Marillac Mission Fund

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User's Guide for Evaluation:

A GUIDE TO OUTCOMES AND INDICATORS BY GRANTEE FOCUS AREA

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Revised May 24, 2019

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Contents

Introduction

The Marillac Mission Fund (MMF) is committed to the measurement and evaluation of its impact on the poor and underserved and on the community at large. To support this commitment, MMF staff has determined procedures and practices to integrate the evaluation of outcomes and impact of all their grantees into their own impact measurement system. Drawing from our Mission and Theory of Change, the overall impact of MMF's grant funding support will be measured by asking grantees to track two outcomes: Increased Stability and Improved Quality of Life.

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

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

➢ Definitions of Terms in this Guide:

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

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

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

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

Focus Area: Older Adults Living Independently

Increased Stability

1a: Increased Access to Needed Community Resources
1b: Increased Stability Related to Basic Needs (for food/nutrition, shelter/housing and transportation)
1c: Improved/Maintained Levels of Functioning (Physical/Cognitive)
1d: Improved/Increased Support for Caregivers

Improved Quality of Life

2a: Reduced Social Isolation
2b: Improved Psychological/Mental Health
2c: Clients Report Improvements in Overall Well-Being
2d: Clients Report Improvements in their Living Environments
2e: Decreased Stress for Caregivers
2f: Improved Oral Health Literacy

OUTCOME ONE: Increased Stability

➢ Indicator 1a: Increased Access to Needed Community Resources

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

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

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

SAMPLE TOOL: For a sample measurement tool for tracking referrals and client's increased access to needed resources, see "Resource/Referral Tracking Grid" posted on the MMF website.

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

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

EXAMPLE: Most social service programs assess the level of need among their clients before they begin service

delivery. Achieving this indicator means providing the appropriate level of assistance so that clients are able to regularly access the services/resources they need for maintaining independence or the least restrictive living situation possible.

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

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

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

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

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

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

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

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

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

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

MEASUREMENT: Measuring progress toward this indicator includes documentation provided by caregivers who

report they are better able to continue caring for their loved one because of the support they receive from the program and/or by measuring stress levels periodically to show that services help eases caregiver stress.

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

OUTCOME Two: Improved Quality of Life

➢ Indicator 2a: Reduced Social Isolation

Refers to an increase in the frequency with which older adults interact with others (other than professional service providers) or improvements in the quality of relationships they have with friends, family members, and others to reduce loneliness.

EXAMPLE: This indicator refers to connections and support that older adults receive from people in the community, including family members, peers, clergy/faith communities, volunteers, and others. Types of services that are aligned with this indicator include community activities/support groups for older adults, intergenerational programming, "friendly visiting" provided by young people/volunteers, re-connections and activities that increase older adults' interaction with family members, "days out" with other older adults, etc.

MEASUREMENT: Programs/services that select this outcome should measure/document the extent to which older adults spend more time and/or connect/interact more with others who are not paid service providers; documentation can be accomplished through observations by staff or caregivers, or through older adult self-reports, completed over time.

SAMPLE TOOL: Sample instruments include the Rochester Interaction Record
http://www.sas.rochester.edu/psy/people/faculty/reis_harry/assets/pdf/ReisWheeler_SocialInteraction.pdf (p. 285)
Relevant questions on the WHOQOL100: http://www.who.int/mental_health/who_qol_field_trial_1995.pdf.

The UCLA Loneliness Scale:
Description with link to the form on Google Docs:
http://sparqtools.org/mobility-measure/ucla-loneliness-scale-version-3/
Direct link to the Google Docs version of the UCLA Loneliness Scale:
https://docs.google.com/document/d/12s39QphZCqI2fNi10Fn75cl3F_Hr7o2-yk-cU4C_LTc/edit

➢ Indicator 2b: Improved Psychological/Mental Health

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

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

in time to measure improvement.

SAMPLE TOOLS: Instruments that can be used for this purpose include the Geriatric Depression Scale (GDS) short version: https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF
The Geriatric Anxiety Scale: http://www.uccs.edu/agingandmentalhealthlab/geriatric_anxiety_scale.html The Geriatric Anxiety Inventory: https://www.uccs.edu/agingandmentalhealthlab/scale (form available by request)

The Michigan Alcohol Screening Test Short Form (Geriatric Version) (SMASTG):https://www.nccdp.org/resources/_PDF_.pdf
As previously mentioned, selected items from widely accepted assessments and inventories (rather than the entire instruments themselves) are acceptable. These items/inventories need to be administered at least two points in time in order to measure improvement.

