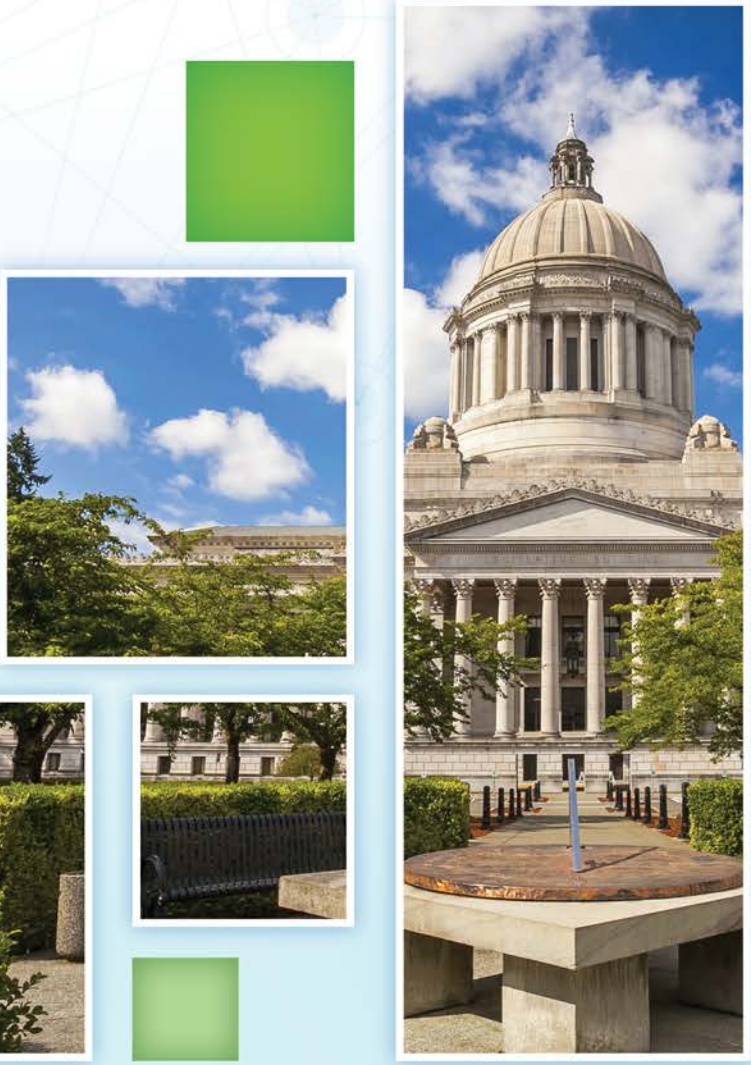
WASHINGTON STATE

Statistical Analysis Center

Informing a data-driven justice system

VOCA-SAC Partnership Project Report



Washington Statistical Analysis Center
Office of Financial Management, Forecasting & Research
Division P.O. Box 43124, Olympia, Washington 98504-3113
OFM.Forecasting@ofm.wa.gov
Web site: https://sac.ofm.wa.gov/

Report prepared by: Leah R. Landon, M.S.
Special thanks to staff at the Washington Office of Crime Victims Advocacy (OCVA) at the Department of Commerce, and especially Nicky Gleason, the Victims of Crime Section Manager.

This report was produced by the Washington State Statistical Analysis Center at the Office of Financial management under 2016-XV-GX-K006, awarded by the Office of Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, finding, and conclusions or recommendations expressed in this report are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Key Findings

1. **Programs that are successfully reaching their goals are also increasing their volunteer numbers.**
2. **Barriers to program success include a lack of discussion around staff mental health and self-care practices.**
3. **Another barrier to program success may be availability of trainings. Many staff members expressed a need for additional trainings in several areas.**
4. **Programs that have been successful in meeting their goals are often strongly supported by their communities.**
5. **Programs are excited to continue expanding their work and providing services to their communities.**

Introduction

The Victims of Crime Act of 1984 (VOCA) helps survivors of crime manage some of the costs associated with their victimization, including things such as medical bills and counseling services (RAINN, 2018). VOCA recipients can request reimbursement for other items such as lost wages from Crime Victims Compensation. VOCA established the Crime Victim's Fund, which is supported by fines, forfeitures and fees collected from federal convictions. The Crime Victim's Fund funds is administered through state-based programs.

The Crime Victim's Fund is distributed via two VOCA programs, VOCA Assistance and VOCA Compensation. Washington Office of Crime Victims Advocacy (OCVA) at the Department of Commerce receives and manages the VOCA Assistance funding, while Washington's Crime Victims Compensation Program (CVC) through Labor and Industries (LNI) manages VOCA Compensation.

VOCA Assistance funds through OCVA can provide services to a victim even if they have not, or do not intend to report the crime to law enforcement. In addition, these funds can provide services to crimes victims who were hurt or harmed in another state. Conversely, in order for a crime victim to be eligible for VOCA Compensation funds through CVC, the crime must have been reported to law enforcement, have occurred in Washington State, and the victim must file a claim form with CVC within a certain period after the crime is reported to law enforcement.

For the purposes of this report, we will be focusing on VOCA Assistance funding that is managed by OCVA. This funding is filtered to victims' services programs across the state in the form of grants. As required by the VOCA Rule § 94.111 (Office of the Federal Register, 2018), eligible providers are those that:

- Are operated by a public agency or a nonprofit organization (including tribes);
- Provide services to victims of crime;
- Can demonstrate a documented history of providing effective services to victims of crime;
- Have financial support from other sources;
- Can demonstrate the organizational capacity to provide the proposed services.

More information on these funding requirements can be found in the attached grant application (Appendix A). This report will focus on four types of VOCA grants administered by OCVA: Culturally and Community Specific, Enhancement and Expansion, Unmet Needs and Proposed Services, and Sexual Assault Nurse Examiner (SANE) grants. Eligible programs may apply for any of these grants, and some programs are provided funding from more than one of those sources. In 2017, 162 unduplicated programs received funding through OCVA's VOCA grants.

VOCA-SAC Partnership Project

Due to the marked increase in funds available to states through the VOCA program, the head of the Department of Justice, Bureau of Justice Administration wrote a letter expressing interest in having VOCA office work with SACs to improve their ability to evaluate funded programs. In 2017, the Justice Research and Statistics Association (JRSA) along with the Center for Victim Research provided a funding opportunity for state VOCA offices to partner with their state Statistical Analysis Centers (SACs) to identify ways to improve VOCA funding programs. Washington received a one-year grant to support the partnership project between OCVA and the SAC. Previously OCVA released their 2015-2019 VOCA State plan, which acted as a guide for the use and distribution of federal VOCA funds. In an effort to more effectively manage the use of the VOCA funds, OCVA expressed an interest in implementing a more robust evaluation of the 2015-2019 plan and providers funded under it. The project has two goals:

- Goal 1: Determine which funded initiatives are effective and meeting their goals.
- Goal 2: Identify service delivery gaps, and provide recommendations on how to address those gaps.

This report will focus specifically on the activities, findings, and recommendations related to both goals. It is important to note that data and results reflected in this report were collected from grant manager surveys or in-person program interviews. In the future, we recommend an increase in data collection from programs to help determine which approaches and services are most effective in reaching their specific goals.

Goal 1: Determine Which Funded Initiatives Are Effective and Meeting Their Goals

Initiative 1.1: Conduct Process Evaluation of Funded Initiatives

Program Survey

The SAC worked with OCVA to have their grant managers complete a short survey (Appendix B) that included questions on the goals and objectives of the programs they worked with and how well programs were meeting those goals and objectives. All data and opinions expressed in the survey results are from the perspective of the grant manager and not the programs themselves. The survey had 88 complete responses, with some programs duplicated due to their having more than one VOCA grant. While OCVA awards many types of VOCA grants, this project focuses on the following four: Enhancement and Expansion grants, Unmet Needs/Proposed Services grants, Culturally and Community Specific grants, and Sexual Assault Nurse Examiner (SANE) grants. The number of surveys completed for each grant type can be found in Figure 1. In Figure 2, the top six counties as represented in the survey results are also listed. It is important to note that 21 Washington counties were not represented in the survey, a number that is slightly more than half of the state's counties.

Figure 1. Number of Completed Surveys by Grant Type

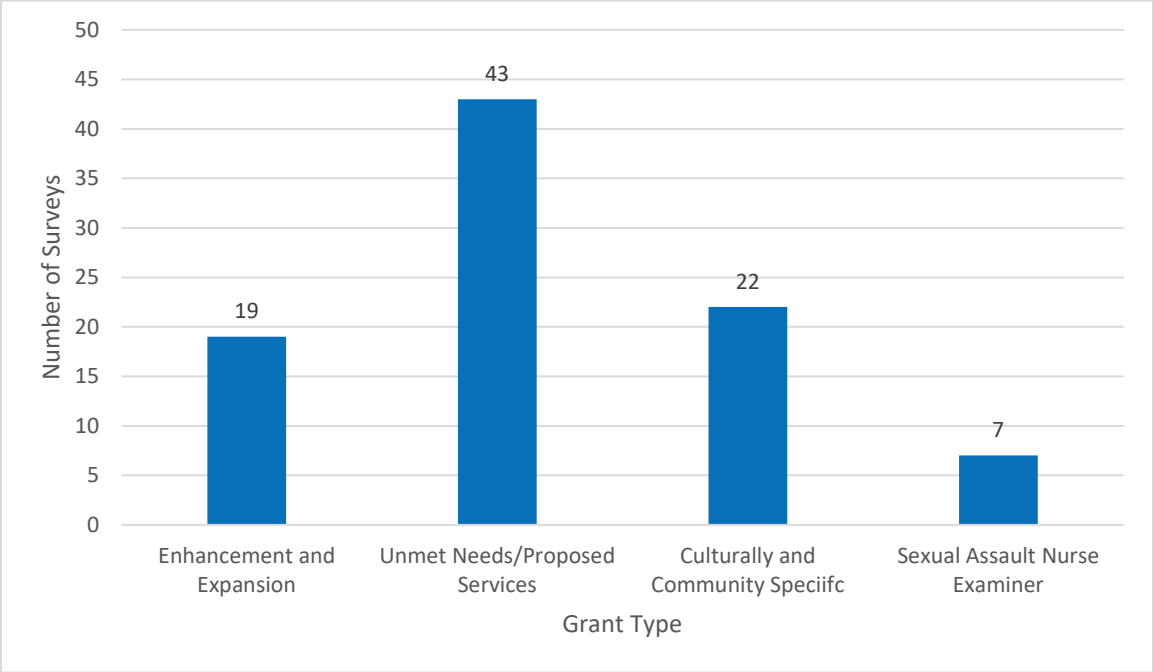
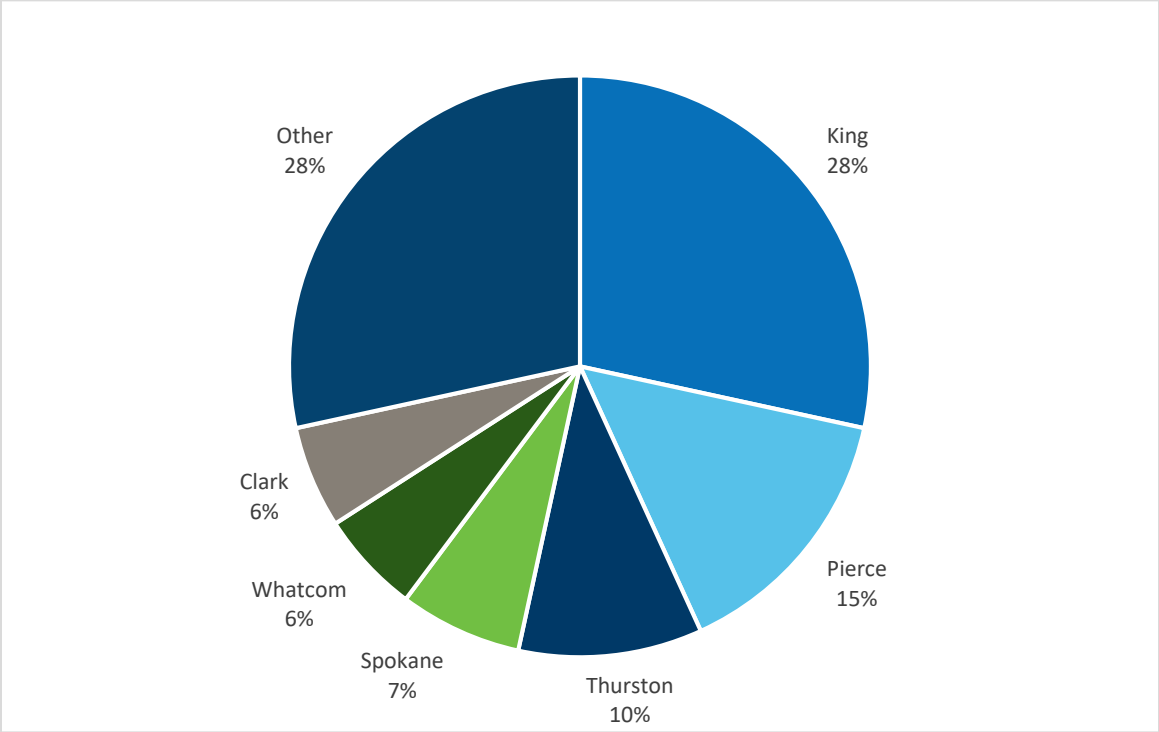


Figure 2. Most Common Program Locations by County



The six largest counties in Washington State are King, Pierce, Snohomish, Spokane, Clark, and Thurston.

Contact with Programs

Survey respondents were asked how often they, as the programs' grant manager, have contact with program staff. Figure 3 shows the survey responses, though it is important to note that those who responded with "Other" often specified that their contact was on an "as needed" basis. Respondents were then asked if, on average, the program responds promptly to requests for information such as progress reports and general questions about the program. Notably, 50% of responses indicated that programs always responded promptly, and another 35% "usually" responded promptly. A small number of respondents said they often have to send requests multiple times and receive incomplete numbers.

Figure 3. Frequency of Program Contact

Contact Frequency	Number of Responses
Daily	0%
Weekly	5.7%
Monthly	28.4%
Quarterly	25%
Semi-Annually	0%
Other (Please Specify)	40.9%

Grant Objectives

Survey respondents reported on up to three of the programs' main objectives for the current cycle. Objectives were anything the program said they hoped to achieve over the course of the funding, such as hiring a mental health therapist, obtaining another program car, or conducting more trainings in the community. This information was used later in the process to help SAC staff determine possible candidates for site visits. For each of the objectives listed, respondents were then asked to indicate whether the program had made progress toward the objective (Figure 4). At the time of this survey it was approximately half way through the grant cycle for some projects, and other projects had only recently received funding, which should be considered when looking at the results in Figure 4. Respondents then identified whether programs had experienced difficulty while working toward their objectives (Figure 5). Many respondents left comments for the researchers, noting that the largest barrier for their programs was

the identification and hiring of qualified candidates. Some reasons for this include difficulty finding qualified bilingual staff and difficulty finding qualified SANE nurses.

Figure 4. Objective Types

Objective	Percentage of Objectives (n = 228)
Hire More Staff	31.1%
Increase Outreach and Victim Advocacy	15.8%
Increase Services Offered	14.5%
Help with Housing Accessibility	7.5%
Increase Volunteer Recruitment	5.3%

While only 88 surveys were completed, we counted the total number of objectives for each program when evaluating this variable.

Figure 5. Objective Status

Objective	Objective Met	Some Progress Made	No Progress Made	Status Unknown
Main Objective (*n*=87)	45.98%	21.84%	6.90%	25.29%
Objective 2 (*n*=83)	20.48%	32.53%	6.02%	40.96%
Objective 3 (*n*=78)	32.05%	30.77%	7.69%	29.49%

Figure 6. Difficulty Meeting Objectives

Objective	No Difficulty Experienced	Some Difficulty Experienced	N/A
Main Objective (*n*=64)	64.06%	23.44%	12.50%
Objective 2 (*n*=54)	51.85%	27.78%	20.37%
Objective 3 (*n*=57)	50.88%	26.32%	22.81%

Site Visits

In order to capture the full range of program issues, site visits were conducted on programs that served different populations including tribal, offered differing services, and had different objectives for their grant funding. Seven site visits were conducted across Washington state between August 2018 and November 2018.

The SAC selected a variety of programs for the site visits so that the researchers could not only gain a firmer understanding for the types of programs seen across the state, but also in hopes of finding themes among the programs despite their differences.

SAC staff used the programs' grant applications as well as the survey results to select a variety of programs from different areas of the state. After reviewing information provided by OCVA grant managers, SAC staff selected eight programs to visit (one of which was later removed due to scheduling), and a total of seven sites were visited over the course of the study. Site visits were condu1cted with the following programs (programs are listed in the order visited):

- Tulalip Children's Advocacy Center
- YWCA of Clark County
- DVS of Benton and Franklin Counties
- CASA of Walla Walla
- Alternatives to Violence of the Palouse
- Harborview SANE Program
- API Chaya

After programs were selected an initial email was sent to program contacts by their respective OCVA grant manager. This email introduced program staff to the project and informed them that staff from the SAC would be contacting them shortly. SAC staff emailed the main contact for each program separately, explaining the project, the purpose of the site visits, and inviting them to participate. After initial contact, SAC staff set up introductory phone calls with the contact person at each program. This introductory phone call was an opportunity for SAC staff to explain the project in depth and allowed program staff to ask questions of the research staff. After this phone call, SAC staff worked with the program contact to set up a time for the site visit. Prior to the visit, SAC staff requested an opportunity to

interview any managers and directors from each program, between one and three core staff members, and between one and three volunteers (if applicable).

Each visit was a bit different, with the interviews conducted to accommodate personal preferences and schedules of the program staff. The majority of programs participated in individual interviews with SAC staff. At the time of the interview, SAC staff provided an overview of the project, informed participants that the site visit was in no way an evaluation of him or her, other staff, or the program, and reasserted that the information shared would be anonymous and names may only be associated with participants if a public records request was done. Staff were also informed that they could skip any questions they felt were irrelevant or did not want to answer at any time. On average, individual interviews lasted between thirty to sixty minutes. Interviews that were conducted as a group lasted around two hours.

The Programs

Tulalip Children's Advocacy Center

The Tulalip Children's Advocacy Center (Tulalip CAC) is an accredited tribal CAC that is located near Marysville, WA. Comprised of five full-time staff members, the program serves children who are tribal members and victims of crime. Services provided at the CAC include forensic interviews of child and adult crime victims, specialized trauma-informed counseling services, and direct services to child victims (transportation and support for trials, etc.). Between January and June of 2018, the CAC had served approximately 34 children in various capacities.

YWCA of Clark County

The YWCA of Clark County is a program based in Vancouver, WA. This program is unique in that it houses several victims' services programs, including the Clark County CASA program, the SafeChoice Domestic Violence Program, and the Sexual Assault Program. Each of these programs

receives VOCA funding and provides services to community members. There are approximately 45 full-time staff members working across the three programs and fewer than five part-time staff members including those who work for the programs as on-call staff.

The CASA program, which is almost entirely supported by volunteers, has about 170 volunteers. SafeChoice hosts another 20 volunteers, and the Sexual Assault Program another five. Across the three programs, YWCA of Clark County serves more than 2,400 people a year, and another 10-15,000 clients are served through 24/7 hotline calls.

SafeChoice operates a 10-family facility that serves victims of domestic violence. In addition, it is the only domestic violence shelter in the county, meaning that the need for space often outweighs what is available.

Domestic Violence Services of Benton and Franklin Counties

Domestic Violence Services (DVS) of Benton and Franklin Counties is located in Kennewick, WA and offers services to community members who are victims of domestic violence. Services offered include: a 24-hour crisis line, emergency shelter, safety planning, women's support groups, legal advocacy, children's program (in shelter), community education and training, emergency 911 cell phone, transitional housing, Boys Council and Girls Circle Prevention Service. All services offered are free and confidential. The program estimates that in the average calendar year, they serve around 2,200 clients in different capacities, and while staff are busy, the program says they are able to take on additional clients if needed.

CASA of Walla Walla & Columbia Counties

CASA of Walla Walla & Columbia Counties is based in Walla Walla, WA. As part of the national CASA program, this program seeks to provide children with culturally sensitive advocacy regarding their best interests as they work through the court system. Court Appointed Special Advocates

(CASAs) are volunteers from the local community that work to provide these services to children. As such, CASA programs are almost entirely run by volunteers, and their participation is critical to the success of the program.

CASA of Walla Walla & Columbia Counties has three full-time staff members, one of which, the volunteer coordinator, is funded by their VOCA grant. In addition, the program has one part-time staff member and currently has about 50 volunteers. Almost half of these volunteers have joined the program in the last year, due to the hard work of the volunteer coordinator. The program currently serves about 110 children across the two counties, and while they could serve more, this is only possible if the number of volunteers continues to increase.

Alternatives to Violence of the Palouse

Alternatives to Violence of the Palouse (ATVP) is a large program based in Pullman, WA. The program as a whole includes 24-hour services for victims of domestic, or sexual violence, as well as other general crimes. The program offers a 24-hour hotline, emergency shelter, legal and medical advocacy, as well as crisis intervention. Made up of 15 full-time staff members, three part-time staff members, and an average of 9-18 volunteers, ATVP was able to serve around 340 victims of crime during the last fiscal year, across both Washington and Idaho.

Harborview

The Harborview Center for Sexual Assault and Traumatic Stress (Harborview) offers emergency medical care after sexual assault or abuse. The Center is available 24 hours a day, and offers a variety of medical services for victims, including medical exams, consultations for medical, legal, and child welfare, as well as psychosocial evaluations. Harborview is available in several hospitals across King County, and is comprised of 35 full-time staff members, 25 part-time staff members (including SANE nurses), and several volunteers from the University of Washington and the hospital. Including phone calls, the

program is serving about 4,000 people annually, and conducted between 425- 450 SANE exams in 2017 across the five hospitals served.

API Chaya

API Chaya is a Seattle-based program that offers services, free of charge, to victims of domestic violence, sexual assault, and human trafficking. Comprised of 27 full-time and part-time employees, API Chaya has seen immense growth in the last few years. Currently, the program is providing direct services to approximately 500 clients, with just under half of those being new clients in 2018. API Chaya is unique in that a large part of its mission is to empower community members to help make a difference by preparing them to help manage violence perpetuated in their communities.

Factors Supporting Successful Program Implementation

Through interviews with the selected programs, project staff were able to identify a set of factors that support successful program implementation. Each of these factors was mentioned by more than one program as aiding in their success.

Resources and Accessibility

Several programs reiterated that much of their success could be attributed to the resources they are able to provide either through VOCA funds or thanks to their communities. For example, several programs are able to offer some form of “emergency clothing voucher”, allowing victims of crime to get new clothing if necessary, at no cost to them. Additionally, almost all of the programs we met with are able to give out bus passes, making it easier for those utilizing their services to get from place to place. Even more unique though, was DVS of Benton and Franklin Counties; this program is supported by a local taxi company and is often able to help people get to and from the shelter free of charge. Each program demonstrated their accessibility in a different way, whether it be through resources such as vouchers for clothing or food, or through strong community relationships.

Volunteers and Community Support

While the CASA programs we met with are almost entirely supported by volunteers, other programs visited also benefit from having consistent volunteer support. CASA of Walla Walla & Columbia Counties was able to hire a volunteer coordinator with their VOCA funds, and they were able to increase the number of volunteers they have on hand by 20 people in just a few short months. Other programs, such as the YWCA of Clark County, are also hoping to see an increase in volunteer interest or retention. Specifically, the YWCA of Clark County has created a new onboarding program for volunteers, and hope that this will help with their retention issues.

API Chaya is a program worth mentioning here, as they have a large focus on community organizing. When we spoke with staff from API Chaya, several reiterated the importance of building rapport with community members before trying to implement any form of education or service. API Chaya has incredibly strong relationships with community members, as well as with their faith-based communities. The community organizing approach may be useful for other programs as well, depending on their service and focus areas.

Several staff members also attributed some of their programs' success to the incredible levels of support they receive from their communities. Staff at DVS of Benton and Franklin Counties explained that whenever they are in need of something they, for the most part, can find help in the community. For example, the water company, free of charge, provides the water cooler and water jugs utilized by the organization. While likely a small expense for the company, it is a very kind gesture that is appreciated by the organization and eases their expenses. Harborview also sees strong community support, and receives many of their referrals through word-of-mouth.

Mobile Advocacy

All of the programs we met with discussed some form of mobile advocacy, and all of the programs talked about the importance of being able to offer their services out of the office. Many programs are now able to work remotely, and have advocates in multiple locations such as their main office, their shelters, and the local prosecutor's office. In addition, programs are also seeing a benefit in having cell phones through their program that they can use when they are working. YWCA of Clark County mentioned that it is much easier to work with some clients when cell phones are available to staff. It allows those staff members to give victims a phone number to call when they need something, one that staff can answer more often than a desk phone. In the past staff have had to use personal phones, and therefore have not been able to share the phone number associated with it.

Mobile advocacy is also increasing the amount of community outreach programs can engage in. If staff have laptops and cell phones, it is not as necessary to always be in the office, allowing program staff to travel to various shelters, school, etc. and conduct more work around prevention education, as well as just be present in the community. API Chaya stressed the importance of mobile advocacy in their ability to provide services. For example, one staff member explained that being mobile and able to meet clients outside of the office at somewhere that works for them can also increase their safety, and therefore willingness to seek services. This is further reinforced by results from an online survey of VOCA fund recipients conducted by OCVA, who pointed out that mobile advocacy "has allowed the services to reach the survivors in need".

Staffing

Many programs are using their VOCA funds to add staff members to their team, and all of these programs emphasized the importance of being able to do so. This information was also reflected in OCVA's survey, where it was mentioned, "the funding to recruit and maintain employees was huge". Not

only were programs able to hire, they were able to raise wage scales for existing positions which contributes to the longevity of the program. Furthermore, while programs often discussed the difficulties of hiring, once someone is hired, they are often well qualified and a strong program asset. Programs also discussed how close staff members are and talked about how well staff work together. For example, staff at Tulalip CAC said that everyone works well together, and this is further supported by everyone's shared passion for making a difference in their community. Staff members from Harborview shared the same sentiment, noting that the SANE nurses they work with are exceptionally kind and professional, and all staff members are highly trained.

Also, commonly mentioned was the ability of programs to do more for the community because of the diversity and experience in staff that were hired. Almost all of the programs had bilingual staff members, allowing for support groups in languages other than English. In addition, programs had advocates with legal advocacy experience, which provides another great resource for clients. Several programs also expressed gratitude for the ability to hire additional staff, as higher staff numbers have decreased the workload for existing staff, making their jobs just a bit easier.

Barriers to Program Implementation and Maintenance

From discussions with the programs, project staff were able to identify several elements that negatively impact some programs' abilities to successfully implement and/or maintain their programs. Although the programs are diverse, the barriers listed below were common across many of the programs interviewed.

Community Readiness

Programs that had fewer community relationships and lower levels of community support also discussed the lack of community awareness, or readiness for change. Not uncommon, is an unwillingness of people in communities to admit that there is a problem with the high rates of victimization, but this often means a denial that they can help make a difference. Several programs expressed one of their greatest barriers to success was simply their community and its unwillingness to admit there is a problem. In fact, several staff members from Tulalip CAC expressed concerns on the topic, stating that there is such little support from the community, that they have trouble getting people to attend outreach events. Furthermore, those who do tend to attend the events are often not those who are part of the problem. Consequently, some staff at locations with this type of community-based problem mentioned feeling underutilized and bored at work.

While some communities are unwilling to admit or discuss the problem, other programs such as DVS of Benton and Franklin Counties are simply dealing with a lack of awareness around sexual and domestic violence. Several staff members discussed difficulty in reaching out to the more rural communities. When outreach is lacking, many people miss the resources available to them, and are left unaware of crucial problems in their communities. OCVA's online survey also received information to this point, further reinforcing the need for additional aid in public awareness outreach.

Volunteers

Though some programs are seeing the number of volunteers grow, others are suffering from continuously low numbers and general inconsistency. Staff from DVS of Benton and Franklin Counties mentioned how important it is to have a consistent volunteer at their shelter to help with childcare. Without someone to provide this service, it is either one less service they can provide to victims or one additional responsibility for program staff. Additionally, though CASA of Walla Walla and Columbia Counties has seen an increase in volunteers in the past few months, they still do not have enough volunteers to serve every child. This is also a problem for the YWCA of Clark County's CASA program, which recently implemented new onboarding for volunteers in hopes of increasing retention. For CASA programs in particular, the training is rigorous and requires at least 40 hours from the volunteer before they begin working with children. This number is likely a shock. The extensive training required likely has an impact on the challenge of finding and retaining quality volunteers.

Staffing

While several programs were able to add staff members to their teams thanks to VOCA funds, many would still benefit from additional staff. Some programs expressed a need for bilingual staff members, while others simply needed staff to help ease the workloads of others. Our discussion with staff from Harborview made clear that there is also a need for more SANE nurses, as the ones currently on staff are stretched thin. This seems to be common across the state, and is also a continuing issue in the more rural parts of Eastern Washington.

Uses of Funding

Another common discussion was focused around grant funding and the lack of flexibility in what the funds can be used for. While not necessarily something that can be changed or addressed, it is still important to note. Some programs needed office supplies and tools for their day-to-day activities, but

these were not things that could be covered by their grant funds. One of the largest themes seen here was for technology. The majority of the programs expressed a need to update some form of technology in their office, whether it be their phones, computer, or computer programs. For example, CASA of Walla Walla and Columbia Counties does not have Adobe Acrobat Pro, which means they cannot make changes to PDFs. Meanwhile, YWCA of Clark County mentioned a strong need to replace computers for staff members.

Respondents in OCVA's online survey, where bookkeeping costs of separate detailed tracking requirements for each distinct VOCA grant were identified, raised a similar concern. A "block grant" approach was recommended by one respondent, as this would allow tracking for all of the funds but still have a similar process for applications and awards. One program SAC staff met with stressed the difficulty posed by the lack of flexibility in their funding, and talked about how much time was spent simply trying to figure out how to track properly and make it work for their program's needs.

Staff Self-Care and Mental Health

Commonly neglected, staff members from each program mentioned a need for more attention towards mental health and self-care for staff members. In this field, it is not uncommon for staff members to suffer from symptoms associated with burnout. These can be seen in the form of anxiety, depression, exhaustion, etc. It is of the utmost importance that programs offer resources to staff members to help avoid and treat the symptoms associated with burnout.

API Chaya seems to be leading the way though in this area. In the last year, program staff were asked to participate in a survey that examined staff mental wellness. Since the survey, API Chaya has begun to implement several different approaches in hopes of strengthening this area. For example, once a week API Chaya now brings in, and covers the base cost, for a massage therapist. Staff members can utilize the massage therapist as needed and are only asked to tip the therapist. In addition, API Chaya staff

explained that the ability to hire additional staff has been extremely beneficial, as it helped spread the workload across several people instead of one or two. It is worth noting that API Chaya was the only program that mentioned they were engaging in consistent and proactive self-care practices.

Accessibility of SANE Exams

Programs such as Tulalip CAC and Alternatives to Violence of the Palouse expressed concerns with the availability of SANE exams. Tulalip CAC specifically talked about the extensive wait time for kids, which on average is about five hours. This is time spent in the Emergency Room waiting for the exam to begin, and Tulalip CAC staff expressed concern for the impact this has on the child. Tulalip CAC would like the opportunity to have an on-site medical facility that SANE nurses can report to when called. This would allow children and advocates to remain at the CAC, a more calming environment, while waiting for an exam.

Alternatives to Violence of the Palouse also mentioned issues with availability of exams. In Eastern Washington, much of the population is based in rural counties and spread thin, meaning victims will often have to travel further to receive an exam. There are concerns that this lack of accessibility may reduce the number of victims who come forward and seek an exam. Not all programs have this issue though, both Harborview and YWCA of Clark County are able to conduct exams in a timely manner for victims, and have strong community relationships that help facilitate this. It is notable that the OCVA survey received similar comments regarding accessibility of pediatric SANE exams, as well as services in general.

Space

Several programs expressed that with funding and the ability to expand services comes an increase in service use and demand. As this cycle continues and programs try to keep up with that demand, they quickly outgrow their office spaces. Moreover, programs are seeing an increased need for

additional transportation services. Several mentioned that an additional program car would be beneficial and allow staff to help more clients get to court, the shelter, etc. OCVA survey results further reinforce this, with respondents commenting that the increase in staffing also brings with it increasing needs for space, and technology.

Trainings

Unanimously, programs voiced a desire for additional training opportunities. DVS of Benton and Franklin Counties specifically mentioned a need for trainings around better serving clients, while other programs mentioned a need for trainings on how to care for their own mental health. Another topic mentioned, was training in what other parts of the system do. For example, CASA of Walla Walla and Columbia Counties said it would be helpful to provide trainings on their role to local prosecutors and attorneys.

Recommendations

In reviewing program materials and conducting the program manager survey and program site visits, the project identified several areas that could be improved to support program success. The first recommendation would assist OCVA in understanding how the programs work.

Recommendation 1: Require Programs to Submit Logic Models with Application Materials

In order to get a better idea of what programs are hoping to accomplish, OCVA may consider asking grant applicants to develop and submit logic models with their application materials. Logic models are "hypothesized descriptions" of the causes and effects that lead to an anticipated or desired outcome (University of Kansas, 2018). The majority, if not all, of the programs funded by OCVA receive funding from other sources. Many of these sources require more in-depth applications, and these often include logic models. Logic models would provide OCVA with more information on the purposes and objectives of programs, as well as their intended outcomes and expectations for those they serve. Requesting the addition of a logic model would not add an insurmountable amount of work either, as some programs are completing these for their other funding sources.

Recommendation 2: Create a Statewide Resources Hub

OCVA should consider creating and helping to maintain a statewide resource (website/call center) that is available for programs to call for help with certain areas. For example, Alternatives to Violence of the Palouse mentioned they do not often receive victims of trafficking, but when they do, they are not sure how to best serve the client. A statewide resource could be utilized by all types of programs, even though they have varying needs. Though the resource would likely need a strong partnership and funding to get started, the availability to programs would likely increase service delivery and effectiveness.

Recommendation 3: Provide Programming to Support Staff Mental Health and Self-Care

As many programs mentioned a lack of attention to this area, it is important to help program staff be successful by offering resources to aid in the areas around mental health. As such, OCVA should consider adding a funding requirement for programs that asks them to engage in some form of mental health and self-care program or training. OCVA should consider offering a training or webinar on this topic or consider finding a suitable presentation or curriculum to recommend to programs.

Recommendation 4: Improve Accessibility of SANE Exams

While some programs discussed short wait times for SANE exams, some mentioned that in areas that are more rural the lack of accessibility and long wait times makes receiving an exam a barrier for some survivors. OCVA should consider surveying all programs to determine if this is a system-wide issue, or a sampling issue for this project. It is notable that programs who mentioned strong community relationships were also those who had easier access to SANE exams. While some areas may still see issues with accessibility due to location, it is possible that enhancing and expanding community relationships will help alleviate some of the problems seen in areas that are more rural. For example, if a survivor does not have the means to travel for an exam and public transportation is not available, a community partnership with a taxi company could in theory, allow the survivor to travel for their exam at a minimal expense.

OCVA should consider offering a training or webinar, or providing programs with additional information on how to expand their community relationships.

Recommendation 5: Increase Availability of Trainings

OCVA should consider conducting a survey of training needs across programs, and then creating monthly seminars that are also available in webinar form for those who cannot travel. The monthly

training opportunities should address the needs specifically requested by the programs. When SAC staff met with programs, one of the issues mentioned was accessibility of trainings. Program staff expressed that between funding and how busy they are it is often difficult to travel for trainings that are offered in person. As such, OCVA may consider a webinar format to make the different topics more accessible, or changing the training location to somewhere more central.

Recommendation 6: Aid with Community Outreach

OCVA should consider offering a seminar on engaging the community and enhancing community relationships. In addition, OCVA should consider offering trainings on use of websites and social media for programs. In order to do this, it may be helpful to have a program that is excelling in this area provide the training to interested parties. Several programs SAC staff worked with saw this as one of their strengths, bringing these programs together to share this knowledge with others may be beneficial. This type of training would also allow staff from various programs to meet and network with each other.

Recommendation 7: Promote Supported Educational Groups and Curricula

A few programs mentioned wanting curricula they could use for various educational support groups. OCVA may find it beneficial to conduct research on what is available, and support a collection of curricula. This would allow programs to reach out to OCVA and easily find a trustworthy source and curriculum for any educational groups they want to start utilizing.

Recommendation 8: Review and Assess Data Collection Requirements for InfoNet Users

While working with several of the programs, and working through and with the data ourselves over the course of the project, it became clear that InfoNet has exceptional amounts of missing data. Noticeably, some of that missing data is for variables that are “required” for entry at intake. For example, InfoNet has approximately 46% of data for the “county” variable as missing. This poses a problem for

anyone use the dataset, as it makes it difficult to generalize findings or truly have a full picture of what is happening with programs across the state. We recommend that OCVA work with programs to review current policies and practices, and work towards more complete data collection upon client intake.

Initiative 1.2: Assess feasibility of post-service outcome data collection

Collecting and evaluating client outcomes can be a key component of assessing whether or not programs are successful. Currently the VOCA office does not require programs to collect outcome data for clients, but as originally conceived under the VOCA-SAC Partnership Project application, the project team planned to assess the feasibility of identifying a single data collection tool for the VOCA office to use in the future.

The majority of programs we visited receive funding from multiple sources, and as such, are required to collect certain information from victims at specific points. For the most part, the programs collect a post-service survey from victims, but some programs also conduct surveys while services are being provided, as well as when services begin. API Chaya mentioned that due to the services and ways their program is utilized, it is often hard to have clients complete surveys. For programs that did have surveys completed on a regular basis, the surveys and what they included varied based on the goals and objectives of each program

After reviewing the funded programs, project staff determined that the wide diversity of programs made it impossible to recommend a singular survey for staff to use. For example, one program may focus their services on increasing a client's knowledge of the system and helping them work through it; while another may place their focus on an increased knowledge of community resources. We recommend that OCVA require programs to conduct post-service surveys and that programs use the surveys provided in the attached reports "Program Evaluation for VOCA Grantees: Advanced Training", and "Outcome

Performance Measurement Guide for Georgia's Crime Victim Assistance Program" (Appendices C and D) to identify which of the various surveys may best fit their program.

Conclusion

Through the 2018 VOCA-SAC Partnership Project, both agencies developed a greater understanding for the issues our VOCA recipients are facing. While agencies face barriers to success, they also see success in other areas, and continue to offer exceptional services to their communities. In this report we identified several areas for improvement in the coming years, including issues around the accessibility of SANE exams and the need for more trainings, to ideas for technological growth, such as a statewide resource for programs to utilize. The SAC is hopeful that the partnership with OCVA will continue and is willing to offer further assistance with the above-mentioned recommendations. The SAC will share the findings from this project with key stakeholders and will work with OCVA to disseminate the findings to its stakeholders.

Part 2:
Service Delivery Gaps and Alternative Data Sources

Goal 2: Identify Service Delivery Gaps and How to Fill Those Gaps

Initiative 2.1: Evaluate Service Delivery Gaps using InfoNet and NIBRS

InfoNet: a state database jointly maintained between OCVA and the Department of Social and Health Services' Children's Administration. InfoNet is a web-based collection system for victim service providers to report on the clients they serve.

NIBRS: the National Incident-Based Reporting System (NIBRS) is used by law enforcement agencies in the United States of America for collecting and reporting data on crimes.

As part of Washington State's SAC- VOCA Partnership Project, the project staff sought to identify service delivery gaps across the state. To address this initiative, SAC staff used Washington's NIBRS data as well as OCVA's InfoNet Data to determine where crimes are being reported and compare this to where services are being utilized. As mentioned above, InfoNet is jointly maintained between OCVA and the Department of Social and Health Services' (DSHS) Children's Administration. Web-based, this database provides access to client demographic and incident data, as well as information on services received. In Washington the NIBRS database is maintained by the Washington Association of Sheriffs and Police Chiefs and includes information submitted by law enforcement agencies on crimes that occurred in their jurisdictions.

For the purposes of this study, SAC staff requested and received aggregate InfoNet data, which was broken out by county, gender, and crime type. The data range was January 1, 2015- December 31, 2017 and only numbers for unduplicated new clients were utilized. For NIBRS, SAC staff received raw data with the requested variables and were able to conduct analyses as appropriate.

Methodology

For this study, the project staff encountered several issues with the two data sources. Firstly, the InfoNet data had a significant amount of missing data for variables such as county, race, and relationship with the offender. This makes it difficult to generalize any findings and patterns. Second, the InfoNet data included crime type, but the selections were broader than those found in NIBRS. As such, project staff combined several variables in NIBRS to more closely represent those found in InfoNet. For example, InfoNet does not have a "rape" option for crime type but NIBRS does. Frequencies for both NIBRS and InfoNet can be found in figures 1-7, below.

Figure 1. Race

Race	InfoNet Percentage of Clients (n= 97,469)	NIBRS Percentage of Clients (n= 42,024)	Washington State Population
African American/Black	5.7%	9.3%	4.0%
Native American/ Alaska Native	3.7%	2.1%	1.8%
White	61.6%	79.6%	80.0%
Other	17.5%	3.0%	14.2%
Did not disclose/report	14.9%	5.9%	N/A

Figure one shows the race for NIBRS victims, InfoNet clients, and the Washington state population. Washington demographic data was taking from the Office of Financial Management Population Unit's population estimates from 2010-2017 (Washington State Office of Financial Management, 2018). Notably, the percentage of African American/Black victims in NIBRS and clients in InfoNet are slightly higher than the state estimate. Furthermore, InfoNet and NIBRS have higher rates of clients identifying as Native American/Alaska Native than what is expected from the state population estimate, though the NIBRS percentage is lower. Based on conversations with program staff, we heard that many tribal members have concerns about coming forward due to being treated poorly by the system in the past. Additional study in this area may help us identify if this could be a contributing factor to this percentage.

