# Appendices

A. Map of the Caring Community

B. Individual Caring Community Logic Models foir 1999-2000

C. Perceived Levels of Engagement of Key Partners for Each Community

D. Evaluation Instruments

      D1.  Community Specific Key Stakeholder Interview Protocol

      D2.  Initiative-Wide Key Stakeholder Interview Protocol

      D3.  Caring Community Member Survey

      D4.  Focus Group Outline

E.  Evaluation Timeline

F.  Community Engagement Measure

## Map of the Caring Community

Note:  This map describes the school catchment areas served by the Caring Communities.  Some of the Caring Communities also serve neighborhoods that go beyond these boundaries.

# Appendix B

## Individual Caring Community Logic Models
## 1999-2000

The following logic models are based on the workplans developed by the Caring Community coordinators.  They link the long term outcomes, short-term outcomes, and activities of the Caring Community.  We have included logic models for each Caring Community based on the 1999-2000[1] workplans.   Beginning in 1998, Caring Community coordinators have been receiving technical assistance from the Department of Human Resources to strengthen the quality of their workplans.   Logic models show clearly where there are (or are not) logical connections between the activities in which the Caring Communities are engaged and the short and long term outcomes they expect to achieve.

Logic models can be best understood by following any single long term outcome through its related short term outcomes and activities.

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[1] Note:  199-2000 Logic Models for the North Portland and Outer Southeast Caring Communities are not presented, as their workplans were not yet available.

**Appendix C**

**Perceived Levels of Engagement of Key Partners
for Each Caring Community**

Note:  This figure reflects responses from 48 surveys received from Caring Community participants.  Results indicate participant's perceptions of the level of involvement of each community partner.  Responses do not reflect situations in which community partners play a dual role in the Caring Community (e.g., social service provider and a community resident).

# Appendix D

## Evaluation Instruments

# Appendix D1

## Caring Community Key Stakeholder Interview Protocol

**Caring Community**
**Community Specific Key Stakeholder Survey**

Hello, my name is _____, and I'm calling on behalf of the Caring Community Evaluation Team.  As part of the evaluation, we are collecting information from a number of people that have been involved with the Caring Community Initiative, and your name was suggested as someone we could speak to about the _____ Caring Community.  Would you be willing to answer some questions about the accomplishments and challenges of the Caring Community? The interview will take about 30 minutes, and we can either do it now, or we can schedule a time for me to call you back.

Name: _____

Date:  _____

Interviewer: _____

1.  How did you first get involved with the _____ {specify community} Caring Community?  {note some may be involved with more than on CC—be sure to specify which one you are asking about}
       *Probe for length of involvement, role in the CC, relationship to work role

2.  What was the Caring Community like when you first started to attend?
       *Probe for:  major projects, who were the major players, etc?]

3.  In what ways, if any, has the Caring Community changed since you first started coming to Caring Community meetings?
       *Probe for:  have changes been positive or negative

4.  What have been the most important accomplishments of this Caring Community, in your opinion?
       *Probe for specific examples of what the CC <u>did</u>, the role of the CC
       *Probe for whether the activity/program is still ongoing

5.  What have been the biggest challenges faced by this Caring Community, in your opinion?
       *Probe for specific problems or issues
       *Probe for how these issues were dealt with

6.  Do you feel that the Caring Community is recognized by service providers as an important part of  the community? Why or why not?

7.  Do you feel that the Caring Community is recognized by community residents as an important part of the community? Why or why not?

# Appendix D2

## Initiative-Wide Key Stakeholder Interview Protocol

**Caring Community
Initiative Wide
Key Stakeholder Survey**

**5/5/00**

Hello, my name is _____, and I'm calling on behalf of the Caring Community Evaluation Team.  As part of the evaluation, we are collecting information from a number of people that have been involved with the Caring Community Initiative, and your name was suggested as someone we could speak to about overall system of Caring Communities—that is, some of the issues and accomplishments of the eight communities as a whole.  Would you be willing to answer some questions ?  The interview will take about 30-45 minutes, and we can either do it now, or we can schedule a time for me to call you back.