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

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

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

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

SAMPLE TOOLS: Sample tools include the World Health Organization Quality of Live questionnaire (HOQOL-BREF): http://www.who.int/substance_abuse/research_tools/en/english_whoqol.pdf
Quality of life and wellbeing items from the Medical Outcomes Study: http://www.rand.org/content/dam/rand/www/external/health/surveys_tools/mos/mos_core_survey.pdf Other examples are listed and reviewed at http://cirrie.buffalo.edu/encyclopedia/en/article/296/#s3.

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

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

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

MEAUREMENT: This outcome is measured by both documenting the improvements made to clients' physical environments (by the person who does the installation) as well as by recording the older adult's (or his/her

caregiver's) reports that the improvement increases the clients' independence or quality of life.

SAMPLE TOOLS: See the MMF website for a sample "Satisfaction with Home Environment Survey" for adults living in their own homes. To measure levels of satisfaction for those in residential care, see the PACE Satisfaction Survey: http://gerontologist.oxfordjournals.org/content/44/3/348.full.pdf

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

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

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

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

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

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

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

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

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

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

Focus Area: Immigrants & Refugees

Increased Stability for Immigrants & Refugees

1a: Increased Access to Needed Community Resources (including Legal Assistance)
1b: Increased Stability Related to Basic Needs (for Food/Nutrition, Shelter/Housing and Transportation)
1c: Improved Levels of Functioning (Life Skills, English Language Skills)
1d: Improved Employment Situations

Improved Quality of Life for Immigrants & Refugees

2a: Increased Community Connections
2b: Clients Achieve the Appropriate Legal Status
2c: Clients Report Improvements in Overall Well-being
2d: Increased Coping Skills
2e: Decreased Stress (including Traumatic Stress)

OUTCOME One: Increased Stability for Immigrants & Refugees

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

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

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

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

SAMPLE TOOL: For sample measurement tools, see "Resource/Referral Tracking Grid" for tracking referrals and client's increased access to needed resources as well as "Legal Assistance Tracking Grid" on the MMF website.

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

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

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

MEASUREMENT: Measuring this indicator Involves a baseline assessment in which areas of need are rated, or scored, with follow-up ratings of the extent to which these needs are met over time. A rubric or other scoring tool is needed for tracking stability/need levels at baseline and then again on a periodic basis to measure progress. If a significant proportion of the organization's clients are likely to come one time only, the program can simply track the basic needs' resources that are directly provided to the client, but it must be done in a way that does not count clients more than once. That is, when reporting on the number of clients who gain stability related to basic needs the number must not include duplicated clients.

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

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

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

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

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

SAMPLE TOOLS: A sample instrument for measuring basic skills is the Life Skills Inventory:
http://transitionresponse.com/wp-content/uploads/2011/09/Life-Skills-Assessment-Div.-Of-Children.pdf
This inventory addresses such areas as money management/consumer awareness, food management, health, housing, transportation, job seeking and maintenance skills, emergency and safety skills, knowledge of community resources, and legal skills.
For information on tools for measuring English Language Proficiency Among Adults, see:
http://www.cal.org/caela/tools/program_development/elltoolkit/Part4-31EnglishLanguageAssessmentInstruments.pdf

➢ Indicator 1d: Improved Employment Situations

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

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

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

SAMPLE TOOL: For a sample tool to track/measure improvement, see "Employment Improvement Tracking Grid" on the MMF website.

OUTCOME Two: Improved Quality of Life for Immigrants & Refugees

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➢ Indicator 2a: Increased Community Connections

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

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

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

SAMPLE TOOLS: Sample measures for community connections and social support include: Medical Outcomes Study: Social Support Survey - MOS-SSS: http://www.rand.org/health/surveys_tools/mos/social-support/survey-instrument.html The Multidimensional Scale of Perceived Social Support: http://www.yorku.ca/rokada/psyctest/socsupp.pdf
The Social Provisions Scale: http://chipts.ucla.edu/wp-content/uploads/downloads/2012/01/Social-Provisions-Scale.pdf The Duke-UNC Functional Social Support Questionnaire (DUFSS): http://adultmeducation.com/AssessmentTools_4.html

Other measures are listed and reviewed at http://www.first5la.org/files/SSMS_LopezCooper_LiteratureReviewandTable_02212011.pdf (p 19)

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

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

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

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

SAMPLE TOOL: For a sample outline of how this indicator can be measured and reported, please see "Legal Assistance Tracking Grid" on the MMF website.