Figure 2. Ethnicity

Ethnicity	InfoNet Percentage of Clients (n= 97,469)	NIBRS Percentage of Clients (n= 66,762)	Washington State Population
Hispanic/Latino	16.6%	N/A	12.8%
Non-Hispanic/Non-Latino	64.4%		87.2%
Did not disclose/report	18.9%		N/A

Figure 2 includes client ethnicity information gathered from InfoNet. Based on population estimates for the state, Hispanic/Latino community members are overrepresented in the dataset.

Figure 3. Gender

Gender	InfoNet Percentage of Clients (n= 97,469)	NIBRS Percentage of Clients (n= 43,602)	Washington State Population
Female	79.2%	76.8%	50.1%
Male	17.5%	19.4%	49.9%
Self identifies as non-binary	0.7%	N/A	N/A
Did not disclose/report	2.7%	3.8%	N/A

Figure 3 includes client gender information from InfoNet, and victim sex data from NIBRS. Washington population data is also included for comparison. Females are overrepresented in both InfoNet and NIBRS by about 30%. When compared to the state population estimate, we see an underrepresentation of males in both datasets. It is worth noting that the low number of men in InfoNet could be related to a lack of male-focused shelters/programs throughout the state. Men are also less likely to seek assistance when they have been victims of crime.

Figure 4. Crime Type

Crime Type	InfoNet Percentage of Clients (n= 97,469)
Sexual Abuse (Adult/Child)	1.1%
Domestic Violence	49.0%
Sexual Assault	28.7%
Missing/Other	22.2%

Crime Type	NIBRS Percentage of Clients (n=18,316)
Statutory Rape	4.7%
Sexual Assault with an Object	1.8%
Incest	1.6%
Forcible Sodomy	5.0%
Forcible Rape	39.8%
Forcible Fondling	47.0%

As mentioned above, SAC staff had to consolidate various NIBRS variables in order to have the dataset more closely represent that seen in InfoNet. With the NIBRS data, the UCR Code was used to combine; Forcible Fondling, Forcible Rape, Forcible Sodomy, Incest, Sexual Assault with Object, and Statutory Rape into one variable labeled “Sexual Assault”. Once these were combined SAC staff were able to more accurately compare these rates to the “Crime Type” variable found in InfoNet. Results shown in Figure 4 indicate that a large number of clients are reporting Domestic Violence (49%), though this number is much lower in NIBRS. Statistically, domestic violence is often unreported to law enforcement which may be a contributing factor to why the higher rate is seen in InfoNet. If a spouse seeks services for a domestic violence crime, but chooses to not report to law enforcement, they would only show in the InfoNet data.

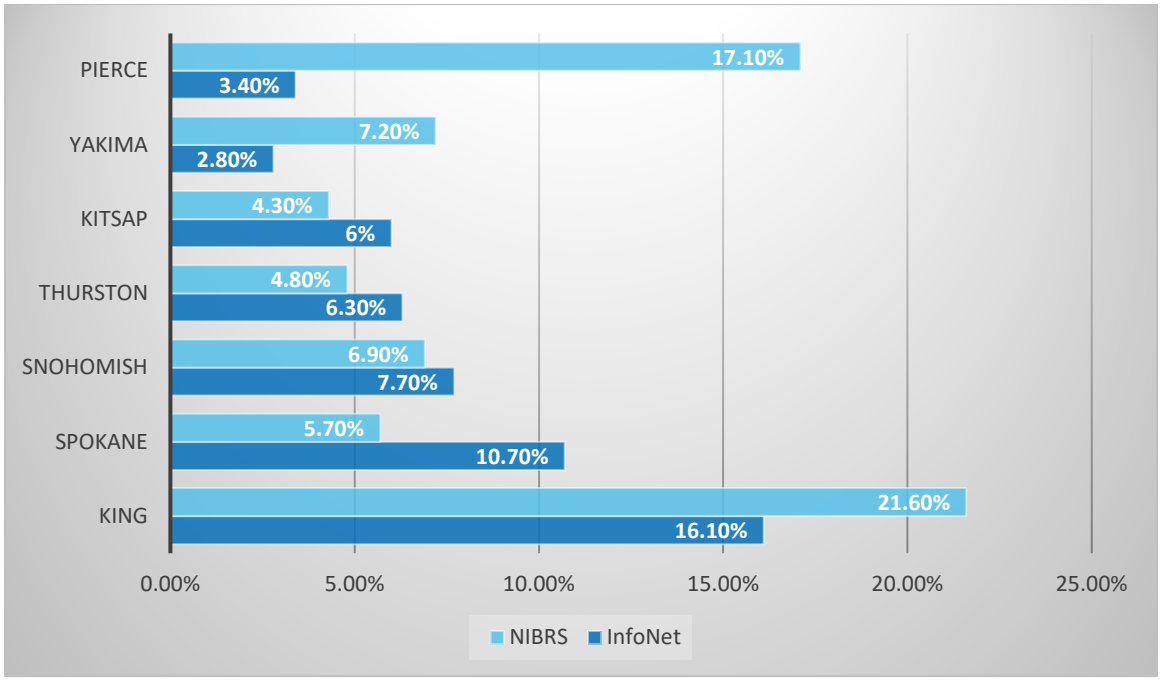
Figure 5. Offender Relationship to Client

Offender Relationship	InfoNet Percentage of Clients (n= 97,469)	NIBRS Percentage of Clients (n= 66,762)	RAINN National Sexual Assault Data
Acquaintance/Friend	5.30%	12.9%	39%
Ex-Partner/Ex-Spouse	8.10%	5.9%	N/A
Relative	8.5%	19.3%	2.5%
Spouse/Partner/Dating	12.9%	42.6%	33%*
Stranger	2.1%	3.2%	19.5%
Other/Not Reported	63.1%	16.1%	N/A

former or current spouse, boyfriend, or girlfriend.

Commonly cited is the statistic that seven out of ten rapes are committed by someone known to the victim (RAINN, 2018), leaving a small percentage to be committed by strangers or someone the victim may not be able to remember.

Figure 6. Most Common Counties (NIBRS and InfoNet)



The six largest counties in Washington State are King, Pierce, Snohomish, Spokane, and Clark.

As shown in Figure 6, the most commonly reported client counties in InfoNet are King, Spokane, Snohomish, Thurston, and Kitsap. While similar to the five highest population counties, in a

representative sample, Thurston and Kitsap would be replaced with Pierce and Clark counties. This could be due in part to the high number of missing data for the county variable in InfoNet. The NIBRS data sees a high number of victims report from Yakima County, also interesting due to its lower population estimate. This will be discussed further in the report, but when examining the Comprehensive Hospital Abstract Reporting System (CHARS) data the researchers did identify a cluster of assaults in Yakima County, which may partially explain the high reporting in NIBRS.

Upon completion of data cleaning and basic analyses for dataset frequencies, the project staff began the process of trying to identify service gaps using the two datasets. To do this, SAC staff calculated county incidence rates for sexual assault using InfoNet and NIBRS data. These rates were then compared to the state incidence rate for the appropriate dataset. Using Tableau Software, a map was created for each respective dataset illustrating each county's incidence rate as compared to the state rate (Figure 8 and 9). For each map, counties with a ratio below "1" have an incidence rate that is lower than that of the state; an incidence ratio above "1" indicates the county's incident rate is higher than that of the state.

Figure 10 combines both datasets using a scatter plot. Those counties falling below the 45-degree line on the graph are providing services at a rate that is lower than the state's service rate and lower relative to what is expected given the incidence of crime. These counties are considered to be performing below the state level. King County closely aligns with the state rate, with NIBRS and InfoNet ratios both similar to that of the state. Yakima County is worthy of attention, with higher rates of reporting in NIBRS than in InfoNet. As mentioned previously, when examining CHARS data the researcher did identify a cluster of assaults in Yakima County. Higher hospitalizations may help explain the higher rate of reporting in NIBRS as a crime that requires hospitalization is likely to be more serious and the victim more likely to receive VOCA compensation, they must report to law enforcement. Pierce County is similar, in that part of the county had a rape and assault clusters when examined through CHARS data. Implications will be discussed further in a later section. Overall, the smaller counties tend to have higher relative InfoNet reporting than the larger counties, which often see similar rates between NIBRS and InfoNet.

Results indicate that NIBRS and InfoNet can be used to aid in the identification of service delivery gaps in Washington State. Our research indicates that some counties such as Yakima, Adams, Pierce, Skagit, Benton, and Franklin have higher rates of NIBRS reporting and lower rates of InfoNet reporting. This may indicate a need for additional services in these areas, though the existing limitations with InfoNet data make it difficult to truly create any conclusions. As such, NIBRS and InfoNet may be helpful in identifying service delivery gaps, but additional information should be collected to corroborate these results.

Limitations

As mentioned above, there were some limitations with the data used for this part of the study. Firstly, the data received from InfoNet was aggregate and largely incomplete, making it difficult for SAC staff to conduct analyses that would allow for more clear conclusions. In addition, the broad scope of crime type in the InfoNet database required the SAC staff to combine several crime types into one for comparison purposes. This left us unable to provide specific information on crime types such as rape, statutory rape, forcible fondling, etc. In addition, the ratio approach to incidence rates is not perfect.

Figure 8. The Ratio of InfoNet County Rates to Washington State Incidence Rates

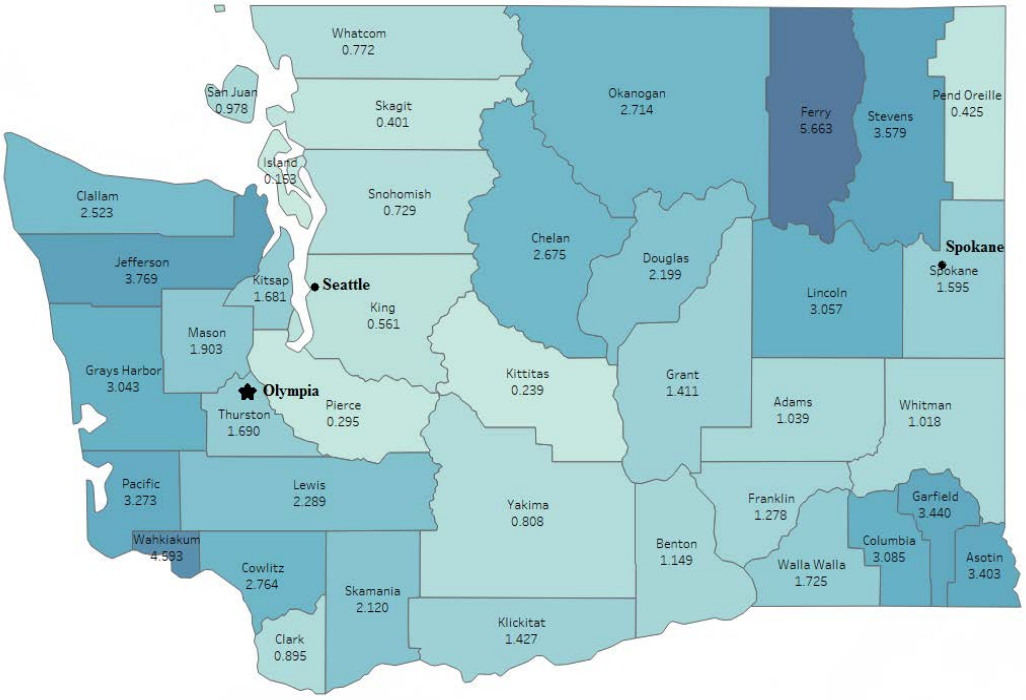


Figure 9. The Ratio of NIBRS County Rates to Washington State Incidence Rates

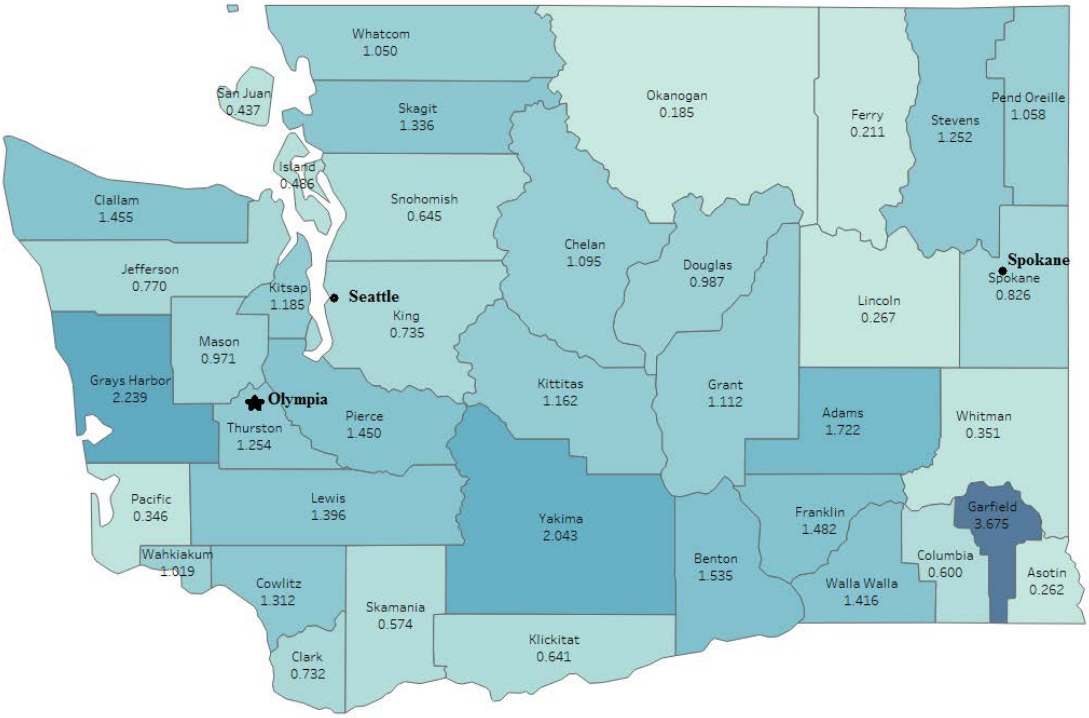
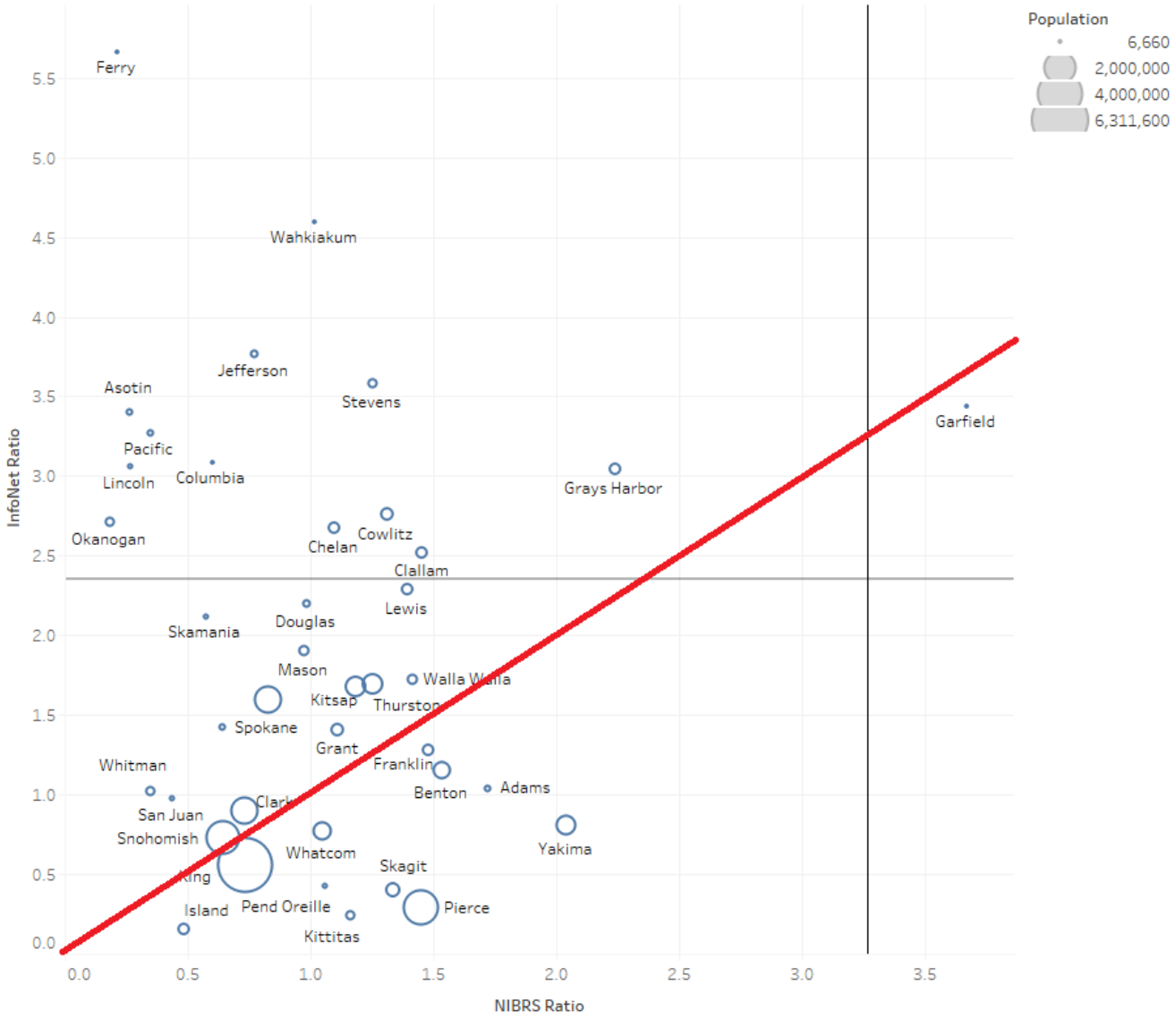


Figure 10. Ratio of InfoNet and NIBRS Incidence Rates Compared to State Incidence Rates by County Population



Initiative 2.3: Evaluate Other Data Sources for Use in Calculating Service Needs

CHARS: The Comprehensive Hospital Abstract Reporting System (CHARS) is a Department of Health database that collects information on inpatient and observation patient community hospital stays.

WEMSIS: The Washington EMS Information System is the state's prehospital database.

Project staff aimed to evaluate other data sources available in Washington and their feasibility for use in calculating service needs. For the purposes of this project, we used CHARS data to identify "clusters" of rape and assault in Washington state. Areas with higher or lower than expected rates hospitalization due to rape and/or assault were identified using the "spatial scan statistic". This method is a type of cluster analysis methodology that was originally developed for the National Cancer Institute and has expanded in use. Areas that were found to have higher or lower rates of hospitalizations were identified as a "cluster" and highlighted in the figures below. Data used for these analyses were from 2012-2016 Washington and Oregon inpatient hospitalizations. Regions were based on zip code of residence for the patient who was discharged from the hospital, which may help explain some of why we see clusters where we do.

Figure 11. Rape (Adult) - Patient Origin Adjusted by ZIP Code of Residence – Puget Sound Detail

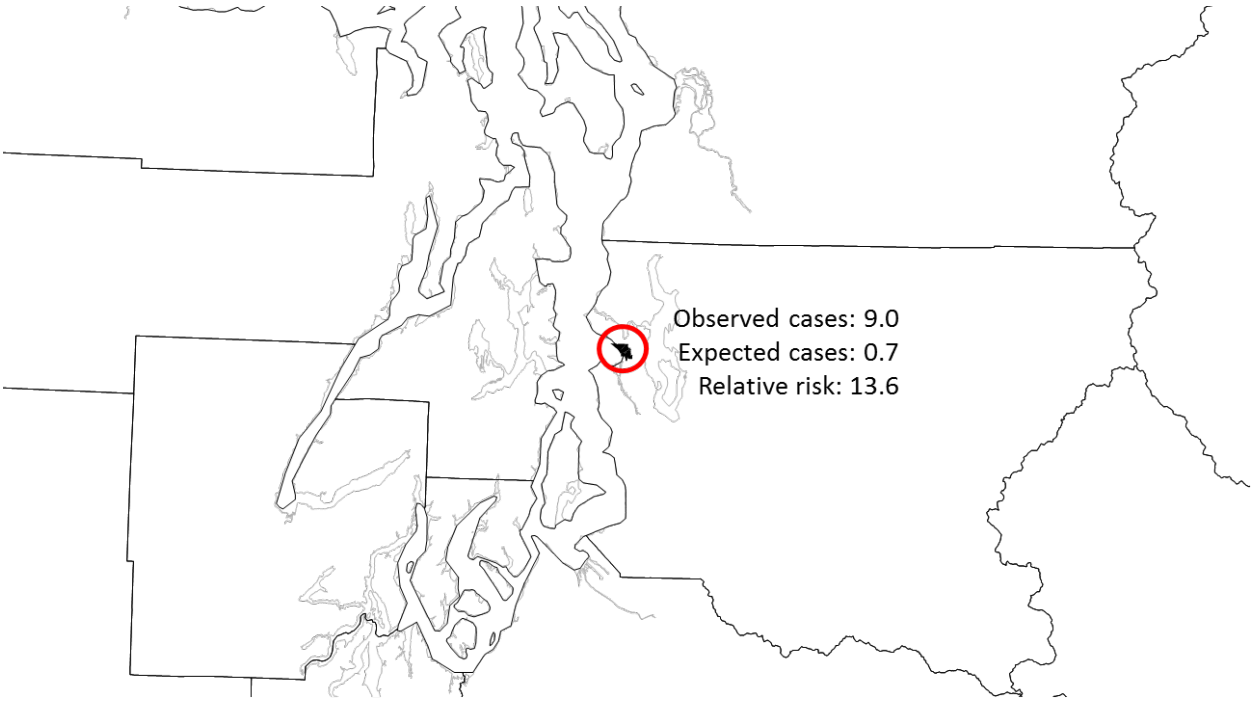


Figure 11 shows a rape cluster identified in the area of downtown Seattle. Though project staff wanted to examine this in further detail, we were unable to due to unforeseen circumstances. In the future, we may be able to link this cluster with its zip code and learn more about the specific area, which may provide insight for the high level of observed cases.

Figure 12. Rape (Adult) and Assault - Patient Origin Adjusted by ZIP Code of Residence – Puget Sound Detail

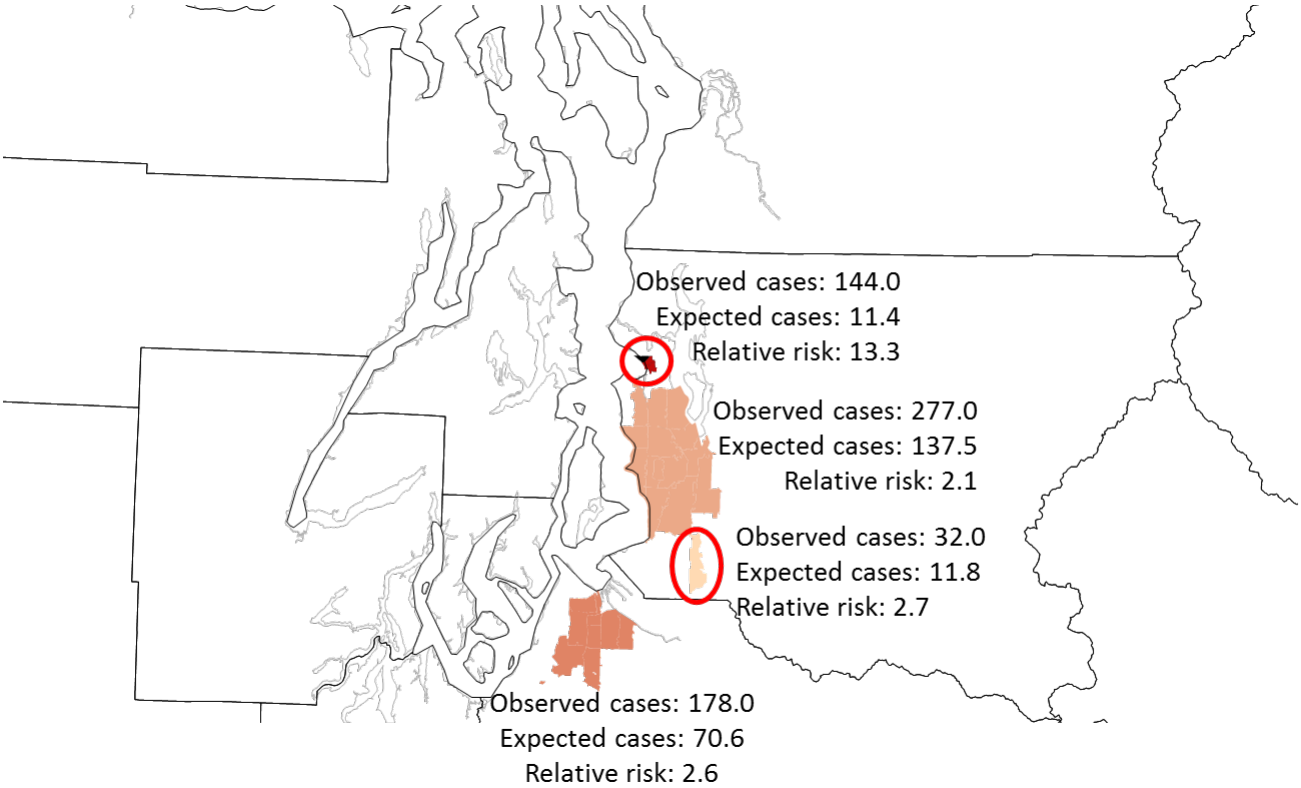


Figure 12 shows adult rape and assault clusters in the Puget Sound region. In addition to the rape cluster seen in downtown Seattle, we also see higher than expected levels of hospitalizations for assaults in parts of King and Pierce Counties.

Figure 13. Assault - Patient Origin Adjusted by ZIP Code of Residence

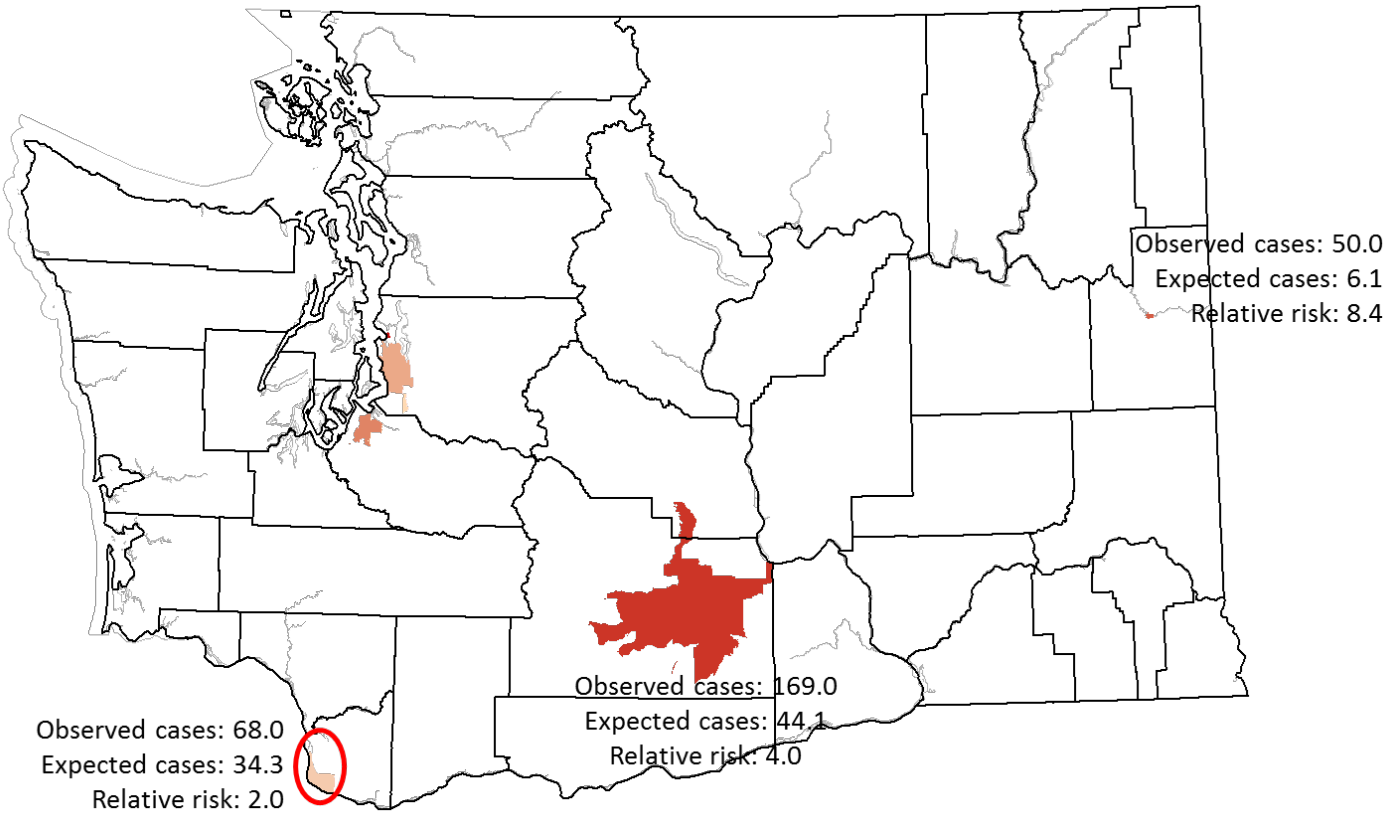


Figure 13 shows clusters of higher than expected levels of hospitalizations due to assault based on zip code. Notably, a cluster can be found on the Washington/Oregon border near Portland. Additional analyses may be done in the future to determine what, if any factors, are driving this. In addition, we see much higher than expected rates of hospitalizations due to assault in Yakima County. Based on zip code, a portion of this cluster is based in Tribal land, while the other portion is comprised of several cities, including Yakima. As mentioned previously, Yakima county sees a higher number of cases reported to NIBRS and less people seeking services. The identification of this cluster identifies a service gap. Though crimes are being reported and are severe enough for hospitalization, community members are necessarily seeking services. Knowing this, additional research may be done to learn more about these service gaps and identify possible solutions. Finally, a small assault cluster is seen in Spokane County, near the city of Spokane.

For the purposes of our study, the use of CHARS data as an alternative data source proved useful. Even at the most basic level, this data helps identify areas of higher need, specifically in hospitals. For example, knowing that we have lower levels of service use in Yakima County, but have higher crime levels, we can use this knowledge to consider providing services to victims immediately at the hospital. The CHARS data helped project staff determine areas in which levels of observed rape and assault were higher than expected, and this is useful when comparing to other data sources as this may answer questions or reinforce findings. One limitation of the CHARS, however, is that the data only includes services for individuals who have injuries severe enough to be hospitalized or admitted for observation. The data do not provide a broad picture of all victims. Finally, we also evaluated the use of WEMSIS data for this type of work. Additional information on this dataset and our determination can be found in Appendix E.

Appendices

Appendices

Appendix A- OCVA Grant Application Example

Appendix B- Survey of OCVA Grant Managers

Appendix C- Article: Program Evaluation for VOCA Grantees

Appendix D- Article: Outcome Performance Measurement Guide

Appendix E- Article: Ambulance Chasing- Using WEMSIS Data to Study Violent Incidents

Appendix A-

OCVA Grant Application Example

Services for Victims and Survivors

A Funding Initiative to Address Unmet Victim Service Needs

COMPETITIVE APPLICATION

January 1, 2019 – June 30, 2020
(18-month period)

Due November 1, 2018

Administered by the Office of Crime Victims Advocacy
Department of Commerce
P.O. Box 42525
Olympia, Washington 98504-2525
866.857.9889

This project is supported by Victims of Crime Act Grants awarded by the Office for Victims of Crime, U.S. Department of Justice. Points of view in this document are those of the author, and do not necessarily represent the official position or polices of the U.S. Department of Justice.

Office of Crime Victims Advocacy (OCVA)

Nicky Gleason, Application Coordinator
Victims of Crime Section Manager
nicky.gleason@commerce.wa.gov

Application Due: November 1, 2018 at 5:00 p.m.

NO LATE APPLICATIONS WILL BE ACCEPTED.

This application and all of the applicable forms are available in PDF, Word and/or Excel format on the OCVA web page at: www.ocva.wa.gov.

Send one (1) unbound original and three (3) copies of your completed application to:

Express Delivery Address:
Office of Crime Victims Advocacy
Attn: Nicky Gleason
1011 Plum St. SE
Olympia, WA 98501-1530

or

Regular US Postal Service:
Office of Crime Victims Advocacy
Attn: Nicky Gleason
P.O. Box 42525
Olympia, WA 98504-2525

Please allow normal mail delivery time to ensure timely receipt of the application.

Contents

Contents 3
Introduction 5
Background 5
Victims of Crime Act 5
VOCA State Plan 5
Collaboration Amongst State Agencies 6
A Note about Application Language 6
Purpose of Application 8
Period of Performance 9
Funding 9
Americans with Disabilities Act (ADA) 9
Eligibility 10
Eligible Applicants 10
Confidentiality 10
Eligible Services and Expenses 11
Emergency Financial Assistance 14
Service Requirements 14
Non-eligible Services and Expenses 15
VOCA Funding Requirements 15
VOCA Volunteer Requirement 16
VOCA Crime Victim Compensation Requirement 16
VOCA Match Requirement 16
Categories of Match 17
Computer Networks 19
Position Descriptions for VOCA-Funded Staff and Volunteer(s) 19
VOCA Final Rule 19
Data Collection and Reporting Requirements 20
Budget Line Items and Guidance 21
Salaries 21

Benefits 23
Subcontracted Services and Consultant Fees 23
Goods and Services 23
Options for Recovering Administrative OR Indirect Costs 25
Budget Notes: 27
Budget Justification 28
Evaluation of Applications 29
Revisions to the Application 30
No Obligation to Grant/Contract 30
Debriefing of Unsuccessful Applicants 30
Protest Procedure 31
Application Questions 33
Submission of Proposals and Due Date 33
Application Summary 34
Application Checklist 36

Attachments

Attachment A: Applicant Information Form
Attachment B: Subcontractor Information Form
Attachment C: Proposal Narrative
Attachment D: Proposed Services Form
Attachment E: Budget Detail Worksheets
Attachment F: Modified Total Direct Cost (MTDC) Certification

Appendixes

Appendix A: VOCA Plan 2015 – 2019
Appendix B: VOCA Rule
Appendix C: Combined Service Standards and Definitions
Appendix D: Audit and Insurance Requirements

Introduction

Background

Victims of Crime Act

This opportunity is possible per federal Victims of Crime Act funding.

The federal Crime Victims Fund, established by the Victims of Crime Act of 1984 (VOCA), serves as a major funding source for victim services throughout the country. The primary purpose of the VOCA Victims Assistance grant is **to support the provision of direct services to victims of crime**.

VOCA funds are allocated annually to each State by the U.S. Department of Justice, Office for Victims of Crime (OVC). The Office of Crime Victims Advocacy (OCVA), housed within the Washington State Department of Commerce, is the State Administering Agency (SAA) of VOCA funds and sub-grants these funds to victim service providers throughout the state[1].

VOCA State Plan

Washington State's 2015-2019 VOCA State Plan (Appendix A) provides guidance on how VOCA funds are distributed.

To develop this plan, OCVA established a group to conduct a statewide planning process. The process included multiple opportunities for input from crime victims, victim service providers, law enforcement, the courts, and other interested parties. The input yielded substantial consensus on key unmet needs of victims of crime and major challenges confronting service providers.

In addition to this VOCA State Plan, Washington has additional, long-standing state plans for services for victims of domestic violence, sexual assault, and other crimes. The VOCA Plan is designed to address the needs of victims within these existing frameworks. While retaining the framework of the three plans, the VOCA 2015-2019 State Plan also recognizes that certain critical victim service needs can best be met through integrated models (serving victims of multiple types of crime).

[1] Department of Commerce also sub-grants these funds to victim service providers through an interlocal agreement with the Department of Social and Health Services (DSHS).

Collaboration Amongst State Agencies

The Washington State Office of Crime Victims Advocacy (OCVA) and the Washington State Department of Social and Health Services (DSHS) are collaborating on this funding opportunity. Therefore, applicants will see references to both OCVA and DSHS throughout.

Each state agency has expertise with victim service grants/contracts[2]. The administrative home for any successful application will depend on the services that are proposed. For example, in most cases, DSHS will administer domestic violence service contracts and OCVA will administer sexual assault and victims of crime services grants.

OCVA/DSHS understands that programs may be integrated and include a cross section of multiple types of services. That is certainly eligible. For the purposes of this application, if you are proposing an integrated service model, provide your best estimate for the portion of time, effort and resources that will support each service type.

The various service types are defined as follows:

- Domestic Violence
  - Physical, emotional, and/or financial harm by an intimate partner, (RCW 70.123.020(4))
- Sexual Assault
  - Sexual violence, harassment, abuse, and/or assault across the lifespan by anyone
- Victims of Crime
  - Any physical, financial, or emotional harm that does not fall into descriptions above of domestic violence or sexual assault

Our goal is to connect successful applicants to the agency that is the best fit for the proposed services, and to reduce administrative burdens where we can.

If you have any questions about this funding approach, please reach out to the Application Coordinator.

A Note about Application Language

[2] OCVA issues grants, DSHS issues contracts

OCVA/DSHS recognizes that individuals define their experiences differently.

For the purpose of this application, the term victim is often used. The intent is to indicate any individual who identifies that they have suffered physical, financial, or emotional harm.

Additionally, in this application the term crime is used. Participation or involvement with the justice system is not required. The intent is to indicate physical, financial, or emotional harm.

We know individuals may not identify as “victims,” and, consequently, some providers may not see themselves as “victim service providers,” even if they are in the daily practice of attending to people’s trauma. Many individuals hurt or harmed do not identify as being a “victim of crime” or “survivor” and not all individuals identify actions or experiences as “crime.”

OCVA/DSHS encourages applicants to use language that best describes the services and reflects the community you work with.

If you are uncertain whether your organization meets the criteria of this application, please do not hesitate to ask the Application Coordinator for clarification.

Purpose of Application

Federal VOCA victim assistance funds support, extend and enhance services to victims of crime. This includes services that:

1) Respond to the emotional, psychological, or physical needs of crime victims
2) Assist victims to stabilize their lives after victimization
3) Assist victims to understand and participate in the civil and criminal justice systems, or
4) Restore a measure of security and safety for the victim

This application is responsive to a portion of the "Specific Crimes and Specific Services[3]" of the 2015-2019 VOCA State Plan (Appendix A), discussed above. The intent is to complement the existing network of services available throughout the state, focusing resources where there are gaps.

The purpose of this funding initiative is to address unmet victim service needs. Funding for services to victims when current services are unavailable or inadequate is the priority.

Eligible proposals that address the following will be given additional priority:

- Services in Asotin, Skamania, Whitman, Garfield, Island, Grant, and/or Benton counties
- Services to immigrants
- Services to boys and men of color
- Services to Asian Americans
- Services to individuals hurt or harmed by child abuse or neglect,
- Services to individuals hurt or harmed by assault
- Services to individuals hurt or harmed by DUI/DWI
- Services to individuals hurt or harmed by vulnerable adult abuse/elder abuse

Please see the Eligible Services and Expenses section of the application for additional details.

[3] In past communications this application was referred to "Specific Crimes/Specific Services". It is now referred to as Services for Victims and Survivors.

Period of Performance

OCVA and DSHS will fund projects resulting from this application for 18 months, January 1, 2019 through June 30, 2020.

Funding

OCVA estimates that approximately $5,500,000 will be available for the *Services for Victims and Survivors* Initiative *(*through June 30, 2020).

Each applicant may request up to $500,000 for the grant period.

Services for Victims and Survivors funding is competitive. See the Evaluation of Applicants section for more information regarding the competitive review process.

Americans with Disabilities Act (ADA)

OCVA and DSHS comply with the Americans with Disabilities Act (ADA). Applicants may contact the Application Coordinator to receive this application in Braille or on tape.

Eligibility

Eligible Applicants

As stated in the VOCA Rule[4], § 94.111, eligible providers are those that:

1. Are operated by a public agency or a nonprofit organization (including tribes)
2. Provide services to victims of crime
3. Can demonstrate a documented history of providing effective services to victims of crime
4. Have financial support from other sources
5. Can demonstrate the organizational capacity to provide the proposed services

If an organization does not have experience providing victim services but does have the capacity to do this work, this should be addressed in the Proposal Narrative (Attachment C).

A provider can demonstrate a record of effective services and support from other sources when, for example, it demonstrates the support and approval of its services by the community, its history of providing direct services in a cost-effective manner, and the breadth or depth of its financial support from other sources. This should be addressed in the Proposal Narrative (Attachment C).

Confidentiality

Eligible applicants must have the capacity to adhere to the confidentiality requirements of these funds. Grant/contract recipients shall, to the extent permitted by law, reasonably protect the confidentiality and privacy of persons receiving services. This means they shall not disclose, reveal, or release any personally identifying information or individual information collected in connection with services without the informed, written, reasonably time-limited consent of the person about whom information is sought. In no circumstances may a victim be required to provide a consent to release personally identifying information as a condition of eligibility for services.

For technical assistance related to the statutory requirement to comply with the confidentiality and privacy provisions of the Victims of Crime Act contact the Washington Coalition of Sexual Assault Programs (WCSAP), the Washington State Coalition Against Domestic Violence (WSCADV), and/or the Office of Crime Victims Advocacy (OCVA).