Name: _____

Date:   _____

Start time: _____

End time:  _____

Interviewer: _____

1.  How did you first get involved with the Caring Community Initiative?
        *Probe for: length of involvement, role in the CC initiative

1a.  Are you involved with any specific Caring Communities?  If so, which ones?

2.  What expectations did you have about what the Caring Community Initiative as a whole would accomplish?

3.  Have these expectations been met?  In what ways (why or why not?)?

4.  What have been the most important accomplishments of the Caring Community Initiative as a whole, in your opinion?
        *Probe for specific examples

5.  What have been the biggest challenges faced in terms of developing an overarching system of Caring Communities,  in your opinion?
        *Probe for specific challenges

6.  In what ways, if any, are the Caring Communities similar across the eight communities?  Are there any shared goals?  If yes, what are these?

7.  What, if anything, do you think could be done to improve the Caring Communities, overall?

**Caring Community Member Survey**
(example from the North Portland Caring Community)

# CARING COMMUNITY RESIDENT SURVEY
## NORTH PORTLAND CARING COMMUNITY

Please answer the questions below as accurately as possible. Your answers will help us to develop a "snapshot" of the role and functioning of the North Portland Caring Community. *Please be assured that all of your answers will be kept completely confidential.*

## PART A: INTRODUCTORY QUESTIONS

1. How long have you lived in the _____ neighborhood?

3. How long have you lived in _____? Please circle about how many years and/or months.
   a. Years:   1   2   3   4   5   6   7   8
   b. Months:  1   2   3   4   5   6   7   8   9   10   11

4. Please check the statement that best describes your current participation in the Caring Community?

   ☐  a. My participation is generally a part of my work (e.g., agency representative).

   ☐  b. My participation is generally **not** a part of my work (e.g., community resident).

   ☐  c. My participation is about evenly split between both options above.

5. During the past year, about how many hours, in an average month, would you say you have given to the North Portland Caring Community (include time spent meeting with subcommittees or action teams, preparing for meetings, networking and communicating outside meetings, fund-raising, grant-writing, or helping with Caring Community activities, etc.)

   _____ Hours per month

6. About how often do you **attend meetings** related to Caring Community activities (including general meetings, Action Team/Task Force meetings, subcommittee meetings, group meetings, etc.)?

   ☐  a. Weekly

   ☐  b. Every other week

   ☐  c. Monthly

   ☐  d. Quarterly

   ☐  e. Seldom or never➔***Please go directly to Part C, page 5.***

   ☐  f. Other, please describe: _____

   *Note: If you do not attend Caring Community meetings, please go to "Part C. Service Integration & Coordination," on page 5.*

9. Which of the following describes your role(s) with the North Portland Caring Community?
   *Please check all that apply*.

   ☐   a. I am a general member (e.g., attend monthly group/Operations meetings)

   ☐   b. I am a Chair or co-chair of a Subcommittee, Group, or Action Team

   ☐   c. I am a paid staff working for the Caring Community (e.g., Vista or Americorp, etc.)

   ☐   d. I am an Action Team, Task Force, Working Group, Steering Committee or
        Subcommittee Member. Please specify: _____

   ☐   e.  I am (please specify role): _____

10. What is your *primary* role in the North Portland Caring Community? By primary, we mean the role in
    which you spend the most time and/or feel the most committed. *Please check only one*.

   ☐   a. Primarily, I am a general member (e.g., attend monthly group/Operations meetings)

   ☐   b. Primarily, I am a Chair or Co-chair of a Subcommittee, Group, or Action Team

   ☐   c. Primarily, I am a paid staff working for the Caring Community.

   ☐   d. Primarily, I am a member of a specific Action Team, Task Force, Working Group,
        Steering Committee Member. Please specify: _____

   ☐   e. Primarily, I am (please specify role): _____

## PART B.  ORGANIZATIONAL EFFECTIVENESS

B1.  Which one of the following procedures is most typically used to make decisions in the group in which
     you play your *primary role* in the North Portland Caring Community?

