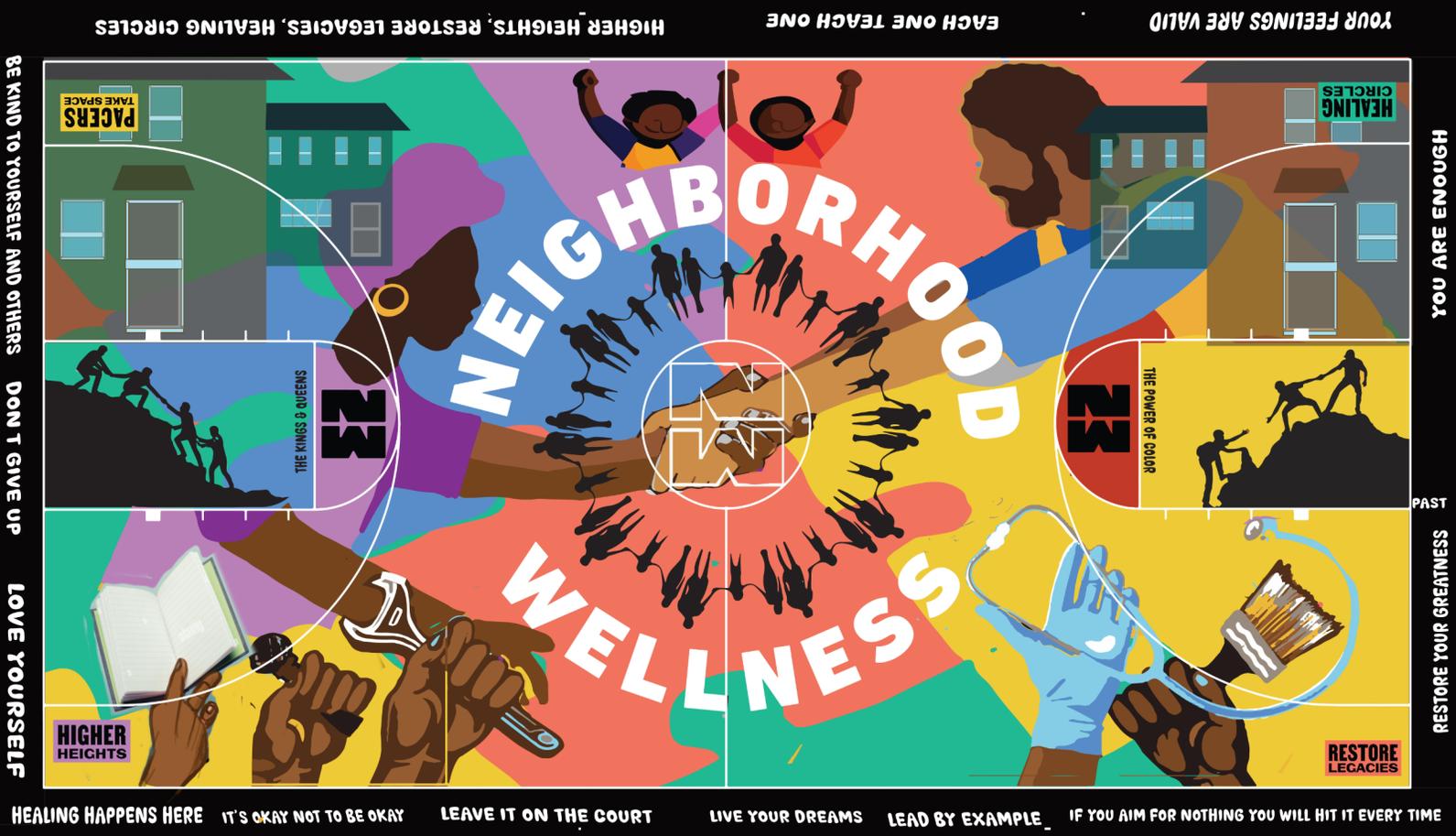


Addressing ACEs & Childhood Trauma in Sacramento, CA: Findings From Five Community-Partnered Evaluations



FINAL REPORT

Prepared for the ACE Resource Network and Treehouse Foundation by the Institute for Health Equity and Social Justice Research and the Northeastern University Public Evaluation Lab at Northeastern University

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Introduction

The Institute for Health Equity and Social Justice Research (IHESJR), led by Dr. Alisa K. Lincoln, received a generous gift from Anonymous Philanthropy to support ACE Resource Network's (ARN) place-based work in Sacramento, CA. The Northeastern team included faculty, staff, and students from the Institute and its affiliated Public Evaluation Lab (NU-PEL), a collaboration between the IHESJ and Northeastern University's Center for Crime, Race, and Justice, who engage in community-partnered, culturally responsive evaluation. Through their place-based work, ARN partnered with five Sacramento-based community organizations to support their work to disrupt and reduce the intergenerational patterns and negative consequences of ACEs and childhood trauma in the Sacramento community. These community partners, each of which received funding through ARN, included the Sacramento LGBT Center, Los Rios Community College, Dr. Alicia Williams, Neighborhood Wellness, and The Sacramento Regional Community Foundation.

IHESJR served as the evaluator across all arms of the ACE Resource Network's Sacramento Initiative, including the programs delivered by the five community-based organizations funded through ARN's Community Investment strategy. Evaluation efforts utilized a culturally responsive evaluation (CRE) framework, which respects and centers the cultural context of programs being evaluated and communities served. Practical applications of CRE include cultivating relationships and building trust, operating from a strengths-based perspective, and engaging in collaborative design efforts to center the strengths and goals of community-based organizations (CBOs). As each of these ARN-funded organizations provides distinct programs and serves different communities within Sacramento, the details of their evaluations differed.

The research team began the first phase of the project in Spring, 2023, by meeting remotely and in-person with each community partner to assess their evaluation knowledge, experience, capacity, and aspirations.

This assessment focused on investigating three primary questions: 1. How, if at all, does the organization currently evaluate their efforts? 2. What barriers, if any, keep them from evaluating their efforts? 3. What experience do they have working with academic partners? The outcome of this work included the co-creation of individual evaluation goals for each partner around which evaluation activities were developed.

Once the evaluation needs of each organization were articulated, the research team created smaller groups of faculty and students to work with each partner, with one of the faculty members leading each team. Based on the articulated needs of each organization, research teams worked with partners to co-create an evaluation plan that included activities, timelines, and deliverables for the program they chose to evaluate.



Figure 1: Community-partnered evaluation process (Image from: *Participatory Evaluation for sustainable social transformation: the CoAct Co-Evaluation Whitepaper*)

Figure 1 describes the community partnered evaluation process – including responsible planning, participant ownership of the process, inclusivity and responsiveness to partner needs, flexibility, transparency and a transformative perspective.

Final reports for each community evaluation were co-created with leadership at each community partner. This report summarizes the evaluation activities and findings as presented in the five final reports, and concludes with a discussion of the lessons learned across this project. We hope these evaluations and lessons will inform future efforts to support community-based agencies engaged in work in preventing and mitigating the negative impacts of ACEs and childhood trauma on communities through engaging data-driven evaluation efforts.

“You Betta Work” Career Fair Survey Results

Based on final report prepared by:

Bozhidar Chakalov, Maria Catrina Jaime, Isabel Pamintuan, Virginia Martinez, and Alisa K. Lincoln

Executive Summary

This chapter presents an evaluation of the April 2024 "You Betta Work" Career Fair organized by the Sacramento LGBT Community Center Economic Justice Program (EJP). The fair was designed to facilitate connections between LGBTQ+ jobseekers and equitable employment opportunities in the Sacramento Region. A survey was conducted to examine the experiences and perceptions of employers who participated in the fair. We present empirical and qualitative findings and conclude with a summary of key insights.

Introduction

The goal of the "You Betta Work" Career Fair, an initiative of the Sacramento LGBT Community Center Economic Justice Program (EJP), is to foster employment opportunities for LGBTQ+ individuals in the Sacramento Region. With an emphasis on inclusivity and diversity, the fair convenes LGBTQ-friendly employers and offers attendees the opportunity to engage in networking activities, receive complimentary professional headshots, and explore job openings within the region. The evaluation was designed to elicit feedback from participating employers and assess their perspectives on diversity and their experience and satisfaction with the fair.

Methodology

A Qualtrics-based survey for employers was co-designed by the LGBT Center and the Northeastern University research team (Appendix A.1). Employer representatives at the fair were recruited by a research coordinator, who shared a QR code that participants could scan with their phones or provided a paper version of the survey. The coordinator was available to answer questions as respondents completed the survey. The survey contained both closed- and open-ended questions, allowing for a comprehensive assessment of various aspects of the fair, including employer characteristics, employer satisfaction, reasons for participating, perceived impact, and suggestions for improvement. Closed-ended questions used a Likert-scale format.

Results

A total of 28 surveys were completed at the "You Betta Work" Career Fair. An analysis of the survey responses revealed a range of insights regarding employer experiences. Quantitative findings indicated high levels of satisfaction among participating employers, with a majority expressing positive perceptions of the event's organization, attendee engagement, and overall impact. Unless otherwise indicated, the figures below include data from 28 respondents.

Employer Representation

Most survey respondents (89%) were direct employees of the company or organization they were there to represent, though some were third-party recruiters (7%). One respondent characterized themselves as working for community resources. See Figure 1.

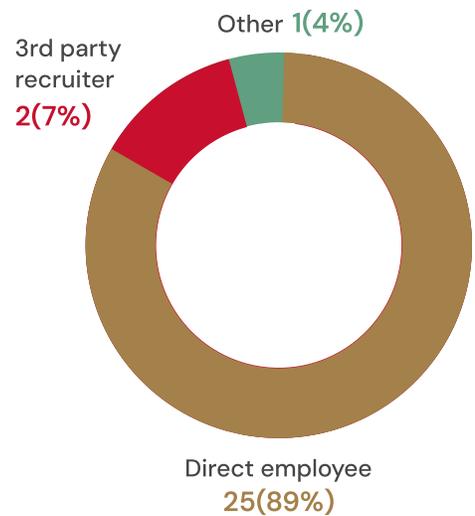


Figure 1: Relationship to Employer

Most respondents represented employers in the Sacramento region (71%), though some said their employer had both a local and national footprint. Those who selected 'other' indicated they work at the state-level (Figure 2).

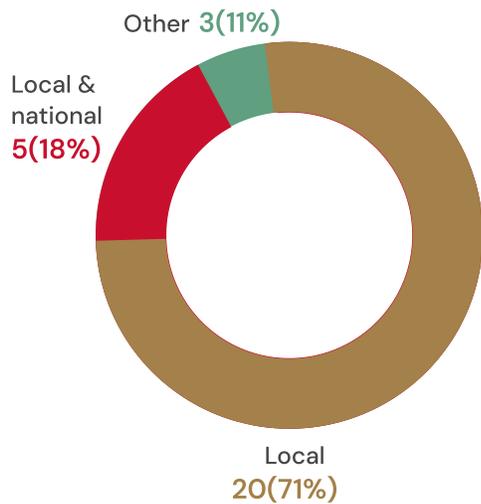


Figure 2 : Footprint of employer

Employer support of DEI policies and LGBTQIA+ Persons

A large majority of respondents agreed or strongly agreed that their employer is affirming of LGBTQIA+ persons (97%), has strong DEI policies in place (93%), and supports employees transitioning at the workplace (100%) (Figure 3).

"Our department is prioritizing recruiting a diverse workforce to better reflect the populations we serve."

Reflecting these employer descriptions, most respondents (96%) also agreed the fair aligned with their staffing goals (Figure 3). And, in fact, several respondents indicated in open-ended responses that they attended the fair specifically to reach diverse candidates.

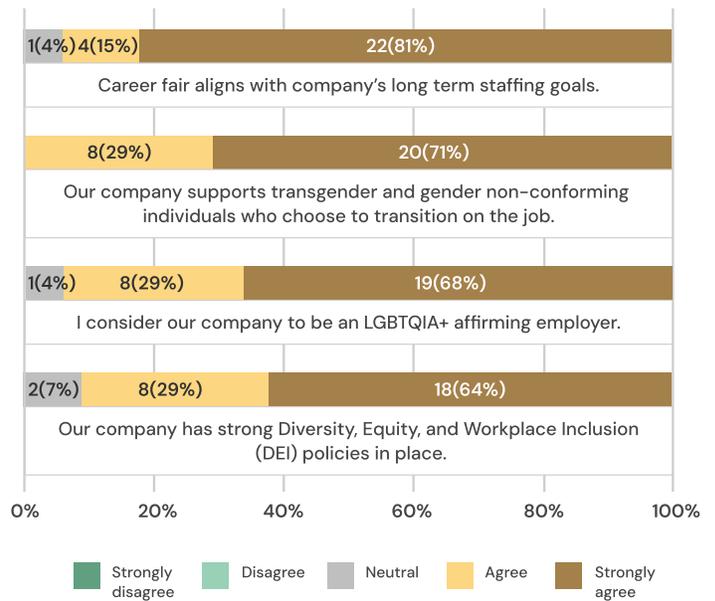


Figure 3: Respondents perceptions of their employers

Experience and Satisfaction

A majority of employer representatives who took the survey agreed or agreed a lot that that were impressed with the ethnic, cultural, and gender diversity of job seekers at the fair, and that they spoke with a substantial number of qualified candidates (85% for all items, Figure 4).

More broadly, satisfaction with the fair was very high (all strongly agreed (85%) or agreed they were satisfied with the outcomes) and all respondents indicated that they are enthusiastic about returning to a future fair (Figure 4).

Asked specifically to comment on what went well at the fair, respondents indicated there was **"a strong diverse presence"**, that **"lots of information [was] shared from many employers"**, and that they encountered a **"fun, supportive environment and friendly people"**.



While respondents were positive about the fair overall, they also pointed to ways that the event could be improved in the future. These suggestions included providing more food and water, having climate-controlled spaces, and providing opportunities to learn more about the organizations present (i.e. short talks; a flyer with the employers listed).

Finally, **100%** of respondents said they **want to continue cultivating partnerships with the LGBT Center for the purpose of recruiting potential employees.**

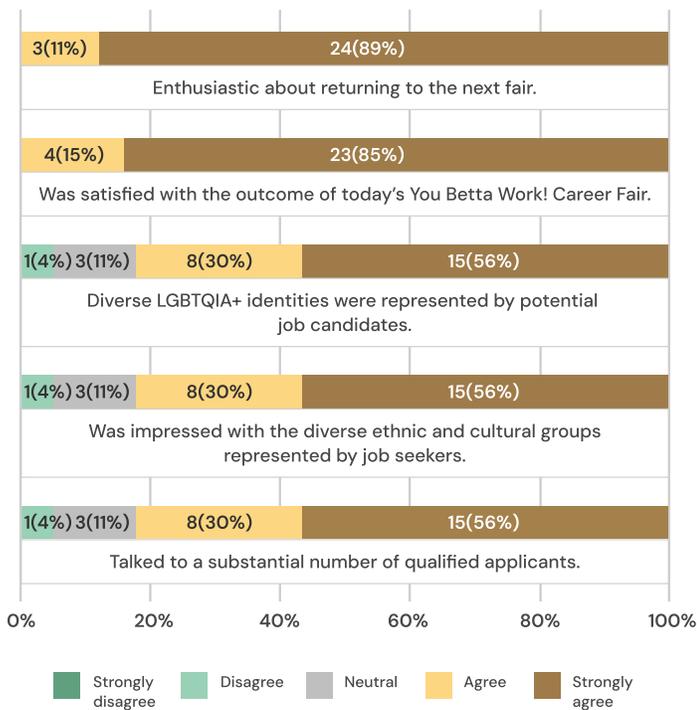
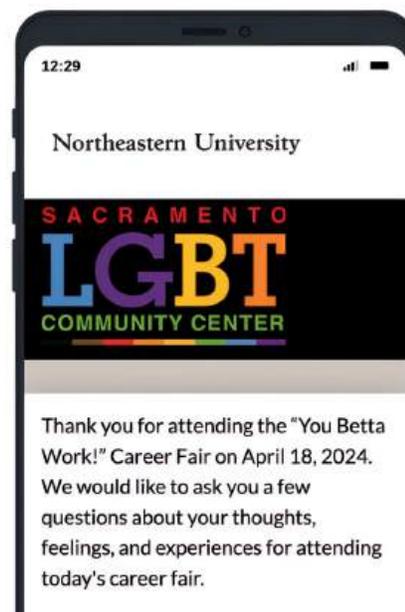


Figure 4 : Respondents' experiences and satisfaction with the fair

Conclusion

In summary, the evaluation of the "You Betta Work" Career Fair supports its significance as a vital resource for LGBTQ+ individuals seeking equitable employment opportunities in the Sacramento Region. Employers overwhelmingly expressed satisfaction with the fair's format and outcomes, highlighting its efficacy in facilitating meaningful connections and promoting diversity in the workforce. Moving forward, recommendations gleaned from the survey responses can inform strategic enhancements to further elevate the impact of the fair, such as a venue that addresses the temperature in Sacramento, especially in the summer months, ensuring its continued success in fostering a more equitable employment landscape for the LGBTQ+ community.



Los Rios Cosumnes River College Student Advisory Team Evaluation Report

Based on final report prepared by:

Tiffani Elliott, Isabel Pamintuan, Maria Catrina D. Jaime, and Alisa K. Lincoln

Executive Summary

The evaluation team worked in partnership with Los Rios Community College District administrators and Cosumnes River College staff leaders to implement a student-centered evaluation of efforts to improve student mental health by promoting awareness of toxic stress and encouraging utilization of campus resources to at Cosumnes River College in Sacramento, CA. These efforts included the formation of a Student Advisory Team (SAT) of 15–20 student employees to plan and implement student-led activities. The NU evaluation team provided expertise and technical assistance to develop and implement a series of survey instruments to assess the impact of the Student Advisory Team (SAT) and student events on campus.

Initial instrument development included pre- and post-surveys that were administered during SAT onboarding and hiring process. Later the SAT and interested students participated in *The Wellness Workshop* hosted by ACE Resource Network (ARN) to discuss and learn more about ACEs, toxic stress and strategies for stress management. An ARN survey was used to gather student participants' feedback about the workshop. After the workshop, the SAT decided they wanted to focus more broadly on mental health and developed the 2 student-led events: *Music & Mental health* and *Plant Your Stress Away*. The NU evaluation team adapted the SAT pre- and post-surveys into brief feedback surveys, that were administered at the end of student-led events.

The result of the quantitative analysis includes a total of 13 SAT members who were initially recruited and completed the pre survey. Throughout the academic year only 2 active SAT members planned student events, which resulted in a total of 2 completed post surveys. Due to the small sample sizes of the participant responses for the post surveys, the analysis was limited to focusing on the pre-results. The SAT members reported a high level of baseline knowledge of ACEs and comfort talking with about ACEs with friends, health professionals and mental health providers. The SAT members did not hold stigmatizing attitudes about

people who have experienced ACEs and indicated they are most likely to seek help from their friends. Further, they also reported knowing about the student services for *Personal Counseling* and all agreed they would use this service if they were seeking help for ACEs and would recommend this service to someone else seeking support for ACEs. The qualitative responses suggest that SAT members agree that mental health resources are the most useful support for students who have experienced ACEs. The pre-survey results concluded with SAT members agreement about their happiness being involved in social activities and supports their sense of belonging on campus.

The NU team then analyzed and summarized the data from the following student events on campus: *The Wellness Workshop*, *Music and Mental Health Day*, and *Plant Your Stress Away*. *The Wellness Workshop* had a total of 5 student attendees but only 1 attendee completed the survey. For *Music and Mental Health* had a total of 3 participants and *Plant Your Stress Away* had a total of 25 participants complete the brief feedback surveys. Overall, participants reported that the events were helpful, and they were able to learn more about healing through music and methods of de-stressing through nature.

Through the collaboration with ACE Resource Network (ARN), the NU evaluation team, the Los Rios Community College District administrators, Cosumnes River College staff leaders, and the Student Advisory Team (SAT) a student-centered evaluation was implemented. Despite challenges with retaining the SAT which limited our ability to examine changes across time, key lessons learned from this evaluation are the importance of a collaborative partnership to ensure programming and evaluation are successfully completed, the need for additional flexibility and time to adapt to changes in staff turnover and reduce capacity of the SAT, and the value of responsive communication between all stakeholders involved. These strategies allowed the NU evaluation team to work effectively with CRC program leaders to ensure the SAT was supported to implement and complete a more feasible evaluation plan.

Introduction

The Northeastern University (NU) evaluation team worked in partnership with Los Rios Community College District administrators and Cosumnes River College staff leaders from August 2023 to June 2024 to implement a student-centered, community-driven evaluation of efforts to improve student mental health by promoting awareness of toxic stress and encouraging utilization of campus resources to at Cosumnes River College in Sacramento, CA. As part of this evaluation the research team provided expertise and technical assistance to support the development and implementation of a series of survey instruments to assess the impact of a Student Advisory Team (SAT) and student events on campus. This chapter summarizes quantitative and qualitative analyses of student survey responses and concludes with the challenges and lessons learned from this evaluation.

Background

The Los Rios Community College District provides the governance and administrative services for 4 accredited community colleges within the greater Sacramento region. Cosumnes River College (CRC) is one of these accredited colleges and through their Center for Inclusion and Belonging in conjunction with the Student Life and Leadership Center were focused on creating innovative programs “for students, by students” about ACEs awareness and healing strategies that are unique, simple, and scalable for other students within the Los Rios district. The programmatic approach chosen was to form a Student Advisory Team (SAT) of 15–20 student employees to plan and implement student-led activities related to these topics.

The Northeastern University (NU) evaluation team aimed to assess the progress of the SAT, and the impact of their student-led events on attendees’ knowledge related to ACEs and their engagement with seeking help from campus resources. The NU evaluation team collaborated with Los Rios administrator and CRC staff leaders to develop survey instruments to be adapted by SAT for

student-led events. The pre- and post-surveys were initially developed to assess knowledge, and changes in knowledge, of adverse childhood experiences (ACEs) and toxic stress, stigma surrounding ACEs, likelihood of seeking help, awareness, sense of belonging, and per request of Los Rios administrator and CRC program lead, student’s engagement with college resources. Students who expressed interest in joining the SAT completed an interest form and were offered a \$640 stipend for 40 hours of work for the duration of the project. As part of SAT onboarding and orientation they completed the pre-survey and then at the end of the year completed the post-survey.

During the school year, the SAT and interested students participated in *The Wellness Workshop* hosted by ACE Resource Network to discuss and learn more about ACEs, toxic stress and strategies for stress management. After this workshop, the SAT was offered the opportunity to adapt existing Number Story messages about toxic stress and to plan school-wide events to promote mental health, wellness, and healing. In collaboration with the program lead SAT members and students chose to focus more broadly on mental health rather than specifically on ACEs and toxic stress. This led to the development of two student-led events for the larger student body, *Music & Mental health* and *Plant Your Stress Away*. The *Music and Mental Health* event featured Al Striplen and focused on healing aspects of the Native American Flute. *Plant Your Stress Away* took place on Earth Day and focused on how exposure to nature can impact mental health. A brief feedback survey was provided to those who attended each of these events.

Methodology

The NU evaluation team collaborated with Los Rios administration and the Cosumnes River College (CRC) program-lead to develop pre- and post-surveys with validated measures. These surveys were based on survey used in the T1 Community Baseline Report from Northeastern University and the ACE Resource Network and a review of relevant literature, and ultimately

included measures of knowledge around ACEs, education and awareness surrounding ACEs, comfort level discussing ACEs, stigma towards ACEs, and seeking help for ACEs. Additional items based on the community-partner interest in student knowledge and utilization of mental health resources on campus were included (see Appendix A for surveys).

The CRC program lead administered the pre- and post-surveys as part of the employee onboarding and orientation to students who expressed interest in participating in the SAT. Additionally, a short version of the SAT survey was created and administered to participants of the student-led events, *Music & Mental Health* and *Plant Your Stress Away*.

Results

This section describes the results of 1) the baseline survey completed by SAT members and 2) the evaluation of student events, including *The Wellness Workshop*, *Music and Mental Health Day* and *Plant Your Stress Away*.

Student Advisory Team Baseline Survey

A total of 13 Student Advisory Team (SAT) participants were initially recruited and completed the pre-survey. Throughout the academic year, only 2 active SAT members planned student events, which resulted in a total of 2 completed SAT post-surveys. Due to this small sample size only results of the SAT pre-survey are reported below. These results represent participants' baseline knowledge and awareness of ACEs and toxic stress, comfort discussing and supporting others regarding ACEs and stigma, likelihood of seeking help, and awareness of existing national, community, and campus level supports and resources.

Knowledge of ACEs & Toxic Stress

Of the 13 SAT members who completed the pre-survey, just under half had heard of ACEs (Figure 1), most commonly through school (31%) or from friends and family (15%) (Figure 2). In comparison, most SAT members (69%) had heard of toxic stress (Figure 1), as with ACEs, school was the most common place respondents had heard of toxic stress (46%), though ads and commercials on television (31%), and the internet (31%) were also

sources identified by participants (Figure 2).

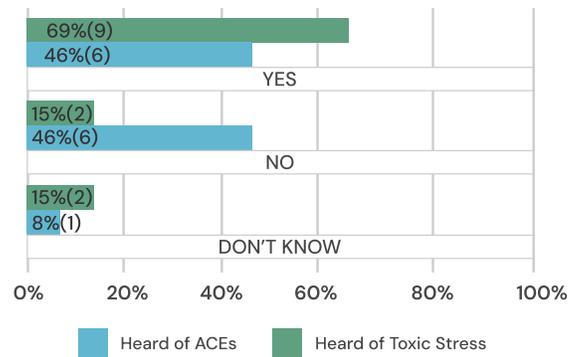


Figure 1: Awareness of ACEs and toxic stress



Figure 2: Where respondents have heard about ACE's and toxic stress (n=13)

SAT members had a relatively high level of baseline knowledge about ACEs. More than half of participants answered each true or false question correctly (Figure 3). As a group, participants were most knowledgeable about types of stress (all participants correctly identified the statement “All stress is bad and should be avoided” as *false*), while just over half were knowledgeable about the long-term health effects of ACEs, the potential to heal from ACEs, and confounding variables that can increase the harms of ACEs. See Figure 3 for all questions and scores.

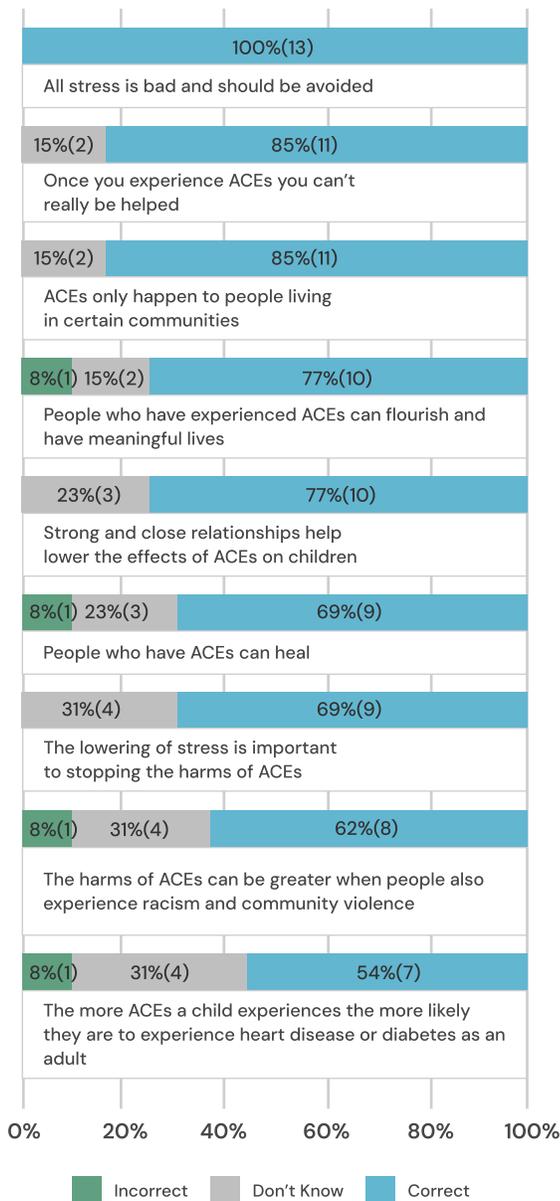


Figure 3: Specific knowledge about ACEs

Comfort talking about ACEs

Participants varied in their level of comfort talking about ACEs to different people (i.e., family or loved ones, friends). SAT members are most comfortable talking about ACEs with family or loved ones (46% comfortable or very comfortable), followed by mental health professionals and friends (39% comfortable or very comfortable for both). SAT were least comfortable talking about ACEs with neighbors or community members. Interestingly, SAT members were more comfortable providing support or resources to others who have ACE's (32% comfortable or very comfortable) than talking with others about ACEs. See Figure 4 for response frequencies for all items.

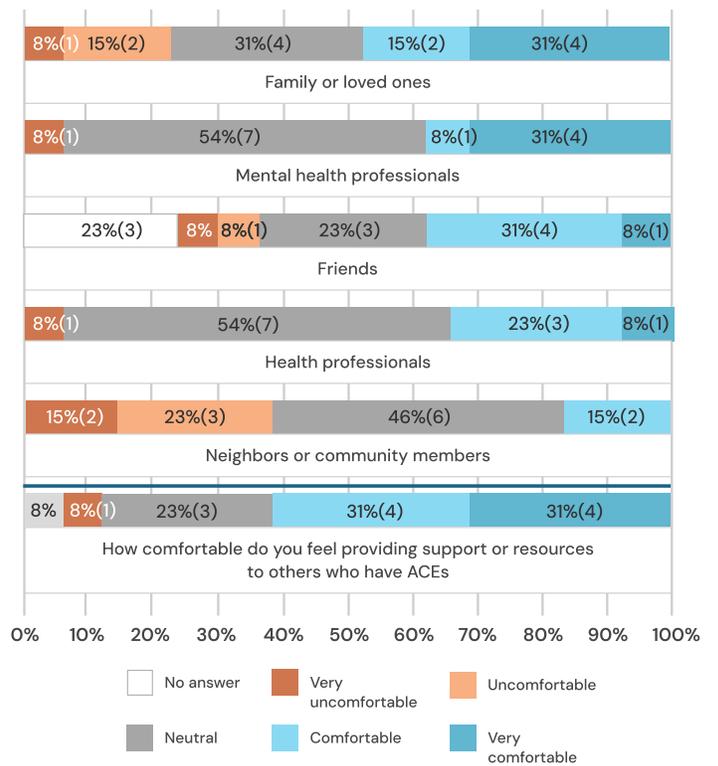


Figure 4: Levels of comfort talking with others about ACEs and providing support

Perceptions of Individuals with ACEs

Overall SAT members did not hold stigmatizing attitudes about people who have experienced ACEs. Most respondents said they would be comfortable having a person with a lot of ACEs as a fellow student (100% comfortable or very comfortable), as part of their family (93% comfortable or very comfortable), and as a co-worker (85% comfortable or very comfortable) (Figure 5). SAT members also did not think that people with ACEs experience *a lot* of judgement (0% a lot) and worry about being stigmatized (Figure 6), though they did indicate they think these things are an issue to some extent. See Figure 6 for questions and responses.

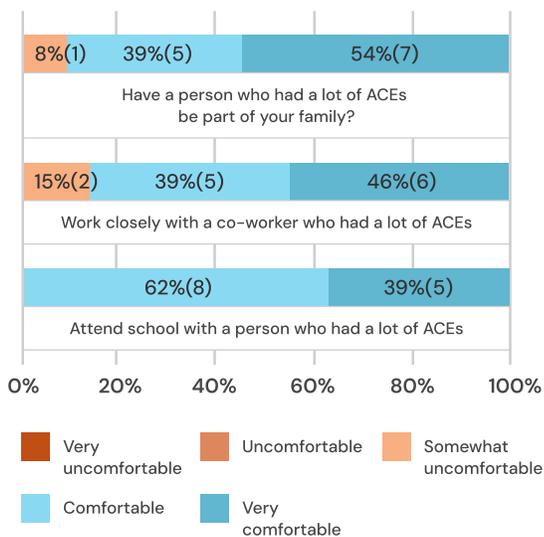


Figure 5: Comfort with people who have experienced ACEs (n=13)

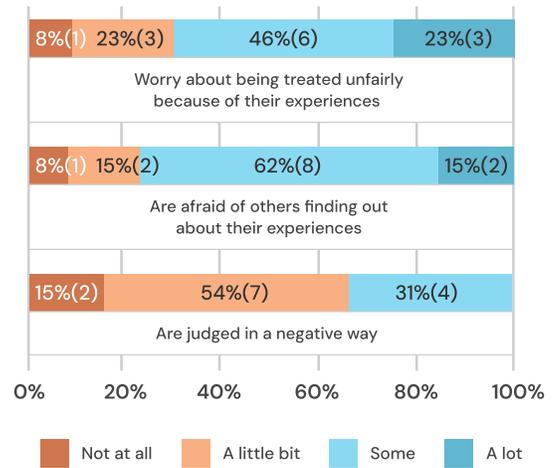


Figure 6: Perceptions of people who have experienced ACEs (n=13)

On average, SAT members reported that if they were experiencing ACEs, they would most likely seek help from friends (92% likely or very likely), from a mental health professional (77% likely or very likely), a medical professional (77% likely or very likely), and/or a family member (0% very likely & 77% likely). Responses indicate SAT members are least likely to seek help from religious leaders (0% very likely & 23% likely). See Figure 7.

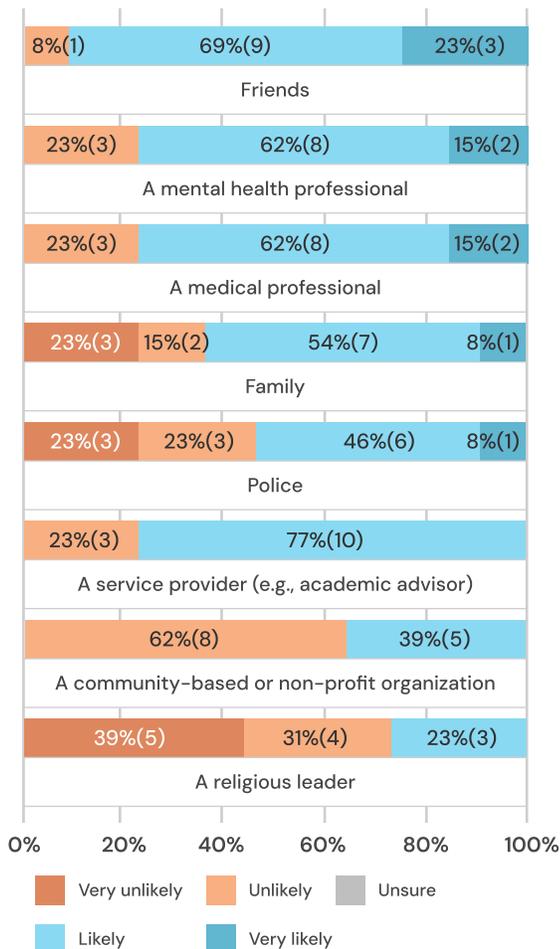


Figure 7: Likelihood of seeking help for ACEs (n=13)

Awareness of Resources

Though SAT members indicate that they are aware to some extent of *existing resources or support in community for those who experienced ACEs or related emotional distress or mental health problems* (39% aware or very aware), their knowledge of specific resources was limited. Respondents were most aware of the National Suicide Hotline (85% aware or very aware) and the LGBT Community Center (77% aware or very aware). Awareness was lower for all other resources listed; respondents were least familiar with NAMI (16% aware or very aware) and 988 (23% aware or very aware). See Figure 8 for all questions and responses.

Awareness of campus resources was varied. Overall, only 39% of SAT members agreed or strongly agreed that *know how to access support services for Adverse Childhood Experiences (ACEs) at my school*.

More respondents, however, were familiar with specific campus services, such as **Personal Counseling** (92%) and **WEAVE** (62%) but less familiar with others (Figure 9).