---

[4] See §94.111 https://www.federalregister.gov/d/2016-16085/p-226

Eligible Services and Expenses

The services, activities, and costs eligible with this VOCA funding[5] include:

- **Services** that respond to immediate needs of crime victims, such as
  - Crisis intervention services
  - Accompanying victims to hospitals for medical examinations
  - Hotline counseling
  - Safety planning

- **Expenses** that respond to immediate needs of crime victims, such as
  - Emergency food, shelter, clothing, and transportation
  - Window, door, or lock replacement or repair, and other repairs necessary to ensure a victim's safety
  - Short-term (up to 45 days) in-home care and supervision services for children and adults who remain in their own homes when the offender/caregiver is removed
  - Short-term (up to 45 days) nursing-home, adult foster care, or group-home placement for adults for whom no other safe, short-term residence is available
  - Costs of the following, on an emergency basis[6]
    - Non-prescription and prescription medicine, prophylactic or other treatment to prevent HIV/AIDS infection or other infectious disease, durable medical equipment (such as wheel-chairs, crutches, hearing aids, eyeglasses), and other healthcare items are allowed

- **Services and Expenses** that include advocacy and emotional support, such as
  - Working with a victim to assess the impact of the crime
  - Identification of victim's needs
  - Case management
  - Management of practical problems created by the victimization
  - Identification of resources available to the victim
  - Provision of information, referrals, advocacy, and follow-up contact for continued services, as needed

---

[5] § 94.119 Allowable direct service costs, available at: https://www.federalregister.gov/d/2016-16085
[6] Emergency basis includes (but not limited to): when the State's compensation program, the victim's (or in the case of a minor child, the victim's parent's or guardian's) health insurance plan, Medicaid, or other health care funding source is not reasonably expected to be available quickly enough to meet the emergency needs of a victim (typically within 48 hours of the crime)

- Traditional, cultural, and/or alternative therapy/healing (e.g., art therapy, yoga)
  - Funding utilized for these types of services must be incorporated into a victim services program
    - ✓ *For example, a provider could use this funding to hire a trauma-informed yoga instructor to lead sessions hosted by the agency, and these sessions are one component of a comprehensive array of victim services provided*

- **Services and Expenses** that include mental health counseling and care such as out-patient therapy/counseling or out-patient substance-abuse treatment
  - Victim service providers proposing to fund these services must be focused on collaboration with treatment programs and victim services must be provided in conjunction with the treatment services provided
  - Funding must support collaborative service models and approaches
  - Applicant must include a letter of support or MOU with application if it includes partnership with another entity
  - Treatment must be directly related to the victimization and provided by a person who meets professional standards to provide these services and these services should be one component of a comprehensive array of victim services provided

- **Services** that include peer-support, such as
  - Share experiences, and provide self-help, information, and emotional support

- **Services and Expenses** connected to the facilitation of participation in the civil and criminal justice systems and other public proceedings arising from the crime, such as
  - Advocacy on behalf of a victim
  - Accompanying a victim to offices and court
  - Interpreting for a non-witness victim who is deaf or hard of hearing, or with limited English proficiency[7]
  - Notification to victims regarding key proceeding dates (e.g., trial dates, case disposition, incarceration, and parole hearings)
  - Assistance with Victim Impact Statements
  - Assistance in recovering property that was retained as evidence and

[7] Successful applicants may be asked to utilize available Language Bank resources, as applicable

  - Assistance with restitution advocacy on behalf of crime victims
  - Transportation, meals, and lodging to allow a victim who is not a witness to participate in a proceeding
  - Providing childcare and respite care to enable a victim who is a caregiver to attend activities related to the proceeding

- **Expenses** for transportation of victims to receive services and/or to participate in criminal/civil justice proceedings
    - This may include certain automobile expenses for a client, such as the costs to repair a vehicle when necessary for health and safety of the client

- **Expenses** for an agency automobile, such as:
  - Lease, purchase, and/or repair a vehicle that is essential to the agency's delivery of crime victim services

- **Expenses** for public awareness and education presentations, such as
  - The development of presentation materials, brochures, newspaper notices, and public service announcements in schools, community centers, and other public forums that are designed to inform crime victims of specific rights and services and provide them with (or refer them to) services and assistance

- **Expenses** for Relocation and Housing Support
    - Travel, reasonable moving expenses, rental assistance, security deposits, utilities, and other costs incidental to the relocation of housing, including costs to keep someone in their home (in emergent situations)
    - Prior to covering these expenses, applicants must submit, and have approved, a plan that includes applicable policies and procedures for providing relocation and housing support services
    - Need for relocation and housing expense assistance must be reasonably connected to the victimization

- **Services and Expenses** for the coordination of system partners
    - This is defined as the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of victim service provision with the goal of improving service delivery

Emergency Financial Assistance

Supporting direct emergency financial assistance (EFA) to meet crime victim needs to the fullest extent permissible within VOCA funding requirements was a consistent need identified in the VOCA planning process. Various types of EFA are outlined above (as expenses). Emergency Financial Assistance is, in general, for costs related to immediate health and safety (such as emergency food, clothing, transportation, shelter).

- ✓ *Successful applicants will be required to submit to OCVA/DSHS a plan for providing EFA, which includes a policy and procedures on how this resource will be provided.*

Service Requirements

Due to the variability between the OCVA Sexual Assault, OCVA Victims of Crime, and DSHS Domestic Violence programs, the specific standards, definitions, and requirements will depend on the type of services proposed.

As applicable, Sexual Assault Services must follow the Service Standards developed by OCVA, Victim of Crime Services must follow the Service Standards and Definitions developed by OCVA, and Domestic Violence Services must follow the requirements laid out in RCW 70.123 and applicable provisions of the Washington Administrative Code 388-61A.

See Appendix C for more information regarding the Service Requirements that apply to this procurement.

Services and expenses that are beyond the scope of these current definitions and/or requirements set by OCVA/DSHS will be evaluated on an individual basis. Remember that proposed services and expenses must be eligible, cost effective, and meet the intent of the VOCA funds, which is to support the provision of direct services to victims.

Non-eligible Services and Expenses

The following services, activities, and costs, although not exhaustive, cannot be supported with this grant funding:

- Active investigation and prosecution of criminal activities
- Capital Expenses
- Compensation for crime victims
- Education and/or job training expenses[8]
- Food/beverages for trainings, meetings and conferences
- Fundraising activities
- Lobbying and administrative advocacy
- Most medical costs
    - VOCA funds cannot pay for nursing home care (emergency short-term nursing home shelter as described in the VOCA Final Rule is allowable), home health-care costs, in-patient treatment costs, hospital care, and other types of emergency and non-emergency medical and/or dental treatment
- Perpetrator/offender rehabilitation and counseling
- Prevention education activities
- Property loss that is not connected to the immediate health and safety of the client
- Research and studies, including project evaluation
- Restorative justice
- System based victim witness assistance
- Vehicle purchase for clients

Proposals to develop a new Domestic Violence Emergency Shelter program or a new Accredited Community Sexual Assault Program (CSAP) are not eligible via this application.

VOCA Funding Requirements

The *Services for Victims and Survivors* grant/contracts are comprised solely of federal Victims of Crime Act (VOCA) funds. OCVA/DSHS encourages applicants to consider the following VOCA requirements when deciding to apply for funding:

[8] OCVA/DSHS has heard from the field about this specific need, and we are seeking clarification of allowability. For this funding cycle, this is an unallowable cost.

VOCA Volunteer Requirement

Each grantee/contractor awarded funds through this application must utilize at least one volunteer directly supporting the activities in order to fulfill VOCA federal funding requirements. Please contact the Application Coordinator if you need assistance in identifying potential volunteer activities that may fulfill this requirement, or wish to learn more about the option for a waiver.

VOCA Crime Victim Compensation Requirement

Each grantee/contractor awarded funds through this application must agree to assist victims, as appropriate, in seeking crime victim compensation benefits.

Assistance to potential recipients of crime victim compensation benefits (including potential recipients who are victims of federal crime) in applying for such benefits may include, but are not limited to, referring to an organization that can so assist, identifying crime victims and advising them of the availability of such benefits, assisting such potential recipients with application forms and procedures, obtaining necessary documentation, monitoring claim status, and intervening on behalf of such potential recipients with the crime victims' compensation program.

VOCA Match Requirement

VOCA regulations require grantees/contractors to contribute to the total cost (award plus match) of their VOCA-funded project by providing not less than 20% match, either cash or in-kind from non-federal sources. Tribal programs do not have a match requirement.

Match is computed as follows:

(amount of anticipated award paid through VOCA ÷ 0.80) x 0.20

For example:

- anticipated VOCA award is $100,000
- $100,000 ÷ 0.80 = $125,000
- $125,000 x 0.20 = $25,000
- Match amount is $25,000

If you need assistance calculating the required match amount for your application, contact the Application Coordinator.

For many existing Sexual Assault Services and Domestic Violence Services grantees/contractors, you may receive sufficient Washington State Funds for victim services to cover the additional match required. However, if the portion of Washington State Funds in your current grants/contracts are not sufficient to meet the VOCA match requirement, the grantee/contractor agrees that other funds or in-kind will be required, or a waiver may be requested.

Categories of Match

Cash or in-kind services may be used as match. In-kind match includes donations of office supplies, workshop or classroom materials, expendable equipment, or workspace that benefits the victim service(s).

The monetary value of time contributed by professionals, technical personnel, and other skilled labor may be used if the services they provide are an integral and necessary part of the victim service(s).

To be counted towards your required match, it must directly benefit the service(s) proposed in this application. Some examples are included below.

Eligible:

- Cash / In-kind donations that support the service(s)
- Volunteer time
    - Valued rates of pay for volunteers must not be higher than the lowest paid advocate at the agency who performs similar work
    - Benefits may be included when you determine the value of volunteer time
    - Using volunteers requires they complete the required training(s)
- Funding for, or time spent, training volunteers including mileage, per diem, etc.
- Staff direct service and/or outreach time spent on the service(s) that is supported by city, county, state, or private funding sources, except when such funding is federal pass through
- Office supplies, support group, workshop or classroom materials, expendable equipment, or workspace that directly supports this application
- Donated advertisements, air-time, or publicity used to promote the service(s) that you would have otherwise had to purchase

Non-Eligible:

- Staff time as “volunteer” time
    - Any staff time counted as match must be paid for by city, county, state, or private funding
    - Staff cannot volunteer for the same program that employs them
- Board member’s time spent at board meetings, organization fundraisers, or other agency business
    - However, if you have a board member who, in addition to their board responsibilities, provides direct services or outreach, you may count their service time as long as they meet the training requirements
- Shared space in offices that is non-client related such as conference rooms and kitchens
- Fundraising activities
- Time/effort donated by doctors or other professionals that are not VOCA eligible

Value of Match

The value placed on loaned or donated equipment may not exceed its fair rental value.

The value placed on donated services must be consistent with the rate of compensation paid for similar work in the organization or the labor market. Fringe benefits may be included in the valuation. Volunteer time may be valued at an hourly wage determined by the local community, but basis for wage must be documented. In-kind match of volunteers cannot be valued at a rate higher than paid staff on this contract/subcontract performing similar work.

The value of donated space may not exceed the fair rental value of comparable space. All value assessments must be documented. Any value assessments that appear unreasonably high or low will be open to review by OCVA and/or DSHS.

Computer Networks

VOCA funding cannot be used to maintain or establish a computer network unless such networks block the viewing, downloading, and exchanging of pornography. In order to be in compliance with this special condition, grantees/contractors will have two options:

1. Maintain or establish a network that blocks the viewing, downloading, and exchanging of pornography.
2. Do not use *Services for Victims and Survivors* grant/contract funds to maintain or establish a computer network.

Position Descriptions for VOCA-Funded Staff and Volunteer(s)

Successful grantees/contractors are required to provide position descriptions for staff being paid with these VOCA funds and position descriptions for volunteers whose time is being used as match or to meet the volunteer requirement. This documentation is needed for each grant/contract that includes VOCA funds. Successful bidders will be required to submit staff and volunteer position descriptions with the grant for funding. If more than one grant/contract-funded staff has the same job position, only one position description is needed.

VOCA Final Rule

The complete Rule is available online at:
https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program

Data Collection and Reporting Requirements

Grantees/contractors must submit quarterly data reports to their grant/contract manager. Data reports will include non-identifying demographic information, type of service, and service hours. Grantees/contractors will collect and submit data on services provided via the Washington State InfoNet system.

Recipients of this grant must also submit a semi-annual narrative report on grant activities. Semi-annual narrative reports will be due July 31, 2019, January 31, 2020, and July 31, 2020.

OCVA/DSHS program staff conduct periodic checks for compliance with these requirements during the grant/contract period of performance. Noncompliance may result in suspension of payments to the grantee/contractor under this grant/contract.

Budget Line Items and Guidance

The budget is divided into five line items. Below are definitions for the different line items on the Budget Detail Worksheets (Attachment E). Under each section, provide a breakdown within the line item that specifies the individual cost per item.

For example, within "Salaries" list the names of staff members assigned to this project, their position title, the percentage of their salary that this grant/contract will fund, and the total amount you are requesting for their salary. Within “Subcontracted Services and Consultant Fees” list all subcontractors that will receive funding and the total amount you are requesting for each subcontractor.

Applicants are required to allocate the expenses across all relevant programs. Expenses specific to serving victims of domestic violence must be represented under the Domestic Violence section of the worksheets, Sexual Assault Service expenses should be under the Sexual Assault section, and Victim of Crime Service expenses should be under the Victims of Crime section. For additional context, see the application section Collaboration Amongst State Agencies.

Salaries

The cost of paying staff salaries to:

- provide direct services to clients,
- supervise employees who are providing direct services, and
- provide programmatic support services, such as a bookkeeper or receptionist (this can also go into Indirect or Administrative, see the section below)

List each position to be paid with these grant/contract funds by name of employee and title, if available. Show the annual salary rate and full-time equivalent (FTE) of position to be funded with this grant/contract.

Per the intent of the 2015-2019 VOCA Plan, there is an expectation that successful applicants will provide adequate compensation and FTE for staff providing proposed services in order to promote staff recruitment and retention and to promote the provision of quality services.

Calculating FTE

FTE Calculation is based on 40 hours/week x 52 weeks/year (40 x 52 = 2080 hours).

- 1.0 FTE calculation:
  - 40 hrs./week x 52 weeks = 2080 hours
  - 2080 ÷ 2080 = 1.0 FTE

- 0.50 FTE calculation:
  - 20 hrs./week x 52 weeks = 1040 hours
  - 1040 ÷ 2080 = 0.50 FTE

- 0.25 FTE calculation:
  - 10 hrs./week x 52 weeks = 520 hours
  - 520 ÷ 2080 = 0.25 FTE

If your agency's full-time work week equals 35 hours instead of 40, the FTE for a person working full time equals 0.87 FTE, not 1.0 FTE.

FTE Example for a 35-Hour Workweek

An advocate works 35 hours a week, and spends **25%** of their time providing a service funded through this initiative. They make **$40,000 annually.**

FTE CALCULTATION
→ 35 hrs./week x **25% (0.25)** = 8.75 hrs./week funded through this initiative
→ 8.75 hrs./week x 52 weeks/year = 455 hrs./year funded through this initiative
→ 455 hrs./year ÷ 2080 hrs./year = **0.22 FTE** for this initiative

WAGE COMPUTATION
→ $40,000 x **25% (0.25)** = **$10,000 Salaries Cost** for this initiative

On the Budget Detail Worksheet (Attachment E):

Name/Position	Annual Salary	Annual Computation based on FTE	Cost for Services for Victims/ Survivors Initiative
Jane Smith, Advocate	$40,000	25% (0.22FTE)	$10,000

Benefits

The cost of paying payroll taxes, insurance, and other fringe benefits of staff listed in the Salaries line.

Costs must only be for the personnel named in the Salary line. Benefits should be based on actual known costs or an established formula. Benefits calculations should be consistent on all OCVA/DSHS grants/contracts and should be allocated appropriately across programs and grants/contracts.

Subcontracted Services and Consultant Fees

The cost to pay individuals and/or agencies to provide subcontracted services. Per federal guidelines, contracted services are to be paid at a rate no more than $81.25 per hour or $650 per day.

Include a detailed description of the services that will be performed by subcontractors, such as therapists, trainers, and speakers. Indicate why you propose to subcontract for the service.

Goods and Services

The cost of providing services and activities. Examples of Goods and Services include supplies, utilities, rent, professional liability insurance, travel, and telephone. Emergency financial assistance for costs related to immediate health and safety is also allowable (such as emergency food, clothing, transportation, and shelter).

"Direct" Goods and Services costs are those that are specific to the *Services for Victims and Survivors* grant/contract.

> Travel
> If staff travels to provide services or activities as part of this grant/contract, the total cost of travel can be budgeted to this grant/contract.
>
> Travel expenses incurred or paid by the grantee/contractor shall be reimbursed at a rate not to exceed the current state rate and in accordance with the State of Washington Office of Financial Management Travel Regulations. Current rates for travel may be accessed at
> http://www.ofm.wa.gov/resources/travel/colormap1016.pdf

"Shared" Goods and Services costs are those that benefit more than one program. There are many ways to allocate shared costs. One way is by using the percentage of FTEs (Full-Time Equivalencies) method.

Shared Cost ~ Goods and Services Example

One way to calculate shared Goods and Services costs is to use the percentage of staff FTEs.

The organization has two staff people, Mary and Anita, who are full time employees (1.0 FTE each) who will both spend 50% of their time providing services under the *Services for Victims and Survivors* grant/contract.

2.0 FTE (*2 staff at 1.0 FTE*) x 0.50 FTE = 1.0 FTE

The agency has three other employees (who do not provide services under the *Services for Victims and Survivors grant/contract*). Their combined FTE equals 3.0.

Mary and Anita Services for Victims and Survivors Initiative FTE = 1.0 FTE
Agency Total FTE = 5.0 FTE

The total agency FTE is 5.0 because you have 5 staff members that are each 1.0 FTE.

Expenses that are "shared," such as rent and utilities, would be split based on the percentage of FTE for the *Services for Victims and Survivors* compared to the agency total FTE.

1.0 FTE (for Mary and Anita) / 5.0 FTE (total agency FTE) = 0.20 or 20%

Therefore, if the rent is $650 a month, multiply it by eighteen (18) months (which is the length of the fiscal year) and then multiply it by 20%.

$650 a month x 12 months x 0.20 (percentage of FTE) = $1,560 cost to Services for Victims and Survivors *Initiative*

Calculate the telephone, utilities, and other "shared" costs the same way.

Options for Recovering Administrative OR Indirect Costs

Grantees may elect for only one of three methods listed here. The method for recovering these costs should be consistent across the other OCVA/DSHS grants/contracts held by the applicant.

Administrative: Direct Charging Method

Grantees may directly charge up to 15% of their grant/contract total for certain administrative costs. This could include both administrative costs and/or facilities costs to run your overall organization. These costs must be directly connected and supportive to the grant/contract program, include a cost allocation rationale, and be approved by OCVA/DSHS. Examples of this type of cost include: a portion of the salaries and benefits for the administrative functions of an executive director, accountant, or a computer specialist, and the associated costs for these functions such as supplies, general building and office equipment and maintenance.

This does not have to include the costs for program specific functions that you directly allocate to the Salaries, Benefits, and/or Goods and Services. For example, the rent and utilities for the space where therapy is conducted can be allocated and billed to Goods and Services. Or, if a portion of a manager's time is spent providing or supervising direct advocacy services, that portion of time can still be allocated and billed to Salaries and Benefits.

Please Note: If a cost is allocated to a grant/contract as a direct cost, it cannot also be recovered as an indirect cost (the method chosen needs to be consistent).

Indirect: Indirect Charging Method

If an organization prefers to use an indirect charging method, there are two options available.

1) Federally Negotiated Indirect Cost Rate (NICR)
   If an organization has a NICR, and they wish to recover indirect costs, this is the rate that must be used (cannot use the 10% MTDC method).

   Applicants must attach a copy of the approval from the cognizant federal agency of the federal Negotiated Indirect Cost Rate with their application.

2) 10% of the Modified Total Direct Costs (MTDC)

Applicants must obtain certification of the calculation by a CPA (if a nonprofit or a Tribe), or county auditor/treasurer (if a government entity). Documentation must be submitted to and approved by OCVA/DSHS, see the certification form, Attachment F.

Modified Total Direct Cost[9] is defined as: *All direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and sub-awards and subcontracts up to the first $25,000 of each sub-award or subcontract (regardless of the period of performance of the sub-awards and subcontracts under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub-award and subcontract in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.*

[9] Federal Management and Budget Office (OMB) Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards, December 26, 2014 https://federalregister.gov/a/2013-30465

Budget Notes:

- Application budget must be for the **entire 18 month grant period** (January 1, 2019 – June 30, 2020).
- Equipment items over $5,000 need prior written approval by OCVA/DSHS.
- All requested expenses must be necessary and reasonable as defined in 2 CFR 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements* for Federal Awards[10].
- Grantees/contractors that propose to provide Therapy Services with these funds must bill Crime Victims Compensation and/or private insurance resources first when available and applicable[11]. The grant/contract may be billed for un-reimbursed therapy costs that are not billable to private insurance or Crime Victims Compensation. Examples include:
    - Insurance company denies coverage for therapy services because the request does not align with the plan's criteria.
    - Costs associated with accessing treatment are not covered such as travel and co-pays.
    - It is not safe for the survivor to utilize their partner's or parent's insurance coverage.
    - The therapist(s) trained in victim services does not accept the survivor's insurance plan.
- A pro-rated share of reasonable audit costs may be charged so long as the audit cost is identified in the budget submitted with this application.
    - Agencies that need a Single Audit ($750,000 expended in federal funds) can budget for audit costs to Goods and Services or Admin or Indirect.
    - Agencies that do not need a Single Audit can budget for audit costs in Admin or Indirect only.
        - If grantee/contractor is directly charging this as an Administrative expense, they must include a rationale for how it is directly supporting this grant program and an explanation of the allocation of the cost.

[10] http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
[11] The intent is NOT to require victims/survivors to report to law enforcement, but if they have reported and CVC is available, that resource should be utilized first.

Budget Justification

You must include descriptions of costs for each line item in your budget. You can provide this information on the budget detail worksheets or you may attach additional pages.

For example:

Goods and Services – Rent - $5,000
Cost of rent for providing the services based on the agency's cost allocation plan, which utilizes the FTE allocation method.

Goods and Services – Printing - $1,000
Cost to print new Therapy Services outreach brochures.

Goods and Services – Training - $1,400
Cost to send staff members working under this grant/contract to approximately two in-state trainings annually. This includes registration, travel, lodging and meals.

Please see Attachment E for Budget Detail Worksheets.

Evaluation of Applications

The *Services for Victims and Survivors* is a competitive application process. Applications will be reviewed based on the intent of this application, the requirements stated in this application, and any revisions issued.

The purpose of this application is to address the need for victim services because current services are inadequate or perhaps not at all available.

OCVA/DSHS will designate an evaluation team or teams with expertise in the program area(s) to review, evaluate, and score proposals. In formulating a rating, reviewers will consider:

- The strength of the rationale
- The soundness of the proposed service delivery strategy
- The feasibility of the proposed services
- Whether proposed activities duplicate current services

As part of funding decisions, OCVA/DSHS will also consider geography, service type, activities that address needs of underserved populations, applicants' history of grants/contracts performance, failure to meet deadlines, spending, and compliance with requirements from previous and current grants/contracts in making award decisions.

OCVA/DSHS reserves the right to reject applications that fail to meet the requirements for this application. OCVA/DSHS will initially screen each proposal to ensure compliance with the eligibility criteria as stated in this application. If a proposal does not meet the eligibility requirements for this application, OCVA/DSHS will consider the proposal non-responsive and withdraw it from consideration.

Applications will be rated and ranked by the evaluation team based on the following:

• Rationale for Proposed Services	20 pts
• Proposed Services	50 pts
• Agency Capacity	20 pts
• Budget	10 pts
Total Points Available	100 pts

Revisions to the Application

In the event it becomes necessary to revise any part of this application, amendments will be posted to the OCVA website. Interested applicants should check the website for any amendments prior to submitting an application.

OCVA/DSHS also reserves the right to cancel or to reissue the application in whole or in part, prior to execution of a grant/contract.

No Obligation to Grant/Contract

This Application does not obligate the state of Washington, the Department of Commerce (Commerce), or the Department of Social and Health Services (DSHS) to grant/contract for services specified herein. Applications submitted become the property of Commerce and DSHS, and cannot be returned. Commerce and/or DSHS are not liable for any costs incurred by the grantee/contractor in developing the application.

Debriefing of Unsuccessful Applicants

Applicants who have submitted timely proposals, and who have not been disqualified or designated as non-responsive during the application process, may request a debriefing conference. The Application Coordinator must receive the request for a debriefing conference within three (3) business days after the Unsuccessful Bidder Notification is e-mailed or faxed to the applicant, no later than 5:00 pm PST on the third day.

OCVA will schedule a debriefing conference within three (3) business days after the Application Coordinator has received a debriefing request. The debriefing conference will be held within seven (7) business days after it has been scheduled. Discussion at the debriefing conference will be limited to the following:

- Evaluation and scoring of the applicant's proposal
- Critique of the proposal based on evaluator comments
- Review of proposer's final score in comparison with other final scores without identifying the other applicants

Comparisons between proposals or evaluations of the other proposals will not be allowed. Debriefing conferences will be conducted on the telephone and are limited to a maximum of one hour.

Protest Procedure

In order to submit a protest under this application, an applicant must have submitted a proposal and have requested and participated in a debriefing conference (see above). This protest process is the sole administrative remedy available within OCVA/DSHS. The following is the process for filing a protest:

1) Debriefing Conference: see above

2) Grounds for Protest: A protest may be made based on these grounds only:
   a) Mathematical errors were made by OCVA/DSHS in computing the score
   b) OCVA/DSHS failed to follow the procedures established in this application document, or to following applicable State or federal laws or regulations
   c) Bias, discrimination, or conflict of interest on the part of an evaluator

3) Protest Form and Content: A protest must state all of the facts and arguments upon which the protest is based, and the grounds for the protest. It must be in writing and signed by a person authorized to bind the applicant in a contractual relationship. The protest must include:
   a) The name of the application, the applicant, mailing address, phone number, fax, email, and name of the individual responsible for submission of the protest
   b) A detailed and complete statement of the specific action(s) by OCVA/DSHS under protest
   c) The grounds of the protest (see number 2 above)
   d) Description of the relief or correction action requested
   e) Any additional documentation the applicant may have to support their request

4) Submitting a Protest: Protests must be received by the Application Coordinator no later than 5:00 PM PST on the third business day following the Debriefing Conference (see number 1 above).
   a) Protests may be submitted by e-mail or facsimile, but must be followed by the document with an original signature
   b) Applicants protesting shall follow the procedures described herein
   c) Protests that do not follow these procedures shall not be considered
   d) Protests not based on procedural matters will not be considered, and protests will be rejected as without merit if they address issues such as:
      i) An evaluator's professional judgment on the quality of a proposal, or
      ii) OCVA/DSHS' assessment of its own and/or other agencies needs or requirements

5) Upon receipt of a protest, a protest review will be held by OCVA. OCVA's Managing Director or an employee delegated by the Director who was not involved in the procurement will consider the record and all available facts and issue a decision within five (5) business days of receipt of the protest. If additional time is required, the protesting party will be notified of the delay.

6) The final determination of the protest shall:
   a) Find the protest lacking in merit and uphold OCVA/DSHS' action; or
   b) Find only technical or harmless errors in OCVA/DSHS' application process and determine OCVA/DSHS to be in substantial compliance and reject the protest; or
   c) Find merit in the protest and provide OCVA/DSHS options which may include:
      i) Correct the errors and re-evaluate all proposals,
      ii) Reissue the RFP document and begin a new process, or
      iii) Make other findings and determine other courses of action as appropriate

Application Questions

The Application Coordinator for this procurement is Nicky Gleason, Victims of Crime Section Manager. Nicky can be reached via email at nicky.gleason@commerce.wa.gov.

Questions should be submitted to Nicky via email.

Questions will be answered directly via email. Additionally, OCVA/DSHS will develop a Q/A document and post it on the OCVA website no later than September 5, 2018. The Application Coordinator will periodically update this document, the final update will be October 31, 2018.

Application questions must be submitted by November 1, 2018 at 5pm PST.

Submission of Proposals and Due Date

One (1) clearly marked original proposal and three (3) unbound copies, whether mailed or hand delivered, must be received to OCVA **no later than 5:00 pm local time in Olympia, Washington on November 1, 2018**. The proposal and copies are to be sent to the Application Coordinator, Nicky Gleason, at the address shown below. The envelope should be clearly marked to the attention of Nicky Gleason.

Please allow normal mail delivery time to ensure timely receipt of applications. No late applications will be accepted. Applicant assumes the risk for the method of delivery and for any delay in mailing or delivery of the proposal. OCVA/DSHS will disqualify any proposal and withdraw it from consideration if it is received after the due date and time.

Express Delivery Address:
Office of Crime Victims Advocacy
Department of Commerce
Attn: Nicky Gleason
1011 Plum St. SE
Olympia, WA 98501-1530

Regular US Postal Service:
Office of Crime Victims Advocacy
Department of Commerce
Attn: Nicky Gleason
P.O. Box 42525
Olympia, WA 98504-2525

No electronic (fax or e-mailed) applications will be accepted.

All of the completed application materials must be received at the above address by **November 1, 2018** no later than **5:00 pm.**

Application Summary

Review the application summary and checklist carefully to ensure all required forms are completed. Following is an explanation of the required forms and/or materials applicants must submit.

Applicant Information Form – Attachment A

Complete the Applicant Information Form. All information is required.

Subcontractor Information – Attachment B

If this is a proposal with one lead agency and one or more subcontractors, complete the Subcontractor Information Form for each subcontractor.

Proposal Narrative – Attachment C

Submit a narrative description that details the proposed services for the entire grant period January 1, 2019 thru June 30, 2020; this should include a description of the type of program/activity, the services, and the agency capacity for the proposed scope of work.

Proposed Services Form – Attachment D

Complete the proposed services form, reflecting the services you will provide over the entire grant/contract period January 1, 2019 thru June 30, 2020. This should include the staff name, program type, service area, and estimated number of individuals that will be served and/or number of activities provided.

A sample of a proposed services form is included; please use this sample as a template for how to complete this form.

Budget Detail Worksheets – Attachment E

Applicants should submit a budget for the entire 18-month period.

Applicants are required to split up the expenses across all relevant programs. Expenses specific to serving victims of domestic violence must be represented under the Domestic Violence section of the worksheets, sexual assault service expenses should be under the Sexual Assault section, and victim of crime service expenses should be under the Victim of Crime section. See the section Collaboration Amongst State Agencies for context and definitions.

Under Budget Line Items and Guidance, you will find budget terms and definitions. Please complete the blank Budget Detail Worksheets, including the budget justification section.

MTDC Certification Form – Attachment F

This form is only required if your organization opts to use the indirect charging method of 10% of the Modified Total Direct Costs (MTDC).

Memorandum of Understanding, as applicable

This will depend on the proposed services and activities.

As discussed in the eligible services section, any proposals that include collaboration with a mental health or substance abuse treatment provider need to provide a MOU that describes the roles and responsibilities of each provider and how the services will work together.

Do not provide additional materials that are not requested, such as brochures or samples of materials. These items will be discarded and not reviewed or scored.

Application Checklist

Please use this checklist to make sure you have completed the required materials to send to OCVA.

All applicable Attachments:

- ☐ Attachment A: Applicant Information Form
- ☐ Attachment B: Subcontractor Information Form (if applicable)
- ☐ Attachment C: Proposal Narrative
- ☐ Attachment D: Proposed Services Form
- ☐ Attachment E: Budget Detail Worksheets (for an 18-month project period)
- ☐ Attachment F: MTDC Certification Form (if applicable)
- ☐ MOU: As applicable

Additional application documents:

- ☐ One (1) clearly marked original and three (3) unbound copies of the application

If you are unsure whether you need to include any of the forms listed above, please contact the Application Coordinator, Nicky Gleason.

Appendix B-

Survey of OCVA Grant Managers

Introduction

We need your help on an important project to promote and expand the use of data to improve victim service planning and implementation in the state. The project is a partnership between the Office of Crime Victims Advocacy at the Department of Commerce and the Washington State Statistical Analysis Center at the Office of Financial Management.. As a grant manager for the Department of Commerce, we are asking you to complete a short survey for each Victims of Crime Acts (VOCA) Initiative Competitive grant you oversee. The purpose of this survey is to gather consistent data on the progress being made towards grant objectives by programs the Department of Commerce is funding through VOCA. We understand that many of the programs are just in the beginning of their grant cycles, but hope that you will answer the questions to the best of your ability.

If you oversee grantees that receive funding through multiple grants (such as receiving both an Enhancement/Expansion grant as well as a Culturally and Community Specific grant), please complete the survey only once for that grantee. If you have any questions regarding this survey please do not hesitate to reach out to Leah Fisher at leah.fisher@ofm.wa.gov or (360) 902-0624.

Program Information

1. Program Name

2. Grant Type

- [ ] Enhancement and Expansion
- [ ] Unmet Needs/Proposed Services
- [ ] Culturally and Community Specific
- [ ] Sexual Assault Nurse Examiner (SANE)

3. County where program resides:

Contact with Program

4. How often do you, the grant manager, have contact with the program?

- ◯ Daily
- ◯ Weekly
- ◯ Monthly
- ◯ Other (please specify)
- ◯ Quarterly
- ◯ Semi-Annually

5. On average, does the program respond promptly to requests for information (e.g. requests for progress reports or general program questions)?

Please explain your response in the provided text box, if your response is "Never", "Rarely", or "Sometimes".

Always	Usually	Sometimes	Rarely	Never
◯	◯	◯	◯	◯

Please Explain

6. On average, does the program contact the grant manager to report challenges, ask questions, and seek technical assistance?

Please explain in what ways the program contacts the grant manager, and for what in the text box provided.

Always	Usually	Sometimes	Rarely	Never
◯	◯	◯	◯	◯

Please Explain:

7. How often does the program contact the grant manager for the following reasons?

	Never	Rarely	Sometimes	Usually	Always
Technical Assistance	◯	◯	◯	◯	◯
Questions	◯	◯	◯	◯	◯
Report Challenges	◯	◯	◯	◯	◯

Other (please specify)

Program Objectives and Progress

8. Please list the program's top 3 objectives/goals for the grant period. Your response should be formatted like the below example.

Example:
Main Objective: Hire one additional advocate
Objective 2: Provide 25 hours of additional services
Objective 3: Attend 5 additional community events to promote awareness.

9. For each of the objectives you identified in question 8, please indicate whether the program has made progress toward the objective.

	Yes, this objective has been met.	Some progress has been made.	No, progress has not been made.	Status of objective is unknown.
Main Objective				
Objective 2				
Objective 3				

Other (please specify)

10. For each objective identified in Question 8, please identify whether the program has experienced difficulty in meeting the objective. If the program has had difficulties, please list the objective and difficulties in the "Other" box.

Example of "Difficulty": By difficulty, we are referring to any barriers that have impeded the program's ability to reach its goals thus far, during the grant period.

	No	Yes	N/A
Main Objective			
Objective 2			
Objective 3			

Other (please specify)

The Program's Timeliness

11. Has this program reached its main grant objectives in a timely manner? By a timely manner, we are referring to progress based on the goals and timelines as stated on the grant application.

Please explain your response in the provided text box, if your response is "Unknown".

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ No milestones were specified
- ◯ Unknown

Please Explain:

Thank You!

12. Thank you for your participation in this survey. If you have additional comments regarding this program that you would like to share, please add them below.

Appendix C-

Article: Program Evaluation for VOCA Grantees

Program Evaluation for VOCA Grantees

-Advanced Training-

2012

Presented by:
Dr. Cris Sullivan
Michigan State University

Sponsored by:
Michigan Department of Community Health
Crime Victim Services Commission

State of Michigan
Governor – Rick Snyder

Michigan Department of Community Health
Director – Olga Dazzo

Crime Victim Services Commission
Manager – James McCurtis, Jr.
Program Specialist - Leslie O'Reilly

Author
Cris Sullivan, Ph.D. - Professor, Michigan State University

Michigan Public Health Institute
Executive Director - Jeffrey Taylor, Ph.D.
Program Director – Clare Tanner, Ph.D.
Project Manager – Mary Zack Thompson, MBA
Senior Research Assistant – Katie Parker, BS
Research Associate – Danielle Lepar, MA
Research Assistant – Kristin Ward, BS

This workbook was prepared by Michigan Public Health Institute under contract with the Crime Victim Services Commission, Michigan Department of Community Health. Permission is granted for the reproduction of this workbook, in limited quantity, provided that the reproductions contain appropriate reference to the source. The workbook can be found in its entirety on www.michiganadvocate.org under 'Resource Library.'

This project is supported by Grant No. 2004-VA-GX-0026 awarded by the Michigan Crime Victims Services Commission. The award comes from the Federal Crime Victims Fund, established by the Victims of Crime Act of 1984 administered by the Office for Victims of Crime, Office of Justice Programs, US Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author and do not necessarily represent the official position or policies of the US Department of Justice or the Michigan Department of Community Health.

Much of the material in these units was adapted from Outcome Evaluation Strategies for Domestic Violence Service Programs: A Practical Guide, written by Cris Sullivan for the Pennsylvania Coalition Against Domestic Violence. Copies of that guidebook are available by contacting PCADV, 6400 Flank Drive, Suite 1300, Harrisburg, Pennsylvania 17112-2778, attention Cindy Leedom. These guidebooks are $25 for nonprofit domestic violence programs and $30 for others (shipping and handling included in the cost).

MDCH is an Equal Opportunity Employer, Services and Programs Provider.

About the Author

Cris M. Sullivan, Ph.D.

Cris Sullivan is Professor of Ecological/Community Psychology at Michigan State University, Director of MSU's Violence Against Women Research & Outreach Initiative, and Chair of the Michigan Domestic Violence Prevention and Treatment Board. Cris has been an advocate and researcher in the movement to end violence against women since 1982. Her areas of expertise include developing and evaluating community interventions for battered women and their children, and evaluating victim services. She has received numerous federal grants to support her work and has published extensively in this area. She has also served as a consultant for numerous local, state and federal organizations and initiatives, including the National Resource Center on Domestic Violence, the National Network to End Domestic Violence, the U.S. Department of Health and Human Services, the U.S. Department of Justice's Office on Violence Against Women, and the Battered Women's Justice Project. Cris can be reached by email at sulliv22@msu.edu.

Table of Contents

Unit 1 - Why Evaluating Our Work Is Important 1
Unit 2 - Important Considerations Before Designing an Evaluation 3
Unit 3 - Process Evaluation: How Are We Doing? 7
Unit 4 - Outcome Evaluation: What Impact Are We Having? 9
Unit 5 - Collecting the Information (Data) 13
Unit 6 - Analyzing and Interpreting your Findings 23
Unit 7 - Your (Optional) Relationship with a Researcher/Evaluator.....29
Unit 8 -Making Your Findings Work for You.....31
PowerPoint Presentation Slides 35
Data Analysis & Reporting Using Microsoft Excel 43
Evaluation Materials 67
Crisis Intervention Line Phone Log.....69
Individual Counseling Feedback.....71
Group Counseling Feedback Form 73
Legal Advocacy Feedback Form 75
Children's Advocacy Feedback Form 77
Sexual Assault Medical Advocacy Evaluation.....81
Victim/Witness Unit: Customer Service Survey Example for Staff Completion.....84
Victim/Witness Unit: Customer Service Survey Example for Customer Completion.....85
Sample Logic Models 87
Creating a Plan with Staff for Collecting Outcome Evaluation Data 93
Inviting Clients to Complete Program Evaluation Forms: Directions for Staff 94
Additional Readings.....95
"The Impact of Domestic Abuse Victim Services on Survivors' Safety and Wellbeing".....95
"Evaluating Domestic Violence Support Service Programs: Waste of Time, Necessary Evil, or Opportunity for Growth?".....99
Additional Readings.....107
Evaluation Web Sites.....109
Glossary of Terms.....111
Handouts 113

Unit 1

Why Evaluating Our Work Is Important

Although the thought of "evaluation" can be daunting, if not downright intimidating, there are some good reasons why we want to evaluate the work we are doing. The most important reason, of course, is that we want to understand the impact of what we are doing on people's lives. We want to build upon those efforts that are helpful to those needing our services; at the same time, we **don't** want to continue putting time and resources into efforts that are **not** helpful or important. Evaluation is also important because it provides us with "hard evidence" to present to funders, encouraging them to continue and increase our funding. Most of us would agree that these are good reasons to examine the kind of job we're doing...**BUT**...we are still hesitant to evaluate our programs for a number of reasons.

Why Many Programs Resist Evaluation (and why they should reconsider!):

"Funders (or the public) will use our findings against us."

A common concern heard from program staff is that our own evaluations could be used against us because they might not "prove" we are effective in meeting our goals. This is actually a reason why we need to be in charge of our own evaluations, to realistically evaluate our efforts and to interpret our own findings.

"I have no training in evaluation!"

That's why you're participating in this training. There is a scary mystique around evaluation — the idea that evaluation is something only highly trained specialists can (or would want to!) understand. The truth is, this training will provide you with most, if not all, of the information you need to conduct a program evaluation.

"We don't have the staff (or money) to do evaluation."

It is true that evaluating our programs takes staff time and money. One of the ways we need to more effectively advocate for ourselves is in educating our funding sources that evaluation demands must come with dollars attached. However, this training was created to help programs do their own evaluations with as little extra time and expense as possible.

"We've already done evaluation [last year, 10 years ago]; we don't need to again."

Things change. Programs change, and staff change. We should continually strive to evaluate ourselves and improve our work.

Knowledge is power. And the more service providers know about designing and conducting evaluation efforts the better those efforts will be. Evaluating our work can provide us with valuable information we need to continually improve our programs.

Unit 2

Important Considerations Before Designing an Evaluation

Before even beginning any evaluation efforts, all programs should consider three important issues: (1) how you will protect the confidentiality and safety of the people providing you with information, (2) how to be respectful to clients when gathering and using information, and (3) how you will address issues of diversity in your evaluation plan.