   ☐   a. Reach consensus.

   ☐   b. Vote (majority rules)

   ☐   c. Chairperson or other leader(s) makes decisions.

   ☐   d. No formal procedure

B2. How often do the following agencies regularly participate in the group in which you play your *primary role*? Please circle your response for each agency.

| | Usually | Some-times | Never | Don't Know |
|---|---|---|---|---|
| Adult and Family Services (AFS) | 2 | 1 | 0 | DK |
| Services for Children & Families (SCF) | 2 | 1 | 0 | DK |
| Police Bureau or Sheriff's Office | 2 | 1 | 0 | DK |
| Parks & Recreation Department | 2 | 1 | 0 | DK |
| Portland Public Schools representatives | 2 | 1 | 0 | DK |
| Parent/Teacher Association (PTA) | 2 | 1 | 0 | DK |
| Student Organizations or groups | 2 | 1 | 0 | DK |
| Multnomah County Health Department | 2 | 1 | 0 | DK |
| Multnomah County Community & Family Services | 2 | 1 | 0 | DK |
| Multnomah County Aging Services | 2 | 1 | 0 | DK |
| Corrections and/or Juvenile Justice (parole/probation, etc.) | 2 | 1 | 0 | DK |
| Columbia Villa Community Service Project | 2 | 1 | 0 | DK |
| Delauney Family Services | 2 | 1 | 0 | DK |
| North Portland Youth and Family Center | 2 | 1 | 0 | DK |
| Multnomah County Library | 2 | 1 | 0 | DK |
| Elected Officials | 2 | 1 | 0 | DK |
| North Portland Neighborhood Associations | 2 | 1 | 0 | DK |
| Oregon Literacy | 2 | 1 | 0 | DK |
| Oregon State Extension Service | 2 | 1 | 0 | DK |
| Portland State University | 2 | 1 | 0 | DK |
| Roosevelt Community Family Resource Center | 2 | 1 | 0 | DK |
| State Employment division | 2 | 1 | 0 | DK |
| State Volunteer Office | 2 | 1 | 0 | DK |
| TLC/TnT | 2 | 1 | 0 | DK |
| Tri-Met | 2 | 1 | 0 | DK |
| *Others (please specify):* | | | | |
| a. | 2 | 1 | 0 | DK |
| b. | 2 | 1 | 0 | DK |
| c. | 2 | 1 | 0 | DK |

B3. To what extent do each of the following statements describe the group in which you play your *primary role*? Please circle the number that best reflects your response to each statement.

| *Thinking about the group in which you play your primary role……* | Yes | Some-what | No | Don't know | Not Appli-cable |
|---|---|---|---|---|---|
| a. This group is effective at getting things done. | 2 | 1 | 0 | DK | NA |
| b. Turnover among members is a problem for this group. | 2 | 1 | 0 | DK | NA |
| c. I have a clear understanding of the goals of this group. | 2 | 1 | 0 | DK | NA |
| d. There is agreement among group members about the goals of this group. | 2 | 1 | 0 | DK | NA |
| e. I am satisfied with the way decisions are made in this group. | 2 | 1 | 0 | DK | NA |
| f. The group's leaders do a good job of soliciting input from other members. | 2 | 1 | 0 | DK | NA |
| g. Differences of opinion are a problem for this group. | 2 | 1 | 0 | DK | NA |
| h. Low participation/involvement is a problem for this group. | 2 | 1 | 0 | DK | NA |
| i. There is sufficient time at meetings to accomplish our goals. | 2 | 1 | 0 | DK | NA |
| j. This group has strong and effective leader(s). | 2 | 1 | 0 | DK | NA |
| k. It is worth my time to be involved with this group. | 2 | 1 | 0 | DK | NA |
| l. Working with this group supports the other work that I do. | 2 | 1 | 0 | DK | NA |
| m. Timely progress is being made on this group's projects. | 2 | 1 | 0 | DK | NA |
| n. When members of this group disagree with each other, they usually say so. | 2 | 1 | 0 | DK | NA |
| o. There is a strong feeling of belonging in this group. | 2 | 1 | 0 | DK | NA |
| p. I feel strongly committed to this group. | 2 | 1 | 0 | DK | NA |
| r. Members of this group are encouraged to speak their minds even if it means disagreeing with the majority. | 2 | 1 | 0 | DK | NA |
| s. This group's leaders are good at facilitating compromise when needed. | 2 | 1 | 0 | DK | NA |
| t. This group regularly reviews and evaluates its progress. | 2 | 1 | 0 | DK | NA |

