX 2:

Overview of SWE Core Measures: Quick Reference Guide

Appendix 2

Overview of SWE Core Outcome Measures: Quick Reference Guide

OVERVIEW OF CLIENT COMPLETED DATA – Adult Version

In order to accomplish the goals of the cross-site evaluation, 72 items have been selected by the PARC SWE team that are aligned with the SWE change model and CDPH research questions, for inclusion into the local evaluation of outcomes with CDEP served individuals. A majority of these items were selected from population health surveys: 1) California Health Interview Survey (CHIS), 2) National Survey on Drug Use and Health (NSDUH), and 3) Mental Health Statistics Improvement Program (MHSIP) to serve as a comparison with state, county and other data source and make the CRDP Phase 2 Business Case. 26 items are asked at pre-only (see Table 1, yellow highlighted areas), 24-items at both pre-and post (see Table 1, green highlighted areas), and 22-items at post-only (see Table 1, blue highlighted areas).

This breaks down to:

- 50 total items at pre-assessment (26 pre-only items + 24 pre- and post-items)
- 46 total items at post-assessment (24 pre- and post-items + 22 post- only items)
- 11 demographic items at pre-assessment

Table 1: SWE Core Measures for CDEP Served Individuals: Pre- and/or Post

*Blue font indicates item additions or language revisions based on TAP & CDPH feedback

Questionnaire Areas <i>(administered to CDEP Participants and submitted to SWE on a rolling basis)</i>		Number of Items	Question #	Pre	Post
Pre items	<i>Access/Utilization/Barriers to Help Seeking</i>				
	Access/Utilization (CHIS)	10	Q#1-10	X	
	Barriers to Help-Seeking, incl. Stigma/Discrimination (CHIS, NSUDH)	11 + 5 = 16	Q#11-23a-d	X	
	Ethnicity, Sexual Orientation, Gender Identity, Age, Language, Immigrant/Refugee Status	11 + 13 optional	Q#48-58	X	
Pre- & Post- items	<i>Psychological Distress and Functioning</i>				
	Psychological Distress (K6)	6	Q#1-6	X	X
	<i>Sheehan Disability Scale (SDS)</i>	+4	Q#7-10	X	X
	<i>Social Isolation and Marginalization</i>	+2	Q#11-12	X	X
	<i>Protective Factors</i>				
	Subjective Spirituality & Religiosity	4	Q#1-4	X	X
	<i>(Spiritual) Wellness</i>	+1	Q#5	X	X
	Community/Social Connectedness	4	Q#6-9	X	X
	<i>Cultural Connectedness</i>	+3	Q#10-12	X	X
	OPTIONAL -- Health	1	Q#13	X	X
Post items	<i>Quality of CDEP</i>				
	General Satisfaction	3	Q#1-3		X
	Access	4	Q#4-7		X
	Quality & Cultural Appropriateness	12 -2 = 10	Q#8-17		X
	Perceived Outcomes	3	Q#18-20		X
	Cultural Competence	2	Q#21-22		X
Total # of Outcome Items		72 + 1 optional			

SWE Core Outcome Measures for CDEP Served Individuals – Adult Version (18+ years)

PRE-Assessment Items Only

ACCESS/UTILIZATION (CHIS) and STIGMA/BARRIERS TO HELP-SEEKING (CHIS, NSUDH)

1. **Who are the respondents?** CDEP served adult individuals (18+)
2. **When and how often?** At first contact (i.e., intake, first day of program, etc.); one time only basis!
3. **When is data submitted to PARC@LMU?** Data will be submitted on an ongoing basis based on each CDEP program cycle using Qualtrics, a web-based survey service; PARC will work with TAP and IPPs to determine data submission schedules
4. **What level of SWE Outcomes do they capture?** Immediate and intermediate outcomes
5. **How many items are there?** 26 items
6. **Specifically, what will the SWE be able to answer with these items?** See Table 2

Table 2: Access/Utilization and Stigma/Barriers to Help-Seeking

<i>Items Will Answer The Following:</i>	<i>Item Analysis</i>	<i>SWE Outcomes</i>
Extent of help-seeking behaviors prior to first contact with CDEP	Pre scores: Q3-6	Short-term: Increased Cultural and Linguistic Competence of MH Services Intermediate: Reduced Stigma and Discrimination
Extent of unmet mental health needs prior to first contact with CDEP	Pre Scores: Unserved = yes to Q1, no to Q3, no to Q4 Underserved = Yes to Q1, Yes to Q3 or Q4, No to Q8	
Extent of help-seeking barriers encountered prior to first contact with CDEP	Pre Scores: Cost = Q11 Structural Barriers = Q#12-13 Low Perceived Need = Q#14-15 Not Helpful = Q#16 Stigma/Discrimination = Q17-22 Discrimination = Q23a-c	
Total number of unduplicated individuals served by CDEPs who had previous unmet needs and perceived stigma/discrimination with help-seeking	Submission of data for each participant = 1 unduplicated count	
Extent that “help seeking” stigma and other barriers were reduced and help seeking behaviors increased in the priority communities over time	Examination of pre-scores over Y1, Y2, Y3, and Y4	

**Blue font indicates item additions or language revisions based on TAP & CDPH feedback*

These are the 23 specific pre-assessment items of access, utilization, stigma and barriers to help-seeking:

	Yes	No	Refused	Don't Know
1. Was there ever a time during the past 12 months when you felt like you might need to see a professional because of problems with your mental health, emotions, or nerves or your use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 months, have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 12 months, have you seen any other professional such as a counselor, psychiatrist or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did you seek help for your mental or emotional health or for an alcohol or drug problem? (Circle one)	<i>Not Applicable (N/A)</i>	<i>Mental/Emotional Health Problem</i>	<i>Alcohol-Drug Problem</i>	<i>Both Mental AND Alcohol-Drug Problems</i>	<i>Refused</i>	<i>Don't Know</i>
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6. In the past 12 months, how many visits did you make to a professional ([counselor](#), [psychiatrist](#) or [social worker](#)) for problems *Not Applicable (N/A)* _____ # of visits

with your: 1) Mental or Emotional Health, 2) Alcohol-Drug Problem,
3) Both Mental & Alcohol-Drug Problem?

	Not Applicable	Yes	No	Refused	Don't Know
7. Are you still receiving treatment for these problems from one or more of these providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you complete the full course of treatment? <i>In other words, you ended treatment when your counselor, psychiatrist or social worker told you it was ok to end.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is the **MAIN REASON** you are no longer receiving treatment? (Circle one)
- Not Applicable (N/A)
 - Got better/No longer Needed
 - Had bad experiences with treatment
 - Insurance does not cover
 - Therapist ended treatment/ goals met
 - Not Getting Better
 - Lack of time/Transportation
 - Other (Specify) _____
 - Wanted to handle the problem on own
 - Too expensive

	Yes	No	Refused	Don't Know
10. During the past 12 months, did you take any prescription medications, such as an antidepressant or an <i>antianxiety medication</i> almost daily for two weeks or more, for an emotional or personal problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STIGMA/DISCRIMINATION/OTHER BARRIERS- *Instructions:* Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional *such as a counselor, psychiatrist, or social worker.*

	Yes	No	Refused	Don't Know
11. <i>You were concerned about the cost of treatment. *order changed as this is more of a structural barrier. (CHIS – cost)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. You didn't have time (because of job, childcare, or other commitments). (NSUDH – structural barrier)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. You had no transportation, or treatment was too far away, or the hours were not convenient. (NSUDH – structural barrier)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. You didn't think you needed <i>mental health counseling or treatment</i> at the time. (NSUDH – low perceived need)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You thought you could handle the problem without treatment. (NSUDH – low perceived need)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. <i>You didn't think mental health counseling or treatment would help. *order changed</i> (NSUDH – structural barrier) (NSUDH – not helpful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you. (NSUDH – stigma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. You were concerned that getting mental health treatment or counseling might have a negative effect on your job. (NSUDH – stigma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. You were concerned that the information you gave the counselor might not be kept confidential. (NSUDH – stigma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. You were concerned that you might be <i>admitted</i> to a psychiatric hospital. (NSUDH – stigma) <i>*double barrel item modified to one element</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. <i>You were concerned that you might have to take medicine. *double barrel item modified to one element</i> (NSUDH – stigma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. You did not feel comfortable talking with a professional <i>such as a counselor, psychiatrist, or social worker</i> about your personal problems. (CHIS – stigma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. You didn't think you would feel safe and welcome because of your... (*new items by CARS - discrimination)

- | | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. limited English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. race/ethnicity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. sexual orientation/gender identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. religion and spiritual practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AGE, RACE/ETHNICITY, LANGUAGE, IMMIGRATION/REFUGEE STATUS, SEXUAL ORIENTATION AND GENDER IDENTITY

- 1. Who are the respondents?** CDEP served adult individuals (18+)
- 2. When and how often?** At first contact (i.e., intake, first day of program, etc.); one time only basis
- 3. When is data submitted to PARC@LMU?** Data will be submitted on an ongoing basis based on each CDEP program cycle using Qualtrics, a web-based survey service; PARC will work with TAP and IPPs to determine data submission schedules
- 4. What level of SWE Outcomes do they capture?** Immediate outcomes
- 5. How many items are there?** 11 required demographic items +4 optional items (See Table 3)
- 6. Why are there so many demographic questions, especially connected to gender identity and sexual orientation?** An intersectional analytic framework (e.g., Collins, 1999; Crenshaw, 1995) is incorporated in the statewide evaluation. To ensure that the experience and needs of all segments of each population are adequately addressed in the evaluation, it is necessary for each IPP to collect data on these population groups. We recognize that sexual minority and gender minority statuses are stigmatized in certain communities. Therefore, some individuals may not feel comfortable disclosing their sexual orientation or gender identity to program staff prior to developing trusting personal relationships with them. Hesitation about disclosing sexual orientation or gender identity may further be exacerbated if these questions are asked in a public setting, such as a common waiting, without guarantee of protecting confidentiality. At the same time, including these questions on participant intake forms is critical to obtain comparative data related to program engagement and retention across different priority populations (CARS, 2016). One solution is to collect the data once at intake, and again a month or so later (depending on the frequency and quality of program involvement) once trust in confidentiality has been established (CARS, 2016). All IPPs are responsible for collecting data on sexual orientation, gender identity, and ethnic/racial background. After consulting with multiple experts (including The Williams Institute and CARS), IPP recommendations for collecting data on gender, gender identity, sexual orientation, race/ethnicity, preferred language, and immigration and refugee status have been developed. SWE also created a minimum and maximum number of items IPPs would ask participants related to sexual orientation and gender identity. The minimum number can be utilized by IPPs who serve communities with high LGBTQ stigma, while the maximum number can be asked in IPPs with a larger LGBTQ community or where stigma would not be as much of an issue. TAPs and IPPs can work together to determine which set of questions are best suited for their community. SWE also included a response option of “refuse” and “not comfortable answering this question” for all of the demographic questions.
- 7. Specifically, what will the SWE be able to answer with these items?** While each of the CDEPs is designed to serve a particular priority population, it is understood that many people are members of multiple priority population groups. For example, while a CDEP may serve the Latino/a community, it is critical to acknowledge that the population is not homogenous. Rather, there is great diversity within this population on the basis of gender, gender identity, sexual orientation and immigration and so on which would contribute to variation of risk and resilience factors in outcomes.

*Blue font indicates item additions or language revisions based on TAP & CDPH feedback

Table 3: Access/Utilization and Stigma/Barriers to Help-Seeking

<i>Items Will Answer The Following:</i>	<i>Item Analysis</i>	<i>SWE Outcomes</i>
Age	Q1	Short-term: Increased Cultural and Linguistic Competence of MH Services
Race/ethnicity	Q2	
Language	Q3-4	
Immigration/refugee status and housing	Q5-8	
Gender Identity	Q9-10; OPTIONAL: Q11 & Q12	
Sexual Orientation	Q14; OPTIONAL: Q13(a-h) & Q15	

These are the 11 specific demographic items +4 optional items in red:

AGE

1. **IF YOU ARE 18 AND OLDER:** Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

- between 18 and 29
- between 30 and 39
- between 40 and 44

- between 45 and 49
- between 50 and 64
- 65 or older

- Refused
- Don't Know

RACE/ETHNICITY

For each racial category, CDEPs can select either "a" or "b" for "Origin". Option "a" is a fill-in response, while option "b" is a pre-populated checklist. CDEPs can also consult with PARC to create a hybrid of options "a" and "b" (e.g., fill for some racial categories pre-populated response categories for others).

2. What is your race and origin?

White

Please specify your ethnic origin(s): _____

Black or African American

a) Please specify your origin(s): _____

---OR---

b) Check your origin(s):

- African American
- Caribbean
- Egyptian
- Kenyan

- South African
- Ghanaian
- Nigerian
- Ethiopian

- Refused
- Don't know
- Other Black or African American
(Please specify): _____

Latino, Hispanic, or Spanish

a) Please specify your ethnic origin(s): _____

---OR---

b) Check your origin(s):

- Mexican/ Chicano
- Salvadoran
- Guatemalan
- Dominican
- Honduran

- Puerto Rican
- Cuban
- Peruvian
- Chilean
- Columbian

- Nicaraguan
- Refused
- Don't know
- Other Latino
(Please specify): _____

American Indian or Alaska Native

Please list tribe[s] you are from: _____

Asian

a) Please specify your ethnic origin(s): _____

---OR---

b) Check your origin(s):

- Afghan
- Bangladeshi
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian (India)

- Indonesian
- Japanese
- Korean
- Laotian
- Malaysia
- Pakistani
- Sri Lankan
- Taiwanese

- Thai
- Vietnamese
- Refused
- Don't know
- Other Asian
Please specify): _____

Native Hawaiian or Other Pacific Islander

a) Please specify your ethnic origin(s): _____

---OR---

b) Check your origin(s):

- Samoan
- Guamanian
- Tongan
- Fijian

- Refused
 - Don't know
 - Other Hawaiian or Pacific Islander
- Please specify: _____

Other Race
Please specify your race and origin(s): _____

Multi-Racial
Check all that apply and specify your origin(s).

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Latino, Hispanic, or Spanish | <input type="checkbox"/> Refused |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Don't know |

Please specify your origin(s): _____

- Refused
- Don't know

LANGUAGE

3. How well can you speak the English language?

- Fluently
- Somewhat fluently; can make myself understood but have some problems with it
- Not very well; know a lot of words and phrases but have difficulties communicating
- Know some vocabulary, but can't speak in sentences
- Not at all

4. What is your preferred language? _____

IMMIGRANT/REFUGEE/HOUSING STATUS

5. Were you born:

- Inside the U.S.
- Outside the U.S.
- Don't know
- Refused

What is your Zip Code? _____ Unstable housing/ no zip code Refused Don't know

6. When you came to the United States, did you spend time in a refugee camp?

- Not Applicable
- Yes
- No
- Refused
- Don't know

7. About how many years have you lived in the United States? [For less than a year enter 1 year]

Number of years _____ Not Applicable

GENDER IDENTITY (Optional items in red font)

8. *Instructions:* NOTE: Three different dimensions of gender are sex assigned at birth, gender identity (label), gender expressions and behavior. The items below reflect these dimensions. Some people are born a male and others are born a female. Still other people are born as both male and female. Sometimes, however, an individual who is born a male might feel that they are a woman, on the inside. Such individuals may think of themselves as transgender. There are also individuals who are not sure about their gender. We want to know about you and your experiences. There are no right or wrong answers. Please put an **X** to indicate your answer.

I was born a: (mark your answer):

- | | |
|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> I am not sure about my sex assigned at birth |
| <input type="checkbox"/> Female | <input type="checkbox"/> I do not wish to answer this question |
| <input type="checkbox"/> Both male and female | |

9. When it comes to my gender identity, I think of myself as:

- | | |
|--|--|
| <input type="checkbox"/> Man/Male | <input type="checkbox"/> Two Spirit |
| <input type="checkbox"/> Woman/Female | <input type="checkbox"/> I am not sure about my gender identity |
| <input type="checkbox"/> Transgender male/Transgender man/Female to Male | <input type="checkbox"/> I do not have a gender/ gender identity |
| <input type="checkbox"/> Transgender female/Transgender woman/Male to Female | <input type="checkbox"/> My gender identity is (please state): _____ |
| <input type="checkbox"/> Genderqueer/Gender non-conforming | <input type="checkbox"/> I do not wish to answer this question |

10. Above, we used terms like "male/female" or "Transgender/FtM" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender.

Please tell us what term that you personally prefer to describe your gender: _____

11. A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms?

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally masculine and feminine
- Somewhat masculine
- Mostly masculine
- Very masculine

SEXUAL ORIENTATION (Optional items in red font)

12. Individuals often develop romantic attractions toward others. For example, some men are attracted to women, while other men are attracted to both women and men. Some women are attracted to other women but want to kiss, hold hands with and be in relationships with men. Other women may daydream and think about other women. Still other individuals may not develop attractions toward anyone or are unsure about whether they are attracted to women or men. Just to be clear, we are not talking about how you feel toward your friends. We are talking about who you want to get emotionally and physically close to, in a romantic way. Please answer the questions below about your experiences in **the past year (12 months)**.

There are no right or wrong answers to any of these questions. Please be honest and answer as you really think and feel.