Confidentiality and Safety of Survivors of Crimes

The safety of the individuals with whom we work must **always** be our top priority. The need to collect information to help us evaluate our programs must always be considered in conjunction with the confidentiality and safety of the people receiving our services. The safety and confidentiality of clients must be kept in mind when (1) deciding what questions to ask; (2) collecting the information; (3) storing the data; and (4) presenting the information to others.

Respecting Survivors Throughout the Process

When creating or choosing questions to ask people who use our services, we must always ask ourselves whether we really need the information, how we will use it, whether it is respectful or disrespectful to ask, and who else might be interested in the answers. As an example, let's assume we are considering asking people a series of questions about their use of alcohol or drugs. The first question to ask ourselves is: how will this information be used? To ensure people are receiving adequate services? To prevent people from receiving services? Both? If this information is not **directly** relevant to our outcome evaluation efforts, **do we really need to ask**? It is not ethical to gather information just for the sake of gathering information; if we are going to ask clients very personal questions about their lives, there should always be an important reason to do so, and their safety should not be compromised by their participation in our evaluation.

Second, how should we ask these questions in a respectful way? First and foremost, people should always be told **why** we are asking the questions we're asking. And whenever possible, an advisory group of people who have used our services should assist in supervising the development of evaluation questions. The next question is: who else might be interested in obtaining this information? Perpetrators' defense attorneys? Child Protective Services? People should always know what might happen to the information they provide. If you have procedures to protect this information from others, people should know that. If you might share this information with others, people need to know that as well. Respect and honesty are key.

NOTE: The words **anonymous** and **confidential** have different meanings. Although many people incorrectly use them interchangeably, the distinction between these two words is important.

Anonymous - you do not know who the responses came from. For example, questionnaires left in locked boxes are anonymous.

Confidential - you do know (or can find out) who the responses came from, but you are committed to keeping this information to yourself. A woman who participates in a focus group is not anonymous, but she expects her responses to be kept confidential.

Attending to Issues of Diversity

Most service delivery programs are aware that they must meet the needs of a diverse population of individuals. This requires taking steps to ensure our programs are **culturally competent**, as well as flexible enough to meet the needs of a diverse clientele.

Cultural competence is more than just "expressing sensitivity or concern" for individuals from all cultures (cultural sensitivity). A culturally competent program is one that is designed to effectively meet the needs of individuals from diverse cultural backgrounds and experiences. It involves understanding not only the societal oppressions faced by various groups of people, but also respecting the strengths and assets inherent in different communities. This understanding must then be reflected in program services, staffing, and philosophies.

In addition to diversity in culture, there is a great deal of other variability among individuals, including diversity across:

- age
- citizenship status
- gender identity
- health (physical, emotional, and mental)
- language(s) spoken
- literacy
- physical ability and disability
- religious and spiritual beliefs
- sexual orientation
- socioeconomic status

Although process evaluation is commonly thought of as the best way to understand the degree to which our programs meet the needs of people from diverse experiences and cultures (see Unit 3), outcome evaluation should also

attend to issues of diversity. This training takes the position that outcome evaluation must be designed to answer the question of whether or not people **attained outcomes they identified as important to them**. So for example, before asking a mother of a sexually abused child if she obtained a place of residence away from the perpetrator, you must first ask if she **wanted** the separation. Before asking if your support group decreased a woman's isolation, you would want to know if she felt isolated **before** attending your group. Not all people seek our services for the same reasons, and our services must be flexible to meet those diverse needs. Outcome evaluation can inform you about the different needs and experiences of people, and this information can be used to inform your program as well as community efforts.

Attending to issues of diversity in your outcome evaluation strategies involves: (1) including the views and opinions of people from diverse backgrounds and experiences in all phases of your evaluation; (2) including "demographic" questions in your measures (e.g., ethnicity, age, primary language, number of children, sexual orientation) that will give you important information about respondents' background and situations; and (3) pilot testing your outcome measures with individuals from diverse cultures, backgrounds, and experiences.

Unit 3

Process Evaluation: How Are We Doing?

Even though this training focuses on outcome, not process, evaluation, there is enough confusion about the difference between the two to warrant a brief discussion of process evaluation. **Process evaluation** assesses the degree to which your program is operating as intended. It answers the questions:

- What (exactly) are we doing?
- How are we doing it?
- Who is receiving our services?
- Who **isn't** receiving our services?
- How satisfied are service recipients?
- How satisfied are staff? volunteers?
- How are we changing?
- How can we improve?

These are all important questions to answer, and process evaluation serves an important and necessary function for program development. Examining how a program is operating requires some creative strategies and methods, including interviews with staff, volunteers, and service recipients, focus groups, behavioral observations, and looking at program records. Some of these techniques are also used in outcome evaluation, and are described later.

When designing outcome measures, it is common to include a number of "process-oriented" questions as well. This helps us determine the connection between program services received and outcomes achieved. For example, a program providing legal advocacy services might find that people who received three or more hours of face-to-face contact with your legal advocate were more likely to report understanding their legal rights than were people who only talked with your legal advocate once over the phone.

Process evaluation is also important because we want to assess not just whether a person received what they needed (outcome), but whether they felt "comfortable" with the staff and volunteers, as well as with the services received. For example, it is not enough that a family received the help they needed to obtain housing (outcome), if the advocate helping them was condescending or insensitive (process). It is also unacceptable if a client felt "safe" while in counseling (outcome) but found the facility so dirty (process) he or she would never come back.

Process evaluation helps us assess **what** we are doing, **how** we are doing it, **why** we are doing it, **who** is receiving the services, **how much** recipients are receiving, **the degree** to which staff, volunteers, and recipients are satisfied, and **how** we might improve our programs.

Unit 4

Outcome Evaluation: What Impact Are We Having?

It is extremely common for people to confuse process evaluation with outcome evaluation. Although process evaluation is important — and discussed in the previous Unit — it is **not** the same as outcome evaluation.

The critical distinction between goals and outcomes is that outcomes are statements reflecting measurable change due to your programs' efforts.

Depending on the individual program, **program outcomes** might include:

- survivor's immediate safety
- the immediate safety of the survivor's children
- survivor's increased knowledge
- survivor's increased awareness of options
- survivor's decreased isolation
- community's improved response to survivors
- public's increased knowledge about the issue

There are 2 types of outcomes we can evaluate: long-term outcomes and short-term outcomes. **Long-term outcomes** involve measuring what we would expect to ultimately occur, such as:

- increased survivor safety over time
- reduced incidence of crime in the community
- reduced homicide in the community
- improved quality of life of survivors

Measuring long-term outcomes is very labor intensive, time intensive, and costly. Research dollars are generally needed to adequately examine these types of outcomes. More realistically, you will be measuring short-term outcomes, sometimes referred to as **short-term change**.

Short-term changes are those more immediate and/or incremental outcomes one would expect to see that would eventually lead to the desired long-term outcomes. For example, a hospital-based medical advocacy project for battered women might be expected to result in more people being correctly identified by the hospital, more women receiving support and information about their options, and increased sensitivity being displayed by hospital personnel in contact with abused women. These changes might then be expected to result in more women accessing whatever community resources

Outcome Evaluation assesses program impact: What occurred as a result of the program? Outcomes must be measurable, realistic, and philosophically tied to program activities.

they might need to maximize their safety (i.e., shelter, Order For Protection), which **ultimately** – in theory – would be expected to lead to reduced violence and increased well-being. Without research dollars you are unlikely to have the resources to measure the long-term changes that result from your project. Rather, programs should measure the short-term outcomes they expect to see. In this example, that might include (1) the number of women correctly identified in the hospital as survivors of domestic abuse; (2) survivors' perceptions of the effectiveness of the intervention in meeting their needs; and (3) hospital personnel's attitudes toward survivors of domestic violence.

Measures of Short-term Change

Measuring short-term outcomes requires obtaining the answers to questions such as:

- How **effective** did survivors feel this program was in meeting their needs?
- How **satisfied** were survivors with the program and how it met their needs?
- If this program/service was designed to result in any immediate, measurable change in survivors' lives, **did this change occur**?

Note: "Satisfaction with services" is typically considered to be part of process evaluation as opposed to outcome evaluation. However, many programs strive to provide services unique to each client's situation and view each client's "satisfaction with the degree to which the program met his or her needs" as a desired short-term outcome.

For a crisis intervention program you might measure how often individuals received needed referrals. Regarding the effectiveness of a counseling/support program, you may want to measure changes in survivors' feelings of control over their lives. The effectiveness of a personal advocacy program may be partially determined by a measure of employers' reactions to survivors' needs for time off.

Satisfaction with a crisis intervention program could be measured by asking a caller if they need any additional information. A group support program may measure satisfaction by asking the degree to which participants felt the counselor was sensitive to cultural differences among group members. A legal advocacy program might ask survivors the degree to which the advocate met their needs.

Examples of immediate measurable changes also vary, depending on program type. In a crisis intervention program survivors of sexual assault may receive needed emotional support.

A counseling/support program might measure the number of participants who develop a realistic safety plan with their counselors. A legal advocacy program might measure the number of Personal Protection Orders successfully acquired within 24 hours of application submission.

A common mistake made by many people designing project outcomes is developing statements that are either (1) not linked to the overall program's objectives, or are (2) unrealistic given what the program can reasonably accomplish.

The Logic Model

A logic model generally has 5 components: inputs, activities, outputs, short-term outcomes, and long-term outcomes. INPUTS are simply a detailed account of the amount of time, energy and staff devoted to each program. In other words, what are you putting IN to the program to make it work. ACTIVITIES are the specific services being provided, while OUTPUTS are the end product of those activities (e.g., number of educational materials distributed, number of counseling sessions offered). SHORT- and LONG-TERM OUTCOMES are the benefits you expect your clients to obtain based on your program. While this may sound relatively straightforward, those of you who have created logic models in the past can attest to the amount of thought and time that must go into them. While this process can indeed be tedious, difficult, and frustrating, it really is an excellent way to clarify for yourself why you are doing what you are doing, and what you can reasonably hope to accomplish.

The Hard-to-Measure Outcomes of Programs Providing Crisis Services to Victims of Crimes

Why is it so difficult to evaluate crisis-based services? In addition to the obvious answer of "too little time and money," many agencies' goals involve outcomes that are difficult to measure. An excellent resource for designing outcomes within non-profit agencies is "Measuring program outcomes: A practical approach," distributed by the United Way of America (see List of Additional Readings in the back of this manual for more information). In an especially applicable section entitled "Special problems with hard-to-measure outcomes" (p. 74), the United Way manual lists nine situations that present special challenges to outcome measurement. Six are included here, as they are relevant to agencies providing crisis-based services to crime victims. Where applicable, the statement is followed by the type of service that is especially susceptible to this problem:

1. Participants are anonymous, so the program cannot later follow up on the outcomes for those participants. *24-hour crisis line*

2. The assistance is very short-term. *24-hour crisis line; sometimes support groups, counseling, shelter-based services*

3. The outcomes sought may appear to be too intangible to measure in any systematic way. *24-hour crisis line, counseling, support groups, some shelter services*

4. Programs are trying to prevent a negative event from ever occurring.

5. One or more major outcomes of the program cannot be expected for many years, so that tracking and follow-up of those participants is not feasible.

6. Participants may not give reliable responses because they are involved in substance abuse or are physically unable to answer for themselves.

On the one hand, it is heartening to know that (1) the United Way of America recognizes the challenges inherent to some organizations' efforts, and (2) it is not [simply] our lack of understanding contributing to our difficulty in creating logic models for some of our programs. On the other hand, just because some of our efforts are difficult to measure does not preclude us from the task of evaluating them. It just means we have to try harder!

Unit 5

Collecting the Information (Data)

There are pros and cons to every method of data collection. Every program must ultimately decide for itself **how** to collect evaluation information, based on a number of factors. These factors should include:

- What are we trying to find out?
- What is the best way to obtain this information?
- What can we afford (in terms of time, money) to do?

What Are We Trying to Find Out?

Often when you are trying to evaluate what kind of impact your program is having, you are interested in answering fairly straightforward questions: did the survivor receive the assistance he or she was looking for, and did the desired short-term outcome occur? You are generally interested in **whether** something occurred, and/or the degree to which it occurred. You can generally use **closed-ended** questions to obtain this information. A closed-ended question is one that offers a set number of responses. For example, did the sexual assault survivor feel safer at home after attending counseling sessions for 12 weeks (yes/no)? Did the father of the homicide victim feel less isolated after attending the support group for ten weeks (less/more/the same)? The answers to these types of questions are in the form of **quantitative data**. Quantitative data are data that can be explained in terms of numbers (i.e., quantified). There are many advantages to gathering quantitative information: it is generally quicker and easier to obtain, and is easier to analyze and interpret than **qualitative data**. Qualitative data generally come from **open-ended** questions that do not have pre-determined response options, such as: "tell me what happened after the police arrived..." or "in what ways was the support group helpful to you?" While you often get richer, more detailed information from open-ended questions, it is more time-consuming and complicated to synthesize this information and to use it for program development. Some people argue that quantitative data are superior to qualitative data, others argue that qualitative data are better than quantitative data, and still others believe we need both to obtain the richest information possible. These arguments are beyond the scope of this training, and we suggest you consider the pros and cons of each method before deciding what will work best for your particular needs.

Obtaining the Information

The remainder of this unit describes some of the pros and cons of some of the more common data gathering approaches: face-to-face interviews, telephone interviews, written questionnaires, focus groups, and staff accounts.

It also suggests ways to protect clients' information and avoid getting biased information. Information is biased when it has been influenced by factors that threaten the validity of the information. For example, a client may say that services received were excellent, when she or he actually believes services were poor. A client might say this because she or he wants to please the interviewer.

Before discussing specific types of evaluation instruments, there are a few important steps that should be applied to all instruments when gathering data. To protect clients' information and reduce biased data, always explain why you are asking the questions and what you plan to do with the information. In addition, always assure clients of confidentiality/anonymity and follow through with steps to ensure this. Store written information in a secure place, and if there is identifying information about the client, this should be stored in a separate, secure place. Since information is to be used only in an aggregate form (in other words, the client's information will be combined with other data and not presented individually), it is not necessary to know who said what. No one should be able to match people's responses to their identities.

Face-to-face interviews

This is certainly one of the more common approaches to gathering information from clients, and for good reason. It has a number of advantages, including the ability to:

- fully explain the purpose of the questions to the respondents,
- clarify anything that might be unclear in the interview,
- gain additional information that might not have been covered in the interview but that arises during spontaneous conversation, and
- maintain some control over when and how the interview is completed.

There are disadvantages to this approach as well, however, including:

- lack of privacy for the respondent,
- the potential for people responding more positively than they might actually feel because it can be difficult to complain to someone's face,
- the time it can take to complete interviews with talkative people, and
- interviewer bias.

Although the first three disadvantages are self-explanatory, "interviewer bias" needs a brief explanation: It is likely that more than one staff member would be conducting these interviews over time, and responses might differ depending on who is actually asking the questions. One staff member might

be well-liked and could encourage people to discuss their answers in detail, for example, while another staff member might resent even having to gather the information, and her or his impatience could come through to the respondent and impact the interview process. Interviewers, intentionally or unintentionally, can affect the quality of the information being obtained.

To protect clients' information and reduce biased data, select interviewers carefully, consider providing some standardized training to interviewers, and try to retain a limited number of interviewers over time. Hold interviews in private spaces where only the interviewer can hear the client.

Telephone interviews

Telephone interviews are sometimes the method of choice when staff wants to interview clients after services have already been received. Advantages to this approach include:

- such interviews can be squeezed in during "down" times for staff;
- people might feel cared about because staff took time out to call, and this might enhance the likelihood of their willingness to answer some questions;
- important information that would have otherwise been lost can be obtained; and
- you might end up being helpful to the individuals you call. Should a respondent need some advice or a referral, you can provide that during your telephone call.

The most serious disadvantage of this approach involves the possibility of putting people in danger by calling them when you don't know their current situation. It is never worth jeopardizing an individual's safety to gather evaluation information.

Another drawback of the telephone interview approach is that you are likely to only talk with a select group of people, who may not be representative of your clientele. One research study that involved interviewing women with abusive partners provides an excellent example of how we can't assume our follow-up samples are necessarily representative:

> The study involved interviewing women every six months over two years, and the project was able to locate and interview over 95% of the sample at any given time point. Women who were easy to find were compared with the women who were more difficult to track, and it turned out that the "easy to find" women were more likely to be white, were more highly educated, were more likely to have access to cars, were less depressed, and had experienced less psychological and physical abuse compared to the women who were more difficult to find. The moral of the story is: If you do follow-up interviews with clients, be careful in your interpretation of findings. The clients you talk to are probably not representative of all the people using your services.[1]

It is not recommended to ever call a client unless you have discussed this possibility ahead of time and received permission to do so.

To protect clients' privacy, do not attach names to the responses you write down. To protect clients' safety you may want to pre-arrange a code name for your organization, as well as a safe time to call.

Written Questionnaires

The greatest advantages of this method of data collection include:

- they are easily administered (generally clients can fill them out and return them at their convenience),
- they tend to be more confidential (clients can fill them out privately and return them to a locked box), and
- they may be less threatening or embarrassing for the client if very personal questions are involved.

Disadvantages include:

- written questionnaires require respondents to be functionally literate;
- if an individual misunderstands a question or interprets it differently than staff intended, you can't catch this problem as it occurs, and
- the method may seem less personal, so people may not feel it is important to answer the questions accurately and thoughtfully, if at all.

To reduce the chances of getting biased responses there are steps, specific to survey instruments, to consider. First, provide a way for clients to complete surveys where others are unlikely to be able to read their surveys as they write. If clients have someone with them, do not assume that they feel safe with and trust that person. Second, have clients deposit completed surveys into a locked box. Third, ensure that all writing utensils and survey forms are identical. (This is especially important for very small offices where few clients congregate at any one time.) Fourth, make it clear that clients are not to write their names on the surveys.

Focus Groups

The focus group has gained popularity in recent years as an effective data collection method. Focus groups allow for informal and (hopefully) frank discussion among individuals who share something in common. For example, you may want to facilitate a focus group of people who recently used your services as a way of learning what is working well about your service and what needs to be improved. You might also want to facilitate a focus group of "underserved" people in your area — perhaps individuals over 60, or people who live in a rural area, or Latinas...this would depend on your specific geographic area, your specific services, and who in your area appears to be underserved or poorly served by traditional services.

Focus groups generally are comprised of no more than 8-10 people, last no more than 2-3 hours, and are guided by some open-ended but "focused" questions. An open-ended question is one that requires more than a yes or no answer, and this is important to consider when constructing your questions. For example, instead of asking people who have used your services "did you think our services were helpful?" — which is a closed-ended, yes/no question — you might ask "what were the most helpful parts of our program for you? what were the least helpful?" and "what are some things you can think of that we need to change?"

It is important to consider a number of issues before conducting a focus group: will you provide transportation to and from the group? childcare? refreshments? a comfortable, nonthreatening atmosphere? How will you ensure confidentiality? Who do you want as group members, and why? Do you have a facilitator who can guide without "leading" the group? Will you tape-record the group? If not, who will take notes and how will these notes be used?

When facilitating a focus group you want to create enough structure to "focus" the discussion, but at the same time you don't want to establish a rigid structure that precludes free-flowing ideas. This can be a real balancing act, so give careful consideration to your choice of who will facilitate this group.

After you've decided what kind of information you want to get from a focus group, and who you want to have in the group, design 3-5 questions ahead of time to help guide the discussion. Try to phrase the questions in a positive light, as this will facilitate your generating solutions to problems. For example, instead of asking, "why don't more Latinas in our community use our services?" you might ask "what would our services need to look like to be more helpful to Latinas?"

To avoid eliciting biased responses and to help facilitate discussion, participants of any given focus group should be of similar demographic backgrounds. If program participants are diverse in ways that could affect their responses, group similar individuals in the same focus group. A minimum of three focus groups is recommended to gather a wide range of ideas and allow for trends in responses.

For more specific information regarding facilitating focus groups, please see the List of Additional Readings at the end of this manual.

Staff Interviews

While obtaining information from staff is one of the easiest ways to gather data for evaluation purposes, it has a number of drawbacks. The greatest drawback, of course, is that the public (and probably even the program) may question the accuracy of the information obtained if it pertains to client satisfaction or program effectiveness. The staff of a program could certainly be viewed as being motivated to "prove" their program's effectiveness. It is also only human nature to want to view one's work as important; we would not be doing this if we did not think we were making a difference. It is best to use staff records in addition to, but not instead of, data from less biased sources.

A Comment on Mail Surveys

Although mail surveys require little employee time and are relatively inexpensive, they are notorious for their low return rate. If you do send a survey through the mail, be sure to include a self addressed stamped envelope and a personalized letter explaining why it is important that the individual complete the form.

> The use of mail surveys **is not recommended** when trying to obtain information from women with abusive partners and ex-partners; there are just too many risks involved for the potential respondents. If you absolutely have to send something to a domestic violence survivor through the mail, assume her abuser, sister, children, and neighbor will open it and read it. Keep all correspondence, therefore, both general and vague.

Deciding When to Evaluate Effectiveness

Timing is an important consideration when planning an evaluation. Especially if your evaluation involves interviewing people who are using or who have used your services, the time at which you gather the information could distort your findings. If you want to evaluate whether people find your support group helpful, for example, would you ask them after their first meeting? Their third? After two months? There is no set answer to this question, but bear in mind that you are gathering different information depending on the timing, and be specific about this when discussing your findings. For example, if you decided to interview only people who had attended weekly support group meetings for two months or more, you would want to specify that this is your "sample" of respondents.

Consideration for the feelings of your clientele must also be part of the decision-making process. Programs that serve people who are in crisis, for example, would want to minimize the number and types of questions they ask. This is one reason programs find it difficult to imagine how they might evaluate their 24-hour crisis line. However, some questions can be asked that can be used to evaluate 24-hour crisis line programs; these questions must be asked only when appropriate, and should be asked in a conversational way. Sample items are provided in the Evaluation Materials section of this handbook.

You also need to consider programmatic realities when deciding when and for how long you will gather outcome data. Do you want to interview everyone who uses your service? Everyone across a 3 month period? Every fifth person? Again, only you can answer this question after taking into account staffing issues as well as your ability to handle the data you collect. The following section provides some general guidelines to help you get started.

General Guidelines for Using Samples

The key to collecting information from a sample of program participants is that you must take steps to make sure that the people you include are as much like ("representative of") the whole group of people who receive your services as possible. This means that people from all ages, races and cultural groups, sexual orientations, religious preferences, and abilities must be included. It also means that clients who complain must be included along with those who continually comment that your program is wonderful. Clients who have limited contact with your program should be included, along with those who are involved for a long period of time. You **cannot select** particular clients based on one of these characteristics, and exclude others! That would "bias" your sample.

Expensive research and professional opinion polls commonly obtain representative samples by selecting participants at **random**. Essentially, this means that everyone on a list of the population has an equal chance of being selected to be in the sample. Service programs (which don't have a list of everyone they will see) sometimes accomplish the same thing by selecting every other (or every third, or every tenth, etc.) client. This might or might not make sense for you, depending on the size of your program as well as the size of your staff. Someone would have to be in charge of monitoring this process.

A reasonable alternative approach to sampling for most programs would be to select one or more times (depending on the type of service and what works best for you) during each year when you will obtain feedback from clients. Here are some considerations:

Representative/Typical: The time you select should be a "typical" time period, and one when it would also be easy for you to gather the information. You know your program and the clients you serve, and the normal fluctuations you experience. If, for example, you have periods of time that are

always especially busy or especially slow, you may want to avoid those times because they are not *representative* of your typical client-flow.

Sample Size: The number of clients you collect information from is not fixed. It will depend on how big your program is—the number of clients you typically provide specific services to in a given year. The idea is that you need to get information from enough of them that you can say that what you have is a fair and reasonable reflection of the experience of the whole group. If you have a small program and typically serve a small number of people in the course of a year, you should try to get information from all of them, and it shouldn't be too burdensome. If you serve hundreds every year, then collecting information from twenty or twenty-five percent may be enough, as long as the selection process is consistent and unbiased. The length of time you select to collect the information will be determined by the number you decide is your goal for the sample. In general, **the larger the number of clients you serve, the smaller the percentage you will need, as long as the time period is fairly typical and the selection process is consistent and unbiased.** Again, for example, if you have 1000 clients, sampling 10% or 15% may be enough. If you have 50 clients, sampling half of them would be better.

[1]Source: Sullivan, C.M., Rumptz, M.H., Campbell, R., Eby, K.K., & Davidson, W.S. (1996). Retaining participants in longitudinal community research: A comprehensive protocol. Journal of Applied Behavioral Science, 32(3), 262-276

Designing a Protocol for Getting Completed Forms Back from Clients

It is important to think about how to get forms back from clients in a way that protects their anonymity. Different programs will make different decisions about this based on size of your organization, number of staff, types of services offered, etc., but I offer a number of guidelines here to help you make the best choice.

First, regardless of the service offered, clients should be confident that you cannot trace their comments directly back to them. Some people will not want to give negative feedback to the person who just provided them with services, either because they do not want to hurt the staff member's feelings or because they might think staff will hold their comments against them. Therefore, some time and effort needs to go into reassuring clients that steps have been taken to ensure their comments are completely anonymous.

Any staff member who will be involved in collecting surveys from clients should be familiar with the following protocol:

1. The staff member who asks the client to complete the form should ideally **NOT** be the person who has just delivered the service (the advocate, group facilitator, counselor, etc.). For small programs where this is not possible, be sure to follow the next guidelines even more carefully.

2. Stress the following things to the client when asking them to complete a survey:
    a. Explain that you understand s/he is busy and that you really appreciate their taking the time to complete a survey.
    b. Explain that your program takes survey results seriously and makes changes to services based on feedback received.
    c. Stress that the survey will only take a few minutes to complete.
    d. Stress that while you really would appreciate feedback, completing the survey is absolutely voluntary.
    e. Explain that it's very important staff do not know who completed what survey and that a number of procedures are in place to make sure staff don't know who said what. Explain those procedures.

3. Make sure clients receive either a pencil, or black or blue pen to complete the survey.

4. Clients need a private space to complete the survey uninterrupted.

5. Identify a visible, convenient, and secure place for the <u>completed</u> forms to be returned. You may want to ask clients what would help

them feel most comfortable and trusting: the type of container (a covered box? something with a lock?) and its location. For small programs, with few clients, it is especially important to explain to clients that the box is only opened every month or every quarter (depending on number of clients) to ensure anonymity of clients.

I have summarized this information into a one-page handout you can copy and share with all staff. It is in the back of this manual under Evaluation Materials.

Unit 6
Analyzing and Interpreting your Findings

A critical component of evaluation is to correctly interpret findings. Although it is **not** true that "you can make data say anything you want," as some critics of evaluation would suggest, data **are** open to interpretation. This unit presents some basics for analyzing and interpreting findings, as well as some common mistakes to be avoided.

Storing the Data

The first question, before deciding how to analyze your data, is: how and where will you **store** your data? It is strongly recommended that programs invest in some type of computerized **database**, or computer program designed for storing and organizing data. This does not have to be anything extremely elaborate that only a computer whiz can understand — as a matter of fact, that is exactly the kind of database you **don't** want — but it should be capable of organizing your data for you in a simple, manageable way.

> Regardless of whether you will be entering the data into a computerized database, or calculating your findings by hand, determine how and where you will store your data to maximize confidentiality of participants and to minimize the opportunity for someone to mistakenly delete or misplace your files.

Analyzing the Data

Analyzing Quantitative Data

Most of the evaluation information you will gather for funders will be in the form of "quantitative" as opposed to "qualitative" data. These types of data generally tell you **how many**, **how much**, **whether**, **why**, **how**, and **how often**. This is accomplished by looking at **frequencies**, which is simply a statistical way of saying you look at the percentages within a given category (how **frequently** a response was chosen).

In addition to examining frequencies, it sometimes makes sense to look at the mean, median or mode of responses. The following pages explain in more detail how to calculate frequencies, means, medians, and modes, and provide suggestions for when to choose one over another when interpreting data.

A Number of Ways to Interpret the Same Data

Example A

Eighty people respond to the following item:

Overall, I would rate the help I received from the advocacy program as:

1 = very helpful
2 = somewhat helpful
3 = a little helpful
4 = not helpful at all

Let's assume your data looked like this: out of the 80 people who responded to this question, sixty five circled "1," nine circled "2," four circled "3," and two circled "4." So what you have is:

Number of people:	Chose Response:
65	1
9	2
4	3
2	4

The first step you would take would be to turn these numbers into **percents**, or **frequencies**, which would give you:

Percent of people:	Chose Response:
(65/80) 81%	1
(9/80) 11%	2
(4/80) 5%	3
(2/80) 3%	4

Now that you have both the number of people in each category as well as the percentage of people in each category, it is time to decide how to present the data for public consumption.

A common mistake many people make in reporting **how many** is to present numbers instead of percentages. Look at the following description of the results to this question to see what I mean:

> *"Eighty people were asked, on a scale of 1 -4 [with 1 = very helpful to 4 = not helpful at all], to tell us how helpful they found our program to be. Sixty five circled "1," 9 circled "2," 4 circled "3," and 2 circled "4."*

What would you, as a reader, understand from this statement? Odds are your eyes blurred over pretty quickly and you skimmed the sentence. Now look at the same data presented in a little different way:

> *"Eighty people were asked, on a scale of very helpful to not helpful at all, to tell us how helpful they found our program to be. Ninety two percent of the people reported finding our program to be at least somewhat helpful to them (81% reported it was very helpful). Five percent of the people found the program to be a little helpful, and 3% indicated it was not helpful at all."*

One other way to present information like this is to report the "average response," or the "typical response," by reporting the mean, median, or mode. The **mean response** is the mathematical average of the responses. Finding the mean involves the following four steps:

(1) looking again at your raw data, which if you remember from our example looked like:

Number of people:	**Chose Response:**
65	1
9	2
4	3
2	4

(2) multiplying the number of people in each response category by that response:

Number of people:	**Response:**	**Multiply:**
65	1	65x1 = 65
9	2	9x2 = 18
4	3	4x3 = 12
2	4	2x4 = 8

(3) adding together all of the individual sums (65 + 18 + 12 + 8 = 103), and

(4) dividing this number by the number of respondents (103 divided by 80 = 1.2875). Your **mean** then, or mathematical **average**, is 1.29.

Sometimes the mathematical average can be misleading, in which case you might want to present the **median** or the **mode**. Example B shows how the mean of a sample can be misleading:

Example B

10 people are asked the following question: How happy are you today?

1	=	miserable
2	=	unhappy
3	=	so-so
4	=	happy
5	=	ecstatic

Five of the people report they are miserable (5 x 1 = 5) and five people are ecstatic (5 x 5 = 25). Add 5 plus 25, and then divide by 10, and your mean is 3. If you reported only that the mean of this item was "3," the reader would assume that these ten people felt pretty "so-so," which was completely untrue for all of the ten. This is why sometimes people want to look at the median or mode as well.

The **median** is the middle number out of all the responses you received. When you look at this number you know that half the respondents chose a number higher than this and half the respondents chose a number lower. Looking again at the raw data from Example A, what is the **median**?

Reminder

Number of people:	**Chose Response:**
65	1
9	2
4	3
2	4

This is a bit tough because the distribution of responses is pretty skewed due to so many people choosing "1," but it's a good example because we see this type of distribution a lot in evaluating our services. The **median** in this example is "1" because if you were to write down all 80 responses the first 40 (the top half of the sample) would be "1." This, then, is the middle number of the distribution.

The **mode** is the **most commonly chosen** response, which in the case of Example A is also 1 (since 65 out of 80 chose it). So now you know the median and mode are both 1, the mean is 1.29, and 81% of the people chose 1 as their response. No matter how you look at it, people reported finding your program helpful.

So how do you decide whether to report the mean, median, or mode when describing your data? You have to look at the range of answers you received to the question and decide which statistic (the mean, median, mode) most accurately summarizes the responses. In the case of Example B, where half the respondents were on one end of the continuum and half were on the other end, the mean and median would be misleading. The best way to describe the responses to this item would be to simply state:

> *"Half the people reported being miserable, while half reported being ecstatic."*

Analyzing Qualitative Data

Analyzing qualitative, or more narrative, data involves looking for themes, similarities, and discrepancies across verbatim responses. For example, you might have an open-ended question that reads: "what was the most helpful part of our program for you?" You would want to read all of the different people's responses to this question while asking yourself: what are the commonalities across these responses? what are the differences? did a majority of the people mention receiving practical assistance as the most helpful, or emotional assistance, or something else entirely? Sometimes you might want to use qualitative responses to supplement quantitative responses. For example, if you reported (based on your data, of course!) that 89% of the people who participated in your support group reported feeling less isolated as a result, you might supplement this information by adding a quote or two from individual people to that effect. Just be sure to remember the importance of confidentiality, and never use a quote that could reveal a person's identity.

Accurately understanding and reporting the data we collect for outcome evaluation is critical to properly using this information to improve our programs. We do not want to under-estimate or over-estimate our successes and we want to accurately portray people's experiences to ourselves and others.

Unit 7

Your (Optional) Relationship with a Researcher / Evaluator

There may be times when you want to work with a professional researcher to evaluate one or more of your programs. Establishing a positive relationship with an evaluator can be beneficial in a number of ways. First, the evaluator may bring some resources (money, time, expertise) to contribute to the evaluation, which could free up staff time and energy. Second, the evaluator could be helpful in disseminating positive information about your program to others. Bringing different types of expertise to a task generally lightens the load for all involved.

A word of caution is important here, however. There are researchers who would be more than happy to work with your organization, but **for all the wrong reasons**. Some researchers are looking for opportunities to publish articles or obtain research grants simply to enhance their own careers, some are not willing to collaborate with you in an equal partnership, and some are unaware of the dynamics of the social problem you're addressing, and can inadvertently endanger or misrepresent your clients.

Please also remember that VOCA grantees have provisions in their contracts prohibiting them from participating in research that has not received Human Subjects Approval from the Michigan Department of Community Health. Approval is NOT needed if an evaluator helps you with your *program evaluation*, as long as they will not use the data for any other purpose. If they want to present the data to others, however, make sure you receive approval for this *before any data are even collected*.

What to Look For in an Evaluator

A relationship between you and an evaluator should be mutually beneficial. An evaluator should not be seen as doing you such a big favor that you are in her or his debt. You each bring a different expertise to the table, and you should each gain something valuable from the endeavor. Find out right from the start what the evaluator expects to get out of this relationship. If the evaluator works with a university, she or he is probably expected to write grants and/or publish articles and/or contribute back to the community. Such activities result in promotions and pay increases, so you are as important to the researcher as the researcher is to you.

When you are Approached by an Evaluator

If you are contacted by a researcher (or graduate student researcher-in-training!), have a list of questions prepared to ask that person about their motivation, expertise, and experience. Do they understand the social issue you address? Are they willing to go through your training to learn more? Are they coming to you with a research question already in mind, or do they want your

input? One of the most important things you are looking to determine from your conversations with the person is:

> *is the researcher simply "intellectually curious" about the social problem, or does she or he understand the issue and care about the people you serve?*

Before agreeing to work with an evaluator you don't know, check out their track record with other community-based organizations. You want to know that the evaluator is not going to "take your data and run," which often happens. Has she or he worked with other community-based organizations? If so, ask someone from that organization for a reference. Did the evaluator collaborate with the organization? What happened with the results of the research? Were they shared in appropriate and helpful ways? Most importantly, would the organization work with this person again? Why or why not?

When you Approach an Evaluator

At one time or another you might find yourself in a position of **wanting** to work with an evaluator. When this is the case, how do you find an evaluator with whom you would feel comfortable working? Unless money is not a constraint, you will probably have to look "close to home" for such a person. Most researchers work either at research institutes, in academic settings, or are self-employed consultants. If you have a college or university nearby, you might want to contact someone in a department such as Criminal Justice, Human Ecology, Social Work, Urban Affairs, Psychology, or Sociology. You might also contact other community-based organizations and ask if they have had positive experiences with a researcher in the past. If you have read a research article by someone you think sounds reasonable you can even call or email that person and ask for references for someone in your area.

Unit 8

Making your Findings Work for You

As discussed in Unit 1, outcome findings can be used **internally** to improve your program and **externally** to encourage others to support your efforts.

Using Your Findings Internally

If you are not already doing so, set aside specific times to review the outcome information you've gathered as a staff. This sends a message that these outcomes are important, and gives you an opportunity to discuss, as a group, what is working and what needs improvement. It would also be helpful to invite volunteers and service recipients to share in these discussions and brainstorming sessions. As improvements are made in response to the data you've gathered, broadcast these changes through posters on walls, announcements, and word-of-mouth. As staff, volunteers, and service recipients see that your agency is responsive to feedback, they will be more likely to feel invested in and respected by your organization.

Using Your Findings Externally

It is important to give careful thought to how you want to present outcome findings to the public and to funders. Some words of advice:

- Keep it positive
- Keep it simple

Keep It Positive

Just like a glass is half empty when it is also half full, outcome findings can be presented in both negative and positive lights. So keep it honest, but keep it positive!

First, don't hesitate to let others know about the great work you are doing. Contact media sources (television, radio, newspapers) when you develop new programs, help pass legislation, and in the case of outcome evaluation, **when you have numbers to back up your successes**.

Keep It Simple

When presenting your findings for public consumption it's very important to **keep it simple**. If you are talking to the television or radio media you will be lucky to get 30 seconds of airtime, so learn to talk in sound bites. Remember, people are not likely to remember specific numbers but they are likely to remember phrases like "most of," "the majority," "all" and "none."

Another way to **keep it simple** when presenting your findings is to pick and choose what to share with others. You will be gathering quite a bit of information about your programs and you certainly can't present it all. Decide

on the top two or three findings that would be of most interest — and that would present you in a positive light — and focus on those.

How to Share the Information with Others

There are a number of different ways to visually present your data to others. You can create **fact sheets** and **informational brochures** that include some of your evaluation findings, and you can also use **line graphs**, **tables, bar charts**, and **pie charts** to display your data more graphically. Consider the data you are presenting as well as the audience when deciding how to present your findings.

When Your Findings are "Less than Positive"

So what do you do when your findings are not as positive as you had hoped? if your findings show your program was not as successful in certain respects as you had expected?

Again the same principles apply: **keep it positive** and **keep it simple**. Avoid using negative words like:

- problem
- mistake
- error
- failure

and instead use words like:

- obstacle
- difficulty
- challenge
- unexpected complication

Remember, one person's "failure" is another person's "obstacle to be overcome!" If you have to present negative findings to the public, don't just leave them hanging out there. Discuss how you addressed the obstacle or how you plan to address it in the future. What valuable lesson did you learn and how will you incorporate this knowledge into your program in the future? Presented correctly, even "negative" findings can be used to enhance your image with the public.

Using Your Findings to Support the Continuation of Current Programs

Too often, funding sources want to give money to "new, innovative" programs instead of to current day-to-day activities. When this is the case for your organization, you might try using your outcome data to justify the need

for your current operations. Let the funder know how worthwhile and important your **current** services are instead of always adding new services that stretch staff to the breaking point.

Using Your Findings to Justify Creating New Programs

There are of course also situations when you will **want** to use outcome findings to request funds for a new program. Say for example that your current "Support Group for 7-10 Year Olds" has demonstrated some positive results. The majority of the children who have attended the group have reported that they (1) enjoyed the program, (2) appreciated having a safe place to discuss their feelings, and (3) learned the concepts you wanted them to learn. You could use these findings to justify the need for creating another similarly structured group for either adolescents or for pre-schoolers.

You could also use your positive findings to justify expanding a popular program. Perhaps your current Legal Advocate is doing a terrific job but can not handle the heavy caseload. Having data that illustrate for the funder (1) how many people currently use your program, (2) how many are turned away due to lack of personnel, and (3) how effective service recipients find the program to be can be an effective strategy for securing additional funds for expansion.

Welcome to Advanced Program Evaluation for VOCA Grantees

2012

Overview of the Day

- The “logic” behind outcome evaluations
- Accurately measuring change
- Collecting the information
- Analyzing the data
- Using the findings

General Areas of Service

- Crisis Intervention
- Counseling and Support Groups
- Advocacy

The Logic Model

Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
The amount of time, energy and staff that go into the program to make it happen	The specific service being provided (e.g., what happens, when, where, how often, for how long, and by whom)	The end product of the activities (e.g., the number of people served, number of presentations offered)	Change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance *due to the service being provided*	Longer-term objective you expect the short-term outcome to lead to

What is an Outcome?

- An outcome is a change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance *due to the service being provided*

Accurately Measuring Change

- Once you've determined the change you hope to see as a result of your service, you need to decide how to accurately measure whether and when that change occurs
- This is not as easy as it may sound!

Creating Survey Questions

Do:

- Keep the questions short and concise
- Make response categories mutually exclusive
- Make response categories all-inclusive
- Use specific time frames to anchor the questions

Creating Survey Questions

Don't:

- Use jargon or technical terms
- Ask unnecessary questions
- Ask questions in ways that may lead the respondent
- Ask more than one question in a question

Staff Buy-in

The Problem:

- Staff are generally already overworked and tired of paperwork that feels meaningless
- Staff often don't understand why they have to collect the information they do, or what happens to it
- Staff often don't ever see the tabulated information they DO collect

Getting Staff Buy-in

- Involve them in understanding how the information can be used by the program
- Have them participate in developing a protocol for gathering the information
- Share the findings with them periodically
- Discuss with them how to make program changes based on the findings

How Many Clients Should We Hear From?

Sampling Strategies

- The key to sampling is that you must make sure that the people you include are as much like ("representative of") the whole group of people who receive your services as possible.
  - Dissatisfied as well as satisfied clients need to be included.

Sample Size

- **The number of clients you collect information from is not fixed, and depends in part on how big your program is.**
  - If you serve hundreds every year, then collecting information from 20-25% may be enough, as long as the selection process is consistent and unbiased.
  - In general, **the larger the number of clients you serve, the smaller the percentage you will need.** If you have 1,000 clients, sampling 10% or 15% may be enough. If you have 50 clients, sampling half of them would be better.