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

Refers to self-reports of life satisfaction.

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

MEASUREMENT: This indicator is measured through written or verbally-administered surveys that ask immigrants/refugees to rate their levels of satisfaction with various aspects of their lives and living situations both before and after receiving services. If a survey is used to measure this indicator, please see the option on the MMF website called "Well-Being Survey Options for Immigrants."

SAMPLE TOOLS: See Quality of Life questionnaires for sample survey items, including the Quality of Life

Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF): https://outcometracker.org/library/Q-LES-Q-SF.pdf

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

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

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

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

SAMPLE TOOLS: For a sample measure of coping skills, see the COPE Inventory:
http://www.midss.org/sites/default/files/cope.pdf
For a list and description of other instruments to measuring coping, see: http://userpage.fu-berlin.de/gesund/publicat/copchap6.htm

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

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

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

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

SAMPLE TOOLS: Samples include the Multidimensional Acculturative Stress Inventory
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431619/?report=reader#ffn_sectitle
The Sociocultural Adaptation Scale: http://isplaza.dreamhosters.com/research/measures/
and the Perceived Stress Scale: https://www.mindgarden.com/documents/PerceivedStressScale.pdf

Focus Area: Veterans

Increased Stability for Veterans

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

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

1c: Improved Levels of Functioning (Life Skills, Education and Employment)

Improved Quality of Life for Veterans and their Families

2a: Greater Access to Appropriate Mental Health and Support Services (including Alternative/ Wholistic Services)

2b: Improved Psychological/Mental Health (includes Stress Management and Coping Skills)

2c: Increased/sustained participation in social/emotional support opportunities

2d: Clients Report Improvements in Overall Well-being

OUTCOME One: Increased Stability for Veterans

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

Refers to the community resources veterans need through referral and navigation to services and resources external to the grantee organization. The exception is the provision of legal services, which are scarce and beyond the reach of many veterans; these services may be provided by the grantee directly without the use of referrals to external organizations. Community resources refers to those the clients receive as part of a continuum of care services provided by case managers/organization staff. Services and resources that are especially relevant to this indicator include the following: child care assistance, dental care, services available from the VA services (other than mental health and social support services which are included under a different outcome and indicator), and housing assistance for homeless veterans.

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

MEAUREMENT: Measuring this indicator includes tracking the number of clients who receive services and resources (including financial assistance) by referral to an organization that is not the grantee. The exception is in the case of legal assistance. Measuring increased access to legal services includes tracking the number of clients who receive legal services either through the grantee organization or from an external organization via referral.

SAMPLE TOOL: For a sample measurement tool for tracking referrals and client's increased access to needed resources, see "Resource/Referral Tracking Grid" posted on the MMF website.

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

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

EXAMPLE: Achieving this indicator means providing the appropriate level of assistance so that veterans are able to regularly access the services/resources they need to meet basic material needs. Most of the assistance is typically provided by the grantee organization but may also include resources the client receives from the grantee's community partners.

MEASUREMENT: Measuring this indicator Involves a baseline assessment in which areas of need are rated, or scored, with follow-up ratings of the extent to which these needs are met over time. A rubric or other scoring tool is needed for tracking stability/need levels at baseline and then again on a periodic basis to measure progress. Tracking the number of clients who receive services and resources is not sufficient for measuring this indicator; measuring change over time is required.

SAMPLE TOOL: Tools that measures increased stability include the Self Sufficiency Matrix (relevant items/sections should be selected from the overall tool), available at: http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=48&cf_id=24

- **Indicator 1c: Improved Levels of Functioning (Life Skills, Education and Employment)**

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

EXAMPLE: There are a variety of life skills that veterans may need to attain/regain as they return to civilian life. This includes skills related to housing and transportation along with basic and more advanced educational and employment levels. Enrollment and persistence in education and training programs, the completion of vocational and other skill-related certificates, and other types of measurable skills should be related to a veteran's ability to attain and maintain appropriate employment for stability in the community.

MEASUREMENT: Measuring increased life skills, education levels, and employment skills involves assessing specific skill levels (in diverse areas) at the time that veterans begin receiving services and utilizing the same assessment approach to measure improvement over time. Improvements in employment skills are also evident when clients attain better work situations that may include the following: 1) moving from unemployment to an internship or apprenticeship or subsidized employment in which on-the-job work experience/training is provided; 2) increasing the number of hours worked; 3) increasing an hourly wage or total monthly income; 4) moving from a temporary position to a permanent position; 5) moving from an unhealthy or dysfunctional employment situation (which is taking a toll on the health or well-being of the client) to a more suitable position; 6) moving from a position with no health or other benefits to a position that provides these benefits, or 7) moving into a more skilled position that offers a better chance for advancement.