	<i>Only Men</i>	<i>Mostly Men</i>	<i>Both men and women equally</i>	<i>Mostly women</i>	<i>Only women</i>	<i>No one</i>	<i>I am not sure</i>	<i>Other (please specify)</i>
a. I am attracted to (e.g., get crushes on, get excited about)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. I daydream about....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. I would want to hold hands with, kiss and hug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. I have held hands with, kissed and hugged...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. I would want to have intimate physical relationships with....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. I have had intimate physical relationships with...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. I would want to be in a romantic relationship with...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. I have been in a romantic relationship with....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

13. Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of the other gender. For example, a straight woman “likes” men and gets crushes on men. Other people are gay or lesbian and are attracted to the same gender. For example, a gay man “likes” other men and gets crushes on other men. Still other people are bisexual and “like” both men and women. Some people are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you “like” and are attracted to is called sexual orientation. **What is your sexual orientation?**

I am: (Please put an X to indicate your answer).

- | | |
|--|---|
| <input type="checkbox"/> Straight | <input type="checkbox"/> I have started to question my sexual orientation |
| <input type="checkbox"/> Gay | <input type="checkbox"/> I am not attracted to anyone |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> I am asexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> My sexual orientation is: _____ |
| <input type="checkbox"/> I am not sure who I am attracted to | <input type="checkbox"/> I do not wish to answer this question |

Instructions: Above, we used terms like "straight" or "gay/lesbian" as a short-hand way to capture the experiences of individuals who are attracted to people of the other sex or of the same sex. We fully understand, however, that individuals use a wide range of labels – some prefer other terms such as queer, homosexual, same-gender loving, etc. To help us understand you personally, please tell us the term that you personally prefer to describe yourself?

14. Please tell us what term that you personally prefer to describe yourself: _____

PRE-POST-Assessment Items Only

Psychological Distress & Functioning Items (Kessler 6-CHIS; Sheehan Disability Scale-CHIS)

- 1. Who are the respondents?** CDEP served adult individuals (18+)
- 2. When and how often?** At first contact and final contact; two times
- 3. When is data submitted to PARC@LMU?** Data will be submitted on an ongoing basis based on each CDEP program cycle using Qualtrics, a web-based survey service; PARC will work with TAP and IPPs to determine data submission schedules
- 4. How many items are there in Psychological Distress & Functioning section?** 12 items
- 5. What level of SWE Outcomes do they capture?** Immediate and intermediate outcomes
- 6. Specifically, what will the SWE be able to answer with these items?** See Table 4

Table 4: Kessler 6, Social Isolation/Marginalization items, and the Sheehan Disability Scale

<i>Items Will Answer the Following:</i>	<i>Item Analysis</i>	<i>SWE Outcomes</i>
Level of psychological distress prior to first contact with CDEP	Pre scores: Q1-6	Short-term: Increased Cultural and Linguistic Competence of MH Services
Total number of unduplicated individuals served by CDEPs who had psychological distress prior to first contact with CDEP	Submission of data for each participant = 1 unduplicated count	
Improvement in psychological distress for participants from pre to post	Pre and Post Scores: Q 1-6	Intermediate: Decreased Risk or Presence of Mental Illness and Symptoms
Improvement in psychological distress for CDEP participants who scored above the clinical cut-off at the pre and at/below the clinical cutoff at the post	Pre and Post Scores: Q 1-6	
Absence of psychological distress for CDEP participants from pre to post (i.e., scored below the clinical cut-off at the pre and post)	Pre and Post Scores: Q 1-6	
Functional impairment in performance at work, ability to do household chores, social life and personal relationships	Pre and Post Score: Q 7-10	
Social Isolation/Marginalization	Pre and Post Score: Q 11-12	

*Blue font indicates item additions or language revisions based on TAP & CDPH feedback

These are the 10 specific pre- and post-assessment items of psychological distress and functioning:

Instructions: During the past 12 months how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
1. ... nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Think about the month in the past 12 months when you were at your worst emotionally. (Sheehan Disability Scale-CHIS)

	N/A	A Lot	Some	Not At All	Refused	Don't Know
7. Did your emotions interfere a lot, some, or not at all with your performance at work/school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did your emotions interfere a lot, some, or not at all with your household chores?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did your emotions interfere a lot, some, or not at all with your social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 12 months, how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
11. ...marginalized or excluded from society? *new item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ...isolated and alienated from society? *new item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROTECTIVE FACTORS

15. **Who are the respondents?** CDEP served adult individuals (18+)
16. **When and how often?** At first contact and final contact; Two times
17. **When is data submitted to PARC@LMU?** Data will be submitted on an ongoing basis based on each CDEP program cycle; PARC will work with TAP and IPPs to determine data submission schedules
18. **How many items are there in Protective Factors section?** 10 items + 1 optional item
19. **What level of SWE Outcomes do they capture?** Intermediate outcomes
20. **Specifically, what will the SWE be able to answer with these items?** See Table 5

Table 5: Protective Factors

Items Will Answer the Following:	Items	SWE Outcomes
Extent to which CDEP participants' subjective spirituality and religiosity was strengthened	Pre-Post Scores: Q#1-4	Intermediate: Increased Protective Factors
Extent to which CDP participants' (spiritual) wellness was strengthened	Pre-Post Scores: Q#5	
Extent to which CDEP participants' social/community connectedness was strengthened	Pre-Post Scores: Q#6-9	
Extent to which CDEP participants' cultural connectedness was strengthened	Pre-Post Score: Q#10	
OPTIONAL ITEM --Extent to which CDEP participants' perceived health status was improved	Pre-Post Scores: Q#11	

These are the 11 specific pre- and post-assessment items of protective factors:

Subjective Spirituality & Religiosity Items

	Not at all	Somewhat	Quite a bit	Very
1. How religious are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How spiritual are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How important is religion in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How important is spirituality in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Spiritual) Wellness Item (adapted from Davis, 2012)

	Not at all	Somewhat	Quite a bit	Very
5. To what extent do you feel that in your life you are in balance physically, emotionally, mentally, and spiritually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community/Social Connectedness Items (MHSIP)

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
6. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel I belong to a community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cultural Connectedness Items

Instructions: Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group.

7. When I first called or came here, it was easy to talk to the staff. (CBCI)

Quality and Cultural Sensitivity

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
8. The staff here treat me with respect. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The staff here don't think less of me because of the way I talk. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The staff here respect my race and/or ethnicity. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The staff here respect my religious and/or spiritual beliefs. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The staff here respect my gender identity and/or sexual orientation. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff are willing to be flexible and provide alternative approaches or services to meet my needs. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The people who work here respect my cultural beliefs, remedies and healing practices and remedies. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff here understand that people of my racial and/or ethnic group are not all alike. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff here understand that people of my gender and/or sexual orientation group are not all alike. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff here understand that people of my religious and spiritual background are not all alike. (CBCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a direct result of the services I received:						
18. I deal more effectively with my daily problems. (MHSIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I do better in school and/or work. (MHSIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My symptoms/problems are not bothering me as much. (MHSIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cultural Competence

	Yes	No	Refused	Don't Know
21. Were the services you received here in the language you prefer? (MHSIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer? (MHSIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overview of IPP COMPLETED DATA

With the exception of organizational capacity/cultural competency, IPPs will also be asked submit other program outcome data to the SWE on a semi-annual basis (see Table 6 for a full breakdown of required core indicators and measures).

Table 6: Other SWE Core Outcome Data

Area	Indicator	Measure/Data Administration
Workforce Development (see Tracking Tool below)	-Number and type of workforce gaps in the mental health workforce for each IPP -Number and type of a) Training and Technical Assistance, b) Mental Health Career Pathway Programs, c) Residency and Internship Programs completed; Unduplicated number of people served by sector -Percentage estimates of individuals served by priority population and multilingual capacity -Number and type of workforce development successes or outcomes	Workforce Development Tracking Tool -Completed by subset of IPPs doing workforce development; submitted to SWE on a semi-annual basis
Access: Service Referrals (see Tracking Tool below)	-Number of referrals provided for children, youth, adults -Number of referrals provided for mental health (e.g., depression, suicide, etc.), substance abuse, domestic violence, sexual assault, primary care, non-health care services (e.g., housing, education, job training, etc.), social/cultural enrichment programs	Access (Service Referral) Tracking Tool -Completed by subset IPPs doing access/linkages; submitted to SWE on a semi-annual basis
Organizational Capacity and Cultural Competence (Tools currently being developed and will be finalized with TAP input)	-Changes in organizational capacity in priority areas identified by IPPs at the start of the grant	-Marguerite Casey Foundation Organizational Capacity Assessment Tool administered by TAPs and/or SWE at beginning and end of contract -Semi-structured interviews with IPPs administered by TAPs and/or SWE beginning and end of contract SWE Semi-Annual Report (IPPs and TAPs)- qualitative updates on progress attained on each of the IPP prioritized capacity areas including unanticipated benchmarks/outcomes
	-Strengths in IPP organizational cultural competence at start of the grant including changes/improvements made	
	-IPP progress on organizational capacity or cultural competence throughout the grant period	
Collaborative Processes and Community Engagement (SWE Semi-Annual Report currently being developed)	-Number and type of community engagement efforts (including use of CBPR), networking activities, and informal collaborations (e.g., sharing of resources and space for a common goal)	-SWE Semi-Annual Report (IPPs only)
Local Strategic Partnerships (SWE Semi-Annual Report currently being developed)	-Number and type of local level partnerships with contracts or memorandums of understanding (MOUs) with established structures and partnership roles and responsibilities	-SWE Semi-Annual Report (IPPs only)
Community Driven Mental Health Systems Changes (SWE Semi-Annual Report currently being developed)	-Number and type of expanded use of CDEPs with priority populations by non-CRDP organizations, agencies, & local mental health systems -Number and type of local MH service delivery improvements using community recommendations—i.e., practices, rules, laws, regulatory changes -Number and type of data sharing agreements obtained and implemented with local county systems	SWE Semi-Annual Reports (IPPs only)

SWE Core Outcome Measures for IPPs

WORKFORCE DEVELOPMENT

1. **Who are the respondents?** IPPs who have a workforce development program/strategy as part of their CDEP
2. **When is it completed?** Every 6 months
3. **How is the data submitted to PARC@LMU?** Via Qualtrics, a web-based survey service
4. **What level of SWE Outcomes do they capture?** Immediate outcomes
5. **How many items are there?** 6 items
6. **Specifically, what will the SWE be able to answer with these items?** See Table 7

Table 7: Workforce Development

<i>Items Will Answer The Following:</i>	<i>Item Analysis</i>	<i>SWE Outcomes</i>
Number and type of workforce gaps in the mental health workforce for each IPP	Q1	Short-term: Increased Cultural and Linguistic Competence of MH Services
Number and type of Training and Technical Assistance completed; Unduplicated number of people served by sector	Q1, 1a, 1b	
Number and type of Mental Health Career Pathway Programs completed; Unduplicated number of people served by sector	Q2, 2a, 2b	
Number and type of Residency and Internship Programs completed; Unduplicated number of people served by sector	Q3, 3a, 3b	
Percentage estimates of individuals served by priority population and multilingual capacity	Q4, 5	
Number and type of workforce development successes or outcomes	Semi-AnnualQ6	

These are the items for workforce development:

- A. Please indicate the workforce gaps, shortages and deficiencies in the mental health workforce in your community that your CDEP is trying to meet:
(Check all that apply)
- Cultural competency gap
 - Linguistic capacity gap
 - Ethnic representation gap
 - Need for first responder competencies
 - Poor representation of consumers and family members in workforce
 - Lack of career pathways for high school students
 - Lack of career pathways for public sector employees
 - Training/education programs that did not teach competencies needed for public sector work
 - Training/education programs that are not aligned with CRDP Phase 2 Principles
 - Need for personnel specializing in services for: (check all that apply)
 - Older Adult
 - Transitional Age Youth
 - Shortages with: (check all that apply)
 - Psychiatrists (M.D.)
 - Physician Assistants (P.A.)
 - Masters level therapists (MFT/LCSW)
 - Clinical Psychologists (Ph.D.)
 - Other: (fill in) _____
 - Other: (fill in) _____

Please tell us the type of workforce development programming or activities your CDEP **completed** during the past 6 months [insert actual time period here]. In other words, these programs or activities are not currently running but completed during the past 6 months.

1. Training and Technical Assistance – i.e., training/TA to increase *skills* and *knowledge base* of workforce
 Yes [skip logic 1a] No
2. Mental Health Career Pathway programming or activities
 Yes [skip logic 2a] No
3. Residency and Internship Programs
 Yes [skip logic 3a] No

[If Yes to Q#1]

1a. What Training and TA need areas were completed in the past 6 months? (check all that apply)

- Cultural competence (please describe _____)
- Linguistic competence (please describe _____)
- Supporting consumers with lived experiences and their family
- Community outreach, engagement and collaboration
- Wellness, recovery and resilience (please describe: _____)
- CRDP and CDEP core values and principles including design/implementation of CDEPs
- Resources/services networks for underserved and unserved communities
- Pre training for workforce entry and advocacy roles
- Other: (please describe): _____

1b. How many were served by the training and TA in the past 6 months?

Write in the **unduplicated** number of people served for each category that applies

Types of Individuals/Groups	# Served - UNDUPLICATED
Consumers with lived experience	
Parents/family of those with lived experiences	
K-12 schools/school districts	
Adult schools, regional occupation centers/ programs	
Community colleges	
4-year colleges/universities	
Graduate schools/professional schools	
County DMH or Public Health employees	
Other county or GOV employees (e.g., Employment, Probation, Parole, CPS)	
Community organizations, agencies employees	
Health care workers (e.g., psychiatrist P.A., nurse, etc.)	
Other (please describe: _____)	
Other (please describe: _____)	

[If Yes to Q#2]

2a. What type of career pathways programming was completed in the past 6 months?

(check all that apply)

- Entry level professional training for individuals who aren't currently in the mental health workforce
- Advocacy training (e.g., community outreach, leadership development, public speaking, navigating systems, resources supports etc.)

Advancement and retention of existing mental health staff (e.g., advice, coordination, financial assistance, job training, mentoring, tutoring, information sharing, advocacy)

Graduation of enrolled students in the academic pipeline program(s)

Check all that apply:

- High Schools [skip logic to # served] Adults Schools/Regional Occupation Centers [skip logic to # served]
- Community Colleges [skip logic to # served] 4-Year Colleges/Universities [skip logic to # served]
- Graduate/Professional Schools [skip logic to # served]

Partnerships with educational institutions for students to become employed within the mental health system (e.g., establishing academic pipeline programs, aligning curriculums, designing field placements, etc.)

Check all that apply:

- High Schools [skip logic to # served] Adults Schools/Regional Occupation Centers [skip logic to # served]
- Community Colleges [skip logic to # served] 4-Year Colleges/Universities [skip logic to # served]
- Graduate/Professional Schools [skip logic to # served]

Other- does not fit any of the other pathways [please describe]: _____

2b. How many were served by the Career Pathway programming in the past 6 months?

Write in the **unduplicated** number of people or groups served for each category that applies.

# served consumers with lived experience	# served parents/family of those with lived experiences	# served community members-youth, residents	# served [student categories from skip logic]	# served [educational institution categories from skip logic]	# served other: please describe____	# served other: please describe____

[If Yes to Q#3]

3a. What type of residency and internship programming was **completed** in the past 6 months?

(check all that apply)

- Internships and placements for individuals at the BA and Masters level [skip logic to # served]
- Residency programs with graduate or professional educational institutions to expand the number of psychiatrists, psychiatric nurse practitioners, MSWs, MFTs, LVNs, RNs, and OTs [skip logic to # served]
- Externships for high school and college students seeking more education about mental health or developing a mental health service career

Check all that apply:

- High School students [skip logic to # served]
- Community College students [skip logic to # served]
- 4-Year Colleges/University students [skip logic to # served]
- Other [please describe]: _____ [skip logic to # served]

3b. How many were served by the Residency and Internship programs?

Write in the **unduplicated** number of people served for each category that applies

# served [if selected from skip logic] BA & Masters level	# served [if selected from skip logic] MSWs, MFTs, LVNs, RNs, OTs	# served [if selected from skip logic] (high school)	# served [if selected from skip logic] college	# served [if selected from skip logic] other: please describe____

[If Yes, to Q1, or Q2, or Q3]

4. Among the [automated total from listed individuals served – excludes institutions], please estimate the percentage for each of the following categories:

Priority Populations	% of Participants
African American	
Asian Pacific Islander	
Latino	
LGBTQ	
Native American	
Multi-Race/Other	

5. Among the [automated total from listed individuals served], please estimate the percentage of participants served who have multilingual capacity (fluent in language other than English):

Languages	% of Participants
Multilingual Capacity	

5a. Predominately, what languages other than English: _____

6. Please describe any notable successes or outcomes, in the last 6 months, with your workforce development program.

SERVICE ACCESS

1. **Who are the respondents?** IPPs who have an access and linkages program/strategy as part of their CDEP
2. **When is it completed?** Every 6 months
3. **How is the data submitted to PARC@LMU?** Via Qualtrics, a web-based survey service
4. **What level of SWE Outcomes do they capture?** Immediate outcomes
5. **How many items are there?** 2 items
6. **Specifically, what will the SWE be able to answer with these items?** See Table 8

Table 8: Service Access

<i>Items Will Answer The Following:</i>	<i>Item Analysis</i>	<i>SWE Outcomes</i>
Number of referrals provided for children, youth, adults	Q1	Short-term: Increased Cultural and Linguistic Competence of MH Services
Number of referrals provided for mental health (e.g., depression, suicide, etc.), substance abuse, domestic violence, sexual assault, primary care, non-health care services (e.g., housing, education, job training, etc.), social/cultural enrichment programs	Q2	

These are the items for service access:

Access: Service Referral Tracking Tool

Directions: Please record the following data for the past month of service referrals provided to your CDEP participants. The term “referral” is used to describe a process of assisting participants in obtaining services by connecting them to culturally and linguistically competent providers and support services.