Sampling Recommendations

- Residential clients
  - Try to get all residents to complete
  - Don't view as an "exit survey"
- Support Services
  - After at least 2 contacts with advocate (but as late in the process as possible)
- Support group / Counseling
  - Every 3-4 weeks

Inviting Clients to Participate

- Only if the client is *not* in crisis
- Stress that participation is voluntary
- Stress that you use client feedback to improve services
- Stress the surveys are brief and they can skip any questions they want
- Stress how their anonymity is protected

Protecting Client Anonymity

- This is CRITICAL
- Clients need to know you are serious and have taken steps to ensure anonymity
- Provide a locked box or sealed envelope for them to return surveys
  - If a small program, stress you only open the box or envelope monthly or quarterly

Accessibility Concerns

- Discuss with staff how to include clients who are not able to complete written surveys (either due to illiteracy, disability, or language)
- Surveys can be completed verbally, but NOT by the staff member who delivered the service

Protecting Client Anonymity

- Provide either a pencil or a black or blue pen for client to use to complete survey
- Provide a private space for survey completion
- NEVER have service provider take the completed survey back from client
- Verbally explain these things to clients

Interpreting Your Findings

- Keep it simple
- Keep it positive
- Keep it honest

Using Your Findings

Internally:

- Improve your services based on feedback
- Advertise to staff, volunteers, and clients how you are using the findings

Externally:

- Use findings to justify current services
- Use findings to justify creating new services
- Use findings to create systems change

Afternoon Session:

Data Analysis & Reporting
Using Microsoft Excel

NOTES

Data Analysis & Reporting Using Microsoft Excel

Crime Victim Services Commission

Program Evaluation for VOCA Grantees- Advanced Training

2012

Acknowledgements
The material contained in this document is based on the "MAP" Michigan Abstinence Partnership Evaluation Resource Guide, developed by the Michigan Public Health Institute, and modeled after the Nico-TEAM Tobacco Prevention Curriculum, which was originally developed by Kent County Health Department and later revised and managed by the Kent County Tobacco Reduction Coalition.

Table of Contents

Codebook 46

Coding 47

Preparing for data entry 47

MUDD 47

Database structure 47

Data entry 48

Analyzing the data 49

Calculating frequencies 49

Calculating means 52

Presenting your findings 53

Graphing your results 57

I Never Knew What I Never Knew!

Have you ever sat with a stack full of client surveys on your desk and decided not to analyze them because you knew it would take too much time?

Have you ever tallied data by hand, punched numbers into your calculator, hoping you didn't miss a mark or you did the math the right way because you (thought you) didn't have any other way of tabulating the data?

The answer for most of you is probably "yes" to either one or both of these questions – and that's what has brought you to this training today. These are both very common scenarios and that's why this training was developed. Every one of you has the power right on your own computer to store and analyze data and to make exciting visuals to report your findings, yet you probably never knew how because no one showed you. That's about to change!

While there are different programs that could be used to store and analyze data, Microsoft Excel was chosen for this training for a few reasons. First, while different software programs are available, it would be hard to find a computer that didn't have Microsoft Excel loaded onto it already. Second, almost everyone is at least somewhat familiar with Microsoft Excel. You may have used Excel spreadsheets for simple database ("tracking") purposes and its graphics tools to make charts and graphs.

Today, we'll show you how to expand your skills, and get more out of Microsoft Excel, by using the program to enter, store and manipulate your data so that you have – and can share - meaningful results from your agency's survey data.

This guide will walk you through everything discussed today and will be a valuable reference as you implement what you have learned back at your own agency. This guide will use a sample survey from the *Program Evaluation for VOCA Grantees* training manual as a model; but the process of taking your own survey and turning it into meaningful data is the same no matter what survey you start with. It all begins with developing a codebook…

Let's get started!

The Codebook

For ease in entering and analyzing data from surveys, a **codebook** (key) should be developed. A codebook is used as the basis for entering data into a database, which has been designed for purposes of this training as a Microsoft Excel spreadsheet. In this training, pages from both a sample legal advocacy feedback survey and its corresponding codebook are included and will be used to demonstrate the process of taking raw data from a survey to organizing, analyzing, and presenting the data.

To begin developing a codebook, each question on the survey should be been given a pre-assigned **textual label**. A textual label is a short abbreviation that is assigned to a survey question to help you more readily identify the question in the database. In the sample codebook, each textual label is identified in **bold, red** letters printed next to the question. For example, question 1 on the legal advocacy feedback survey is identified in the codebook and the database as "**Q1PPO**." (See Figure 1: Example of Codebook.)

Figure 1: Example of Codebook

Survey Number _____ (**SurveyNum**) Date _____ (**SurveyDate**)

Legal Advocacy Feedback Form

Thank you in advance for taking the time to answer these questions. I know you are very busy right now, but we really appreciate your telling us what was helpful as well as unhelpful about our legal advocacy program. **We take your comments seriously**, and are always trying to improve our services. So remember, please don't put your name on this sheet and please answer as honestly as you can. We need your feedback! Thanks again, and good luck to you!

1. I used *(name of agency)'s* services to: **(1= checked, 2= unchecked)**
   (please check all that apply)

____ get a Personal Protection Order **Q1PPO**

____ help me prepare to testify in court against the person who assaulted me **Q1Testify**

____ help the prosecutor press charges against the person who assaulted me **Q1Charges**

____ learn more about my legal rights and options **Q1Rights**

____ have someone go with me to court **Q1Court**

____ help me deal with the police and/or prosecutor **Q1Police**

____ get an attorney **Q1Attorney**

____ other (please explain):_____ **Q1Other**

Please circle the number that best matches your feelings or thoughts:

2. *(Name of agency)'s* staff clearly explained my legal rights and options. **Q2Options**

1	2	3	4
strongly disagree	**disagree**	**agree**	**strongly agree**

Before you begin to prepare data for entry into a database, you should develop and review a codebook and become familiar with the textual labels and the corresponding database (response) codes.

Coding

Coding is the process of assigning numeric labels to non-numeric information so that a computer program, such as Microsoft Excel, can interpret these codes. For example, if the survey includes response options such as "True" and "False" or if it allows the respondent the option of checking a box, these responses would need to be assigned a numeric code before data entry. Instead of typing the words "True" or "False" into the database, you would enter a "1" or "2" as indicated by the response on the survey.

Response Options	Database Codes
True	1
False	2

Data that already exists in numeric form do not need to be coded. Some or most of the information that you gather from the surveys will already be in numeric form, making it easier for you to transfer this data directly into the database for later analysis.

Preparing Surveys for Data Entry

For data entry accuracy, review the completed surveys. Remember, w*here necessary*, you can record the appropriate database codes for responses directly in the margins of the survey before you begin data entry. Use the codebook as a guide if you need assistance.

Missing, Unclear or Discrepant Responses

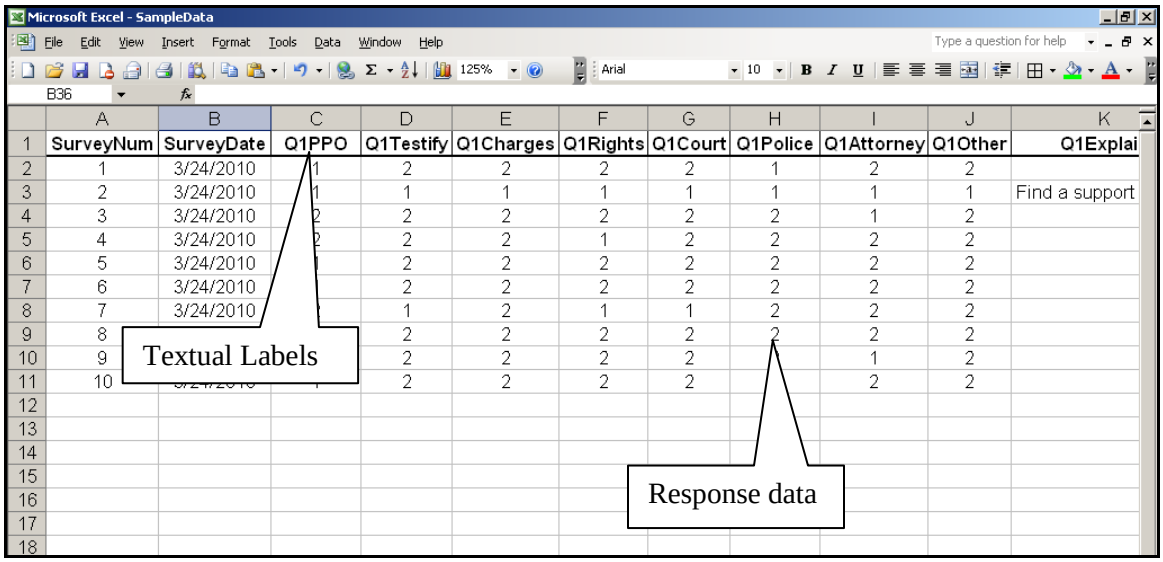
For **missing, unclear or discrepant responses** to any question use the code "99" to clearly distinguish from other responses in your database. MUDD responses are any responses where you cannot clearly tell what the response is. This could occur when a respondent selected more than one response, or put "Xs" through responses, or circled in between responses. This would also include any question left blank.

The Database Structure

This section provides information on the structure of the database. Figure 2 (on the next page) shows the first screen of the "dummy"

database, complete with "dummy" information. This gives you an idea of what a database might look like once you begin to enter data.

Figure 2: First Screen of Database



	A	B	C	D	E	F	G	H	I	J	K
1	SurveyNum	SurveyDate	Q1PPO	Q1Testify	Q1Charges	Q1Rights	Q1Court	Q1Police	Q1Attorney	Q1Other	Q1Explai
2	1	3/24/2010	1	2	2	2	2	1	2	2	
3	2	3/24/2010	1	1	1	1	1	1	1	1	Find a support
4	3	3/24/2010	2	2	2	2	2	2	1	2	
5	4	3/24/2010	2	2	2	1	2	2	2	2	
6	5	3/24/2010	1	2	2	2	2	2	2	2	
7	6	3/24/2010		2	2	2	2	2	2	2	
8	7	3/24/2010		1	2	1	1	2	2	2	
9	8			2	2	2	2	2	2	2	
10	9			2	2	2	2		1	2	
11	10			2	2	2	2		2	2	

The **textual labels** for all questions are listed in the **top row** of the spreadsheet. The textual labels are entered in the same order that they appear in the codebook.

Once again, "dummy" information is presented in Figure 2 to give you an idea of what they database will look like once data entry takes place. This example shows entries for ten (10) clients. Each client's data has been entered into **a single row, also called a record**.

Data Entry

You are now ready to begin entering data from surveys into a database.

Beginning with row 2 on the spreadsheet (the row directly beneath the textual labels); enter client responses from the surveys. Enter data for a single client across a single row.

After you have entered all data, it is important to **check for data entry errors**. Scan your data for values that are not within range. For example, if you see a "6" entered as a response to a question with 4 response choices, you can safely assume this is an error as "6" is not within the possible range of responses.

If you find errors, simply correct the responses by going back to the original survey and re-entering the correct response.

Analyzing the Data

Once you have entered all the data, it is time to analyze and interpret the findings. The most common methods of descriptive analyses are frequencies, percentages and means (or averages).

Some commons terms used in data analysis are:

Frequency The number of times a response occurs. To calculate the frequency, add the number of times a response occurs.

Percentage The proportion of times a response occurs. The percentage is the number of times a response occurs (frequency) divided by the total number of all responses, then multiplied by 100.

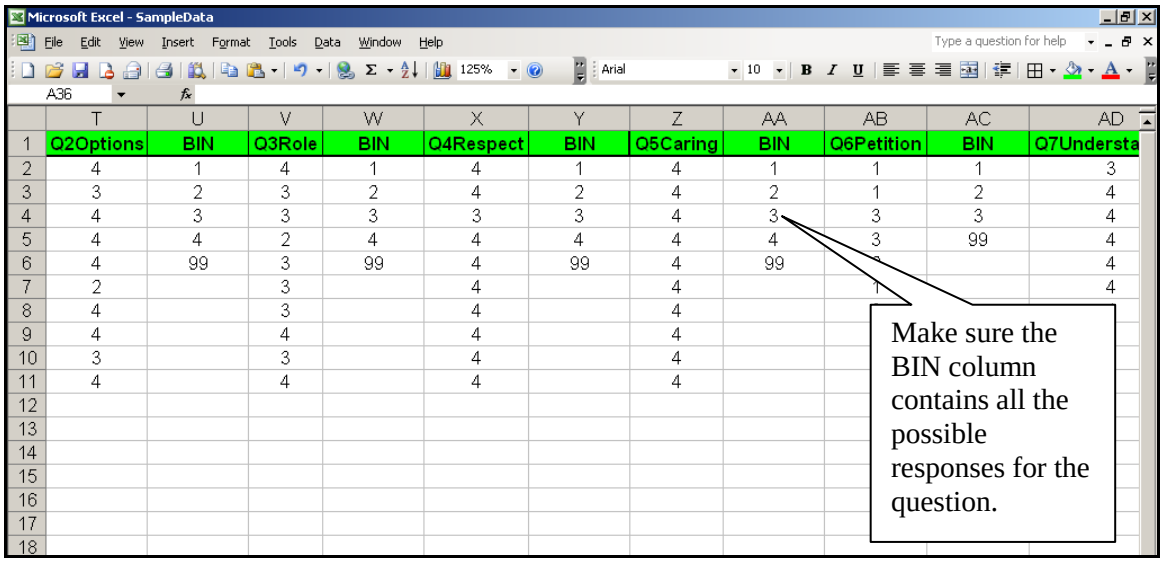
Mean The average. The middle point around which a set of responses tends to fall. A mean is the sum of a set of responses divided by the number of responses.

Calculating Frequencies

To calculate frequencies, open the master spreadsheet that contains all original data. Create a copy of the master spreadsheet by copying and pasting the data into a new worksheet. Give the new worksheet a different name like "frequency database."

For the columns containing survey data, enter a new blank column after each data column (Figure 3). Type the textual label "bin" in the first row of each new column. Starting in the second row of each "bin" column, type all response codes that correspond to the data in the previous column.

Figure 3: Adding the BIN Column



	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1	Q2Options	BIN	Q3Role	BIN	Q4Respect	BIN	Q5Caring	BIN	Q6Petition	BIN	Q7Understa
2	4	1	4	1	4	1	4	1	1	1	3
3	3	2	3	2	4	2	4	2	1	2	4
4	4	3	3	3	3	3	4	3	3	3	4
5	4	4	2	4	4	4	4	4	3	99	4
6	4	99	3	99	4	99	4	99	[illegible]		4
7	2		3		4		4		1		4
8	4		3		4		4				
9	4		4		4		4				
10	3		3		4		4				
11	4		4		4		4				
12											
13											
14											
15											
16											
17											
18											

For example, the question labeled "Q2Options," has the possible responses of 1, 2, 3, or 4 and 99. Repeat this process for each question.

To conduct the frequency analysis, go to the **TOOLS** menu, select **DATA ANALYSIS**.

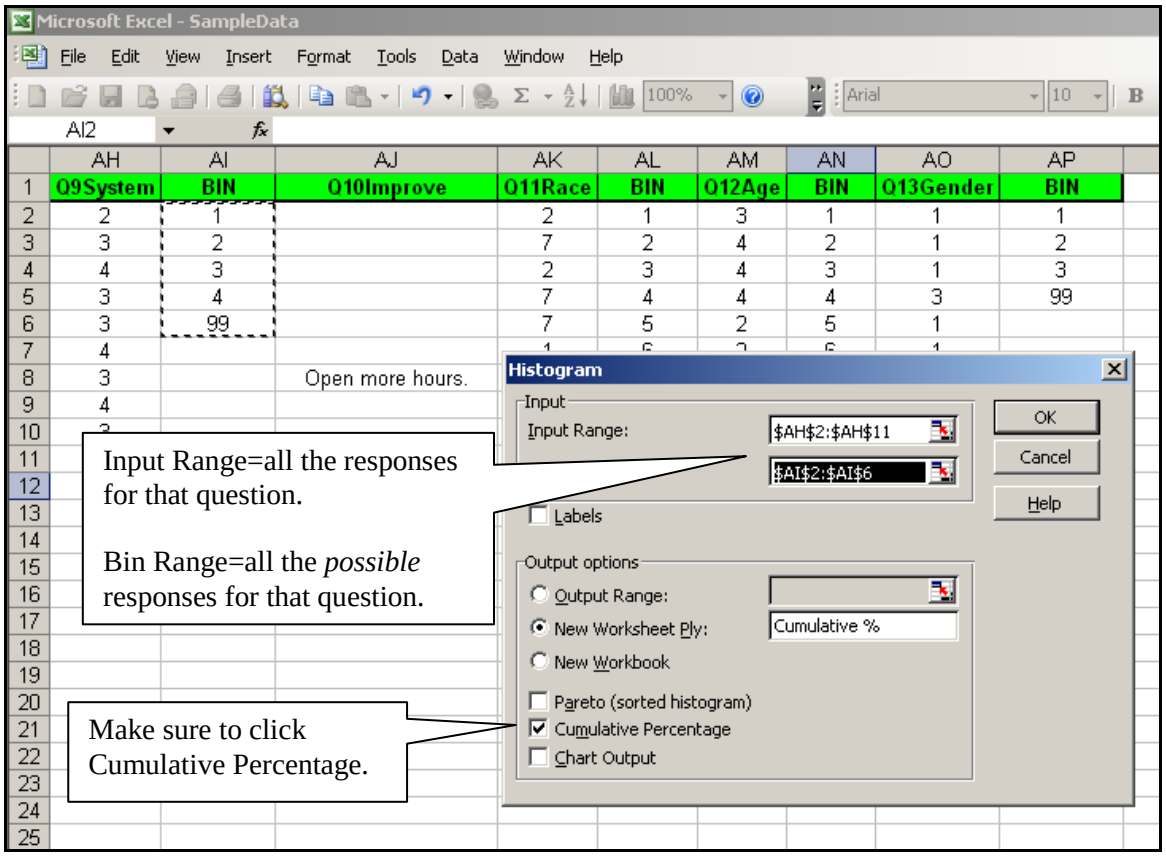
*Note: If your **TOOLS** menu does not include **DATA ANALYSIS**, you will have to select **ADD-IN** from the **TOOLS** menu, then select **ANALYSIS TOOL PACK**.*

In the **DATA ANALYSIS** menu, select **HISTOGRAM**.

Click the **INPUT RANGE** box so your cursor is blinking in that section. In the spreadsheet, use your cursor to highlight all of the data for that question (excluding the title column). The input range box will then show a series of numbers and letters that are codes for the response cells.

Next, click in the **BIN RANGE** box so your cursor is blinking in that section. In the spreadsheet, use your cursor to highlight all of the numbers in the bin column for that question. The bin range box will then show a series of numbers and letters that are codes for the possible responses. Make sure to exclude the first cell (or textual label) from the analysis.

Figure 4: Selecting the Input and BIN Ranges



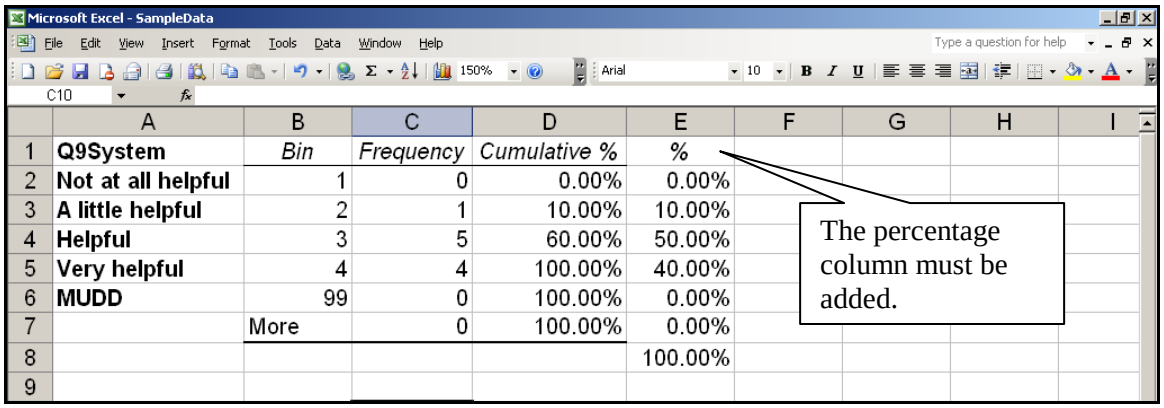
In the same menu box, choose **NEW WORKSHEET PLY** and **CUMULATIVE PERCENTAGE**. Then click **OK**.

The results will appear in a new worksheet in a table format. Adjust the column widths to clearly read all output data. Insert a new column at the beginning of the table and label this new column using the name of the question you are analyzing.

The chart only lists cumulative percentages. To get specific percentages for each response you must add a "%" column to the right of the "Cumulative %" column (Figure 5). To calculate percentages, first copy the number in the "D2" cell and copy it into the "E2" cell. Next, type the formula "=D3-D2" in the "E3" cell. This will calculate the percentage of responses for the second response.

Click on cell "E3". Note there is a small black box in the bottom right corner of the cell. As your mouse runs over the square the cursor will turn into a small cross. Click on the square and drag it down through the responses. This will fill in the formula for all responses.

Figure 5: Calculating Percentages



	A	B	C	D	E
1	Q9System	*Bin*	*Frequency*	*Cumulative %*	*%*
2	Not at all helpful	1	0	0.00%	0.00%
3	A little helpful	2	1	10.00%	10.00%
4	Helpful	3	5	60.00%	50.00%
5	Very helpful	4	4	100.00%	40.00%
6	MUDD	99	0	100.00%	0.00%
7		More	0	100.00%	0.00%
8					100.00%
9					

You can verify that the percentages are correct by highlighting all the percentage cells including one extra cell at the bottom (E8). Click on the summation button on the top toolbar (**Σ**) to total the column. The total should be 100.00%. If it is not, an error has been made either in data entry or data analysis.

In the example above, you can see that 10.00% responded "A little helpful" and 40.00% responded "Very helpful". The most frequent response was "Helpful" (50.00%).

For ease in navigating, you may want to assign names to the worksheet tabs in Excel. To do this, double click on the name of the worksheet and change the name to a descriptive label such as "survey %."

Calculating Means

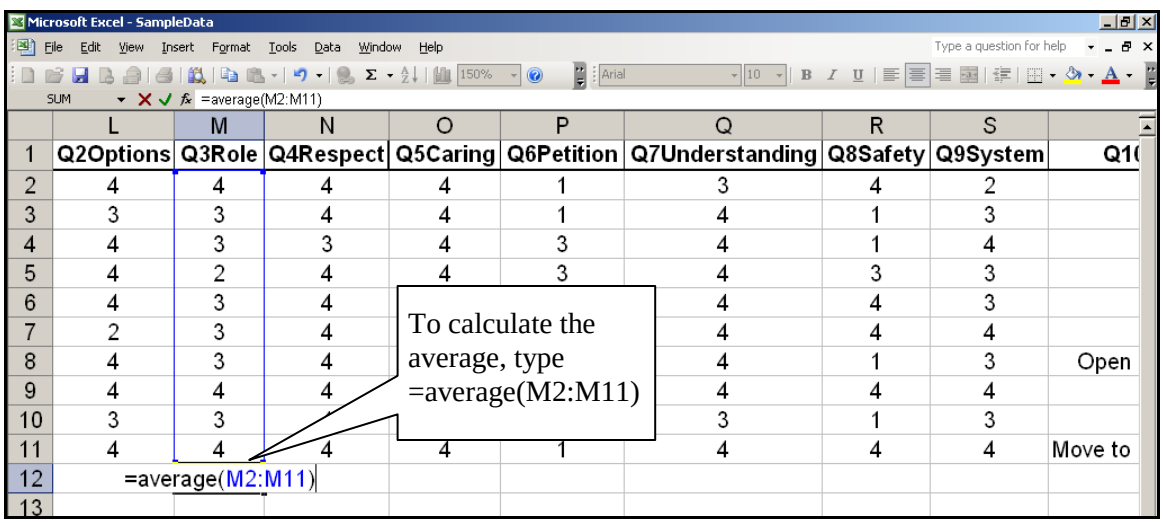
A mean is an average. It describes the central point around which a set of responses tend to fall. It is the sum of a set of responses divided by the number of responses. You can find the average response for each question.

The only type of question that can be summarized for averages is scaled survey data. This means that a question's response categories fall along a range of responses. Typically there are four or five response categories, ranging from a Strongly Disagree answer to a Strongly Agree answer. Movement on the scale signifies a shift in attitude, skills, knowledge, or behavior.

To begin the process of finding averages, create a new spreadsheet and copy only the data from questions that are scaled. In the case of our sample survey, the scaled questions are questions 2 through 5 and 7 through 9.

In the new spreadsheet, insert a blank row at the bottom of each column of data (Figure 6). In that row, enter the formula for the average of that column. In the cell under the final response for the first question (column), type **=average(**, then highlight all the responses for that one question. Finish the equation by using a **right parenthesis**. Select **Enter.** Excel will automatically calculate the mean (average) of the data in the column.

Figure 6: Calculating Question Averages

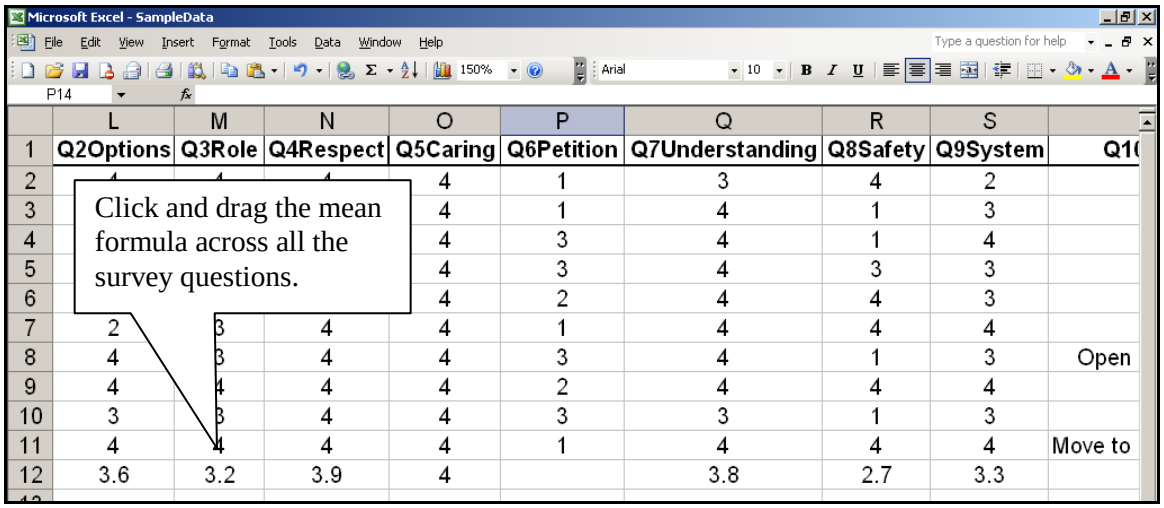


	L	M	N	O	P	Q	R	S	
1	Q2Options	Q3Role	Q4Respect	Q5Caring	Q6Petition	Q7Understanding	Q8Safety	Q9System	Q1(
2	4	4	4	4	1	3	4	2	
3	3	3	4	4	1	4	1	3	
4	4	3	3	4	3	4	1	4	
5	4	2	4	4	3	4	3	3	
6	4	3	4			4	4	3	
7	2	3	4			4	4	4	
8	4	3	4			4	1	3	Open
9	4	4	4			4	4	4	
10	3	3				3	1	3	
11	4	4	4	4	1	4	4	4	Move to
12									
13									

Place the cursor over the bottom right corner of the cell that you just entered the equation in, your cursor should turn into a small black cross. **Click on the cross and drag it to the right across the bottom row** of all of the questions (see Figure 7)**.** Again, Excel will

automatically calculate the mean (average) of the data in the corresponding columns.

Figure 7: Calculating Question Averages



	L	M	N	O	P	Q	R	S	
1	Q2Options	Q3Role	Q4Respect	Q5Caring	Q6Petition	Q7Understanding	Q8Safety	Q9System	Q1(
2	[illegible]	[illegible]	[illegible]	4	1	3	4	2	
3	[illegible]	[illegible]	[illegible]	4	1	4	1	3	
4	[illegible]	[illegible]	[illegible]	4	3	4	1	4	
5	[illegible]	[illegible]	[illegible]	4	3	4	3	3	
6	[illegible]	[illegible]	[illegible]	4	2	4	4	3	
7	2	3	4	4	1	4	4	4	
8	4	3	4	4	3	4	1	3	Open
9	4	4	4	4	2	4	4	4	
10	3	3	4	4	3	3	1	3	
11	4	4	4	4	1	4	4	4	Move to
12	3.6	3.2	3.9	4		3.8	2.7	3.3	

Since the survey's possible responses are 1 to 4, the averages should fall into this range. If the average is higher than 4 in any row, you likely have a 99 in that row. You must make sure to not include any 99s when calculating the average.

Presenting Your Findings

Once you have gone through the process of surveying clients, analyzing data, and interpreting it all…now what do you do? Knowing the appropriate ways to display your results is very important. Presenting your data results in a graphic format is crucial to sharing your results.

Once all the work has been done, it's important to consider the many sources that may be interested in your evaluation results:

- Current/potential funders
- Current/potential program partners
- Program staff
- Agency board members
- Community advisory council
- Other community organizations
- General public/community groups
- Government offices
- Media
- Research and evaluation agencies

The intended audience of the presentation may determine in what form your data should be displayed. For example, evaluation results

presented to a community group may be in a graphic format and may only include certain data specific to them. If results are being reported to a grant funder, more specific and detailed results would be presented in addition to graphs.
While often times evaluation is done to meet program requirements, there are many other uses of program evaluation:

- To strengthen service and program implementation
- To maintain the current funding level of the program
- To seek additional funding
- To improve staff morale
- To recruit new clients
- To enhance public relations
- To contribute information to the field about what works – and what doesn't work

The format of the results is very important and is dependent on the target audience. There are many forms in which you can present your evaluation results. See Table 1 on the next page for different options for presenting results based on audience.

Table 1: Forms of Communicating Evaluation Findings to Various Audiences

Communication form ► / Audience ▼	Full report with executive summary	Executive summary with charts	Executive summary only	Newsletter or article	Press release	Brochures	Office memo or e-mail	PowerPoint pres.	Website
Current funder	*	*						*	
Potential funder	*	*	*					*	
Current/potential program partners		*	*					*	
Community Advisory Council	*	*	*					*	
Program staff		*	*	*			*	*	
Agency board members	*	*	*	*				*	
Other community organizations		*		*		*	*	*	*
General public / Community groups		*	*	*	*	*			*
Government officers	*	*	*						
Media		*	*	*	*				*
Research and evaluation agencies	*	*	*					*	

What information should you include?

Information included in your presentation depends on its purpose and on the audience for whom it is prepared. A full written report should include the following:

- Summary of the evaluation
- Summary of the program evaluated including participant numbers, number of hours, setting, target population and any other information to explain program implementation
- Details of how the evaluation was conducted
- Results of the evaluation (data analysis results)
- Interpretation of the results (what the data analysis might mean)
- Program improvement (how will the results be used to improve programming)

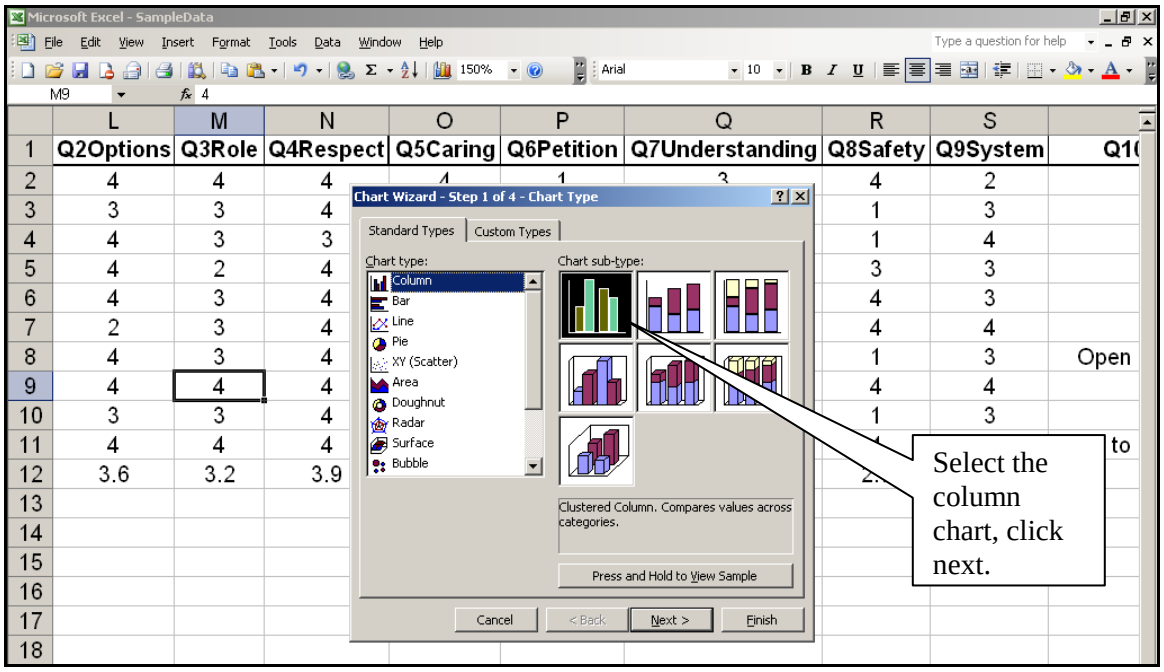
Make sure that whatever form your report takes, the program improvement piece is included. This is a critical part of every evaluation cycle that often gets overlooked.

Graphing your results

Charts and graphs can display your data results in a visually appealing format. Once you have completed the data analysis process in Excel, you can begin to create graphs and charts to visually display your results.

Open the **Chart Wizard** by clicking on **Insert** from the Tool Bar menu; then select **Chart** from the drop down menu. A **Chart Wizard** pop-up box will appear (see Figure 8).

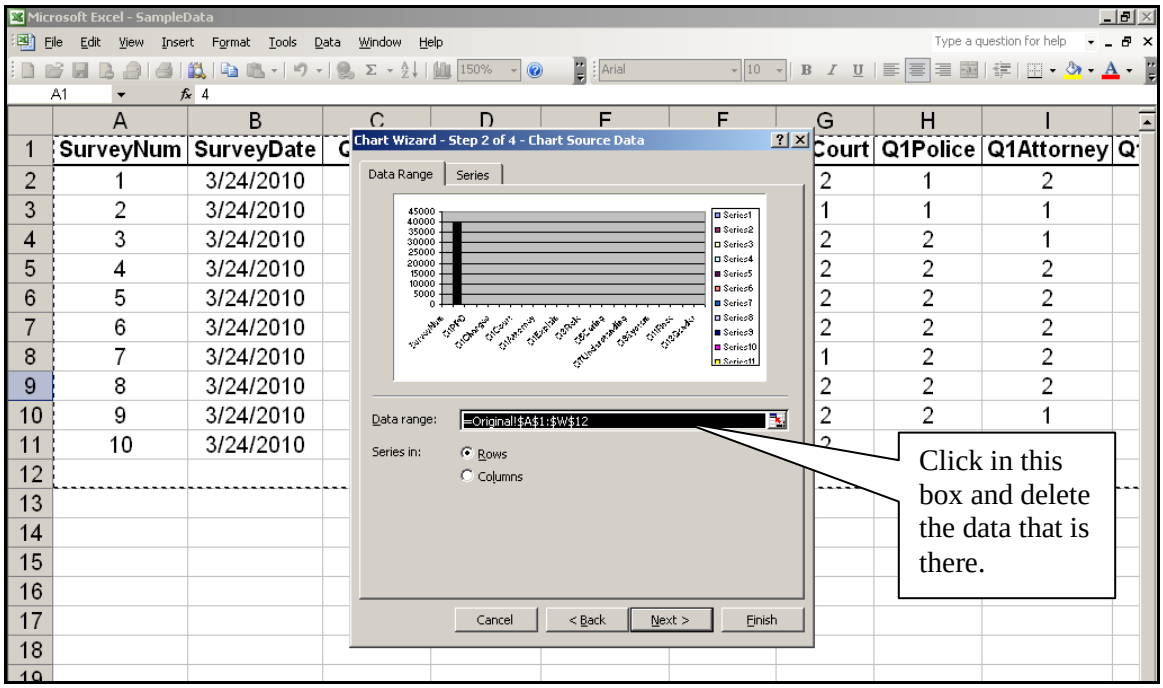
Figure 8: Using the Chart Wizard



From the **Chart Wizard** pop-up box, select **Column** to create a standard vertical bar graph as seen above. After **Column** is selected, click **Next**.

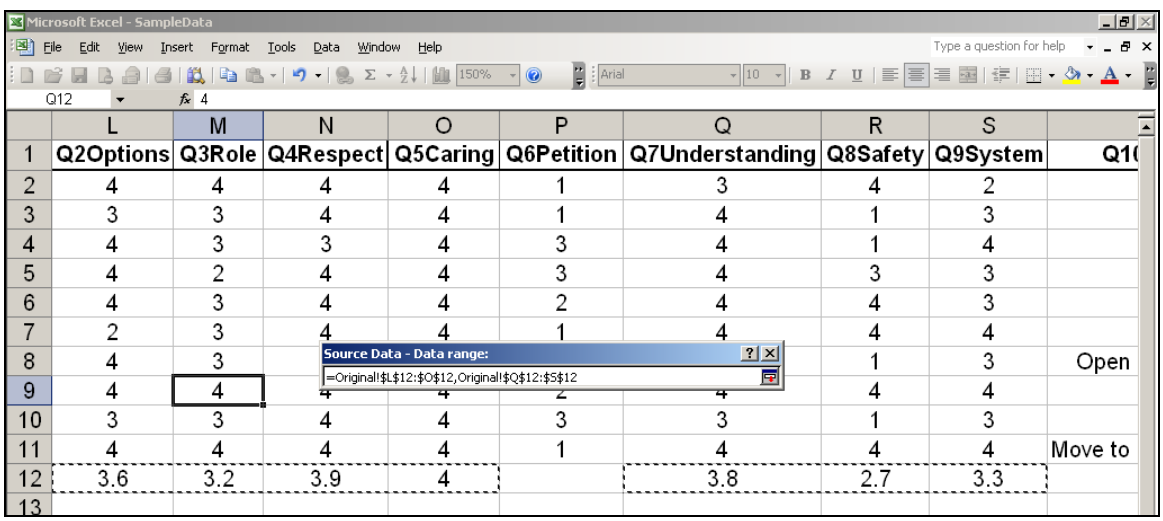
When the **Data Range** window comes up, **delete all the numbers listed in the Data Range menu.**

Figure 9: Selecting the Data Range



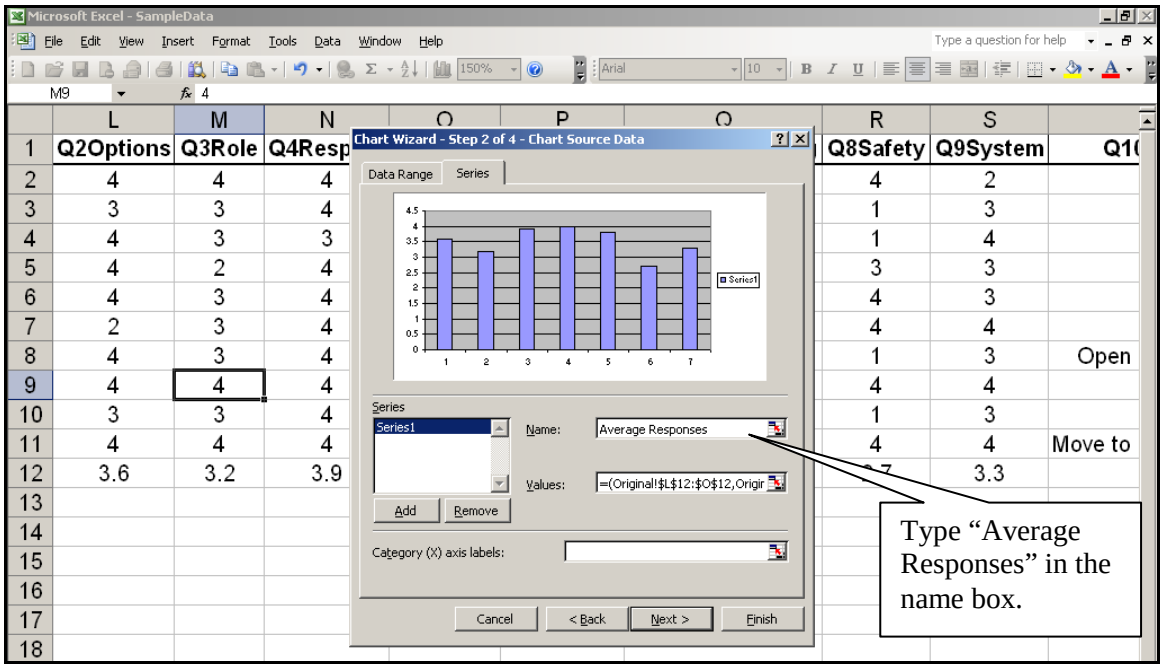
Click the small icon with the red arrow on the right of the box. On the spreadsheet, **highlight all the means (averages) for the survey.**

Figure 10: Selecting Averages



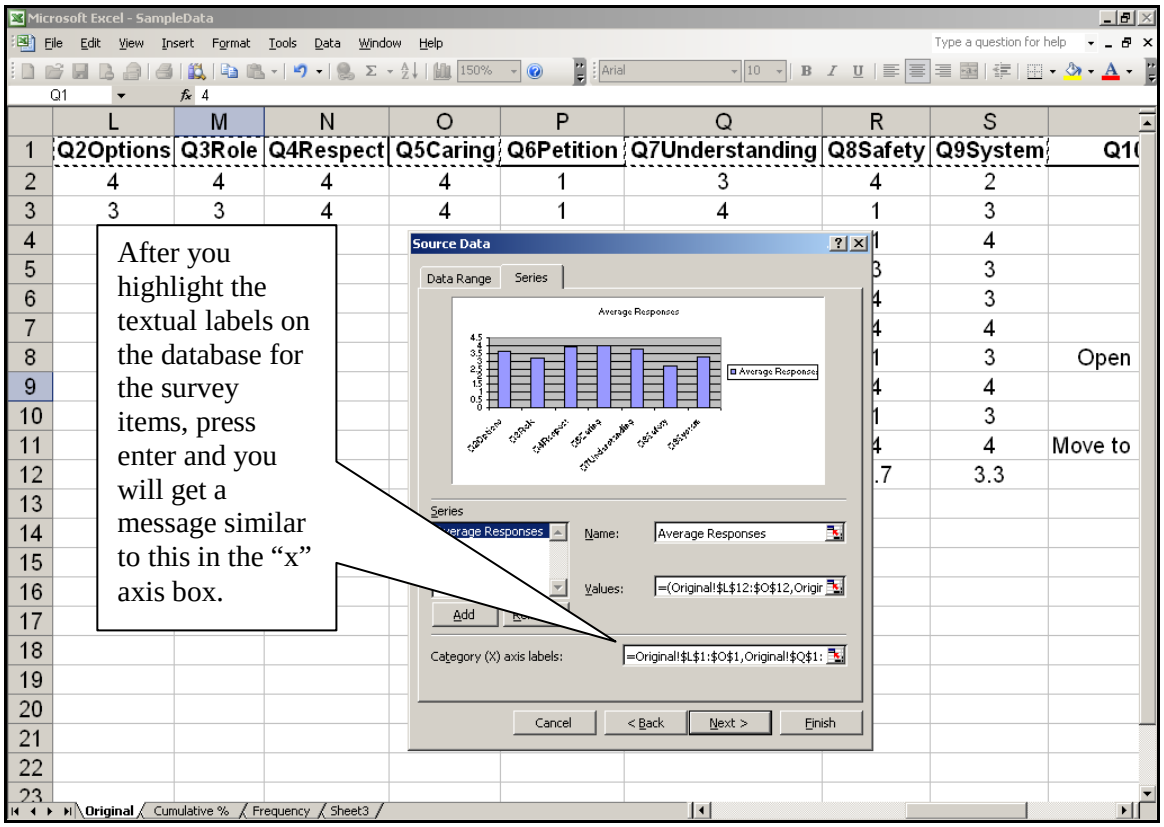
Press **Enter**. You should now have all of the survey data displayed on the screen in graphic format in the **Chart Wizard** screen. Going back to the **Chart Wizard** screen, click on the **Series** tab, type **Average Responses** (or other appropriate chart title) in the **Name** box (see Figure 11).