SAMPLE TOOLS: A sample instrument for measuring basic skills is the Life Skills Inventory -- http://transitionresponse.com/wp-content/uploads/2011/09/Life-Skills-Assessment-Div.-Of-Children.pdf -- which

addresses such areas as money management/consumer awareness, food management, health, housing, transportation, job seeking and maintenance skills, emergency and safety skills, knowledge of community resources, and legal skills.

A sample tool for measuring employment skills includes The Skills Assessment Worksheet: http://ccv.edu/documents/2013/11/skills-inventory-worksheet.pdf

For a sample tool to track/measure improvement, see "Employment Improvement Tracking Grid" on the MMF website.

OUTCOME Two: Improved Quality of Life for Veterans and their Families

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- **Indicator 2a: Greater Access to Appropriate Mental Health and Support Services (including Alternative /Wholistic Services)**

Refers to receiving mental health and support services that are accessible and directly targeted to the needs of veterans and their families for support as veterans' transition to civilian and community life

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

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

SAMPLE TOOL: For a sample tool that tracks this indicator, please see "Greater Access to Appropriate Mental Health Services Tracking Grid" on the MMF website.

- **Indicator 2b: Improved Psychological/Mental Health (includes Stress Management and Coping Skills)**

Refers to increased coping and stress management skills and/or the lessening of symptoms/stress related to psychological/mental health needs

EXAMPLE: Improved psychological/mental health can include one or more of the following: 1) a reduction in symptoms related to Post Traumatic Stress Disorder, depression, anxiety and other disorders; 2) decreasing/eliminating addictions to unhealthy substances (or the abuse of drugs and alcohol); and 3) increases in positive coping behavior to address the effects of trauma and the stress of returning to civilian life.

MEASUREMENT: This indicator is typically measured using standardized tools and inventories. These

items/inventories need to be administered at least two points in time in order to measure improvement

SAMPLE TOOLS:
For measuring improvements in mental health: The Clinician-Administered PTSD Scale (CAPS-5) is available from the U.S. Department of Veterans Affairs, National Center for PTSD
http://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp

https://www.ptsd.va.gov/professional/assessment/list_measures.asp
For a sample measure of coping skills, see the COPE Inventory:
http://www.midss.org/sites/default/files/cope.pdf
To measure stress: The Perceived Stress Scale
https://www.mindgarden.com/documents/PerceivedStressScale.pdf

- **Indicator 2c: Increased/sustained participation in social/emotional support opportunities**

Refers to participation by veterans and/or their family members in support groups and other activities that are often, but not always, provided outside traditional service venues. These activities help veterans reconnect to others and establish a new sense of purpose in their lives; aligns with the Sense of Purpose and Connection component of the Foundation's funding interests.

EXAMPLES: In additional to support/educational groups, activities that may contribute to a healthier self-concept and sense of purpose include arts therapy, writing/journaling, pet therapy, time in nature, mindfulness training/meditation, other forms of spiritual practice, exercise/athletic events, specialized hobbies, community service, and networking. To be effective, opportunities for engagement should be provided on a regular basis rather than one-time events.

MEASUREMENT: This indicator can be measured by tracking veterans' (and family members') participation in social/emotional support activities over time and/or by using a survey that asks veterans to report on their participation and the extent to which the activities provided social/emotional support.

SAMPLE TOOLS: For a sample "Social Emotional Support Tracking Grid" and a "Social Emotional Support Survey," please see the MMF website.