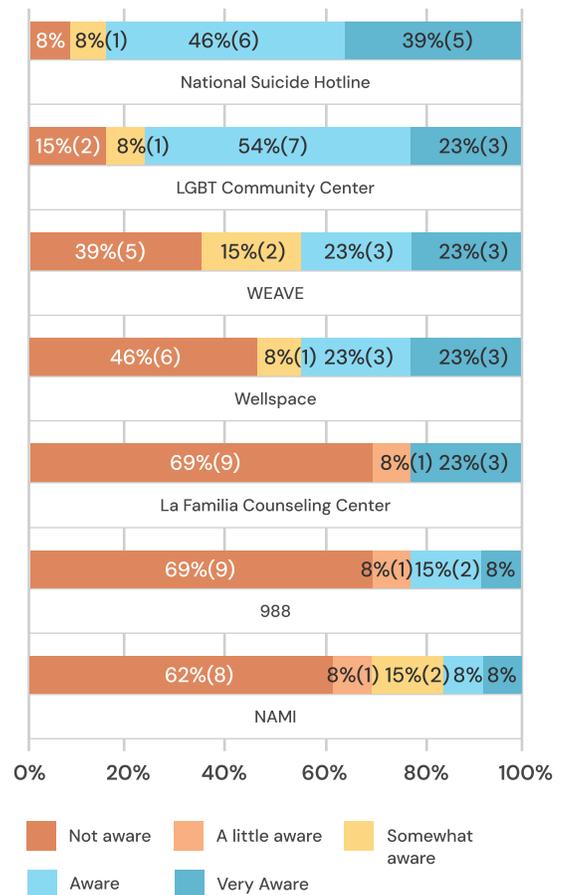


Figure 8: Awareness of Resources and Supports (n=13)

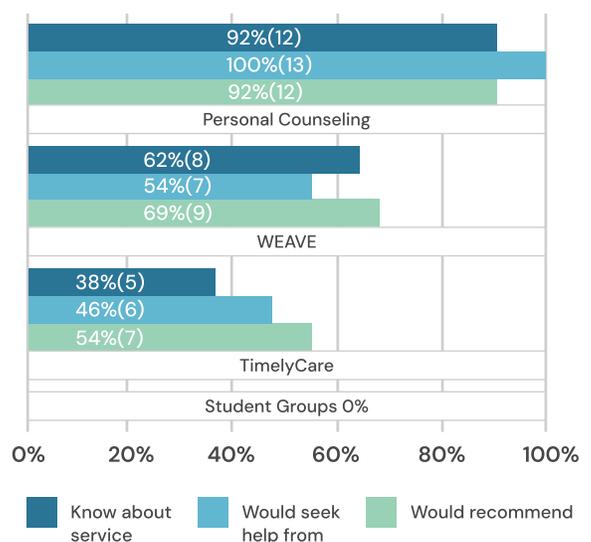


Figure 9: Respondents who said they are aware of, would use, and/or would recommend various campus resources

A large majority of students agreed or strongly agreed that *If I needed additional support to address Adverse Childhood Experiences (ACEs), I would use support services at my school* (85%). Reflecting their familiarity with specific services, most SAT members indicated that they would use and recommend **Personal Counseling** (100% & 92%) and **WEAVE** (54% & 69%). Fewer respondents knew about or said they would seek help through or recommend **TimelyCare** and no one knew about, would seek help from, or would recommend **Student Groups** (Figure 9). In response to an open-ended follow-up question asking what SAT members think of these resources, most wrote that they were great resources that were helpful to students (n=10). See Appendix B for write-in responses.

Asked what they think would be most useful as a support for students who have experienced ACEs, most respondents described some sort of counselor or advisor with related experience (n=7). A few respondents also suggested that efforts should be made to share information about resources (n=3). Appendix B for write-in responses.

Awareness of NumberStory.org and ACE Score

Most SAT members had not heard of NumberStory.org (85%). However, of the two respondents who had heard of the website (15%), both had visited and found it useful and one (8% of total) knew their ACE number or score. The rest of the SAT members responded that they either do not know their score (54%) or do not know what an ACEs number or score is (38%).

SAT Sense of Belonging and Support

Overall, SAT members are satisfied with their social activities and have close friends at college. For instance, 77% agreed or strongly agreed that *I am happy with the amount of time I spend participating in social activities at college* and 54% agreed or strongly agreed that *I have some close friends and peers at college with whom I can*

talk about any problems I have (Figure 10). Conversely, only 23% agreed (and none strongly agreed) that *I have been feeling lonely a lot at college* and *I feel I am very different from other students at college in ways that I don't like*.

While most SAT members (54%) agree or strongly agree that *I have a mentor at college with whom I can talk about any problems*, those mentors do not appear to necessarily be staff or faculty members (Figure 10).

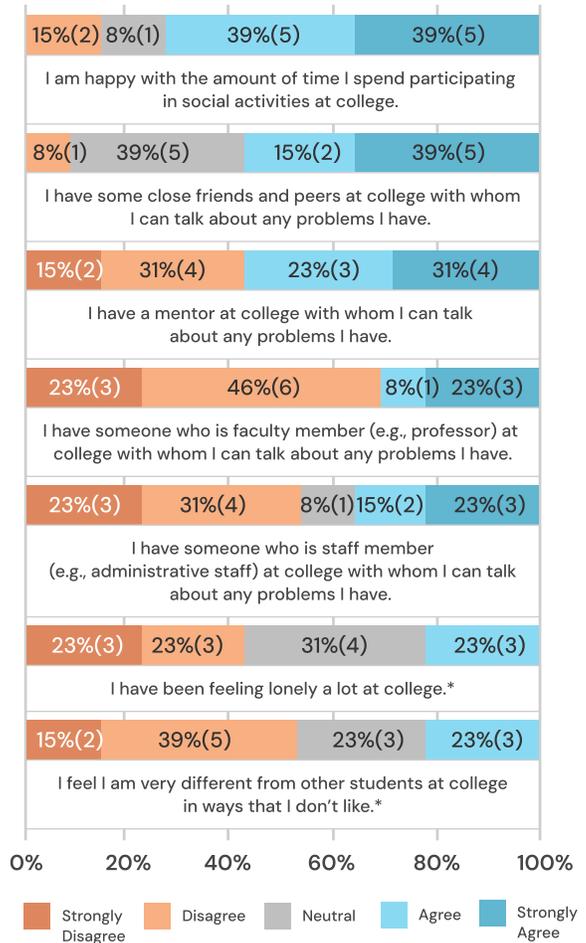


Figure 10: Extent to which SAT members agree they experience indicators of belonging and social support (*=question is reverse)

Student Event Surveys

Evaluation data was collected at three events.

The Wellness Workshop was hosted by the ACE Resource Network on February 22nd, 2024. This 45-minute workshop was open to all students and included a discussion on toxic stress and stress management exercises. The initial master pre- and post-survey had not been adapted by the students at the time of this wellness event, so ARN created a brief survey to gather student feedback. A total of 5 student attendees and only 1 attendee completed the survey. Since there was only 1 respondent, no table was included for this results section. The student reported a better understanding of how stress impacts the body and the benefit of learning new strategies to manage stress.

Music and Mental Health was held on March 16th, 2024, and centered on the healing aspects of the Native American Flute. A total of 3 participants completed the brief feedback survey, which focused on knowledge and engagement with campus resources. Results from these participants can be found in Appendix B.

Plant Your Stress Away was hosted on Earth Day, Monday April 22nd, 2024, and focused on how nature impacts mental health. A total of 25 participants completed the brief post-event feedback survey.

Awareness of Resources: Awareness of campus resources amongst *Plant Your Stress Away* survey respondents varied by resource. As with SAT members, awareness was highest for **Personal Counseling** (60%) and lowest for **Student Groups** (0%) amongst post-event respondents. Though the largest proportion of respondents indicated they would seek help for ACEs through **Personal Counseling** (64%), many students

indicated they would also seek help from **Student Groups** (44%) even though none of them knew of their existence. Students were less familiar with and less likely to seek help for ACEs through **TimelyCare** and **WEAVE** (Figure 11).

Just over a third of participants (n = 9) agreed or strongly agreed that they knew how to access support services for ACEs on campus. When asked if they agreed they would use campus resources if they needed additional support to address ACEs, 64% (n =16) agreed or strongly agreed they would.

Finally, open-ended replies to the question *what is one way you use nature to destress* indicate that gardening (n=6), movement (e.g., hiking or walking) (n=5), basking (e.g., sitting and taking in nature) (n=5), and relaxation or mindfulness activities (e.g., reading or meditation) (n=4) are common ways students use nature to manage their stress. Unfortunately, however, most attendees (76%; n = 19) reported that had not seen the Nature Wall Gallery in the Center for Inclusion and Belonging. Appendix B for write-in responses.

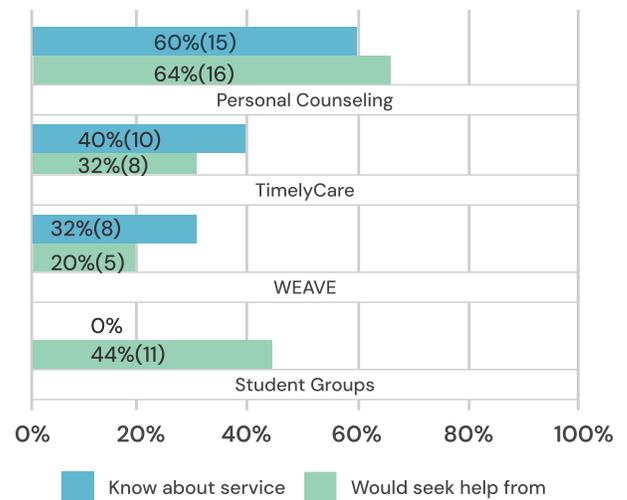


Figure 11: Plant Your Stress Away survey respondents (n=25) who said they are aware of and/or would use various campus resources

See Appendix B for all survey data.

While only 39% of respondents agreed that I know how to access support services for Adverse Childhood Experiences (ACEs) at my school, **85% agreed** that if I needed additional support to address Adverse Childhood Experiences (ACEs), I would use support services at my school.

Conclusion

Through the collaboration with ACE Resource Network (ARN), the Northeastern University evaluation team, the Los Rios Community College District administrators, Cosumnes River College staff leaders, and the Student Advisory Team (SAT), a student-centered evaluation was implemented. The evaluation was successful in developing and implementing survey instruments for assessing the impact of the SAT on student members and the student events held on campus on participants. There were various challenges with staff turnover, delayed recruitment of SAT members, and reduced student capacity within the SAT over the academic year, which resulted in smaller sample sizes for the pre- and, in particular, post- surveys, and a lower number of student-led events than intended. Despite these challenges, the evaluation team provided expertise and technical assistance to ensure the CRC program-lead and the SAT could collect survey data. This support resulted in baseline information from SAT members about knowledge and understanding of ACEs and toxic stress, and of awareness and engagement with campus resources to address students' mental health concerns. The feedback from student-led events provided insight from a broader student population about the benefits of music and nature to mental health. Lessons learned through this evaluation include the importance of a collaborative partnership to ensure successful completion of surveys, the importance of flexibility and time to adapt to changes in staff turnover and the capacity of the SAT, and the need for responsive communication between all stakeholders. These strategies allowed the evaluation team to work effectively with CRC program leaders to ensure the SAT was supported to implement a more feasible evaluation plan.

The Trauma-Informed Classroom Design (TICD) Evaluation Final Report

Based on final report prepared by:

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Executive Summary

Creating trauma-informed classrooms that address the impact of trauma on students involves designing classroom environments that are safe, accessible, and caring, build positive relationships, and support the self-efficacy of students. Designing classrooms is a crucial strategy in addressing the high prevalence of trauma among students. Such classrooms can create a safe and supportive environment for all students; those who have experienced trauma, and those that have not. By implementing trauma-informed practices, which include but are not limited to utilizing nature, lighting, aesthetics, acoustics, and play, educators can better address the impact of trauma on students' behavior, learning, and social interactions. Trauma-informed classrooms help educators respond appropriately to students' needs, build positive relationships, and create a conducive learning environment for all students where they can thrive.

The goal of this project was to pilot test and evaluate a 2-day training on creating learning environments that promote mental health and wellbeing and reduce symptoms of trauma for students. This was accomplished by building upon the components of the Trauma-informed Design Evaluation Tool for K-12 Schools (TiDEvalK12, which provides a lens through which educators can better understand the relationship between spatial and interior design elements and student experiences and behaviors. The toolkit lays out the 12 domains of a trauma-informed classroom, which includes: safety, accessibility, biophilia/connection to nature, wayfinding, inclusion, visibility, lighting, comfort/aesthetics, choice/flexibility, acoustics, movement/play, community/culture.

Fourteen educators from Sacramento County, CA, participated in the training and received funds and technical assistance to create a trauma-informed classroom from September to December of 2023. A mixed methods evaluation was conducted to assess the process and impact of this training.

Key Findings

Evaluation data suggests that the TICD training positively impacted participants' knowledge about and gave them more confidence in creating trauma-informed classroom design to address ACEs in students.

- **Knowledge about how to use the 12 trauma-informed design domains/features to design trauma-informed classrooms significantly increased** by the end of the trainings, as measured using pre- and post-training surveys increased.
- **Motivators driving participants to engage** in the trauma-informed classroom design training include a sense of empathy toward students and their families who have experienced trauma; self-improvement and healing from their own trauma experiences; professional development opportunities; a personal connection with the trainer; and receiving a referral from a trusted individual such as the school principal.
- **Classroom changes** made by participants varied across instructors. These trauma-informed design changes reflected or addressed the personalities and dynamics of each educator's group of students, the physical elements of the classroom space, and specific student vulnerabilities.
- **The participants mostly reported positive impacts** of the classroom changes on students, including improved engagement, comfort, and behavior in the updated environment. Participating educators received direct expressions of gratitude from students about novel elements such as lighting, decorations, and designated safe spaces, and students were observed to demonstrate more respect and responsibility for classroom elements.
- **All participating educators reported being positively impacted.** These impacts included gaining the ability to see each student as an individual, being more empathetic about individual circumstance, restraining themselves from making assumptions, and gaining a better understanding of physiological stress responses. Participants also reported becoming more self-aware of their own emotions and being models of emotion regulation for their students.

- **Key challenges to implementing informed classroom practices** identified by participating educators include limited financial resources for classroom supplies or training and lack of awareness and understanding of trauma and its effects among educators.
- **Participants recommended** that educators implementing trauma-informed classroom design: start by making small changes and adjust according to student feedback; include more natural elements in the classroom; engage in an open dialogue with other educators to spread awareness of trauma-informed practices; and advocate for funding for supplies and additional training.

Introduction

The goal of this project was to pilot test and evaluate a training in trauma-informed classroom design to help shift educators' knowledge towards creating learning environments that promote mental health and wellbeing and reduce symptoms of trauma for students through training, practice and reflection. Trauma-informed classroom design consists of designing classrooms that address the impact of student trauma by creating an environment that is safe, accessible, caring, builds positive relationships, and supports self-efficacy of students. Designing trauma-informed classrooms is a crucial strategy in addressing the high prevalence of trauma among students. Such classrooms can create a safe and supportive environment for all students; those who have experienced trauma, and those that have not. By incorporating trauma-informed practices, which include but are not limited to utilizing nature, lighting, aesthetics, acoustics, and play, educators can help their students feel more comfortable, more supported, less stressed, and ultimately improve their academic and social outcomes. By implementing trauma-informed practices, educators can respond appropriately to students' needs, build positive relationships, create a conducive learning environment where students can thrive, and better address the impact of trauma on students' behavior, learning, and social interactions.

The Sacramento Trauma-Informed Classroom Design (TICD) initiative consisted of a two-day training with educators from Sacramento County led by Dr. Alicia Williams. The training was based on the Trauma-Informed Design Evaluation Tool for K-12 Schools (TiDEvalK12), which provides a lens through which *educators* can better understand the relationship between spatial and interior design elements and student experiences and behaviors. The toolkit lays out the 12 domains of a trauma-informed classroom, including: safety, accessibility, biophilia/connection to nature, wayfinding, inclusion, visibility, lighting, comfort/aesthetics, choice/flexibility, acoustics, movement/play, community/culture.

Participants in the training received funds to create a trauma-informed classroom and technical assistance from Dr. Williams from September to December of 2023. NU-PEL worked closely with Dr. Williams from May 2023 to May 2024 to identify and assess the extent to which this initiative achieved three primary goals:

1. Increase teacher knowledge of Adverse Childhood Experiences (ACEs) and toxic stress.
2. Increase participant (educator) knowledge of environmental factors that can promote student safety and belonging.
3. Document physical changes to classrooms.

Methods

A mixed methods approach was used to evaluate the trauma-informed classroom design (TICD) training.

Pre- and Post-Training Surveys

Pre- and post-surveys (Appendices C.1 & C.2) were developed and administered to measure the impact the two-day training had on educators' knowledge and confidence levels around ACEs and the elements of trauma-informed classroom design.

Data Collection: Data was collected from 14 participants who engaged in the trauma-informed classroom design training. Participants were asked to fill out the pre-survey prior to the first day of training. Those that did not fill it out prior to arriving at the training had time to answer the questions before the training began. At the end of the 2-day training participants were invited to fill out the post-survey. Due to an error, 2 questions were missing from the post survey; these questions were sent to participants separately. Respondents created a unique ID that was used to link the pre and post surveys.

Data Analyses: The non-parametric Wilcoxon Signed Rank Test was used to compare pre- and post-survey responses. This non-parametric test, which compares median rather than mean scores, is used when data is not normally distributed, as is likely with small sample sizes.

Interviews

Data Collection: Qualitative interviews were conducted with all training participants to explore and understand their experiences and their perceptions of the impact the TICD training and subsequent changes in their classrooms had on themselves and their students. A qualitative interview guide (Appendix C.3) was used for each interview. A qualitative approach of priori coding was utilized to assess the interviews and open-end survey questions. After interviews were transcribed, researchers developed a query codebook to guide the coders to assess participant responses. The research questions sought to gauge the participants' comprehension of a trauma-informed classroom's characteristics and compare differences before and after TICD was implemented.

Data Analyses: The qualitative interview guide informed the development of a codebook and was used to ensure standardized protocols for data analysis between coders. All coders were required to review the transcripts and use the codebook provided to assign codes to passages accordingly. This includes for example coding the relationships between things like safety and sound to participant's preferences in specific teaching method or concept from the training course.

Interns independently coded each transcript and came together for group consensus coding on passages. Important quotes from the source data were taken out during the interview process, with an emphasis on investigating possibilities about modifying classroom layouts to be more trauma-informed. A secondary analysis stage was then conducted to identify key themes from these quotes, and a priori coding was used as a methodological framework to improve the first codebook. We were able to precisely and clearly define our coding schema by iteratively categorizing the interview data.

Findings

Pre- and Post-Surveys (n=14)

Demographics

Though there was diversity in the group, a majority of participants identified as female (86%), heterosexual (65%), and white (71%). (See Figures 1–3). The ages of participants were spread across a broad range (Figure 4).

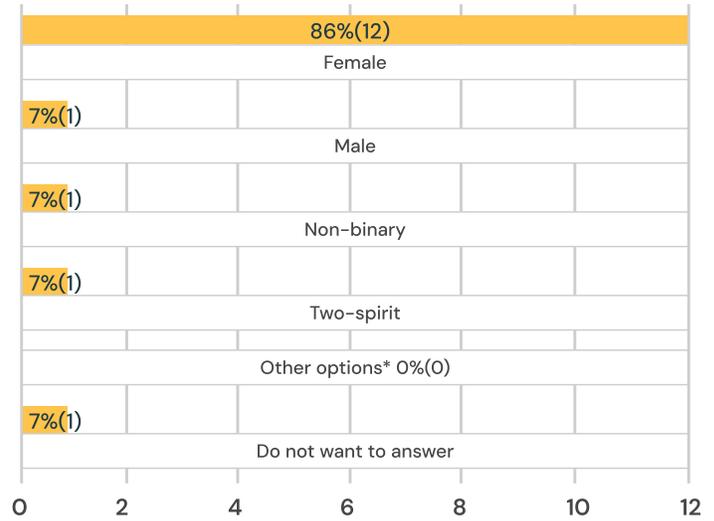


Figure 1: Gender identity of participants (n=14). Respondents could choose multiple options

(*Other gender identities not selected were transgender, gender neutral, agender, pangender, third-gender, and not listed).

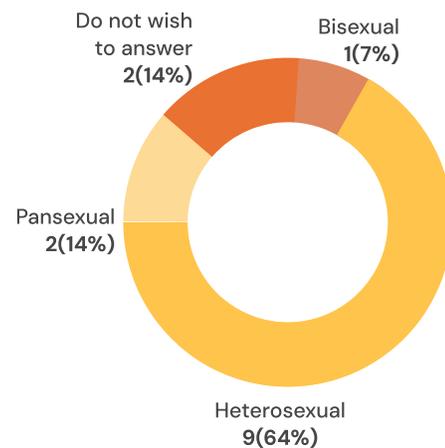


Figure 2: Sexual orientation of respondents (n=14)

*Other sexual orientations not selected were asexual, homosexual, queer, questioning, and not listed.

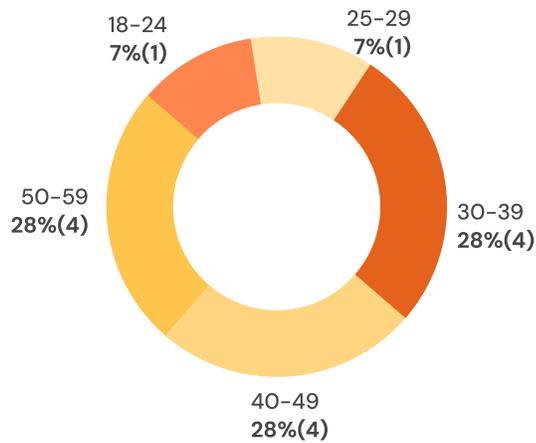


Figure 4: Age of respondents

Quantitative Results

Pre and post-test surveys assessed 12 trauma-informed design domains/features including: *safety, accessibility, biophilia/connection to nature, wayfinding, inclusion, visibility, lighting, comfort/aesthetics, choice/flexibility, acoustics, movement/play, community/culture*. For each trauma-informed classroom design domain/feature, participants stated how much they agreed to each statement on a Likert scale (strongly agree (4), agree (3), disagree (2) strongly disagree (1), and choose not to answer) about their understanding how to use each component in creating a trauma-informed classroom. Change in knowledge across each domain was statistically significant at a p-value of $< .05$, demonstrating that there was an increase in understanding from pre-test to post-test about using each specific domain in creating a trauma-informed classroom (Figure 5).

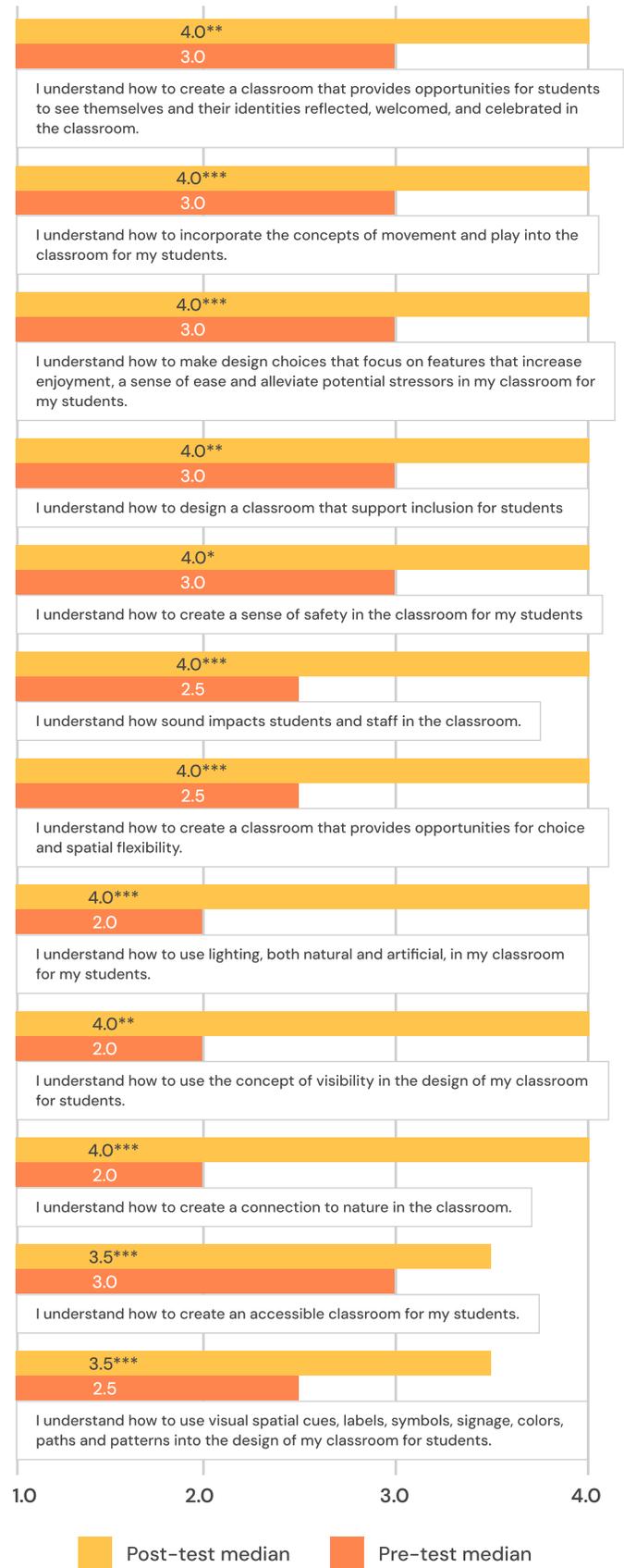


Figure 5: Trauma-informed design domains (4-point scale from 1, strongly disagree, to 4, strongly agree; * $p < 0.05$, $p < 0.01$, $p < 0.001$)

Figure 6 shows the pre- and post-training medians and significance-levels for the three questions about teachers' knowledge about their students' experiences with ACEs and their perceptions of the impacts they have on them. Questions used a Likert Scale (strongly agree (4), agree (3), disagree (2) strongly disagree (1), and choose not to answer) to measure agreement levels. All questions were statistically significant (prob > |z| = 0.05), showing that there was an increase in educators' knowledge about students' ACEs, as well as their confidence in having an impact on their students.

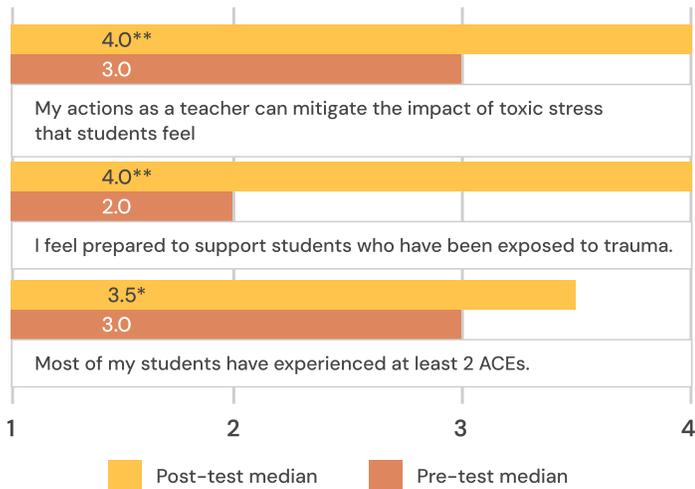


Figure 6: Perceptions of impacts on students and educator (4-point scale from 1, strongly disagree, to 4, strongly agree; * $p < 0.05$, ** $p < 0.01$)

The post-survey asked two questions (Figure 7) about the importance and usefulness of the trauma-informed classroom design training. For each question, participants overwhelmingly responded positively to the training utilizing a Likert-scale (strongly agree (4), agree (3), disagree (2) strongly disagree (1), and choose not to answer). As noted in the methods section, these 2 questions were omitted and so administered separately from the post-survey; 11 of the 14 training attendees responded.

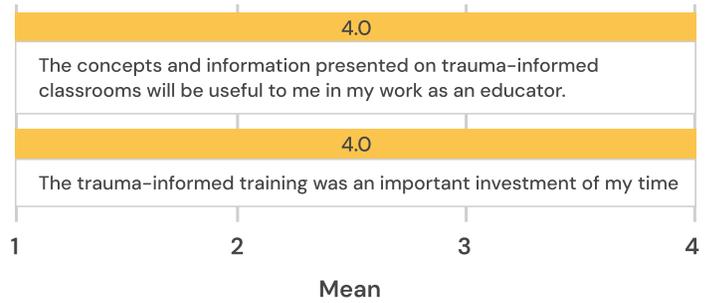
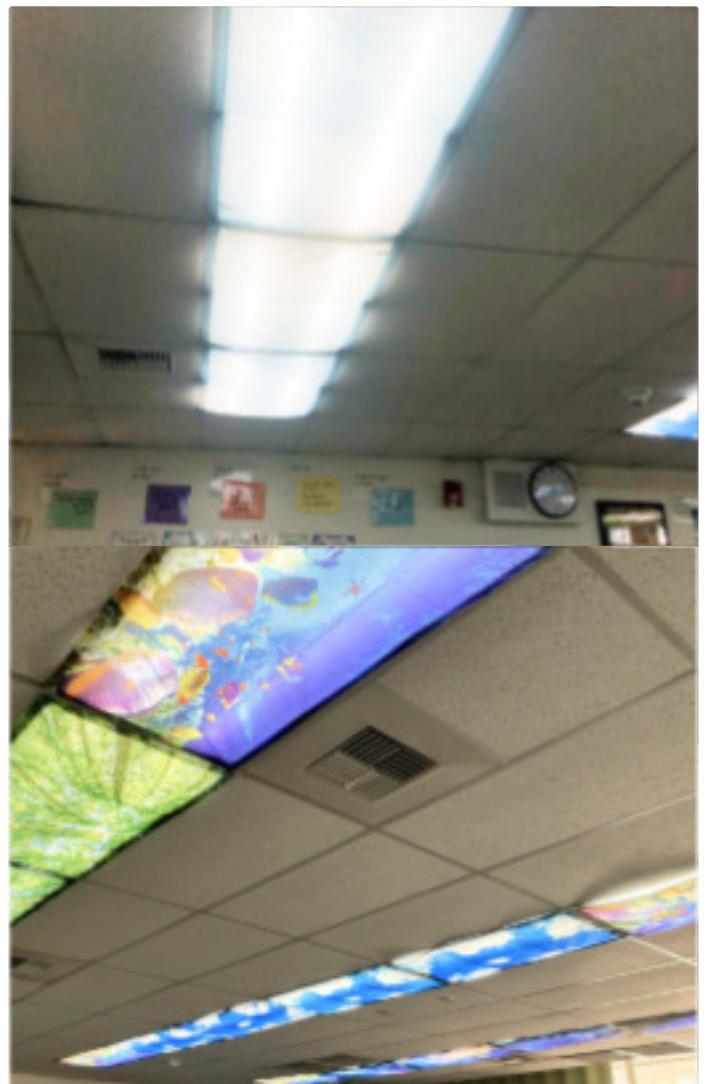


Figure 7: Importance and Usefulness of TICD Training (Post-only. 4-point scale from 1, strongly disagree, to 4, strongly agree; $n=11$)



Interviews (n=14)

The characteristics of the participants related to their experience teaching are described in Table 1.

Table 1. Participant teaching experience

Participant	# of years teaching	Current age/grade & subject teaching	Previous grade taught
1	~ 34 years (since 1990s)	7th grade math and science	All grades
2	29 years	5th grade	Kinder, 3rd, 4th, 4/5 grade combo
3	27 years	All grades in theater	Unknown
4	22 years	5th grade	Unknown
5	>20 years	1st grade	Preschool and infant toddlers
6	>10 years	early childhood, 0-5	Unknown
7	9 years	1st grade	1st grade, 2nd grade, 3rd grade
8	7 years	Interventions for reading and math	4th grade, 5th grade, 6th grade
9	7 years	6th and 8th grade	Unknown
10	6 years	Did not mention	Unknown
11	4 years	1st grade	5th grade
12	8 months	Lead - para educator	Unknown

Several themes emerged from the qualitative analyses which followed our a priori coding strategy.

Purpose of teaching. Respondents reported a wide range of things that they enjoyed about being a teacher. There were only positive sentiments expressed by the respondents. While responses were highly individualized, common themes centered around creating change within students and themselves, human connection, and seeing the impact they leave on their students over the school year.

"...my goal has always been to make my students feel confident in whatever they're doing that's why I started teaching. That's why I decided to teach, and that's still what kind of pushes me to keep going – is just making sure my kids are comfortable and confident to take risks and do things in our classroom. So that's my – obviously teaching them is my goal, but really it's a lot of just that personal growth too."

"It is very rewarding in its own ways. I like that each year you get a new class, a new group to work with. But it's always fun being able to see the growth from the beginning of the year to the end of the year and you know hearing that you're the best teacher..."

Human connection seems to be a pivotal part for many of the educators. Respondents reported that this extends behind the classroom in many cases, and they will act as a support system for the entire team around that child, whether that is family or another type of caregiver.

"The connections that I get to make with the kiddos and the families. I really love being able to have conversations with families and have them realize that even though we are teachers, were also humans..."

Many educators also liked the constantly evolving nature of teaching. What works one day may not work the next. educators recognize that education must be tailored to the needs of each student. However, this constant change, while challenging, is why many educators say they are motivated to continue in the profession.

"It varies from day to day, but I think that's why I like it so much. So, I like the everyday is a fresh start, I like that you know you're teaching academics but your kind of teaching real-life components too"

While other respondents brought up other topics of interest, the majority fell under one of the categories expressed above.

Participants' rational/reasoning for participating in the TICD training. One of the most common themes expressed by participants when explaining why they decided to take part in the training was sympathetic attitudes toward their own students and their families who have endured trauma. Multiple participants expressed sympathy through acknowledging the trauma endured by their own students and respective families.

"I would say the majority of my students had something bigger going on at home. And so, I quickly realized that my job was teaching, but there was a lot more that I needed to do for my kids and my class and it turned more into, like, 'How can I create a space for them?'"

"... the Taliban has just, eight months ago, came into their village and had prohibited all of the girls from going to school. And they wanted their girls to be educated, so they fled."

For many participants, it was not their first time learning about the effects of trauma among students, however, they felt that taking part in the training would help further this knowledge.

"I did the year-long training last year that was just about trauma in the classroom and what that means in your body. And now that [Trainer] had the trauma-informed space, it seemed like a perfect next step."

"I had been in a book group last year that was related to grading and a trauma-informed classroom and this kind of seemed like a nice supplement to that."

Additionally, several participants believed that their own lives could benefit from the training.

"So I kinda had been exploring that like I wonder where trauma is stuck in my body and then, I had a very traumatic year. My husband was diagnosed with cancer, got a kid you know just like this is near and dear to me right now and when Trainer did her first little two hour professional development on it I was there more for me but then I started wondering how does it affect our kids, so that's kind of what led me into it."

"You have to be able to, you know, have your - be calm in order to learn. And so, it's a necessary prerequisite in order to learn. And as a first-year teacher, I felt that's something I can work on improving myself and a great place to start."

Other themes present in explaining why the participants chose to take part in the training were a personal connection with Trainer (x3), self-improvement (x2), interest in healing own trauma and own families' trauma (x2), having an affinity for learning (x2), and being recommended by the principal (x2).

Classroom Changes. Educators implemented the domains of TICD to various degrees, taking into consideration the needs of their students for their comfortability within the classroom. Some participants added TICD elements to their discernment of their personal understanding of the classroom-student dynamic.

"Often I can't have plug-ins in. I have them up, in a higher space. But down low, like you know, it's not always, you know, refreshing as I could like it to be. So I got the oil diffuser. 'Cause it pose a safety hazard, the electrical outlets, plug-ins. Children taking them out and trying to drink the fluid, all the things. But the oil diffuser, I didn't know why it didn't dawn on me before, duh. And so, that was a quick immediate change. Bringing in more greenery. Plants was immediate change. More sensory materials for.. We do have a settle down area where children can take time away and collect their feelings. But I added more materials specifically for those gauged towards, they're good for all children but more towards those who are more, who have been diagnosed with autism spectrum disorder or on the spectrum. Those were some of the immediate changes that I made that made a huge difference."

Many of the participants used combinations of the TICD elements within their classrooms. The most common changes included a combination of wayfinding, biophilia, lighting, and implementation of a "calm down corner".

"I loved being immersed in what a space can feel like when it has all the elements, like the plants and the objects to kind of potentially keep your hands busy, or the peaceful music, and the smell and everything. I had pieces of that in my classroom."

“Sure, well one of the changes was my perspective. So, I learned from Trainer about biophilia and – so two things stood out for me, the biophilia aspect and the lighting, the strategic lighting. So, I made sure to use some of the stipend money for plants and definitely lighting. And it’s made a difference. Even when adults come in here, they like it. They feel that it – I’ve heard them say they it feels welcoming in here. Someone earlier before the break that we were on for holiday said “I like the vibe in your classroom” and I don’t know, the lights – Trainer gave me one of Trainer’s lighted trees. People love that tree, it makes you happy, it’s pretty, it feels good.”

For wayfinding, the intentionality of setting up the space of the classroom to be safe and allow for movement.

“But anyway, back to it, the basics for me were about getting that space to be safe for movement like up and down – they had to walk up and down these risers to get to their seats and the tables are on those different levels and the potential for those tables kind of slipping off the edges or things like that has to be dealt with. So, I did a few things that modify the way those tables sit in the classroom. Everybody’s at a – there’s like three chairs to a table and the tables have like little cups almost something that holds the legs in place. Now it seems like kind of a silly thing but as far as that keeping those tables from moving around the room from minute-to-minute or day-to-day have been a big improvement because I don’t have to come in and readjust everything at the beginning of every day.”