Figure 11: Label the Chart



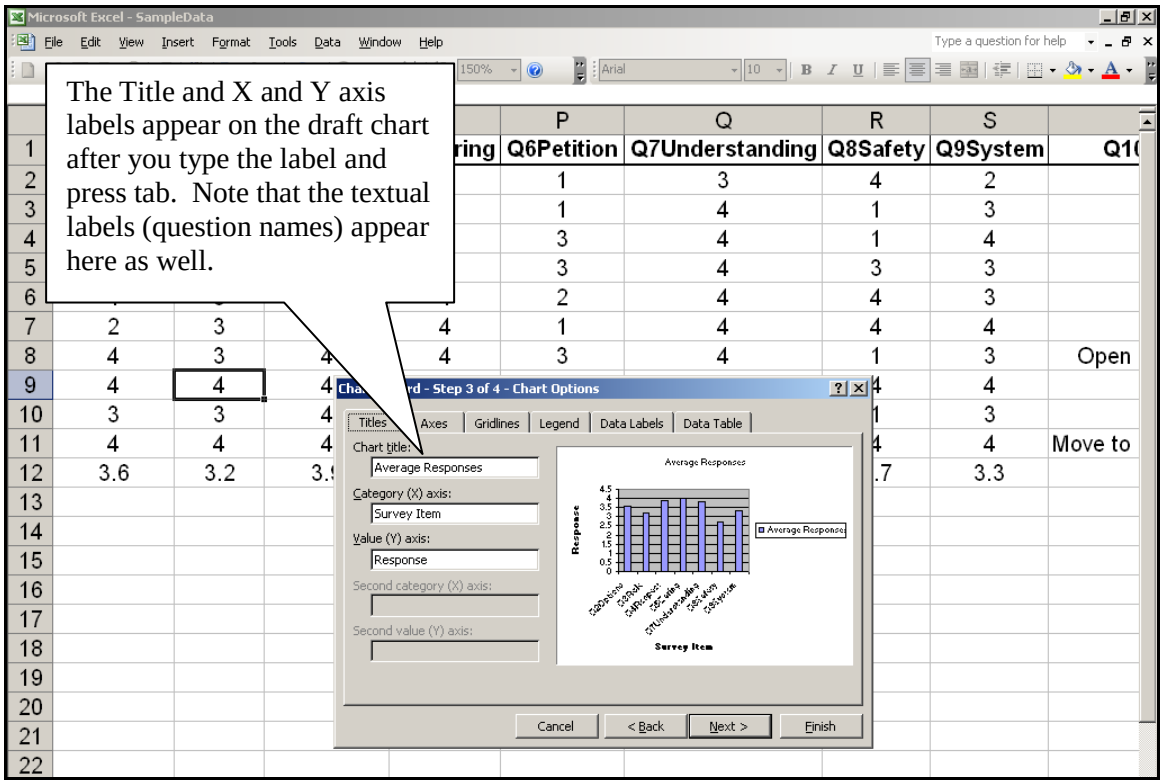
Now click in the **Category (x) Axis box** and once again **click the small red arrow** to the right of the box—this will result in a small popup box. Going back to the spreadsheet, **highlight** all of the **textual labels** for the **survey questions** and press **Enter.**

Figure 12: Highlight the Textual Labels



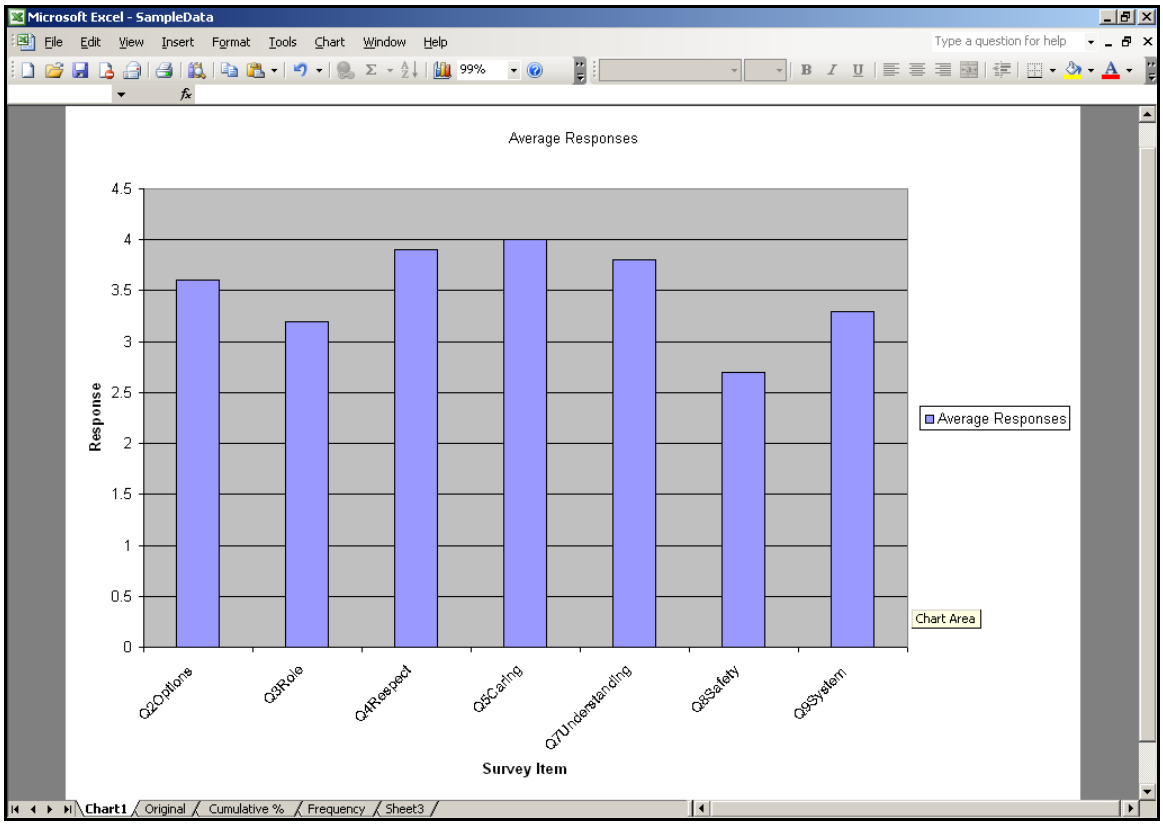
Click **Next** on the **Chart Wizard** window. Add names for each **axis** and the **title** of your graph by typing in the corresponding boxes. In the example below, the Chart Title is *Average Responses.* The Category (X) Axis is labeled *Survey Item* and the Value (Y) Axis is labeled *Response* (see Figure 13).

Figure 13: Labeling the Graph



Once you have your desired title and labels, click **Next** again, then select the first option **As New Sheet**, then **Finish**.

Figure 14: The Finished Graph



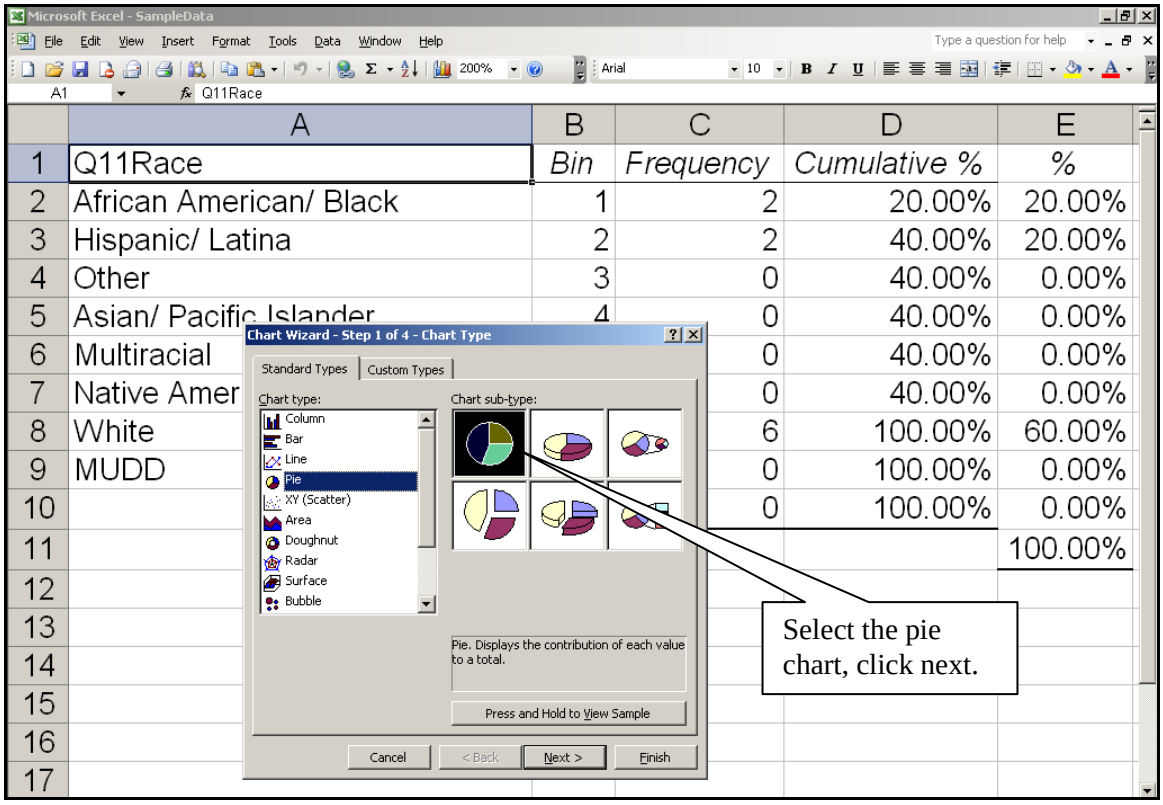
At this point you have a simple, visual way to display your results (see Figure 14 above). The chart colors can be changed by right clicking on one of the bars, then selecting **Format Data Series,** then choosing a color from the color pallet displayed.

You can easily copy and paste this chart to insert it into PowerPoint or Word documents.

Creating Pie Charts

The Chart Wizard can also be used to create pie charts. To do this, open the **Chart Wizard** by clicking on **Insert** from the Tool Bar menu; then select **Chart** from the drop down menu. A **Chart Wizard** pop-up box will appear (see Figure 15).

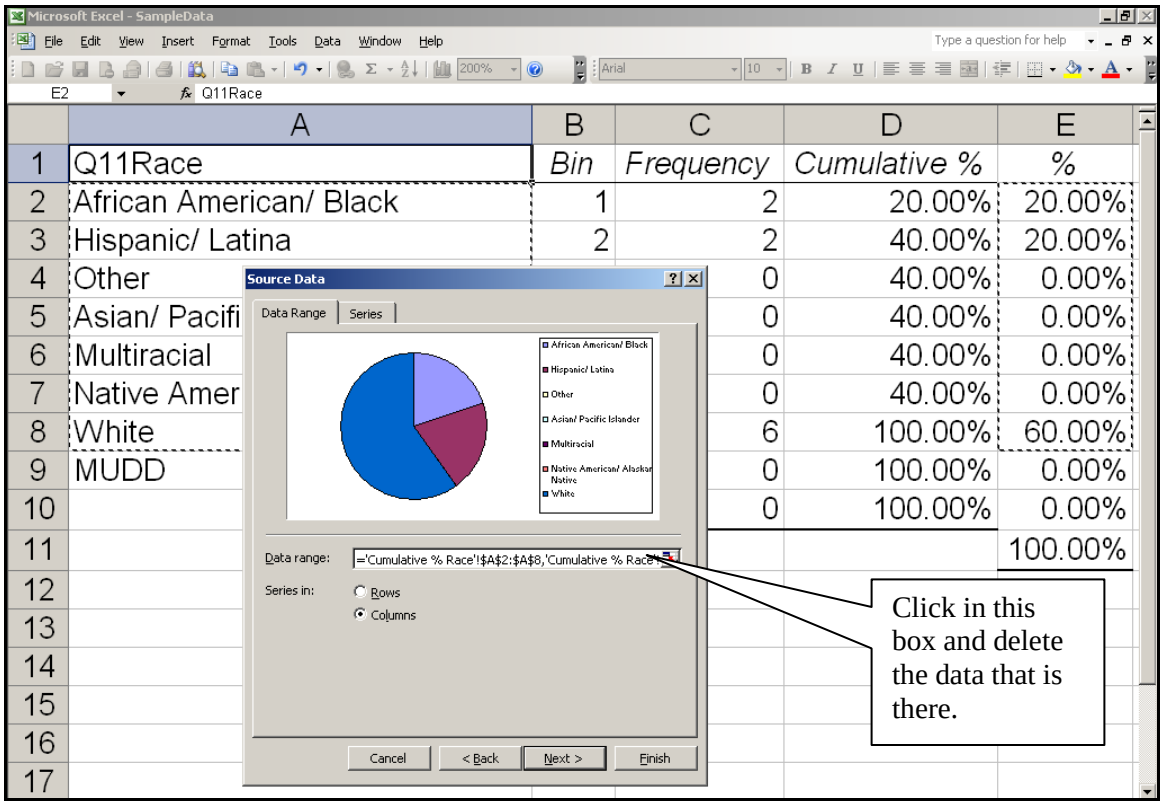
Figure 15: Using the Chart Wizard



From the **Chart Wizard** pop-up box, select **Pie** to create a standard pie chart as seen above. After **Pie** is selected, click **Next**.

When the **Data Range** window comes up, **delete all the numbers listed in the Data Range menu.**

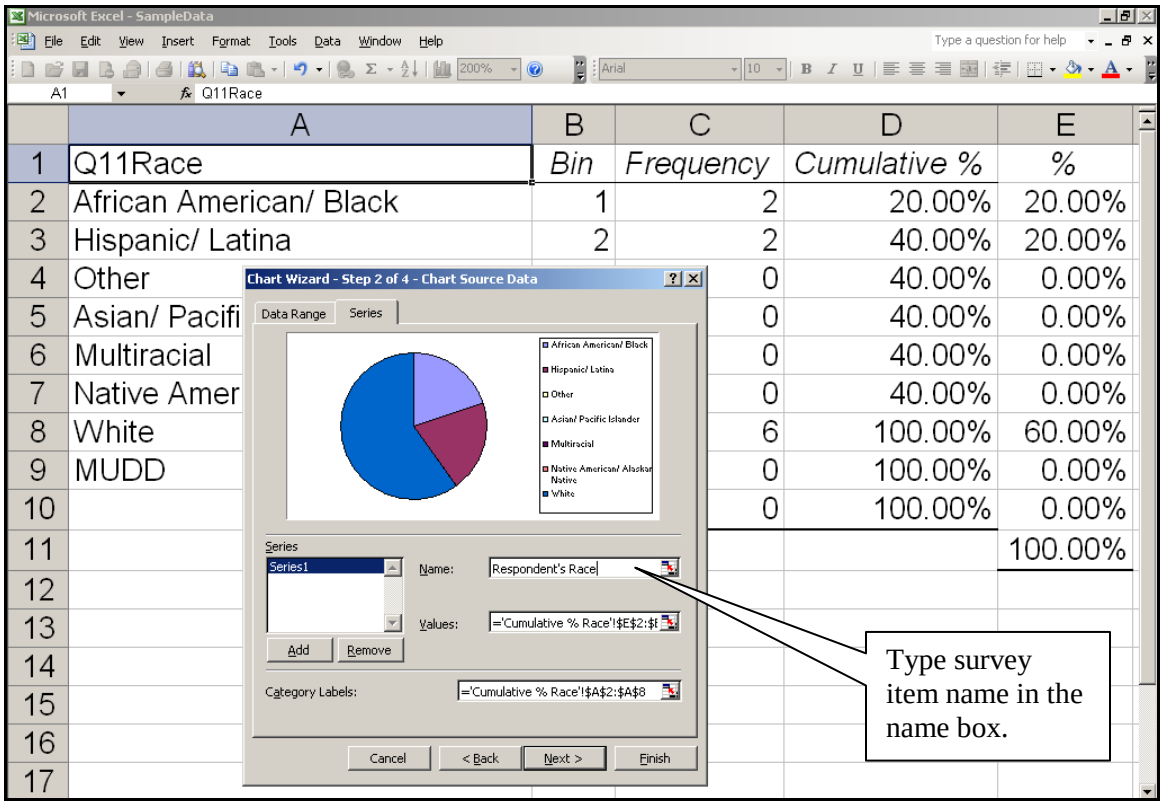
Figure 16: Selecting the Data Range



Click the small icon with the red arrow on the right of the box. On the spreadsheet, **highlight all the percentages for each response choice for a particular question AND all of the data labels that correspond with each response choice.**

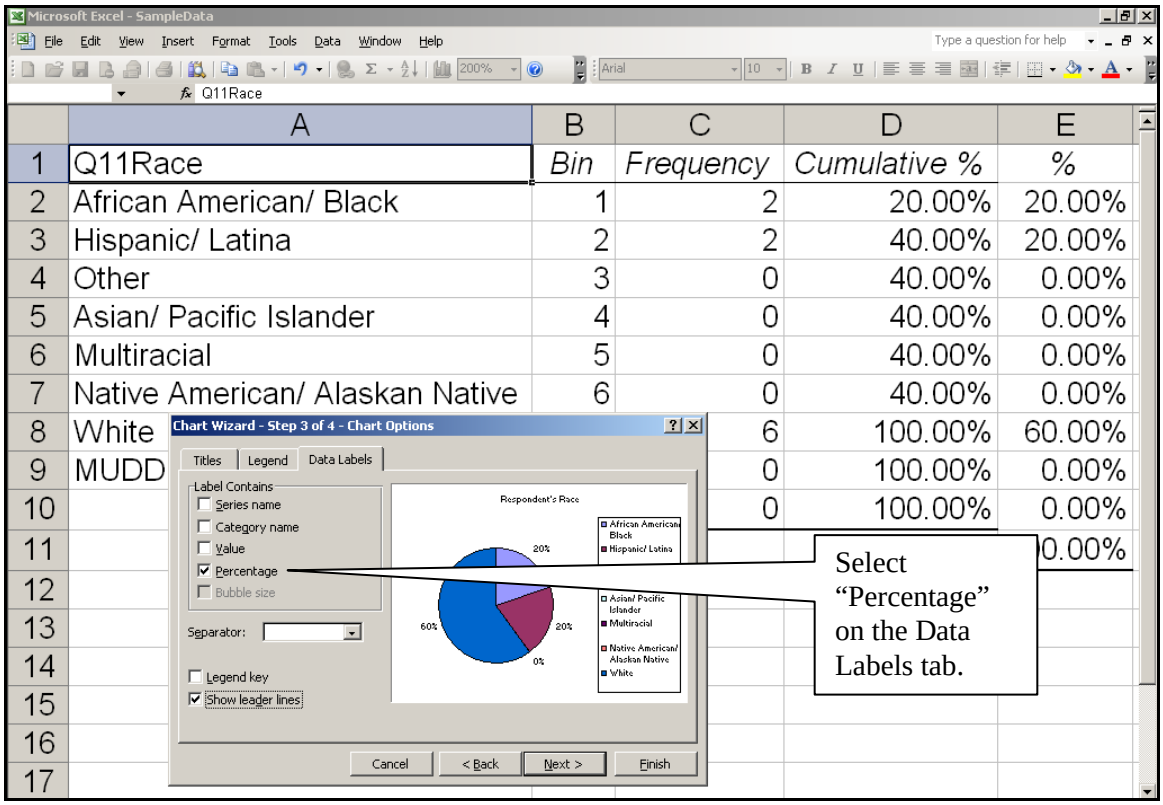
Press **Enter**. You should now have all of the response data displayed on the screen in graphic format in the **Chart Wizard** screen. Going back to the **Chart Wizard** screen, click on the **Series** tab, type **the survey question or label (i.e. Q4Respect)** in the **Name** box (see Figure 17).

Figure 17: Creating a Chart Title



Now click **Next.** On the **Legend** tab you can select the placement of the legend. On the **Data Labels** tab select "Percentage" to indicate the percentage of respondents who chose each answer on the pie chart (see Figure 18 on the next page).

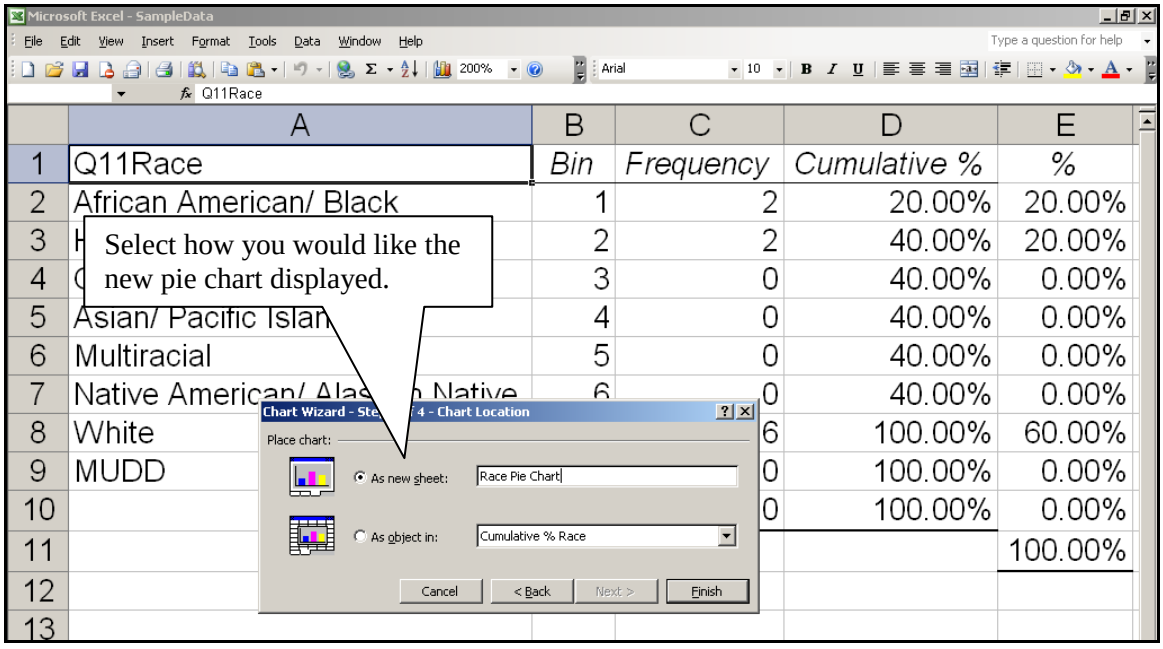
Figure 18: Formatting the Pie Chart



	A	B	C	D	E
1	Q11Race	*Bin*	*Frequency*	*Cumulative %*	*%*
2	African American/ Black	1	2	20.00%	20.00%
3	Hispanic/ Latina	2	2	40.00%	20.00%
4	Other	3	0	40.00%	0.00%
5	Asian/ Pacific Islander	4	0	40.00%	0.00%
6	Multiracial	5	0	40.00%	0.00%
7	Native American/ Alaskan Native	6	0	40.00%	0.00%
8	White		6	100.00%	60.00%
9	MUDD		0	100.00%	0.00%
10			0	100.00%	0.00%
11					0.00%
12					
13					
14					
15					
16					
17					

Click **Next** on the **Chart Wizard** window. You will be given the choice of placing the chart in a new sheet in the existing Excel file or placing the chart as an object in the existing chart (see Figure 19).

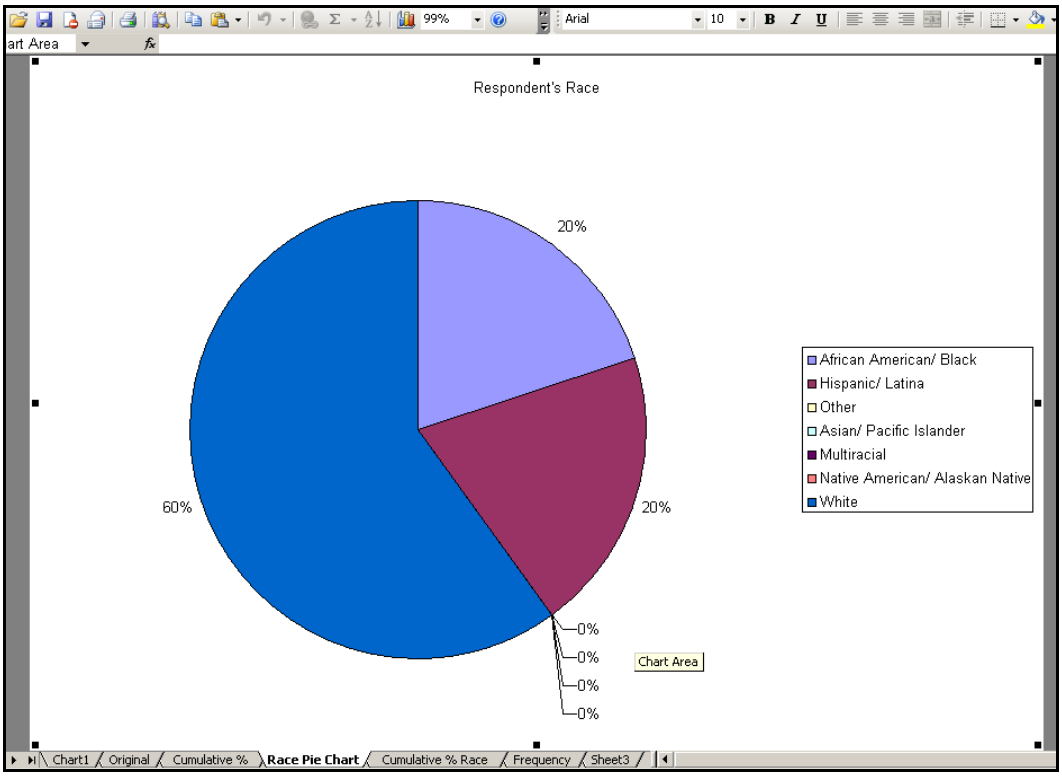
Figure 19: Placing the Chart in Excel



	A	B	C	D	E
1	Q11Race	*Bin*	*Frequency*	*Cumulative %*	*%*
2	African American/ Black	1	2	20.00%	20.00%
3	H	2	2	40.00%	20.00%
4	O	3	0	40.00%	0.00%
5	Asian/ Pacific Islan	4	0	40.00%	0.00%
6	Multiracial	5	0	40.00%	0.00%
7	Native American/ Alas n Native	6	0	40.00%	0.00%
8	White		6	100.00%	60.00%
9	MUDD		0	100.00%	0.00%
10			0	100.00%	0.00%
11					100.00%
12					
13					

Once you have made your selection, click **Finish**.

Figure 20: The Finished Pie Chart



At this point you have another quick, visual way to display your results (see Figure 20 above). The chart colors can be changed by right clicking on one of the sections of the pie chart, then selecting **Format Data Series,** then choosing a color from the color pallet displayed.

You can easily copy and paste this chart to insert it into PowerPoint or Word documents.

Evaluation Materials

Crisis Intervention Line Phone Log 69

Individual Counseling Feedback Form 71

Group Counseling Feedback Form 73

Legal Advocacy Feedback Form 75

Parents'/Guardians' Feedback About Children's Advocacy 77

Sexual Assault Medical Advocacy Evaluation 81

Victim/Witness Unit: Customer Service Survey Example for Staff Completion 84

Victim/Witness Unit: Customer Service Survey Example for Customer Completion 85

Sample Logic Models 87

Creating A Plan With Staff For Collecting Outcome Evaluation Data 93

Inviting Clients To Complete Program Evaluation Forms: Directions For Staff 94

Crisis Intervention Line Phone Log

[NOTE: Hotline / crisis line staff / volunteers would complete this log after a phone call has ended. It is not possible for most programs to complete such logs after each call. Decide how often you want to collect information from your crisis intervention line (One day a month? One week a quarter?) and make sure all shifts are represented in your sampling plan.]

1. This call was a:
   - ❑ crisis call
   - ❑ call for counseling (not crisis)
   - ❑ call for information, advice or support (caller not in crisis)
   - ❑ crank call [Don't complete the rest of the form]
2. Was the caller calling for:
   - ❑ herself or himself
   - ❑ someone else
   - ❑ generic information request only
3. Did the caller request information about services we offer?
   - ❑ no
   - ❑ yes

   If yes, to what degree do you think the caller received the information she or he wanted?
   - ❑ a great deal
   - ❑ somewhat
   - ❑ a little
   - ❑ not at all

comments: _____

4. Was the caller looking for emotional support?
   - ❑ no
   - ❑ yes

   If yes, to what degree do you think the caller received the support she/he wanted?
   - ❑ a great deal
   - ❑ somewhat
   - ❑ a little
   - ❑ not at all

comments: _____

5. Did the caller request information about other services in the community?

- ❑ no
- ❑ yes

If yes, to what degree do you think the caller received the information she/he wanted?

- ❑ a great deal
- ❑ somewhat
- ❑ a little
- ❑ not at all

comments: _____

6. Did the caller request the address or phone number of another service / agency in the community?

- ❑ no
- ❑ yes

If yes, were you able to provide that information?

- ❑ yes
- ❑ no

comments: _____

7. Did the caller need someone to meet them at the:

- ❑ hospital or health care agency
- ❑ police station
- ❑ no, caller did not need immediate in-person assistance

If the caller did need someone in-person, were you able to arrange someone to go to them?

- ❑ yes
- ❑ no

comments: _____

Please write down anything else that would be helpful to know about this call:

Thank you for taking the time to complete this form. Your answers will help us continue to understand and improve our services!

Individual Counseling Feedback

[NOTE: this form could be available in waiting rooms, with pens and a locked box for completed forms nearby. It could also be given after the third counseling session as a way to find out from clients how they feel things are going.]

This is an anonymous questionnaire. Please do not put your name on it! Thank you in advance for taking the time to answer these questions. We know you are very busy, but we really appreciate your telling us what is helpful as well as not helpful about our counseling services. We take your comments seriously and are always trying to improve our services. We need your feedback, so please answer as honestly as you can.

Please check the response that best matches how you feel.

1. I feel like my counselor understands what I'm going through.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

2. My counselor explained the stages of recovery with me.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

3. I understand the stages of recovery.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

4. The counseling I am receiving is helpful to my healing process.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

5. I have attended the following number of counseling sessions with my current counselor:
   - ❑ 1-2
   - ❑ 3-5
   - ❑ 6-10
   - ❑ more than 10

6. I have been given information about community resources that are available to me.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

7. When I think about what I wanted to get out of counseling, I would say:
   - ❑ it has met or exceeded all of my expectations
   - ❑ it has met most of my expectations
   - ❑ it has met some of my expectations
   - ❑ it has met few or none of my expectations

comments: _____

8. If a friend of mine told me he or she was thinking of using your counseling services, I would:
   - ❑ strongly recommend he or she contact you
   - ❑ suggest he or she contact you
   - ❑ suggest he or she NOT contact you
   - ❑ strongly recommend he or she NOT contact you

because: _____

Group Counseling Feedback Form

[NOTE: We suggest giving this form to group participants toward the end of the group, but not on the last day of group.]

This is an anonymous questionnaire. Please do not put your name on it! *Thank you in advance for taking the time to answer these questions. We know you are very busy, but we really appreciate your telling us what is helpful as well as not helpful about our group counseling services. We take your comments seriously and are always trying to improve our services. We need your feedback, so please answer as honestly as you can.*

Please check the response that best matches how you feel.

1. I feel like the people in my group understand what I'm going through.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

2. I feel supported by the group facilitator(s).
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

3. The group has talked about the effects of victimization.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

4. I understand the effects of victimization.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

5. I have been given information about community resources that are available to me.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

6. This group is helpful to my healing process.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

7. When I think about what I wanted to get out of group counseling, I would say:
   - ❑ it has met or exceeded all of my expectations
   - ❑ it has met most of my expectations
   - ❑ it has met some of my expectations
   - ❑ it has met few or none of my expectations

comments: _____

8. If a friend of mine told me she or he was thinking of using your group counseling services, I would:
   - ❑ strongly recommend she or he contact you
   - ❑ suggest she or he contact you
   - ❑ suggest she or he NOT contact you
   - ❑ strongly recommend she or he NOT contact you

because: _____

Legal Advocacy Feedback Form

Thank you in advance for taking the time to answer these questions. I know you are very busy right now, but we really appreciate your telling us what was helpful as well as unhelpful about our legal advocacy program. **We take your comments seriously**, and are always trying to improve our services. So remember, please don't put your name on this sheet and please answer as honestly as you can. We need your feedback! Thanks again, and good luck to you!

1. I used *(name of agency)'s* services to:
   (please check all that apply)

____ get a Personal Protection Order

____ help me prepare to testify in court against the person who assaulted me

____ help the prosecutor press charges against the person who assaulted me

____ learn more about my legal rights and options

____ have someone go with me to court

____ help me deal with the police and/or prosecutor

____ get an attorney

____ other (please explain):_____

Please circle the number that best matches your feelings or thoughts:

2. *(Name of agency)'s* staff clearly explained my legal rights and options.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

3. *(Name of agency)'s* staff clearly explained my role in the court process.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

4. *(Name of agency)'s* staff treated me with respect.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

5. *(Name of agency)'s* staff were caring and supportive.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

6. If you wanted a Protective Order, did you file a petition for a Protective Order?

   ____ Yes

   ____ No

   ____ Didn't want one

7. How helpful was (name of agency) overall in helping you understand your legal rights and options?

1	2	3	4
very helpful	**helpful**	**a little helpful**	**not at all helpful**

8. How helpful was (name of agency) overall in helping you develop a safety plan?

1	2	3	4
very helpful	**helpful**	**a little helpful**	**didn't need one**

9. How helpful was (name of agency) overall in helping you get what you needed from the system?

1	2	3	4
very helpful	**helpful**	**a little helpful**	**not at all helpful**

10. Ways to improve (name of agency)'s legal advocacy program would be to:

Thank you again for taking the time to fill this out — we will use your comments to continue to improve our services! And please contact us if you should need anything.

Parents'/Guardians' Feedback About Children's Advocacy

This is an anonymous questionnaire. Please do not put your name on it!

Thank you in advance for taking the time to answer these questions. We know you are very busy right now, but we really appreciate your telling us what was helpful as well as not helpful about our children's advocacy services. We take your comments seriously and are always trying to improve our services. We need your feedback so please answer as honestly as you can.

Please check all that apply.

(1) What were you and your children hoping to get out of participating in our Children's Advocacy Services? (check all that apply)

- ❑ having someone listen to them about their thoughts and feelings
- ❑ learning more about why/how domestic or sexual violence happens
- ❑ learning the violence isn't their fault
- ❑ being able to have fun and forget their troubles
- ❑ getting support from other children
- ❑ learning how to stay safe if violence happens
- ❑ other (please describe_____)

Please check the response that best matches how you feel.

(2) I feel that the Children's Advocates understand what the children are going through.

- ❑ strongly agree
- ❑ agree
- ❑ disagree
- ❑ strongly disagree
- ❑ don't know

(3) The Children's Advocates tell the children that the abuse is not their fault.

- ❑ strongly agree
- ❑ agree
- ❑ disagree
- ❑ strongly disagree
- ❑ don't know

(4) The Children's Advocates talk to the children about how they can stay safe.

- ❑ strongly agree
- ❑ agree
- ❑ disagree
- ❑ strongly disagree
- ❑ don't know

(5) My children are coping better since being a part of the Children's Advocacy Services.

- ❑ strongly agree
- ❑ agree
- ❑ disagree
- ❑ strongly disagree

comments _____

_____

(6) My children have plans for staying safe if violence occurs again.

- ❑ strongly agree
- ❑ agree
- ❑ disagree
- ❑ don't know

comments _____

_____

(7) My children know the violence is not their fault.

- ❑ strongly agree
- ❑ agree
- ❑ disagree
- ❑ strongly disagree
- ❑ don't know

comments _____

_____

(8) When I think about what I wanted my children to get out of the Child Advocacy Services, I would say:

- ❑ the program has met or exceeded all of my expectations
- ❑ the program has met most of my expectations
- ❑ the program has met some of my expectations
- ❑ the program has met few or none of my expectations

(9) The most helpful part of your Children's Advocacy Services was:

_____

_____

(10) To improve your Children's Advocacy Services, you might consider:

_____

_____

The following questions will help us know who is using our services so we can continue to improve them to meet the needs of all children.

(11) My children are: (check all that apply)

- ❑ African American/Black
- ❑ White
- ❑ Asian/pacific Islander
- ❑ Native American
- ❑ Latina/Hispanic
- ❑ other (please describe _____)

(12) My children who were with me while I was here are: (check all that apply)

- ❑ infant(s)
- ❑ toddler(s)
- ❑ preschool
- ❑ 5-12
- ❑ 13-18
- ❑ over 18

(13) Overall, I think my children felt accepted and welcomed by the staff here.

- ❑ strongly agree
- ❑ agree
- ❑ disagree
- ❑ strongly disagree
- ❑ don't know

comments _____

_____

(14) In thinking back to how comfortable I think my children were here, I would say that, overall, they were:

- ❑ very comfortable
- ❑ somewhat comfortable
- ❑ somewhat uncomfortable
- ❑ very uncomfortable

If you answered anything other than "very comfortable," what would you recommend we do to help children feel more comfortable?

_____

_____

Thank you again for taking the time to fill this out. We will use your comments to continue to improve our services! Please contact us if we can be of further assistance.

Sexual Assault Medical Advocacy Evaluation

Case number:_____

Instructions: This survey is to be completed by the **advocate** immediately following contact with the victim. The purpose of this survey is to document perceptions and observations of first response events.