Referral Month & Year	_____ / _____ mm YYYY	
# of CDEP Participants Served this Month	Unduplicated Counts: Children (0-11) #: _____ Youth (12-17) #: _____ Adult (18+) #: _____	
Number of Service Referrals Provided to CDEP Participants by Type:	Referrals Provided Mental Health (e.g., depression, suicide, etc.): # _____ Substance Abuse: # _____ Domestic Violence: # _____ Sexual Assault: # _____ Primary Care (e.g., well check, vaccines, etc.): # _____ Non-health care services (e.g., housing, education, job training, etc.): # _____ Social/Cultural Enrichment Programs: # _____	

APPENDIX 3:

Sources, Core Process Measures

Appendix 3
Sources, Core Process Measures, & Data Collection Points

Process Indicators	SWE Strategy
CDEP Cultural, Linguistic, Organizational, Community, and Historical Context; Special Population Report Recommendations	SWE will conduct qualitative analysis of IPP proposals, special population reports, evaluation plans, and final reports
CDEP Implementation Approaches & Strategies and CDEP Implementation Fidelity and Flexibility	Step 1: Using SWE evaluation guidelines, IPP and local evaluator will develop fidelity study in their evaluation plan. Step 2: In semi-annual reports to SWE, IPPs will share adherence ratings related to their: a) core intervention component (“the what”—processes and strategies) and b) core implementation strategy (“the how”—staff, training, partnerships, etc.), including a brief narrative regarding divergence from 100% adherence (e.g., elements that were maintained, modified, eliminated, and added, including rationale for changes) Step 3: At end of program, SWE will assign a final fidelity/flexibility rating to each IPP
TAP & EOA Implementation Approaches & Strategies and TAP & EOA Implementation Fidelity and Flexibility	Step 1: Using Qualtrics at beginning of Year 1, TAPs and EOAs will list their: a) core intervention component and b) core implementation strategy Step 2: In semi-annual reports to SWE, TAPs and EOAs will share adherence ratings related to their: a) core intervention component (“the what”—processes and strategies) and b) core implementation strategy (“the how”—staff, training, partnerships, etc.), including a brief narrative regarding divergence from 100% adherence (e.g., elements that were maintained, modified, eliminated, and added, including rationale for changes) Step 3: At end of program, SWE will assign a final fidelity/flexibility rating to each TAP and EOA
Internal Implementation Barriers & Successes: Number & Type	In SWE semi-annual reports, IPPs, TAPs, and EOA will select from a pre-populated checklist the types of organizational barriers and successes encountered with implementation (will include internal successes/barriers related to capacity building, use of CBPR and cultural/linguistic competency strategies)
External Implementation Barriers & Successes: Number & Type	In SWE semi-annual reports, IPPs, TAPs, and EOA will select from a pre-populated checklist the types of major issues that surfaced in the community, political, or public system that supported or served as barriers to implementation (will include external successes/barriers related to capacity building, use of CBPR and cultural/linguistic competency strategies)
Lessons Learned and -Satisfaction with CRDP 2	Semi-structured survey and interview on Qualtrics (Provo, UT) with IPPs, TAPs, EOAs, CDPH in Years 3 and 4 related to: a) collaboration between components; b) population and geographical divisions; c) IPP strategies and operations; d) TAP strategies and operations; e) EOA strategies and operations; f) SWE strategies and operations; g) CDPH strategies, operations and administrative support
CBPR and Cultural Competency in IPP’s Local Evaluations and Evaluation Implementation Fidelity and Flexibility	Step 1: With input from the TAPs and The Alliance, SWE will create a “CBPR/Cultural Competency Evaluation Framework” with a standardized rating scale to assess the appropriateness of the IPPs local evaluation plan (approach and strategies) to the priority population and their respective community context Step 2: In SWE semi-annual reports, IPPs will check off what core elements were maintained, modified, eliminated, and added, including rationale for changes Step 3: Using CBPR/Cultural Competency Evaluation Framework, SWE will rate the IPPs final evaluation report Step 4: SWE will assign a final evaluation fidelity/flexibility rating
-IPP CDEP Outreach & Recruitment	Step 1: In semi-annual reports to SWE, IPPs will rate the extent of their CDEP outreach and recruitment effort (none, moderate, high) including rationale for rating Step 2: At end of program, SWE will assign a final CDEP outreach/recruitment score to each IPP
-IPP Evaluation Sample Population	SWE will analyze number and socio-demographics of participants in IPP local evaluations plan (targeted) versus final evaluation report (participated)

-IPP TA Requests and Received (TAPs): Number & Type	Step 1: In SWE semi-annual reports, IPPs and TAPs will report the number, type of TA requested and the number, type, and method of TA delivered Step 2: SWE will analyze TA requests in comparison to TA received
-IPP TA Requests and Received (TAPs + SWE collaboration): Number & Type	Step 1: In SWE semi-annual reports, IPPs and TAPs will report the number, type of TA requested and the number, type, and method of TA delivered in collaboration with the SWE Step 2: SWE will analyze TA requests in comparison to TA received
Mental Health Awareness Efforts (To be determined with EOA & IPPs)	To be determined in consultation with the EOA
Mental Illness Targets: Number & Type	SWE will analyze the number and type of mental illnesses targeted in IPP local evaluations plans
SWE Process Data	Via Qualtrics and monthly reports to CDPH, SWE will track requests and response for TA/subject matter expertise from CDPH, TAPs, IPPs, and the EOA related to a) subject matter expert services, b) implementation approaches and strategies and fidelity, and c) challenges, successes and opportunities, and d) stakeholder dissemination

APPENDIX 4:

Adult, child, and adolescent core measures

ID: _____
 Pop. IPP Part.Code

CHILD VERSION PRE

	Yes	No	Refused	Don't Know
1. In the past 6 months did you think your child needed help for emotional, behavioral or mental health problems, such as feeling sad, anxious, or nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When your child had his/her last routine physical exam, did you and your child's doctor talk about his/her emotions or moods?				
3. In the past 6 months, did your child receive any psychological or emotional counseling? This can be from psychologists, therapists, psychiatrists, or social workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Applicable	Yes	No	Refused	Don't Know
4. Is your child still receiving any psychological or emotional counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did your child complete the full counseling program? In other words, your child ended counseling when your child's counselor, psychiatrist or social worker told you it was okay for him/her to end.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is **MAIN REASON** your child stopped counseling?

- | | | |
|---|---|--|
| <input type="checkbox"/> Not Applicable (N/A) | <input type="checkbox"/> I or my child had a bad experience with this "provider" | <input type="checkbox"/> Too expensive |
| <input type="checkbox"/> Therapist ended treatment/ goals met | <input type="checkbox"/> I or my child felt discriminated against | <input type="checkbox"/> We moved |
| <input type="checkbox"/> My child improved so stopped going | <input type="checkbox"/> "Provider" was no longer available (moved or left setting) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> I felt "provider" did not understand what my child's the problem was | <input type="checkbox"/> Child did not want to go anymore | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> I disagreed with "provider" about what should be done for my child | <input type="checkbox"/> Insurance/ managed care company limited treatment | <input type="checkbox"/> Other (Specify) _____ |

	Yes	No	Refused	Don't Know
7. DURING THE PAST 12 MONTHS, has your child taken any medication because of difficulties with his or her emotions, concentration, or behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following is a list of items that describe children. During the past 6 months, how true have the following items been for your child?

My child...	Not True	Somewhat True	Certainly True	Refused	Don't Know
8. is generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. has many worries, or often seems worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. is often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. has good attention span, sees chores or homework through to the end.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes, Minor Difficulties	Yes, Definite Difficulties	Yes, Severe Difficulties	Refused	Don't Know
13. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Young people have lot of worries and fears. The following questions as how much your child's fears and worries have messed things up for your child in his/her life.

	A lot	Some	Not at all	Refused	Don't know
14. How much have your child's fears and worries messed things up with school and homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How much have your child's fears and worries messed up things at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How much have your child's fears and worries messed things up with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. **IF YOUR CHILD IS UNDER 18:** Is your child between 0 and 5, between 6 and 10, between 11 and 15, or between 16 and 17?

- | | |
|--|--|
| <input type="checkbox"/> between 0 and 5 | <input type="checkbox"/> between 16 and 17 |
| <input type="checkbox"/> between 6 and 10 | <input type="checkbox"/> Refused |
| <input type="checkbox"/> between 11 and 15 | <input type="checkbox"/> Don't Know |

Instructions: Mark an 'X' in one box and circle all origins that apply for your child.

18. What is your child's race and origin?

White

Please specify your child's ethnic origin(s): _____

Black or African American

Please specify your child's ethnic origin(s): _____

---OR---

Check your child's origin(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> South African | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other Black or African American |
| <input type="checkbox"/> Kenyan | <input type="checkbox"/> Ethiopian | (Please specify): _____ |

Latino, Hispanic, or Spanish

Please specify your child's ethnic origin(s): _____

---OR---

Check your child's origin(s):

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mexican/ Chicano | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Nicaraguan |
| <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Cuban | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Chilean | <input type="checkbox"/> Other Latino |
| <input type="checkbox"/> Honduran | <input type="checkbox"/> Columbian | (Please specify): _____ |

American Indian or Alaska Native

Please list tribe[s] your child are from: _____

Asian

Please specify your child's ethnic origin(s): _____

---OR---

Check your child's origin(s):

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Refused |

- Cambodian
 - Chinese
 - Filipino
 - Hmong
 - Indian (India)
 - Laotian
 - Malaysia
 - Pakistani
 - Sri Lankan
 - Taiwanese
 - Don't know
 - Other Asian
- Please specify): _____

Native Hawaiian or Other Pacific Islander
Please specify your child's ethnic origin(s): _____

---OR---

Check your child's origin(s):

- Samoan
 - Guamanian
 - Tongan
 - Fijian
 - Refused
 - Don't know
 - Other Hawaiian or Pacific Islander
- Please specify): _____

Other Race
Please specify your child's race and origin(s): _____

Multi-Racial

Check all that apply and specify your child's ethnic origin(s).

- White
- Black/African American
- Latino, Hispanic, or Spanish
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Refused
- Don't know

Please specify your child's origin(s): _____

- Refused
- Don't know

19. How well can your child speak the English language?

- Fluently
- Somewhat fluently; can make himself/ herself understood by have some problems with it
- Not very well; know a lot of words and phrases but have difficulties communicating
- Know some vocabulary, but can't speak in sentences
- Not at all

20. What is your child's preferred language? _____

21. Was your child born:

- Inside the U.S.
- Outside the U.S.
- Don't know
- Refused

22. What is your child's Zip Code? _____ Unstable housing/ no zip code Refused

23. When your child came to the United States, did he/she spend time in a refugee camp?

- Not Applicable
- Yes
- No
- Refused
- Don't know

24. About how many years has your child lived in the United States? [For less than a year enter 1 year]

Number of years _____

Not Applicable

Don't Know

Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of the other gender. For example, a straight woman "likes" men and gets crushes on men. Other people are gay or lesbian and attracted to the same gender. For example, a gay man "likes" other men and gets crushes on other men. Still other people are bisexual and "like" both men and women. Some people are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you "like" and are attracted to is called sexual orientation. What is your child's sexual orientation?

25. My child is: (Please put an X to indicate your answer)

Straight

I am not sure who my child is attracted to

Gay

My child is not attracted to anyone

Lesbian

My child's sexual orientation is:

Bisexual

 I do not wish to answer this question

Some people are born a male and others are born a female. Still other people are born as both male and female. Sometimes, however, an individual who is born a male might feel that they are a woman, on the inside. Such individuals may think of themselves as transgender. There are also individuals who are not sure about their gender.

We want to know about you child and your child's experiences. There are no right or wrong answers. Please put an X to indicate your answer.

26. My child was born a: (mark your answer):

Male

I am not sure about my child's sex assigned at birth

Female

I do not wish to answer this question

Both male and female

27. Which option best describes your child's gender identity?

Man/Male

Two Spirit

Woman/Female

I am not sure about my child's gender identity

Transgender male/Transgender man/Female to Male

My child does not have a gender/ gender identity

Transgender female/Transgender woman/Male to Female

My child's gender identity is (please state):

Genderqueer/Gender non-conforming

 I do not wish to answer this question

ID: _____
 Pop. IPP Part.Code

ADOLESCENT VERSION PRE

	Yes	No	Refused	Don't Know
1. In the past 6 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When you had your last routine physical exam, did you and a doctor talk about your emotions or moods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 6 months, have you received any psychological or emotional counseling? This can be from psychologists, therapist, psychiatrists, or social workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you still in counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 6 months, did you receive any professional help for your use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you still receiving professional help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Applicable	Yes	No	Refused	Don't Know
7. Did you complete the full counseling program? In other words, you ended counseling before your counselor, psychiatrist or social worker told you it was ok to end.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What was the **MAIN REASON** you stopped counseling or professional help? (Please select one)

- Not Applicable (N/A)
- Therapist ended treatment/ goals met
- Got better/No longer needed
- Insurance did not cover
- Had bad experiences with treatment
- Hours not convenient
- Couldn't get appointment
- Not Getting Better
- Lack of time/Transportation
- I moved
- Other (Specify) _____
- Too expensive
- Provider did not understand what my problem was
- I felt discriminated against
- I did not want to go anymore
- Wanted to handle the problem on own

	Yes	No	Refused	Don't Know
9. During the past 12 months, have you taken any medications because of difficulties with your emotions, concentration, or behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional such as a counselor, psychiatrist, or social worker.

	Yes	No	Refused	Don't Know
10. I thought I could solve my problems on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I didn't think my problem was serious enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My friends might find out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I didn't want to talk to a stranger about my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I was worried my family and others (e.g., in the community) may think differently about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I don't know where to go for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I felt embarrassed about what I am going through.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I don't trust therapists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I do not think that seeing a professional will help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
40. My culture gives me strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. My culture is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. My culture helps me to feel good about who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. **IF YOU ARE UNDER 18:** Are you between 0 and 5, between 6 and 10, between 11 and 15, or between 16 and 17?

- between 0 and 5
- between 6 and 10
- between 11 and 15
- between 16 and 17
- Refused
- Don't Know

Instructions: Mark an 'X' in one box and circle all origins that apply.

44. What is your race and origin?

White

Please specify your ethnic origin(s): _____

Black or African American

Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> South African | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other Black or African American |
| <input type="checkbox"/> Kenyan | <input type="checkbox"/> Ethiopian | (Please specify): _____ |

Latino, Hispanic, or Spanish

Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mexican/ Chicano | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Nicaraguan |
| <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Cuban | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Chilean | <input type="checkbox"/> Other Latino |
| <input type="checkbox"/> Honduran | <input type="checkbox"/> Columbian | (Please specify): _____ |

American Indian or Alaska Native

Please list tribe[s] you are from: _____

Asian

Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Other Asian |

- Filipino
- Hmong
- Indian (India)
- Pakistani
- Sri Lankan
- Taiwanese

Please specify): _____

- Native Hawaiian or Other Pacific Islander

Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- Samoan
- Guamanian
- Tongan
- Fijian
- Refused
- Don't know
- Other Hawaiian or Pacific Islander

Please specify): _____

- Other Race

Please specify your race and origin(s): _____

- Multi-Racial

Check all that apply and specify your ethnic origin(s).

- White
- Black/African American
- Latino, Hispanic, or Spanish
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Refused
- Don't know

Please specify your origin(s): _____

- Refused
- Don't know

45. How well can you speak the English language?

- Fluently
- Somewhat fluently; can make myself understood by have some problems with it
- Not very well; know a lot of words and phrases but have difficulties communicating
- Know some vocabulary, but can't speak in sentences
- Not at all

46. What is your preferred language? _____

47. Were you born:

- Inside the U.S.
- Outside the U.S.
- Refused
- Don't know

48. What is your Zip Code? _____ Unstable housing/ no zip code Refused

49. When you came to the United States, did you spend time in a refugee camp?

- Not Applicable
- Yes
- No
- Refused
- Don't know

50. About how many years have you lived in the United States? [*For less than a year enter 1 year*]

Number of years _____

Not Applicable

Don't Know

Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of the other gender. For example, a straight woman "likes" men and gets crushes on men. Other people are gay or lesbian and attracted to the same gender. For example, a gay man "likes" other men and gets crushes on other men. Still other people are bisexual and "like" both men and women. Some people are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you "like" and are attracted to is called sexual orientation. What is your sexual orientation?