## PART C: SERVICE INTEGRATION & COORDINATION

Below is a list of agencies, programs, and organizations that you may be familiar with. Please circle the number that reflects your answer to the question at the top of the table for each of the agencies or programs listed.

| "I have a clear understanding of the services or activities that this agency/program provides in my community." | Yes | Some-what | No | Not Appli-cable |
|---|---|---|---|---|
| Adult and Family Services (AFS) | 2 | 1 | 0 | NA |
| Services for Children & Families (SCF) | 2 | 1 | 0 | NA |
| Police Bureau or Sheriff's office | 2 | 1 | 0 | NA |
| Parks & Recreation Department | 2 | 1 | 0 | NA |
| Portland Public Schools representatives | 2 | 1 | 0 | NA |
| Parent/Teacher Association (PTA) | 2 | 1 | 0 | NA |
| Student Organizations or groups | 2 | 1 | 0 | NA |
| Multnomah County Community & Family Services | 2 | 1 | 0 | NA |
| Multnomah County Aging Services | 2 | 1 | 0 | NA |
| Corrections and/or Juvenile Justice (parole/probation, etc.) | 2 | 1 | 0 | NA |
| Columbia Villa Community Service Project | 2 | 1 | 0 | NA |
| Delauney Family Services | 2 | 1 | 0 | NA |
| North Portland Youth and Family Center | 2 | 1 | 0 | NA |
| Multnomah County Library | 2 | 1 | 0 | NA |
| Elected Officials | 2 | 1 | 0 | NA |
| North Portland Neighborhood Associations | 2 | 1 | 0 | NA |
| Oregon Literacy | 2 | 1 | 0 | NA |
| Oregon State Extension Service | 2 | 1 | 0 | NA |
| Portland State University | 2 | 1 | 0 | NA |
| Roosevelt Community Family Resource Center | 2 | 1 | 0 | NA |
| State Employment Division | 2 | 1 | 0 | NA |
| State Volunteer Office | 2 | 1 | 0 | NA |
| TLC/TnT | 2 | 1 | 0 | NA |
| Tri-Met | 2 | 1 | 0 | NA |
| *Others (please specify):* | | | | |
| | 2 | 1 | 0 | NA |
| | 2 | 1 | 0 | NA |
| | 2 | 1 | 0 | NA |
| | | | | |

D1. Please tell us the extent to which you believe the following have increased or decreased as a result of the activities of the North Portland Caring Community.

| Describe the change that has taken place in terms of: | Major Increase | Moderate Increase | No Change | Moderate Decrease | Major Decrease |
|---|---|---|---|---|---|
| a. The number of community residents actively involved in community issues | 5 | 4 | 3 | 2 | 1 |
| b. The level of awareness in the general community about key issues | 5 | 4 | 3 | 2 | 1 |
| c. The amount of resources available in the community | 5 | 4 | 3 | 2 | 1 |
| d. The number of new services or programs in the community | 5 | 4 | 3 | 2 | 1 |
| e. The accessibility of services and programs in the community | 5 | 4 | 3 | 2 | 1 |
| h. The level of awareness in the general community about issues of cultural diversity. | 5 | 4 | 3 | 2 | 1 |
| f. The sense of belonging **you** feel to the general community | 5 | 4 | 3 | 2 | 1 |
| g. **Your** awareness of services and resources in the community | 5 | 4 | 3 | 2 | 1 |

D2. Please indicate your level of agreement with each of the following statements. These questions ask you to think about the North Portland Caring Community as a whole.