Biophilia and lighting was a common combination as it was an immediate change the educators can make in their classrooms. Some educators found that it improved the mood of their classroom.

“Sure, well one of the changes was my perspective. So, I learned from Trainer about biophilia and – so two things stood out for me, the biophilia aspect and the lighting, the strategic lighting. So, I made sure to use some of the stipend money for plants and definitely lighting. And it’s made a difference. Even when adults come in here, they like it. They feel that it – I’ve heard them say they it feels welcoming in here. Someone earlier before the break that we were on for holiday said “I like the vibe in your classroom” and I don’t know, the lights – Trainer gave me one of Trainer’s lighted trees. People love that tree, it makes you happy, it’s pretty, it feels good.”

The addition of a “calm down corner” within the classrooms was commonly shared to provide space to students to regulate their emotions in a way that they seem fit for them. Educators who implemented a variation of the “calm down corner” saw that it gave students’ bodily autonomy of where they want to be in the space and space to acknowledge and self-regulate their emotions.

“Respondent: I am in still a work in progress right so my classroom right through the door we have a center pod and I’m in the in the midst of creating I’m gonna call it as zen zone. I want to get some plants that will be on the top of this cabinet and hang down I want to get some fidgets some Kleenex paper and pencil for journaling oh yeah, cascading greenery, and then maybe some positive affirmation statements on the wall.

Interviewer: so right now I see it's a stool and then it's a table in the corner of your room.

Respondent: yeah. So if they need to shh have a moment they can go out there. "

"I did make a calming corner. Like a calm down corner. But I noticed that sometimes kids just go sit over there. It's not necessarily that they need to be calmed, but that they just go over and just plop down for a few minutes, you know? There's a little stuffed animal over there and they'll go pick it up and hug it. And sometimes, they'll be like "I'm done". So that was a big one."

"..I have an area in here as well like a calm corner like a peace corner. So if a child feeling overstimulated or frustrated with something that can take a moment like and then then they come back in there ready to go or if they need to have a conversation they know they can have a conversation so yeah. "

Some educators decided to take their TICD training as an opportunity to address student vulnerability. It highlights the importance of creating a space for students to feel safe.

"Some of the other things are; I always have water available to them because children need access to water. And I serve snacks on a schedule, but some of the kids had food insecurity. So I had a little box that's kind of set up in a corner like if they needed extra snacks or like banana, apples, all the things.. Applesauce packets.. All the things that kids like.. love. Little packages of crackers. They needed extra snacks."

"And then I – his happened, I put this in here and then casually something came to fruition. So, I've always had snack ins my classroom for – I worked at a well off school but we had a lot of kids who would go through their parents who'd go through divorce or they were transplanted as overload students into our classroom or they – if in our district if you are going to a low income or low performing school, you can opt out and go to a school that's is not title. So we would get kids that would be in the low-income section of our district but would move out of that to give their kids a better chance and often times with that came, you know we didn't have money for snacks or we didn't have, we're on free or reduced lunch. So, I just kept snacks in my classroom for kids that needed it and after going through the training and kind of connecting some dots about basic needs and trauma and you know, you know that but sometimes it doesn't connect in the way that it really make sense to you thinking in a different way. I started – I used a lot of my money from [Trainer] to put snacks in our classroom and with our campus we're working on taking food that was left over but not opened or you know you have to take a bag of carrots but you're 'like I'm not going to eat carrots or I don't like raisins and you never touched them. Putting that food into my classroom that – so there's about seventy-five kids who have access to that. And then even the kids that aren't in my classroom have heard that there are snacks in there and they'll say REDACTED NAME [39:14] do you have Cheez-its today or REDACTED NAME [39:16] can you – do you have any apples. So even kids who are not in my class will come in and get snacks..."

Changes and Impact on Students. In discussing the impacts that the changes to the classroom had on the students, a majority of the impacts were positive. Some participants received direct positive feedback from their students about the classroom design.

"So if they're feeling nice that day, they'll always just say like, 'You're the best. Thank you. I love our classroom' or 'Thanks for letting us sit in this spot' or, like, they'll just randomly thank me all the time for different things."

"...I do see their reactions you know when I when they first walk into my space they just like know they're like 'wow, oh my God you have lights and you have like an aquarium top of it it's like it's so cool'. But you know they noticed the difference between where they're coming from when they come into my space."

Other participants observed behavioral changes in their students such as feeling more comfortable and safe in the space, being more obedient, and improved self-regulation.

"I think what I'm doing is I'm creating a safe space like I said, and so I am seeing great engagement with questions about when kids don't understand"

"I can kind of tell how their temperament, their behavior adjusted. It was just more settling"

"I have seen positive changes in [the students'] behavior and their thought reflection on, like, 'I need to go take a break or else I cannot be prepared to learn in the situation'"

Some participants also noticed that the students had more respect for the space and, thus, cared for it as if they owned it.

"...so I have a student in my class who was officially diagnosed with a psychological disorder and behavioral intervention plan, you know, a lot of different things, and I have a fern in here – a real fern– and I'm killing it because I don't know how to take care of plants. This person, I saw this person one day get out of their seat and I didn't say anything. They grabbed the plant and took it to the sink to water it. And this, I know, on their own... Then I noticed he keeps the plant on his desk – the plant was on the windowsill and then I moved it over to another part of the room and he's taken it over and he likes – look at your face – he likes to keep it on his desk. He takes care of the plant. Isn't that cute?"

"All of us kind of agreed that when you make the kids feel like it's their space too and we need to take care of it and make sure it's accessible, they don't – they're responsible, you know?"

A majority of participants did not observe any negative impacts of the classroom changes on students. However, two participants stated that some of the classroom changes were distracting to the students at first.

"...like the smells – I don't use those consistently because either some of them just weren't a fan of having those scents or it was a little bit distracting to where they just they kept smelling it and they didn't understand why. So, I only will do that occasionally – like every once in a while – if I feel like it's just, well, for practical reasons."

"...even though [the jellyfish lamp] has been distracting, I think overtime the kids grew accustomed to it, and so that distraction kind of went away but at first that was one of the things that I constantly had to tell guys no we're right here focus focus, but other than that now I think everything's been great."

Changes and Impact on Teacher. All respondents shared positive impact from the Trauma-Informed Classroom Design training on themselves as educators. One common reoccurring theme was educators beginning to view their students as individuals rather than a collective. Acknowledgement of students as individuals was brought up as respecting individual student differences, personalities, and attitudes within the classroom. The ability to recognize each student's individual contribution to the classroom dynamic gives educators a greater capacity to support their students.

"Yeah, I feel.. I don't know exactly how to put it. But I feel a little more free. Like, I don't feel tied to something. I'm not looking at the kids as a whole. I'm looking at each kid. And like, I'm thinking about what does that child need today? What's going on? I walk out to my line and look at my line totally different. I look down my line like, does everybody look like they're looking about the same? Like, oh wait! That's a face I haven't seen on that kid before, what's going on?"

"RESPONDENT: So I know that I started to greet everyone at the door thing, you know. Where they give you a fist bump, an elbow bump, have a little dance party."

"INTERVIEWER: Oh yeah! I love seeing the little Tik Toks of the videos of those. Those are so fun!"

"RESPONDENT: I started those this year and I was like, I was amazed at how they memorized what those kids want to do. But I'm telling you, the kids do just about the same thing everyday. And I know when a kid walks up to me, what they're gonna wanna want. It's really funny. So that has been great. And you know, when a kid that usually does the dance party is like.. You know, it's like "uh oh.. What happened? What happened on the way to school?"

In addition, some educators began to view themselves as models of emotional regulation for their students. Implementing the exercises of TICD within their classrooms allow the educators to actively practice their teachings through their responses to high emotion student interactions. Various educators shared that their personal feelings towards their classroom space is likely to reflect how their students will feel in the classroom space as well.

"While I have training to be patient, to be calm, I, too, have to take a cleansing breath, right? To calm my body down to make sure that I'm responding appropriately. So when I'm doing these exercises to help them calm their body down, when they're crying, of course, it's causing my nervous system to respond. I'm like, "oh god, what's wrong?" Imagine ten children all crying and having a tantrum at the same time. And so, it allows me to also reset myself. Model good behavior for them. And for me to check in with my feelings as well, center myself. Because I do have to be the model. I do have to exercise patience. I do have to always be appropriate and available to them while they are in my care. So when we do these practices, and we do them very frequently-- especially the yoga because they love the light and the smells now-- it allows me to recenter myself so that I can be the most effective and present my best self to them each time, each day, each listen, each interaction. "

“When I incorporated the calming classroom breathing. When I do the breaths with them, I notice that I am also calming down. And so yeah, I noticed a change within that as well. Having the lights off, I feel a lot more calmer coming into the day. The music helps me or – yeah, I would say as well.”

“Oh, that’s the other thing that Trainer taught me about, was wayfinding – like finding your way through a space that is not – and for me I don’t know if I understood it correctly but that takeaway I got is it’s safe, it’s known, and , I guess, accessible. Like if I have my walker I wouldn’t be able to get through some of the areas where the desks are close together but I am able to make a pathway and the kids now see the easier pathways to go, and they feel safer, and they know how to get places, and it reduces their stress and anxiety as well, I think.”

Learned Strategies. When it comes to strategies for sharing what educators have learned through the TICD training, many educators agreed that the best way to share is by encouraging open conversations between educators. This includes talking to educators that may have done similar training and those that have not.

“The best way is like, like we have a group that we eat with at lunch. And sharing things with them and we trade ideas a lot. ... It’s when you are with people you trust and respect, and you can talk about things, and have a negative feeling about something, and talk it out and neither be persuaded or “no that’s not for me”, and nobody is going to get their feelings hurt. That’s definitely not gonna work for you. I feel like that was the training this summer. There was a lot of things where we did and I was like, “I don’t think I could do that.. I don’t think I could.. That’s not gonna fit me. But I can do this!” Also, just understanding that there are just these difference...

...I don’t know. There’s just these differences that allow people’s differences and individuality. Having personal conversations, I think, is a really great way. Gosh, I would love to say doing the training we did, but there’s no way any district is going to be able to afford that. I feel like we were really lucky for that training we got to attend that summer. Because it was just a group of about 10 to 16 of us. So it wasn’t too many and we were all there like, we agreed to be there. So everybody was of a like-mindset. Whereas if you try to take something into a school, like a PD, you’re always going to have your nay-sayers and that’s so frustrating.”

“Well, thank goodness for Trainer’s leadership you know she’s really paving the way in our district and I don’t want to be the know it all on my site about trauma-informed classrooms. I would love an opportunity to share with my with my colleagues, and I do occasionally like I’ve been able most of the middle school teachers eat lunch together and I’ll say oh don’t wake them up. Let them sleep they’re in they’re tired they’re not gonna learn anything. If you wake them up and make it it’s not gonna happen. That’s one thing you know Trainer, has you know has emphasized about you got to meet them where there at and sometimes it’s and then you just create opportunities for them to learn.. Yeah yeah so I hope I do have an opportunity to share more but I have had a few teachers hey I got this child, got any suggestions. ”

"And, so I explain well you know this is part of my effort to make the space more inviting and more trauma-informed. "What's trauma-informed" one asked and you know I basically explained how we as teachers have a responsibility to knowing that our students come at us from diverse backgrounds, and histories, and experiences, and that our spaces should be places of you know refuge, and learning, and comfort, and it's our responsibility to look at those things and try to – try to improve them. So, I guess you know I wouldn't be averse to asking to the principle to you know take five minutes out of the next staff meeting or something to kind of talk about it. We have pretty progressive – I have progressive colleagues who are young and are getting some of this training you know in their programs, a little bit of trauma-informed teacher training is happening, I've heard it from some of the young teachers. So, yeah, I think, you know I can't see myself walking into a teacher's room and saying "Why are you doing that?" but if you know if anybody asks me, I talk to them and I say, "Yeah I'm trying to make this space something that the students want to keep coming back to and keep learning in", so yeah that's what I got."

Participant recommendations. There was a wide range of different recommendations provided by educators. One of the recurring sentiments was that initially small changes should be made, evaluated for success, and then more changes can be incorporated. Along with this, respondents mentioned being bold and trying new things, even if it's against the typical mold, until finding what works best for their space. They expressed that finding what works for your students is the most important even if it's different from what other educators have found successful in the past. Additionally, the changes should be made in collaboration with the students as the space will be shared by them.

"... I'm doing that slowly because I'm trying to figure out how to make that work with my students versus like cramming all of this in all at once and having them be like overstimulated..."

"I would say start small. Start with one thing change, one thing and then after that introduce another thing introduce another thing and just really try to maybe talk to the kids what is something that you want give feedback from the kids what would you like?"

Another common recommendation was to incorporate more natural elements into the classroom. Respondents specifically mentioned adding plants, modifying lighting to be softer, and more natural, and changing seating arrangements to better fit classroom needs.

"I'd say adding plants was a definite plus. Having something living in your classroom, having at least some kind of flexible seating is also really helpful for the students to stay engaged and to be productive while still working."

Finally, many educators also recommend seeking advice from other peers or finding similar training if you are overwhelmed with where to start. Getting guidance can help reassure educators and provide a space where they can ask questions of someone interested in changing their classroom. Additionally, by opening the dialogue to peers it holds all educators accountable for ensuring their spaces are trauma-informed and meets the needs of their student population.

"I would say, definitely go to a PD... Because that's where the ideas flowed. Like, I don't think I would ever have made a lot of the changes I made unless I had attended that PD"

"...I do feel more comfortable talking to my peers about the learning spaces we have and how we all like not just the classrooms but our whole school be involved in creating safe spaces, trauma-informed."

In discussing mistakes and challenges that educators and schools face when trying to create trauma-informed classrooms, the most common answer was related to budgeting constraints and lack of money. Participants explain that money is needed to buy supplies and incentivize instructors to become educated about trauma-informed classroom design.

"It's very expensive to be able to make your room look as good as it looks"

"They don't give the teachers what they need. Like, it's going to take money. It's going to take money, funding, and the district tries to do stuff. They buy stuff that just does not work"

"...when Trainer paid us to attend and learn, that shows tremendous respect"

Another common theme that the participants brought up as a challenge was lack of knowledge about trauma and its long-term effects.

"I don't know if parents and all educators, all teachers, those who are interacting with our children in our community, are aware of what trauma is"

"...so just really being aware and educated about [trauma] and what it is and what it isn't and then not being quick to judge that because a student has behaviors that they automatically have trauma"

Multiple participants pointed out that ensuring patient and compassionate educator-student interactions may be another challenge in creating trauma-informed classrooms.

"So, I think some of the challenges are unfortunately the adults like unless you're willing to see your flaws, I think we get very impatient and very, we have very high expectations for kids that are completely out of their control."

"We cannot fix their home environment, but we can create a place for safe space for them where they know where they know it's safe. ... the big challenge is realizing that we can only do this, and unfortunately we can't fix there, and sometimes it's ... gonna take time even for them to come around at school."

"Academics is being pushed far too hard instead of building, developing children that are ready for academics because they feel loved, they feel safe, they feel they're fed, they you know feel like they're wanted, needed, loved, appreciated."

Other challenges and mistakes that were brought up by the participants were caution regarding overstimulation (x2), prioritizing equity over equality, doing too much or not having a plan/purpose, following restrictions imposed by the school district, understanding your scope of influence, and not assuming that the instructors know everything about the effects of trauma.

The need for more training and support in TICD. While a lot of additional information was brought up throughout the interviews one of the most common themes was the belief that there should be more training like this in the future. All respondents discussed how the training was beneficial and how they have peers who have expressed interest, or they think would benefit from participating in similar training in the future. Some educators lack the information about becoming trauma-informed and expanding access to this training is in high demand.

“We talked about this in our last meeting but if there were any more opportunities for teachers to have this training again, I think it would be very beneficial to any teacher that takes it even if there’s no money involved. I just think it’s – it was really really impactful.”

Additionally, it continued to be brought up that more funding needs to be put into trauma-informed classroom design. The educators mentioned that the money made it easier for them to be able to afford to make these changes. However, for the average teacher, it may not be feasible to make these changes with no funding in place. Furthermore, while the money is great there is also a need to provide educators with places to buy the products. One respondent reported that having the money was great, but they still struggled to choose what places were the best to spend that money.

“We got the stipend from Trainer, or the organization, and that was a beautiful thing. That allowed us to put into action what Trainer was recommending and what Trainer was teaching. Without that money, I don’t know if I would have been able to make some of the changes that I did, or I would have been reluctant because I’ve got other bills I have to pay.”

“But specific places where to buy the items that were recommended would have been helpful for me. So that I could maybe have budgeted my money better. And I would have liked – I actually would have liked a little bit of time to discuss logistics about where to purchase things, where to maybe get the best deals to make the money stretch, and then also just recommendations on what to actually buy and where to buy it.”

Discussion and Recommendations

Here we discuss the major themes which emerged from our qualitative coding process as well as recommendations driven by the data and as suggested by participants. Participants describe diverse reasons and motivations for engaging in trauma-informed classroom design training. One predominant theme among participants is a sense of empathy toward students and their families who have experienced trauma. Moreover, several participants had prior knowledge about the impacts of trauma on students but saw the training as an opportunity to deepen their understanding and skills in this area. Additionally, some participants identified personal benefits, such as self-improvement and healing from their own trauma experiences, and professional development opportunities. Other salient motivators involved having a personal connection with the Trainer as well as receiving a referral from a trusted individual such as the school principal. These findings help contribute to a better understanding of the various reasons educators choose to engage in trauma-informed practices, highlighting both altruistic motivations and personal growth aspirations.

Additionally, educators took differing approaches to implementing the TICD domains. The physical elements of TICD influenced the classroom space and the more socioemotional aspects impacted the perspective of both students and educators within the classroom space. Implementing changes based on wayfinding encouraged educators to reassess the physical space of their classrooms for safety and the ability to freely move around their classrooms without being restricted by having to reorganize the space the next school morning. Adding biophilia and changing classroom lighting was a frequent combination for classroom changes since it was an immediate change that could occur. These changes

created an uplift in the classroom mood that students and adults noticed. Some educators added a variation of a “calm down corner” within their classrooms to give space for students who are experiencing a distressing episode during class time. It allowed students to exercise self-advocacy in recognizing their own needs within the classroom. This “calm down corner” gave students a choice of different coping strategies to self-regulate their emotions. Additionally, it provided students with the opportunity to address their emotions and express their needs in a way that did not distract others or make their distress a spectacle in the classroom.

Some participants spoke about drawing upon their TICD training to address student needs, for example food insecurity, in ways that didn’t draw attention or shame the student for receiving additional help. This domain of TICD encompasses the compassion and understanding educators have for their students’ lives and living situations outside of the classroom setting.

In discussing the impacts of classroom changes on students, participants report many positive outcomes. The participants endorsed improved engagement, comfort, and behavior within the updated environment and received direct expressions of gratitude from students, acknowledging the positive atmosphere brought by the redesigned space. Observations of students’ reactions upon entering the classroom emphasize the difference in ambiance, with students appreciating and responding positively to novel elements such as lighting, decorations, and designated safe spaces. Behavioral changes were also commonly noted, including increased compliance, self-regulation, and a sense of ownership and respect for the updated space. Instances of students demonstrating care for classroom elements, such as tending to plants, demonstrate the sense of responsibility and belonging cultivated within the redesigned space. While most participants did not identify negative impacts, a few noted initial distractions caused by sensory elements like the scent diffuser, highlighting the caution against overstimulation in classroom design. Overall, these findings suggest that intentional modifications to the classroom environment can be highly beneficial to student engagement in trauma-informed classrooms.

When asked about the impact of the TICD training on educators, all participants responded positively. After receiving the training, many participants reported changes in how they thought about students, beginning to look at each student individually rather than assuming their feelings as a group. Similarly, educators began to model examples of emotional regulation for their students. Participants recognize that as educators, they also experience moments of high stress that cause their nervous system to activate. As educators teach their students breathing exercises and implement their TICD training, they are using TICD practices just as often for themselves to center themselves.

Several themes arose in the discussion surrounding challenges and mistakes encountered by educators and schools in implementing trauma-informed classroom practices. The most salient theme was the issue of limited financial resources, with participants highlighting the significant costs associated with creating supportive learning environments and incentivizing educator training. Several participants stressed that budget constraints hinder the ability to purchase desired classroom supplies and to pay instructors for becoming trauma-informed. Another issue that was brought up by several participants was the lack of awareness and understanding of trauma and its effects among educators. Additionally, participants emphasize the challenge of fostering compassionate interactions between educators and students, particularly in the face of high academic expectations and systemic pressures. Finally, participants stress the role of educators in creating safe, nurturing spaces where students can thrive emotionally and academically. These findings highlight the challenges encountered when creating trauma-informed classrooms, emphasizing the importance of addressing systemic barriers while fostering empathy and understanding within educational settings.

Regarding strategies for sharing what participants have learned from the TICD training, the importance of having open communication between educators was emphasized. The option to talk to other educators allowed educators to share their experiences implementing elements of TICD, to reflect on the effectiveness of TICD training, and to gather ideas for

how to improve their teaching or classroom to lean more towards TICD. This theme highlights that open communication isn't to persuade other educators, but to allow educators to ask questions and collaborate on creating a school culture they want to be a part of.

The TICD training supported educators in using trauma-informed approaches to define and demonstrate principles like empathy, respect, and inclusivity, fostering a culture in which all students feel valued and understood. Furthermore, using student feedback in a trauma-informed manner enables educators to modify their practices to better suit the needs of students, generating a sense of empowerment and agency among learners. Educators from a wide range of teaching backgrounds seemed to find common ground in some of their proposed recommendations for implementing trauma-informed elements into their own classrooms. Educators emphasized that it may take time to figure out what works best in their classrooms. They recommended making small changes and then getting student feedback. This way participants will determine if their changes are having a positive impact.

Another salient recommendation brought up by multiple educators was to add more natural elements into the classroom. Educators reported that they found this to create a space that is more conducive to learning. Some educators mentioned that there was an increase in engagement and eagerness of students with these changes. Before the training, many educators reported that their classroom was not the type of place they wanted to be in for the entire day. They realized that if this was a space they did not feel comfortable in, it was not promoting a positive learning environment for their students. By making modifications not only did educators enjoy the space more, but they felt the students also benefited. Furthermore, many educators expressed the importance of talking to peers for advice when training is not available. Since not everyone has access to this trauma-informed training program, educators recommended getting advice from other educators and opening the dialogue to talk about more trauma-based classroom design. Educators that mentioned this expressed that it held their peers accountable and allowed them to become more comfortable talking about trauma. The recommendations brought up by the

educators highlighted those small changes centering around natural elements coinciding with feedback from peers and students led to positive outcomes in their student population.

Lastly, nearly all participants spoke of the need for more training and funding. Additionally, nearly all participants mentioned that another faculty member or friend from a surrounding district had expressed interest in the training. They explained that many educators do not know where to start and that offering more of these training sessions gives educators the resources and support to gain the confidence to take the first steps in making their classrooms more trauma-informed.

Conclusion

The data suggests that this type of training positively impacts educators' knowledge of ACEs and how they can best support students who have experienced ACEs, as well as impacts educators' understanding and confidence in how to utilize trauma-informed classroom design domains post-training. The participants reported observing numerous positive impacts and minimal negative impacts of the TICD on the students. Teachers expressed that it would not be feasible to make many of these changes without the support and funding of this program and called for more funding and such supports for TICD. Subsequent funding is necessary for teachers to take what they have learned and be able to put the recommendations into practice in sustainable ways.

Culture is Mental Health Project: Final Evaluation Report

Based on final report prepared by:

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Executive Summary

The ACE Resource Network funded Sacramento Region Community Foundation's Culture is Mental Health Project to increase access to community health workers and protective factors, and to help develop a sense of belonging and cultural connectedness among marginalized youth in Sacramento County. The Sacramento Region Community Foundation provided eight subawards to community-based organizations to support at least one Community Health Worker who would in turn deliver cultural and/or arts programming to historically marginalized populations, including low-income, racially minoritized, and LGBTQIA+ people living in Sacramento County. Along with the funding, the community-based organizations received support and technical assistance from the Foundation and the Northeastern University Public Evaluation Lab (NU-PEL). The funded organizations mostly serve youth ages 14–17 years who speak English, are Black or multi-racial, and are specifically vulnerable to adverse childhood experiences (e.g., economically disadvantaged, at risk for mental or behavioral health challenges, etc.).

Northeastern University Public Evaluation Lab utilized culturally responsive evaluation techniques in three roles.

1. SRCF thought partner

NU-PEL served as a thought partner to SRCF, contributing to the planning and facilitation of quarterly convenings, supporting community-building efforts, and helping the Foundation identify strategies for communicating with and collecting data from their sub-awardees.

2. Evaluation technical assistance and capacity building

NU-PEL provided input and support to the funded organizations around their efforts to assess both their own (internal) and CMHP's outcome goals. Centering

each organization's programmatic expertise and cultural identities, technical assistance activities focused on helping the organizations identify or develop evaluation methods and metrics that 1) worked best within the context of their programs and their communities and 2) prioritized the way they operationalize success and impact. These efforts included: an Evaluation Capacity Building Workshop, facilitating CMHP quarterly convenings, developing and distributing a CMHP Evaluation Toolkit, co-designing the final report template, and individual evaluation consultations.

3. Data aggregation and analytics

NU-PEL gathered and analyzed data from the SRCF and community-based organizations to assess progress toward CMHP goals. To this end, the evaluation team coded CMHP applications and final reports and conducted pre- and post-grant surveys. Our analysis revealed the following key findings:

- Every funded organization supported at least one Community Health Worker, resulting in 13 funded community health workers.
- CMHP-funded programs were designed to provide several critically important protective factors to youth in Sacramento County, particularly those at the individual-, peer-, community-, and institutional-level.
- Youth participating in CMHP programs were provided with Positive Childhood Experiences, which create the contexts for the development of protective factors.
- The Positive Childhood Experiences provided by funded programs included a space and community where youth felt a sense of belonging and cultural connectedness, ACE Resource Network's key impact.
- All funded programs reported additional outcomes that serve as protective factors for their participants.
- Funded organizations increased evaluation capacity through their work with NU-PEL.

Finally, CMHP-funded organizations reported their successes to include implementing culturally responsive youth programs, increasing youth engagement, and fostering personal connections and providing meaningful experiences. They also reported their challenges to include logistics of programming and youth participation and maintaining participation and engagement due to the sensitive nature of the program content.

Overall, CMHP was a successful initiative which increased access to Community Health Workers, protective factors, and positive childhood experiences – specifically a sense of belonging and cultural connectedness – across Sacramento County.

Introduction

In 2023, as one of five community-based interventions across Sacramento funded by ARN, the **Sacramento Regional Community Foundation (SRCF)** received \$240,000 to advance ARN's goal of promoting factors that protect young people from ACEs and their harmful impacts. Itself a non-profit philanthropic organization, the SRCF created the Culture is Mental Health Project (CMHP), a funding initiative that provides subawards to Sacramento-based organizations serving historically marginalized and at-risk youth to hire or support Community Health Workers. Through this funding, which granted \$30,000 to each of eight community-based organizations, SRCF aimed to increase protective factors by providing positive childhood experiences and a sense of belonging and cultural connectedness and to increase access to culturally relevant healing spaces and resources to historically marginalized young people in Sacramento County. See Figure 1 for a diagram of all stakeholders.

Culture is Mental Health Project Stakeholders

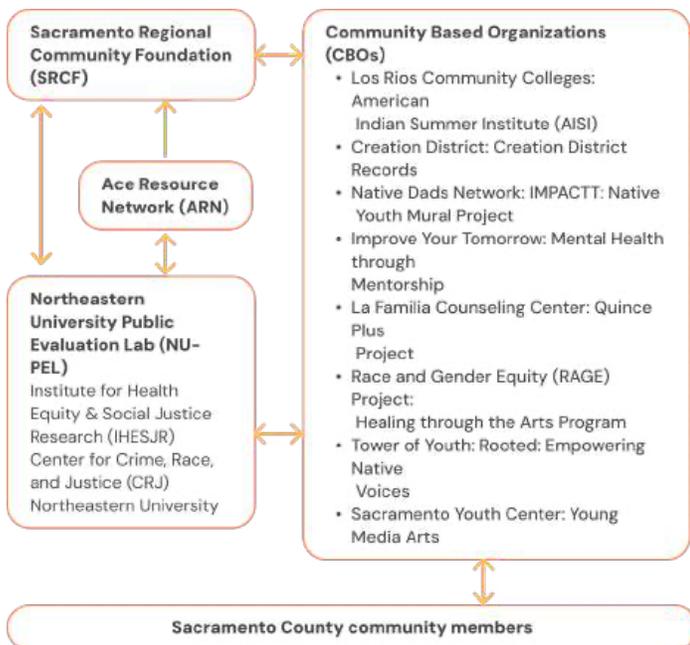


Figure 1: Culture is Mental Health Project (CMHP) stakeholder relationships

Researchers from the **Northeastern University Public Evaluation Lab (NU-PEL)** worked closely with the SRCF and their eight community organization sub-awardees to provide evaluation thought-partnership and technical assistance to evaluate progress toward the goals of 1) increasing access to Community Health Workers, 2) promoting culturally responsive experiences that provide protection against the negative impacts of ACE's ("protective factors"), and 3) providing positive experiences to youth in Sacramento County. The purpose of this report is to both describe this partnership in more detail and provide a summary of findings from the evaluation of the CMHP initiative.

The Culture is Mental Health Project (CMHP)

SRCF's strategy for addressing ACEs and bolstering mental health was to provide funds to each grantee that would support at least one **Community Health Worker (CHW)**, who deliver cultural and/or arts programming to historically marginalized populations, including low-income, racially minoritized, and LGBTQIA+ **people living in Sacramento County**. Community health workers, as operationalized by the SRCF, are frontline workers who facilitate access to or provide high quality and culturally relevant programs and services that promote mental health and positive youth development. The activities and services provided by the CBOs and their CHWs are designed to mitigate the impact of ACEs by providing culturally responsive community- (e.g., sense of belonging and connection), peer- (e.g., positive social skills), and individual-level (e.g., sense of self) **protective factors** (see Logic Model, Figure 2). For example, a CHW might provide music sessions designed to help youth process personal and generational trauma through art, or facilitate activities related to exploring native cultural norms, traditions, values, and storytelling. Generally, CHWs are trusted members or have a special understanding of the communities they serve and, depending on context, may be referred to as Promotores De Salud, lay health advisors, community health representatives, health navigators, peer mentors, and peer navigators.

In addition to funding for staff and programming, SCRF provided **support and technical assistance and sharing and community building** through facilitated quarterly convenings. These convenings were an opportunity to both foster deeper relationships among the funded community organizations and improve the CMHP initiative by soliciting feedback from CBOs on grant goals, processes, and support efforts.

Overview of funded Community-Based Organizations

The eight funded CBOs served youth from across Sacramento County through various arts and cultural activities:

- **Los Rio Community Colleges: American Indian Summer Institute (AISI)**
The AISI college pipeline program aims to empower American Indian youth with the necessary skills and support to nurture the next generation of indigenous leaders, change-makers, and advocates.
- **Creation District: Creation District Records:**
Creation District Records addresses youth mental health by providing trauma-informed artistic experiences, youth empowerment through participation in the direction of Creation District, and protective experiences with peer mentors.
- **Native Dads Network: IMPACTT: Native Youth Mural Project**
The Native Youth Mural Project creates a system of change through the healing of art, by educating the community, giving Native American youth a voice, and bringing the community together to address the mental health issues that Native American youth and families face.

- **Improve Your Tomorrow: Mental Health through Mentorship**
Mental Health through Mentorship intentionally integrates healing-centered practices, content, intervention, and support services to foster the physiological, mental, emotional, and spiritual well-being of young men of color.
- **La Familia Counseling Center: Quince Plus Project**
The Quince Plus Project, through cultural learning and celebration, reduces isolation amongst Latinx youth, build community, and engage youth in the healing and strengths of their culture and community.
- **Race and Gender Equity (RAGE) Project: Healing through the Arts**
HEAL Fellows and Black youth leaders provide culturally responsive mental health first aid and facilitate art activities and workshops to create a trauma-informed healing space.
- **Tower of Youth: Rooted: Empowering Native Voices**
Through storytelling, Empowering Native Voices aims to use culturally relevant strategies to engage Native American youth in conversation about and action to mitigate mental health.
- **Sacramento Youth Center: Youth Media Arts**
Youth Media Arts directly addresses youth needs through case management and prevention activities and by raising youth voices to amplify their cultural experiences through positive social media content.

See Figure 3 for a map of the funded CBOs. See Figures 3 and 4 for a summary of each funded program – including the populations served, CHW funded, protective factors promoted, outcomes, and successes.

Culture is Mental Health Project Logic Model

Inputs	Activities	Outputs	Outcomes
<p>ARN to SRCF</p> <ul style="list-style-type: none"> Funding <p>SRCF to CBOs</p> <ul style="list-style-type: none"> Funding Technical assistance <p>NU-PEL</p> <ul style="list-style-type: none"> Evaluation of CMHP goals Evaluation capacity building and technical assistance for CBOs 	<p>Fund 8 CBOs</p> <ol style="list-style-type: none"> Los Rios Community College: AISI Creation District: Creation District Records Native Dads Network: IMPACTT: Native Youth Mural Project Improve your Tomorrow: Mental Health through Mentorship La Familia Counseling Center: Quince Plus Project RAGE: Healing through the Arts Program Tower of Youth: Rooted: Empowering Native Voices Sacramento Youth Center: Youth Media Arts <p>NU-PEL</p> <ul style="list-style-type: none"> Provide Evaluation 101 training Attend monthly CBO convenings as a collaborator Resource and evaluation collaborator for CBOs. 	<p>CBOs</p> <ul style="list-style-type: none"> Hire or expand activities of CHW Provide or expand culturally responsive healing experiences through cultural or arts programming for populations served <p>SRCF</p> <ul style="list-style-type: none"> Support CBOs to implement activities <p>NU-PEL</p> <ul style="list-style-type: none"> Support CBOs in evaluation design, implementation, and reporting 	<ul style="list-style-type: none"> Increased number of culturally responsive protective experiences available to marginalized youth in Sacramento County Culturally responsive protective experiences are spread throughout Sacramento County to increase access to protective factors Improved cultural connectedness among population served by CBOs Improved sense of belonging among populations served by CBOs CBOs are satisfied with experience with SRCF

ARN: ACE Resource Network, **SRCF:** Sacramento Regional Community Foundation, **NU-PEL:** Northeastern University Public Evaluation Lab, **CBO:** Community-based organization, **CHW:** Community health worker

Figure 2: Culture is Mental Health Project Logic Model.

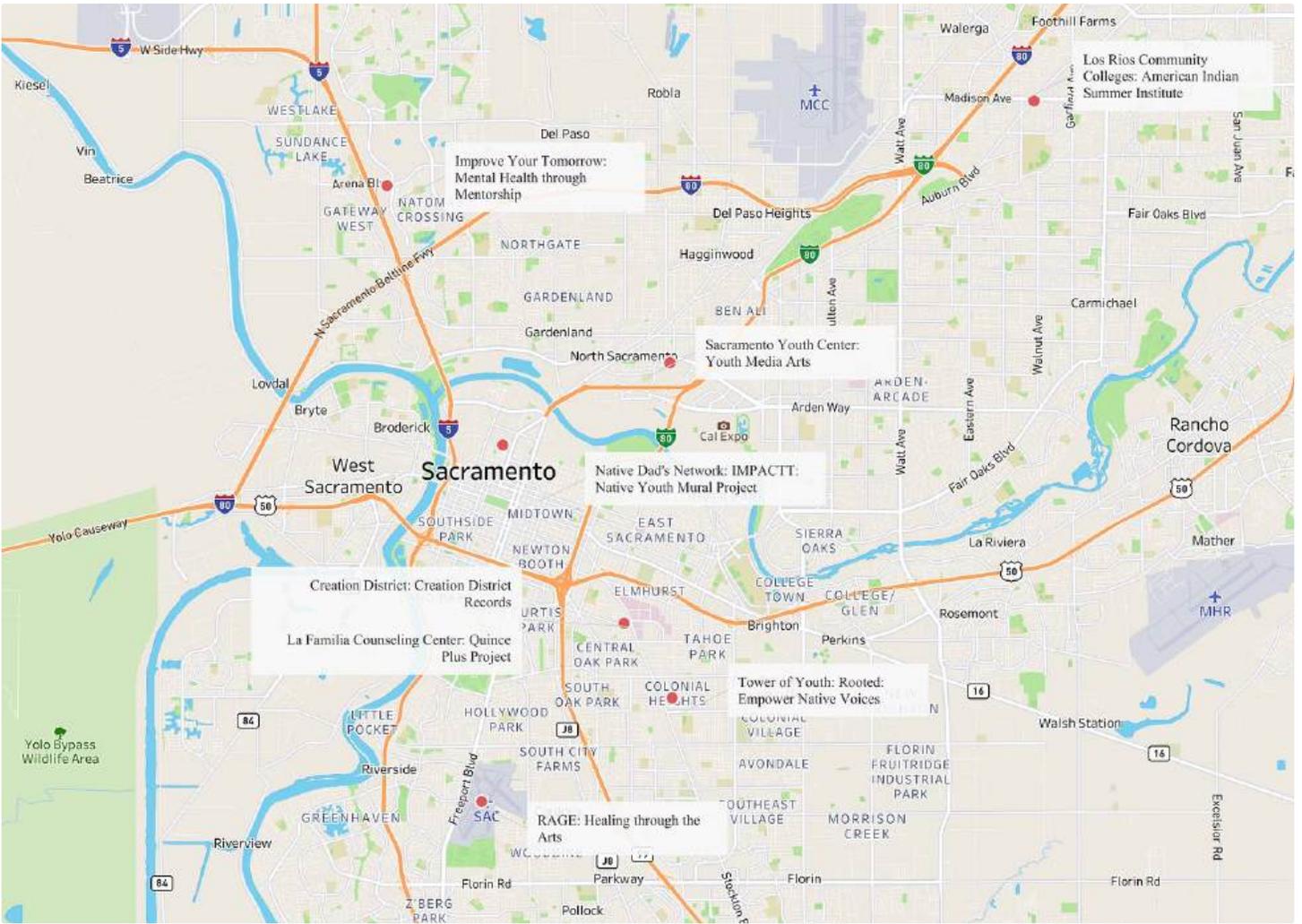


Figure 3. Map of funded organizations across Sacramento County.