51. I am: (Please put an X to indicate your answer)

Straight

Gay

Lesbian

Bisexual

I am not sure who I am attracted to

I have started to question my sexual orientation

I am not attracted to anyone

I am asexual

My sexual orientation is: _____

I do not wish to answer this question

Instructions: Some people are born a male and others are born a female. Still other people are born as both male and female. Sometimes, however, an individual who is born a male might feel that they are a woman, on the inside. Such individuals may think of themselves as transgender. There are also individuals who are not sure about their gender.

52. We want to know about you and your experiences. There are no right or wrong answers. Please put an X to indicate your answer.

I was born a: (mark your answer):

Male

Female

Both male and female

I am not sure about my sex assigned at birth

I do not wish to answer this question

53. When it comes to my gender identity, I think of myself as:

Man/Male

Woman/Female

Transgender male/Transgender man/Female to Male

Transgender female/Transgender woman/Male to Female

Genderqueer/Gender non-conforming

Two Spirit

I am not sure about my gender identity

I do not have a gender/ gender identity

My gender identity is (please state): _____

I do not wish to answer this question

ADULT VERSION PRE

	Yes	No	Refused	Don't Know
1. Was there ever a time during the past 12 months when you felt like you might need to see a professional because of problems with your mental health, emotions, or nerves or your use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 months, have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 12 months, have you seen any other professional such as a counselor, psychiatrist or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Applicable (N/A)	Mental/Emotional Health Problem	Alcohol-Drug Problem	Both Mental AND Alcohol-Drug Problems	Refused	Don't Know
5. Did you seek help for your mental or emotional health or for an alcohol or drug problem? (Circle one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In the past 12 months, how many visits did you make to a professional (counselor, psychiatrist or social worker) for problems with your: 1) Mental or Emotional Health, 2) Alcohol-Drug Problem, 3) Both Mental & Alcohol-Drug Problem?

Not Applicable (N/A) # of visits _____

	Not Applicable	Yes	No	Refused	Don't Know
7. Are you still receiving treatment for these problems from one or more of these providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you complete the full course of treatment? In other words, you ended treatment before your counselor, psychiatrist or social worker told you it was ok to end.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is the **MAIN REASON** you are no longer receiving treatment? (Circle one)

-Not Applicable (N/A)	-Therapist ended treatment/ goals met
-Got better/No longer Needed	-Not Getting Better -Wanted to handle the problem on own
-Had bad experiences with treatment	-Lack of time/Transportation -Too expensive
-Insurance does not cover	-Other (Specify) _____

	Yes	No	Refused	Don't Know
10. During the past 12 months, did you take any prescription medications, such as an antidepressant or an anti-anxiety medication almost daily for two weeks or more, for an emotional or personal problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional such as a counselor, psychiatrist, or social worker.

Yes	No	Refused	Don't Know
-----	----	---------	------------

ADULT VERSION PRE

During the past 12 months, how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
34. ...marginalized or excluded from society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. ...isolated and alienated from society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Somewhat	Quite a bit	Very
36. How religious are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. How spiritual are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. How important is religion in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. How important is spirituality in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. To what extent do you feel that in your life you are in balance physically, emotionally, mentally, and spiritually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
41. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. I feel I belong to a community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
45. My culture gives me strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. My culture is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. My culture helps me to feel good about who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. **IF YOU ARE 18 AND OLDER:** Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> between 18 and 29 | <input type="checkbox"/> between 45 and 49 | <input type="checkbox"/> Refused |
| <input type="checkbox"/> between 30 and 39 | <input type="checkbox"/> between 50 and 64 | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> between 40 and 44 | <input type="checkbox"/> 65 or older | |

Instructions: Mark an 'X' in one box and circle all origins that apply.

49. What is your race and origin?

White
Please specify your ethnic origin(s): _____

Black or African American
Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> South African | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other Black or African American |
| <input type="checkbox"/> Kenyan | <input type="checkbox"/> Ethiopian | (Please specify): _____ |

Latino, Hispanic, or Spanish

Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mexican/ Chicano | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Nicaraguan |
| <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Cuban | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Chilean | <input type="checkbox"/> Other Latino |
| <input type="checkbox"/> Honduran | <input type="checkbox"/> Columbian | (Please specify): _____ |

American Indian or Alaska Native

Please list tribe[s] you are from: _____

Asian

Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pakistani | Please specify): _____ |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Sri Lankan | |
| <input type="checkbox"/> Indian (India) | <input type="checkbox"/> Taiwanese | |

Native Hawaiian or Other Pacific Islander

Please specify your ethnic origin(s): _____

---OR---

Check your origin(s):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Other Hawaiian or Pacific Islander |
| <input type="checkbox"/> Fijian | Please specify): _____ |

Other Race

Please specify your race and origin(s): _____

Multi-Racial

Check all that apply and specify your ethnic origin(s).

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Latino, Hispanic, or Spanish | <input type="checkbox"/> Refused |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Don't know |

Please specify your origin(s): _____

- Refused
- Don't know

50. How well can you speak the English language?

- Fluently
- Somewhat fluently; can make myself understood but have some problems with it
- Not very well; know a lot of words and phrases but have difficulties communicating
- Know some vocabulary, but can't speak in sentences
- Not at all

51. What is your preferred language? _____

Were you born:

- Inside the U.S.
- Outside the U.S.
- Refused
- Don't know

52. What is your Zip Code? _____ Unstable housing/ no zip code Refused Don't know

53. When you came to the United States, did you spend time in a refugee camp?

- Not Applicable
- Yes
- No
- Refused
- Don't know

54. About how many years have you lived in the United States? [*For less than a year, enter 1 year*]

Number of years _____ Not Applicable

Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of the other gender. For example, a straight woman "likes" men and gets crushes on men. Other people are gay or lesbian and attracted to the same gender. For example, a gay man "likes" other men and gets crushes on other men. Still other people are bisexual and "like" both men and women. Some people are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you "like" and are attracted to is called sexual orientation. What is your sexual orientation?

55. I am: (Please put an X to indicate your answer)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Straight | <input type="checkbox"/> I have started to question my sexual orientation |
| <input type="checkbox"/> Gay | <input type="checkbox"/> I am not attracted to anyone |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> I am asexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> My sexual orientation is: _____ |

I am not sure who I am attracted to

I do not wish to answer this question

Instructions: Some people are born a male and others are born a female. Still other people are born as both male and female. Sometimes, however, an individual who is born a male might feel that they are a woman, on the inside. Such individuals may think of themselves as transgender. There are also individuals who are not sure about their gender.

56. We want to know about you and your experiences. There are no right or wrong answers. Please put an X to indicate your answer.

I was born a: (mark your answer):

Male

Female

Both male and female

I am not sure about my sex assigned at birth

I do not wish to answer this question

57. When it comes to my gender identity, I think of myself as:

Man/Male

Woman/Female

Transgender male/Transgender man/Female to Male

Transgender female/Transgender woman/Male to Female

Genderqueer/Gender non-conforming

Two Spirit

I am not sure about my gender identity

I do not have a gender/ gender identity

My gender identity is (please state): _____

I do not wish to answer this question

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. The staff here respect my child's gender identity and/or sexual orientation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Staff are willing to be flexible and provide alternative approaches or services to meet my child's needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. The people who work here respect my child's cultural beliefs, remedies and healing practices and remedies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Staff here understand that people of my child's racial and/or ethnic group are not all alike. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Staff here understand that people of my child's gender and/or sexual orientation group are not all alike. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Staff here understand that people of my child's religious and spiritual background are not all alike. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

As a direct result of the services my child received:

- | | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 26. My child is better at handling daily life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. My child does better in school and/or work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No | Refused | Don't Know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 28. Were the services your child received here provided in the language he/she prefers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Was written information (e.g., brochures describing available services, your child's rights as a consumer, and mental health education materials) available in the language you prefer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADOLESCENT VERSION POST

Instructions: Please answer the following questions based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
23. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. If I had other choices, I would still comeback to [Name of Project].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I would recommend [Name of Project] to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. The location of services was convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Services were available at times that were convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. When I first called or came here, it was easy to talk to the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The staff here treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The staff here don't think less of me because of the way I talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. The staff here respect my race and/or ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The staff here respect my religious and/or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. The staff here respect my gender identity and/or sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. The people who work here respect my cultural beliefs, remedies and healing practices and remedies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Staff here understand that people of my racial and/or ethnic group are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Staff here understand that people of my gender and/or sexual orientation group are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Staff here understand that people of my religious and spiritual background are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
As a direct result of my involvement in the program:						
39. I am better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Refused	Don't Know
41. Were the services you received here provided in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a direct result of my involvement in the program:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
42. I deal more effectively with my daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. My symptoms/problems are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Refused	Don't Know
45. Were the services you received here in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX 5:

SWE Semi-Annual Evaluation Report

PARC@LMU: SWE Semi-Annual Report (IPPs)

THIS FORM WILL BE BUILT USING QUALTRICS (ONLINE SURVEY SOFTWARE)

NOTE to staff and local evaluator: Please complete the following questions to reflect/capture changes as accurately as possible.

Covers the period from (prepopulated time period) and is due on (prepopulated time period)

IPP Name (drop-down list)

Staff Person Completing this Report

Name:

Title:

Local Evaluator Completing this Report

Name:

Title:

CDEP Purpose

In your local evaluation plan, you included the following purpose statement:
(prepopulated IPP statement)

1. In the past 6 months, have you made any *changes to your CDEP* that would necessitate changes to your original CDEP purpose statement?

- No (skip to Question 2)
 Yes

If YES, please update your statement of purpose below and describe your rationale for the change(s) you have made to either your mental health issue(s) being addressed, priority or sub-populations, desired outcomes, and/or Phase 1 priority population strategy.

a. Include your revised purpose statement here:

b. Please explain your rationale for the changes that were made:

Outreach/Recruitment & Participation

All organizations have to work to attract and sustain community involvement in their programs. Participation may at times be high and at other times dwindle due to a variety of internal and external facilitating factors. The next two questions will assist with identifying successes, challenges and lessons learned related to outreach, recruitment, and participation.

2. In the past 6 months, how effective were your CDEP *outreach/recruitment strategies*?

- Very Effective (Describe rationale for this rating: _____)
 Somewhat Effective (answer 2b)
 Not at all Effective (answer 2b)

3. In the past 6 months, how effective were your strategies *to sustain participation* in your CDEP?

- Very Effective (Describe rationale for this rating: _____)
 Somewhat Effective (answer 3b)
 Not at all Effective (answer 3b)

2b./3b. What type of **barriers or challenges** did you experience?

Select all that apply and provide explanation

- program marketing/messaging (please explain:)
- staffing/outreach workers (please explain:)
- culture/language (please explain:)
- program visibility/accessibility (please explain:)
- community buy-in/interest (please explain:)
- forming relationships with key stakeholders (e.g., schools, parents, youth, faith workers, etc.)
(please explain:)
- competing time requirements (family, work, school) (please explain:)
- stigma (please explain:)
- community distrust (please explain:)
- transient population dynamics (please explain:)
- geography/weather/transportation (please explain:)
- Other (please explain: _____)

CDEP Fidelity/Flexibility

In your evaluation plan, you identified the following essential and indispensable core *intervention* components for your CDEP. (prepopulated list of core components)

4. Using data from your ongoing fidelity assessment, let us know to what extent each core intervention component above was: 1) ***implemented as intended***, OR 2) ***adapted to meet local circumstances*** and reason for change(s). Examples of reasons for adaption(s) include: need to simplify, expanding to another risk behavior, making more suitable for a new audience, meeting needs of the organization, updating or modernizing intervention, adapting to time constraints, etc.

For each identified core component, IPPs will answer the following:

- a. ***IPP core component*** was:

- Conducted exactly as planned
- Conducted with low/moderate change (Describe change and reason for change:_____)
- Conducted with a lot of change (Describe change and reason for change:_____)
- Not conducted at all

If core intervention component was not conducted at all, tell us:

Why it was not conducted: _____

Why it has been dropped: _____

- b. Were any ***new core components*** added to your CDEP?

- No
- Yes

If YES, please list and describe new components: _____

Organizational Capacity/Cultural Competency

In your organizational capacity assessment, you identified the following priority elements (this includes cultural/linguistic competencies) that your organization is most interested in strengthening. (prepopulated list of priority elements)

For each identified priority element, IPPs will answer the following:

5. In the past 6 months, what ***type of change occurred*** with [priority element #1] as a result of Phase 2 capacity-building supports and resources?

- No change
- Low/moderate change
- Big/significant change

If IPP selects “low/moderate change” or “big/significant change”:

- a. What type of change occurred? _____
-

b. What contributed to this change? _____

6. (prepopulated priority elements) Select the elements for which you will **need continued TA** and support in the upcoming 6 months? (Check all that apply)
7. In the past 6 months, what **unexpected or unanticipated** positive changes occurred in organizational capacity as a result of Phase 2 capacity-building supports and resources?
8. Have you and your TAP prioritized a new organizational capacity element for the upcoming 6 months? No Yes

If yes, please describe changes, modifications, and/or additional elements and if you need support in any newly identified element(s): _____

Technical Assistance (TA) and Support

9. During the past 6 months, how many instances of TA/support did you receive? # _____

For each major TA activity received, please specify the name of TA activity and topic area(s) addressed, whether the TA was administered to a group or individual, method of delivery, who provided the TA, and a rating on the usefulness of the TA activity.

<i>For each TA activity, IPPs will answer the following questions</i>				
TA Activity & Topic Area(s)	Was it provided solely to your org or jointly with other IPPs?	How was it delivered?	Who provided the TA?	Please rate the extent of usefulness of the TA activity received:
Example TA activity 1: Institutional Review Board Submission process Topic Areas: What is IRB? The application Process Consent vs. assent	Please check one: <input checked="" type="checkbox"/> my organization only <input type="checkbox"/> my organization and our partners <input type="checkbox"/> with other IPPs in my priority pop <input type="checkbox"/> with IPPs across different priority populations <input type="checkbox"/> other (specify)	Please check one: <input type="checkbox"/> in person <input checked="" type="checkbox"/> webinar <input type="checkbox"/> conference call <input type="checkbox"/> other: _____	Check all that apply: <input type="checkbox"/> (pre-populated TAP name) <input checked="" type="checkbox"/> PARC@LMU <input type="checkbox"/> (pre-populated EOA name) <input type="checkbox"/> (prepopulated CDPH contract manager) <input type="checkbox"/> Other: please specify	Overall, on a scale from 1 (Not Useful At All) to 5 (Extremely Useful), how useful was the TA and support you received? Circle one. 1 2 3 4 5 Explain your rating: <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> Brief explanation discussing the activity's usefulness </div>

<p>Example TA activity 2: Communication strategies</p> <p>Topic Areas: Working with the media</p> <p>Effective social media campaigns</p>	<p>Please check one: <input checked="" type="checkbox"/> my organization only <input type="checkbox"/> my organization and our partners <input type="checkbox"/> with other IPPs in my priority pop <input type="checkbox"/> with IPPs across different priority populations <input checked="" type="checkbox"/> other: Community partner</p>	<p>Please check one: <input checked="" type="checkbox"/> in person <input type="checkbox"/> webinar <input type="checkbox"/> conference call <input type="checkbox"/> other: _____</p>	<p>Check all that apply: <input checked="" type="checkbox"/> (pre-populated TAP name) <input type="checkbox"/> PARC@LMU <input type="checkbox"/> (pre-populated EOA name) <input type="checkbox"/> (prepopulated CDPH contract manager) <input checked="" type="checkbox"/> Other: example community org.</p>	<p>Overall, (on a scale from 1(Not Useful at all to 5 (extremely Useful), how useful was the TA and support you received? Circle one.</p> <p>1 2 3 4 5</p> <p>Explain your rating:</p> <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <p>Brief explanation discussing the activity's usefulness.</p> </div>
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10. In the past 6 months, was there any major TA or Support you requested that was not provided to your organization? No Yes
If yes, please describe type requested and reason why it wasn't provided.

Local Evaluation Fidelity/Flexibility

11. In the past 6 months, to what extent has your local evaluation plan been: 1) ***implemented as intended***, OR 2) ***adapted to meet local circumstances*** and reasons for change(s). Examples of reasons for adaption(s) include: measures/instruments needed to better reflect the community's cultural values and context; data collection methods needed to reflect the community context, needed to include more diverse stakeholders in interpretation of data, etc.

Your local evaluation plan has been:

- Conducted exactly as planned
- Conducted with low/moderate change (Describe change and reason for change: _____)
- Conducted with a lot of change (Describe change and reason for change: _____)
- Not conducted at all

If local evaluation plan was not conducted at all, tell us:

Why it was not conducted: _____

Why it has been dropped: _____

12. In the past 6 months, were any ***new components*** added to your local evaluation?

- No Yes

If YES, please list and describe new components: _____

Public Communications

13. In the past 6 months, did you conduct any ***communications campaigns or activities*** (i.e., disseminate information) to encourage people in the ***broader*** community to identify, discuss, and/or seek help for mental health problems (including suicide prevention); and/or create a more accepting environment for them to do so (i.e., addressing stigma, community distrust, etc.).

- No
- Yes

If YES, select the type of communications/media activities conducted, the focus of messaging, and number and type of stakeholders reached. If you conducted more than 3 communication campaigns or activities, please attach a separate document detailing the four aforementioned areas.