| | Yes | Some what | No | Don't know |
|---|---|---|---|---|
| a. I have a clear understanding of the <u>role</u> that the Caring Community plays in facilitating community change. | 2 | 1 | 0 | DK |
| b. The Caring Community is effective in communicating its achievements. | 2 | 1 | 0 | DK |
| c. The Caring Community is effective in developing capacity to sustain its efforts. | 2 | 1 | 0 | DK |
| d. The Caring Community has done a lot to help this community make progress. | 2 | 1 | 0 | DK |
| e. Overall, the Caring Community is a strong force in this community. | 2 | 1 | 0 | DK |
| f. I really care about the future of the Caring Community. | 2 | 1 | 0 | DK |
| g. I am proud to tell others that I am part of the Caring Community. | 2 | 1 | 0 | DK |
| h. I receive timely notice about Caring Community activities. | 2 | 1 | 0 | DK |
| i. Information that I receive from the Caring Community is useful. | 2 | 1 | 0 | DK |
| j. I know who to call to find about Caring Community activities. | 2 | 1 | 0 | DK |
| k. The Caring Community coordinator is responsive to my requests. | 2 | 1 | 0 | DK |
| l. The Caring Community coordinator helps me get information I need. | 2 | 1 | 0 | DK |
| m. The Caring Community is aware of cultural diversity in this community. | 2 | 1 | 0 | DK |

| n. The Caring Community is responsive to the needs of culturally diverse groups in this community. | 2 | 1 | 0 | DK |
|---|---|---|---|---|

## PART E: SERVICE PROVIDER QUESTIONS

E1. Which of the following best describes the type of organization you represent in the North Portland Caring Community? Please check one.

☐ a. Social service agency (including housing, case management, mental health, substance abuse treatment, prevention, early intervention, AFS, SCF, and/or other governmental social service agencies).

☐ b. Health care provider (e.g., doctor, nurse, hospital, etc.)

☐ c. Educational provider (e.g., school, counselor, etc.)

☐ d. Recreational provider (e.g., parks system, library, etc.)

☐ e. Law enforcement/juvenile justice.

☐ f. Other service provider,
   please specify: _____

-----------------------------------------------------------------------------------------------------------------

☐ g. Business

☐ h. Neighborhood association

☐ i. Faith community (church, synagogue, etc)

☐ j. Other non-service provider (e.g., elected officials, etc.),
   please specify: _____

**Important!!**
**→If you selected a-f above, please continue with question #E2, below.**

**→If you selected g-j above, please go directly to section F, page 10.**

E2. Please indicate the extent to which you agree with the following statements.

| "I/My agency has collaborated with this agency/program to plan, provide, or coordinate services." | Yes | Some-what | No | Don't know | Not Applicable |
|---|---|---|---|---|---|
| Adult and Family Services (AFS) | 2 | 1 | 0 | DK | NA |
| Services for Children & Families (SCF) | 2 | 1 | 0 | DK | NA |
| Police Bureau or Sheriff's office | 2 | 1 | 0 | DK | NA |
| Parks & Recreation Department | 2 | 1 | 0 | DK | NA |
| Portland Public Schools representatives | 2 | 1 | 0 | DK | NA |
| Parent/Teacher Association (PTA) | 2 | 1 | 0 | DK | NA |
| Student Organizations or groups | 2 | 1 | 0 | DK | NA |
| Multnomah County Community & Family Services | 2 | 1 | 0 | DK | NA |
| Multnomah County Aging Services | 2 | 1 | 0 | DK | NA |
| Corrections and/or Juvenile Justice (parole/probation, etc.) | 2 | 1 | 0 | DK | NA |
| Columbia Villa Community Service Project | 2 | 1 | 0 | DK | NA |
| Delauney Family Services | 2 | 1 | 0 | DK | NA |
| North Portland Youth and Family Center | 2 | 1 | 0 | DK | NA |
| Multnomah County Library | 2 | 1 | 0 | DK | NA |
| Elected Officials | 2 | 1 | 0 | DK | NA |
| North Portland Neighborhood Associations | 2 | 1 | 0 | DK | NA |
| Oregon Literacy | 2 | 1 | 0 | DK | NA |
| Oregon State Extension Service | 2 | 1 | 0 | DK | NA |
| Portland State University | 2 | 1 | 0 | DK | NA |
| Roosevelt Community Family Resource Center | 2 | 1 | 0 | DK | NA |
| State Employment Division | 2 | 1 | 0 | DK | NA |
| State Volunteer Office | 2 | 1 | 0 | DK | NA |
| TLC/TnT | 2 | 1 | 0 | DK | NA |
| Tri-Met | 2 | 1 | 0 | DK | NA |
| *Others (please specify):* | | | | | |
| | 2 | 1 | 0 | DK | NA |
| | 2 | 1 | 0 | DK | NA |
| | 2 | 1 | 0 | DK | NA |