Los Rio Community Colleges: American Indian Summer Institute (AISI)

A college bridge experience for American Indian youth that aims to support and empower them with necessary skills.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Native American Youth Ages: 14-24 Languages: English & Indigenous Races: Native American		Individual School Community Structural	Involved in recreational activity Safe space Adult support Community traditions	Community connections Mental health awareness Community engagement Cultural awareness Sense of pride

Creation District: Creation District Records

An independent record label that provides a free and safe space for youth in Sacramento that are experiencing housing instability.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Youth facing housing instability Ages: 16-25 Languages: English & Spanish Races: Asian, African-American, Latinx, Native American, White, Multiracial		Individual Peer Community Structural	Involved in recreational activity Safe space	Community connections Mental health awareness Skill development Community engagement Empowerment Self-expression Pursuing interest

Improve Your Tomorrow: Mental Health Through Mentorship

An initiative to increase the number of young men of color to attend and graduate from college.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Students from local school Ages: 14-24 Languages: English, Spanish, Hmong, & Indigenous Races: Asian, African-American, Latinx, Native American, Multiracial		Individual Family Peer School Community Structural	Involved in recreational activity Safe space Adult support	Mental health awareness Skill development

La Familia Counseling Center: Quince Plus Project

A counseling center whose mission is to improve the quality of life for at-risk youth and families of diverse backgrounds.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Students from local school Ages: 14-17 Languages: English & Spanish Races: Asian, African-American, Latinx, Native American, White, Multiracial		Individual Family Peer Community	Involved in recreational activity Safe space Like themselves	Community connections Mental health awareness Skill development Community engagement Cultural awareness Community pride

Figure 4: Profiles of four CMHP-funded community-based organizations, including population served, number of CHWs funded, protective factors promoted, positive childhood experiences provided, and outcome types reported.

Native Dad's Network: IMPACTT: Native Youth Mural Project

A program that aims to grow youth activism by involving Native American youth in the planning and creation of a community-based mural.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Tribal youth Ages: 14-17 Languages: English Races: Native American		Individual Peer Community Structural	Involved in recreational activity Safe space	Community connections Mental health awareness Skill development Self-expression Community pride Cultural identity

Race and Gender Equity (RAGE) Project: Healing through the Arts

Promotes mental health, coping skills, resources, and social justice among Black youth in Sacramento through training and support.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Youth in the community Ages: 11-19 Languages: English & Spanish Races: African American		Individual Peer Community Structural	Involved in recreational activity Safe space Supportive friend Adult support	Community connections Mental health awareness Skill development Community engagement Empowerment Self-expression Sense of pride Pursuing interests

Tower of Youth: Rooted: Empowering Native Voices

A podcast where Native American youth can share their personal experiences about mental health.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Native American Youth Ages: 16-24 Languages: English Races: Asian, Latinx, African American, Native American, White, Multiracial		Individual Peer Community Structural	Involved in recreational activity Safe space	Community connections Mental health awareness Skill development Empowerment Cultural awareness

Sacramento Youth Center: Youth Media Arts

A program that aims to provide community-based mental health services through preventative and early intervention programs for at risk youth.

 Population Served	 #CHWs	 Protective Factors	 Positive Childhood Experiences	 Outcomes
Students in the community Ages: 14-24 Languages: English & Spanish Races: Asian, Latinx, African American, White, Multiracial		Individual Peer Community Structural	Involved in recreational activity Safe space	Community connections Community engagement

Figure 5: Profiles of four CMHP-funded community-based organizations, including population served, number of CHWs funded, protective factors promoted, positive childhood experiences provided, and outcome types reported.

Based on the grant applications, the CMHP funded CBOs primarily served people between ages 14 and 24. All projects reported they serve participants aged 14–17 years ($n = 8, 100\%$) and most also serve participants aged 18–24 years ($n = 6, 75\%$). Two projects also serve ages 11–13 years and 19–25 years ($n = 2, 25\%$). See Figure 6.

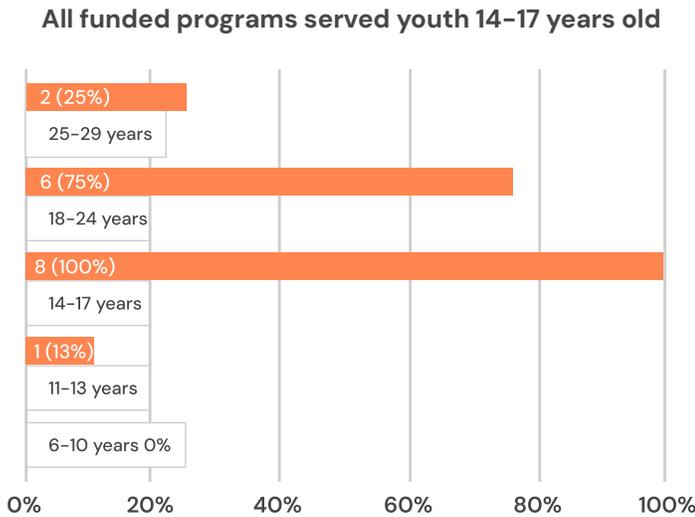


Figure 6: Proportion of funded CBOs serving each age group.

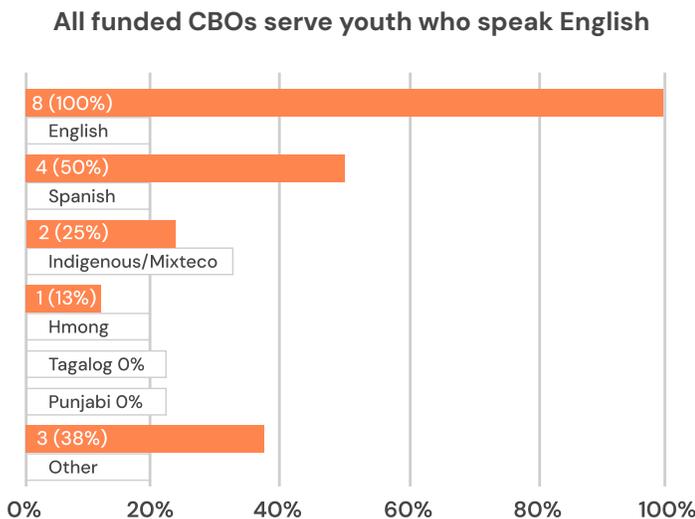


Figure 7: Proportion of funded CBOs serving youth who speak each language.

CMHP primarily funded programs that serve people who speak English ($n = 8, 100\%$) and Spanish ($n = 4, 50\%$) (See Figure 7). Most programs serve people who are from Black/African American/African communities ($n = 6, 75\%$), followed by people from AAPI/Southeast Asian, Native American/American Indian/Indigenous, and Multi-racial/Multi-ethnic communities ($n = 5, 62.5\%$), and White/Caucasian communities ($n = 4, 50\%$). See Figure 8.

CMHP funded programs also sought to serve people described as being from economically disadvantaged communities, people from communities of color, immigrants or refugees, youth mentors, counselors, or advocates, and next-generation youth leaders ($n = 8, 100\%$). The program also aimed to serve people who were at risk for, or currently experiencing, mental/behavioral health challenges ($n = 7, 87.5\%$), followed by people involved (or formerly involved) in the juvenile criminal legal system or child welfare system, and transition age youth ($n = 6, 75\%$). Several programs served people who identify as LGBTQ+ ($n = 5, 62.5\%$) and people who are multilingual ($n = 4, 50\%$). See Figure 9.

Most funded programs served youth from more than one racial or ethnic community.

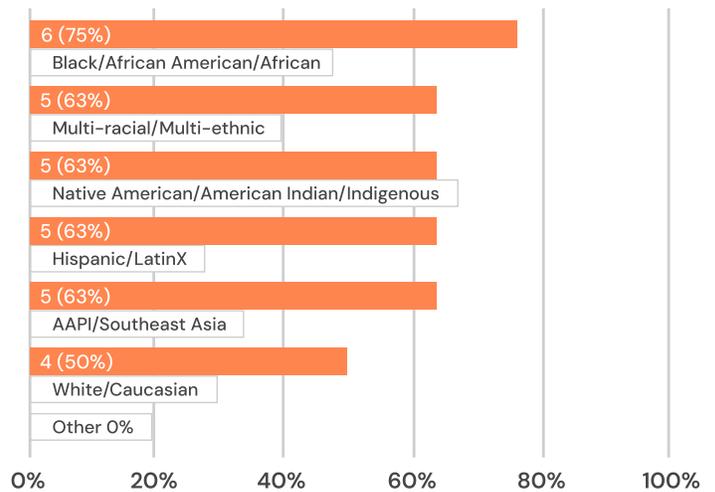


Figure 8: The proportion of funded CBOs serving youth from each racial and ethnic community.

Most funded programs served youth from more than one racial or ethnic community.

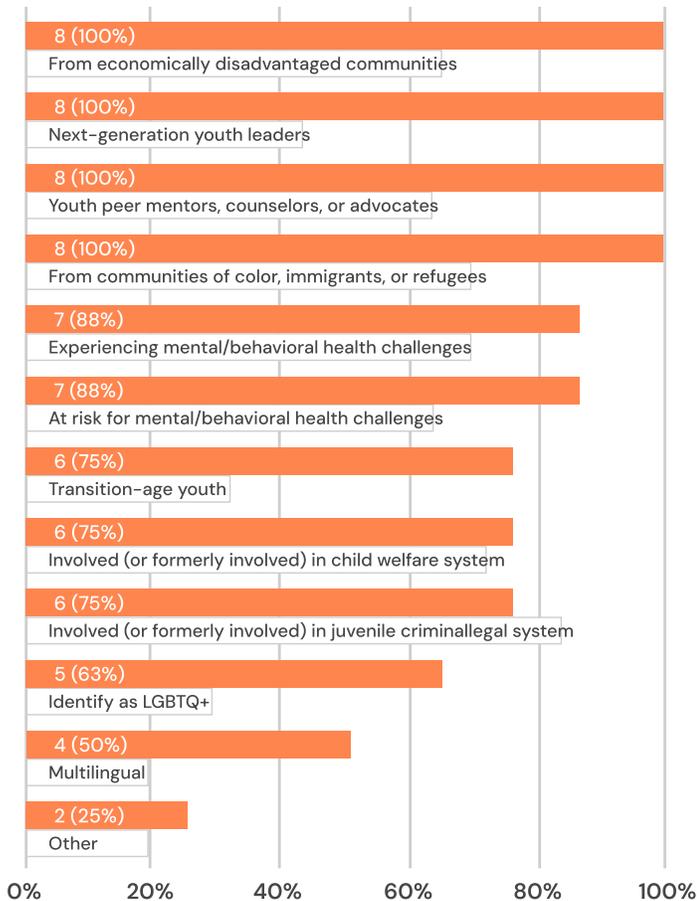


Figure 9. The proportion of funded CBOs serving various categories of at-risk groups.

Evaluation Activities

Reflecting their position as a foundation, SRCF provided support and funding to a set of CBOs rather than working directly in community like the other four ARN-funded initiatives. As such, NU-PEL’s role and relationship with SRCF differed from that with the other four community initiatives. Specifically, NU-PEL supported SRCF by providing the three key services described below.

1. Thought Partnership with SRCF

NU-PEL has served as a thought partner to SRCF, contributing to the planning and facilitation of quarterly convenings, supporting community-building efforts, and helping the Foundation identify strategies for

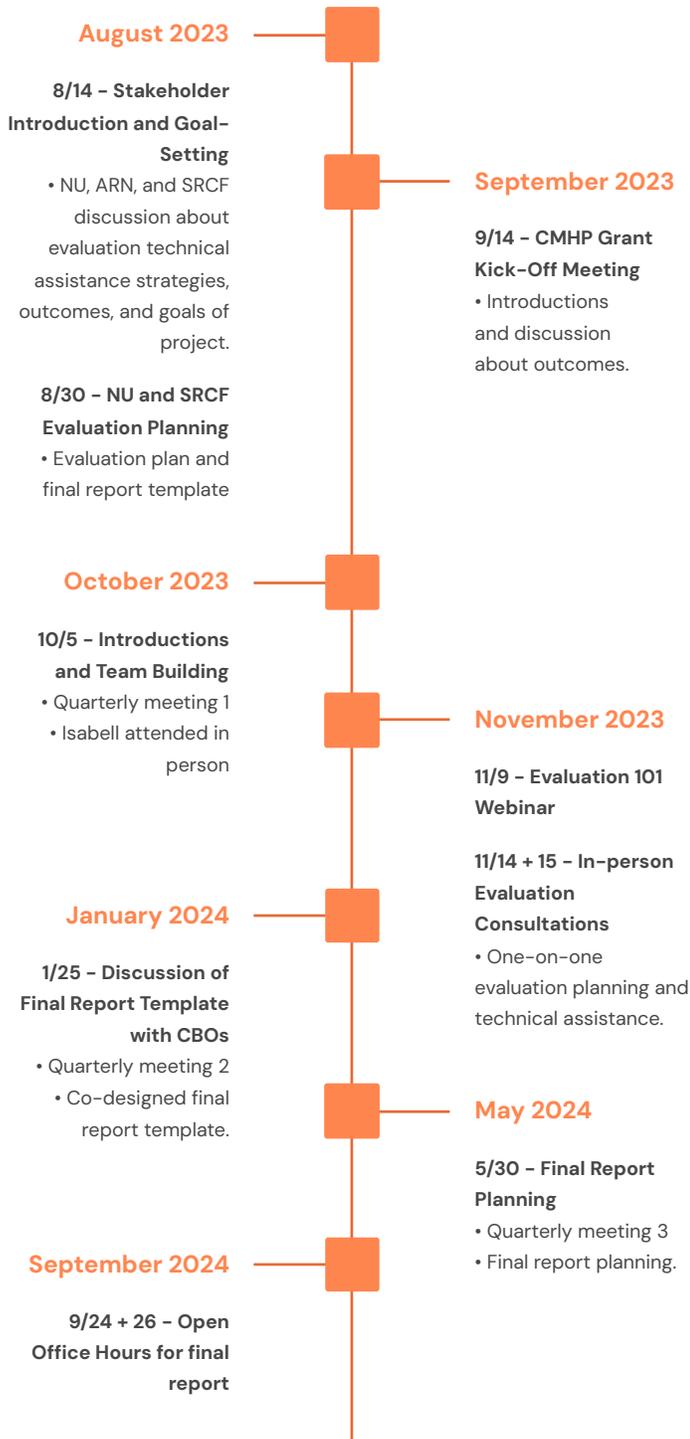
communicating with and collecting data from their sub-awardees. Specifically, the NU-PEL team helped the SRCF clearly articulate goals and develop performance indicators for CMHP and worked with the Foundation to collaboratively develop an annual report template for sub-grantees that was used to gather data from each organization on their program activities and impact. The evaluation team met with SRCF regularly to share information, provide updates, help plan quarterly convenings, and support ongoing program improvement by sharing insights gleaned from working with and across the CBOs. Finally, the evaluation team met with SRCF to discuss ways the foundation could build their own internal capacity to assess and communicate the impacts of their community investments.

2. Evaluation Technical Assistance & Capacity Building

The evaluation team provided input and support to the funded organizations around their efforts to assess both their own (internal) and CMHP’s outcome goals. Centering each organization’s programmatic expertise and cultural identities, technical assistance activities focused on helping the organizations identify or develop evaluation methods and metrics that 1) worked best within the context of their programs and their communities and 2) prioritized the way they operationalize success and impact. This support included:

- **Evaluation Capacity Building Workshop**, a webinar on evaluation approaches and methods.
- **CMHP Quarterly convenings**, NU-PEL participated in and facilitated quarterly convenings among the SRCF and the funded CBOs.
- **CMHP: Evaluation Toolkit**, a resource developed by NU-PEL that contains evaluation tools and resources to support the internal evaluation efforts of organizations.
- **Final report template**, co-designed with SRCF with input from organizations.
- **Individual consultations** as needed and requested to address to evaluation questions or needs; including multiple open **“office hours”** for organizations that wanted direct support with their final report writing.

Collectively, NU-PEL’s evaluation technical assistance and capacity building activities facilitated conversations with CBOs about their goals, how to document progress toward their goals in ways that fit their needs, and how to authentically tell their stories. See Figure 10 for a timeline of all NU-PEL evaluation technical assistance and capacity building activities.



In November 2023, NU-PEL hosted an **Evaluation Capacity Building (ECB) Workshop**. Workshop content was informed by a pre-CMHP survey distributed in early September. Not only did the survey include questions about the CBOs’ perceptions of CHWs, but also utilized items adapted from the Evaluation Capacity Scale (Ngai et al., 2022). The survey insights allowed the evaluation team to tailor the workshop to meet CBO-specific needs. The ECB Workshop provided a review of key components of program evaluation, training on how to build an evaluation plan matrix, and a brief overview of some existing evaluation plan resources and templates. Through this workshop, we built on existing evaluation capacity to better prepare CBOs to share the story of their work as well as meet the SRCF and ARN final report requirements.

NU-PEL facilitated two of the **CMHP quarterly convenings**, which concentrated on the final report. First, in collaboration with SRCF, the evaluation team convened with the CBOs to introduce and receive feedback on the final report template to ensure the final report was responsive to and captured the CBOs’ definitions of success. CBOs were asked for input on feasibility of the template, foreseeable challenges, and any missing areas that should be included. Then, during the final quarterly meeting, the evaluation team facilitated discussion about the CBOs final reports. For each required question on the report template there was a group brainstorm and discussion about how CBOs might answer the question and what evidence they planned to use.

The evaluation team developed and distributed the **Culture is Mental Health Evaluation Toolkit**, to which CBOs could refer throughout the year as they developed, implemented, and reported on their evaluations. The toolkit provided prompts to encourage creative thinking about sources of evaluative insights and uses of records and data CBOs already keep. The toolkit also incorporated links to resources, data collection tools, and methods to assess progress toward CMHP goals and to encourage culturally responsive evaluation and storytelling. These resources included, qualitative data collection and analysis, such as **reflexive storytelling**, and quantitative data collection and analysis, such as **scales for participant surveys**. We also provided a collection of recommended **validated measures and tools** for outcomes of interest to the CMHP project. See Appendix A for the CMHP Evaluation Toolkit.

Figure 10. Timeline of NU-PEL evaluation technical assistance and capacity building activities.

Individual consultation appointments were offered to build relationships with and provide technical assistance to CBOs across the evaluation process, including in-person and virtual opportunities.

Following the ECB workshop, an evaluation team member scheduled *in-person meetings* with CBOs to apply the workshop learnings and develop their evaluation plans. Five (62.5%) CBOs scheduled individual in-person meetings with the local research coordinator. Most of these CBOs had low evaluation capacity or experience. We focused those discussions on building trust-based relationships that acknowledge historical experiences of exploitative research, learning more about their programs and goals, discussing the purpose of evaluation, and developing research questions and data collection to authentically incorporate the CBOs' story into their final report. Furthermore, offering community partners the opportunity to share their mission and goals in their space, a place where they dedicate much time and work, emphasized that we, as evaluators, are the visitors. See Appendix B for details about conversation topics.

The evaluation team also collaborated with and supported CBOs in their efforts to design and implement evaluation via *one-on-one consultations* throughout the year. In-person or virtual individual consultation appointments were offered through personalized emails every five to six weeks. Four (50%) organizations utilized consultations; one organization requested support in creating a general program evaluation survey; another organization wanted to clarify their understanding and use of resources within the Evaluation Toolkit; and two organizations wanted to clarify outcomes for the final report. See Appendix B for details of evaluation activities done during one-on-one consultations with the CBOs.

3. Data Aggregation & Analytics

The third and final role for the evaluation team was to work with the SRCF and CBOs to collect, aggregate, and analyze data to evaluate progress towards CMHP goals. Through CMHP, SRCF aimed to increase access to CHW and promote culturally responsive protective factors for youth in Sacramento County, with a specific emphasis on providing positive childhood experiences (PCEs), particularly those that foster a sense of belonging and cultural connectedness.

The collection and analysis of data fell into three buckets of data collection and analysis (Figure 11).

BUCKET 1: The evaluation team content coded the awardees' grant applications to understand what activities would be supported by their funded community health worker(s) (CHW) and identify the protective factors each organization intended to promote. See Figure 12 for the protective factors coded and Appendix C for the coding scheme.

BUCKET 2: Grant recipients were asked to complete a pre- and post-grant survey. The pre-survey was used to provide NU-PEL with baseline information about their perceptions of CHWs and the role of CHWs in their organizations, what protective factors and positive childhood experiences (PCEs) the programs promote, and their evaluation capacity. The post-survey asked about the protective factors and PCEs the programs promote, their evaluation capacity, and which NU-PEL technical assistance activities they participated in.

BUCKET 3: A final report template that was co-developed by NU-PEL and SRCF, with input from grantees, was used to gather data on the design, implementation and impact of programs. To enable NU-PEL to identify changes over time, this template also included a subset of questions from the pre-survey. Importantly, funded programs were invited to use their own definitions and indicators of success to report progress on their own as well as ARN's impact goals of providing positive childhood experiences (PCEs) and protective factors, particularly sense of belonging and cultural connectedness.

Funds distributed by CMHP were earmarked to support Community Health Workers (CHW) because they are the vehicles through which youth gain the protective factors so critical to overcoming their ACEs. Community liaisons were defined broadly by SRCF as individuals who facilitate access to or provide culturally relevant programs that promote mental health and positive youth development. NU-PEL used this definition to code final reports increased **access to CHWs**.

Data collection to assess goals

Funder Goals

- Support a CHW
- Provide Positive Childhood Experiences
- Foster sense of belonging and cultural connectedness
- Increase access to protective factors

Applications

- CHWs
- Populations served
- Promoted Protective Factors

Surveys

- CHWs
- Perceived Positive Childhood Experiences
- Perceived Protective Factors

Final Report

- CHWs
- Activities Implemented
- Successes & Challenges
- Outcomes & Impacts

Figure 11. A summary of data collection approaches to assess progress

Positive Childhood Experiences & Protective factors coded in applications and final reports

PCEs

- Involved in one or more structured recreational activities
- Access to safe spaces
- Felt supported by friends / has at least 1 close friend
- Supportive adult
- Enjoyed participating in community traditions
- Liked or felt comfortable with themselves

Individual

- Physical wellbeing
- Positive self-perception
- Positive future-outlook
- Strong sense of self
- Understanding own life within the past, present, & future
- Self-reflection & awareness

Family

- Family connectedness or attachment

Peer

- Positive social skills

School

- School connectedness
- School engagement
- School safety

Community

- Community-engaged advocacy
- Community connectedness
- Spirituality, religiosity, traditional rituals
- Positive adult relationships
- Cultural connectedness through identity, experience, & common understanding
- Cultural connectedness through traditional, history & customs
- Sense of responsibility for community
- Neighborhood safety

Structural

- Historical and current systems of oppression

Figure 12. List of positive childhood experiences and protective factor level and specific protective factors coded for in the CMHP applications and final reports.

13 CHWs Funded

In addition to CHWs, NU-PEL coded the final reports for how the program was implemented, the challenges and successes they experienced, and the impacts they observed. For the latter, we coded reported impacts as **protective factors** and **PCEs** if their descriptions or measures aligned with those found in the relevant literature (McLean et al., 2024; Arthur et al. 2002; Hakkim & Deb, 2021; Liu et al. 2019; Yule et al. 2019; Beninger & Savahl, 2017; Henson et al. 2017; Shaw et al. 2016; Kia-Keating et al. 2011; for protective factors and Baglivio & Wolff, 2021; Narayan et al, 2018 for PCEs), paying particular attention to **sense of belonging and cultural connectedness**. Positive childhood experiences and protective factors and their overarching categories are listed in Figure 12, below. See Appendix C for detailed coding methods.

Findings

FINDING 1: Every funded organization supported at least one Community Health Worker.

Every CBO used funding to support staff or youth leaders who met the Community Health Worker (CHW) definition used by SCRF. Final reports revealed that CMHP funded 13 CHWs. Two (25%) organizations created and filled a new CHW position, while six (75%) maintained a CHW already on staff. For instance, Los Rios Community Colleges created and filled a new CHW position, *Student Support Specialist (culture prevention)*, to work with young adults participating in their AISI. This position was dedicated to facilitating cultural activities, like traditional ribbon skirt making and basket weaving, as well as discussions about wellness and healing from ACEs.

The Rooted: Empowering Native Voices program created and filled the *Program Coordinator/Podcast Producer* as their CHW, who both managed program logistics and provided mentorship in the form of technical guidance with audio recording and storytelling techniques as youth created their own podcasts.

On the other hand, the Race and Gender Equity Project (RAGE) used the funding from SCRF to maintain their *Program Director* position. The role of this position was to oversee the implementation of RAGE's HEAL Suite, facilitating trainings and capacity building, and supporting youth participants. Similarly, Creation District used their grant to maintain their *Creation District Recording Director*, who supported the production of original music and provided emotional and creative support to youth participants through one-on-one song writing and recording sessions.

FINDING 2: CMHP-funded programs were designed to provide several critically important protective factors to youth in Sacramento County, particularly those at the individual-, peer-, community-, and institutional-levels.

The positive youth development literature has identified protective factors that help youth resist or overcome the impacts of ACEs. These factors are generally grouped into six levels: individual, peer, family, school, community, and structural. NU-PEL coded all eight funded program proposals to determine which of 16 protective factors identified in the literature (McLean et al., 2024; Arthur et al. 2002; Hakkim & Deb, 2021; Liu et al. 2019; Yule et al. 2019; Beninger & Savahl, 2017; Henson et al. 2017; Shaw et al. 2016; Kia-Keating et al. 2011) were targeted by each program (see Appendix C for detailed methods and Figure 12 for the protective factors in each level). The analysis found that each funded program intended to address multiple protective factors, with targets ranging from 5 to 15 factors ($M = 10.75$, $SD = 3.28$). Individual- (100%), community- (100%), peer- (87.5%), and structural-level (87.5%) protective factors were targeted by most programs, whereas only two (25%) programs focused on family- and school-level protective factors

(Figures 13). Most programs began with an intention to support the development of a positive self-perception, a positive future outlook, the ability to self-reflect (individual) and positive social skills (peer), to provide positive adult relationships or mentorship (community), and to address historical and ongoing systems of oppression (institutional) (Figure 14).

All CMHP-funded programs provided protective factors for youth in Sacramento County – particularly individual- and community-level factors.

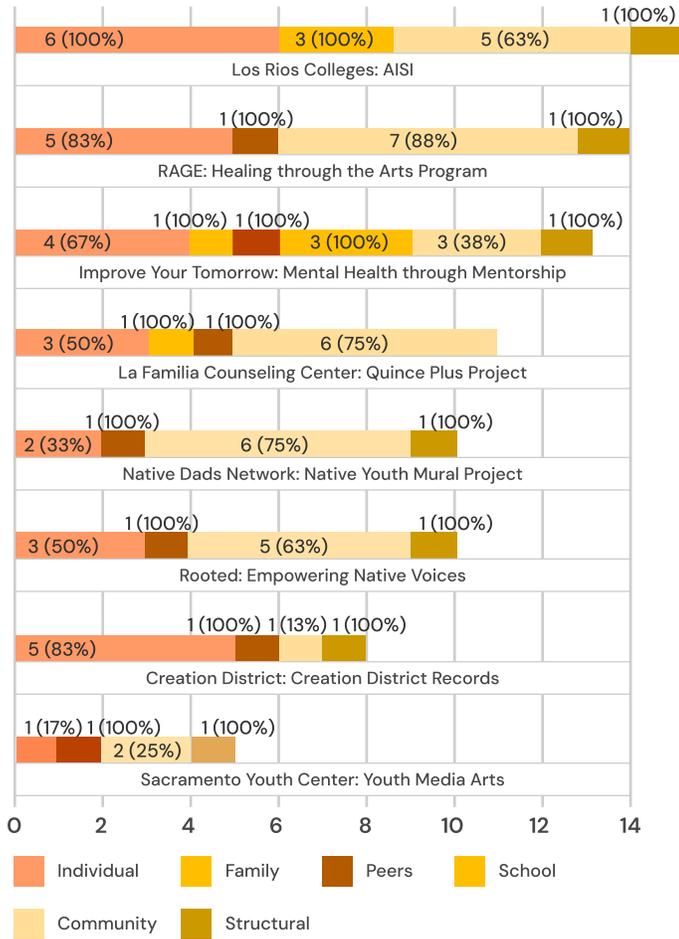


Figure 13. The number and proportion of protective factors at each level promoted by each funded CMHP CBO.

Funded programs each targeted between five and fifteen protective factors

	Protective Factor	Creation District: Creation District Records	Improve Your Tomorrow: Mental Health through Mentorship	La Familia Counseling Center: Quince Plus Project	Los Rios Colleges: AISI	Native Dads Network: IMPACTT: Native Youth Mural Project	RAGE: Healing through the Arts Program	Sacramento Youth Center: Youth Media Arts	Tower of Youth: Rooted: Empowering Native Voices	n (%) orgs per PF
INDIVIDUAL	Physical Wellbeing		■		■		■			3 (37.5%)
	Positive future outlook	■	■	■	■		■		■	6 (75.0%)
	Positive self-perception	■	■	■	■	■	■			6 (75.0%)
	Self-reflection & awareness	■	■		■		■	■	■	6 (75.0%)
	Strong sense of self	■		■	■	■			■	5 (62.5%)
	Understanding own life within the past, present, & future	■				■	■			3 (37.5%)
FAMILY	Family connectedness or attachment		■	■						2 (25.0%)
PEER	Positive social skills	■	■	■		■	■	■	■	7 (87.5%)
SCHOOL	School connectedness		■		■					2 (25.0%)
	School engagement		■		■					2 (25.0%)
	School safety		■		■					2 (25.0%)
COMMUNITY	Community connectedness		■	■		■	■		■	5 (62.5%)
	Community-engaged advocacy					■	■	■	■	4 (50.0%)
	Cultural connectedness through identity, experience, & common understanding			■	■	■	■		■	5 (62.5%)
	Cultural connectedness through traditional, history & customs			■	■	■	■			4 (50.0%)
	Neighborhood safety		■				■			2 (25.0%)
	Positive adult relationships	■	■	■	■		■	■	■	7 (87.5%)
	Sense of responsibility for community			■	■	■	■		■	5 (62.5%)
	Spirituality / religiosity / traditional ritual			■	■	■				3 (37.5%)
STRUCTURAL	Historical & ongoing systems of oppression	■	■		■	■	■	■	■	7 (87.5%)

Figure 14. Specific protective factors promoted by each funded community-based organization at each level.

CMHP-funded CBOs promote at least one level of protective factor across Sacramento County.



Figure 15. Geographical distribution of protective factors by level across Sacramento County by zip code.

The breadth of both their intended impacts and their geographical distribution meant that, at the start of the project, CMHP was poised to increase access to a variety of critical protective factors in communities across Sacramento County. See Figure 15 for a map of the protective factors.

FINDING 3: Youth participating in CMHP programs were provided with Positive Childhood Experiences (PCEs), which create the contexts for the development of protective factors.

Positive childhood experiences (PCEs) refer to beneficial experiences that support the development of internal (individual-level) and provide access to external (e.g., peer- and community-level) protective factors. These factors both protect against and reduce the negative impacts of ACE’s in developing youth (Baglivio & Wolff, 2021; Daines et al, 2021). Though there is not one

framework for defining PCEs, those that exist generally have large overlaps such as engaging in an environment where youth receive support from friends, participate in organized activities, interact with supportive adults, and have access to safe spaces (Baglivio & Wolff 2021; Daines et al, 2021; Bethell et al, 2019).

"Youth shared that the program along with our physical space (The RAGE Empowerment Center), provided a safe and supported environment where they could express themselves creatively, contributing to positive memories. Many youth spoke about their challenging experiences outside of RAGE and leaned on our organization to support during difficult times."

RAGE FINAL REPORT

CMHP’s final report asked grantees specifically to provide evidence that they provided PCEs to their participants. For the purposes of this report, NU-PEL coded an experience as a PCE if it overlapped with either the Benevolent Childhood Experiences scale (Narayan et al, 2018) or that used by Baglivio & Wolff (2021). Coding of final reports from the eight CMHP-funded programs found that all programs (100%) provided PCEs to their participants (Figure 16). Some of the PCEs, such as *involvement with one or more prosocial structured recreational activities* and *access to safe spaces*, were inherent to the design of all programs funded and so did not need to be included in the report to be counted. Others, such as participants having a friend in the program, may have applied to all programs but were only coded if they were stated explicitly in a report

Final reports indicate that programs provided positive childhood experiences for their participants

Protective Factor	Creation District: Creation District Records	Improve Your Tomorrow: Mental Health through Mentorship	La Familia Counseling Center: Quince Plus Project	Los Rios Colleges: AISI	Native Dads Network: IMPACTT: Native Youth Mural Project	RAGE: Healing through the Arts Program	Sacramento Youth Center: Youth Media Arts	Tower of Youth: Rooted: Empowering Native Voices	n (%) orgs per PF
Involvement in one or more prosocial structured recreational activities (such as community, cultural, or religious groups, clubs, athletics)	■	■	■	■	■	■	■	■	8 (100.0%)
Access to safe spaces	■	■	■	■	■	■	■	■	8 (100.0%)
Felt supported by friends / has at least 1 close friend			■ (96.0%)*			■ (NR)			2 (25.0%)
Had an adult (non-parental caregiver) who could provide them with support or advice		■ (50%)		■ (85.7%)*		■ (NR)		■ (NR)	4 (50.0%)
Enjoyed participating in community traditions				■ (92.9%)*					1 (12.5%)
Liked themselves or felt comfortable with themselves			■ (92.0%)*	■		■			1 (12.5%)
n (%) total PFs per organization	2 (25.0%)	3 (37.5%)	4 (50.0%)	4 (50.0%)	2 (25.0%)	4 (50.0%)	2 (25.0%)	3 (37.5%)	

NR = Not reported *Increased or stayed the same

Figure 16. Specific positive childhood experiences and reported by each funded community-based organization. Data on percent of participants reporting is provided when available.

All but one organization provided data indicating their participants felt a sense of belonging in their program

Creation District:Creation District Records	■ (96.4%)
Improve Your Tomorrow: Mental Health through Mentorship	■ (70.8%)
La Familia Counseling Center: Quince Plus Project	■ (92.0%)*
Los Rios Colleges: AISI	■ (85.7%)
Native Dads Network: IMPACTT: Native Youth Mural Project	■ (92.0%)*
RAGE: Healing through the Arts Program	
Sacramento Youth Center: Youth Media Arts	■ (NR)
Tower of Youth: Rooted: Empowering Native Voices	■ (NR)
n (%) orgs	7(87.5%)

* Percent that increased or stayed the same.

Figure 17. Data on sense of belonging and cultural connectedness reported by funded organizations.

Most organizations reported or showed evidence of (e.g., having a CHW whose role is to support youth) at least three types of PCEs (range 2–5; $M = 3.5$). All (100%) of organizations enabled participants to be involved in a structured prosocial activity and provided access to a safe space. While it is likely that all the programs included an adult or mentor who could provide support or advice to the participants, only 3 (37.5%) reported this explicitly. For example, *IMPACTT by Native Dads Network* reported fostering a sense of cultural identity and community connectedness amongst youth by teaching the traditions of the Miwok and Nisenan people in the context of using art to express their history, traditions, and native identities. And *Improve Your Tomorrow* reported providing a supportive network of student mentors and adults that included participants’ families.

"Riding the boat around Alcatraz, it seemed as though everyone finally had their moment to shine and express themselves as they realized they were surrounded by supportive peers."