<i>Name of Activity #1:</i> _____			
Select all of the informational activities that were conducted (check all that apply)	Focus of Messaging or Information (please describe below)	Type of Stakeholders Reached (check all that apply)	# Total Estimated Reached
<input type="checkbox"/> Newsletters <input type="checkbox"/> Brochures/Leaflets <input type="checkbox"/> Posters <input type="checkbox"/> Toolkits <input type="checkbox"/> Traditional Media (TV, Radio, Print) <input type="checkbox"/> Social Networking media (Facebook, Twitter, etc.) <input type="checkbox"/> Informational web pages <input type="checkbox"/> Other		<input type="checkbox"/> Local Residents <input type="checkbox"/> Specific Communities of Interest <input type="checkbox"/> Faith Based Groups <input type="checkbox"/> Local Community/Voluntary Groups <input type="checkbox"/> Web Based or Virtual Groups <input type="checkbox"/> Other	

<i>Name of Activity 2:</i> _____			
Select all of the informational activities that were conducted (check all that apply)	Focus of Messaging or Information (please describe below)	Type of Stakeholders Reached (check all that apply)	# Total Estimated Reached
<input type="checkbox"/> Newsletters <input type="checkbox"/> Brochures/Leaflets <input type="checkbox"/> Posters <input type="checkbox"/> Toolkits <input type="checkbox"/> Traditional Media (TV, Radio, Print) <input type="checkbox"/> Social Networking media (Facebook, Twitter, etc.) <input type="checkbox"/> Informational web pages <input type="checkbox"/> Other		<input type="checkbox"/> Local Residents <input type="checkbox"/> Specific Communities of Interest <input type="checkbox"/> Faith Based Groups <input type="checkbox"/> Local Community/Voluntary Groups <input type="checkbox"/> Web Based or Virtual Groups <input type="checkbox"/> Other	

<i>Name of Activity #3:</i> _____			
Select all of the informational activities that were conducted (check all that apply)	Focus of Messaging or Information (please describe below)	Type of Stakeholders Reached (check all that apply)	# Total Estimated Reached
<input type="checkbox"/> Newsletters <input type="checkbox"/> Brochures/Leaflets <input type="checkbox"/> Posters <input type="checkbox"/> Toolkits <input type="checkbox"/> Traditional Media (TV, Radio, Print) <input type="checkbox"/> Social Networking media (Facebook, Twitter, etc.) <input type="checkbox"/> Informational web pages <input type="checkbox"/> Other		<input type="checkbox"/> Local Residents <input type="checkbox"/> Specific Communities of Interest <input type="checkbox"/> Faith Based Groups <input type="checkbox"/> Local Community/Voluntary Groups <input type="checkbox"/> Web Based or Virtual Groups <input type="checkbox"/> Other	

Community Engagement/Collaborations

In the past 6 months, what type of work did you do to strengthen social ties, establish networks, and increase community participation? Select all that apply and provide a brief description and indicate if you collaborated with any individuals or groups.

Focus Groups, Community Surveys, Community Mapping, etc. (please provide brief description and indicate if you collaborated with any individuals or groups)

Small group discussions/meetings with community members (please provide brief description and indicate if you collaborated with any individuals or groups)

-
- Meetings with existing institutions, organizations, or groups (please provide brief description and indicate if you collaborated with any individuals or groups)
 - Community Fairs, Festivals, and Other Social Events (please provide brief description and indicate if you collaborated with any individuals or groups)
 - Public Forums/Townhalls/Community-wide meetings (please provide brief description and indicate if you collaborated with any individuals or groups)
 - Participation in external decision making committees/advisory groups, etc. (please provide brief description and indicate if you collaborated with any individuals or groups)
 - Participation in external conferences and convenings (please provide brief description and indicate if you collaborated with any individuals or groups)
 - Other: (please provide brief description and indicate if you collaborated with any individuals or groups)
 - N/A – No work was done

Local Mental Health Systems Change

A local mental health service delivery change or improvement is defined as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions (frequently reflected in resource allocations) that is adopted and/or implemented. *This can also include data sharing agreements obtained.*

14. Did any local mental health systems change occur as a result of any of the work completed in the past 6 months? No Yes

If yes, please describe what type of systems level change occurred:

CDEP Accomplishments/Challenges

15. In the past 6 months, what were the ***biggest accomplishments or successes*** you had related to your Phase 2 grant? Please select all that apply and provide a brief explanation.

- Program flexibility (e.g., balanced cultural adaptation with fidelity to CDEP model) (please explain: ____)
- Outreach and engagement (e.g., strengthened CDEP outreach methods) (please explain: ____)
- Client participation and retention (e.g., retained high number of CDEP participants) (please explain: ____)
- Collaborative processes and community engagement (e.g., formed new community partnerships) (please explain: ____)
- Staff training (e.g., trained new staff, developed new skillset among existing staff) (please explain: ____)
- CBO operation/administration (e.g., secured additional fiscal resources, strengthened board operations) (please explain: ____)
- CDEP evaluation (e.g., improved data tracking systems for local evaluation) (please explain: ____)
- Service access, quality, utilization of mental health treatment (e.g., expanded service hours, hired bilingual staff) (please explain: ____)
- Programming (e.g., increased number of programs offered) (please explain: ____)
- Mental health systems change (e.g., changes in policies or institutional processes that promote cultural and/or linguistic mental health service equity) (please explain: ____)
- External organizational concerns (e.g., positive change in political landscape) (please explain: ____)
- Capacity to address longstanding mental health stigma (please explain: ____)
- Other (please explain: ____): _____

-
16. If not already noted in previous questions, what ***challenges or barriers*** did you face related to your Phase 2 grant in the past 6 months? Please select all that apply and provide a brief explanation.

- resources/funding/fundraising (please explain: ____)
 - community based participatory practices or research (please explain: ____)
-

-
- cultural competency issues or strategies (please explain: ____)
 - linguistic competency issues or strategies
 - workload capacity (please explain: ____)
 - connections/relationships with partners, decision makers, other stakeholders (please explain: __)
 - coordination with schools, social services, government agencies, etc. (please explain: ____)
 - technical assistance and training needs (limited TA, quality of TA) (please explain: ____)
 - data systems/technical tasks (please explain: ____)
 - evaluation and quality improvement (please explain: ____)
 - staff issues/changes (please explain: ____)
 - space/facilities/equipment (please explain: ____)
 - political climate/culture/conditions (please explain: ____)
 - unsupportive school/city/county systems policies or regulations (please explain: ____)
 - organizational culture and climate (please explain: ____)
 - communications/media (please explain: ____)
 - technology
 - physical space/infrastructure
 - geography
 - weather/natural disasters
 - community crises
 - transportation
 - other: (please specify _____)
-

Workforce Development

If you have a workforce development program, please complete this form:

1. Please indicate the workforce gaps, shortages and deficiencies in the mental health workforce in your community that your CDEP is trying to meet:

(Check all that apply)

- Cultural competency gap
- Linguistic capacity gap
- Ethnic representation gap
- Need for first responder competencies
- Poor representation of consumers and family members in workforce
- Lack of career pathways for high school students
- Lack of career pathways for public sector employees
- Training/education programs that did not teach competencies needed for public sector work
- Training/education programs that are not aligned with CRDP Phase 2 Principles
- Need for personnel specializing in services for: (check all that apply)
 - Older Adult
 - Transitional Age Youth
- Shortages with: (check all that apply)
 - Psychiatrists (M.D.)
 - Physician Assistants (P.A.)
 - Masters level therapists (MFT/LCSW)
 - Clinical Psychologists (Ph.D.)
- Other: (fill in) _____
- Other: (fill in) _____

6 items (semi-Annual).

Please tell us the type of workforce development programming or activities your CDEP **completed** during the past 6 months [insert actual time period here]. In other words, these programs or activities are not currently running but completed during the past 6 months.

1. Training and Technical Assistance – i.e., training/TA to increase *skills* and *knowledge base* of workforce
 - Yes [skip logic 1a] No
2. Mental Health Career Pathway programming or activities
 - Yes [skip logic 2a] No
3. Residency and Internship Programs
 - Yes [skip logic 3a] No

[If Yes to Q#1]

- 1a. What Training and TA need areas were *completed* in the past 6 months? (check all that apply)
 - Cultural competence (please describe _____)
 - Linguistic competence (please describe _____)
 - Supporting consumers with lived experiences and their family
 - Community outreach, engagement and collaboration
 - Wellness, recovery and resilience (please describe: _____)
 - CRDP and CDEP core values and principles including design/implementation of CDEPs
 - Resources/services networks for underserved and unserved communities
 - Pre training for workforce entry and advocacy roles

Other: (please describe): _____

1b. How many were served by the training and TA in the past 6 months?

Write in the **unduplicated** number of people served for each category that applies

Types of Individuals/Groups	# Served - UNDUPLICATED
Consumers with lived experience	
Parents/family of those with lived experiences	
K-12 schools/school districts	
Adult schools, regional occupation centers/ programs	
Community colleges	
4-year colleges/universities	
Graduate schools/professional schools	
County DMH or Public Health employees	
Other county or GOV employees (e.g., Employment, Probation, Parole, CPS)	
Community organizations, agencies employees	
Health care workers (e.g., psychiatrist P.A., nurse, etc.)	
Other (please describe: _____)	
Other (please describe: _____)	

[If Yes to Q#2]

2a. What type of career pathways programming was completed in the past 6 months?

(check all that apply)

- Entry level professional training for individuals who aren't currently in the mental health workforce
- Advocacy training (e.g., community outreach, leadership development, public speaking, navigating systems, resources supports etc.)
- Advancement and retention of existing mental health staff (e.g., advice, coordination, financial assistance, job training, mentoring, tutoring, information sharing, advocacy)
- Graduation of enrolled students in the academic pipeline program(s)
 - Check all that apply:
 - High Schools [skip logic to # served] Adults Schools/Regional Occupation Centers [skip logic to # served]
 - Community Colleges [skip logic to # served] 4-Year Colleges/Universities [skip logic to # served]
 - Graduate/Professional Schools [skip logic to # served]
- Partnerships with educational institutions for students to become employed within the mental health system (e.g., establishing academic pipeline programs, aligning curriculums, designing field placements, etc.)
 - Check all that apply:

- High Schools [skip logic to # served] Adults Schools/Regional Occupation Centers [skip logic to # served]
- Community Colleges [skip logic to # served] 4-Year Colleges/Universities [skip logic to # served]
- Graduate/Professional Schools [skip logic to # served]

Other- does not fit any of the other pathways [please describe]:

2b. How many were served by the Career Pathway programming in the past 6 months?

Write in the **unduplicated** number of people or groups served for each category that applies.

# served consumers with lived experience	# served parents/family of those with lived experiences	# served community members-youth, residents	# served [student categories from skip logic]	# served [educational institution categories from skip logic]	# served other: please describe__ __	# served other: please describe__ __

[If Yes to Q#3]

3a. What type of residency and internship programming was **completed** in the past 6 months?

(check all that apply)

- Internships and placements for individuals at the BA and Masters level [skip logic to # served]
- Residency programs with graduate or professional educational institutions to expand the number of psychiatrists, psychiatric nurse practitioners, MSWs, MFTs, LVNs, RNs, and OTs [skip logic to # served]
- Externships for high school and college students seeking more education about mental health or developing a mental health service career

Check all that apply:

- High School students [skip logic to # served]
- Community College students [skip logic to # served]
- 4-Year Colleges/University students [skip logic to # served]
- Other [please describe]: _____ [skip logic to # served]

3b. How many were served by the Residency and Internship programs?

Write in the **unduplicated** number of people served for each category that applies

# served [if selected from skip logic] BA & Masters level	# served [if selected from skip logic] MSWs, MFTs, LVNs, RNs, OTs	# served [if selected from skip logic] (high school)	# served [if selected from skip logic] college	# served [if selected from skip logic] other: please describe____

[If Yes, to Q1, or Q2, or Q3]

4. Among the [automated total from listed individuals served – excludes institutions], please estimate the percentage for each of the following categories:

Priority Populations	% of Participants

African American	
Asian Pacific Islander	
Latino	
LGBTQ	
Native American	
Multi-Race/Other	

5. Among the [automated total from listed individuals served], please estimate the percentage of participants served who have multilingual capacity (fluent in language other than English):

Languages	% of Participants
Multilingual Capacity	

5a. Predominately, what languages other than English:

6. Please describe any notable successes or outcomes, in the last 6 months, with your workforce development program.

APPENDIX 6:

Organizational Capacity Assessment Tool

CRDP Phase 2: Organizational Capacity Assessment Tool

(Adapted From The Marquerite Casey Foundation Tool)

INTRODUCTION

The mission of the California Reducing Disparities Project (CRDP) Phase 2 aims to help individuals and families receive quality mental health prevention, treatment, and early intervention delivered in a culturally and linguistically competent manner. Strong, sustainable community-based organizations are essential to this work, and this is why the Statewide Evaluator (SWE) and Technical Assistance Provider (TAP) staff felt it was necessary to also invest in supporting capacity building so Implementation Pilot Projects (IPPs) can advance their mission related to their Community Defined Evidence Practices (CDEPs).

HOW WILL THE DATA BE USED BY IPPs & TAPs

This Organizational Capacity Assessment Tool is a self-assessment instrument that will be used two times by your organization (start and end of grant). The assessment will assist with the following: 1) identify the capacity strengths your organization already has coming into the grant, 2) identify your unique and top areas of capacity need within your organization, 3) help guide the development of a Technical Assistance plan to address them, and 4) assist with tracking organizational growth in capacity over time including using the data to explicate program outcomes. Please note there is no adverse connotation/stigma associated with selecting lower score values reflecting areas that are opportunities for growth—your honest responses are valued and encouraged. The assessment will facilitate understanding of which areas to allocate more technical assistance and support from the TAP. One of the key purposes is to identify areas in which to support your organization throughout the project.

HOW WILL THE DATA BE ANALYZED & USED BY THE SWE & CDPH

The SWE will examine the data within each organization to: 1) paint a clear and compelling picture of capacity strengths that Phase 2 grantees already bring to the table from the start, 2) help California Department of Public Health (CDPH) learn about capacity needs of Phase 2 grantees so that CDPH, TAPs, SWE, and other key stakeholders can more effectively provide support, 3) track initiative-wide growth in capacity over time, 4) assess the effectiveness of Phase 2 capacity building support provided to individual IPPs, and 5) inform future private and public investments in technical assistance and programming plans in similar initiatives (e.g., how funders can support grantee capacity so they can make bigger impacts).

Please note: Public reporting of any capacity data will be reported in aggregate form only (data summaries), and no organization will be identified individually. This data will NOT be used against any individual Phase 2 grantee or contractor. The data will only be used to evaluate capacity building efforts in this initiative. Grantees along with their TAP team will assist the SWE with interpreting the findings and/or using the data to improve their CDEP. If you need any assistance filling this out, feel free to contact your TAP.

[Please proceed to the Instructions tab for more details.](#)

INSTRUCTIONS

Print out a hard copy of these instructions help you complete the worksheets!

WHAT DOES THE TOOL ASSESS

There are several worksheets for you to complete in this Excel spreadsheet:

- a) **General Information Worksheet** (see tab below): Organization name, name/title of person completing form, contact information, and names of other stakeholders involved.
- b) **Leadership Worksheet** (see tab below): the capacity of organizational leaders to inspire, prioritize, make decisions, provide direction, and innovate
- c) **Adaptive Worksheet** (see tab below): the capacity of a nonprofit organization to monitor, assess, and respond to internal and external changes
- d) **Management Worksheet** (see tab below): the capacity of a nonprofit organization to ensure the effective and efficient use of organizational resources
- e) **Operational Worksheet** (see tab below): the capacity of a nonprofit organization to implement key organizational and programmatic functions
- f) **Cultural Competence Worksheet** (see tab below): the capacity of a nonprofit organization to understand/respond to cultural influences, values, needs, and attitudes of their community members
- g) **Summary Table** (see tab below): Review your scores for all 46 capacity elements and then indicate the FOUR your organization is most interested in strengthening.

HOW TO COMPLETE THE WORKSHEETS

To input your selections, click on the yellow cell to the right of each capacity element. Then select the down arrow and choose from the list that appears. If a capacity element does not apply to your organization (e.g., some organizations do not have revenue generation activities or the intention to create them), select "N/A". Be sure to provide a capacity rating (or select "N/A") for each capacity element, as failing to do so will produce incomplete summary scores. A section for comments about your ratings is included at the bottom of each capacity dimension worksheet. Use this section to include any clarifying information about the selections you made.

Helpful Hint: It is better to underestimate rather than overestimate your organization's capacity in a particular area. With an accurate portrait of the capacity of your organization, you will be better equipped to identify the most critical areas for improvement.

WHO SHOULD COMPLETE THE ASSESSMENT?

The Assessment is intended for self-guided use by nonprofit organizations. Many organizations will find it useful to have other staff, board members, and/or community members complete the assessment as well. Completing the Assessment using a team approach both improves validity and reduces individual biases. This process also serves as a catalyst for key stakeholders to engage in a rich dialogue about the organization. We recommend a two-step process for completing this assessment: 1) at least TWO people playing a leadership role on the CRDP project complete this assessment separately, with input from staff and community members (including ED/CEO) when applicable; 2) Upon completing the Assessment on an individual basis, the two (or more) participants should gather to discuss their ratings and reach consensus on one set of ratings that best represents the organization.