E3. Please tell us the extent to which you believe that the following have *increased* or *decreased* as a result of the activities of the North Portland Caring Community.

| Describe the change that has taken place in terms of: | Major Increase | Moderate Increase | No Change | Moderate Decrease | Major Decrease | Don't Know |
|---|---|---|---|---|---|---|
| a. The amount of information exchanged between organizations/groups | 5 | 4 | 3 | 2 | 1 | DK |
| b. The number of referrals between different organizations/groups | 5 | 4 | 3 | 2 | 1 | DK |
| c. The level of coordination of services in the community | 5 | 4 | 3 | 2 | 1 | DK |
| d. The number of joint projects undertaken | 5 | 4 | 3 | 2 | 1 | DK |
| e. The level of understanding of different programs by other service providers | 5 | 4 | 3 | 2 | 1 | DK |
| f. The level of competition between service providers | 5 | 4 | 3 | 2 | 1 | DK |
| g. The level of duplication of services | 5 | 4 | 3 | 2 | 1 | DK |
| h. The number of community service providers actively involved in community issues | 5 | 4 | 3 | 2 | 1 | DK |
| i. The level of awareness in the service provider community about key issues | 5 | 4 | 3 | 2 | 1 | DK |
| j. The sense of belonging to the service provider community | 5 | 4 | 3 | 2 | 1 | DK |
| k. The level of coordination of services to clients | 5 | 4 | 3 | 2 | 1 | DK |
| l. The amount of client information shared between agencies | 5 | 4 | 3 | 2 | 1 | DK |
| m. The amount of red tape involved in sharing client information between agencies | 5 | 4 | 3 | 2 | 1 | DK |
| n. The willingness of other agencies to share client information with my program/agency | 5 | 4 | 3 | 2 | 1 | DK |
| o. The level of sensitivity of the provider community to issues of cultural diversity | 5 | 4 | 3 | 2 | 1 | DK |

## F. Open-ended Questions

F1. Please think about your general participation in the North Portland Caring Community. Are there areas of disagreement about the goals or mission of the North Portland Caring Community? If yes, please describe these areas.

_____

_____

_____

F2. In your opinion, what, if anything, could the North Portland Caring Community do to improve its effectiveness?

_____

_____

_____

F3. What key agencies, programs, or constituency groups, if any, are not adequately represented in the North Portland Caring Community?

_____

_____

_____

F4. What is the most important role that the North Portland Caring Community does for your community? That is, what does the North Portland Caring Community do for your community that is most important?

_____

_____

_____

F5. In what ways, if any, has the North Portland Caring Community addressed issues of cultural diversity?

_____

_____

_____

Thank you for completing this questionnaire! Please **mail or fax** your survey no later than Monday, April 19, 1999 to:

Attn: Caring Community Evaluation
Northwest Professional Consortium
0434 SW Iowa Street
Portland OR 97201

**FAX: (503) 244-2183**

# Appendix D4

## Focus Group Protocol

## I.  Structure & Participants:

      1.  Caring Community Specific (one in each CC with CC representatives): comprised of participating members of each Caring Community.

      2.  Scheduling/Logistics:  CC coordinators suggested that CC regular meeting time would be best possible time for the focus groups.  We'll need 1 ½ hours for the focus group component of the meeting.