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

Refers to self-reports of life satisfaction

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

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

SAMPLE TOOLS:
Sample survey or interview items are available in the Medical Outcomes Study: 36-Item Short Form Survey Instrument (see items referring to energy/vitality, social functioning, role limitations and mental health): http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html
A version of this survey has been designed specifically for veterans; see the following site for additional information: http://www.outcomes-trust.org/monitor/0100mntr.pdf

Focus Area: Human Trafficking Prevention

Increased Knowledge/Skills/Collaboration for Prevention

1a: Increased Knowledge of Human Trafficking and its Risk Factors
1b: Increased understanding of survivors as victims of trafficking rather than offenders
1c: Increased Knowledge of Primary, Secondary and/or Tertiary Prevention
1d: Increased Skills Among Education, Health and Social Service Providers for Prevention
1e: Increased collaboration among service providers, advocates, and others to prevent human trafficking

Increased Support and Stability for High-Risk Youth and Youth Survivors

2a: Increased Shelter/Safety for Survivors and Those at Highest Risk
2b: Increased Access to Substance Abuse/Mental Health Services among Survivors/Those at Highest Risk
2c: Increased Availability of Survivor-led Programming
2d: Increased Availability of Longer-term Residential Services/Programming
2e: Increased stability/well-being among survivors/those at highest risk for human trafficking

OUTCOME One: Increased Knowledge/Skills/Collaboration for Prevention

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

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

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

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

In addition, evaluation surveys completed by participants at the end of presentations/ information sessions can also be used to measure this indicator. Pre/post surveys (or Retrospective Pre-Plus Post Surveys) are the preferred evaluation

method for informational workshops for professionals who work with youth.

SAMPLE TOOLS: For sample tools for tracking increased public awareness/individual knowledge of human trafficking/CSEC, see "Awareness and Knowledge of Human Trafficking Prevention Survey" on the MMF website. A sample Retrospective "Post-Training Survey" for evaluating workshops is also available on the website.

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

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

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

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

SAMPLE TOOLS: Please see the MMF website for sample surveys, including a "Post-Only Survey Questions" and "Pre/Post Survey Template."

- **Indicator 1c: Increased Knowledge of Primary, Secondary and/or Tertiary Prevention**

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

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

- **Primary Prevention:** Approaches that take place before sexual exploitation has occurred to prevent initial perpetration or victimization.

- **Secondary Prevention**: Immediate responses after exploitation has occurred to deal with the short-term consequences of trauma.
- **Tertiary Prevention**: Long-term responses after exploitation/trauma has occurred to deal with the lasting consequences of the experience.

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

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

For more information on these categories (as they apply to behavioral health), see https://www.samhsa.gov/prevention. For more information on these categories and how they apply in the human trafficking context, see the CDC report available at https://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf.

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

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

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

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

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

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

SAMPLE TOOL: A sample rubric, "Assessing and Tracking Organizational Prevention Practices Grid" is included on the MMF website.

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

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

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

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

SAMPLE TOOLS: Depending on the depth and goals of collaborations, sample tools may include Collaborative Process Surveys like the Wilder Collaborative Factors Survey: https://www.wilder.org/sites/default/files/imports/Wilder%20Collaboration%20Factors%20Inventory_3rd%20edition_8-18.pdf (additional information at https://wilderresearch.org/tools/cfi-2018/start or the sample "Collaboration Tracking Form" on the MMF website.

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

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

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

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

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

SAMPLE TOOL: A "Housing Improvement Tracking Form" can be used for evaluation; a sample is provided on the MMF website.

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

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

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

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

SAMPLE TOOL: A sample "Greater Access to Appropriate Mental Health Services Tracking Grid" is available on the MMF website.

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

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

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

SAMPLE TOOL: A recommended form for "Involvement of Survivors in Programming Tracking Grid" is available on the MMF website.

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

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

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

MEASUREMENT: Evaluating this indicator includes documenting the extent to which the availability of longer-term

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

SAMPLE TOOL: A sample form for "Expansion of Long-Term Treatment and Services Grid" is included on the MMF website.

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

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

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

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

SAMPLE TOOLS: Tools that measure increased stability include the Self Sufficiency Matrix, available at: http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=48&cf_id=24. Standardized or "best practice" measures of emotional well-being and coping skills, administered on a periodic or pre/post basis, are also appropriate. Sample measures include the Beck Youth Inventories: http://www.pearsonclinical.com/psychology/products/100000153/beck-youth-inventories-second-edition-byi-ii.html

Resiliency Scales: http://www.pearsonclinical.com/psychology/products/100000153/beck-youth-inventories-second-edition-byi-ii.html

The Kutcher Adolescent Depression Scale: https://psychology-tools.com/kutcher-adolescent-depression-scale/

Additional measures available from the National Child Traumatic Stress Network: http://www.nctsn.org/resources/online-research/measures-review