[Please proceed to the General Information worksheet to begin.](#)

GENERAL INFORMATION

Organization	
Name of Person Compiling Final Assessment Ratings	
Title of Person Compiling Final Assessment Ratings	
Length of Time in Organization	
Phone Number of Person Compiling Final Assessment Ratings	
Email of Person Compiling Final Assessment Ratings	
Date Final Assessment Ratings Completed	

Others Involved with the Capacity Assessment Process	
Name	
Title	
Length of Time in Organization	
Name	
Title	
Length of Time in Organization	
Name	
Title	
Length of Time in Organization	
Name	

[Please proceed to the Leadership Worksheet.](#)

LEADERSHIP CAPACITY: In this section, you will be rating your organization on the capacity of the organizational leaders to inspire, prioritize, make decisions, provide direction, and innovate. For each capacity element, identify the description that best describes your organization's status or level of performance. For some elements, your organization's capacity will not fully match any of the descriptions; in these instances, simply identify the description that is most suitable for your organization.

Capacity Elements (1.01-1.06)	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	Input capacity rating in this column
1.01 Organizational Culture: Shared Beliefs & Values	No common set of basic beliefs and values (e.g., social, cultural, etc.) exists within organization	Common set of basic beliefs and values exists in some groups within organization, but is not shared broadly; beliefs and values are only partially aligned with organizational purpose and community members' norms (that is, the community's expectations or rules), or are rarely harnessed to produce impact	Common set of basic beliefs and values held by many people within organization; helps provide a sense of connection to organization; beliefs and values are aligned with organizational purpose and community members' norms (that is, the community's expectations or rules), and are occasionally harnessed to produce impact	Common set of basic beliefs and values exists and is widely shared within organization; helps provide a sense of connection to organization and a clear direction for behavior; beliefs and values embodied by leader but are also timeless and stable across leadership changes; beliefs and values clearly support organizational purpose, are in line with community members' norms (that is, the community's expectations or rules), and are consistently harnessed to produce impact	
1.02 Board Composition & Commitment	Membership with limited diversity in fields of practice and expertise; drawn from a narrow spectrum of community members relevant to the organization; little or no relevant experience; commitment to organization's success, vision, and mission is unclear; meetings are sporadic and/or attendance is sometimes poor	Some diversity in fields of practice and expertise; membership represents a few different community members relevant to organization; some evidence of commitment to organization's success, vision, and mission; regular meetings are well-planned and attendance is adequate; occasional subcommittee meetings	Good diversity in fields of practice and expertise; membership represents most community members relevant to the organization; solid evidence of commitment to organization's success, vision, and mission; regular, purposeful meetings are well-planned and attendance is consistently good; regular subcommittee meetings	Membership with broad variety in fields of practice and expertise, and drawn from the full spectrum of community members relevant to the organization; includes functional and issue area expertise; proven track record of learning about the organization and addressing its issues; consistently demonstrated commitment to the organization's success, mission, and vision; regular, purposeful meetings are well-planned and attendance is consistently strong; regular meetings of focused subcommittees	
1.03 Board Governance	Roles of legal board, advisory board, and management are unclear; board rarely scrutinizes budgets, holds CEO/ED accountable, or operates according to formal procedures	Roles of legal board, advisory board, and management are clear; board functions according to by-laws, reviews budgets, and occasionally sets organizational direction and targets, but does not regularly review CEO/ED performance, monitor potential conflicts of interest, scrutinize audits, or review IRS and state filings	Roles of legal board, advisory board, and management are clear and function well; board reviews budgets, audits, IRS and state filings; size of board set for maximum effectiveness with formal nomination process; board co-defines performance targets and actively encourages CEO/ED to meet targets; annual review of CEO/ED's performance, but board not prepared to hire or fire CEO/ED	Legal board, advisory board, and management work well together from clear roles; board fully understands and fulfills fiduciary duties; size of board set for maximum effectiveness with rigorous nomination process; board actively defines performance targets and holds CEO/ED fully accountable; board empowered and prepared to hire or fire CEO/ED if necessary; board periodically evaluated	
1.04 Board Involvement & Support	Provide little direction, support, and accountability to leadership; not fully informed about material and other major organizational matters; largely "feel-good" support	Provide occasional direction, support, and accountability to leadership; generally informed about all material matters in a timely manner; input and responses often solicited	Provide direction, support, and accountability to leadership; fully informed about all material matters; input and responses actively sought and valued; full participant in major decisions	Provide strong direction, support, and accountability to leadership and engaged as a strategic resource; communication between board and leadership reflects mutual respect, appreciation for roles and responsibilities, shared commitment, and valuing of collective wisdom	
1.05 Board & CEO/ED Appreciation of Power Issues	No explicit attention given to power issues (e.g., race, class, sexual orientation, gender identity, etc.) within the organization and the community being served	Power issues (e.g., race, class, sexual orientation, gender identity, etc.) within the organization and the community being served occasionally acknowledged and discussed; policies and/or procedures developed on an ad hoc basis to address these issues	Power issues e.g., race, class, sexual orientation, gender identity, etc.) within the organization and the community being served regularly acknowledged and discussed; basic policies and/or procedures exist to address these issues	Power issues e.g., race, class, sexual orientation, gender identity, etc.) within the organization and the community being served regularly acknowledged and discussed; well-established policies & procedures exist to address these issues, and are routinely reviewed and revised	
1.06 Ability to Motivate & Mobilize Community Members	Community members with potential to be most affected by organization's work have limited knowledge of organization; organization programs are sporadic and poorly attended; organization has difficulty motivating community members into action	Community members with potential to be most affected by organization's work have some knowledge of organization; programs held regularly, but attendance varies widely; organization has ability to motivate a small core group of community members into action	Community members with potential to be most affected by organization's work are knowledgeable and likely to be engaged with organization; programs held regularly and are generally well-attended; organization has ability to motivate a segment of community members into action	Community members with potential to be most affected by organization's work see organization as inspiring and motivating; they are excited to be involved; programs held regularly and are routinely well-attended; organization has ability to motivate a broad range of community members into action	
Comments:	Type comments here.				

[Please proceed to the Adaptive Worksheet.](#)

ADAPTIVE CAPACITY: In this section, you will be rating your organization on the capacity to monitor, assess, and respond to internal and external changes.

Capacity Elements (2.01-2.13)	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	Input capacity rating in this column
2.01 Strategic Planning (that is, a process to confirm the organizational mission, establish long term and short-term action plan to achieve goals)	Limited ability and tendency to develop strategic plan, either internally or via external assistance: if strategic plan exists, it is rarely or never referenced	Some ability and tendency to develop high-level strategic plan either internally or via external assistance: strategic plan sometimes directs management decisions	Ability and tendency to develop and refine concrete, realistic strategic plan: some internal expertise in strategic planning or access to relevant external assistance: strategic planning carried out on a near-regular basis: strategic plan used to guide management decisions	Ability to develop and refine concrete, realistic, and detailed strategic plan: critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources: strategic planning exercise carried out regularly: strategic plan used extensively to guide management decisions	
2.02 Program Evaluation / Performance Measurement (process and outcome data)	Very limited measurement and tracking of performance and progress: all or most evaluation based on anecdotal evidence: no external performance comparisons made: organization collects some process data on program activities and outputs (e.g., number of children served), but has no measurement of outcomes (e.g., how much better off are the participants, or society as a whole, as a result of the organization or program activities)+C6	Performance partially measured and progress partially tracked: some external performance comparisons made: organization regularly collects solid process data on program activities and outputs, and has begun to measure outcomes (e.g., how much better off are the participants, or society as a whole, as a result of the organization or program activities)	Performance measured and progress tracked in multiple ways on a regular basis: effective internal and external benchmarking occurs (that is, comparing to a standard) but may be confined to select areas: multiple indicators used in evaluation, with primary focus on outcomes: some attention paid to cultural appropriateness of evaluation process/methods: social impact measured (e.g., changes in crime rates), but longitudinal (long-term) evaluation is missing or evaluation not conducted by independent third party	Comprehensive, integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis: internal and external benchmarking part of the organizational culture and used by staff in target-setting and daily operations: clear and meaningful outcomes-based performance indicators exist in all areas: careful attention paid to cultural appropriateness of evaluation process/methods: measurement of social impact based on longitudinal studies with independent evaluation	
2.03 Program Evaluation & Organizational Learning /Improvement	Evaluation data rarely used to improve program and organization: little experience with evaluation beyond capturing information to report to funders: information systems not in place	Evaluation data occasionally used by staff and/or board to improve organization and programs: some staff time devoted to evaluation efforts, as required by funders, however staff and board do not typically see evaluation as integral to organization's work: information systems not in place	Learnings from evaluation data distributed throughout organization, and often used by staff and/or board to make adjustments and improvements: some staff time devoted to documenting organization's work: some information systems in place to support on-going evaluation	Systematic staff and/or board practices of making adjustments and improvements on basis of evaluation data: resources are devoted to thoroughly documenting organization's work and capturing the complete story of its impact: evaluation processes fully integrated into information systems	
2.04 Use of Research Data to Support Program Planning & Advocacy (that is, use of research to develop a program or influence your target audience)	Sporadic use of data from external sources to support proposals or program decisions: limited capacity to work with research data: little understanding of where to find useful outside data or how to assess its quality	Basic data from external or internal data used to support significant proposals and major advocacy: ability to read external research reports and evaluate quality of data exists, but data is not relied upon as part of regular decision making: familiarity with one or two external sources of data especially relevant to organization's work: little capacity to analyze raw data or present it in graphical, engaging ways	Familiarity with useful external data sources in relevant issue areas: data used to support decisions, proposals, and advocacy: employs staff with research and data skills, although they may not conduct analysis full time: capacity to manipulate data from existing data sets, merge data sets, and make assessments about relevance and cultural appropriateness of findings for its community or clients: ability to present data from outside sources using charts, tables, and graphics	Respected by peers as both consumer and producer of data: dedicated research staff capable of working with complex data and making assessments about relevance and cultural appropriateness of findings for its community or clients: external research regularly scanned for relevant data to support decisions, proposals, and advocacy: important organizational questions answered through research: ability to effectively present data using charts, tables, and graphics for a variety of audiences	
2.05 Program Relevance & Integration	Core programs and services vaguely defined and lack clear alignment with mission and overarching goals: programs seem scattered and largely unrelated to each other	Most core programs and services well-defined and solidly linked with mission and overarching goals: program offerings may be somewhat scattered and not fully integrated into clear strategy	Core programs and services well-defined and aligned with mission and overarching goals: program offerings fit together well as part of clear strategy	All programs and services well-defined and fully aligned with mission, overarching goals, and community being served: program offerings are clearly linked to one another and to overall strategy: synergies across programs are captured	
2.06 Program Growth & Replication	No assessment of possibility of scaling up existing programs: no ability to scale up or replicate existing programs	Limited assessment of possibility of scaling up existing programs and, even when judged appropriate, action rarely taken: limited ability either to scale up or replicate existing programs	Occasional assessment of possibility of scaling up existing programs and, when judged appropriate, action occasionally taken: able to scale up or replicate existing programs	Frequent assessment of possibility of scaling up existing programs, and when judged appropriate, action consistently taken: efficiently and effectively able to grow existing programs to meet needs in local area or other geographies	
2.07 Monitoring of Program Landscape	Minimal knowledge and understanding of other players as well as alternative and complementary models in program area	Basic knowledge of other players as well as alternative and complementary models in program area, but limited ability to adapt behavior based on acquired understanding	Solid knowledge of other players as well as alternative and complementary models in program area: good ability to adapt behavior based on acquired understanding and cultural appropriateness, but only carried out on occasion	Extensive knowledge of other players as well as alternative and complementary models in program area: refined ability and systematic tendency to adapt behavior based on acquired understanding and cultural appropriateness	
2.08 Assessment of External Environment & Community Needs	Planning not supported by systematically collected information about community needs or external opportunities and threats: organization has very few connections to community members and opinion leaders that can provide information about evolving community needs	Information about community needs or external opportunities and threats used to inform planning, although collection is haphazard: organization has a few connections to community members and opinion leaders that can provide information about evolving community needs	Information about community needs and external opportunities and threats used to inform planning: organization has many connections to community members and opinion leaders with whom they communicate about evolving community needs	Clear, established systems regularly used to assess community needs and external opportunities and threats: information systematically collected and used to support and improve planning efforts: organization has numerous connections to community members and opinion leaders with whom they regularly communicate about evolving community needs	

ADAPTIVE CAPACITY: In this section, you will be rating your organization on the capacity to monitor, assess, and respond to internal and external changes.

Capacity Elements (2.01-2.13)	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	Input capacity rating in this column
2.09 Organizational Influencing of Systems (e.g., school, school district, county dept.) and Policies (city, county, state gov't)	No ability or awareness of possibilities to influence systems or policies; never called on to participate in substantive systems or policy discussions	Aware of possibilities to influence systems and policies; some readiness and skill to participate in policy discussion, but rarely invited to substantive systems or policy discussions	Fully aware of possibilities to influence systems and policies; one of several organizations active in systems or policy discussions at the local, state, and/or national level (as relevant and appropriate)	Proactively influences systems and policies in a highly effective manner at the local, state, and/or national level (as relevant and appropriate); always ready for and often called on to participate in substantive systems or policy discussions	
2.10 Partnerships & Alliances	No partnerships or alliances with other for-profit, nonprofit, or public sector entities	Early stages of building relationships and collaborating with other for-profit, nonprofit, or public sector entities; if relations do exist, some may be precarious or not fully "win-win"	Some key relationships with a few types of relevant entities (e.g., for-profit, nonprofit, public sector) have been built and leveraged; action around common goals is generally short term	Strong, high-impact, relationships with variety of relevant entities (local, state, and federal government as well as for-profit, other nonprofit, and community agencies) have been built, leveraged, and maintained; relationships anchored in stable, long-term, mutually beneficial collaboration	
2.11 Community Presence & Standing	Community presence either not recognized or organization is generally not regarded as a player in the community; few members of the community (e.g., other nonprofit leaders, government representatives, and academics) engage with organization; community leaders rarely call on organization for its input on issues important to organization	Community presence somewhat recognized, and organization is generally regarded as a player in the community; some members of the community actively engage with organization; community leaders occasionally call on organization for its input on issues important to organization	Known within the community beyond community members; perceived as open and responsive to community needs; the larger community (including some highly respected members, such as decision makers) actively engage with organization; community leaders often call on organization for its input on issues important to organization	Widely known within the community, and perceived as actively engaged with and extremely responsive to it; the larger community (including many highly respected members, such as decision makers) actively engage with organization; community leaders always call on organization for its input on issues important to organization	
2.12 Community Member Involvement with Organization	Community member involvement is limited; planning involves little community input; community not trained or supported in their involvement	Community members offered a range of roles in the organization; volunteer positions of leadership open to community, but rarely filled by them; paid staff responsible for planning; community member work mostly task-oriented; community members trained or supported in their work on an ad hoc basis	One or two systems in place to actively recruit and involve community members; they take on a variety of roles in organization, including volunteer positions of leadership; paid staff take a large role in planning, but community members are involved and help define some desired outcomes; training provided to community members in some of the skill areas needed to affect change	Variety of systems in place to actively recruit and involve community members; they take on a wide variety of roles in organization, including volunteer positions of leadership; paid staff work collaboratively with community members to plan and lead much of the organization's work and define desired outcomes; training is provided to community members in all of the skill areas needed to affect change	
2.13 Grassroots Community Organizing (that is, empower residents poor and working class communities to play an active role in shaping policies that affect their quality of life)	Grassroots advocacy work is focused only on short-term achievements; long-term strategy does not exist; campaign targets are sometimes vague; organizing tactics may not be those best suited to the priority community	Some understanding of the need to grow the community's capacity and social capital to tackle issues/problems; grassroots advocacy work generally promotes short-term gains rather than long-term capacity building; community organizing tactics are engaged in without a detailed plan of how they will lead to long-term change	Broad understanding of the need to grow community member capacity and social capital to tackle issues/problems; grassroots advocacy work is directed toward that end, but could be better aligned; a strategy for long-term change exists, with appropriate campaign targets and community organizing tactics	Primary focus is on growing the community's capacity and social capital to tackle issues/problems; grassroots advocacy work is aligned with that focus; a carefully developed strategy for long-term change exists, with appropriate campaign targets and community organizing tactics	
Comments:	Type comments here.				

[Please proceed to the Management Worksheet.](#)

MANAGEMENT CAPACITY: In this section, you will be rating your organization's capacity to ensure effective and efficient use of organizational resources.