## II.  Purpose of Focus Groups:  To collect information to address questions about four aspects of the Caring Communities, including:

      A.  Identifying accomplishments and goals that may not be reflected in documents: How can you tell if the CC is successful?

      B.  Identifying "key ingredients" to CC success—what makes them work? How can they be improved?

      C.  Identifying challenges faced by CC (potential barriers to success)

      D.  Identifying needs of CCs for ongoing improvement (including support needs, etc.)

## --Remind participants about confidentiality

## III.  Focus Group Questions (Outline)

      Participants will be given 3 index cards, and will be asked to write down 3 items on each card in response to the follow questions:

         A.  What are the **key goals** your CC trying to accomplish?

         B.  What are the **strengths** of your CC?

         C.  What are the **challenges** faced by your Caring Community?

→**On the top of each card, please ask participants to write down the <u>length of time</u> that they've been involved with the Caring Community.**

The facilitator will then collect the cards, shuffle them, and distribute them.  The responses will be shared with the group, with these follow-up questions:

      **A.  Accomplishments and Goals**
         Probes for discussion:
            *What is your CC <u>doing</u> to make progress towards this goal?  BE SPECIFIC!
            *What is the <u>role</u> of the CC in creating community change?
            *What changes in the community <u>might we look at</u> to tell us that progress is being made?
         How can we tell if the CC is successful?
      **B.  Strengths**
         Probes:
            *How are these strengths used [or not used] to support the Caring Community?
      **C.  Challenges**
         Probes:
            *What, if anything, is being done {or should be done} to address these challenges?
            *Are there other areas that could be improved to make the CC more effective?
      **D.  Wrap-up questions:**
         1.  What would you like to see the Caring Community accomplish in the next year?
         2.  In the next five years?

**Appendix E**

**Evaluation Timeline**

| Task | Actual Completion Date |
|---|---|
| 1. Grant Awarded | September 1998 |
| 2. Initial Evaluation Team Meeting | September 1998 |
| 3. Develop Community Profile Protocol | November 1998 |
| 4. Develop Logic Model Protocol | November 1998 |
| 5. Meet with Each Coordinator | December 1998 |
| 6. Document Collection | December 1998 |
| 7. Literature Review | December 1998 |
| 8. Plan Focus Groups | January 1999 |
| 9. Draft all Logic Models | March 1999 |
| 10. Draft Caring Community Member Survey | March 1999 |
| 11. Complete Focus Groups | March 1999 (except CCNP) |
| 12. Finalize Caring Community Member Survey | April 1999 |
| 13. Mail Caring Community Member Survey | April 1999 |
| 14. Draft Community Resident Survey | April 1999 |
| 15. Finalize Caring Community Member Survey | April 1999 |
| 16. Analyze Focus Group Data | May 1999 |
| 17. Pilot Community Resident Survey Interviews | May 1999 |
| 18. Develop Sample for Community Resident Survey | May 1999 |
| 19. Mail Community Resident Survey | May 1999 |
| 20. Complete Data for Community Resident Survey | June 1999 |
| 21. Second Mailing for Caring Community Member Survey (WDCC, ISECC, MCCC) | June 1999 |
| 22. Data Completed for Caring Community Member Survey | June 1999 |

| | |
|---|---|
| 23. Complete Key Stakeholder Interviews | June 1999 (three exceptions) |
| 24. Complete Community Profiles | July 1999 |
| 25. Develop Logic Models 1999-2000 | July 1998 |
| 26. Analyze Data | July 1999 |
| 27. Final Report drafted and distributed to Evaluation Team for review and comment | July 1999 |
| 28. Final Report distributed to coordinators for review and comment | August 1999 |
| 29. Complete Final Report | August 1999 |
| 30. Present Results to each Caring Community, Leaders Roundtable, and other stakeholders | September-October 1999 |

**Community Engagement Measure
(Community Resident Survey)**

# GRANT-MADISON CARING COMMUNITY RESIDENT SURVEY

You have received this survey because you recently participated in a local community event in Multnomah County  We'd like to hear more from you about how you feel about your local community.  For the purposes of the survey, when we use the word "community" we mean the **_geographic neighborhood around Grant and Madison High Schools_**.