Focus Area: Advocacy & Coalition Building

Increased Awareness and Advocacy for Social Change

1a: Increased Public Awareness of Issues Impacting Constituents
1b: Increased Awareness and Engagement with Key Systems Leaders and Policymakers
1c: Increased Awareness and/or Skills in Supporting the Well-being of Constituents
1d: Increased Empowerment among Community Constituents
1e: Increased/Sustained Involvement of Agency Staff and Volunteers in Legislative/Policy Advocacy
1f: Increased Skills and Confidence in Advocacy among Agency Staff and Volunteers

Increased Collaboration for Social Change (Coalition-building)

2a: Increased Development of Coalitions for Collaborative Action among Social Change Groups
2b: Increased [depth of] collaboration among coalition/collaborative members
2c: Increased Coordinated Action Among Coalition Members in Advancing their Shared Agenda

OUTCOME ONE: Increased Awareness and Advocacy for Social Change

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➢ Indicator 1a: Increased Public Awareness of Issues Impacting Constituents

This indicator refers to the communications and public awareness aspect of coalitions, especially those that address community issues and needs affecting the poor and vulnerable that are not well understood by the public.

EXAMPLE: Many coalitions include public outreach as an important aspect of their work. This outreach includes presentations to large and small audiences, print and broadcast media placements, and social media.

MEASUREMENT: Measuring increased awareness through in-person contacts (like presentations) involves surveys of those who participate, documenting their new or expanded knowledge of the community issue and those who are impacted. When the outreach is accomplished through print, broadcast, and social media, the most realistic evaluation approach is to track proxy measures for increased awareness, including social media/website analytics (on visits to the site, comments on social media, click-throughs, and shares, or the estimated number of people reached through print/broadcast media based on the media outlet's marketing information.

SAMPLE TOOL: Sample "Post-Training Survey" and "Tracking Media Outreach" forms are available on the MMF website.

➢ Indicator 1b: Increased Awareness and Engagement with Key Systems Leaders and Policymakers

Includes increasing awareness of the coalition and its agenda as well as longer-term engagement to effect change in alignment with the coalition's agenda. Engagement can include targeted presentations, one-on-one and small group meetings, ongoing communication/participation, and engagement as members of committees, task forces, and other bodies that include leaders and policymakers.

EXAMPLE: Enacting systems-level and policy change requires a long process of engagement with systems leaders and policymakers. At the state level, this engagement could involve the following: 1) members of the coalition attending pre-bid conferences and applying for collaborative grants from federal/state agencies, educating state personnel on the coalition and its work; 2) attending or presenting at state-level conferences addressing the needs and issues facing constituents; 3) doing advocacy work that involves direct, two-way contact with state personnel; 4) volunteering or self-nominating from coalition members to serve on behalf of the coalition on government committees and advisory groups, etc.

MEASUREMENT: Tracking of government/policy-making agencies and systems leaders along with types of communication/coordination, the frequency of contacts, and results that show policymakers are becoming more aware or interested in the issues at the forefront of the coalition's agenda.

SAMPLE TOOL: A tracking grid to measure "Engagement with Key Systems Leaders and Policymakers" is available on the MMF website.

- **Indicator 1c: Increased Awareness and/or Skills in Supporting the Well-being of Constituents**

Includes awareness, knowledge and skills among service providers in understanding and addressing the needs of constituents; this includes those who provide direct services as well as those working in other contexts to support constituents' rights and well-being

EXAMPLE: Many community coalitions provide outreach to those who work with their constituents, including trainings and workshops to increase their knowledge and skills in working with those in need. For example, a coalition working to empower immigrant and refugee families may offer workshops in helping human service professionals better understand the rights of their constituents under the current federal administration, along with effective strategies for building trust while protecting clients' confidentiality. As policies change, as new knowledge and best practices are generated to address growing problems, these kinds of trainings are vital as the coalition works for change at a systems level.

MEASUREMENT: Measuring increased awareness and/or skills is best accomplished with the use of participant surveys. These include pre/post surveys that measure participants' perceptions of their knowledge/skills both before and after trainings, as well as post-only approaches that ask participants to rate how much they've gained (if anything) from their training experience.

SAMPLE TOOL: For a Sample "Pre/Post Survey Template" please see the MMF website.

- **Indicator 1d: Increased Empowerment among Community Constituents**

Defined as increases in knowledge, skills, and/or participation in advocacy/social change activities among the poor and vulnerable. Includes increased knowledge of laws, legal rights; participation in self- and systems-level advocacy efforts; increases in the level of responsibility/leadership shown by constituents, etc.