Participant, AISI

FINDING 4: The PCEs provided by funded projects included a space and community where youth felt a sense of belonging and cultural connectedness, ACE Resource Network’s key impact goals.

A primary goal of ARN is to provide access to experiences in Sacramento County that enable youth and young adults to feel a sense of belonging and cultural connectedness. Seven of the eight (88%) final reports included data indicating that these goals were achieved through their programs (Figure 17). While the ways they gathered this data (e.g., surveys; testimonials) and measured these constructs (e.g. survey scales) varied, all either asked specifically about participants feelings or provided participant testimonials that reflected a sentiment of belonging and cultural connection. For instance, *Los Rios Community Colleges* reported that 85.7% of participants expressed an increased sense of belonging due to their engagement with the AISI Tribal Health Office staff, illustrating the role supportive adults play in facilitating belonging. *Sacramento Youth Center* reported promoting positive engagement amongst their Youth Media Arts participants within a supportive virtual environment. That their community grew from 40 to nearly 70 participants over the grant period was evidence to them that youth felt safe within and connected to the community they created.

Finding 5: All programs reported additional outcomes that serve as protective factors for their participants.

"I got to know more about the culture and what it is to be native and how to think deeper about our ancestors."

Participant, AISI

All eight (100%) CMHP-funded CBOs reported program outcomes that serve as protective factors for youth. The evaluation team categorized these to capture themes and frequencies among the outcomes, many of which reflect the targeted protective factors in their funding proposals (Figure 14). On average, CBOs reported 7.5 (SD = 4.0, range 2–14) additional outcomes that were coded into 5.9 (SD = 2.4, range 2–9) categories. See Figure 18 for program outcome types by CMHP-funded organization.

Increasing awareness about mental health and fostering community connections were the most common types of outcomes identified by the CMHP-funded CBOs.

Unsurprisingly, most (87.5%) CMHP-funded CBOs reported that their programs increased **awareness about mental health** for both program staff and program participants.

Two of these programs facilitated training for CHWs on mental health. For example, the Lead Mentor for *Improve Your Tomorrow's* Mental Health Through Mentorship obtained a certificate in Mental Health First Aid, allowing the program to offer responsive and appropriate support for their students. The remaining five programs educated program participants about mental health. For example, *La Familia Counseling Center* incorporated discussion about rites of passage in various cultures, coming-of-age topics, and mental health wellness practices into their

workshops. And *Tower of Youth* participants researched, planned, and produced podcast episodes about mental health challenges facing native youth and provided valuable resources. This process naturally meant that the participants learned more from experts but also that the podcast audience learned about mental health.

Most (87.5%) CMHP-funded CBOs also reported outcomes that represent **fostering community connections and engagement**. Three (37.5%) CBOs pointed out their program was providing a space and opportunity for community connections. For example, *Sacramento Youth Center* considered doubling the size of the online community they hosted on Discord an outcome of their efforts. Five (62.5%) CBOs reported that by engaging in the programming, youth developed a connection to their communities. For example, *IMPACTT by Native Dad's Network* reported by participating in their program, including workshops and completing the mural, youth were developing stronger connections to the community through the lasting testament of Native presence and resilience in the area. And *Creation District* and *RAGE* pointed to planning, coordinating, and participating in successful community events, including a record release party and street outreach event respectively, fostered community connections.

Five (62.5%) CMHP-funded CBOs reported that program participants **developed skills**, including providing culturally responsive mental health support, technical artistic skills, leadership skills, and cultural knowledge. For example, *Improve Your Tomorrow's* CHW received Mental Health First Aid training and *RAGE's* Heal Interns and Co-ops received funding on culturally appropriate supports and resources for people experiencing a mental health challenge. Participants at *Creation District* and *IMPACTT by Native Dad's Network* learned technical artistic skills to further their career ambitions and connect with their cultural heritage. Finally, *La Familia Counseling Center* participants received a certificate of completion, acknowledging their learning in rites-of-passage and Hispanic and Latin American cultures.

"Perhaps one of the greatest successes has been demonstrating the potential of Native youth to lead meaningful conversations and create change. ... these young people have shown that they can address serious issues in their communities and that their voices matter. Their leadership throughout the podcast development and production process has been inspiring and set the stage for future youth-led initiatives."

Tower of Youth Final Report

All community organizations reported additional outcomes that serve as protective factors, particularly community connections and mental health awareness.

Other Outcomes	Creation District: Creation District Records	Improve Your Tomorrow: Mental Health through Mentorship	La Familia Counseling Center: Quince Plus Project	Los Rios Colleges: AISI	Native Dads Network: IMPACTT: Native Youth Mural Project	RAGE: Healing through the Arts Program	Sacramento Youth Center: Youth Media Arts	Tower of Youth: Rooted: Empowering Native Voices	n (%) orgs per outcome
Cultural Identity					■				1 (12.5%)
Pursuing Interests	■					■			2 (25.0%)
Community Pride			■		■				2 (25.0%)
Sense of Pride				■		■			2 (25.0%)
Cultural Awareness			■	■				■	3 (37.5%)
Self-expression	■				■	■			3 (37.5%)
Empowerment	■					■		■	3 (37.5%)
Other		■ (1)	■ (1)	■ (5)					3 (37.5%)
Community Engagement	■		■	■		■	■		5 (62.5%)
Skill Development	■	■	■		■	■		■	6 (75.0%)
Mental Health Awareness	■	■	■	■	■	■		■	7 (87.5%)
Community Connection	■		■	■	■	■	■	■	7 (87.5%)
n (%) total outcomes per organization	7 (58.3%)	3 (25.0%)	7 (58.3%)	6 (50.0%)	6 (50.0%)	8 (66.7%)	2 (16.7%)	5 (41.7%)	

Figure 18. Other outcomes reported by each community-based organization.

Cultural awareness, self-expression, and empowerment were outcomes reported by three (62.5%) CBOs each. **Cultural awareness** was reported for organizations that explicitly taught about ancestry, heritage, and culture into their programming. For example, 93% of *Los Rios Community Colleges* participants agreed that the staff provided opportunities to grow their traditional knowledge. These opportunities were provided through formal and informal means, including weaving and beading circles. **Self-expression** was reported by organizations that incorporated artistic activities into their program. For example, *RAGE* reported on various activities that engaged HEAL Interns and Co-ops in creative activities to share their experiences with mental health, for example through spoken word poetry, merchandise sold during a community outreach event, storytelling, dance, and public speaking. **Empowerment** was reported by organizations that connected cultural identity and

experiences with self-expression and advocacy. For example, *Tower of Youth* reported they successfully created a platform specifically for Native youth to share their voices and stories, promote mental health awareness, foster personal growth, and build a supportive online community.

Other outcomes reported by two or fewer CMHP-funded CBOs included: **sense of pride/community pride, cultural identity, and pursuing interests**. Although these types of outcomes were mentioned less often than other types, they were not less important. For example, *La Familia Counseling Center* reported that through learning about the history and traditions of rites of passage among Hispanic and Latin American cultures from the program and their families, youth gained pride in their histories and place in their community. Additionally, *IMPACTT by Native Dad's Network* reported that through learning and practicing local Indigenous and Native

American culture, youth and other members of the Native community gained a sense of pride in their ancestry and being Native and from Sacramento. *Creation District* and *RAGE* created a space for youth to pursue their specific interests and feel a sense of accomplishment for work well done that is authentic to themselves.

As these additional outcomes demonstrate, CMHP not only funded organizations that promote protective factors in their communities but also supported specific initiatives that actualized protective factors.

Finding 6: Funded organizations increased evaluation capacity through work with NU-PEL.

"These experiences have equipped our team with new strategies for data collection and analysis, enabling us to better understand effectiveness and make informed decisions for future initiatives. Overall, we now have stronger framework for evaluating our programs, which will enhance our ability to demonstrate impact to stakeholders and funders moving forward"

IMPACTT by Native Dad's Network

Most CBOs (75%) indicated an increase in evaluation capacity throughout the grant period. Evaluation capacity increased in various areas, including data collection, data analysis, and developing methods for measurement. CBOs, including Los Rio Community Colleges, RAGE, and Creation District Records, attributed their capacity building to attending NU-PEL's evaluation capacity building workshop, individual consultation with NU-PEL, and the NU-PEL Evaluation Toolkit. *Los Rios Community Colleges* reported that the capacity building workshop was enjoyable, and it helped the organization grow how they think about program design. Similarly, *Creation District* reported the NU-PEL training allowed for deeper understanding of evaluation methods to create tools that can be used for future data collection. Evaluation technical assistance not only supported the CBOs for CMHP but also increased their evaluation capacity for future projects.

Some CBOs maximized existing evaluation capacities to enhance their evaluation efforts. For example, *Improve Your Tomorrow* obtained funding to hire an internal evaluator, the Research and Evaluation Analyst, to deepen their evaluation capacity. *La Familia Counseling Center* dedicated staff for certain aspects of the evaluation process depending on their experience with program evaluation. For example, the community health worker created pre- and post-program surveys, and the youth wellness manager analyzed the data for their evaluation report.

Throughout the grant period, CMHP-funded CBOs reported increased evaluation capacity due to and inspired by NUPEL's trainings, technical assistance, and toolkit.

Lessons Learned

Community-based organizations reported successes in implementing their programs, increasing youth engagement, and fostering personal connections.

In their final reports, CBOs shared three ways they succeeded and achieved significant impacts during the grant period: implementing culturally responsive youth programs, increasing youth engagement, and fostering personal connections and providing meaningful experiences.

Most (75%) CBOs explicitly reported **implementing their programming** as among their successes. For example, the *Sacramento Youth Center* offered a ten-week program for students to learn about mental health and substance use. From this, participants produced podcast episodes they initiated, designed, and developed. *Creation District* offered one-on-one professional recording and songwriting sessions and produced three full records. Finally, *IMPACTT by Native Dad's Network* created a vibrant mural on a local school to celebrate and make visible Native American and Indigenous culture in the area.

"Perhaps one of the greatest successes has been demonstrating the potential of Native youth to lead meaningful conversations and create change."

Tower of Youth

"Being around [Recording Director] – his values are so strong and genuine – after being around him for a while, it makes you look into yourself. You start to think about yourself, your background, your culture."

Participant, Creation District

"Throughout the program we saw the youth bond with one another and through this made our program a safe space where each can express themselves and have open discussions."

La Familia Counseling Center

Half of the CBOs emphasized **increased youth engagement** as participants worked together towards a shared goal as a success. Participants at *Rooted* took leadership roles within the podcast development process to address issues in their community and emphasize the value of sharing their voices. *IMPACTT by Native Dads Network* showed the potential of meaningful youth engagement by providing hands-on artistic experiences while promoting Indigenous heritage. *Creation District* provided 725 one-on-one recording and song writing sessions and struggled to keep youth off the waiting list due to demand, demonstrating the strong interest among youth in the opportunity.

Finally, more than half of the CMHP-funded CBOs reported **fostering personal connections and providing meaningful experiences** as among their successes. At *Los Rio Community Colleges*, participants shared that the program created space for them to engage with the Native community and discuss shared challenges. *La Familia Counseling Center* saw youth build peer connections through bonding experiences, including

open discussions, program events like Sac Town Youth Night, and field trips, and family connections through family histories. This reflected the program's capacity to build "safe spaces" in various ways where youth can be open with one another. *Tower of Youth* reported that youth leadership on the podcast demonstrated they could address serious issues in their communities and that their voices mattered.

Throughout their final reports, CMHP-funded CBOs reported they were successful in implementing their programs and achieving the specific goals they established, they increased youth engagement with their programs, and they fostered personal connections and meaningful experiences for the youth served.

Community-based organizations reported and overcame challenges with program logistics and participant engagement.

In their final reports, six (75%) CMHP-funded CBOs reported challenges. The most reported challenges included navigating program logistics and facilitating youth participation with difficult content.

Five (62.5%) CBOs reported challenges with program timelines that impacted either the **logistics of their programming or youth participation**. These logistics included scheduling, duration of program, administrative needs, and accommodating youth leadership. For example, *IMPACTT by Native Dads Network* reported administrative challenges with getting all staff to complete their background checks to work with the school. This challenge was resolved by reallocating responsibilities among the staff to have a point person. *La Familia Counseling Center*, *Sacramento Youth Center*, *Tower of Youth*, and *Improve Your Tomorrow* reported challenges aligning program and participant schedules to maximize participant engagement and impact. *La Familia* experienced reported that the extended 24-week program impacted youth engagement as extracurricular activities such as sports, after school clubs, or tutoring program regularly conflicted with workshops and lead some participants to drop out of the program. *Tower of Youth* adjusted their program to accommodate varied schedules by incorporating asynchronous content delivery and synchronous, virtual sessions. While CMHP-

funded CBOs faced logistical challenges implementing their programs, they also demonstrated resilience, persistence, and creativity in addressing those challenges.

Three (37.5%) CBOs reported challenges with **participation and engagement due to the sensitive nature of the program subject matter**. Some of these challenges highlight the value of the work the CBOs are doing to reduce mental health stigma and enhance community connection. For example, *Tower of Youth* reported some youth found it difficult to openly share deeply personal experiences with mental health and trauma for the podcast. In response, *Tower of Youth* incorporated culturally relevant counseling into the program by working with trauma-informed facilitators and developing a safe and supportive environment. Similarly, *RAGE* reported that youth experiencing crises needed supports to fully engage in the program and improve well-being that were beyond the program's capacity to provide. While *RAGE* offered additional resources to these youth, they did not always accept those additional resources. The challenges with engaging youth with personal and potentially distressing content are inherent in the work funded by CMHP and being done by the funded organizations. However, they also highlight the critical need for continued support of CHWs and programming for youth.

Conclusion

The Sacramento Region Community Foundation successfully increased access to culturally responsive youth arts and cultural programs that promote protective factors and positive childhood experiences across Sacramento County through the Culture is Mental Health Program. Through the funding, support, and technical assistance, eight programs serving marginalized populations were able to hire or maintain 13 Community Health Workers. NU-PEL provided dynamic support to SRCF and the CMHP-funded community organizations through thought partnership, technical assistance and capacity, and by aggregating data to document impact. SRCF is well situated to continue the success of CMHP by continuing and expanding the program. Overall, ACE Resource Network positively impacted Sacramento County through the Culture is Mental Health Program initiative by increasing access to culturally responsive and protective experiences for youth.

References

- Arthur M.W., Hawkins J.D., Pollard J.A., Catalano R.F., Baglioni A.J. Jr. (2003). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors. The Communities That Care Youth Survey. *Evaluation Review*, 26(6), 575–601. doi: 10.1177/0193841X0202600601.
- Baglivio, M. T., & Wolff, K. T. (2021). Positive Childhood Experiences (PCE): Cumulative resiliency in the face of Adverse Childhood Experiences. *Youth Violence and Juvenile Justice*, 19(2), 139–162. <https://doi.org/10.1177/1541204020972487>
- Benninger, E. & Savahl, S. (2017). A systematic review of children’s construction of the self: Implications for children’s subjective well-being. *Child Indicators Research*, 10(2), 545–569.
- Bethell C., Jones J., Gombojav N., Linkenbach J., & Sege R. (2019). Positive Childhood Experiences and adult mental and relational health in a statewide sample: Associations across Adverse Childhood Experiences levels. *JAMA Pediatrics*, 173(11), e193007. doi:10.1001/jamapediatrics.2019.3007
- Daines, C.L., Hansen, D., Novilla, M.L.B. et al. (2021). Effects of positive and negative childhood experiences on adult family health. *BMC Public Health*, 21, 651. <https://doi.org/10.1186/s12889-021-10732-w>
- Hakkim, A. & Deb, A. (2021). Resilience through meaning-making: Case studies of childhood adversity. *Psychological Studies*, 66 (4), 422–433. <https://doi.org/10.1007/s12646-021-00627-6>
- Henson M., Sabo S., Trujillo A., & Teufel-Shone N. (2017). Identifying protective factors to promote health in American Indian and Alaska Native adolescents: A literature review. *Journal of Primary Prevention*, 38(1–2):5–26. doi: 10.1007/s10935-016-0455-2. PMID: 27826690.
- Kia-Keating, M., Dowdy, E., Morgan, M. L., & Noam, G. G. (2011). Protecting and promoting: An integrative conceptual model for healthy development of adolescents. *Journal of Adolescent Health*, 48(3), 220–228. <https://doi.org/10.1016/j.jadohealth.2010.08.006>
- Liu, S., Kia-Keating, M., Nylund-Gibson, K., & Barnett, M. (2019). Co - Occurring youth profiles of Adverse Childhood Experiences and protective factors: Associations with health, resilience, and racial disparities. *American Journal of Community Psychology*, 65: 1–2. 10.1002/ajcp.12387.
- McLean, K. C., Fish, J., Rogers, L. O., & Syed, M. (2024). Integrating systems of power and privilege in the study of resilience. *American Psychologist*, 79(8), 999–1011. <https://doi.org/10.1037/amp0001260>
- Narayan, A.J., Rivera, L.M., Bernstein, R.E., Harris, W.W., & Lieberman, A.F.. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse & Neglect*, 78, 19–30. doi: 10.1016/j.chiabu.2017.09.022.
- Ngai, S., Cheung, C, Li, Y., Zhao, L., Wang, L., & Jiang, S., & Tang, H., & Yu, E. (2022). Validating the evaluation capacity scale among practitioners in non-governmental organizations. *Frontiers in Psychology*. 13. DOI: 10.3389/fpsyg.2022.1082313.
- Shaw, L., Hansen, H., & St Clair-Thompson, H. (2022). Mental toughness is a mediator of the relationship between positive childhood experiences and wellbeing. *European Journal of Developmental Psychology*, 20(1), 130–146. <https://doi.org/10.1080/17405629.2022.2058485>
- Yule, K., Houston, J., & Grych, J. (2019) Resilience in children exposed to violence: A meta-analysis of protective factors across ecological contexts. *Clinical Child & Family Psychological Review*, 22(3), 406–431. doi: 10.1007/s10567-019-00293-1. PMID: 30887404.

Concept Mapping Neighborhood Wellness Healing Circles

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Executive Summary

The Northeastern University research team collaborated with the ACE Resource Network (ARN) to select the community partners involved in its efforts to mitigate the impacts of ACEs (Adverse Childhood Experiences) on communities in Sacramento County. Neighborhood Wellness (NW), an organization working within Del Paso Heights and surrounding Sacramento communities to mitigate the impacts of ACEs and disrupt intergenerational trauma, was one of the community partners selected.

NW implements numerous programs, one of which is their Healing Circles. Throughout 2024, concept mapping was used as a participatory research method by the NU research team and community partners to better understand the impact of Healing Circles on participants. Concept mapping is an innovative mixed method approach that uses a structured process for gathering participatory input around a question of interest. The results of this process are represented using visual displays of participants' perspectives on a topic.

This Concept Mapping included a purposeful sampling of neighbors and staff; data collection took place over one week in April. Concept mapping has three data collection components: brainstorming, sorting/rating, and interpretation. The brainstorming activity resulted in a list of 125 unique statements to be used for the subsequent sorting and rating activities.

The sorting and rating session had two separate components. First, participants were asked to sort each of the 125 statements generated in the brainstorming activity into piles that made sense to them and then name each pile, providing a word or phrase that reflected the contents of the pile. Second, the participants used Likert-type scales ranging from not at all important or powerful to extremely important or powerful to rate each item on 3 rating questions.

The final participant session of interpretation was facilitated by the Northeastern University evaluation team. The team provided participants with the visuals

generated from the data analysis and led a discussion about the final cluster map solution, with participants determining a 5-cluster solution and selecting cluster names to fit the items within each cluster.

From the 125 items generated in session 1, 50 were rated highly across all demographics and rating scales. These 50 items were further examined by the research team and community partners to determine if the items were a "component" or an "impact" of the Healing Circles.

Combined, these data points provide a new foundation of understanding for Neighborhood Wellness as they work to address social, economic, academic, and health inequities to navigate and disrupt the barriers of adversity and intergenerational trauma to uplift their communities to thrive.

Introduction

The Northeastern University research team collaborated with the ACE Resource Network (ARN) to select the community partners involved in its efforts to mitigate the impacts of ACEs (Adverse Childhood Experiences) on communities in Sacramento County. Neighborhood Wellness (NW), an organization working within Del Paso Heights and surrounding Sacramento communities to mitigate the impacts of ACEs and disrupt intergenerational trauma, was one of the community partners selected. The ACE Resource Network team had built a strong partnership with the founders and directors of NW and introduced the Northeastern University (NU) evaluation team to help them design and implement a community-driven evaluation.

Initially, NW directors were focused on establishing and creating their database system as they provided multiple programs from the Healing Circles, PACERS Take Space, Higher Heights and Restore Legacies. These programs offered a multisector approach to disrupting the transfer of intergenerational trauma by improving the health of the community through collective healing, increasing access and quality to education, housing, employment, and healthcare. Through ongoing in-person and online meetings with NW directors, the evaluation team helped them focus the evaluation on the Healing Circles and identify Concept Mapping as the best approach to use.

Methods

Concept mapping was utilized as the primary data collection method for this community-engaged project. An innovative mixed method approach, concept mapping contains a structured process for gaining participatory input around a question of interest, with the results represented through visual displays of how participants view the given topic. For this project, the team consisted of Neighborhood Wellness (NW) leadership (Sacramento), ACE Resource Network, NU evaluation team (Boston & Oakland), and a concept mapping consultant from the University of Pittsburgh (UPitt) Concept Mapping Institute. Through a collaborative process with these key

partners, all project components were developed: the concept mapping focus prompt, demographic questions, rating scales, project participants, logistics for in-person data collection, results and analysis direction, and utilization elements for evaluation and next steps.

Concept Map Training

Through the end of February (2/23/24 & 2/28/24) the Concept Mapping consultant provided 2-day formal training sessions to the evaluation and program teams. The first day was facilitated online and included introducing concept mapping as a community engaged method, applications and logistics for using this method for research and evaluation. This training was advertised within the larger Northeastern University network. This initial training provided an in-depth understanding of concept mapping and its applications to the Healing Circles evaluation. Participation in these trainings also provided a space for collaboration between stakeholders involved and to set the foundation for key discussions about the preparation and planning needed to implement a concept mapping sessions and the evaluation goals to assess what makes a successful Healing Circle.

The second day of the training was limited to the NW leadership directors and the NU research team. NW leadership directors met in person in Sacramento with the NU research team based on the Oakland campus. A second group met the concept mapping consultant and the remaining NU research team at the Boston campus. The two in-person groups then meet online to discuss and reach consensus about the phrasing and intention of the focus prompt, creating the appropriate rating questions/scales and the participant demographic questions to provide to the neighbors and staff of NW. The collective team created a shared document to brainstorm the best focus prompt regarding the Healing Circle and outlined the various topics and questions the rating questions/scales needed to cover. They also discussed the type of demographic questions that should be included. There were extensive discussions back-and-forth online, it was settled after a few hours it was challenging to reach final consensus on all that brainstormed, so it was decided that the NW leadership

directors would work with a smaller group of the research team to finalize the concept mapping content for the Healing Circle.

Through the month of March, there was 4 online meetings completed with NW leadership directors and the 2 research team members from Oakland and finalized the following items per 2 hour meeting: 1) Focus prompt meeting on 03/05/24; 2) Rating question meeting on 03/06/24; 3) Concept mapping consultant meeting on 03/21/24 to review all questions; 4) Programming meeting on 03/26/24 finalize question prompt and update on the tech platform using Concept Mapping software. This level of engagement was critical to ensure consensus among stakeholders and researchers about content needed for the concept mapping sessions to reach the aims, procedures and goals of the project.

Participants and Sampling

This project included a purposeful sampling of neighbors and staff as participants for Concept Mapping. These participants were selected by Neighborhood Wellness Directors because of their involvement and engagement with the Healing Circles provided by the organization. Participants were on-site during the first week of April 2024 when the concept mapping activities were conducted. With help and communication from the Directors of Neighborhood Wellness, staff and Healing Circle participants learned of the research study and the dates that researchers would be on-site. All participants were able to communicate in English and were 18 years or older. Participants were provided with details of the activities as well as overarching project goals; they were also told participation is completely voluntary and that their decision to participate or not will not impact their jobs or the receipt of services. All participants gave verbal consent prior to any research being conducted.

Data Collection & Analysis

The data collection process involved a series of activities over three participant sessions:

1) brainstorming; 2) sorting and rating; and 3) an interpretation discussion of the generated maps.

Demographic information was collected from participants during the sorting and rating activities

through a brief survey that asked age, gender identity, Neighborhood Wellness role, current financial situation, family upbringing/ACEs and Healing Circles participation time. The brainstorming, sorting, and rating activities were all conducted in-person, on-site at Neighborhood Wellness in Sacramento, CA. Northeastern University researchers transferred all

1. Brainstorming

The brainstorming activity took place at Neighborhood Wellness on Monday, April 1, 2024. Participants were all on-site and Northeastern University researchers facilitated the discussion, which lasted approximately 2 hours. The brainstorming activity was a group effort and involved participants sharing their thoughts aloud to generate a list of items that responded to a specific question or focus prompt. For this project, the agreed upon final focus prompt was: **What things do the Neighborhood Wellness Healing Circles do to help people feel better and/or deal with Adverse Childhood Experiences (ACEs)?**

To help guide participant responses to this question, Northeastern University researchers were available. There was one lead facilitator for the activity, two scribes writing participant responses by hand on a board in the front of the room, and two scribes documenting the Concept Mapping process electronically. After a break from participants brainstorming responses to the prompt, the research team typed all responses onto a PowerPoint slide which was projected so everyone in the room could see how the list could grow over the course of the session. Researchers asked for clarification when appropriate. Participants could also provide written responses to the research team if they did not want to share them aloud. At the end of the brainstorming, a list of 157 total responses were generated. Later that same day, the list was reviewed in collaboration with the concept mapping consultant for duplicates and statements that had similar meaning or could cause confusion. A single final list of 125 unique statements was created to be used for the subsequent sorting and rating activities.

2. Sorting and Rating

The sorting and rating session activities took place at Neighborhood Wellness on Tuesday, April 2, 2024, and lasted approximately 2 hours. As with brainstorming, participants were all on-site and Northeastern University researchers provided instructions for completion, including reading through each item when asked. Each participant received a packet of information – the demographic survey (5 questions), a pile of 125 sort cards (1 card for each item generated at brainstorming), and 3 rating sheets (1 sheet for each question, on different colored paper for easy identification and distinction). For these activities, participants completed the data collection on their own. The research team answered questions and assisted when appropriate or asked to help.

First, participants were asked to sort each of the 125 statements generated in the brainstorming activity into piles that “made sense to them.” There is no right or wrong number of piles. Participants found spaces around the Neighborhood Wellness center to do their sorting activity individually. Researchers walked around to check on participant progress, ask questions, and sat down with participants to provide support, if needed. After all the items were sorted into piles, the participants were instructed to name each pile, providing a word or phrase that reflected the contents of the pile.

1. How important is this thing to the **success of the Healing Circle?**
2. How powerful is this thing **for me?**
3. How powerful is this thing **for the community?**

From the first rating section in the packet, the lead facilitator read through all 125 questions. The Northeastern University research team gave the option for participants to either complete their packets as a group, with the lead facilitator reading each question out loud, or to fill out the packets individually. All sorted piles and rating packets were collected from participants and put into a manila envelope. Each envelope was marked as “N” for neighbor participant or “S” for staff participant by

a Northeastern University researcher. The next day, Northeastern University researchers entered all participant data into the online platform for data analysis. Participants were assigned an anonymous identification code. In collaboration with the concept mapping consultant, data was reviewed and checked for use in analysis. If participants did not answer more than 75% of rating questions per packet, this data was rejected. Through the software’s multidimensional scaling and hierarchical cluster analysis capabilities, concept maps were generated using the participants’ sorting and rating data. These maps (shared below with more details) provided information on the relationship of each item to all other items (point map). Additionally, the research team reviewed how the items could be clustered into conceptual domains (cluster map). This initial analysis and maps preparation provided context to share with participants for discussion in the final concept mapping activity.

3. Interpretation

The final participant session is interpretation and took place in a group-setting at Neighborhood Wellness on Thursday, April 4, 2024, and lasted approximately 2 hours. Northeastern University researchers facilitated the discussion of initial results to share back to staff and neighbors. The team provided participants with the final point map, sharing how each point represented an item generated at brainstorming and the orientation of the item on the map shows the relationship to each other, based on the sorting data.

During the interpretation discussion, the research team led a discussion about the final cluster map solution. The researchers started by sharing a potential 7-cluster map, participants wanted to see the specific statements in each cluster to have a better understanding of the statements in each cluster. After further review and discussion, participants thought that some of the clusters could be combined, resulting in a final 5-cluster solution. When that determination was made, facilitators worked through the items and meaning of each cluster through an iterative process with the participants to select the final cluster names.

Results

1. Participants

Overall, there was a range of 22–23 attendees. The number of attendees per session is as follows: Monday April 1, 23 attendees for the brainstorming, Tuesday April 2nd, 22 attendees for sorting and rating, and Thursday April 4, 23 attendees for the interpretation session. The participant demographic questions are associated with only the sorting and rating activities, to be able to link participant self-identified responses to the data within the Concept Systems Inc. platform for analysis and comparisons. Table 1 presents the corresponding demographics for these 21 participants on characteristics that were used for data analysis.

2. Brainstorming Items

From the brainstorming activity, participants generated 157 statements in response to the focus prompt, with the final list containing 125 unique items. These statements contained a wide variety of topics, from *forgiveness* to *brings the community together* to *brought me peace to a lot of the things I have been through*. See Appendix E.1 for a list of all items.

3. Sorting & Rating Results

Through software processing of the sorting data, the research team analyzed and generated point and cluster maps. On average, participants sorted the items into 6.3 piles (range of 4 to 11). The research team, with collaboration from the concept mapping consultant, reviewed potential cluster solutions within this range and made an initial determination that a 7-cluster solution best fit the data, which corresponded with the participant average. However, as this is a community-engaged project, and with input from the participants during interpretation, the final solution was decided to be 5-cluster solution. This solution had a good fit with a final stress value of 0.371 (concept mapping research shows that a value of around 0.35 indicates a good fit). See Figure 1 for this 5-cluster map solution, which is used in all subsequent data analyses.

Table 1. Demographics for All Sorting & Rating Concept Mapping Participants (N=21)

Questions	Response Options	Frequency (n)	Percentage (%)
Gender	Male	10	47.62
	Female	11	52.38
Age	18 – 26 years old	0	0.0
	27 – 35 years old	2	9.52
	36 – 45 years old	5	23.81
	46 – 64 years old	10	47.62
	65 years and older	4	19.05
Role	Neighbor	6	28.57
	Staff	15	71.43

1. Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself

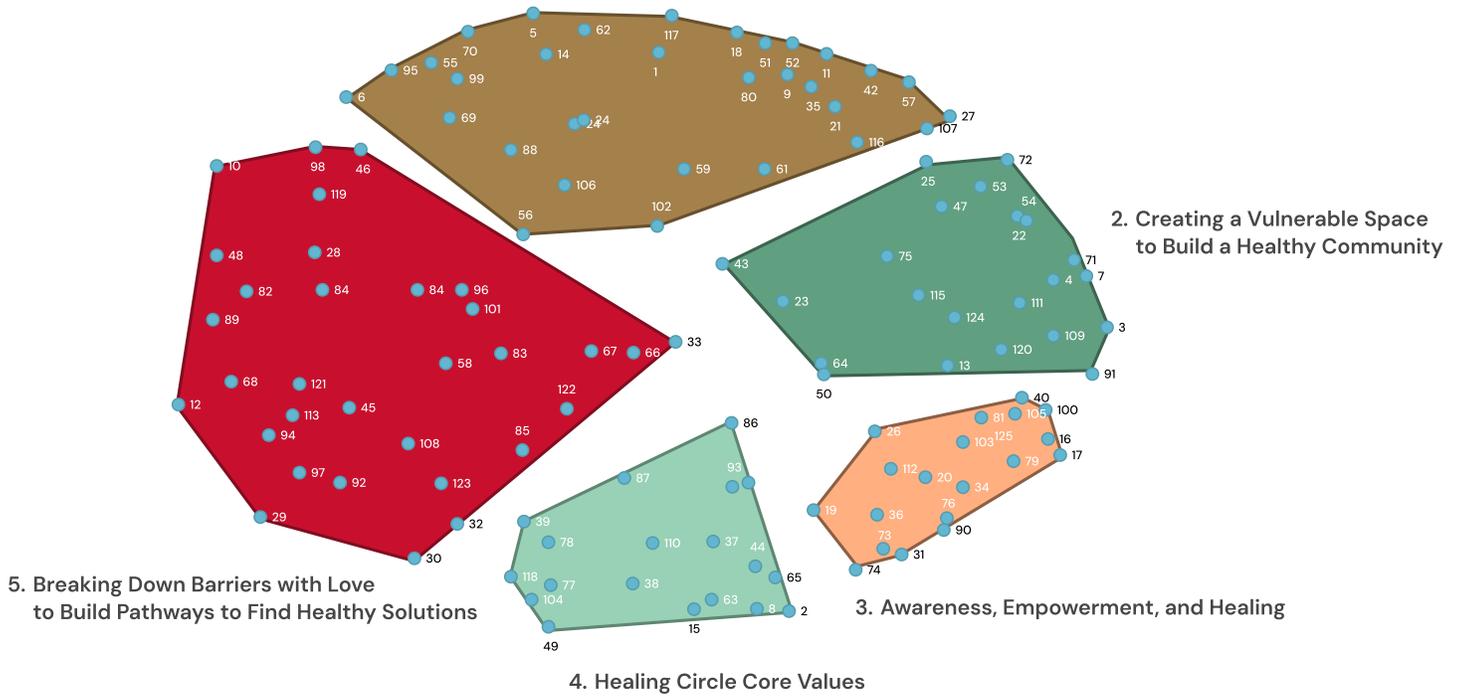


Figure 1. Final 5-Cluster Solution with Labeled Points and Cluster Names

Another component of data analysis is the prioritization derived from the 3 rating scales. See Figures 2–4 for these maps by rating scale. These maps have layers that reflect the average cluster rating on each scale; the clusters have 1 to 5 layers, with one layer reflecting the lowest average rating and 5 the highest average rating. Across each of these rating scales, the clusters do not show high variation in their average ratings. For the rating scale on *importance to the success of the Healing Circle* (Figure 2), the average cluster ratings ranged from 4.27 to 4.46, with clusters 3 (Awareness, Empowerment, and Healing) and 4 (Healing Circle Core Values) having the highest ratings. For the rating scale on *powerful for me* (Figure 3), the average cluster ratings ranged from 4.22 to 4.37, with cluster 3 (Awareness, Empowerment, and Healing) having the highest rating. For the rating scale on *powerful for the community* (Figure 4), the average cluster ratings ranged from 4.46 to 4.62, with cluster 3 (Awareness, Empowerment, and Healing) once again having the highest rating. For a comparison of all clusters by rating scale, see also Table 2