1. **Do you live in this community?**  ☐ NO ☐ Yes➔for how long? ____ months _____ years
2. **Do you work in this community?**  ☐ NO ☐ Yes➔for how long? ____ months _____ years

## _Please Tell Us About Your Community_

**3. What family or community events or activities would you like to have in your neighborhood?_____**

_____

**4.  What would help you to become more involved in your community?** _____

_____

**5.  What changes are needed to make your community a better place to live?** _____

_____

*6.  Please circle the number that tells us how much you agree or disagree with each of these statements:*

|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | don't know |
|---|---|---|---|---|---|---|
| A.  I think my community is a good place for me to live. | 5 | 4 | 3 | 2 | 1 | dk |
| B.  I can recognize many of the people who live in my community. | 5 | 4 | 3 | 2 | 1 | dk |
| C.  I feel at home in this community. | 5 | 4 | 3 | 2 | 1 | dk |
| D.  If there is a problem in this community, people who live here can get it solved. | 5 | 4 | 3 | 2 | 1 | dk |
| E.  I can have an influence on what this community is like. | 5 | 4 | 3 | 2 | 1 | dk |
| F.  In this community, people, schools, agencies, and other groups work together. | 5 | 4 | 3 | 2 | 1 | dk |
| G.  In the past year, I have been more involved in my community. | 5 | 4 | 3 | 2 | 1 | dk |
| H.  In the past year, there have been positive changes in my community. | 5 | 4 | 3 | 2 | 1 | dk |

## _Part 2:  Please Tell Us About Yourself_

**1.  What is your gender?**
  ☐ Male
  ☐ Female
**2. What is your age group?**
  ☐ 18-21

**4. What race/ethnicity are you?**
  ☐ Caucasian/White
  ☐ African American
  ☐ Hispanic/Latino(a)
  ☐ Asian/Pacific Islander

☐ 21-55  ☐ Native American
☐ 55+  ☐ Bi –Racial or Multi-Racial
**3. How many children do you have?** _____  ☐ Other: _____

**Part 3: The Caring Community**

**The <u>Grant-Madison Caring Community</u> is a community-based team that supports activities leading to collaborative, interactive service delivery for individuals, children, and families. The Grant-Madison Caring Community is open to all members of the community, and has been involved with a variety of community events and projects, such as:**

♦ The Back to School Fair (September, 1998, Irvington Park)

♦ Grant-Madison Community Conversation (November, 1998, Westminster Presbyterian Church)

♦ Community Budget Forum (January, 1999, Trinity Lutheran Church)

♦ School's Out Program (Spring, 1999, Augustana Lutheran Church)

**1. Have you heard about the Grant-Madison Caring Community?**

☐ **NO→** You are finished! Thank you for completing this survey. If you would like to receive information about the Caring Community, **please complete the attached Information Request form.**

☐ **YES→**Please answer the questions below.

**2. How did you hear about the Grant-Madison Caring Community?**_____

_____

**3. What do you think is the most important thing that Grant-Madison Caring Community does?**

_____

**4. About how often do you usually come to events or activities involving the Grant-Madison Caring Community?**

☐=Never

☐=Once or twice per year

☐=Several times per year

☐=Monthly or more

| 5. *Please circle the number that tells us how much you agree or disagree with each of these statements:* | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | don't know |
|---|---|---|---|---|---|---|
| A. Overall, the Grant-Madison Caring Community is a strong force in this community. | 5 | 4 | 3 | 2 | 1 | dk |
| B. The Grant-Madison Caring Community works on the most important community issues. | 5 | 4 | 3 | 2 | 1 | dk |
| C. The Grant-Madison Caring Community is responsive to the needs of culturally diverse groups in this community. | 5 | 4 | 3 | 2 | 1 | dk |

**6. Do you have any other comments or suggestions for the Grant-Madison Caring Community? (please use the back of this sheet if needed).** _____

_____