1. Date of advocacy call __/__/____

2. Name of Medical Facility: _____

3. Rate your overall impression of the reactions and behaviors of the *medical personnel* to the survivor:

3a. 1 2 3 4 5

hostile compassionate

3b. 1 2 3 4 5

judgmental nonjudgmental

4. Did you observe the evidence collection procedure? ____Yes ____No

5. If NO, indicate why you did not observe:

____evidence collection was finished before I arrived

____survivor did not want evidence collection

____survivor did not want advocate in the room

____medical personnel did not want advocate in the room

____other (describe)_____

6. If YES, rate your impression of how the medical personnel handled evidence collection:

1 2 3 4 5

unsure/tentative confident

7. Did the medical personnel make errors in evidence collection?

___Yes ____No ____Unsure ____Not Applicable

8. Did the medical personnel explain the collection procedures to the survivor?

___Yes ____No ____Unsure ____Not Applicable

9. Did the survivor receive information regarding:

9a.	HIV	___Yes	____No	___Don't know
9b.	STD's	___Yes	____No	___Don't know
9c.	Pregnancy	___Yes	____No	___Don't know
9d.	Hepatitis	___Yes	____No	___Don't know

10. Name of Police Department represented: _____

11. Were you present for the police interview? ____Yes ____No

12. If NO, why were you not present?

____police did not respond/no police interview

____interview was complete before I arrived

____survivor did not want to report/be interviewed

____police asked advocate to leave

____other (describe)_____

13. If YES, rate your overall impression of the reactions and behaviors of the police to the survivor:

13a.	1	2	3	4	5
	hostile				compassionate
13b.	1	2	3	4	5
	judgmental				nonjudgmental

14. Indicate your impression of the survivor's reaction to the interview:

____No interview

____Not present for interview

____Survivor wanted to drop investigation after contact with police

____Survivor expressed desire to continue after contact with police

____Other (describe)_____

15. Rate your overall impression of your interaction with the survivor based on your ability to connect emotionally with the survivor:

1	2	3	4	5
Unable to connect				Able to connect

16. Did you provide the survivor with information regarding:

16a. Crime victim's compensation ____Yes ____No

If no, why not_____

16b. Counseling services ____Yes ____No

If no, why not_____

16c. Safety planning ____Yes ____No

If no, why not_____

16d. Rape myths ____Yes ____No

If no, why not_____

16e. Legal options ____Yes ____No

If no, why not_____

16f. Effects of victimization ____Yes ____No

If no, why not_____

17. Were you able to validate the survivor's feelings before leaving the medical facility?

___Yes ___No

If no, why not_____

18. Rate your overall impression of your advocacy with others for the survivor:

18a. 1 2 3 4 5

Discounted by police Respected by police

18b. 1 2 3 4 5

Discounted by medical staff Respected by medical staff

19. Any other comments about the experience that you would like to share:

_____

Helpinya County

OFFICE OF THE PROSECUTING ATTORNEY

Victim/Witness Unit

- Customer Service Survey -

		YES	NO	N/A
1.	Victim stated that they understood that information on the dynamics of domestic violence would be mailed to him/her.			
2.	Victim stated that they felt that their legal rights were explained clearly.			
3.	Victim stated that he/she felt supported.			
4.	Victim stated that they understood the CVC program.			
5.	Victim stated that they understood that CVC information (brochures) was available to them.			
6.	Victim stated that they understood that V/W Unit staff were available to assist with completing CVC forms.			
7.	Victim stated that they understood the court process.			
8.	Victim stated that they understood their role in the court process.			
9.	Victim stated that they understood that they would receive letters on the outcome of court proceedings.			

This information was obtained ____in person ____by telephone.
Date: _____/_____/_____ Staff initials _____

Thank you to Kalamazoo County Office of the Prosecuting Attorney for the use of their survey design.

Helpinya County

OFFICE OF THE PROSECUTING ATTORNEY

Victim/Witness Unit

- Customer Service Survey -

Thank you in advance for taking the time to answer these questions. We know you are very busy right now, but we really appreciate your telling us what was helpful as well as unhelpful about our Victim/Witness Unit. ***We take your comments seriously****, and are always trying to improve our services. So remember, please do not put your name on this sheet and please answer as honestly as you can. We need your feedback! Thanks again!*

1. If my pending case involved domestic violence, I received information on the dynamics of domestic violence.

Yes No N/A

For the following questions, please circle the answer that best matches your feelings or thoughts:

2. Victim/Witness Unit staff clearly explained my legal rights.

Strongly Agree Agree Disagree Strongly Disagree

3. Victim/Witness Unit staff were supportive.

Strongly Agree Agree Disagree Strongly Disagree

4. If I sought medical attention for any injuries and had questions regarding my medical expenses, Victim/Witness Unit staff were available to explain the Crime Victim Compensation program.

Strongly Agree Agree Disagree Strongly Disagree N/A

5. If I sought medical attention for any injuries, Victim/Witness Unit staff were available to provide Crime Victim Compensation information (brochures, forms, pamphlets).

Strongly Agree Agree Disagree Strongly Disagree N/A

6. If I needed assistance with completing Crime Victim Compensation forms, Victim/Witness Staff were readily available to help me.

Strongly Agree Agree Disagree Strongly Disagree N/A

PLEASE TURN OVER

7. Victim/Witness Unit staff clearly explained the criminal justice/court process to me.

Strongly Agree	Agree	Disagree	Strongly Disagree

8. Victim/Witness Unit staff clearly explained my role in the court process.

Strongly Agree	Agree	Disagree	Strongly Disagree

9. Victim/Witness Unit staff kept me informed of the outcome(s) of court proceedings.

Strongly Agree	Agree	Disagree	Strongly Disagree

10. Please list things you found most helpful with the Victim/Witness Unit:

1)

2)

3)

4)

11. Please list ways we may improve the Victim/Witness Unit:

1)

2)

3)

4)

Thank you again for taking the time to complete this survey.

Please return the survey in the self-addressed stamped envelope provided OR place in the drop-box in the reception area of the Victim/Witness Unit

(000 Advocate Avenue – 1st Floor).

Thank you to Kalamazoo County Office of the Prosecuting Attorney for the use of their survey design.

Sample Logic Models

In the hopes of making the task of creating logic models for your various programs simpler, some examples are provided on the following pages based on the fictional Safe Place USA domestic violence program. Safe Place USA has a 24-hour crisis line, a shelter with 20 beds, a counseling program, support groups, and a legal advocacy program.

Example Logic Model for Five Components within a Fictional Domestic Violence Program *(1) Residential Services*				
Inputs	**Activities**	**Outputs**	**Short-term Outcomes**	**Longer-term Outcomes**
▪ Agency provides four full-time and five part-time staff within a 20 bed shelter to meet residents' needs ▪ Security and surveillance equipment are in place ▪ Rules and regulations are written, distributed, and posted regarding house and safety rules ▪ Program provides necessary facility, furnishings, and food.	▪ Staff monitor the security of the shelter program, and educate residents about safety and security while in the shelter. ▪ Staff discuss causes and consequences of domestic violence with residents as needed, and stress they are not to blame for the abuse. ▪ Staff provide referrals and information regarding any community resources needed by residents. ▪ Food and clothing are provided to residents, as well as access to laundry and telephone.	▪ Up to 20 women and their children are housed at any one time.	▪ Residents are safe from emotional and physical abuse while in shelter. ▪ Residents have increased knowledge of domestic abuse and its effects. ▪ Residents have increased knowledge about resources and how to obtain them. ▪ Survivors have strategies for enhancing their safety.	▪ Decreased social isolation. ▪ Women are able to obtain the resources they need to minimize risk of further abuse. ▪ Women and their children are safe. ▪ Women have higher quality of life.

Example Logic Model for Five Components within a Fictional Domestic Violence Program

(2) Legal Advocacy

Inputs	Activities	Outputs	Short-term Outcomes	Longer-term Outcomes
▪ Program provides two part-time legal advocates with training in current domestic violence laws and policies. ▪ Legal advocacy office within the shelter has up-to-date law books as well as paperwork needed to file for divorce, obtain a protective order, and to file for custody or visitation of minor children. ▪ A volunteer attorney is on hand 5 hours per week to answer questions and to assist with legal matters.	▪ Program provides legal information regarding protection orders, divorce, custody, and child visitation. ▪ Program staff assist women in completing necessary paperwork. ▪ Program staff discuss the process involved if assailant has been arrested. Women are informed of their rights, responsibilities and options, and are told what to expect from the criminal justice system, based on prior similar situations. ▪ Advocates discuss individualized safety planning with women.	▪ Women are informed about their legal rights and options.	▪ Women have the legal knowledge needed to make informed decisions. ▪ Survivors have strategies for enhancing their safety. ▪ Survivors have knowledge of available community resources.	▪ Women receive justice and protection from the criminal and civil legal justice systems. ▪ Women and their children are safe. ▪ Women have higher quality of life.

Example Logic Model for Five Components within a Fictional Domestic Violence Program *(3) Individual Counseling Services*				
Inputs	**Activities**	**Outputs**	**Short-term Outcomes**	**Longer-term Outcomes**
▪ Program provides eight part-time counselors with experience working with survivors of domestic abuse. ▪ Program provides three on-site private office space for counseling sessions.	▪ Within weekly 50 minute sessions, counselors provide emotional support, practical information, and referrals to survivors. ▪ Counselors discuss individualized safety planning with survivors. ▪ Counselors discuss the causes and consequences of domestic abuse, stressing the survivor is not to blame for the abuse. ▪ Counselors share information about community resources that might be useful to survivors, as needed.	▪ Women attend weekly individual counseling sessions.	▪ Survivors feel supported and understood. ▪ Survivors do not blame themselves for the abuse. ▪ Survivors feel more positive about their lives. ▪ Survivors feel less isolated. ▪ Survivors are aware of the many effects of domestic abuse. ▪ Survivors feel better able to handle everyday situations. ▪ Survivors have strategies for enhancing their safety. ▪ Survivors have knowledge of available community resources.	▪ Short-term outcomes persist. ▪ Women and their children are safe. ▪ Women have higher quality of life.

Example Logic Model for Five Components within a Fictional Domestic Violence Program *(4) 24-Hour Hotline/Crisis Line*				
Inputs	**Activities**	**Outputs**	**Short-term Outcomes**	**Longer-term Outcomes**
▪ Program provides trained volunteers to answer phones 24 hours a day, 7 days a week. ▪ Referral information and numbers are updated and available by the telephone.	▪ Volunteers provide emotional support, practical information, and referrals to callers 24 hours a day.	▪ Individuals needing practical or emotional assistance receive empathic and accurate responses by phone.	▪ Callers requesting or implying a need for crisis support receive such support. ▪ Callers requesting information about services or options for survivors of domestic abuse receive that information. ▪ Callers requesting information about programs for batterers receive that information. ▪ Callers requesting assistance in finding a safe place to go receive such assistance.	▪ Callers know crisis support is available in their community 24 hours a day. ▪ Callers are more aware of services and options that may decrease risk of further abuse. ▪ Callers are more aware of programs for batterers. ▪ Callers receive immediate reprieve from violence.

Example Logic Model for Five Components within a Fictional Domestic Violence Program *(5) Support Groups for Survivors*				
Inputs	**Activities**	**Outputs**	**Short-term Outcomes**	**Longer-term Outcomes**
▪ Program provides two trained individuals to facilitate weekly two-hour support groups on-site. ▪ Program provides a private room with comfortable chairs and refreshments for group. ▪ Childcare is provided on site for those participating in group.	▪ Facilitators lead group discussion based on the needs presented by each group. Topics include but are not limited to: who's to blame for domestic abuse, moving on from here, coping with a stalker, helping children cope, getting ongoing support, creating safety plans, and breaking the silence.	▪ Up to 12 women at a time attend weekly groups as needed.	▪ Survivors feel supported and understood. ▪ Survivors do not blame themselves for the abuse. ▪ Survivors feel more positive about their lives. ▪ Survivors feel less isolated. ▪ Survivors are aware of the many effects of domestic abuse. ▪ Survivors feel better able to handle everyday situations. ▪ Survivors have strategies for enhancing their safety. ▪ Survivors have knowledge of available community resources.	▪ Short-term outcomes persist. ▪ Women and their children are safe. ▪ Women have higher quality of life.

CREATING A PLAN WITH STAFF FOR COLLECTING OUTCOME EVALUATION DATA

1. Meet with key staff to explain the need for the evaluation and how it can be useful to the organization.
2. Decide with staff who will collect the data, how often, and from whom.
3. The importance of ***sampling*** clients.
    a. Do not collect data when clients are in crisis.
    b. Collect data often enough that you don't miss those clients who receive short-term services, BUT not so often it's a burden to clients.
    c. Sampling shelter residents:
    -- Ideally, try to ask every shelter resident to participate as they get closer to shelter exit (other than those in crisis).
    d. Sampling support group participants:
    -- Ideally, every 3-4 weeks pass out forms to all group members at the end of a meeting, and invite them to stay an extra 5 minutes to complete the form. Pens or pencils should be provided, a locked box or sealed envelope should be provided, and the facilitator should leave the room.
    e. Sampling advocacy program participants:
    -- Ideally, after 2 contacts with the advocate unless the advocate believes they'll see the client again. You want to allow enough time for change to occur, but not miss those clients receiving short-term advocacy.
    f. Sampling counseling clients:
    -- This depends on how long counseling generally lasts. Allow enough time for change to occur but don't wait so long that you'll miss clients who end counseling earlier than expected.
4. The key to sampling is that you must make sure that the people you include are as much like ("representative of") the whole group of people who receive your services as possible.
    a. Clients from all ages, races and cultural groups, sexual orientations, religious preferences, and abilities must be included.
    b. Dissatisfied as well as satisfied clients need to be included.
5. Copy enough blank forms that they are readily available to staff; they should be in a visible area that will remind staff to use them.
6. Design a way that clients can return completed forms anonymously. You can make or buy a locked box with a hole in the top, or can provide envelopes that clients can seal themselves and place in a safe place. Consider:
    a. Clients need to feel that no one will look at their form in the near future.
    b. Clients need to feel that they will not be identified by their survey.
    c. Before you begin, you could ask some clients what place or approach would feel best to them.
    d. You might need to figure this out through trial and error.
7. Decide with staff how often to discuss how the data collection is going; this should be quite often in the beginning while staff are getting used to the new procedures and to decide together what strategy works well and what doesn't.
8. All staff who might invite clients to participate in completing a survey should have a copy of the "*Directions for inviting clients to participate in outcome evaluation*."

INVITING CLIENTS TO COMPLETE PROGRAM EVALUATION FORMS:

DIRECTIONS FOR STAFF

NOTE: The staff member who asks the client to complete the form should ideally **not** be the person who has just delivered the service (the advocate, group facilitator, counselor, etc.). For small programs where this is not possible, be sure to follow these guidelines even more carefully, and NEVER take a completed form directly from a client.

Stress the following things to the client when you ask them to complete a survey:

1) You understand s/he is busy and you appreciate their taking the time to complete a survey.
2) Stress that the survey will only take a few minutes to complete.
3) Explain that your program takes survey results seriously and makes changes to services based on feedback received.
4) While you would appreciate their feedback, completing the survey is completely voluntary.
5) Make sure clients receive either a pencil, or black or blue pen to complete the survey.
6) Provide a private and quiet place for the client to complete the survey.
7) Explain that it's very important staff do not know who completed what survey and that a number of procedures are in place to make sure staff don't know who said what. For example:
    1. Show the client where to put the completed survey. Either provide a locked box or a sealed envelope or direct the client to another staff person who collects the surveys.
    2. Mention that surveys are only checked once a month (or once a quarter for even smaller programs) so that staff have no idea who completed them.
    3. Mention this is also why you've provided a pencil or black or blue pen.
    4. Ask if the client has any questions or concerns.

Some clients will tell you that they WANT you to know what they said. When this happens, thank them but remind them that you want them to give both positive feedback as well as ideas for how things could be improved and that you'd rather they do the survey in confidence.

The Impact of Domestic Abuse Victim Services on Survivors' Safety and Wellbeing: Research Findings to Date

Cris M. Sullivan, Ph.D.
Michigan State University

More and more, funders and others are asking if victim service programs are engaging in "evidence-based practice." To help domestic violence programs answer that question, I have reviewed the current research and summarized what we know about the evidence that our services make a difference for survivors. It can also be helpful to programs to know what research studies have found about the effectiveness of our efforts, so that we can feel confident we are measuring the appropriate *short-term outcomes* that will lead to desired *long-term outcomes* for survivors. It is not realistic for non-profit programs, with little money devoted to evaluation, to measure the long-term impact of their work – that's what research is for. We can, however, examine the short-term changes that have been found to lead to long-term success.

Shelter programs have been found to be one of the most supportive, effective resources for women with abusive partners, according to the residents themselves (Bennett et al., 2004; Gordon, 1996; Sullivan et al., 2008; Tutty, Weaver, & Rothery, 1999). For example, Berk, Newton, and Berk (1986) reported that, for women who were actively attempting other strategies at the same time, a stay at a shelter dramatically reduced the likelihood they would be abused again.

One research study used a true experimental design and followed women for two years in order to examine the effectiveness of a community-based **advocacy** program for domestic abuse survivors. Advocates worked with women 4-6 hours a week over 10 weeks, in the women's homes and communities. Advocates were highly trained volunteers who could help women across a variety of areas: education, employment, housing, legal assistance, issues for children, transportation, and other issues. Women who worked with the advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources over time. One out of four (24%) of the women who worked with advocates experienced <u>no</u> physical abuse, by the original assailant or by any new partners, across the two years of post-intervention follow-up. Only 1 out of 10 (11%) women in the control group remained completely free of violence during the same period. This low-cost, short-term intervention using unpaid advocates appears to have been effective not only in reducing women's risk of re-abuse, but in improving their overall quality of life (Sullivan, 2000; Sullivan & Bybee, 1999).

Close examination of which short-term outcomes led to the desired long-term outcome of safety found that *women who had more social support and who reported fewer difficulties obtaining community resources reported higher quality of life and less abuse over time* (Bybee & Sullivan,

2002). In short, then, there is evidence that if programs improve survivors' social support and access to resources, these serve as protective factors that enhance their safety over time. While local programs are not in the position to follow women over years to assess their safety, they *can* measure whether they have increased women's support networks and their knowledge about available community resources.

The only evaluation of a ***legal* advocacy** program to date is Bell and Goodman's (2001) quasi-experimental study conducted in Washington, DC. Their research found that women who had worked with advocates reported decreased abuse six weeks later, as well as marginally higher emotional well-being compared to women who did not work with advocates. Their qualitative findings also supported the use of paraprofessional legal advocates. All of the women who had worked with advocates talked about them as being very supportive and knowledgeable, while the women who did not work with advocates mentioned wishing they had had that kind of support while they were going through this difficult process. These findings are promising but given the lack of a control group they should be interpreted with extreme caution.

Another research study examined domestic abuse survivors' safety planning efforts (Goodkind, Sullivan, & Bybee, 2004). Survivors were asked what strategies they had used to stop or prevent the abuser's violence. For every strategy mentioned, women were asked if it made the abuse better, worse, or had no effect. Not surprisingly, for every strategy that made the situation better for one woman, the same strategy made the situation worse for another. However, the two strategies that were *most likely to make the situation better* were contacting a domestic violence program, and staying at a domestic violence shelter. These results provide strong support for the importance of domestic violence programs.

It is also important, though, that women who were experiencing the most violence and whose assailants had engaged in the most behaviors considered to be indicators of potential lethality were the most actively engaged in safety planning activities, but remained in serious danger, despite trying everything they could. These findings highlight the importance of remembering that survivors are not responsible for whether or not they are abused again in the future. For some women, despite any safety strategies they employ, the abuser will still choose to be violent.

Evaluations of **support groups** have unfortunately been quite limited. One notable exception is Tutty, Bidgood, and Rothery's (1993) evaluation of 12 "closed" support groups (i.e., not open to new members once begun) for survivors. The 10-12 week, closed support group is a common type of group offered to survivors, and typically focuses on safety planning, offering mutual support and understanding, and discussion of dynamics of abuse. Tutty et al.'s (1993) evaluation involved

surveying 76 women before, immediately after, and 6 months following the group. Significant improvements were found in women's self-esteem, sense of belonging, locus of control, and overall stress over time; however, fewer than half of the original 76 women completed the 6-month follow-up assessment (n = 32), and there was no control or comparison group for this study. Hence, these findings, too, should be interpreted with extreme caution.

Tutty's findings were corroborated by a more recent study that did include an experimental design (Constantino, Kim, & Crane, 2005). This 8-week group was led by a trained nurse and focused on helping women increase their social support networks and access to community resources. At the end of the eight weeks the women who had participated in the group showed greater improvement in psychological distress symptoms and reported higher feelings of social support. They also showed less health care utilization than did the women who did not receive the intervention.

These research studies are presented to provide you with some evidence supporting the long-term effectiveness of the types of services you offer. If programs can show that they have had positive short-term impacts on women's lives that have been shown to lead to longer-term impacts on their safety and well-being, this should help satisfy funders that the services being provided are worthwhile.

References Cited

Bell, M. E., & Goodman, L. A. (2001). Supporting battered women involved with the court system: An evaluation of a law school-based advocacy intervention. Violence Against Women, 7(12), 1377-1404.

Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling and shelter services for victims of domestic violence: A statewide evaluation. Journal of Interpersonal Violence, 19(7), 815-829.

Bybee, D. I., & Sullivan, C. M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. American Journal of Community Psychology, 30(1), 103-132.

Constantino, R., Kim, Y. & Crane, P.A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. Issues in Mental Health Nursing, 26, 575-590.

Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A contextual analysis of battered women's safety planning. Violence Against Women, 10(5), 514-533.

Gordon, J. S. (1996). Community services for abused women: A review of perceived usefulness and efficacy. Journal of Family Violence, 11, 315-329.

Sullivan, C. M. (2000). A model for effectively advocating for women with abusive partners. In J. P. Vincent & E. N. Jouriles (Eds.), Domestic violence: Guidelines for research-informed practice (pp. 126-143). London: Jessica Kingsley Publishers.

Sullivan, C.M., Baptista, I., O'Halloran, S., Okroj, L., Morton, S., & Stewart, C., (2008). Evaluating the effectiveness of women's refuges: A multi-country approach to model development. International Journal of Comparative and Applied Criminal Justice, 32(2), 291-308.

Sullivan, C. M., & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. Journal of Consulting and Clinical Psychology, 67(1), 43-53.

Tutty, L. M., Bidgood, B. A., & Rothery, M. A. (1993). Support groups for battered women: Research on their efficacy. Journal of Family Violence, 8(4), 325-343.

Tutty, L. M., Weaver, G., & Rothery, M. . (1999). Residents' views of the efficacy of shelter services for assaulted women. Violence Against Women, 5(8), 898-925.

Supported through funding made available under Federal Crime Victims Funds, established by the Victims of Crime Act of 1984.

Appendix D-

Article: Outcome Performance Measurement Guide

Outcome Performance Measurement Guide
for Georgia's Crime Victim Assistance Programs

2016

104 MARIETTA STREET, SUITE 440 ★ ATLANTA, GEORGIA 30303-2743
404.657.1956 ★ 877.231.6590 ★ 404.657.1957 FAX
cjcc.georgia.gov

Table of Contents

Why is Outcome Performance Measurement Needed? 4
Performance Measures 4
Who is Required to Complete OPMs? 5
Data Collection 6
Aggregating Outcome Data 13
Reporting your Outcome Data 17
Appendix A: Sample Outcome Survey Instruments 19
Appendix B. Tips for Developing Survey Instruments 30
Appendix C. Glossary of Terms (working definitions) 31
Appendix E. Links and References 34

In partnership with Performance Vistas, Inc.

Performance Vistas, Inc.
O: (770) 992-0679 F: (770) 992-8394

Why is Outcome Performance Measurement Needed?

Most crime victim assistance leaders acknowledge that our programs have a responsibility to impact our clients in positive ways. Most of us also believe that it matters how well we adhere to standards of practice as we go about our work serving our clients. These are the reasons most of us enter the field: We forego the promise of larger corporate salaries because we care more about helping vulnerable people. If you agree, then you probably also believe that determining *how well* our programs are performing is at least as important as documenting *how hard* our programs are working.

What do we mean by "results" in crime victim assistance? The desired results of our programs are defined as client or victim outcomes. What are client outcomes? Outcomes show what difference a client's involvement with our programs made in his or her Knowledge, Skills, Attitudes, Behaviors or Conditions (what we call "KSABCs"). Did she learn more about her rights? Develop some parenting skill? Change her view on deserving physical punishment? Find a way to avoid risky circumstances? Actually reduce her risk level or improve her health? Those are all changes that are partly the results of effective programs.

Here are eight more reasons it's important that our programs pay attention to how we affect victims of crime (i.e., help them achieve desirable family outcomes):

- Helping our clients recover and find better lives is the major reason we exist.
- Tending to how clients' lives are changing helps us stay focused on our mission.
- Thinking in terms of changed lives provides us with a common language. We will disagree on the best ways to help, but we *can* agree on what a changed life looks like.
- Our programs must demonstrate we are responsible stewards of public and private financial support. We must be accountable for our decisions.
- Our funders want to know not just how hard we are working for their money; they need to know we are making a difference in peoples' lives.
- Knowing how lives are changing gives us meaningful facts to tell our stories.
- In a tight economy having credible information about how lives are changing gives those who have it a competitive edge over those who do not.
- All our stakeholders must be able to make decisions about their support in "up" as well as "down" times. Information on how clients' lives are changing is crucial information on which to base hard choices.

By addressing similar measures, CJCC's program measurement process supports collaboration and benchmarking *(shared data on what works)*, which helps build partnerships.

Performance Measures

The approach CJCC uses calls for three types of performance measures:

- ***Outputs*** are counts of the direct products of program activities. They usually describe the volume of work accomplished, such as the number of classes taught, counseling sessions held, people served, public education billboards erected, or orders of protection obtained from the court. They often are also counts of people served in certain categories, like age, race, gender, income, etc. **Outputs represent the *efforts* of the program – how hard it is working for its clients and stakeholders.**

- ***Satisfaction*** measures are client statements rating the quality with which the services were provided. Usually these measures address how accessible the services were (such as how hard it was to find the agency or the time spent waiting for an interview). Some satisfaction measures deal with how acceptable the services were (such as whether the client was welcomed and treated with respect). Others address how well the services matched up with generally accepted standards for the service (such as numbers of people in a support group or frequency of court hearings the client was accompanied by staff of the program). Satisfaction measures are not the same as either outputs or outcomes, although they are often confused with them. **Satisfaction measures represent the quality of the service activities, focused on program behavior**
- ***Outcomes*** are benefits resulting from the program's activities. For a legal advocate these changes might be increased knowledge of rights or awareness of alternatives. For a crisis intervention (e.g., domestic violence or sexual assault program), it might be some degree of physical recovery or emotional stabilization, or a change in a client's behavior or condition. For a children's advocate, an outcome might be another step toward permanency. *Outcomes show what difference a client's involvement made in his or her knowledge, skills, attitudes, behaviors or condition (KSABCs)*. **Outcomes express the extent to which a program's clients accomplished their goals and achieved the changes they wanted in their lives. Focusing on clients' lives helps define whether a program met its stated purpose of changing lives.**

Who is Required to Complete OPMs?

CJCC's requirement applies to VOCA, VAWA and SASP sub-grantees that deliver *direct services to clients who are victims of crime, and whose contact with clients is more extensive than a single telephone call or other distribution of information (hotlines).* Primarily, this will include sexual assault programs, domestic and family violence programs, child advocacy and CASA programs, counseling and treatment programs, legal services, and various forms of victim assistance whether based in law enforcement, prosecution or other settings.

Agencies with Activities Partially Funded: Agencies that receive funding from CJCC for a separately staffed, self-contained program, and in which those clients do not receive any other victims' services from the agency or from any other staff, may choose to collect outcome data only on those clients. Agencies are encouraged, however, to collect outcome data on all clients if they choose and report them to CJCC.

Single positions funded by CJCC: Agencies that receive funding from CJCC that supports one staff member out of several, and in which clients may receive services from all staff at any particular time, must collect data from all clients served. First, the outcome of your program on clients is produced by the cumulative effect of all services received and all contacts experienced, and it is impossible methodologically to separate out the impact of one staff person from among the many. Second, even if each staff member sees her or his own group of clients, it creates an extra burden for that staff member and may give that staff member's clients the impression that they are being singled out for some reason. Third, the agency misses out on the opportunity to learn what impact the program is having on all its clients.

Data Collection

Your data collection strategy for measuring outcomes will require someone to collect outcome responses daily from clients as people complete their services. Someone within your program will have to aggregate these responses at least monthly. Someone will have to log onto the internet reporting site once per year to submit your agency's outcome data. Clearly, someone will have to be in charge of these details – someone who is comfortable with keeping tabs on the survey forms, making sure everyone with responsibility for gathering data is doing what they committed to do.

GUIDELINES FOR DATA COLLECTION

When? How Often?

- **Ongoing daily data collection as victims "substantially complete" services**
- **Monthly data aggregation (summaries)**
- **Quarterly reporting of grant statistics (outputs)**
- **Semi-annual and year-end reporting of outcome totals**

So, who will manage data collection and reporting in your agency? Who will be accountable for accuracy? CJCC suggests that the Executive Director or other appointing authority in your program should manage the measurement process. Ultimately, the information your program gathers should benefit your program's leadership more than anyone else, and for that reason alone the integrity of the process ought to be managed carefully.

Your Strategy for Measuring Outcomes Data Will Address Four Questions:

1. *Which outcome measures apply for your particular program, and what instruments will you use for collecting the information on those outcomes?*
2. *Who will provide the data you need, and at what points in the process will you collect data?*
3. *Who will actually gather the data, and under what circumstances?*
4. *Who will aggregate the data, analyze it and report it – and how?*

How you answer these questions should be guided by your program's design (i.e., its logic model). You will have to explain these design assumptions when you report your outcome data, so let's take these questions one at a time!

1. *Which outcome measures apply for your particular program, and what instruments will you use for collecting the information on those outcomes?*

CJCC outcome measures address the four core purposes for services under the Victims of Crime Act:

(1) respond to the emotional and physical needs of crime victims;
(2) assist primary and secondary victims of crime to stabilize their lives after a victimization;
(3) assist victims to understand and participate in the criminal justice system; and
(4) provide victims of crime with a measure of safety and security such as boarding-up broken windows and replacing or repairing locks."

GUIDELINES FOR DATA COLLECTION

Who is accountable for data accuracy?

- **Authorized grantee is responsible for data**

What are sources of victim outcomes data?

- **Distinct types of services to victims experiencing different types of victimizations (SA, DV, Child or Elder abuse, Homicide, DUI, etc.)**
- **Deal with adults and children separately**
- **Do not survey children under age 18!**

What survey instruments should be used?

- **Separate tools for each data source and service type (do not combine).**

The outcome measures that apply to *your* program will address one or more of those four program purposes (emotional needs, life stability, participation in the justice system, or safety and security). The specific measures are listed in the appropriate data collection instrument for your program. You will find ten such instruments in Appendix A at the end of this Guide.

Where did these measures come from? Georgia's VOCA and VAWA sub-grantees participated in a ten-month long developmental process to produce the outcome performance measures selected for use in Georgia by CJCC. Advisory groups representing each major type of program developed performance measures they believed were best suited to use in programs like theirs. These were modified further for use by more unique programs. Advisory groups also worked with Performance Vistas and CJCC staff to develop drafts of the instruments in Appendix A. Feedback received from individual sub-grantees was also considered and incorporated in revisions of the performance measures and the data collection guidelines.

The list of required outcome measures for each program or service type is considered a "core" set of outcomes that any program of the type should be attempting to accomplish with CJCC financial support. However, one set of measures will probably not always fit all of your clients! You have to choose which instruments will best fit your service system and your clients:

- ***Measures for Multiple Program Offerings:*** Some agencies funded by CJCC are composite programs. They provide similar services (such as sexual assault services) to distinct populations of victims (such as adults and children). Or, they may provide distinct types of services to victims experiencing different types of victimization (sexual assault medical support or domestic violence shelter). Agencies that support multiple programs, such as agencies that function as both rape crisis centers and domestic violence shelters, should not combine the core outcomes into a single questionnaire form. Instead, they should select and use the most appropriate questionnaire for each victim, based on the reason assistance was sought and the services delivered to meet that need. Composite programs that use different survey forms will also have to use separate spreadsheets (to match the survey forms) and separate on-line forms (to match surveys) when reporting their outcome data. This is a logical way of maintaining the integrity of the data within your program and statewide.
- ***Measures for Programs Serving both Children and Adults:*** Programs that provide services to adults *and* to children should use two separate questionnaire forms to collect their outcome data, because the child-specific forms have measures worded for children. The outcome performance measures developed by the Child Advocacy Centers can be used by most of these programs to collect outcome data about children served. Again, these composite

programs should use separate spreadsheets and separate on-line forms when reporting their outcome data to maintain the integrity of their data.

Which outcome measurement instruments to use: Your program ***must*** use the wording of the sample survey forms in Appendix A. However, you are encouraged to "customize" the layouts of the surveys you use, to make them fit your program's identity. For example, you may change the fonts, colors, and insert your logo and agency name (or print the survey forms on agency letterhead). You are permitted to include additional measures if your program wants to gather MORE than what is required by CJCC.

Recap: Editing Your Survey Instruments

You may:

- Change the fonts, letterhead, "look."
- Enter the name of your agency.
- Use different forms for different service types or for children and adult clients.
- Add measures or questions to the tool.
- Help the respondent by explaining it or reading it.

You may NOT:

- Change the wording of any measure.
- Change from the standard 5-point scale.
- Delete any measures from the instrument.
- Answer questions on behalf of the victim.

If every program developed its own wording for the required measures, there would be no way to sum up what we learn across the system. Therefore, in order for CJCC to have data sets it can summarize, all programs covered by this procedure are required to use the outcome measures *as written in the sample surveys offered in Appendix A*. These measures are considered "core" to the outcome measurement strategy. In addition, agencies *must* use the five-point Likert scale provided by CJCC. "Strongly Agree" is scored 5, "Agree" is scored 4, "Neutral" is scored 3, "Disagree" is scored 2 and "Strongly Disagree" is scored 1. Additionally, some questions have an NA option. If the question has a – in the NA column this means the NA option is not available for that particular question.

Your agency may choose to address the core CJCC outcome measures as part of a longer survey, asking additional questions if your agency wishes. If this is the case, please make sure all of CJCC's questions (apart from service quality) go at the start of the survey in the order they are shown. The order of the questions can affect the answers. If you are thinking of developing a longer survey, or of combining the CJCC outcome measures with another survey your agency already uses, then please follow the Guidelines in Appendix B for making changes to the sample survey instruments.

Satisfaction measures*:* As explained earlier, satisfaction data are not the same as outcomes data. Generally speaking, CJCC prefers that agencies required to measure outcomes place the satisfaction questions ***at the end*** of CJCC's outcome survey. This should prevent negative feelings regarding service satisfaction to tinge a victim's report of their service outcomes.

2. *Who will provide the data you need, and at what points in the process will you collect data?*

Clients of the agency funded by VOCA, VAWA, and SASP programs will supply the information for outcome measurement. Who is in a better position for sharing what is happening in the life of a crime victim than the victim herself or himself? This is the rationale for using the client self-reported survey forms contained in Appendix A. But sometimes clients cannot speak for themselves, as when a victim is an infant or a disabled adult, or one who cannot read, or one who speaks a language other than English. Your data strategy must account for all these circumstances. Usually this will require your program to have a process in place for asking a caretaker of a disabled adult, or a parent of a child victim, or an advocate of a non-English-speaker to complete the outcome survey. If the client or victim cannot speak for herself, then you want a respondent who speaks for her best interests.

GUIDELINES FOR DATA COLLECTION

How should you administer surveys?

- **What constitutes "completion" of service process?**
- **Use of staff or volunteers to survey. Do not answer FOR the victim; control bias.**
- **Offer help: Explain it, read it, translate it.**
- **Hand out the survey, interview in-person or by telephone. Do not mail out surveys.**

How to summarize and report data?

- **Keep track of #s asked and completing surveys.**
- **Keep records in case files.**

But which clients? The client outcome survey forms should be administered in their entirety to *each* client with whom your program has more than minimal interaction. Since a program's services may reinforce each other to produce a total effect on the outcomes experienced by a client, agencies should not try to separate and tie the performance of a specific service to a specific client or measure. Stated another way, an agency cannot expect to separate the outcomes reported by a client and attribute these outcomes to the work of one staff member or of one component of the program over another. This often means that you will be surveying all your clients, and not just those funded by CJCC.

Which clients should NOT receive an outcome survey? Programs funded by CJCC are not required to administer the survey to clients with whom the agency has had *minimal contact* (telephone call, distribution of information via pamphlet or letter, conduct of a forensic medical exam or forensic interview only). It is difficult to determine the outcome of such brief contact on victims; although it may be significant, it is hard to measure accurately. Agencies should make every effort to collect outcome data from clients receiving more contact than brief interactions.

At what points in the service process are you expected to collect outcomes data? A client cannot report outcomes (i.e., changes in his/her life) associated with involvement with your program until engagement with the program is complete, or substantially complete, as defined by the program's design (logic model). So, it makes no sense to ask a client about outcomes at or near "intake" to the program. For example, a program's staff should not share a legal rights brochure, then immediately ask the client whether she now knows more about her rights as a crime victim – she may be expected to learn more about her rights as she talks with other clients, with staff, and throughout her other program activities. The brochure does not ensure she achieves the outcome of knowing her rights,

the entire program does. For the same reason, it makes no sense to ask about outcomes in the throes of the service process. Even if a shelter resident feels a little bit safer during her first week in shelter, that could change during her second week. It often flips back and forth with circumstances. The program has to have time and opportunity to have an effect on a victim's situation. Therefore, CJCC wants you to *ask for outcome information when the client has substantially completed the program's services.*

What is "substantial completion of services?" That depends on the design of your program. Furthermore, there is a place in the form when you report your outcome data online to CJCC where you will explain the strategy you are using for collecting outcome data. Your strategy has to be consistent with your program's logic model. You will have to describe how your agency is administering the questionnaire and when the questionnaire is administered. To help you prepare for this, here are some tips for thinking through how your program design should drive your approach for gathering outcome data.

* *Immediate or intermediate outcomes?* Obviously "substantial completion" depends on how long your program intends to stay involved with a client. Some crisis intervention programs (e.g., law enforcement victim's assistance, sexual assault centers) might have their total impact on a client during her first week or two, and may have no further contact with her. For them, the time to have the client complete the outcome survey is just before you see her for the last time. It is not the intent of CJCC to add to the victim's trauma. Asking outcome questions during the immediate crisis intervention is inappropriate. But most program people who worked on the measures acknowledged that they usually follow up with victims within a week or two of intake; these follow-up contacts are a good opportunity to ask the outcome measures. Some programs are designed for services to last the duration of a crisis period; typically, that is around six weeks – and these programs should ask before they expect to see the client for the last time.
* *Long term service approaches or intermittent service delivery?* Because time delays and other life experiences during longer service periods can alter clients' perceptions of outcomes, CJCC believes it is better to measure immediate and intermediate outcomes rather than waiting to measure final outcomes after all services are completed. Your program's design (as described in its logic model) should identify the natural sequence of service delivery and enable you to determine at which point it is most appropriate to collect outcome data from clients after receipt of immediate/intermediate services. Long term approaches, such as therapeutic counseling, are not the types of programs for which this outcome measurement system was designed. If you have a program whose logic model calls for outcomes that cannot be achieved in less than several months, you should be talking with your VOCA, VAWA or SASP grant manager about how to approach outcome measurement.
* *Surveying those who come and go:* Your program will not be able to have *every* client stop and complete a survey just before they complete services. Some leave with no advance notice, or go out one day and never come back. Your program will not be held in error by CJCC if you cannot account for EVERY client with an outcome survey. If your staff are taking reasonable steps to ask clients for outcome information before they expect the client to complete services, that will be sufficient for CJCC. Programs offering an array of services may also find it difficult to determine "completion of services" if victims contact a program, receive some services, leave, and then return at a later date for additional services. For example, a victim of family violence may contact a shelter for assistance getting a temporary protection order (TPO). At that point in time, she may not feel she needs emergency shelter because she is staying with a friend. However, after awhile, she needs to stay at the shelter especially if the perpetrator does not

respect the TPO. In this type of situation, since a new victimization has occurred, this should be considered a new victim for purposes of administering the outcome survey questionnaire/interview. Each new victimization event (and re-engagement with the program) is a new victim receiving services to be concluded with an outcome survey.

* *Surveying those who receive most services early, then are seen intermittently until a later event:* Some programs, such as those based in District Attorney's Offices, may assist victims intermittently. They stay in contact with victims until the trial is scheduled, and provide accompaniment and other services. Then, long delays occur between the initial period of assisting the victim and the eventual trial. Delays like these can affect victims' perceptions of outcomes. The eventual outcome of the trial can also have an effect on victims' perceptions of the outcomes of the accompaniment services. *CJCC believes it is a more accurate reflection of the impact of services on victims if these victims are asked earlier in the process (before trial or before a verdict or plea).* Some Prosecution Victim/Witness Assistance Programs (district attorneys and solicitors) have decided to ask clients to complete the survey at the same time they are notified of their trial/hearing date, since the programs make contact with all victims at this point. This is acceptable to CJCC.
* *Administration after trial or legal proceeding:* If Prosecution Victim/Witness Assistance Programs want to wait to administer the outcome survey until after a trial, CJCC suggests they add preliminary items to the survey asking the victim about their satisfaction with the trial outcome, the judge, and the prosecutor. This may help counteract the negative impact on client perceptions if the trial outcome is unsatisfactory.
* *Integrating data collection into ongoing activities:* Program staff should make an effort to incorporate collection of outcome data into an existing program activity, such as an exit interview or other process associated with closing out a case. Making this routine ensures that all staff will become accustomed to the process, and that clients will accept the effort as another step, not a special circumstance. Reminding clients that we are asking these questions to learn how to improve services to serve victims better is an important part of administering the questionnaire or the interview.

3. Who will actually gather the data, and under what circumstances?

Your program has to decide who is in the best position to assist clients with outcome surveys. That might have to be the person who has had the most contact with the client, such as an advocate or counselor. However, if your program can find an alternative, a volunteer or administrative worker might be better, to help the client separate outcome responses from satisfaction issues. Volunteers are a good way to control for respondent bias. This person will also have to deal with language issues, and ensure client anonymity. Here are some tips for administering the outcome surveys:

- *Assisting victims to complete outcome surveys:* The survey can be administered in writing or verbally as an interview. Program staff persons should assist clients who have literacy, vision, or other difficulties. Staff may read a form to the clients and may feel secure in explaining what the intent of a question is. Your program's lead person for outcome data should make sure staff avoid influencing client responses by sticking as closely as possible to the substance of the outcome measure on the survey form. Program staff members should never answer the questions for the client. These survey forms are also translated into Spanish. Please use only CJCC's translations.
- *Explaining the survey to victims:* Clients should be told that completion of the questionnaire or interview has no impact on their eligibility for services. Clients should feel free to decline to

answer any or all of the questions. Clients should be told that the purpose of collecting this information is to improve services to victims of crime. CJCC will not hold it against a program when some clients decline to provide information on an outcome survey.