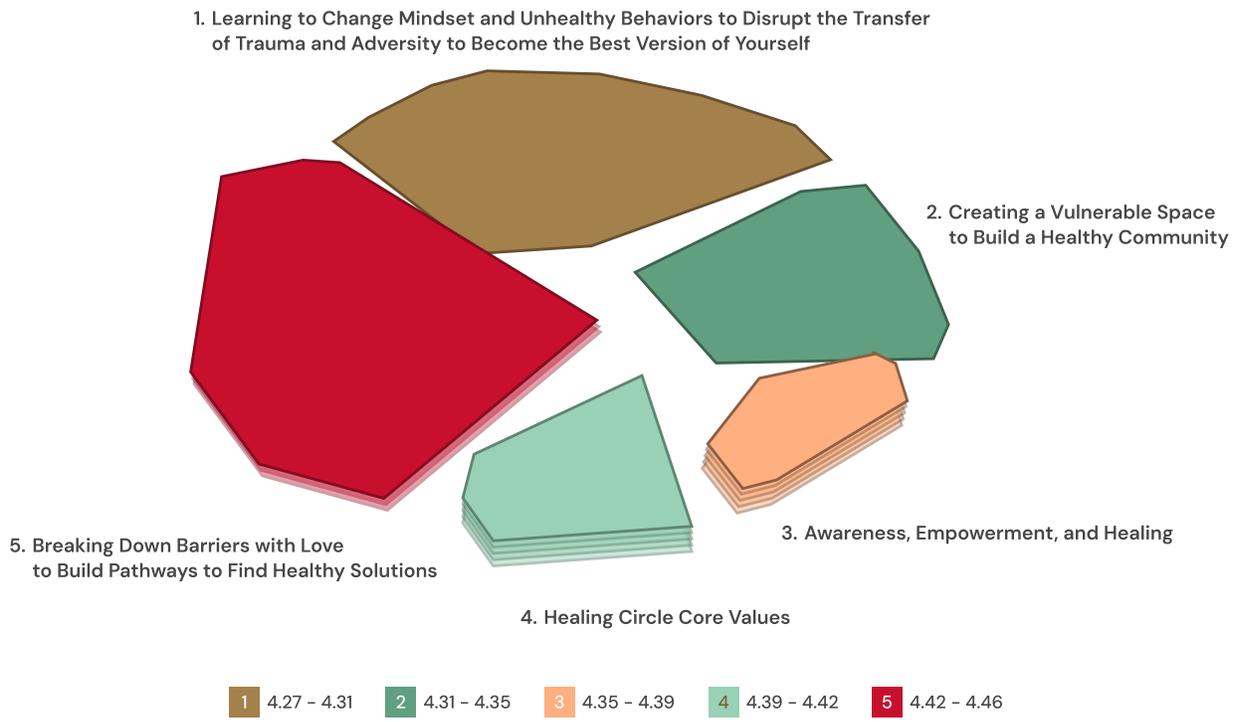


Figure 2. Cluster Rating Map for Importance to the Success of the Healing Circle

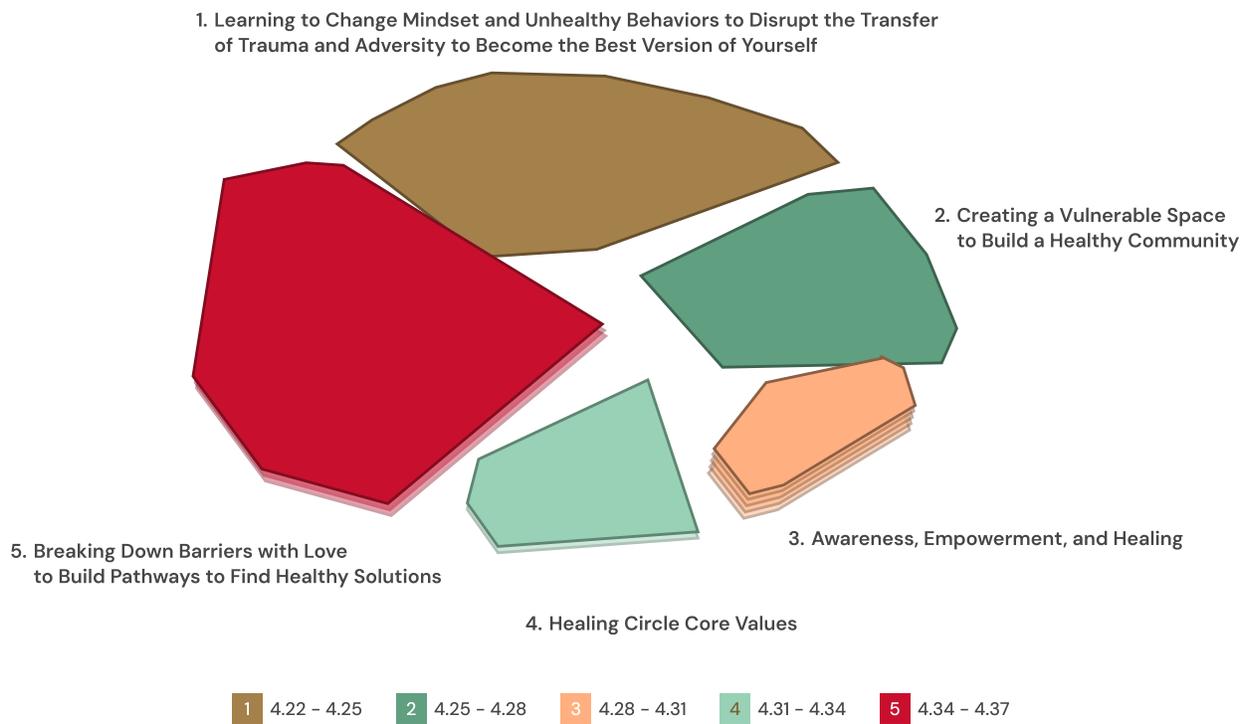
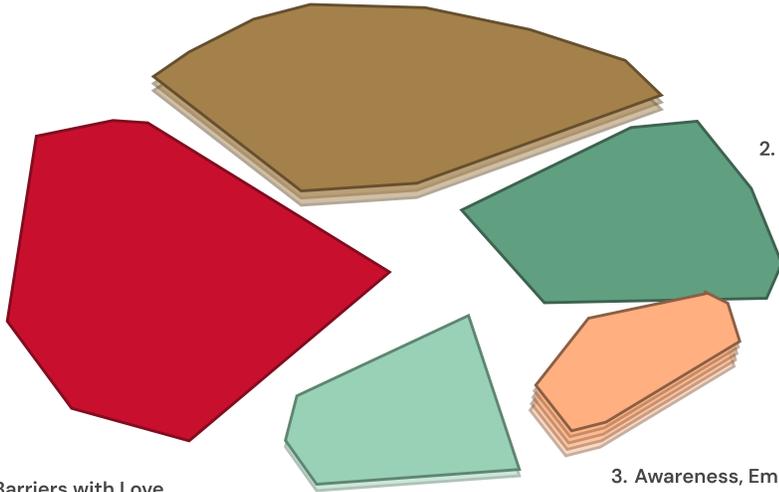


Figure 3. Cluster Rating Map for Powerful for Me

1. Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself



2. Creating a Vulnerable Space to Build a Healthy Community

5. Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions

3. Awareness, Empowerment, and Healing

4. Healing Circle Core Values

1 4.46 - 4.49 2 4.49 - 4.52 3 4.52 - 4.56 4 4.56 - 4.59 5 4.59 - 4.62

Figure 4. Cluster Rating Map for Powerful for the Community



Table 2. Cluster Level Ratings Report, Organized Highest to Lowest Rated

Importance	Powerful to Me	Powerful to Community
Cluster 3: Awareness, Empowerment, and Healing (4.46)	Cluster 3: Awareness, Empowerment, and Healing (4.46)	Cluster 3: Awareness, Empowerment, and Healing (4.46)
Cluster 4: Healing Circle Core Values (4.44)	Cluster 5: Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions (4.35)	Cluster 1: Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself (4.27)
Cluster 5: Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions (4.35)	Cluster 4: Healing Circle Core Values (4.44)	Cluster 4: Healing Circle Core Values (4.44)
Cluster 1: Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself (4.27)	Cluster 1: Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself (4.27)	Cluster 5: Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions (4.35)
Cluster 2: Creating a Vulnerable Space to Build a Healthy Community (4.27)	Cluster 2: Creating a Vulnerable Space to Build a Healthy Community (4.27)	Cluster 2: Creating a Vulnerable Space to Build a Healthy Community (4.27)

To uncover any notable differences across clusters and by demographic variables, additional analyses were reviewed in the Concept Systems, Inc. platform, in the visual of a pattern match. The research team focused on the demographic variables that were most important to Neighborhood Wellness leadership. While the Neighborhood Wellness role (comparing neighbors & staff) did not show any notable differences in cluster ratings, and other demographic questions had too small of variances in number to compare, the review of both gender identity and age showed notable differences and varying patterns, specifically in the *powerful for me* rating scale. These pattern matches are displayed visually in Figures 5–6, where the average cluster ratings are plotted on the left and right vertical bars with the connecting line segments showing how the cluster ratings vary across categories of the demographic variable. Pattern match analyses provide a correlation coefficient (a numerical value that measures the strength and direction of a linear relationship between two or more variables) as a quantitative data metric. In concept mapping analysis, a correlation coefficient of .7 or above shows that items are correlated.

Gender Identity

The pattern match for the rating scale *powerful for me* when comparing males (left vertical line, n=9) and females (right vertical line, n=10) had an inverse relationship, with a correlation coefficient of $r = -.25$ (**Figure 5**). Males rated cluster 1 (Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the

Best Version of Yourself) as the most powerful for them, while females rated this cluster as least powerful for them. Females rated cluster 3 (Awareness, Empowerment, and Healing) as the most powerful for them, while this cluster was third highest for males.

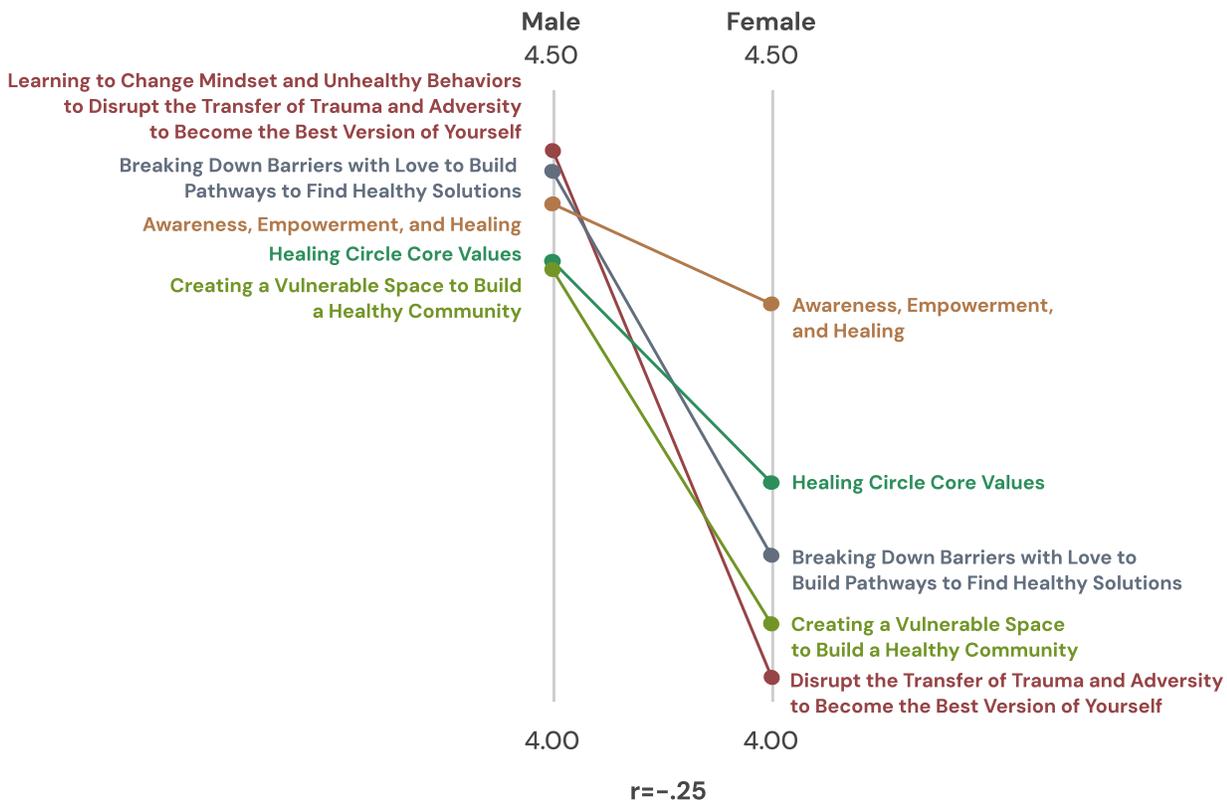


Figure 5. Pattern Match Comparison for Powerful for Me by Gender Identity Demographic Variable

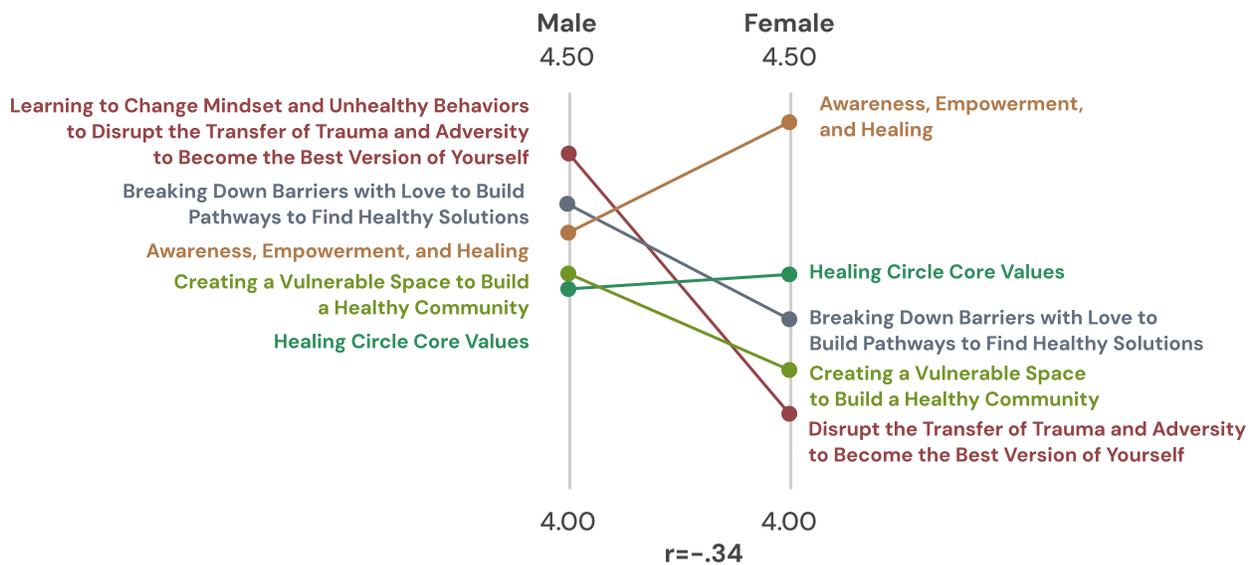


Figure 6. Pattern Match Comparison for Powerful for Me by Age Demographic Variable

Age

The pattern match for the rating scale *powerful for me* when comparing age under 45 (left vertical line, n=6) and age over 46 (right vertical line, n=13) had an inverse relationship, with a correlation coefficient of $r = -.34$ (Figure 6).

Table 3. Individual Items Ratings Report: 50 Highest Rated Items Highlighted (for Components & Impacts Analysis)

	Cluster	#	Statement	Importance	Powerful to me	Powerful to Community
Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself	1	9	Taking responsibility	4.62	4.47	4.53
	1	18	Showing change is possible regardless of age	4.57	4.63	4.79
	1	24	Reconnect with family	3.81	4	4.83
	1	27	People seeing change possible	4.52	4.44	4.72
	1	55	Learning how to treat women	4.29	4.05	4.8
	1	59	Interrupting intergenerational trauma/adversity	4.71	4.68	4.55
	1	61	Improves communication/learn new ways to communicate/effective interactions	4.29	4.58	4.75
	1	70	Helps learn a non-toxic pathway to live beyond survival	4.48	4.42	4.9
	1	80	Gives you options	4.33	4.58	4.7
	1	107	Change over time/change takes time	4.71	4.74	4.85
1	116	Being able to make the right choices - make good decisions	4.43	4.68	4.65	
Creating a Vulnerable Space to Build a Healthy Community	2	4	Understand we are not against each other	4.38	4.26	4.7
	2	13	Support that you couldn't get from anyone else	4.48	4.24	4.45
	2	22	Reminder not to make assumptions about others	4.38	4.47	4.74
	2	50	Let emotions out and pain out	4.45	4.47	4.65
	2	54	Learning that we are not against each other	4.38	4.42	4.75
	2	91	Everybody going through it	4.43	4.63	4.7
	2	109	Brought me peace to a lot of the things I have been through	4.29	4.26	4.7
	2	115	Being heard	4.57	4.74	4.7
Awareness, Empowerment and Healing	2	120	Back and forth conversation of sharing experiences	4.71	4.47	4.65
	2	124	A space where anything can go wrong but it will be resolved	4.48	4.37	4.6
	3	16	Space to talk about anything and everything	4.81	4.42	4.68
	3	17	Space to heal	4.67	4.53	4.74
	3	36	Motivate one another	4.52	4.63	4.55
	3	73	Healing circles as needed - not just once a week	4.33	4.58	4.75
	3	76	Having a place to process	4.52	4.63	4.7
	3	79	Gives you the space to think and learn	4.71	4.42	4.65
	3	90	Everyone is welcome	4.9	4.84	4.8
	3	100	Definitely are worth being loved - space to feel loved	4.62	4.68	4.74
Healing Circle Core Values	3	103	Cried in healing circle/allows people to cry	4.76	4.63	4.7
	3	112	Brings the community together	4.71	4.68	4.65
	3	125	A good vibe	5	4.78	4.8
	4	15	Spirituality - it touches your soul	4.52	4.78	4.53
	4	37	Making you cared for	4.29	4.53	4.45
	4	39	Makes people feel wanted	4.48	4.16	4.7
	4	44	Loyalty within the group	4.57	4.21	4.35
	4	65	Hospitality (food, coffee, hugs, tears)	4.81	4.32	4.55
Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions	4	77	Hard to find a group like this in the black community	4.81	4.58	4.95
	4	86	Find love in here so you can give love to other people	4.67	4.58	4.7
	4	104	Consistency of healing circles occurring	4.67	4.47	4.6
	4	110	Brothers and sisters hug me/love me, even when I'm not acting right	4.48	4.42	4.75
	4	118	Be around people who are different	4.57	4.63	4.7
	5	66	Hope	4.81	4.68	4.7
	5	82	Get love you need and then can give love to family, kids, grandkids	4.48	4.26	4.7
	5	83	Forgiveness	4.81	4.89	4.75
	5	84	Finding ways to bring in resources for the larger community	4.71	4.63	4.75
	5	85	Finding solutions	4.67	4.58	4.65
Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions	5	113	Black culture don't talk a lot about feelings/space to talk about feelings	4.52	4.37	4.7
	5	121	Authenticity/Genuine/Can be myself/Raw and uncut	4.62	4.58	4.45
	5	123	Agape - a selfless covenant and loyal love, embracing and doing what is in another's best interest and God's will to define what is the best interest is	4.62	4.68	4.75

Table 4. Summary of Discussion Comments for Naming Clusters

<p>Cluster 1: Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself</p>	<ul style="list-style-type: none"> • Learning to change, learning to unlearn unhealthy behaviors • Changing to make the right decisions, breaking down barriers • Trauma/adversity • Add at end “to become best version of yourself”
<p>Cluster 2: Creating a Vulnerable Space to Build a Healthy Community</p>	<ul style="list-style-type: none"> • Creating a safe space to heal, spaces for vulnerability, space • Honesty and confidentiality • Almost like a definition...this is a list of thing you can expect • Community, components, community healing
<p>Cluster 3: Awareness, Empowerment, and Healing</p>	<ul style="list-style-type: none"> • Something about powerful • Being aware, healing help, families • Power, empowerment • Realizing your strength • Empowerment is a good one...helps each and every one of us when we hear different things • Awareness is more broad – encompasses everything
<p>Cluster 4: Healing Circle Core Values</p>	<ul style="list-style-type: none"> • Spirituality, emotions • Laughter around “got some real cats in here” • Loyalty, respect • Trusting • The core values that create that space • Core values to create a healing circle
<p>Cluster 5: Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions</p>	<ul style="list-style-type: none"> • What the healing circle gives me • Hope is big • Pathways to success, pathways to finding solutions • Request to add healthy solutions • Passion in healing circles, love in healing circles...how do we say love break what • Breaking down barriers with love

Ratings of Individual Items

For further analysis of concept mapping data for Neighborhood Wellness, the research team reviewed the average rating for each individual item across all three rating scales. It is apparent in all data analyses that the items within cluster 3 (Awareness, Empowerment, and Healing) were thought by all participants to be the most pertinent to the Healing Circles. Table 3 contains the 50 highest rated items across all clusters (see Appendix E.1 for all 125 items and their average rating).

4. Interpretation of Results

The research team facilitated an engaged interpretation session to determine the final cluster solution, and afterwards the naming of clusters. A large group discussion ensured everyone could provide input on the thematic meaning of the final clusters, and facilitators aimed to have consensus among participants. The research team took detailed notes, scribing the thoughts and comments made by participants during the in-person session. The thought process and insights from the participants led the group to agree on a final name. Table 4 provides discussion context as participants reached the final cluster names.

Utilization of Results

1. Components and Impacts

There are many ways research teams and their community partners can utilize results from the concept mapping analysis. For this project, the research team, in collaboration with Neighborhood Wellness, decided to take the concept mapping results a step further to really determine how the highest rated items influenced the function of Neighborhood Wellness Healing Circles.

To begin this process, the research team and community partner leadership had a post-analysis meeting in June 2024 to begin discussion on how to best utilize the various Concept Mapping data. Though brainstorming produced a list of 125 individual statements, after review of the top-rated items across all 5 final clusters, there were 50 items that were the highest priority. To understand more about these 50 items, the team decided to do an additional “Components & Impacts Survey.” How a *component* and an *impact* are defined is described in Table 5 below.

Table 5. Definitions to Determine Placement

Component	The necessary infrastructure, parts and processes of the intervention that allow the Healing Circle to work as a whole
Impact	The observed changes and outcomes at multiple levels (individual/family/community) attributed by the Healing Circle intervention
Mechanism	Considered BOTH a component & impact
Other	Does not fit into either category and is more of an additive to the Healing Circle

There were 7 individuals who completed the Components and Impacts survey; each coder completed the survey independently and anonymous to each other. The concept mapping consultant reviewed each survey response, entered the data into an excel spreadsheet for tracking and analyzing purposes, and applied consensus coding in a 3-step process for the item determination:

1. Review Neighborhood Wellness Leadership Response Data (n=2)

- If both respondents answered the same, response considered a final determination (21/50)
- If both respondents answered differently, moved to step 2

2. Add in Northeastern University Researchers Response Data (n=5)

- If there was a 3-2 or more majority answer, that was also a determination by 1 Neighborhood Wellness respondent, response considered a final determination (+16, 37/50)
- If there was no clear majority, move to step 3

3. Neighborhood Wellness and Northeastern University Teams Meet to Review

- Discussion of 13 remaining items reviewed as a group (via virtual platform) on July 9, 2024
- After discussion and agreement from all team members, response is considered a final determination (50/50). The final Components & Impacts determinations were then added to the Concept Mapping point map (identified by item number – see Figure 7). The research team and Neighborhood Wellness will use this information for enhanced understanding of Healing Circles and future program planning and implementation.

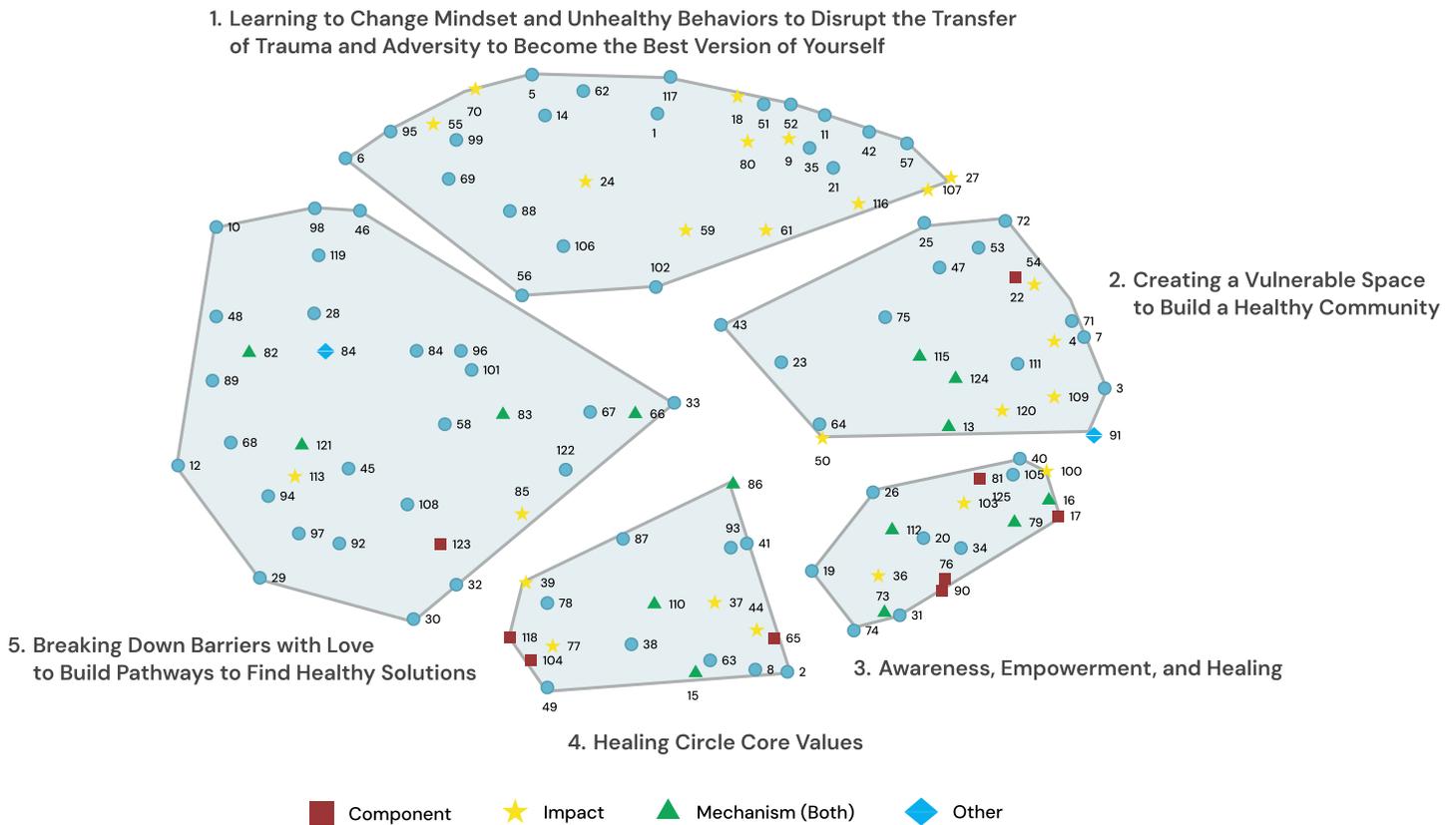


Figure 7. Point Map with Components & Impacts Determination

Table 6. Final Components & Impacts Determination

Components	<ul style="list-style-type: none">• A good vibe (125)• Agape – a selfless covenant and loyal love, embracing and doing what is in another's best interest and God's will to define what is the best interest is (123)• Be around people who are different (118)• Consistency of healing circles occurring (104)• Everyone is welcome (90)• Having a place to process (76)• Hospitality (food, coffee, hugs, tears) (65)• Reminder not to make assumptions about others (22)• Space to heal (17)
Impacts	<ul style="list-style-type: none">• Back and forth conversation of sharing experiences (120)• Being able to make the right choices – make good decisions (116)• Black culture don't talk a lot about feelings/space to talk about feelings (113)• Brought me peace to a lot of the things I have been through (109)• Change over time/change takes time (107)• Cried in healing circle/allows people to cry (103)• Definitely are worth being loved – space to feel loved (100)• Finding solutions (85)• Give you options (80)• Hard to find a group like this in the black community (77)• Helps learn a non-toxic pathway to live beyond survival (70)• Improves communication/learn new ways to communicate/effective interactions (61)• Interrupting intergenerational trauma/adversity (59)• Learning how to treat women (55)• Learning that we are not against each other (54)• Let emotions out and pain out (50)• Loyalty within the group (44)• Makes people feel wanted (39)• Making you cared for (37)• Motivate one another (36)• People seeing change possible (27)• Reconnect with family (24)• Showing change is possible regardless of age (18)• Taking responsibility (9)• Understand we are not against each other (4)

Mechanisms*

- A space where anything can go wrong but it will be resolved (124)
- Authenticity/Genuine/Can be myself/Raw and uncut (121)
- Being heard (115)
- Brings the community together (112)
- Brothers and sisters hug me/love me, even when I'm not acting right (110)
- Find love in here so you can give love to other people (86)
- Forgiveness (83)
- Get love you need and then can give love to family, kids, grandkids (82)
- Gives you the space to think and learn (79)
- *Healing Circles as need – not just once a week (73)**
- Hope (66)
- Space to talk about anything and everything (16)
- Spirituality – it touches your soul (15)
- Support that you couldn't get from anyone else (13)

Other

- Everybody going through it (91)
 - **note: could be an impact, if it is the recognition of the observation that people are attending*
- Finding ways to bring in resources for the larger community (84)
 - **note: additive but not key to success of healing circles*

**note: additive but not key to success of healing circles*

**note – during the 7/9 meeting discussion, NW leadership determined that all items start as a Healing Circle component and results in an impact, except #73 which starts as an impact and moves to a Healing Circle component*

Conclusion

The NU research team in collaboration with the ACE Resource Network (ARN) and University of Pittsburgh Concept Mapping Institute, supported a successful community driven evaluation by Neighborhood Wellness (NW) using Concept Mapping to understand the key impacts and components of NW Healing Circle program. This method provided a mixed method approach to gather data from a purposeful sample of neighbors and staff participating in Healing Circles. The research team effectively completed the data collection components: brainstorming, sorting/rating, and interpretation to examine specific impacts and components of the Healing Circles that to help people feel better and/or deal with their Adverse Childhood Experiences (ACEs).

The analyses and results showed demographic differences by gender identity and age in how the Healing Circle impacts neighbors and staff. There is more to examine within the 125 finalized brainstormed items, particularly within the 50 most highly rated across all demographics and rating scales. The research team and community partners, aiming to better understand the items related to being a key “component” that makes the Healing Circle operate effectively and the key “impact” of the Healing Circles to address health and well-being, especially in mitigating ACEs and reducing the cycle of trauma to persist.

This community driven evaluation using Concept Mapping as provided a new foundation of understanding for Neighborhood Wellness as they work to address social, economic, academic, and health inequities to navigate and disrupt the barriers of adversity and intergenerational trauma to uplift their communities to thrive.

A NEIGHBORHOOD WELLNESS IMPACT PROGRAM

HEALING CIRCLES

We provide a safe space for our neighbors to understand how life experiences impact how brains grow in early childhood and how that affects the ability to envision choices. To appreciate how children and adults heal from childhood adversity, we need to understand how we live, how we cope with challenges and how stress affects us.

**It's Not What's Wrong With Me
It's What HAPPENED To Me**



Conclusion & Lessons Learned



This community-academic partnered evaluation effort has demonstrated the feasibility of developing culturally responsive, community-driven, evaluation efforts with diverse community organizations. The five Sacramento organizations differed in size, mission, population services and importantly in evaluation capacity and stage of development. Some organizations had previously chosen which aspect of their programming they wanted to evaluate (i.e. LGBT Center); for others, the Northeastern partners worked closely with leadership to learn more about the full range of programming and to support community organization leaders in choosing which program, or aspects of programming, to start with as they worked to expand their own evaluation knowledge and capacity (i.e. Los Rios and Cosumnes River College). Some organizations had internal evaluation capacity (i.e. Sacramento Community Foundation), and thus we provided expanded capacity and additional expertise to build upon their existing efforts. For others, the leadership and organization had not previously engaged in formal evaluation efforts (i.e. Neighborhood Wellness), and this process provided an opportunity for a positive first experience with evaluation capacity building through community-academic partnerships. These efforts are critical to supporting diverse Community Based Organizations (CBOs) and the communities they serve, especially those who have been most marginalized.

Our efforts to partner with each of the five CBOs were successful in several important ways. First, through working closely with leadership at each organization, and with the support of the ACE Resource Network, we were able to provide each organization with both quantitative

and qualitative **data to support them in assessing both the process and outcomes of their programming** aimed at preventing or mitigating the negative impact of ACEs and childhood trauma. These data have already been engaged to improve ongoing programming, and we are confident this will continue to inform both current and future programming efforts. Second, we have worked in partnership to **build internal evaluation capacity** within each organization. This includes supporting partners in developing new evaluation capacities, such as development of tailored survey instruments and evidence-based assessment tools, enhancing existing evaluation plans, and scaling up evaluations for several programs within the organization. The intent is that this expanded capacity serves the CBOs well into the future.

Third, we have engaged both CBO leadership and community members across many of these projects, working to **co-create and expand the sense of community**. Perhaps this is most evident in our work with Neighborhood Wellness in which our co-created Concept Mapping Project engaged both the leadership and neighbors served by Neighborhood Wellness in the evaluation process. In addition, through our evaluation efforts we were able to support linkages among the funded organizations and share evaluation resources across projects. Further, this has also expanded networks among non-funded organizations, who are local organizations (ie Inside Circle) that became interested in this evaluation work.

Fourth, our strategy of building community-partnered interdisciplinary teams with strong student engagement

enhanced our ability to successfully complete this work and simultaneously provided important training opportunities and experiences for undergraduate, Masters, and doctoral students to engage in community-partnered evaluation and work in ACEs and childhood trauma. This helps to ensure that we are contributing to developing **a workforce that is well prepared to address ACEs and childhood trauma in community, and to engage data and evidence-based strategies into their best practices for evaluation.** These contributions can lead to such efforts that most effectively prevent ACEs and childhood trauma and mitigate their harm.

Lastly, we have shared this work through a variety of forums including with the ACE Resource Network Sacramento Community Advisory Board, at local funded organizations community and programming events, at multiple national conferences (ie American Public Health Association, American Evaluation Association), and will be co-creating academic papers for dissemination with community leaders. And of course, there were many lessons learned to inform future community-partnered evaluation efforts. We have highlighted these as well throughout this report and in our **sharing the stories of this important work.** We have done this both in Sacramento through presentations with community partners and nationally, which spreads the word of successful community-academic partnerships to support the evaluation needs of local CBOs and provides opportunities for others to replicate this work in other locations. This has great potential to build and model how to scale up evaluation capacity through community-academic partnerships and increase the long-term impact of CBO mission and vision for their communities.

Appendices

Appendix A: Sacramento LGBT Community Center

A.1 “You Betta Work!” Career Fair Survey

Thank you for attending the “You Betta Work!” Career Fair on April 18, 2024. We would like to ask you a few questions about your thoughts, feelings, and experiences for attending today's career fair.

This survey is voluntary, anonymous, and confidential, meaning no names would be connected to your responses. Your responses will be compiled with all other completed surveys to further develop and improve future career fairs.

During this event, we will use the compiled anonymous responses to initiate discussion about your thoughts and experiences so far, and where and how we can be most supportive moving forward. We greatly appreciate your time and effort to honestly answer these questions.

If there are any questions, please reach out to Jaime Estrada-Zambrano email:

Employer Background

What best describes your relationship with the company or organization you are here recruiting for?

- I am directly employed by them
 - (1) Employee representative
 - (2) Human services
 - (3) Management
 - (4) Recruiter
 - (5) Other

- I am a third party recruiter
 - (1) Who do you work for? Fill in

- Other: _____

Is your company or organization located...

- Locally in the Sacramento Region
- Locally and nationally beyond the Sacramento Region
- Other: _____

Empowerment of LGBTQIA+ Persons

Q1. I consider our company to be an LGBTQIA+ affirming employer.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q2. Our company has strong Diversity, Equity, and Workplace Inclusion (DEI) policies in place.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q3. Our company supports transgender and gender non-conforming individuals who choose to transition on the job.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q4. Diverse LGBTQIA+ identities were represented by potential job candidates at the career fair.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Fitness of Employers

Q5. This career fair aligns with our company's long term staffing goals.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Assessment of “You Betta Work!” Career Fair

Q6. I was satisfied with the outcome of today’s You Betta Work! Career Fair.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q7. I felt we talked to a substantial number of qualified applicants at today’s career fair.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q8. I was impressed with the diverse ethnic and cultural groups represented by the job seekers at the career fair.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q9. I am enthusiastic about returning to the next fair.

- Strongly agree
- Agree
- Undecided (OR Neutral)
- Disagree
- Strongly disagree

Q10. I am satisfied with the LGBT Center's logistical planning and organization of this fair.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Q11. I want to continue cultivating partnerships with the LGBT Center for the purpose of recruiting potential employees.

- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
- Open ended questions**

Q12. Our main goal in attending today's career fair was:

Q13. The thing I felt was most successful about this career fair was:

Q14. Something I strongly feel should be done differently at this career fair is:

Appendix B: Los Rios

B. 1 Pre-Survey: Student Advisory Team Evaluation Survey

We would like to ask you a few questions about your knowledge and understanding on topics related to health and well-being. Other questions will include a few open-ended questions asking about your thoughts and opinions about student programming and campus resources.

This survey is voluntary and confidential, meaning you can decide which questions you want to answer, and your responses will not be connected to your name. All your feedback will be compiled with other people who complete the survey and will be used to better understand how to best support and improve student's health and well-being on campus.

As a Student Advisory Team member, if you are interested, at the end of the survey we will ask if you are willing to be contacted to do an interview and to share more about your experiences and feedback as a student on this campus. This will be used to further inform how to develop student programming and resources on campus.

This survey will take approximately 20 - 25 minutes to complete. We greatly appreciate your time and effort to honestly answer these questions.

Instructions: These questions are related to health and wellness, specifically about the term Adverse Childhood Experiences (ACEs).

Please read each question and mark your response based on the provided instructions in the question.

1.1) Have you ever have you ever heard the term Adverse Childhood Experiences (ACEs)?

- No
- Yes
- Don't know

1.2) If **yes**, you have you ever heard the term Adverse Childhood Experiences (ACEs), where have you heard about or learned about ACEs? Please mark all that apply.