Capacity Elements (3.01-3.10)	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	Input capacity rating in this column
3.01 Goals / Performance Targets	Specific/concrete milestones are non-existent or few, vague or confusing, or either too easy or impossible to achieve; not clearly linked to overarching goals and strategy; milestones largely unknown or ignored by staff	Realistic milestones exist in some key areas, and are mostly aligned with overarching goals and strategy; may lack aggressiveness, specificity/ concreteness, or are short-term; they are known and utilized by some staff	Achievable yet demanding milestones exist in most areas, and are aligned with overarching goals and strategy; primarily quantifiable and focused on outcomes; typically multi-year milestones; they are known and utilized by most staff who use them to broadly guide work	Realistic yet demanding milestones exist in all areas; milestones are tightly linked to overarching goals and strategy, quantifiable, outcome-focused, have annual milestones, and are long-term in nature; all staff consistently utilize them and work diligently to achieve them	
3.02 Funding Model	Strong dependence on a few funders, largely of same type (e.g., government, foundations, corporations, or individuals)	Multiple types of funding sources with only a few funders in each type, or many funders within only one or two types of funders	Solid base of funders from many types of funding sources; some ability to guard against market instabilities (e.g., operating reserves, small endowment) and/or has developed some sustainable revenue-generating activity	Highly diversified funding streams; organization stable in face of potential market instabilities (e.g., sufficient budget or donor base to cover short-term funding losses) and/or has developed sustainable revenue-generating activities; other nonprofits try to imitate organization's fundraising activities and strategies	
3.03 Fund Development Planning	No systems in place for long-term planning, diversifying revenue streams, or outlining and managing to target goals; fundraising is reactive; fund development strategy not well-articulated and focuses on one type of activity such as grants	Recognize need to develop systems for long-term planning, revenue diversification, and outlining and managing to target goals; fund development includes several activities, but is not connected to organization's long-term strategic plan and budget projections	Some systems in place for long-term planning, revenue diversification, and outlining and managing to target goals; fund development strategy includes multiple activities and is loosely connected to organization's long-term strategic plan and budget projections	Well-developed systems for long-term planning, revenue diversification, and outlining and managing to target goals; multi-pronged fund development strategy is proactive and integrated into organization's long-term strategic plan and budget projections	
3.04 Financial Planning / Budgeting	No or very limited financial planning; general budget developed; only one budget for entire organization; performance-to-budget loosely or not monitored	Limited financial plans, updated on an ad hoc basis; budget utilized as operational tool; used to guide/assess financial activities; some attempt to isolate divisional (program or geographical) budgets within central budget; performance-to-budget monitored periodically	Solid financial plans, updated regularly; budget integrated into most operations; reflects organizational needs; solid effort made to isolate divisional (program or geographical) budgets within central budget; performance-to-budget monitored regularly	Very solid financial plans, continuously updated; budget integrated into all operations; used as strategic tool; budget developed from process that incorporates and reflects organizational needs and objectives; well-understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored	
3.05 Operational Planning & Organizational Processes	Operations run purely on day-to-day basis with no short- or longer-term planning activities; no experience in operational planning; Limited set of organizational processes (e.g., planning, reviews, internal information dissemination) for ensuring effective functioning of the organization	Some ability and tendency to develop high-level operational plan either internally or via external assistance; operational plan loosely or not linked to strategic planning activities and used roughly to guide operations; Basic set of organizational processes in core areas for ensuring efficient functioning of organization	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near-regular basis; operational plan linked to strategic planning activities and used to guide operations; Solid, well-designed set of organizational processes in place in core areas to ensure smooth, effective functioning of organization	Concrete, realistic, and detailed operational plan developed and regularly refined; critical mass of internal expertise in operational planning, or efficient use of external, sustainable, highly qualified resources; operational planning exercise carried out regularly; operational plan tightly linked to strategic planning activities and systematically used to direct operations; Robust, lean, and well-designed set of organizational processes in place in all areas to ensure effective and efficient functioning of organization	
3.06 Decision Making Processes	Decisions made largely on an ad hoc basis by one person and/or whomever is accessible; highly informal; authority is vague and changing; staff is unaware of social/cultural power differences between themselves and their community	Appropriate decision makers known; decision making processes fairly well established, but often break down and become informal; social/cultural power differences addressed in a limited fashion (e.g., a one-day training)	Transparent and structured lines/systems for decision making exist; dissemination of decisions generally good; general awareness of social/cultural power differences and on-going plans to address them	Transparent and structured lines/systems for decision making exist, and involve broad participation as practical and appropriate (sometimes including community); dissemination and interpretation of decisions is both good and consistent; specific awareness of social/cultural power differences and established systems in place to mitigate them	
3.07 Knowledge Management	No formal systems to capture and document internal knowledge	Systems exist in a few areas but are either not user-friendly or not comprehensive enough to have an impact; systems known by only a few people, or only occasionally used	Well-designed, user-friendly systems in some areas; not fully comprehensive; systems are known by many people within organization and often used	Well-designed, user-friendly, comprehensive systems to capture, document, and disseminate knowledge internally in all relevant areas; all staff are aware of systems and trained in their use; systems used frequently	
3.08 Recruiting, Development, & Retention of Management	Standard career paths in place without considering staff/managerial development; very limited training, coaching, and feedback; infrequent performance appraisals; no systems/processes to identify promising new managers and staff	Partially tailored development plans for some promising staff members; personal annual reviews incorporate development plan for each manager; some formal recruiting networks in place	Recruitment, development, and retention of key managers is priority and high on CEO/ED's agenda; individually tailored development plans for some promising staff members; relevant training, coaching/feedback, and consistent performance appraisals are institutionalized; well-connected to potential sources of promising new managers; attention paid to recruitment and promotion of managers that reflect the diversity of the community	Well-planned process to recruit, develop, and retain key managers; CEO/ED takes active interest in managerial development; individually tailored development plans for all promising staff members; relevant and regular internal and external training, coaching/feedback, and consistent performance appraisals are institutionalized; well-connected to potential sources of promising new managers; recruitment and promotion methods ensure that management team reflects the diversity of the community	
3.09 Recruiting, Development, & Retention of General Staff	Standard career paths in place without considering staff development; limited training, coaching and feedback; no regular performance appraisals; no initiatives to identify promising new staff	No active development tools/programs; feedback and coaching occur sporadically; performance evaluated occasionally; sporadic initiatives to identify promising new staff	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; regular concerted initiatives to identify promising new staff; attention paid to the recruitment of staff that reflect the diversity of the community	Management actively interested in general staff development; thoughtful and targeted development plans for key employees/positions; frequent, relevant training, coaching/feedback, and consistent performance appraisals are institutionalized; continuous, proactive initiatives to identify promising new staff; recruitment methods ensure that staff reflect the diversity of the community	

MANAGEMENT CAPACITY: In this section, you will be rating your organization's capacity to ensure effective and efficient use of organizational resources.

Capacity Elements (3.01-3.10)		LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	Input capacity rating in this column
3.10	Volunteer Management	No active recruitment of volunteers (only passive recruitment such as people who walk in the door); no defined roles for volunteers to fill; few systems in place to train and support volunteers	Some active recruitment of volunteers; volunteer roles involve a range of time commitments and skill levels; volunteer work is mostly task-oriented; basic training to volunteers provided, generally on an ad hoc basis	Active recruitment of volunteers on a regular basis; wide range of volunteer roles available; written job descriptions for most common volunteer positions; some systems exist to track and manage volunteers; volunteer orientations and trainings take place periodically, with attention paid to both skills and cultural competency; staff trained on how to manage volunteers	Volunteer recruitment systems successfully fill organizational needs with appropriate volunteers; wide range of volunteer roles available, including positions of leadership; written job descriptions for all volunteer positions; robust volunteer management systems in place; volunteer orientations and trainings take place on a regular basis, with attention paid to both skills and cultural competency; staff experienced and/or extensively trained in volunteer management	
Comments:		Type comments here.				

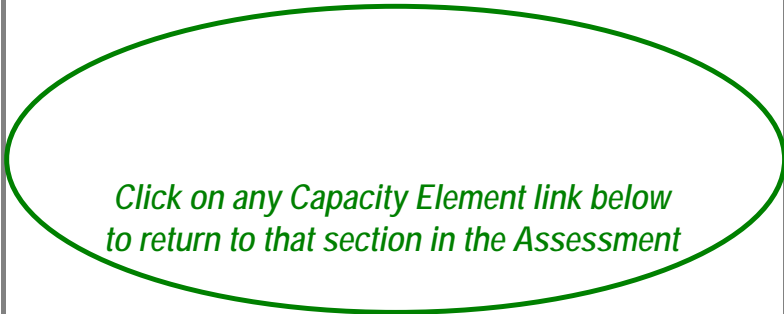
OPERATIONAL CAPACITY: In this section, you will rate your organization's capacity to implement key organizational and programmatic functions.

Capacity Elements (4.01-4.09)	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	Input capacity rating in this column
4.01 Skills, Abilities, & Commitment of Volunteers	Volunteers not working up to their potential or ill-equipped for work with organization; may be unreliable or have low commitment	Many volunteers working up to their potential; mostly reliable, loyal, and committed to organization's success	Capable set of individuals that bring required skills to organization; culturally competent, reliable, loyal, and generally committed to organization's success and to "making things happen"; work easily with most staff, but do not generally play core roles without staff supervision	Extremely capable set of individuals that bring complementary skills to organization; culturally competent, reliable, loyal, highly committed to organization's success and to "making things happen"; often go beyond call of duty; able to work easily with wide range of staff and play core roles without special supervision	
4.02 Fundraising and Revenue Generation	Generally weak fundraising skills and lack of expertise (either internally or accessible externally); No internal revenue-generation activities (e.g., cause-related marketing, fee-for-services, retailing)	Main fundraising needs covered by some combination of internal skills & expertise, and access to external fundraising assistance (if/when needed); Some internal revenue generation activities; financial net contribution is marginal; activities may distract from programmatic work and often tie up senior management team	Fundraising needs adequately covered by well-developed internal fundraising skills; occasional access to some external fundraising expertise (if/when needed); Some proven internal revenue generation activities that provide substantial additional funds, but occasionally distract from programmatic work; require extensive senior management attention	Highly developed internal fundraising skills and expertise in all funding source types to cover all needs; access to external fundraising expertise for additional extraordinary needs; Significant internal revenue generation; experienced and skilled in cause-related marketing, fee-for-services, and retailing; activities support, but don't distract from, focus on creating social impact	
4.03 Board Involvement & Participation in Fundraising	Most board members do not recognize fundraising as one of the board's roles and responsibilities; no goals or plans for board-driven fundraising activities exist; board members do not generally make financial contributions to organization	Board members accept that the board has some fundraising responsibilities, but some concerns exist regarding ability of board to be successful in this area; board fundraising activities are limited; some board members make a personally significant annual financial contribution to organization based on their individual means	Many board members embrace fundraising as one of the board's core roles and responsibilities, and participate with fundraising endeavors; realistic and appropriate board fundraising goals and plans exist; fundraising activities are underway; most board members make a personally significant annual financial contribution to organization based on their individual means	All board members embrace fundraising as one of the board's core roles and responsibilities; realistic and appropriate board fundraising goals and plans in place; board actively fundraises and has achieved measurable progress towards goals; all board members make a personally significant annual financial contribution to organization based on their individual means, and some contribute more frequently	
4.04 Communications Strategy & Outreach	No communications plan or articulated communications strategy in place; key messages not defined or articulated; audiences not identified; information messages about organization are inconsistent; No marketing materials, or outdated materials; strictly internally-focused and little to no outreach to community members	No communications plan or articulated communications strategy in place, but key messages defined and audiences identified; communications to community members are fairly inconsistent; Loose collection of materials used for marketing; generic documents and not always updated to reflect current programs, activities, and outcomes; materials have a minimal degree of professionalism or consistent look and feel; a few key materials are provided in multiple languages as needed; and some outreach to community members; unclear about its effectiveness	Communications plan and strategy in place; key messages defined and audiences identified; communications to community members are generally consistent and coordinated; Packet of marketing materials used on a consistent basis; information contained in the materials is up to date and reflects current programs, activities, and outcomes; materials reasonably professional in presentation and aligned with established standards for font, color, logo placement, etc.; most materials are provided in multiple languages as needed; able to; and ongoing somewhat effective outreach to community members	Communications plan and strategy in place and updated on a frequent basis; audiences and their values identified, and communications to each of those community members customized; communications always carry a consistent and powerful message; Packet of marketing materials used consistently and easily updated on a regular basis; materials extremely professional in appearance and appeal to a variety of community members all materials consistently adhere to established standards for font, color, logo placement, etc.; all materials are provided in multiple languages as needed; and consistent effective outreach to community members	
4.05 Computers, Applications, Network, & Email	Limited/no use of computers or other technology in day-to-day activity and/or staff don't use or rarely use computers or other existing technology	Adequately equipped at central level; incomplete/limited infrastructure at locations aside from central offices; equipment sharing may be common; satisfactory use of IT infrastructure by staff; periodic training provided to some staff members	Solid hardware and software infrastructure that contributes to increased efficiency; no or limited sharing of equipment is necessary; regular use of IT infrastructure by staff, though some accessibility challenges for front-line program deliverers may exist; periodic training provided to all staff members	State-of-the-art, fully networked computing hardware with comprehensive range of up-to-date software applications; greatly enhances efficiency; all staff have individual computer access and e-mail; high usage level of IT infrastructure by staff; regular training provided to all staff members	
4.06 Website	No individual website	Basic website containing general information, but little information on current developments; site maintenance is a burden and performed only occasionally	Comprehensive website containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained	Sophisticated, comprehensive, and interactive website, regularly maintained and kept up to date on latest area and organization developments; praised for its user-friendliness and depth of information; includes links to related organizations and useful resources on topic addressed by organization	
4.07 Databases / Management Reporting Systems	No systems for tracking program participants or clients, staff volunteers, program outcomes and financial information	Electronic databases and management reporting systems exist in only few areas; systems perform only basic features, are awkward to use, or are used only occasionally by staff	Electronic database and management reporting systems exist in most areas for tracking program participants or clients, staff, volunteers, program outcomes, and financial information; commonly used and help increase information sharing and efficiency	Sophisticated, comprehensive electronic database and management reporting or systems exist for tracking program participants or clients, staff, volunteers, program outcomes, and financial information; widely used and essential in increasing information sharing and efficiency	
4.08 Buildings & Office Space	Inadequate physical infrastructure, resulting in loss of effectiveness and efficiency (e.g., unfavorable locations for clients and employees, no possibility of confidential discussions, insufficient workspace for individuals, no space for teamwork)	Physical infrastructure can be made to work well enough to suit organization's most important and immediate needs; a number of improvements could increase effectiveness and efficiency	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency; decor partially reflects cultural traditions of community members	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed to enhance organization's effectiveness and efficiency; favorable locations for clients and employees; plentiful space encourages teamwork; layout increases critical interactions among staff; decor clearly reflects and affirms cultural traditions of community members	
4.09 Management of Legal & Liability Matters	Legal issues not anticipated; issues addressed individually when they arise; property insurance includes some liability coverage	Legal support resources identified, readily available, and employed on "as needed" basis; major liability exposures managed and insured (including property liability and workers compensation)	Legal support regularly available and consulted in planning; routine legal risk management and occasional review of insurance	Well-developed, effective, and efficient internal legal infrastructure for day-to-day legal work; additional access to general and specialized external expertise to cover peaks and extraordinary cases; continuous legal risk management and regular adjustment of insurance	
Comments:	Type comments here.				

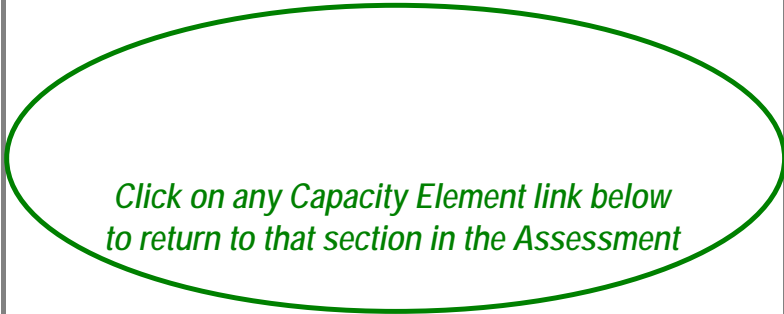
CULTURAL COMPETENCE: In this section, you will rate your organization's understanding of and responsiveness to your community's cultural influences, values, needs, and attitudes.