EXAMPLE: Effective approaches to social change start with the needs and issues faced by the people who are most impacted by inadequate systems and policies. Including community voice at each stage of the coalition's

work is recognized as a best practice in collective impact. Although the participation of community members typically starts simply with the inclusion of representatives on coalition committees or advisory panels, this participation may just be a starting place for building community members' skills and confidence over the long term. In a growing number of social change initiatives, community members receive individualized support and skills training to engage fully in the coalition's advocacy and awareness-building activities, and ultimately, in the leadership and decision-making functions of the coalition at large.

MEASUREMENT: Community member surveys, post-workshop evaluations, skills tracking (through the completion of observational rubrics), and tracking the changing levels of participation in coalition activities are all viable approaches for measuring this indicator.

SAMPLE TOOL: For a sample "Observing and Measuring Skills Rubric" and "Empowerment among Community Constituents" Survey, please see the MMF website.

- **Indicator 1e: Increased/Sustained Involvement of Agency Staff and Volunteers in Legislative/Policy Advocacy**

Defined as advocacy efforts for legislative or policy change at the local, state, and federal government levels. Involves tracking the number of volunteers/staff who participate along with the number of hours spent and the goals/targeted outcomes of the advocacy efforts.

EXAMPLE: Effective advocacy involves a well-planned and executed approach that typically includes sustained activities involving multiple groups of stakeholders and types of engagement. This indicator focuses primarily on the role of trained staff and volunteers (including community members/constituents) who participate in advocacy on an ongoing basis.

MEASUREMENT: Measuring this indicator includes tracking those who engage in advocacy, the extent of their training, the types of advocacy activities in which they engage, and how their involvement continues over time.

SAMPLE TOOL: A sample rubric for "Involvement in Advocacy" is available on the MMF website.

- **Indicator 1f: Increased Skills and Confidence in Advocacy among Agency Staff and Volunteers**

Includes the indicators of advocacy training for professionals and volunteers who participate in the coalition's advocacy activities.

EXAMPLE: Training activities to help participants gain the tools they need to be effective advocates typically include increasing knowledge of the issue and system/policy targeted for change, building skills in effective communication, and developing self-confidence, particularly in those who are new to advocacy engagement.

MEASUREMENT: A direct strategy for measuring this indicator includes the use of pre/post or post-only surveys in which participants report on what they've gained from the training.

SAMPLE TOOL: For a sample "Pre/Post Survey Template", please see the MMF website.

OUTCOME TWO: Increased Collaboration for Social Change (Coalition-building)

➢ Indicator 2a: Increased Development of Coalitions for Collaborative Action among Social Change Groups

This indicator refers to building the infrastructure for collaboration, including the development of coalitions and coordinated action among social change groups and organizations, and building strategic networks to engage those likely to have an impact on policies affecting the constituency. This includes building alliances and collaborative endeavors by reaching out to a broad range of groups and sectors.

Activities that may be a part of infrastructure development include recruiting appropriate people/organizations to join, assuring representation from multiple sectors/identity groups, assuring representation from the poor and vulnerable constituents who are most impacted by the issue, building sustained participation in coalition activities, progress toward establishing a shared agenda, and/or monitoring the extent to which the coalition is able to make joint decisions and agree on plans of action.

EXAMPLE: Many coalitions seeking to implement long-term, broadly-based, systemic change to problems like human trafficking, homelessness, the denial of human rights to immigrants and refugees, and the lack of health care access for low-income families adopt a collective impact approach to community-wide change. Principles of collective impact suggest the following conditions are needed to plan and implement changes that lead to community-wide, sustainable improvement: 1) a Common Agenda, or shared vision for change; 2) an approach to Shared Measurement, or agreement on the ways success will be measured and reported with common outcomes and indicators; 3) Mutually Reinforcing Activities in which a diverse set of stakeholders coordinate specific activities according to an agreed-upon plan of action; 4) Continuous Communication, or open communication among stakeholders to build trust and cohesiveness; and 5) Backbone Support, or the facilitation by staff dedicated to the initiative who help guide vision and strategy, support collaborative activities, build public will, advance policy and mobilize funding. Another principle of effectiveness includes recruiting participants from multiple sectors, including community residents/constituents and setting goals to change *systems* rather than focusing primarily on *programs.* For more information, see https://ssir.org/articles/entry/does_collective_impact_really_make_an_impact#

MEASUREMENT: Measuring this indicator involves tracking the numbers and types of people/organizations involved, tracking attendance at coalition meetings/activities, and/or tracking the completion of milestones for effective collaborative action or collective impact. These milestones could include member agreement on a shared agenda; member agreement on priorities and timelines; the adoption of action plans; the development of platforms/systems for continuous communication; agreement and use of practices leading to shared decision making, etc.