- Ads & Commercials on Television
- Billboards
- Books
- Church or religious gathering
- Community Leaders
- Documentary
- Friends and Family
- Podcasts
- Social Media (Tiktok, Instagram, Facebook etc.)
- Television news programs
- The Internet
- Movies
- Newspapers

- Personal Experience
 - Political Speeches
 - Public Event or Workshop
 - Radio
 - School
 - I haven't heard this before
 - Other (Please specify)
-

1.3) Have you ever heard the term Toxic Stress?

- No
- Yes
- Don't know

1.4) If **yes**, you have heard of the term Toxic Stress, where have you heard about or learned about Toxic Stress? Please mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Ads & Commercials on Television | <input type="checkbox"/> The Internet |
| <input type="checkbox"/> Billboards | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Books | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Church or religious gathering | <input type="checkbox"/> Personal Experience |
| <input type="checkbox"/> Community Leaders | <input type="checkbox"/> Political Speeches |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Public Event or Workshop |
| <input type="checkbox"/> Friends and Family | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Podcasts | <input type="checkbox"/> School |
| <input type="checkbox"/> Social Media (Tiktok, Instagram, Facebook etc.) | <input type="checkbox"/> I haven't heard this before |
| <input type="checkbox"/> Television news programs | <input type="checkbox"/> Other (Please specify) |
-

Instructions: Please read the following information below to learn more about the term Adverse Childhood Experiences (ACEs) and Toxic Stress. This will help you to respond to the next set of True/False questions to follow.

Adverse Childhood Experiences (ACEs) include experiencing any of the following before the age of 18:

Abuse

- Emotional abuse: A parent or other adult in your home ever swore at you, insulted you, or put you down.
- Physical abuse: A parent or other adult in your home ever hit, beat, kicked, or physically hurt you.
- Sexual abuse: An adult or person at least 5 years older ever touched you in a sexual way, or tried to make you touch their body in a sexual way or attempted to have sex with you.

Household Challenges

- Intimate partner violence: Parents or adults in home ever slapped, hit, kicked, punched, or beat each other up.
- Substance abuse in the household: A household member was a problem drinker or alcoholic or used street drugs or abused prescription medications.
- Mental illness in the household: A household member was depressed or mentally ill or a household member attempted suicide.
- Parental separation or divorce: Parents were ever separated or divorced.
- Incarcerated household member: A household member went to jail or prison.

Neglect

- Emotional neglect: An adult in the household never or very seldom made you feel safe and protected.
- Physical neglect: An adult in the household never or very seldom tried hard to make sure your basic needs were met.

The more Adverse Childhood Experiences (ACEs) a person has experienced, the more likely they are to experience **Toxic Stress**, particularly if the child's environment or adults in their life aren't able to support and buffer the child from the adversity. When a child's stress response stays active too long and they develop toxic stress, it can have long-term impacts such as poorer physical and mental health. It can also impact a person's attitudes and behaviors.

I have read the information above.

- Yes
- No

Instructions: Please read each statement below about Adverse Childhood Experiences (ACEs) and mark one answer, either True, False, or Don't know.

	True	False	Don't know
2.1) The more ACEs a child experiences the more likely they are to experience heart disease or diabetes as an adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2) ACEs only happen to people living in certain communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3) People who have ACEs can heal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4) All stress is bad and should be avoided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5) The harms of ACEs can be greater when people also experience racism and community violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6) The lowering of stress is important to stopping the harms of ACEs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.7) Strong and close relationships help lower the effects of ACEs on children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.8) People who have experienced ACEs can flourish and have meaningful lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.9) Once you experience ACEs you can't really be helped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructions: The following questions ask about your comfort level talking about and supporting others with Adverse Childhood Experiences (ACEs). Please mark one answer that best describes your comfort level with ACEs.

	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	I do not wish to answer.
3.1) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with family or loved ones?	<input type="radio"/>					
3.2) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with friends?	<input type="radio"/>					
3.3) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with health professionals?	<input type="radio"/>					
3.4) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with neighbors or community members?	<input type="radio"/>					
3.5) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with mental health professionals?	<input type="radio"/>					
3.6) How comfortable do you feel providing support or resources to others who have Adverse Childhood Experiences (ACEs)?	<input type="radio"/>					

3.7) Select the person or group below you are comfortable talking with about Adverse Childhood Experiences (ACEs). Mark all that apply.

- Family or loved ones
- Friends
- Health professionals (doctor, nurse)
- Neighbors or Community members
- Mental health professionals (counselor)
- Other, please specify: _____
- I do not wish to answer.

Instructions: The following questions ask about your thoughts and comfort level with people who have Adverse Childhood Experiences (ACEs). Please mark one answer below.

	Not at all	A little bit	Some	A lot
4.1) People who have experienced Adverse Childhood Experiences (ACEs) are afraid of others finding out about their experiences.	O	O	O	O
4.2) People who have experienced Adverse Childhood Experiences (ACEs) worry about being treated unfairly because of their experiences.	O	O	O	O
4.3) People who have experienced Adverse Childhood Experiences (ACEs) are judged in a negative way.	O	O	O	O

	Very uncomfortable	Uncomfortable	Somewhat Comfortable	Comfortable	Very comfortable
4.4) How comfortable would you be to go to school with a person who had a lot of ACEs?	O	O	O	O	O
4.5) How comfortable would you be to have a person who had a lot of ACEs be part of your family?	O	O	O	O	O
4.6) How comfortable would you be at your job to work closely with a co-worker who had a lot of ACEs?	O	O	O	O	O

Instructions: The following questions ask if you are experiencing Adverse Childhood Experiences (ACEs) how likely you are to seek help from others. Please mark one answer for each question below.

	Very unlikely	Unlikely	Unsure	Likely	Very likely
5.1) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from a medical professional?	<input type="radio"/>				
5.2) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from a service provider (e.g., academic advisor)?	<input type="radio"/>				
5.3) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from a community-based organization or non-profit organization?	<input type="radio"/>				
5.4) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from mental health professionals?	<input type="radio"/>				
5.5) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from police?	<input type="radio"/>				
5.6) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from friends?	<input type="radio"/>				
5.7) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from family?	<input type="radio"/>				
5.8) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from religious leaders ?	<input type="radio"/>				

Instructions: The following questions ask about your level of awareness about various resources to support people with Adverse Childhood Experiences (ACEs). Please mark one answer for each question below.

6.1) In your community, how aware are you about existing resources or support for those who experienced Adverse Childhood Experiences (ACEs) or related emotional distress or mental health problems?

- Not Aware
- A little Aware
- Somewhat Aware
- Aware
- Very Aware

6.2) Please review the following list of resources and mark one answer to indicate your level of awareness about this resource.

	Not Aware	A little Aware	Somewhat Aware	Aware	Very Aware
988	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Suicide Hotline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NAMI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ CONTINUE to Question	
Wellspace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La Familia Counseling Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WEAVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBT Community Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructions: The following questions ask about your awareness about various resources to support people with Adverse Childhood Experiences (ACEs). Please mark one answer for each question below.

- 7.1) Have you heard of NumberStory.org?
- No, I have not heard of NumberStory.org
 - Yes, I have heard of NumberStory.org

- 7.1a) If yes, have you visited NumberStory.org?
- No, I have not visited NumberStory.org
 - Yes, I have visited NumberStory.org

- 7.1b) If yes, did you find NumberStory.org useful?
- No
 - Yes
 - Don't know what this is

- 7.2) Do you know your own ACEs number or score?
- No
 - Yes
 - Don't know what this is

7.3) What do you think would be most useful to support students who have experienced Adverse Childhood Experiences (ACEs)?

Instructions: The following questions ask about your level of awareness about resources on campus to support students with Adverse Childhood Experiences (ACEs). Please mark all that apply for each question below.

8.1) Which of the following student resources do you know exists on campus? Mark all that apply.

- Personal Counseling (Short term to long term therapy)
- TimelyCare (Teletherapy for Students)
- WEAVE confidential advocate (Domestic violence, sexual assault, or sexual harassment resource)
- I did not know these resources existed.

8.2) Which of the following student resources would you use if you were seeking support to address Adverse Childhood Experiences (ACEs)? Mark all that apply.

- Personal Counseling (Short term to long term therapy)
- TimelyCare (Teletherapy for Students)
- WEAVE confidential advocate (Domestic violence, sexual assault, or sexual harassment resource)
- I did not know these resources existed.

8.3) Which of the following campus resources would you recommend to someone if they were seeking supports to address Adverse Childhood Experiences (ACEs)? Mark all that apply.

- (1) Personal Counseling (Short term to long term therapy)
- (2) TimelyCare (Teletherapy for Students)
- (3) WEAVE confidential advocate (Domestic violence, sexual assault, or sexual harassment resource)
- (4) I did not know these resources existed.

	Not at all	A little bit	Some	A lot
8.4) How often do you use Personal Counseling (Short term to long term therapy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.5) How often do you use TimelyCare (Teletherapy for Students)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.6) Open ended question: What are your thoughts about the above resources?

8.7) Open ended question: How well do these resources represent people similar you?

Instructions: The following questions ask about your knowledge of campus resources and whether you would use them.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
9.1) I know how to access support services for Adverse Childhood Experiences (ACEs) at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9.2) If I needed additional support to address Adverse Childhood Experiences (ACEs), I would use support services at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Instructions: Please rate your level of agreement with the following statements about relationships and interactions you have with people at college.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I do not wish to answer
10.1) I am happy with the amount of time I spend participating in social activities at college.	<input type="radio"/>					
10.2) I have been feeling lonely a lot at college.	<input type="radio"/>					
10.3) I feel I am very different from other students at college in ways that I don't like.	<input type="radio"/>					
10.4) I have some close friends and peers at college with whom I can talk about any problems I have.	<input type="radio"/>					
10.5) I have a mentor at college with whom I can talk about any problems I have.	<input type="radio"/>					
10.6) I have someone who is a staff member (e.g., administrative staff) at college with whom I can talk about any problems I have.	<input type="radio"/>					
10.7) I have someone who is a faculty member (e.g., a professor) at college with whom I can talk about any problems I have.	<input type="radio"/>					

Instructions: The following are open ended questions. We appreciate your thoughts and feedback.

11.1) What do you hope to gain from being a member of the Student Advisory Team

B.2 Post-Survey: Student Advisory Team Consumnes River College POST-Survey

We would like to ask you a few questions about your knowledge and understanding on topics related to health and well-being. Other questions will include a few open-ended questions asking about your thoughts and opinions about student programming and campus resources.

This survey is voluntary and confidential, meaning you can decide which questions you want to answer, and your responses will not be connected to your name. All your feedback will be compiled with other people who complete the survey and will be used to better understand how to best support and improve student's health and well-being on campus.

As a Student Advisory Team member, if you are interested, at the end of the survey we will ask if you are willing to be contacted to do an interview and to share more about your experiences and feedback as a student on this campus. This will be used to further inform how to develop student programming and resources on campus.

This survey will take approximately 20 - 25 minutes to complete. We greatly appreciate your time and effort to honestly answer these questions.

Instructions: These questions are related to health and wellness, specifically about the term Adverse Childhood Experiences (ACEs).

Please read each question and mark your response based on the provided instructions in the question.

1.1) Have you ever have you ever heard the term Adverse Childhood Experiences (ACEs)?

- No
- Yes
- Don't know

1.2) If **yes**, you have you ever heard the term Adverse Childhood Experiences (ACEs), where have you heard about or learned about ACEs? Please mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Ads & Commercials on Television | <input type="checkbox"/> The Internet |
| <input type="checkbox"/> Billboards | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Books | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Church or religious gathering | <input type="checkbox"/> Personal Experience |
| <input type="checkbox"/> Community Leaders | <input type="checkbox"/> Political Speeches |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Public Event or Workshop |
| <input type="checkbox"/> Friends and Family | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Podcasts | <input type="checkbox"/> School |
| <input type="checkbox"/> Social Media (Tiktok, Instagram, Facebook etc.) | <input type="checkbox"/> I haven't heard this before |
| <input type="checkbox"/> Television news programs | <input type="checkbox"/> Other (Please specify) |
-

1.3) Have you ever have you ever heard the term Toxic Stress?

- No
- Yes
- Don't know

1.4) If **yes**, you have heard of the term Toxic Stress, where have you heard about or learned about Toxic Stress? Please mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Ads & Commercials on Television | <input type="checkbox"/> The Internet |
| <input type="checkbox"/> Billboards | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Books | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Church or religious gathering | <input type="checkbox"/> Personal Experience |
| <input type="checkbox"/> Community Leaders | <input type="checkbox"/> Political Speeches |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Public Event or Workshop |
| <input type="checkbox"/> Friends and Family | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Podcasts | <input type="checkbox"/> School |
| <input type="checkbox"/> Social Media (Tiktok, Instagram, Facebook etc.) | <input type="checkbox"/> I haven't heard this before |
| <input type="checkbox"/> Television news programs | <input type="checkbox"/> Other (Please specify) |
-

Instructions: Please read the following information below to learn more about the term Adverse Childhood Experiences (ACEs) and Toxic Stress. This will help you to respond to the next set of True/False questions to follow.

Adverse Childhood Experiences (ACEs) include experiencing any of the following before the age of 18:

Abuse

- Emotional abuse: A parent or other adult in your home ever swore at you, insulted you, or put you down.
- Physical abuse: A parent or other adult in your home ever hit, beat, kicked, or physically hurt you.
- Sexual abuse: An adult or person at least 5 years older ever touched you in a sexual way, or tried to make you touch their body in a sexual way or attempted to have sex with you.

Household Challenges

- Intimate partner violence: Parents or adults in home ever slapped, hit, kicked, punched, or beat each other up.
- Substance abuse in the household: A household member was a problem drinker or alcoholic or used street drugs or abused prescription medications.
- Mental illness in the household: A household member was depressed or mentally ill or a household member attempted suicide.
- Parental separation or divorce: Parents were ever separated or divorced.
- Incarcerated household member: A household member went to jail or prison.

Neglect

- Emotional neglect: An adult in the household never or very seldom made you feel safe and protected.
- Physical neglect: An adult in the household never or very seldom tried hard to make sure your basic needs were met.

The more Adverse Childhood Experiences (ACEs) a person has experienced, the more likely they are to experience **Toxic Stress**, particularly if the child's environment or adults in their life aren't able to support and buffer the child from the adversity. When a child's stress response stays active too long and they develop toxic stress, it can have long-term impacts such as poorer physical and mental health. It can also impact a person's attitudes and behaviors.

I have read the information above.

- Yes
- No

Instructions: Please read each statement below about Adverse Childhood Experiences (ACEs) and mark one answer, either True, False, or Don't know.

	True	False	Don't know
2.1) The more ACEs a child experiences the more likely they are to experience heart disease or diabetes as an adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2) ACEs only happen to people living in certain communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3) People who have ACEs can heal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4) All stress is bad and should be avoided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5) The harms of ACEs can be greater when people also experience racism and community violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6) The lowering of stress is important to stopping the harms of ACEs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.7) Strong and close relationships help lower the effects of ACEs on children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.8) People who have experienced ACEs can flourish and have meaningful lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.9) Once you experience ACEs you can't really be helped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructions: The following questions ask about your comfort level talking about and supporting others with Adverse Childhood Experiences (ACEs). Please mark one answer that best describes your comfort level with ACEs.

	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	I do not wish to answer.
3.1) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with family or loved ones?	<input type="radio"/>					
3.2) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with friends?	<input type="radio"/>					
3.3) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with health professionals?	<input type="radio"/>					
3.4) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with neighbors or community members?	<input type="radio"/>					
3.5) How comfortable are you talking about Adverse Childhood Experiences (ACEs) with mental health professionals?	<input type="radio"/>					
3.6) How comfortable do you feel providing support or resources to others who have Adverse Childhood Experiences (ACEs)?	<input type="radio"/>					

3.7) Select the person or group below you are comfortable talking with about Adverse Childhood Experiences (ACEs). Mark all that apply.

- Family or loved ones
- Friends
- Health professionals (doctor, nurse)
- Neighbors or Community members
- Mental health professionals (counselor)
- Other, please specify: _____
- I do not wish to answer.

Instructions: The following questions ask about your thoughts and comfort level with people who have Adverse Childhood Experiences (ACEs). Please mark one answer below.

	Not at all	A little bit	Some	A lot
4.1) People who have experienced Adverse Childhood Experiences (ACEs) are afraid of others finding out about their experiences.	O	O	O	O
4.2) People who have experienced Adverse Childhood Experiences (ACEs) worry about being treated unfairly because of their experiences.	O	O	O	O
4.3) People who have experienced Adverse Childhood Experiences (ACEs) are judged in a negative way.	O	O	O	O

	Very uncomfortable	Uncomfortable	Somewhat Comfortable	Comfortable	Very comfortable
4.4) How comfortable would you be to go to school with a person who had a lot of ACEs?	O	O	O	O	O
4.5) How comfortable would you be to have a person who had a lot of ACEs be part of your family?	O	O	O	O	O
4.6) How comfortable would you be at your job to work closely with a co-worker who had a lot of ACEs?	O	O	O	O	O

Instructions: The following questions ask if you are experiencing Adverse Childhood Experiences (ACEs) how likely you are to seek help from others. Please mark one answer for each question below.

	Very unlikely	Unlikely	Unsure	Likely	Very likely
5.1) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from a medical professional?	<input type="radio"/>				
5.2) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from a service provider (e.g., academic advisor)?	<input type="radio"/>				
5.3) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from a community-based organization or non-profit organization?	<input type="radio"/>				
5.4) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from mental health professionals?	<input type="radio"/>				
5.5) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from police?	<input type="radio"/>				
5.6) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from friends?	<input type="radio"/>				
5.7) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from family?	<input type="radio"/>				
5.8) If you are experiencing Adverse Childhood Experiences (ACEs), how likely are you to seek help for yourself from religious leaders ?	<input type="radio"/>				

Instructions: The following questions ask about your level of awareness about various resources to support people with Adverse Childhood Experiences (ACEs). Please mark one answer for each question below.

6.1) In your community, how aware are you about existing resources or support for those who experienced Adverse Childhood Experiences (ACEs) or related emotional distress or mental health problems?

- Not Aware
- A little Aware
- Somewhat Aware
- Aware
- Very Aware

6.2) Please review the following list of resources and mark one answer to indicate your level of awareness about this resource.

	Not Aware	A little Aware	Somewhat Aware	Aware	Very Aware
988	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Suicide Hotline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NAMI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ CONTINUE to Question	
Wellspace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La Familia Counseling Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WEAVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBT Community Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructions: The following questions ask about your awareness about various resources to support people with Adverse Childhood Experiences (ACEs). Please mark one answer for each question below.

- 7.1) Have you heard of NumberStory.org?
- No, I have not heard of NumberStory.org
 - Yes, I have heard of NumberStory.org

- 7.1a) If yes, have you visited NumberStory.org?
- No, I have not visited NumberStory.org
 - Yes, I have visited NumberStory.org

- 7.1b) If yes, did you find NumberStory.org useful?
- No
 - Yes
 - Don't know what this is

- 7.2) Do you know your own ACEs number or score?
- No
 - Yes
 - Don't know what this is

7.3) What do you think would be most useful to support students who have experienced Adverse Childhood Experiences (ACEs)?

Instructions: The following questions ask about your level of awareness about resources on campus to support students with Adverse Childhood Experiences (ACEs). Please mark all that apply for each question below.

8.1) Which of the following student resources do you know exists on campus? Mark all that apply.

- Personal Counseling (Short term to long term therapy)
- TimelyCare (Teletherapy for Students)
- WEAVE confidential advocate (Domestic violence, sexual assault, or sexual harassment resource)
- I did not know these resources existed.

8.2) Which of the following student resources would you use if you were seeking support to address Adverse Childhood Experiences (ACEs)? Mark all that apply.

- Personal Counseling (Short term to long term therapy)
- TimelyCare (Teletherapy for Students)
- WEAVE confidential advocate (Domestic violence, sexual assault, or sexual harassment resource)
- I did not know these resources existed.

8.3) Which of the following campus resources would you recommend to someone if they were seeking supports to address Adverse Childhood Experiences (ACEs)? Mark all that apply.

- (5) Personal Counseling (Short term to long term therapy)
- (6) TimelyCare (Teletherapy for Students)
- (7) WEAVE confidential advocate (Domestic violence, sexual assault, or sexual harassment resource)
- (8) I did not know these resources existed.

	Not at all	A little bit	Some	A lot
8.4) How often do you use Personal Counseling (Short term to long term therapy)?	○	○	○	○
8.5) How often do you use TimelyCare (Teletherapy for Students)?	○	○	○	○

8.6) Open ended question: What are your thoughts about the above resources?

8.7) Open ended question: How well do these resources represent people similar you?

Instructions: The following questions ask about your knowledge of campus resources and whether you would use them.

9.1) I know how to access support services for Adverse Childhood Experiences (ACEs) at my school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

9.2) To what extent is your response informed by being a member of the Student Advisory Team?

- Not at all
- A little bit
- Some
- A lot

9.3) If I needed additional support to address Adverse Childhood Experiences (ACEs), I would use support services at my school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

9.4) To what extent is your response informed by being a member of the Student Advisory Team?

- Not at all
- A little bit
- Some
- A lot

Instructions: Please rate your level of agreement with the following statements about relationships and interactions you have with people at college.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I do not wish to answer
10.1) I am happy with the amount of time I spend participating in social activities at college.	<input type="radio"/>					
10.2) I have been feeling lonely a lot at college.	<input type="radio"/>					
10.3) I feel I am very different from other students at college in ways that I don't like.	<input type="radio"/>					
10.4) I have some close friends and peers at college with whom I can talk about any problems I have.	<input type="radio"/>					
10.5) I have a mentor at college with whom I can talk about any problems I have.	<input type="radio"/>					
10.6) I have someone who is a staff member (e.g., administrative staff) at college with whom I can talk about any problems I have.	<input type="radio"/>					
10.7) I have someone who is a faculty member (e.g., a professor) at college with whom I can talk about any problems I have.	<input type="radio"/>					

Instructions: The following are open ended questions. We appreciate your thoughts and feedback.

11.1) How did being a member of the Student Advisory Team teach you about yourself or what have you gained from this experience?

B.3: Advisory Team Pre-Survey Responses

Familiarity with ACEs and Toxic Stress

Table 1. Heard of ACEs and Toxic Stress (n=13)			
Question	Yes	No	Don't know
Heard of ACEs	46.2% (6)	46.2% (6)	7.7% (1)
Heard of Toxic Stress	69.2% (9)	15.4% (2)	15.4% (2)

Table 2. Source where heard of Toxic Stress (n=13)	
I haven't heard of this before	30.8% (4)
School	46.2% (6)
Ads and commercials on television	30.8% (4)
The internet	30.8% (4)
Community leaders	23.1% (3)
Friends and Family	23.1% (3)
Social media (TikTok, Instagram, etc.)	23.1% (3)
Public event or workshop	23.1% (3)
Radio	15.4% (2)
Church or religious gatherings	7.7% (1)
Podcasts	7.7% (1)
Television news programs	7.7% (1)
Movies	7.7% (1)
Newspapers	7.7% (1)
Personal Experience	7.7% (1)
Billboards	0.0% (0)
Books	0.0% (0)
Documentary	0.0% (0)
Political speeches	0.0% (0)
Other	0.0% (0)

Table 3. Source where heard of ACEs (n=13)	
I haven't heard of this before	38.5% (5)
School	30.8% (4)
Friends and Family	15.4% (2)
Ads and commercials on television	7.7% (1)
Social media (TikTok, Instagram, etc.)	7.7% (1)
Movies	7.7% (1)
Billboards	0.0% (0)
Books	0.0% (0)
Church or religious gatherings	0.0% (0)
Community leaders	0.0% (0)
Documentary	0.0% (0)
Podcasts	0.0% (0)
Television news programs	0.0% (0)
The internet	0.0% (0)
Newspapers	0.0% (0)
Personal Experience	0.0% (0)
Political speeches	0.0% (0)
Public event or workshop	0.0% (0)
Radio	0.0% (0)
Other	0.0% (0)

Knowledge of ACEs

Table 4. ACEs Knowledge (n=13)			
Question	Correct	Incorrect	Don't know
The more ACEs a child experiences the more likely they are to experience heart disease or diabetes as an adult	53.8% (7)	7.7% (1)	38.5% (5)
ACEs only happen to people living in certain communities	84.6% (11)	0% (0)	15.4% (2)
People who have ACEs can heal	69.2% (9)	7.7% (1)	23.1% (3)
All stress is bad and should be avoided	100% (13)	0% (0)	0% (0)
The harms of ACEs can be greater when people also experience racism and community violence	61.5% (8)	7.7% (1)	30.8% (4)
The lowering of stress is important to stopping the harms of ACEs	69.2% (9)	0% (0)	30.8% (4)
Strong and close relationships help lower the effects of ACEs on children	76.9% (10)	0% (0)	23.1% (3)
People who have experienced ACEs can flourish and have meaningful lives	76.9% (10)	7.7% (1)	15.4% (2)
Once you experience ACEs you can't really be helped	84.6% (11)	0% (0)	15.4% (2)

Awareness and Utilization of Resources and Support

Table 5. Awareness of Resources and Supports (n=13)					
Question	Not aware	A little aware	Somewhat aware	Aware	Very aware
Awareness of existing resources or support in the community for those who have experienced ACEs or related emotional distress or mental health problems	15.4% (2)	15.4% (2)	30.8% (4)	30.8% (4)	7.7%(1)
Awareness about 988	69.2% (9)	7.7%(1)	0.0% (0)	15.4% (2)	7.7%(1)
Awareness about National Suicide Hotline	7.7%(1)	0.0% (0)	7.7%(1)	46.2% (6)	38.5% (5)
Awareness about NAMI	61.5% (8)	7.7%(1)	15.4% (2)	7.7%(1)	7.7%(1)
Awareness about Wellspace	46.2% (6)	0.0% (0)	7.7%(1)	23.1% (3)	23.1% (3)
Awareness about La Familia Counseling Center	69.2% (9)	7.7%(1)	0.0% (0)	0.0% (0)	23.1% (3)
Awareness about WEAVE	38.5% (5)	0.0% (0)	15.4% (2)	23.1% (3)	23.1% (3)
Awareness about LGBT Center	15.4% (2)	0.0% (0)	7.7%(1)	53.8% (7)	23.1% (3)

Awareness of NumberStory

Table 6. Awareness of NumberStory and ACE number (n=13)			
Question	Yes	No	Don't know what this is
Heard of NumberStory.org	15.4% (2)	84.6% (11)	NA
If yes, have you visited NumberStory.org?	15.4% (2)	84.6% (11)	NA
If yes, did you find NumberStory.org useful?	15.4% (2)	0.0% (0)	84.6% (11)
Knowledge of own ACEs number or score	7.7% (1)	38.5% (7)	38.5% (5)

ACE's-Related Comfort

Table 7. Levels of comfort talking with others about & providing support around ACEs						
Question	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable	I do not wish to answer
Comfort talking about ACEs with family or loved ones	7.7% (1)	15.4% (2)	30.8% (4)	15.4% (2)	30.8% (4)	0.0% (0)
Comfort talking about ACEs with friends	7.7% (1)	7.7% (1)	23.1% (3)	30.8% (4)	7.7% (1)	0.0% (0)
Comfort talking about ACEs with health professionals	7.7% (1)	0.0% (0)	53.8% (7)	23.1% (3)	7.7% (1)	0.0% (0)
Comfort talking about ACEs with neighbors or community members	15.4% (2)	23.1% (3)	46.2% (6)	15.4% (2)	0.0% (0)	0.0% (0)
Comfort talking about ACEs with mental health professionals	7.7% (1)	0.0% (0)	53.8% (7)	7.7% (1)	30.8% (4)	0.0% (0)
Comfort providing support or resources to others who have ACEs	7.7% (1)	0.0% (0)	23.1% (3)	30.8% (4)	30.8% (4)	0.0% (0)

Stigma

Table 8. Perceptions of people who have experienced ACEs (n=13)				
Question	Not at all	A little bit	Some	A lot
People who have experienced ACEs are afraid of others finding out about their experiences	7.7% (1)	15.4% (2)	61.5% (8)	15.4% (2)
People who have experienced ACEs worry about being treated unfairly because of their experiences	7.7% (1)	23.1% (3)	46.2% (6)	23.1% (3)
People who have experienced ACEs are judged in a negative way	15.4% (2)	53.8% (7)	30.8% (4)	0.0% (0)

Table 9. Comfort with people who have experienced ACEs (n=13)					
Question	Very uncomfortable	Uncomfortable	Somewhat uncomfortable	Comfortable	Very comfortable
Comfort attending school with a person who has a lot of ACEs	0.0% (0)	0.0% (0)	0.0% (0)	61.5% (8)	38.5% (5)
Comfort having a person who has a lot of ACEs be part of your family	0.0% (0)	0.0% (0)	7.7% (1)	38.5% (5)	53.8% (7)
Comfort working closely with a coworker who has a lot of ACEs	0.0% (0)	0.0% (0)	15.4% (2)	38.5% (5)	46.2% (6)

Help Seeking

Table 10. Likelihood of seeking help for ACEs (n=13)					
Question	Very unlikely	Unlikely	Unsure	Likely	Very likely
Likelihood of seeking help for ACEs from a medical professional	0.0% (0)	23.1% (3)	0.0% (0)	61.5% (8)	15.4% (2)
Likelihood of seeking help for ACEs from a service provider (e.g., academic advisor)	0.0% (0)	23.1% (3)	0.0% (0)	76.9% (10)	0.0% (0)
Likelihood of seeking help for ACEs from a community-based organization or non-profit organization	0.0% (0)	61.5% (8)	0.0% (0)	38.5% (5)	0.0% (0)
Likelihood of seeking help for ACEs from a mental health professional	0.0% (0)	23.1% (3)	0.0% (0)	61.5% (8)	15.4% (2)
Likelihood of seeking help for ACEs from police	23.1% (3)	23.1% (3)	0.0% (0)	46.2% (6)	7.7%(1)
Likelihood of seeking help for ACEs from friends	0.0% (0)	7.7%(1)	0.0% (0)	69.2% (9)	23.1% (3)
Likelihood of seeking help for ACEs from family	23.1% (3)	15.4% (2)	0.0% (0)	53.8% (7)	7.7%(1)
Likelihood of seeking help for ACEs from religious leaders	38.5% (5)	30.8% (4)	0.0% (0)	23.1% (3)	0.0% (0)

Table 11. Awareness and interest in campus resources for ACEs (n=13)			
Service	Know about service	Would seek help from service	Would recommend service
Personal Counseling	92.3% (12)	100% (13)	92.3% (12)
Student Groups	0% (0)	0.0% (0)	0.0% (0)
Timely Care	38.5% (5)	46.2% (6)	53.8% (7)
WEAVE	61.5% (8)	53.8% (7)	69.2% (9)

Table 12. Engagement with Campus Resources					
Question	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I know how to access support services for ACEs on Campus	7.7% (1)	30.8% (4)	46.2% (6)	15.4% (2)	0.0%(0)
If I needed additional support to address ACES, I would use support services at my school	38.5% (5)	46.2%(6)	15.4% (2)	0.0% (0)	0.0%(0)

Q: What are your thoughts about the above resources?

Theme	Quotes from Respondents
Campus resources are helpful	I think they are great
	it's a great resources
	Very useful resources
	They are very helpful
	Their great resources
	I think both a valid and useful resources for someone seeking counseling
	They are great resources for students to get the help that they need.
	They are really helpful and have brought me through rough times when I felt like no one was there
	I believe these sources are beneficial for students. Although I haven't yet been to these campus sources, I've received beneficial help from mental health counseling when I attended my previous college.
	I think it is nice that the campus has resources for the people that have went through stuff and need it
Barriers to resources	The resources above are not properly advertised or advocated, the process of meeting with a counselor is not easy
	I think these resources are very useful. Sometimes I think some students are afraid to seek help and open up.
Don't know	Don't know enough to comment

Q: How well do these resources represent people similar to you?

Theme	Quotes from Respondents
Represents and supports people "like me"	For the most part, they represent people similar to me well. of course there may be times where you are not able to get exact representatives but they try their best
	the programs support students like myself
	Pretty well
	I think they represent people like me well
	I think it represents them well as there is a lot of stuff can happen to individuals and support is nice
	It represents people well and is very helpful
Does not represent people "like me"	I believe the current sources do not fully represent people similar to me. If I have concerns about my personal feelings about racial harassment or feeling loneliness during college, I don't feel as if there is a resource to address those issues.
	Not very well
Don't know/not sure	Don't know
	I don't know
	I am not sure
Other responses	Many colleges students experience the similar stress from school, work, and just life in general.
	Talking to a counselor is a helpful maybe they give you more ideas or they can help you get better and always makes time to do fun activity we love

Respondent Suggestions for Campus Resources

Table 13. Open-Ended replies to “What do you think would be most useful to support students who have experienced ACEs?”	
Theme	Quotes from Respondents
Resources in general	By giving them resources for mental health, counselor, or just by listening to them talk about their feelings
	To share that there are resources on campus for those who have experienced ACEs to have knowledge on where and how they can get support. If the campus does not have a resource, then they should start one to help those who have experience ACEs to thrive.
Mental health resources specifically	Talking to a mental health counselor a trusted individual
	To make mental health resources more known
	CARES, free therapy, community resources (especially affinity groups)
	Reaching out for support resources, like counselors or therapists, because sometimes your love one or family may not provide the best solution.
	experienced counselors who have also experienced ACE to connect on a personal level with students
	Sessions where they can come and talk to people who will really listen and give them resources and help with what they need the most to heal and get better
Other forms of support	Have a supportive environment
	Online resources or videos
	maybe have more fun activity to help them hell from the ACEs
	Having a mentor for them specifically to help them with any problems they might have
Not sure	I am not too sure

Sense of Belonging

Table 14. Sense of Belonging					
Question	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I am happy with the amount of time I spend participating in social activities at college.	38.5% (5)	38.5% (5)	7.7% (1)	15.4% (2)	0.0% (0)
I have been feeling lonely a lot at college.	0.0% (0)	23.1% (3)	30.8% (4)	23.1% (3)	23.1% (3)
I feel I am very different from other students at college in ways that I don't like.	0.0% (0)	23.1% (3)	23.1% (3)	38.5% (5)	15.4% (2)
I have some close friends and peers at college with whom I can talk about any problems I have.	38.5% (5)	15.4% (2)	38.5% (5)	7.7%(1)	0.0% (0)
I have a mentor at college with whom I can talk about any problems I have.	30.8% (4)	23.1% (3)	0.0% (0)	30.8% (4)	15.4% (2)
I have someone who is staff member (e.g., administrative staff) at college with whom I can talk about any problems I have.	23.1% (3)	15.4% (2)	7.7% (1)	30.8% (4)	23.1% (3)
I have someone who is faculty member (e.g., professor) at college with whom I can talk about any problems I have.	23.1% (3)	7.7% (1)	0.0% (0)	46.2% (6)	23.1% (3)

Respondent Perspectives on Student Advisory Team Participation

Q: What do you hope to gain from being a member of the SAT?

Theme	Quotes from Respondents
<p>Increase knowledge and understanding of ACEs, toxic stress, and/or mental health.</p>	<p>A better understanding of ACE and also gain useful tools to help others.</p>
	<p>I want to be more knowledgeable in any way that can help me to help others.</p>
	<p>A better understanding of ACEs and people who suffer from it and ways that i can help them</p>
	<p>I hope to become a great support to individuals who have experienced. I also hope to gain experience in my career field. about ACE's</p>
	<p>learn new things and new skills</p>
<p>Help or support others</p>	<p>A better understanding of ACE and also gain useful tools to help others. to be able to better support students, students like me, but also myself. mental health is taboo and I think we can all benefit from having more open conversations about it.</p>
	<p>I want to be more knowledgeable in any way that can help me to help others.</p>
	<p>A better understanding of ACEs and people who suffer from it and ways that i can help them</p>
	<p>To help other people who experience the toxic stress</p>
	<p>To meet new people, make friends, foster a social environment on campus, and help others.</p>
	<p>I hope to participate and help people by spreading information to people</p>
	<p>Help people</p>
	<p>I hope to become a great support to individuals who have experienced. I also hope to gain experience in my career field.</p>
<p>I hope to make a positive impact in my college and help others</p>	
<p>Reduce Stigma</p>	<p>to be able to better support students, students like me, but also myself. mental health is taboo and I think we can all benefit from having more open conversations about it.</p>

B.4: Plant Your Stress Away Survey Data

Campus Resources and Supports

Respondents who said they are aware of, would use, and/or would recommend various campus resources for ACEs (n=13)		
Service	Know about service	Would seek help from service
Personal Counseling	60.0% (15)	64.0% (16)
Student Groups	0% (0)	44.0% (11)
Timely Care	40.0% (10)	32.0% (8)
WEAVE	32.0% (8)	20.0% (5)

Engagement with Campus Resources for ACEs					
Question	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I know how to access support services for ACEs on Campus	4.0% (1)	32.0% (8)	32.0% (8)	16.0% (4)	4.0% (1)
If I needed additional support to address ACEs, I would use support services at my school	16.0% (4)	48.0% (12)	12.0% (3)	16.0% (4)	0.0%(0)

Sense of Belonging

Students who saw the Nature Wall Gallery in the Center for Inclusion and Belonging	
Yes	24.0% (6)
No	76.0% (19)

Managing Stress

Q: What is one way you use nature to distress?