Capacity Elements (5.01-5.08)	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	Input capacity rating in this column
5.01 Expressed Organizational Commitment to Cultural Competence	No common set of basic cultural competence beliefs and values exists within organization: values not expressed in mission or vision	Common set of basic cultural competence beliefs and values exists by some people within organization: they are not formally expressed in mission or vision	Common set of cultural competence basic beliefs and values held by many people within organization, and formally expressed in the mission or vision	Common set of basic cultural competence beliefs and values exists in mission or vision, and are widely shared within organization	
5.02 Cultural Competence Policies/ Procedures/ Governance	No explicit attention given to cultural competency issues within organizational policies and/or procedures	Basic policies and/or procedures exist to address these issues; issues occasionally acknowledged and discussed	Basic policies and/or procedures exist, and additional policies and/or procedures are created on an ad-hoc basis to address these issues; issues regularly acknowledged and discussed	Well-established written policies and procedures exist; are routinely reviewed and revised	
5.03 Planning/ monitoring/ evaluation	Very limited measurement and tracking of demographic data (e.g., age, race, ethnicity, gender, sexual orientation, etc.); organization collects performance and/or outcome data but does not analyze it by key demographics	Demographic data measured and partially tracked on select indicators (e.g., age, race, ethnicity, gender, sexual orientation, etc.); organization has begun to pay attention to demographics when it comes to program involvement or (e.g., comparisons by groups); analyzing outcomes by demographics is missing: some attention is paid to setting realistic goals and action plans using this data	Demographic data measured and regularly tracked for some select indicators; some key demographics are still missing: some attention is paid to analyzing both performance and outcomes by key demographics as a means of identifying cultural competence needs or gaps in service access/utilization for certain groups; attention is paid to setting realistic goals and action plans using this data, but strengths based planning is missing	Demographic data measured and tracked on a continual basis on a wide-range of indicators; careful attention is paid to analyzing performance and outcomes by demographics as a means of identifying cultural competence needs or gaps in service access/utilization for certain cultural groups; engages in strengths-based planning, setting realistic goals and action plans using this data	
5.04 Communication	Messaging and marketing materials that incorporate culturally specific attitudes and values of community being served are missing: decision making processes with the community do not reflect their cultural values and communication styles (e.g., involvement of family, building rapport with elders, etc.)	Messaging and marketing materials do not always incorporate culturally specific attitudes and values of community being served; a few key materials are linguistically accessible to priority population(s); decision making processes with community do not always reflect their cultural values and communication styles (e.g., involvement of family, building rapport with elders, etc.)	Messaging and marketing materials reasonably incorporate culturally specific attitudes and values of the community being served as needed: most materials are linguistically accessible to priority population as needed; decision making processes with community reasonably reflect their cultural values and communication styles (e.g., involvement of family, building rapport with elders, etc.)	Messaging and marketing materials consistently incorporate culturally specific attitudes and values of the community being served and are all linguistically accessible to priority population(s); decision making processes with community reflect their cultural values and communication styles (e.g., involvement of family, building rapport with elders, etc.)	
5.05 Human Resources	Standard processes for recruitment, development, and retention of staff based on skills and qualifications only: infrequent or no cultural competency education and training for staff	Partial processes for recruitment, development, and retention of staff with diverse backgrounds/experiences and (e.g., community members, professionals, paraprofessionals, peer mentors, etc.); occasional cultural competency education and training for staff that is standard	Some process in place for recruitment, development, and retention of staff with diverse backgrounds/experiences (e.g., community members, professionals, paraprofessionals, peer mentors, etc.); cultural competency education and training for some staff on an ad hoc basis tailored to the unique needs of priority population	Well-planned process of recruitment, development, and retention of staff with extraordinarily diverse backgrounds/experiences (e.g., community members, professionals, paraprofessionals, peer mentors, etc.); continual cultural competency education and training for staff at all levels tailored to the unique needs of priority population	
5.06 Cultural Factors in Engagement with Community	No familiarity with the culture(s) of the priority population(s) served: there are no staff employed who reflect the population(s) being served	Some organization and staff familiarity with the culture(s) of the priority population(s) served: limited integration of cultural beliefs/practices into program activities and engagement with community; designing programs with community input is missing; a few staff employed who reflect the population(s) being served	Organization and staff are familiar with the culture(s) of the priority population(s) served: cultural beliefs/practices are partially integrated into engagement with community and program activities; programs occasionally designed with community input: good number of staff employed who reflect the population(s) being served	Organization and staff are immersed in the culture(s) of the priority population(s) served to support organizational purpose and strengthen program impact: cultural beliefs/practices are fully integrated into engagement with community and program activities; programs are consciously designed with community input: staff employed primarily reflect the population(s) being served	
5.07 Service Array and Responsiveness to Community Context	Programs and services don't reflect the needs of the community; systems and practices to make services accessible to the community are missing and needed (e.g., program locations; hours of operation, membership; welcoming physical environment; linguistic competency and welcoming attitude at appointment desk, advice lines, written materials, etc.)	Programs and services don't always reflect the needs of the community; limited systems and practices in place to make services accessible to the community but a lot more are needed (e.g., program locations; hours of operation, membership; welcoming physical environment; linguistic competency and welcoming attitude at appointment desk, advice lines, written materials, etc.)	Programs and services partially reflect the needs of the community; some practices in place to make services accessible to the community but a few more are needed (e.g., program locations; hours of operation, membership; welcoming physical environment; linguistic competency and welcoming attitude at appointment desk, advice lines, written materials, etc.)	Programs and services reflect the unique needs of the community; variety of practices in place to make services accessible to the community (e.g., program locations; hours of operation, membership; welcoming physical environment; linguistic competency and welcoming attitude at appointment desk, advice lines, written materials, etc.)	
5.08 Linguistic Competency	Limited/no use of linguistic support services and resources (translation and interpretation) in day-to-day activity with community being served	Linguistic support services/resources occasionally available in day-to-day activity for community served: Friends, family members or bilingual staff primarily serve as translators/interpreters on an ad-hoc basis for language in priority community; limited education/training for staff related to linguistic competence: challenges with accurate translation of information and quality/trustworthiness of interpretation	Linguistic support services regularly available in day-to-day activity for community served: bi-lingual/bi-cultural staff are effective translators/ interpreters for priority languages; partial dissemination strategy in place to inform community of these services; some education/training for staff related to linguistic competence: accurate translation of information and good quality/trustworthiness of interpreter services	Linguistic support services widely used in day-to-day activity and essential for community being served; bi-lingual/bi-cultural staff serve as highly effective translators/interpreters for priority languages; access to highly qualified interpreters for non-priority languages; signs posted and dissemination strategy in place to inform community of these services; continual education and training for staff at all levels related to linguistic competence; highly accurate translation of information and high quality/trustworthiness of interpreter services	
Comments:	Type comments here.				

Organizational Capacity Assessment Summary: On this worksheet, select the four capacity elements that your organization is most interested in strengthening over the next one to two years. Mark an "X" in the "priority" column next to the four capacity elements you chose as top priorities for your organization.

		Capacity Element Rating Levels	Prioritization of Capacity Elements	
 <p><i>Click on any Capacity Element link below to return to that section in the Assessment</i></p>		NOTE: A ZERO (0) SCORE INDICATES A MISSING RESPONSE FROM WORKSHEETS 1-5	INDICATE THE FOUR (OUT OF 46 TOTAL) CAPACITY ELEMENTS YOUR ORG. IS MOST INTERESTED IN STRENGTHENING (PLACE AN 'X' IN THE APPROPRIATE CELLS)	Capacity Dimension Averages
		1. LEADERSHIP CAPACITY		
1.01	Shared Beliefs & Values	0		0.00
1.02	Board Composition & Commitment	0		
1.03	Board Governance	0		
1.04	Board Involvement & Support	0		
1.05	Board & CEO/ED Appreciation of Power Issues	0		
1.06	Ability to Motivate & Mobilize Community Members	0		

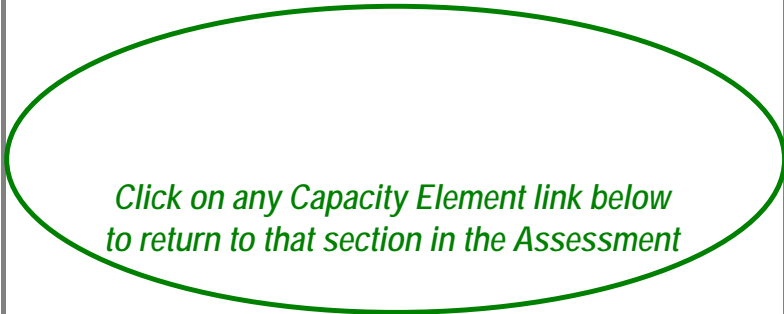
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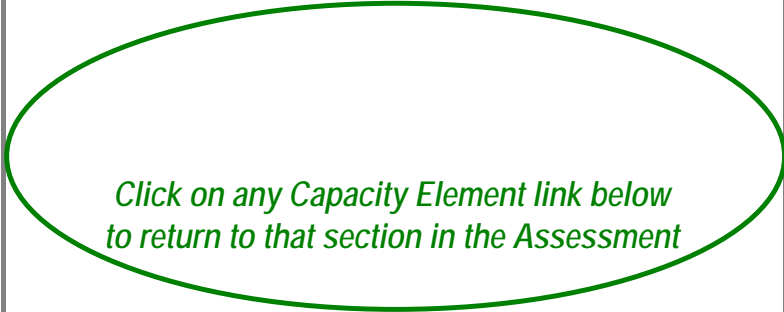
2. ADAPTIVE CAPACITY

2.01	Strategic Planning	0		0.00
2.02	Evaluation / Performance Measurement	0		
2.03	Evaluation & Organizational Learning	0		
2.04	Use of Research Data to Support Program Planning & Advocacy	0		
2.05	Program Relevance & Integration	0		
2.06	Program Growth & Replication	0		
2.07	Monitoring of Program Landscape	0		
2.08	Assessment of External Environment & Community Needs	0		
2.09	Influencing of Policy-making	0		
2.10	Partnerships & Alliances	0		
2.11	Community Presence & Standing	0		
2.12	Community Member Involvement	0		
2.13	Organizing	0		

Organizational Capacity Assessment Summary: On this worksheet, select the four capacity elements that your organization is most interested in strengthening over the next one to two years. Mark an "X" in the "priority" column next to the four capacity elements you chose as top priorities for your organization.

		Capacity Element Rating Levels	Prioritization of Capacity Elements	
 <p><i>Click on any Capacity Element link below to return to that section in the Assessment</i></p>		NOTE: A ZERO (0) SCORE INDICATES A MISSING RESPONSE FROM WORKSHEETS 1-5	INDICATE THE FOUR (OUT OF 46 TOTAL) CAPACITY ELEMENTS YOUR ORG. IS MOST INTERESTED IN STRENGTHENING (PLACE AN 'X' IN THE APPROPRIATE CELLS)	Capacity Dimension Averages
		3. MANAGEMENT CAPACITY		
3.01	Goals / Performance Targets	0		0.00
3.02	Funding Model	0		
3.03	Fund Development Planning	0		
3.04	Financial Planning / Budgeting	0		
3.05	Operational Planning	0		
3.06	Decision Making Processes	0		
3.07	Knowledge Management	0		
3.08	Recruiting, Development, & Retention of Management	0		
3.09	Recruiting, Development, & Retention of General Staff	0		
3.10	Volunteer Management	0		

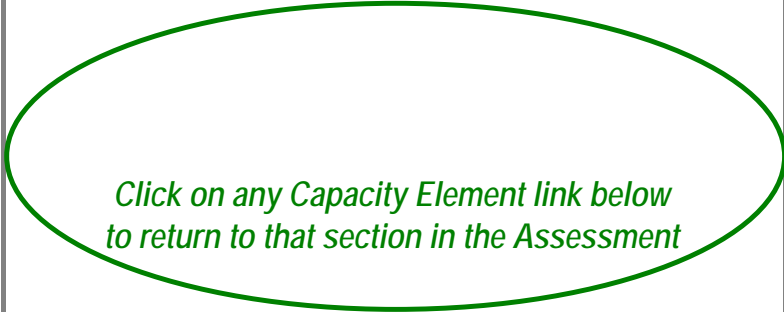
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 <p><i>Click on any Capacity Element link below to return to that section in the Assessment</i></p>	Capacity Element Rating Levels	Prioritization of Capacity Elements	Capacity Dimension Averages
	NOTE: A ZERO (0) SCORE INDICATES A MISSING RESPONSE FROM WORKSHEETS 1-5	INDICATE THE FOUR (OUT OF 46 TOTAL) CAPACITY ELEMENTS YOUR ORG. IS MOST INTERESTED IN STRENGTHENING (PLACE AN 'X' IN THE APPROPRIATE CELLS)	

4. OPERATIONAL CAPACITY

4.01	Skills, Abilities, & Commitment of Volunteers	0		0.00
4.02	Fundraising	0		
4.03	Board Involvement & Participation in Fundraising	0		
4.04	Communications Strategy	0		
4.05	Computers, Applications, Network, & Email	0		
4.06	Website	0		
4.07	Databases / Management Reporting Systems	0		
4.08	Buildings & Office Space	0		
4.09	Management of Legal & Liability Matters	0		

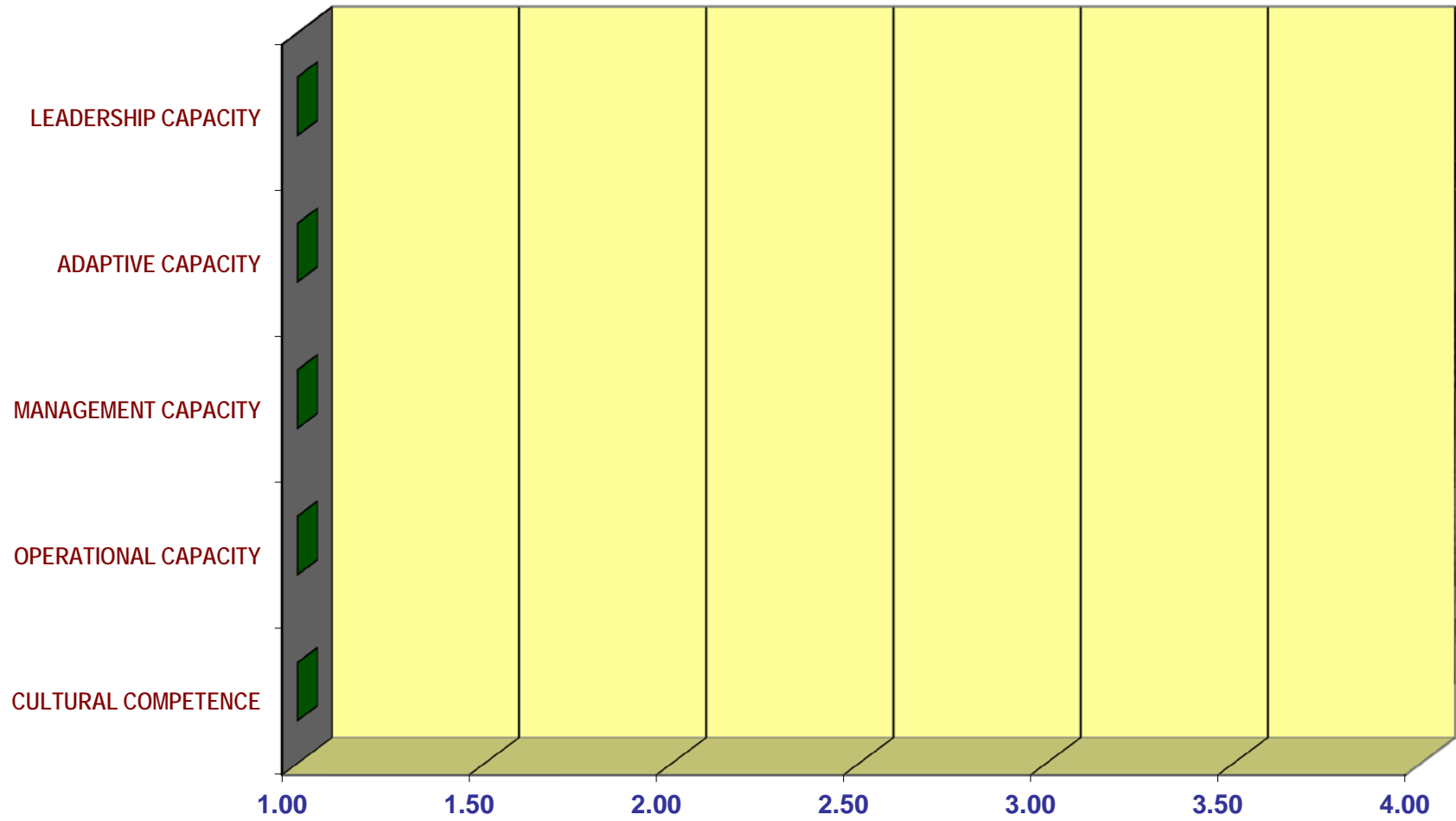
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	NOTE: A ZERO (0) SCORE INDICATES A MISSING RESPONSE FROM WORKSHEETS 1-5	INDICATE THE FOUR (OUT OF 46 TOTAL) CAPACITY ELEMENTS YOUR ORG. IS MOST INTERESTED IN STRENGTHENING (PLACE AN 'X' IN THE APPROPRIATE CELLS)	

5. CULTURAL COMPETENCE

5.01	Expressed Organizational Commitment to Cultural Competence	0		0.00
5.02	Cultural Competence Policies/Procedures/Governance	0		
5.03	Planning/monitoring/evaluation	0		
5.04	Communication	0		
5.05	Human Resources	0		
5.06	Cultural Factors in Engagement with Community	0		
5.07	Service Array and Responsiveness to Community Context	0		
5.08	Linguistic Competency	0		

CRDP Phase 2: Organizational Capacity Assessment Summary



APPENDIX 7:

IRB Decision Tree

Appendix 7

Human Subjects Protection: IRB Decision Tree

Do I need Human Subjects Protection? Let's find out.

Research is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes.

Does your CDEP incorporate a research component (answer should be yes)?

A human subject is a living individual about whom an investigator (whether professional or student) conducting research obtains

1. Data through intervention or interaction with the individual, or
2. Identifiable private information.

Does your CDEP collect any of this kind of information?