SAMPLE TOOL: A sample format for "Coalition Infrastructure Tracking" is available on the MMF website.

- **Indicator 2b: Increased [depth of] collaboration among coalition/collaborative members**

This indicator addresses the deepening of collaborative activities and coordination among coalition members. Typical stages of collaboration include: Stage 1: Communicating/Networking (members talk to one another and share information); Stage 2: Coordination (personnel from different organizations work together on a case-by-case basis to coordinate support; establishing client referral processes are one example of Coordination); Step 3: Collaboration (members work together on a project-by-project basis; includes joint planning and mutual objectives); Step 4: Integration/Partnership (coalition members work together on an ongoing basis, share resources, establish high levels of trust and interdependence with one another in accomplishing the shared agenda). For more information on stages of collaboration, see https://aspe.hhs.gov/system/files/pdf/180351/report.pdf, page 6, or https://leadingdifferently.com/2015/01/14/working-together-coordinating-cooperating-or-collaborating/.

EXAMPLE: A new coalition to strengthen access to behavioral health services among low-income women may start with meetings designed to help member organizations learn about one another and initiate new relationships through informational presentations (that include the services provided by each organization and their targeted geographic areas) and networking (interpersonal contact). As a result of these kinds of communication, a number of organizations will begin to refer clients back and forth to help clients access services as quickly as possible that address their specialized needs (a kind of Coordination). As organizations deepen into the frequency with which they coordinate services for low-income women, they may decide to increase their efforts to advocate for changes in how women are screened for behavioral health issues in clinics or hospitals and to add the use of community health workers/peer support across their organizations (the stage of Collaboration). When coalition members formalize and sustain these types of Coordination and Collaboration, mutual goal-setting and collaborative activity may become a part of formalized, ongoing partnerships across the coalition (Integration or Partnership).

MEASUREMENT: Tracking the depth, or stages, of collaboration from information sharing, to coordinating (including coordination among service providers to better serve their constituents), to joint action and decision-making, to more formalized partnerships with ongoing collaborative action. Maps may be used to illustrate these relationships and how they change over time.

Member Surveys can ask coalition member organizations to report (on an annual basis) the other member organizations they currently Communicate, Coordinate, Collaborate, and Partner with. Over time, there may be expectations that there is an increase in the number of member organizations with which they connect, the frequency with which they connect, and a progression in the level of collaboration from Coordination to Collaboration to Partnership.

SAMPLE TOOL: A sample format for "Collaboration Tracking Form" is available on the MMF website.

- **Indicator 2c: Increased Coordinated Action Among Coalition Members in Advancing their Shared Agenda**

This indicator refers to the ways in which member organizations change their own policies, institutional practices, or services to enact aspects of the coalition's shared agenda. These changes do not refer to case-by-case or time-

limited practices (like establishing referral relationships) but are instead intended to be sustained over time to support changes in systems that serve the constituent population.

EXAMPLE: A coalition to prevent homelessness among youth establishes a shared agenda that includes increasing access to emergency shelters, health care, behavioral health services, case management, transitional housing, and education/employment training. Coalition members, including service providers from organizations that specifically target homeless and at-risk youth and from other organizations that serve a broader population that includes homeless youth. In one of their early activities, coalition members complete an inventory that includes the following: geographic areas served, ages of the youth served, the services provided and whether they are restricted to clients with special characteristics, and the number of young people on waiting lists for each of their services. These inventories are assembled in a format that allows members to analyze gaps in geographic areas or types of youth served along with services that are in short supply. During coalition activities, members strategize ways to address these gaps by increasing referrals to youth currently on waiting lists to other organizations that can serve them more quickly, to adjust geographic boundaries of areas served so that no neighborhoods are uncovered, and/or the expansion or contraction of services at organizations so resources can be used most effectively to cover unmet needs.

MEASUREMENT: Tracking coordinated action involving a significant proportion of coalition/collaborative members in analyzing unmet needs, determining goals/targeted outcomes to address the needs, and/or implementing steps to change organizational practice as a necessary step in systems change.

SAMPLE TOOL: A sample grid for tracking "Coordinated Action to Support Shared Agenda" is available on the MMF website along with a "Coalition Members Sample Survey" that can also be used to measure this indicator.

Appendix A: All MMF Outcomes and Indicators by Focus Area