Theme	Quotes from Respondents
Physical activity	Camping, hiking, rock crawling
	Going to the park with my dog
	Take a hike or lay in the grass and just breathe
	take a walk and just enjoy the sunshine
	going on walks under the sun
Relaxation & Mindfulness	Meditation outside
	Reading
	photography
	Regulate circadian rhythm and improve energy
Basking in Nature	sit in the sun
	enjoy the beautiful colors
	Look at the beautiful sights and scenery
	I sit in the fields at home and listen to music
	my rose bush
Gardening	Gardening
	Gardening and doing yard work
	gardening and relaxing in the garden
	I garden tomatoes, potatoes, jalapeños, and flowers.
	I like to pick fruits off my fruit trees
	Planting trees

B.5: Music and Mental Health Day Survey Data

Los Rios Campus Resources and Supports

Respondents who said they are aware of, would use, and/or would recommend various campus resources for ACEs (n=3)		
Service	Know about service	Would seek help from service
Personal Counseling	100% (3)	100% (3)
Student Groups	0% (0)	66.7% (2)
Timely Care	33.3% (1)	33.3% (1)
WEAVE	66.7% (2)	33.3% (1)

Engagement with Campus Resources for ACEs (n=3)					
Question	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I know how to access support services for ACEs on Campus	33.3% (1)	66.7% (2)	0.0% (0)	0.0% (0)	0.0% (0)
If I needed additional support to address ACES, I would use support services at my school	66.7% (2)	33.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)

B.6: Event Flyers & Educational Advertisements



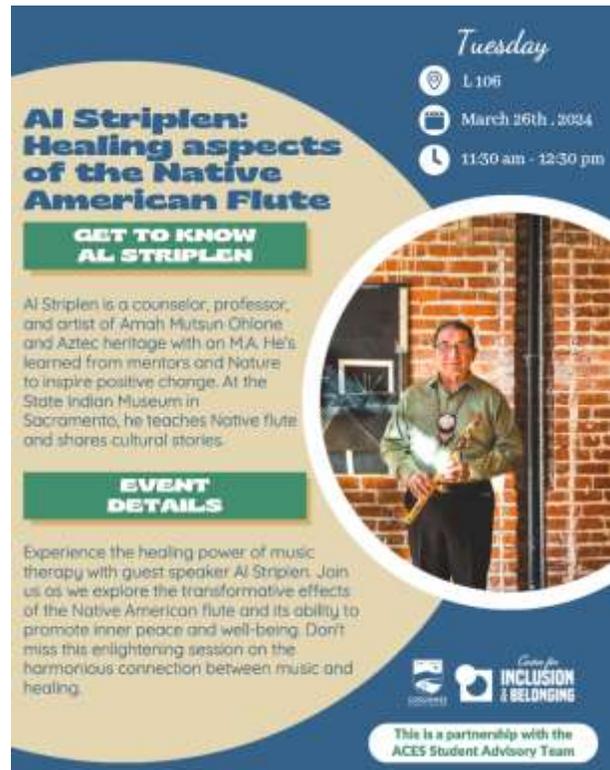
JOIN OUR WELLNESS WORKSHOP

THURS. FEB 22ND
11:00 AM - 12:00 PM
WINN 103

FEELING OVERWHELMED AND STRESSED? DON'T MISS THIS CHANCE TO HEAR FROM THE ACES RESOURCE NETWORK AND LEARN EFFECTIVE STRATEGIES TO MANAGE STRESS!

This is a partnership with the ACES Student Advisory Team

INCLUSION & BELONGING



Tuesday
 L 106
 March 26th, 2024
 11:30 am - 12:30 pm

AI Striplen: Healing aspects of the Native American Flute

GET TO KNOW AI STRIPLEN

AI Striplen is a counselor, professor, and artist of Amah Mutsun Ohlone and Aztec heritage with an M.A. He's learned from mentors and Nature to inspire positive change. At the State Indian Museum in Sacramento, he teaches Native flute and shares cultural stories.

EVENT DETAILS

Experience the healing power of music therapy with guest speaker AI Striplen. Join us as we explore the transformative effects of the Native American flute and its ability to promote inner peace and well-being. Don't miss this enlightening session on the harmonious connection between music and healing.

This is a partnership with the ACES Student Advisory Team

INCLUSION & BELONGING




Plant Your Stress Away
 EARTH DAY EVENT

DATE

- 22 April, Monday

TIME

- 10:00 AM - 2:00 PM

LOCATION

- CRC Quad

ACTIVITIES

- Planting in the Quad
- All supplies will be provided
- Spend time with friends
- Make more connections
- Be sure to stop by the CIB (L106) to check out our Nature gallery

This is a partnership with the ACES Student Advisory Team and The Sustainability Committee

INCLUSION & BELONGING

Appendix C: Trauma Informed Classroom Design

C.1 – Pre-Survey

To better understand the ways in which Dr. Alicia Williams' Trauma-informed Classroom Design Training impacts knowledge and attitudes around trauma-informed care in the school-setting, we hope you will answer the following brief questions before the start of the training session on August 5th.

Please create a unique user ID. You will need to enter this unique ID when you take the post survey after the training. Please use the first two letters of your street you currently live on, the year you were born (all four digits), and the first two letters of your last name.

Responses are completely anonymous and will be used to help us continue improving the program. Thank you.

For the following questions, you will see a definition of components for a trauma-informed classroom design. Please read through each definition and answer each respective question.

Instructions: These questions are related to trauma-informed classroom design. Please read each question and mark your response based on the provided instructions in the question.

Safety is the highest priority in implementing a trauma-informed approach and is typically measured by how students and staff feel within the space. The concept of safety includes both physical and psychological safety. Staff and students must feel safe in the school environment. We must pay attention to all the identified domains below because they are interconnected and essential to creating that physical and psychological safety.]

1. I understand how to create a sense of safety in the classroom for my students

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Poorly designed buildings can make it difficult for people with mobility impairments or other disabling conditions to move about their environment; consequently, people with a disability often are more vulnerable to environmental barriers. For example, ADA code compliance is one step to accessibility and ensures a person can navigate a space in physical safety.]

2. I understand how to create an accessible classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Biophilia is the innate human instinct to connect with nature and other living beings. Biophilic design utilized natural materials, patterns, and phenomena to maintain a connection to nature within the school design.]

3. I understand how to create a connection to nature in the classroom.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Wayfinding encompasses all the ways in which people orient themselves in physical space and navigate from place to place. Visual spatial cues, labels, symbols, signage, colors, paths, and patterns can be incorporated into the design of the built environment to provide direction and orientation.]

4. I understand how to use visual spatial cues, labels, symbols, signage, colors, paths and patterns into the design of my classroom for students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Inclusion provides equal access to opportunities, resources, and spaces for all people, including those who might otherwise be excluded, oppressed or marginalized. It means paying particular attention to any barriers that exclude people based on their race, ethnicity, gender, ability, language, culture, age, and identities. As students move through the school, do they see themselves represented and supported? The full diversity of this experience needs to be considered if all users are to be comfortable and feel that a particular space or place belongs to them.]

5. I understand how to design a classroom that support inclusion for students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Visibility is an important feature for students' and staff's sense of safety and connection to their environment. Security and privacy are created through clear sight lines, adjustable window coverings, and sufficient lighting.

Though we often refer to visibility literally, it is important to recognize this principle applies to persons who are blind or low vision as well. Design can provide a connection to the sensations and sounds that, from nature and other environmental elements, help individuals understand their surroundings.]

6. I understand how to use the concept of visibility in the design of my classroom for students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

When we refer to lighting, we use two categories, natural and artificial lighting. Both play an important role in the experience of the space, both functionally and emotionally.]

7. I understand how to use lighting, both natural and artificial, in my classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Trauma-informed design must be built around the comfort of the people who will be using the space. When making design choices, focus on features that can increase enjoyment and a sense of ease, and alleviate potential stressors.

Carefully considering the sensory load of the space can help to maximize comfort. Comfort can also be increased by including spaces for staff and students to retreat. We want to be intentional about the aesthetics of chosen design features to create spaces that are comforting and welcoming.]

8. I understand how to make design choices that focus on features that increase enjoyment, a sense of ease and alleviate potential stressors in my classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Choice is integral to students' practice of autonomy and equitable access to the environment. School design can provide opportunities for choice and spatial flexibility. Providing options in furniture, places of refuge, gathering, types of chairs, etc. can elevate a space.]

9. I understand how to create a classroom that provides opportunities for choice and spatial flexibility.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

How does sound impact students and staff in the space? Acoustics help balance the resonance of sound so there is neither too much reverberation, or echo nor too dampened, or muted. This can be achieved with attention to the types of materials used and the unique purpose of the space.]

10. I understand how sound impacts students and staff in the classroom.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Play and movement supports people of all abilities to engage, focus, and learn. Play and movement are important vehicles for developing self-regulation, promoting language, cognition, and social competence. Research shows the importance of movement and play in reducing stress. A well-designed environment can incorporate features that should enhance students' development and learning by providing opportunities to support creative engagement that will foster joy, meaning, inclusive activity, social interaction, and curiosity.]

11. I understand how to incorporate the concepts of movement and play into the classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

In order for a person to feel safe within a space, it is important they feel as though they belong. They need to see themselves and their identities reflected, welcomed, and celebrated in the space. Design can achieve a sense of place through colors schemes, art, logos, and other representations of the school's community. Designers often use these as placemaking tools to foster a sense of place and a sense of belonging.]

12. I understand how to create a classroom that provides opportunities for students to see themselves and their identities reflected, welcomed, and celebrated in the classroom.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

For the following set of questions, please respond "strongly agree, agree, disagree, strongly disagree, or do not want to answer" about your understanding of trauma and ACEs.

13. Most of my students have experienced at least 2 ACEs.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

14. My actions as a teacher can mitigate the impact of toxic stress that students feel

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

15. I feel prepared to support students who have been exposed to trauma.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Demographics

16. What is your gender identity? Please check all that applies.

- (1) Male
- (2) Female
- (3) Transgender
- (4) Gender neutral
- (5) Non-binary
- (6) Agender
- (7) Pangender
- (8) Two-Spirit
- (9) Third gender
- (10) Not listed above
- (99) Decline to Answer

17. What is your gender identity? Please check all that applies.

- (1) Asexual
- (2) Homosexual
- (3) Bisexual
- (4) Heterosexual
- (5) Pansexual
- (6) Queer
- (7) Questioning
- (8) Not listed
- (99) Decline to answer

18. How do you describe yourself? Please check all that apply.

- (1) White/Caucasian
- (2) Black/African American
- (3) Hispanic/Latino origin
- (4) Asian/Asian American
- (5) Native Hawaiian or Other Pacific Islander
- (6) American Indian/Alaskan Native
- (7) Mixed/Multiracial
- (8) Other
- (99) Decline to answer

19. Are you Hispanic/Latinx

- (1) Yes
- (2) No
- (99) Decline to answer

20. What is your age?

(1) 18-24

(2) 25-29

(3) 30-39

(4) 40-49

(5) 50-59

(6) 60-69

(7) 70+

(99) Decline to answer

C.2 – Post-Survey

To better understand the ways in which Dr. Alicia Willilams' Trauma-informed Classroom Design Training impacts knowledge and attitudes around trauma-informed care in the school-setting, we hope you will answer the following brief questions before the end of the training session on August 6th.

Responses are completely anonymous and will be used to help us continue improving the program. Thank you.

For the following questions, you will see a definition of components for a trauma-informed classroom design. Please read through each definition and answer each respective question.

Instructions: These questions are related to trauma-informed classroom design. Please read each question and mark your response based on the provided instructions in the question.

Safety is the highest priority in implementing a trauma-informed approach and is typically measured by how students and staff feel within the space. The concept of safety includes both physical and psychological safety. Staff and students must feel safe in the school environment. We must pay attention to all the identified domains below because they are interconnected and essential to creating that physical and psychological safety.

1. I understand how to create a sense of safety in the classroom for my students

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Poorly designed buildings can make it difficult for people with mobility impairments or other disabling conditions to move about their environment; consequently, people with a disability often are more vulnerable to environmental barriers. For example, ADA code compliance is one step to accessibility and ensures a person can navigate a space in physical safety.

2. I understand how to create an accessible classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Biophilia is the innate human instinct to connect with nature and other living beings. Biophilic design utilized natural materials, patterns, and phenomena to maintain a connection to nature within the school design.]

3. I understand how to create a connection to nature in the classroom.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Wayfinding encompasses all the ways in which people orient themselves in physical space and navigate from place to place. Visual spatial cues, labels, symbols, signage, colors, paths, and patterns can be incorporated into the design of the built environment to provide direction and orientation.

4. I understand how to use visual spatial cues, labels, symbols, signage, colors, paths and patterns into the design of my classroom for students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Inclusion provides equal access to opportunities, resources, and spaces for all people, including those who might otherwise be excluded, oppressed or marginalized. It means paying particular attention to any barriers that exclude people based on their race, ethnicity, gender, ability, language, culture, age, and identities. As students move through the school, do they see themselves represented and supported? The full diversity of this experience needs to be considered if all users are to be comfortable and feel that a particular space or place belongs to them.

5. I understand how to design a classroom that support inclusion for students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Visibility is an important feature for students' and staff's sense of safety and connection to their environment. Security and privacy are created through clear sight lines, adjustable window coverings, and sufficient lighting.

Though we often refer to visibility literally, it is important to recognize this principle applies to persons who are blind or low vision as well. Design can provide a connection to the sensations and sounds that, from nature and other environmental elements, help individuals understand their surroundings.

6. I understand how to use the concept of visibility in the design of my classroom for students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

When we refer to lighting, we use two categories, natural and artificial lighting. Both play an important role in the experience of the space, both functionally and emotionally.

7. I understand how to use lighting, both natural and artificial, in my classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Trauma-informed design must be built around the comfort of the people who will be using the space. When making design choices, focus on features that can increase enjoyment and a sense of ease, and alleviate potential stressors.

Carefully considering the sensory load of the space can help to maximize comfort. Comfort can also be increased by including spaces for staff and students to retreat. We want to be intentional about the aesthetics of chosen design features to create spaces that are comforting and welcoming.]

8. I understand how to make design choices that focus on features that increase enjoyment, a sense of ease and alleviate potential stressors in my classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Choice is integral to students' practice of autonomy and equitable access to the environment. School design can provide opportunities for choice and spatial flexibility. Providing options in furniture, places of refuge, gathering, types of chairs, etc. can elevate a space.

9. I understand how to create a classroom that provides opportunities for choice and spatial flexibility.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

How does sound impact students and staff in the space? Acoustics help balance the resonance of sound so there is neither too much reverberation, or echo nor too dampened, or muted. This can be achieved with attention to the types of materials used and the unique purpose of the space.

10. I understand how sound impacts students and staff in the classroom.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

Play and movement supports people of all abilities to engage, focus, and learn. Play and movement are important vehicles for developing self-regulation, promoting language, cognition, and social competence. Research shows the importance of movement and play in reducing stress. A well-designed environment can incorporate features that should enhance students' development and learning by providing opportunities to support creative engagement that will foster joy, meaning, inclusive activity, social interaction, and curiosity.

11. I understand how to incorporate the concepts of movement and play into the classroom for my students.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

In order for a person to feel safe within a space, it is important they feel as though they belong. They need to see themselves and their identities reflected, welcomed, and celebrated in the space. Design can achieve a sense of place through colors schemes, art, logos, and other representations of the school's community. Designers often use these as placemaking tools to foster a sense of place and a sense of belonging.

12. I understand how to create a classroom that provides opportunities for students to see themselves and their identities reflected, welcomed, and celebrated in the classroom.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

For the following set of questions, please respond "strongly agree, agree, disagree, strongly disagree, or do not want to answer" about your understanding of trauma and ACEs.

13. Most of my students have experienced at least 2 ACEs.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

14. My actions as a teacher can mitigate the impact of toxic stress that students feel

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

15. I feel prepared to support students who have been exposed to trauma.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

For the following set of questions, please respond “strongly agree, agree, disagree, strongly disagree, or do not want to answer” about your experience with the two-day training.

16. The trauma-informed training was an important investment of my time.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

17. The concepts and information presented on trauma-informed classrooms will be useful to me in my work as an educator.

- (4) Strongly agree
- (3) Agree
- (2) Disagree
- (1) Strongly disagree
- (99) Do not want to answer

C.3 – Qualitative Interview Guide

Thank you for taking the time to talk with me for about your experience with creating a trauma informed classroom through the training you received from Dr. Williams. This interview will take approximately 45 minutes to an hour. Please remember that this is voluntary, and you do not need to answer any questions you wish not to.

The purpose of this interview is to better understand your experience with creating a trauma informed classroom as well as understand your experience with the training you receive. We hope to learn more about what has been helpful and where you have found challenges as well as what your overall experience has been.

With your permission, we will audio record our conversation using recorders because we can't take notes fast enough and the recording allows the evaluation team to go back and listen to all the important things you said. We will destroy the recordings after data analysis has been completed. Please remember that this is confidential, meaning your name is not attached to this in any way, and the audiotape will be destroyed once we are done checking our notes.

Do you have any questions before we begin?

Thank you for taking the time to do this interview with me.

1. How long have you been a teacher?
2. What do you like about teaching?
3. Can you tell us why you decided to take part in the Trauma-Informed Classroom Design Training Program?
4. Can you describe the changes you made to your classroom after the training?
 - a. Prompts:
 - i. What are some things you added to your classroom
 - ii. What are some things you removed from your classroom?
 - iii. Have your students commented on or spoken to you about any of the changes in the classroom? Y/N - If yes, what have they shared with you about their experiences of these changes?
5. Have you noticed any differences in student behavior or engagement since you have implemented some of the elements of a trauma-informed classroom (plants, animals, lighting, water elements, scents, or sounds)?
6. Have you noticed any changes with yourself since making changes to your environment, i.e. practicing meditation with students helps me to feel calm, less headaches since changing the lighting, and/or not taking away recess therefore [play] helps students regulate emotions or feelings better, therefore creating less stress for self?
7. Is there anything that you changed in your physical environment that did **not** have a positive impact?
8. What recommendations or advice do you have for educators who want to revamp the aesthetics of their classrooms to make them more visually appealing, conducive to learning, and trauma informed?
9. What do you believe are the most common mistakes or challenges that educators and schools face when trying to create trauma informed classrooms?
10. Can you describe any strategies or ideas you have for sharing what you have learned about trauma-informed classrooms with others in your school or organization?
11. How has this training impacted your own personal or professional growth, and in what ways do you anticipate it will continue to influence your work moving forward?
12. Is there anything else you would like to add that we did not cover?

Thank you for your time you spent with me today. This was very helpful and very much appreciated.

C.4 – Pre-Survey Data

Table 1. Demographics – Gender Identity		
Gender Identity	Count	Percent
Female	12	85.7
Male	1	7.1
Transgender	0	0
Gender neutral	0	0
Non-binary	1	7.1
Agender	0	0
Pangender	0	0
Two-Spirit	1	7.1
Third gender	0	0
Not listed	0	0
Do not want to answer	1	7.1

Table 2. Demographics – Sexual Orientation		
What best describes your sexual orientation?	Count	Percent
Asexual	0	0
Homosexual	0	0
Bisexual	1	7.1
Heterosexual	9	64.3
Pansexual	2	14.3
Queer	0	0
Questioning	0	0
Not listed	0	0
Do not want to answer	2	14.3

Table 3. Demographics – Race/Ethnicity		
How do you describe yourself	Count	Percentage
Black/African American	1	7.1
White/Caucasian	10	71.4
Asian/Asian American	0	0
Hispanic/Latino origin	4	28.6
Mixed/Multiracial	2	14.3
American Indian/Alaskan Native	1	7.1
Native Hawaiian or Other Pacific Islander	0	0
Other	1	7.1
Do not want to answer	0	0

Table 4. Demographics - Age		
What is your age?	Count	Percent
18-24	1	7.1
25-39	1	7.1
30-39	4	28.6
40-49	4	28.6
50-59	4	28.6
60-69	0	0
70+	0	0
Do not want to answer	0	0

Table 5. Trauma Informed Design Domains			
Statement	Pre-test median	Post-test median	Wilcoxon Signed Ranked Test (prob > z =)
1. I understand how to create a sense of safety in the classroom for my students	3.0	4.0	0.0191
2. I understand how to create an accessible classroom for my students.	3.0	3.5	0.0030
3. I understand how to create a connection to nature in the classroom.	2.0	4.0	0.0007
4. I understand how to use visual spatial cues, labels, symbols, signage, colors, paths and patterns into the design of my classroom for students.	2.5	3.5	0.0008
5. I understand how to design a classroom that support inclusion for students.	3.0	4.0	0.0011
6. I understand how to use the concept of visibility in the design of my classroom for students.	2.0	4.0	0.0015
7. I understand how to use lighting, both natural and artificial, in my classroom for my students.	2.0	4.0	0.0005
8. I understand how to make design choices that focus on features that increase enjoyment, a sense of ease and alleviate potential stressors in my classroom for my students.	3.0	4.0	0.0008
9. I understand how to create a classroom that provides opportunities for choice and spatial flexibility.	2.5	4.0	0.0008
10. I understand how sound impacts students and staff in the classroom.	2.5	4.0	0.0006
11. I understand how to incorporate the concepts of movement and play into the classroom for my students.	3.0	4.0	0.0009
12. I understand how to create a classroom that provides opportunities for students to see themselves and their identities reflected, welcomed, and celebrated in the classroom.	3.0	4.0	0.0012

Table 6. Knowledge about students and educators impacts

Statement	Pre-test median	Post- test median	Wilcoxon Signed Ranked Test (prob > z =)
Most of my students have experienced at least 2 ACEs.	3.0	3.5	0.0143
My actions as a teacher can mitigate the impact of toxic stress that students feel	3.0	4.0	0.0191
I feel prepared to support students who have been exposed to trauma.	2.0	4.0	0.0036

Table 7. Importance and Usefulness of TICD Training

Statement	Mean	Mode
The trauma-informed training was an important investment of my time	4.0	4.0
The concepts and information presented on trauma-informed classrooms will be useful to me in my work as an educator.	4.0	4.0

Table 8. Characteristics of participants related to teaching experience

Length of teaching career	Current age/grade and subject teaching	Previous age/grade taught
>10 years	early childhood, 0-5	Not mentioned age/grade taught
22 years	5th grade	Not mentioned age/grade taught
29 years	5th grade	Kindergarten, 3rd grade, 4th grade, 4/5 grade combo
9 years	1st grade	1st grade, 2nd grade, 3rd grade
~ 34 years (since 1990s)	7th grade math and science	All grades
27 years	All grades in theater	Not mentioned age/grade taught
>20 years	1st grade	Preschool and infant toddlers
4 years	1st grade	5th grade
7 years	Interventions for reading and math	4th grade, 5th grade, 6th grade
8 months	Lead - para educator	Not mentioned age/grade taught
6 years	Did not mention	Not mentioned age/grade taught
7 years	6th and 8th grade	Not mentioned age/grade taught age/grade taught

Appendix D: Community as Mental Health Project (CMHP)

D.1: CMHP Evaluation Toolkit

https://docs.google.com/document/d/1WORTLKXyShGgpjJxTd_Gq5xtkMQsZsWO/edit#heading=h.gjdqxs

D.2: Summary of individual evaluation consultation meetings

Native Dad's Network: IMPACTT: Youth Mural Project

- Discussed concerns about evaluation research and surveys due to historical exploitation
- Discussed the purpose and importance of evaluation research
- Planned ways to streamline NDN event registration to improve survey data collection
- Discussed challenges with data collection and planned ways to improve survey execution and engagement with youth participants
- Brainstormed ways to avoid biased survey responses. The team strategized survey development that would be more generalized and suitable for all age groups
- Discussed evaluation goals with program survey data
- Reviewed current NDN program survey and collaborated with NDN to create revised questions that better align with program evaluation goals
- Provided copy of revised program survey with NDN and met to discuss as a team and receive feedback
- Sent final copy of revised survey copy to NDN

La Familia Counseling Center: Quince Plus Project

- Discussed challenges with current evaluation capacity and ways to improve evaluation capacity and curriculum development
- Discussed current data collection strategies and preliminary plans for final report

Sacramento Youth Center: Youth Media Arts

- Discussed goal to share and evaluate the effectiveness of "healthy" online content with emphasis on preventing online bullying
- Shared ideas for youth engagement and data collection for program evaluation
- Brainstormed a timeline for programming and next steps for feedback with the Youth Center team

Los Rios Community Colleges: AISI

- Discussed **ways to enhance evaluation capacity beyond the CMHP grant purposes**
- Provided guidance on **qualitative research methods such as focus groups and photovoice**
- Brainstormed incentives for research participants (e.g., focus groups)
- Discussed research frameworks and epistemologies important to AISI (e.g., Native American Focused Research Wheel and Decolonizing Research principles)
- Discussed operationalization of important AISI measurements (i.e., Positive Childhood Experiences, understanding **of Native histories, resiliency, belonging, self-confidence improvement, and increased knowledge of college support resource**)
- Worked through survey administration challenges (e.g., **timing and frequency of surveys**)
- Helped develop timeline for research methods (i.e., survey administration, focus groups, and photovoice)
- **Reviewed and provided additional explanation of the evaluation matrix resource from the Evaluation Toolkit**

RAGE: Healing through the Arts Program

- Collaborated on research question development to assist in evaluation of programming, data collection, and final report writing
- Discussed expectations for the final report, including measuring outcomes of interest

Creation District: Creation District Records

- Discussed expectations for the final report, including measuring outcomes of interest

D.3: Methods

Content Coding:

To determine how CMHP met its goal of promoting protective factors, we content coded the eight CBO grant applications for activities and aims addressing protective factors. Our coding scheme included basic information about the funded programs (including demographic information of the people served) and protective factors. The protective factor codes were developed through a literature review of risk and protective factors and collaborative discussion.

The scheme included six categories of protective factors comprised of one to eight codes, resulting in 20 total codes:

- (1) Individual-level protective factors:
 - a. Physical wellbeing
 - b. Positive self-perception,
 - c. Having a positive outlook on their future
 - d. Strong sense of self, or an understanding of who they are as an individual
 - e. Meaning making, or finding strength through understanding their lives within the past, present, and future
 - f. Self-reflection and personal awareness
- (2) Family-level protective factors: family connectedness or attachment
- (3) Peer-level protective factors: positive social skills
- (4) School-level protective factors:
 - a. School connectedness or attachment
 - b. School engagement
 - c. School safety
- (5) Community-level protective factors:
 - a. Community-engaged advocacy
 - b. Community connectedness and attachment
 - c. Spirituality/religiosity/traditional rituals
- (6) Structural protective factors: historical and ongoing systems of oppression

All applications were coded for any indication that the protective factors and sought to be over, rather than under, inclusive. Our three-step coding process began with all six members of the team coding one application. We then talked through any disagreement to clarify or edit the code and build consensus about how to apply the codes. Next, two coders were selected to each code the same two applications. The two coders and faculty lead then discussed the two applications to resolve any disagreement. Once consensus was achieved, the coders each recoded the two applications and coded three additional applications. Results of the coding were analyzed with descriptive statistics to explore trends in the demographics of people served and identify which protective factors were present across programs. Finally, protective factors were mapped by zip code in Tableau.

Appendix E: Trauma-Informed Classroom Design

E.1 List of Final Brainstorming Items Sorted by Cluster and Statement Number

Cluster 1: Learning to Change Mindset and Unhealthy Behaviors to Disrupt the Transfer of Trauma and Adversity to Become the Best Version of Yourself		Importance	Powerful to me	Powerful to Community
1	We learned to get over it, be manipulative - that is all we had, gang banging, robbing, stealing, killing, etc. lost a lot of great people in our lives	3.6	3.74	4.5
5	Trying not to hurt nobody or bleed onto other people	4.29	4.47	4.7
6	To open up to a woman	3.57	3.53	4.4
9	Taking responsibility	4.62	4.47	4.53
11	Sustain a change	4.38	4.37	4.4
14	Stepping up to be a parent or the person you want to be	4.38	4.47	4.68
18	Showing change is possible regardless of age	4.57	4.63	4.79
21	See transformation from multiple generations	4	4.21	4.74
24	Reconnect with family	3.81	4	4.83
27	People seeing change possible	4.52	4.44	4.72
35	New ways to forgive	4.24	4.16	4.3
42	Make me the man I am today	3.75	3.44	4.11
51	Learning to unlearn	4.24	4.32	4.32
52	Learning to be a better man	4.2	3.5	4.47
55	Learning how to treat women	4.29	4.05	4.8
56	Learned trust	4.33	4.47	4.65
57	Learn to do something different	4.19	4.26	4.4
59	Interrupting intergenerational trauma/adversity	4.71	4.68	4.55
61	Improves communication/learn new ways to communicate/effective interactions	4.29	4.58	4.75
62	I was ready to kill - the love and embracing changed that	4.24	4	4.25
69	Helps me take initiative	4.33	4.11	4.4
70	Helps learn a non-toxic pathway to live beyond survival	4.48	4.42	4.9
80	Gives you options	4.33	4.58	4.7
88	Feel like you can move mountains	3.85	3.68	4.1
95	Drop the crime rate	4.48	4.21	4.55
99	Different choices about violence	4.33	4	4.4
102	Deal with issues that are holding people up	4.33	4.53	4.5
106	Changing norms/shifting culture/changing belief system	4.29	4.53	4.65
107	Change over time/change takes time	4.71	4.74	4.85
114	Believing I'm going to come out of it when I'm going through it	4.38	4.32	4.45

116	Being able to make the right choices - make good decisions	4.43	4.68	4.65
117	Behavior change/Stopped from smoking pipe when triggered	4.38	3.74	4.7
Cluster 2: Creating a Vulnerable Space to Build a Healthy Community		Importance	Powerful to me	Powerful to Community
3	Uplift voices/gives me a voice	4.38	4.21	4.35
4	Understand we are not against each other	4.38	4.26	4.7
7	To help them understand what others have gone through and what people have gone through	4.43	4.37	4.45
13	Support that you couldn't get from anyone else	4.48	4.24	4.45
22	Reminder not to make assumptions about others	4.38	4.47	4.74
23	Release/Take the weight off/"Doesn't sit on my heart anymore"	4.19	4	4.5
25	Problem solve together/solutions	4.29	4.06	4.67
43	Made me mad and upset when I first got here - didn't want to hear it, didn't want to tap into pain, wanted chapter to stay close	3.24	3.11	3.9
47	Listening and then if you want to talk later gives you permission	4.1	4.22	4.32
50	Let emotions out and pain out	4.45	4.47	4.65
53	Learning through each other	4.43	4.28	4.35
54	Learning that we are not against each other	4.38	4.42	4.75
60	Interacted with people who I knew but didn't realize they were dealing with the same issues	4.29	4.42	4.35
64	I don't think I can live without it	3.71	3.32	3.85
71	Helped open myself up	4.29	4.42	4.45
72	Help men see the pain of the women, and the women see the pain of the men	4.24	4.32	4.6
75	Healing circle helps people turn themselves in	3.81	3.72	4.15
91	Everybody going through it	4.43	4.63	4.7
109	Brought me peace to a lot of the things I have been through	4.29	4.26	4.7
111	Brings us together so we can talk so we don't kill each other	4.29	4.26	4.5
115	Being heard	4.57	4.74	4.7
120	Back and forth conversation of sharing experiences	4.71	4.47	4.65
124	A space where anything can go wrong but it will be resolved	4.48	4.37	4.6
Cluster 3: Awareness, Empowerment, and Healing		Importance	Powerful to me	Powerful to Community
16	Space to talk about anything and everything	4.81	4.42	4.68
17	Space to heal	4.67	4.53	4.74
19	Show that love and support you aren't getting out in the streets	4.48	4.05	4.63
20	Shared experiences, not just same experiences	4.05	4.26	4.53
26	Physical embrace/hug	4.1	3.83	4.33
31	Only safe space for me for in the whole world	3.71	3.61	4.45
34	No judgement	4.48	4.21	4.55
36	Motivate one another	4.52	4.63	4.55
40	Makes people feel heard	4.24	4.16	4.55

73	Healing circles as needed - not just once a week	4.33	4.58	4.75
74	Healing circle is your family - brother, father, son, cousins	4.19	4.21	4.5
76	Having a place to process	4.52	4.63	4.7
79	Gives you the space to think and learn	4.71	4.42	4.65
81	Gives space to be angry and yelling	4.05	3.89	4.6
90	Everyone is welcome	4.9	4.84	4.8
100	Definitely are worth being loved - space to feel loved	4.62	4.68	4.74
103	Cried in healing circle/allows people to cry	4.76	4.63	4.7
105	Come in feeling messed up, come out feeling good	4.43	4.26	4.6
112	Brings the community together	4.71	4.68	4.65
125	A good vibe	5	4.78	4.8
Cluster 4: Healing Circle Core Values		Importance	Powerful to me	Powerful to Community
2	We come here instead of going to therapist an doctor	4.43	3.89	4.45
8	Therapeutic but not in therapy/Talk things out	4.48	4.32	4.35
15	Spirituality - it touches your soul	4.52	4.78	4.53
37	Making you cared for	4.29	4.53	4.45
38	Makes you feel warm inside	4.19	4.11	4.3
39	Makes people feel wanted	4.48	4.16	4.7
41	Make you feel good - people care about you and what you are doing	4.38	4.32	4.45
44	Loyalty within the group	4.57	4.21	4.35
49	Like church, but it's not church	4.16	4.11	4.3
63	I know it's positive because other pastors are here	4.38	3.79	4.45
65	Hospitality (food, coffee, hugs, tears)	4.81	4.32	4.55
77	Hard to find a group like this in the black community	4.81	4.58	4.95
78	Got everyone in here / "got some real cats in here"	4.38	4	4.6
86	Find love in here so you can give love to other people	4.67	4.58	4.7
87	Feeling touched and untouchable	3.81	3.79	4.1
93	Emotional embrace	4.29	4.11	4.45
104	Consistency of healing circles occurring	4.67	4.47	4.6
110	Brothers and sisters hug me/love me, even when I'm not acting right	4.48	4.42	4.75
118	Be around people who are different	4.57	4.63	4.7
Cluster 5: Breaking Down Barriers with Love to Build Pathways to Find Healthy Solutions		Importance	Powerful to me	Powerful to Community
10	Taking in love from men, even when a man has hurt me	3.33	3.32	3.8
12	Supports us in criminal court with ourselves and our children	4.33	3.67	4.65
28	People see you differently over time	4.24	4.33	4.11
29	People loved me when I didn't love myself	4.19	4.22	4.61

30	Local ministers/pastors are in the healing circles and are non-judgmental	4.57	4.56	4.39
32	Nobody is giving up on you here	4.38	4.32	4.6
33	Nobody is above anyone regardless of background	4.43	4.47	4.5
45	Loyalty within the community	4.33	4.21	4.47
46	Lots of different needs identified - e.g. need a license to be able to pay child support	3.76	3.33	4.11
48	Listen to my mom - teach me how to open up to someone how I haven't been open to	3.9	3.84	3.95
58	Just sit and listen - knowing people are going through the same thing you are	4.52	4.47	4.25
66	Hope	4.81	4.68	4.7
67	Here to support me and understand me	4.52	4.37	4.6
68	Helps with expressing feelings with family/help me love on my family (kids and grandkids)	4.33	4.05	4.55
82	Get love you need and then can give love to family, kids, grandkids	4.48	4.26	4.7
83	Forgiveness	4.81	4.89	4.75
84	Finding ways to bring in resources for the larger community	4.71	4.63	4.75
85	Finding solutions	4.67	4.58	4.65
89	Family, not just blood, people that can genuinely see you and hear your heartbeat	4.35	4.26	4.3
92	Energy thrown back from people you are sitting with	3.76	4.11	3.9
94	Embraced by the community	4.48	4.37	4.55
96	Don't have to be verbal	4.33	4.16	4.4
97	Don't feel alone	4.5	4.42	4.5
98	Doing what to do to be right, to make your people right	4.19	4.16	4.4
101	Deal with it within ourselves/not from outside the neighborhood	4.19	4.44	4.6
108	Build trust to discuss health issues, e.g. COVID/Fibroids/reproductive health	4.1	4.06	4.65
113	Black culture don't talk a lot about feelings/space to talk about feelings	4.52	4.37	4.7
119	Basket filled with different things that I could do to help figure it out	4.24	4.26	4.4
121	Authenticity/Genuine/Can be myself/Raw and uncut	4.62	4.58	4.45
122	Allow me to bring my walls down	4.57	4.47	4.4
123	Agape - a selfless covenant and loyal love, embracing and doing what is in another's best interest and God's will to define what is the best interest is	4.62	4.68	4.75