- *Confidentiality of client surveys:* Clients should be told that their confidentiality will be protected; their outcome responses will be combined with the answers from all other clients served, and will not be used for identifying any specific client.
- *Keeping survey records:* Your program should keep all outcome survey questionnaires. If possible, store outcome surveys with other client records. In agencies where records are subject to discovery, these surveys may be kept separately. A unique identifier (e.g. client number from the case management system) should be placed on all surveys to ensure that data collection and data entry are not duplicated.
- *Respondents speaking on behalf of a child:* Agencies providing services to children should be administering the survey to a parent, guardian, or CASA or CAC volunteer coordinator, who will complete the survey on behalf of the child. Agencies should avoid administering this survey to a minor child or adolescent (age 18 and under), as these persons cannot give informed consent under law. You should remind the individual completing the survey that the questions ask about the child or about the family and should be answered as much as possible in the interests of the child. Agencies may want to note the relationship between the respondent and the child being served by the agency.

  NOTE: Volunteer coordinators will be charged with completing CASA surveys. CASA outcome surveys are a measure of volunteer's ability to intervene on the child's behalf and provide that child with services in their best interest.

- *Tracking completed surveys:* Program staff are encouraged to ask all individuals served to complete the outcome survey, but CJCC recognizes that not all victims will agree to do it nor be available to be asked. All agencies should keep track of how many clients are asked to complete surveys, as well as how many actually complete the surveys. The number of clients completing outcome surveys is not expected to be the same as the number of clients who receive services or even complete the service program because some will not agree to complete to the questionnaire, some will not be available to be asked, and some will not receive more than a single service.

4. Who will aggregate the data, analyze it and report it?

CJCC recommends that someone within your program be responsible for collecting the client outcome surveys and recording them in a monthly summary sheet. If your program has no specialized software for this purpose, you may use any tallying method you are comfortable using. Most programs use an administrative staff person who is comfortable with spreadsheets.

Once each year (by October 30) your program is required to log onto the reporting web site supplied by CJCC to record your outcome data. That task might best be managed by the same person who records survey results in the spreadsheets. However, the Executive Director or other authority should maintain control over this process.

Executives of the program should plan on USING the data on an ongoing basis to improve their program's performance. CJCC is also planning some training on how to use outcome and output data to support staff recruitment, training, supervision, program planning and resources

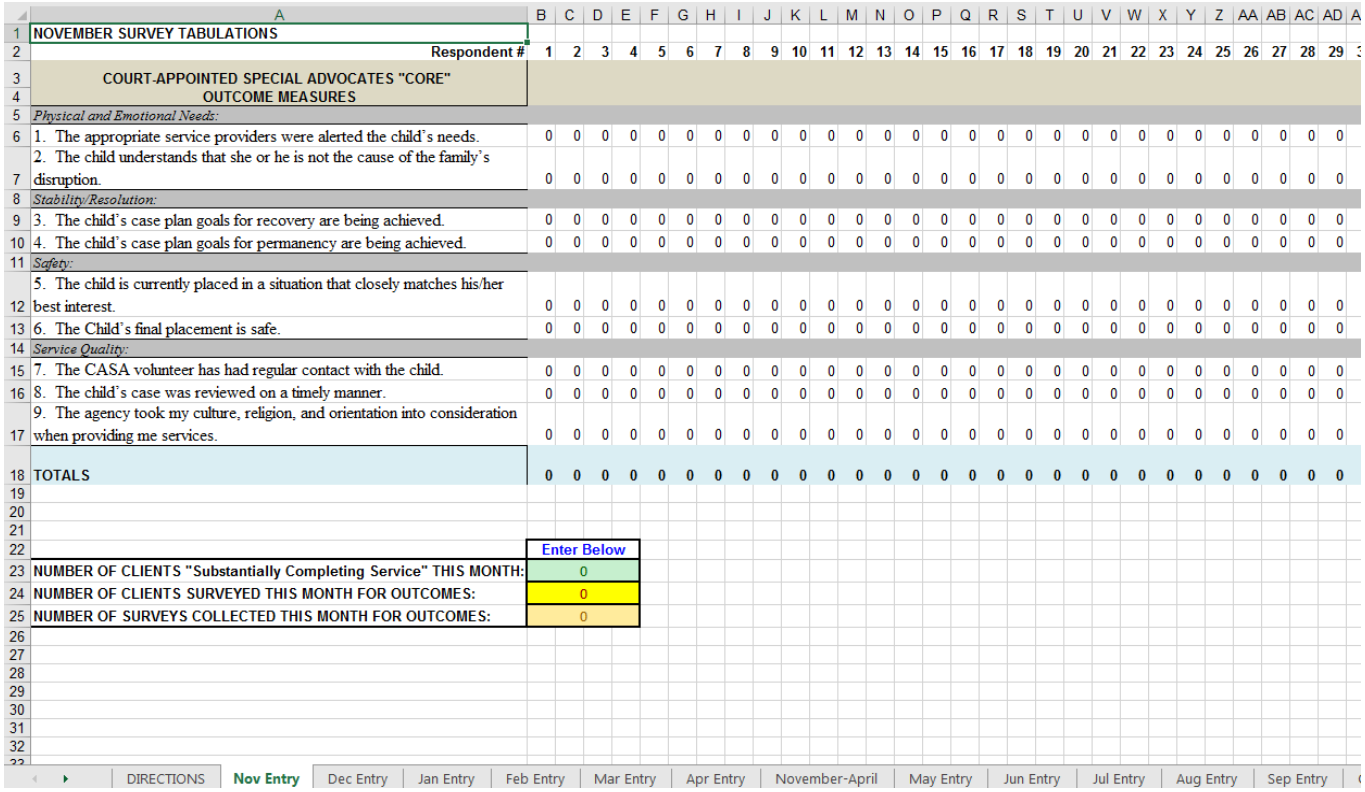
management. Announcements will go to Program Directors when training is scheduled and available.

Aggregating Outcome Data

CJCC has worked with Performance Vistas to prepare Excel spreadsheets for use in compiling your outcome surveys. These Outcome Data Aggregation Spreadsheets were developed expressly for programs like yours. They each cover one year's outcome data. The measures you find on your survey forms will match the Excel data summary sheets. Not all surveys or data aggregation forms are the same! These Excel sheets will provide your program with month-by-month and year-to-date totals of the responses your clients have to the outcome questions on the surveys. If your program includes multiple components, such as a domestic violence shelter/services program combined with a sexual assault center and/or a child advocacy center, you will need to use more than one spreadsheet to aggregate your outcomes for the various components of your program. MATCH THE SPREADSHEETS TO THE SAMPLE SURVEYS!

The Excel-based Outcome Data Aggregation Spreadsheet files were developed to help Georgia's Crime Victim Assistance Programs summarize their data on client outcomes before reporting the data on the approved online reporting system. You should find it to be a terrific alternative to using pencil and paper checklists.

1. Find the Proper Worksheet: There are 16 tabs at the bottom of the screen. The first tab is a set of brief instructions referring to these directions. There are also 12 tabbed worksheets, one for each month: NOV ENTRY. The data ENTRY sheet is labeled, for example, **"Nov Entry."** This is the sheet you will use for ENTERING your November survey data. The ENTRY sheet is the only place you will enter your actual data from a stack of survey responses each month.

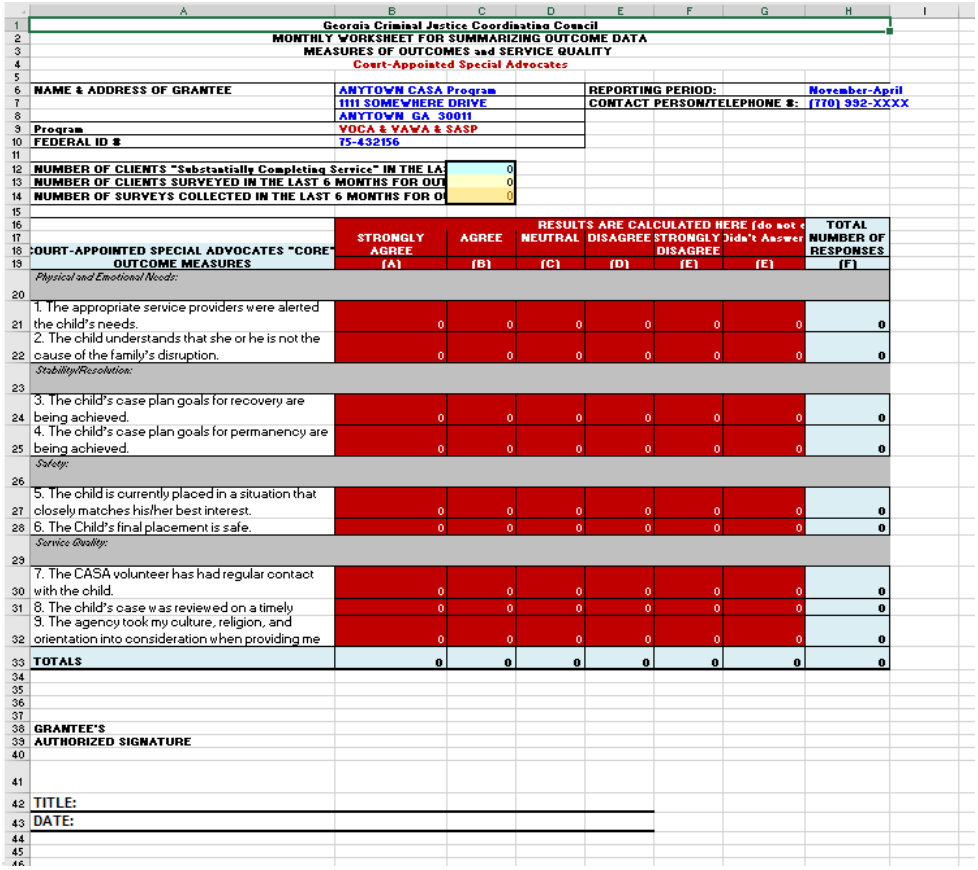


	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1	NOVEMBER SURVEY TABULATIONS																													
2	Respondent #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
3	COURT-APPOINTED SPECIAL ADVOCATES "CORE"																													
4	OUTCOME MEASURES																													
5	*Physical and Emotional Needs:*																													
6	1. The appropriate service providers were alerted the child's needs.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	2. The child understands that she or he is not the cause of the family's disruption.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	*Stability/Resolution:*																													
9	3. The child's case plan goals for recovery are being achieved.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	4. The child's case plan goals for permanency are being achieved.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	*Safety:*																													
12	5. The child is currently placed in a situation that closely matches his/her best interest.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	6. The Child's final placement is safe.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	*Service Quality:*																													
15	7. The CASA volunteer has had regular contact with the child.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	8. The child's case was reviewed on a timely manner.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	9. The agency took my culture, religion, and orientation into consideration when providing me services.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19																														
20																														
21																														
22		Enter Below																												
23	NUMBER OF CLIENTS "Substantially Completing Service" THIS MONTH:	0																												
24	NUMBER OF CLIENTS SURVEYED THIS MONTH FOR OUTCOMES:	0																												
25	NUMBER OF SURVEYS COLLECTED THIS MONTH FOR OUTCOMES:	0																												
26																														
27																														
28																														
29																														
30																														
31																														
32																														

DIRECTIONS | Nov Entry | Dec Entry | Jan Entry | Feb Entry | Mar Entry | Apr Entry | November-April | May Entry | Jun Entry | Jul Entry | Aug Entry | Sep Entry

Figure 1. Example of an empty CASA Spreadsheet, showing tabs at bottom for monthly ENTRY and monthly data SUMMARY.

2. What Monthly Data Summaries Look Like: When you enter your survey responses from a stack of client feedback surveys into that month's ENTRY sheet, it automatically posts your monthly entries to a six-month SUMMARY sheet, labeled either, **"November-April" or "May-October,"** and also a yearly SUMMARY sheet, labeled **"YEAR TOTALS".** These SUMMARY sheets tally your survey responses, totals the responses and stores the frequencies you will report to CJCC online. These sheets are set up for you to enter your agency's profile information, such as the contract number, date of the report, etc., so you can keep a hard copy for your records. (These are in blue font in the example below.) The sheet is set up to prevent you from overwriting an important formula by inadvertently inserting information where it does not go.



Georgia Criminal Justice Coordinating Council
MONTHLY WORKSHEET FOR SUMMARIZING OUTCOME DATA
MEASURES OF OUTCOMES and SERVICE QUALITY
Court-Appointed Special Advocates

NAME & ADDRESS OF GRANTEE	ANYTOWN CASA Program	REPORTING PERIOD:	November-April
	1111 SOMEWHERE DRIVE	CONTACT PERSON/TELEPHONE #:	(770) 992-XXXX
	ANYTOWN GA 30011		
Program	VOCA & VAWA & SASP		
FEDERAL ID #	75-432156		

NUMBER OF CLIENTS "Substantially Completing Service" IN THE LA	0
NUMBER OF CLIENTS SURVEYED IN THE LAST 6 MONTHS FOR OU	0
NUMBER OF SURVEYS COLLECTED IN THE LAST 6 MONTHS FOR O	0

COURT-APPOINTED SPECIAL ADVOCATES "CORE" OUTCOME MEASURES	STRONGLY AGREE (A)	AGREE (B)	NEUTRAL (C)	DISAGREE (D)	STRONGLY DISAGREE (E)	Didn't Answer (E)	TOTAL NUMBER OF RESPONSES (F)
	RESULTS ARE CALCULATED HERE (do not e						
Physical and Emotional Needs:							
1. The appropriate service providers were alerted the child's needs.	0	0	0	0	0	0	0
2. The child understands that she or he is not the cause of the family's disruption.	0	0	0	0	0	0	0
Stability/Resolution:							
3. The child's case plan goals for recovery are being achieved.	0	0	0	0	0	0	0
4. The child's case plan goals for permanency are being achieved.	0	0	0	0	0	0	0
Safety:							
5. The child is currently placed in a situation that closely matches his/her best interest.	0	0	0	0	0	0	0
6. The Child's final placement is safe.	0	0	0	0	0	0	0
Service Quality:							
7. The CASA volunteer has had regular contact with the child.	0	0	0	0	0	0	0
8. The child's case was reviewed on a timely	0	0	0	0	0	0	0
9. The agency took my culture, religion, and orientation into consideration when providing me	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

GRANTEE'S
AUTHORIZED SIGNATURE

TITLE:
DATE:

Figure 2. Example of a CASA Spreadsheet, showing monthly data SUMMARY.

3. Entering Monthly Outcomes Data: At the end of each month, you should find and use that month's data ENTRY sheet. Place your stack of surveys beside the computer and work your way down the stack, completing an entire column in the spreadsheet for each respondent's survey (i.e., each column is for an individual survey). There are 9 questions for our sample CASA survey, so you would record nine responses as you work your way down each column. The sheet will not allow you to enter data into a grayed-out field. Type in the respondent's answer for each question ("5," "4," "3," "2," or "1") in column 1 for Respondent #1, turn to the next survey form and go down the second column for Respondent #2, etc. If an item was skipped by the respondent, then skip the entry for that item in the sheet. The worksheet will add your responses as you go across to the right entering surveys. It will also automatically post these totals to the monthly SUMMARY sheet for that month.

Each data entry sheet is designed to accommodate as many as 50 survey respondents across fifty columns. Do you have more than fifty survey responses for this month? Contact your CJCC grant administrator, who can help you add more columns or send you a sheet with more columns. DO NOT ATTEMPT TO CHANGE THE FORMULAS, which have been protected to help you avoid inadvertently altering the sheet.

	A	B	C	D	E	F	G	H	I	J	K	L
1	NOVEMBER SURVEY TABULATIONS											
2	Respondent #	1	2	3	4	5	6	7	8	9	10	11
3	COURT-APPOINTED SPECIAL ADVOCATES "CORE"											
4	OUTCOME MEASURES											
5	*Physical and Emotional Needs:*											
6	1. The appropriate service providers were alerted the child's needs.	5	4	3	2	1	0	0	0	0	0	0
7	2. The child understands that she or he is not the cause of the family's disruption.	5	4	3	2	1	0	0	0	0	0	0
8	*Stability/Resolution:*											
9	3. The child's case plan goals for recovery are being achieved.	5	4	3	2	1	0	0	0	0	0	0
10	4. The child's case plan goals for permanency are being achieved.	5	4	3	2	1	0	0	0	0	0	0
11	*Safety:*											
12	5. The child is currently placed in a situation that closely matches his/her best interest.	5	4	3	2	1	0	0	0	0	0	0
13	6. The Child's final placement is safe.	5	4	3	2	1	0	0	0	0	0	0
14	*Service Quality:*											
15	7. The CASA volunteer has had regular contact with the child.	5	4	3	2	1	0	0	0	0	0	0
16	8. The child's case was reviewed on a timely manner.	5	4	3	2	1	0	0	0	0	0	0
17	9. The agency took my culture, religion, and orientation into consideration when providing me services.	5	4	3	2	1	0	0	0	0	0	0
18	TOTALS	45	36	27	18	9	0	0	0	0	0	0

Figure 3. Example of a CASA Spreadsheet, showing monthly data entry for five surveys. Respondent #1 marked all nine measures a "5." Respondent #2 marked all nine a "4." Respondent #3 marked all items "3." And so on.

4. Data Summaries: The six-month and year total summary sheets will reflect all the survey responses you entered, showing the total number of responses for each question that answered "Strongly Agree," "Agree," "Neutral," etc. As you proceed through the months, you will see the sheet bringing each new month's totals into the Year-to-Date totals (look for this in the ***red section***).

Court-Appointed Special Advocates

NAME & ADDRESS OF GRANTEE	ANYTOWN CASA Program	REPORTING PERIOD:	November-April
	1111 SOMEWHERE DRIVE	CONTACT PERSON/TELEPHONE #:	(770) 992-XXXX
	ANYTOWN GA 30011		
Program	VOCA & VAWA & SASP		
FEDERAL ID #	75-432156		

NUMBER OF CLIENTS "Substantially Completing Service" IN THE LA:	0
NUMBER OF CLIENTS SURVEYED IN THE LAST 6 MONTHS FOR OUT	0
NUMBER OF SURVEYS COLLECTED IN THE LAST 6 MONTHS FOR O	0

COURT-APPOINTED SPECIAL ADVOCATES "CORE" OUTCOME MEASURES	STRONGLY AGREE (A)	AGREE (B)	NEUTRAL (C)	DISAGREE (D)	STRONGLY DISAGREE (E)	Didn't Answer (E)	TOTAL NUMBER OF RESPONSES (F)
	RESULTS ARE CALCULATED HERE (do not						
Physical and Emotional Needs:							
1. The appropriate service providers were alerted the child's needs.	1	1	1	1	1	0	5
2. The child understands that she or he is not the cause of the family's disruption.	1	1	1	1	1	0	5
Stability/Resolution:							
3. The child's case plan goals for recovery are being achieved.	1	1	1	1	1	0	5
4. The child's case plan goals for permanency are being achieved.	1	1	1	1	1	0	5
Safety:							
5. The child is currently placed in a situation that closely matches his/her best interest.	1	1	1	1	1	0	5
6. The Child's final placement is safe.	1	1	1	1	1	0	5
Service Quality:							
7. The CASA volunteer has had regular contact with the child.	1	1	1	1	1	0	5
8. The child's case was reviewed on a timely	1	1	1	1	1	0	5
9. The agency took my culture, religion, and orientation into consideration when providing me	1	1	1	1	1	0	5
TOTALS	9	9	9	9	9	0	45

Figure 4. Example of a CASA spreadsheet, showing monthly data summary for the five November surveys. Note how entries were posted from Nov ENTRY sheet.

5. Printing a Copy for Your Records: As you finish each month's work on the outcome data aggregation spreadsheet, please print a copy of the Summary Sheet for that month. Keep it with your surveys. Share it with program management and training people so they can try to learn from each month's client feedback. You may use the data from the previous months internally for staff training or grant applications for other sources of funding). Of course, you will use the Year Totals Summary Sheet for the annual online outcomes report for Georgia CJCC. **All these data collection suggestions are subject to the guidelines on outcome data collection and reporting. If you have questions, you should not hesitate to call your planning person at CJCC.**

You should be ready now to give it a try. Pick the correct sheet to match your survey type, then CLICK ON Nov Entry TO BEGIN for the first year's outcomes data entry!

If you have problems with using the spreadsheet for aggregating your outcome data, you should call your CJCC planning person.

Reporting your Outcome Data

The Outcomes Performance Measures report is due by the 30th of October for the data from October 1 through September 30 of the project year.

The online address for the report will be sent to subgrantees a month before the reports are due. The email will include a link to the survey, as well as a username and password to access the report. Note that the survey link is also available on the Georgia Criminal Justice Coordinating Council website.

Instructions for Logging into the Reporting Site and Recording your Agency's Data

Beginning in 2016, there will only be one survey to complete, regardless of program type. Start by clicking on the survey link provided and entering in your username and password. Next, enter your agency information, such as the date of the report, your name, your agency's name, and so forth. You will need your grant numbers for the VOCA, VAWA and SASP contracts for which you are reporting outcomes.

Number of Victims: Consult your program records and enter the number of clients who "substantially completed" services during the period for which you are reporting. This would typically be the number of clients whose cases were closed during the period, or who exited the program and did not return. This will constitute a "rolling total," because some people might have completed services who entered the program before the reporting period began.

Number of those targeted victims "substantially completing services" who were offered an opportunity to complete an outcome questionnaire: This is the total number of clients who were surveyed using the outcome questionnaire for this service during this reporting period. How many did your program staff ask to complete the questionnaires? Ideally, this number would match the number of people "substantially completing" services, but there may be some who left before you could ask them to complete an outcome questionnaire.

Entering Counts of Responses for the Reporting Period: Please report the total numbers of respondents who, during the reporting period, answered "Strongly Agree" (5), "Agree" (4), "Neutral" (3), "Disagree" (2) or "Strongly Disagree" (1) to each outcome question in the spaces.

Answers are required in each field. You will need to enter a zero (0) if you had no respondents in a scaled category.

Printing and Submitting your Report: Please notice the advice at the bottom of the screen. You should print a copy of your report to keep for your records *before you hit the Submit Button*, because once submitted your data cannot be retrieved for printing. To print, use your browser's menu options. Do not simply hit the Print button in the tool bar. Go to "File," "Print Preview," then "Print." This way your copy will not be cut off at the margins.

When you have reviewed your report, you may click on the **Submit Button**. Your data will be sent to CJCC. This will allow CJCC to obtain and review the data.

That is all you need to do to report your program's outcomes data! CJCC will compile the data and prepare summaries to provide you with feedback on how agencies statewide are affecting clients.

Errors in a Report you have already submitted? When you submit the outcome report the system locks it to keep it from being changed inadvertently. If you realize you made an error after submitting your report, email a reset request to the Statistical Analysis Center Research Analyst Sondra Richardson at Sondra.Richardson@cjcc.ga.gov with the Subject **"OPM report reset"** and your report will be reset so you can log back in within **3 business days**. Remember to include your grant number(s) in the email.

Once you log back in, your data will be preserved as you entered it but **you will have to click the "Next" or "Previous" button** until you arrive at the screen where you made your mistake.

Appendix A: Sample Outcome Survey Instruments

Domestic Violence Shelter & Services Survey

Directions: Please help us to improve our program by answering the following twelve questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

As a result of the services I received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Physical and Emotional Needs:						
1. I now have a better understanding of domestic violence.	***5***	***4***	***3***	***2***	***1***	**-**
2. I am now more aware of other sources of help available to me.	***5***	***4***	***3***	***2***	***1***	**-**
3. I now feel more confident about managing the effects of domestic violence on me.	***5***	***4***	***3***	***2***	***1***	**-**
Stability/Resolution:						
4. I now know ways to manage my safety.	***5***	***4***	***3***	***2***	***1***	**-**
5. I am achieving the goals I set for myself.	***5***	***4***	***3***	***2***	***1***	**-**
Safety						
6. I am better able to recognize signs of increased danger in my relationship.	***5***	***4***	***3***	***2***	***1***	**-**
7. I now have a plan of action if I begin to feel unsafe in my relationship.	***5***	***4***	***3***	***2***	***1***	**-**
Understanding/Participating in the Criminal Justice System						
8. I have a better understanding of how a Domestic Violence case is handled through the investigation until the judge's decision.	***5***	***4***	***3***	***2***	***1***	***NA***
9. I now have a better understanding of my rights as a victim of crime.	***5***	***4***	***3***	***2***	***1***	***NA***
Service Quality						
10. I was provided with appropriate referrals based on the needs we identified.	***5***	***4***	***3***	***2***	***1***	**-**
11. The services I received from [AGENCY NAME] met my needs.	***5***	***4***	***3***	***2***	***1***	**-**
12. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***	**-**

Thank you for taking the time to help us improve our services.

Sexual Assault Centers Survey

Directions: Please help us to improve our program by answering the following ten questions. We want to know how you are doing with your recovery process, and how we have helped.

Just circle the best answer for each question.

As a result of the services I received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Physical and Emotional Needs:						
1. I now have a better understanding of the effects of the sexual assault.	***5***	***4***	***3***	***2***	***1***	**-**
2. I understand that the sexual assault was not my fault.	***5***	***4***	***3***	***2***	***1***	**-**
3. I am now more aware of other sources of help available to me.	***5***	***4***	***3***	***2***	***1***	**-**
4. The information I received after the medical exam helped me know what I needed to do to take care of my health.	***5***	***4***	***3***	***2***	***1***	**NA**
Stability/Resolution:						
5. I have the support of others to help me cope with all the effects of the sexual assault.	***5***	***4***	***3***	***2***	***1***	**-**
Understanding/Participating in the Criminal Justice System						
6. I have a better understanding of how a criminal case is processed from the investigation until the final decision.	***5***	***4***	***3***	***2***	***1***	**NA**
7. I now have a better understanding of my rights as a victim of crime.	***5***	***4***	***3***	***2***	***1***	**-**
Service Quality						
8. I was provided with useful referrals based on the needs identified.	***5***	***4***	***3***	***2***	***1***	**-**
9. I felt like my advocate was there to accompany me to appointments related to my case.	***5***	***4***	***3***	***2***	***1***	**-**
10. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***	**-**

Thank you for taking the time to help us improve our services.

Adult Victim or Survivor Counseling Client Survey

Directions: Please help us to improve our program by answering the following ten questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

As a result of the services I received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Physical and Emotional Needs:						
1. I now have a better understanding of how being a survivor of crime has affected my life.	***5***	***4***	***3***	***2***	***1***	**-**
2. I now know where to go for help if I need additional services.	***5***	***4***	***3***	***2***	***1***	**-**
3. The physical effects of the trauma have lessened since starting counseling.	***5***	***4***	***3***	***2***	***1***	***NA***
4. The emotional effects of the trauma have lessened since starting counseling.	***5***	***4***	***3***	***2***	***1***	***NA***
Stability/Resolution:						
5. I now have the skills to cope with the effects of the trauma.	***5***	***4***	***3***	***2***	***1***	**-**
6. I am achieving my counseling goals.	***5***	***4***	***3***	***2***	***1***	**-**
Safety						
7. I now have a plan to help me stay safe.	***5***	***4***	***3***	***2***	***1***	**-**
Service Quality						
8. The agency's services were appropriate for my needs.	***5***	***4***	***3***	***2***	***1***	**-**
9. I was provided with appropriate referrals based on my needs.	***5***	***4***	***3***	***2***	***1***	**-**
10. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***	**-**

Thank you for taking the time to help us improve our services.

Prosecution Victim Witness Assistance Program Survey

Directions: Please help us to improve our program by answering the following nine questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

As a result of the services I received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Understanding/Participating in the Criminal Justice System						
1. I now have a better understanding of my role in the court process.	***5***	***4***	***3***	***2***	***1***	**-**
2. Being able to provide input in the court process made me feel included.	***5***	***4***	***3***	***2***	***1***	**-**
3. I now have a better understanding of my rights as a victim of crime.	***5***	***4***	***3***	***2***	***1***	**-**
Service Quality						
4. I was notified of important information about my case.	***5***	***4***	***3***	***2***	***1***	**-**
5. I had an opportunity to provide input before decisions were made in my case.	***5***	***4***	***3***	***2***	***1***	**-**
6. I was provided with assistance to complete a victim's compensation application.	***5***	***4***	***3***	***2***	***1***	***NA***
7. I was assisted in obtaining restitution from the offender for the financial losses I suffered because of the crime.	***5***	***4***	***3***	***2***	***1***	***NA***
8. I was provided appropriate referrals based on my needs.	***5***	***4***	***3***	***2***	***1***	**-**
9. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***	**-**

Thank you for taking the time to help us improve our services.

Law Enforcement Victim Witness Assistance Program Survey

Directions: Please help us to improve our program by answering the following ten questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

As a result of the services I received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***
Stability					
1. Getting immediate answers to my concerns after the incident helped me feel less anxious.	***5***	***4***	***3***	***2***	***1***
Understanding/Participating in the Criminal Justice System					
2. I now have a better understanding of my role in the investigation process.	***5***	***4***	***3***	***2***	***1***
3. I now have a better understanding of my rights as a victim of crime.	***5***	***4***	***3***	***2***	***1***
4. Being able to provide information, made me feel my input was important.	***5***	***4***	***3***	***2***	***1***
Safety					
5. Being up to date on the offender's status helped me manage my safety.	***5***	***4***	***3***	***2***	***1***
Service Quality					
6. I was notified of important information about my case.	***5***	***4***	***3***	***2***	***1***
7. I had an opportunity to provide my input before decisions were made in my case.	***5***	***4***	***3***	***2***	***1***
8. The law enforcement officers I spoke with knew how to handle a case like mine.	***5***	***4***	***3***	***2***	***1***
9. I was provided with appropriate referrals based on the needs we identified.	***5***	***4***	***3***	***2***	***1***
10. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***

Thank you for taking the time to help us improve our services.

Legal Advocate Client Survey

Directions: Please help us to improve our program by answering the following seven questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

As a result of the services I received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Stability/Resolution:						
1. Obtaining legal advocacy made it easier for me to regain a sense of control over my life.	***5***	***4***	***3***	***2***	***1***	**-**
Safety:						
2. I feel safer because of the legal remedies the advocate helped me get.	***5***	***4***	***3***	***2***	***1***	**-**
Understanding/Participating in the Criminal Justice (Legal) System						
3. I now have a better understanding of my role in the legal process.	***5***	***4***	***3***	***2***	***1***	**-**
4. I now have a better understanding of my rights as a victim of crime.	***5***	***4***	***3***	***2***	***1***	**-**
Service Quality						
5. Legal Advocate gave me the information I needed to advocate for myself in court hearings.	***5***	***4***	***3***	***2***	***1***	**-**
6. The Legal Advocate gave me appropriate referrals to the legal issues I faced as a result of the crime.	***5***	***4***	***3***	***2***	***1***	**-**
7. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***	***NA***

Thank you for taking the time to help us improve our services.

Legal Services Client Survey

Directions: Please help us to improve our program by answering the following seven questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

As a result of the services I received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Stability/Resolution:						
1. Obtaining legal help made it easier for me to regain a sense of control over my life.	***5***	***4***	***3***	***2***	***1***	**-**
Understanding and Participation in the Criminal Justice (Legal) System						
2. I now have a better understanding of my role in the legal process.	***5***	***4***	***3***	***2***	***1***	**-**
3. I now have a better understanding of my rights as a victim of crime.	***5***	***4***	***3***	***2***	***1***	**-**
4. I now have a better understanding of my role in the immigration process.	***5***	***4***	***3***	***3***	***1***	**NA**
Service Quality						
5. The attorney on my case explained to me the laws that apply to my case.	***5***	***4***	***3***	***2***	***1***	**-**
6. The services the agency provided me were timely.	***5***	***4***	***3***	***2***	***1***	**-**
7. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***	**-**

Thank you for taking the time to help us improve our services.

Survey for Child Advocacy Centers and Sexual Assault Centers treating children [more immediate services]

Primary Caregiver with Best Interests of the Child at Heart

Directions: Please help us to improve our program by answering the following fourteen questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

My relationship to the child is (check one):	☐ parent ☐ grandparent ☐ other relative ☐ foster parent ☐ legal guardian	☐ Other (describe):				
As a result of the services the child received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Physical and Emotional Needs:						
1. I am now more aware of other sources of help for the child in my community.	***5***	***4***	***3***	***2***	***1***	**-**
2. I have a better understanding of the way the abuse has affected my family.	***5***	***4***	***3***	***2***	***1***	**-**
Stability/Resolution:						
3. I now have resources to help the child cope with the abuse.	***5***	***4***	***3***	***2***	***1***	**-**
4. I now have resources to help the non-offending caregiver cope with the abuse.	***5***	***4***	***3***	***2***	***1***	**-**
5. I now have resources to help the victim's siblings cope with the abuse.	***5***	***4***	***3***	***2***	***1***	***NA***
Understanding/Participating in the Criminal Justice System						
6. I have a better understanding of a criminal case from the investigation until the judge's decision.	***5***	***4***	***3***	***2***	***1***	**-**
7. I now have a better understanding of the rights of child abuse victims.	***5***	***4***	***3***	***2***	***1***	**-**
Safety						
8. I now know how to keep the child safe.	***5***	***4***	***3***	***2***	***1***	**-**
Service Quality	***5***	***4***	***3***	***2***	***1***	**-**

9. I did not have to repeat the child's story to multiple parties since coming to the CAC.	***5***	***4***	***3***	***2***	***1***	-
10. The advocacy center remained knowledgeable about the status of the child's case.	***5***	***4***	***3***	***2***	***1***	-
11. The resources I received helped me cope with the effects of the abuse the child experienced.	***5***	***4***	***3***	***2***	***1***	-
12. The agency took my culture, religion, and orientation into consideration when providing me services.						

13. Prior to coming to the CAC, how many times did you tell the child's story?

14. Since coming to the CAC, how many times have you told the child's story?

Thank you for taking the time to help us improve our services.

Survey for Family or Child Counseling Programs
[longer term services]

Directions: Please help us to improve our program by answering the following ten questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

My relationship to the child is (check one):	☐ parent ☐ grandparent ☐ other relative ☐ foster parent ☐ legal guardian		☐ Other (describe):			
As a result of the services the child received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***	***NA***
Physical and Emotional Needs:						
1. I am now more aware of other sources of help for the child in my community.	***5***	***4***	***3***	***2***	***1***	**-**
2. I have a better understanding of the way the abuse has affected my family.	***5***	***4***	***3***	***2***	***1***	**-**
3. The child understands that the changes in the family following the abuse are not his/her fault.	***5***	***4***	***3***	***2***	***1***	**-**
4. The physical effects of the trauma in my child have lessened since starting counseling.	***5***	***4***	***3***	***2***	***1***	**NA**
5. The emotional effects of the trauma in my child have lessened since starting counseling.	***5***	***4***	***3***	***2***	***1***	**NA**
Stability/Resolution:						
6. I now have the skills to help my child cope with the abuse.	***5***	***4***	***3***	***2***	***1***	**-**
Safety						
7. I now have a plan to help me keep the child safe.	***5***	***4***	***3***	***2***	***1***	**-**
Service Quality						
8. The agency's services were appropriate for my child's needs.	***5***	***4***	***3***	***2***	***1***	**-**
9. My child was provided with appropriate referrals based on his/her needs.	***5***	***4***	***3***	***2***	***1***	**-**
10. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***	**-**

Thank you for taking the time to help us improve our services.

Court-Appointed Special Advocates Survey

Directions: Please help us to improve our program by answering the following nine questions. We want to know how you are doing with your recovery process, and how we have helped. The Volunteer Coordinator/program staff that oversees the CASA for each child's case should fill out the questionnaire. *Just circle the best answer for each question.*

As a result of the services the child received from [your agency name here]:	***Strongly Agree***	***Agree***	***Neutral***	***Disagree***	***Strongly Disagree***
Physical and Emotional Needs:					
1. The appropriate service providers were alerted to the child's needs.	***5***	***4***	***3***	***2***	***1***
2. The child understands that she or he is not the cause of the family's disruption.	***5***	***4***	***3***	***2***	***1***
Stability/Resolution:					
3. The child's case plan goals for recovery are being achieved.	***5***	***4***	***3***	***2***	***1***
4. The child's case plan goals for permanency are being achieved.	***5***	***4***	***3***	***2***	***1***
Safety					
5. The child is currently placed in a situation that closely matches his/her best interest.	***5***	***4***	***3***	***2***	***1***
6. The child's final placement is safe.	***5***	***4***	***3***	***2***	***1***
Service Quality					
7. The CASA volunteer has had regular contact with the child.	***5***	***4***	***3***	***2***	***1***
8. The child's case was reviewed in a timely manner.	***5***	***4***	***3***	***2***	***1***
9. The agency took my culture, religion, and orientation into consideration when providing me services.	***5***	***4***	***3***	***2***	***1***

Thank you for taking the time to help us improve our services.

Appendix B. Tips for Developing Survey Instruments

This Appendix should help you "customize" your outcome survey instruments without violating CJCC's guidelines for using the "core" outcome measures. You want to develop surveys using your own items, but you want them to be as effective as the ones developed by CJCC for measuring outcomes. Question writing is more an art than a science. It takes skill, practice, and creativity. ***We offer the following tips if you are considering adding other questions or items to the items required by CJCC.***

1. The questions you ask should be relevant to the outcomes of service. If you want to measure satisfaction with the amenities provided by your agency –i.e., the quality of the paper towels in the wash room -- you should administer another questionnaire. Such a question is not relevant to the outcome of service.
2. Questionnaires should be as short as possible. This is a practical consideration. You can imagine that if a questionnaire consists of 10 pages and will take the respondent one hour to complete the questions, only a few people will have the patience and time to answer.
3. When adding additional questions, avoid changing the value direction of response scales. If at all possible, the positive or negative value of the response should always be stated in the same direction, e.g., Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree or Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. It is fair – and indeed appropriate – to use different response types such as Yes/No, True/False, etc. However, do not mix value direction when using these response scales either.
4. Additionally, when adding questions to the survey make sure CJCC's questions (apart from service quality) are at the beginning of the survey and in the order shown. The service quality questions can go anywhere in the survey after CJCC's other questions.
5. When using a Likert Scale, make certain that the response scale is "balanced" – the response scale has the same number of response choices that are positive as are negative.
6. Avoid mixing the response choices (satisfaction, agreement, etc.) within the question sequence. This will confuse and frustrate the respondents. Instead, group your Yes/No questions together, and your True/False questions together, and place your open-ended questions at the end.
7. Use closed questions with standardized responses as much as possible. While open-ended questions allow a more exhaustive list of response possibilities, questionnaires with open-ended items take longer to administer and are difficult to analyze.
8. Avoid "double-barreled" questions. Make each question about one and only one topic. A double-barreled question consists of two or more questions joined together. This type of question makes the respondents' task more difficult and the answers to these questions more ambiguous to interpret.
9. Avoid leading questions. A leading question is one that leads the respondent to choose one response over another by its wording. Leading questions are actually statements disguised as questions and make respondents feel that only one response is legitimate. For example, the question "Don't you agree that you are very satisfied with the services provided by this agency."

Remember, a good survey will collect data that informs your organization about the degree to which it did or did not achieve its intended outcomes.

Appendix C. Glossary of Terms (working definitions)

Activities are what a project does with the inputs to fulfill its mission. Activities include the strategies, techniques, and types of treatment that comprise a project's service methodology.

Clients are those crime victims or family members of victims whom we serve.

Client Needs are those things required for resuming a life after being a victim of a crime. Often they may be considered in terms of KSABCs:

- the *knowledge* needed to navigate the justice system or to begin understanding the effects of the crime;
- the *skills* needed to manage the recovery process or to obtain assistance from providers of services and support;
- the *attitudes* needed to cope with the devastation brought on by being a victim of crime;
- the *behaviors* needed to manage one's recovery and to protect others, such as children or vulnerable adults, from further abuse;
- the *conditions* needed for safety and security, good health and emotional stability.

Evaluation: Describing the effects of a program, using a reliable and valid method of determining its impacts on a client. Process evaluations describe what is happening. Impact evaluations describe the effects of an intervention on its clients.

Formative Evaluation: As opposed to "summative" evaluations, which draw conclusions about how effective a program has been, formative evaluations are developmental. They usually begin with process evaluations or descriptive analyses of what exists (i.e., what is the program supposed to be doing, and what are its processes and measures?). They attend to building the data structure for more involved evaluations later, including the development of output and outcome measurement approaches. They may address qualitative analyses of how well the program is complying with policy requirements, standards of practice, and use of "best practices." These are often considered to be the necessary precursors to summative evaluations, such as impact studies and cost-benefit analyses.

Inputs include resources dedicated to or consumed by a project. Examples are money, staff and staff time, volunteers and volunteer time, facilities, equipment, and supplies.

Logic Model: A logical method of describing what your program is supposed to be doing to accomplish the results it's in business to accomplish. Often a diagram or an outline, it may also be a narrative description used in a grant application or proposal to define what you intend to do with a funder's resources to achieve the purpose of the grant program for the target population you will serve.

Monitoring: Tracking the activities of a program to ensure that it is complying with the requirements of that program. Also, making sure that a program is using the best practices available and is adhering to prevailing standards of practice. Assuring that a program's services are provided with quality (i.e., timely, efficient, accessible and acceptable) for clients. Monitoring answers the questions "Are we doing what we said we would do?" and "How well are we doing it?" Monitoring is *not* the same as evaluation.

Outcomes are benefits resulting from the project activities. For a human services project, it is some change in a participant's behavior or condition; for transportation, changes in ways to move people and goods; and for economic development, changes in an area's economic status. The key is to show what difference a project made or what value it added to the public's or client's well-being.

Outputs are counts of the direct products of project activities and usually are measured in terms of the volume of work accomplished, such as the number of classes taught, counseling sessions held, people served, public education billboards erected, or orders of protection obtained from the court.

OVC: U.S. Department of Justice, Office for Victims of Crime

OVW: U.S. Department of Justice, Office of Violence Against Women

Performance Indicator: Broad statement of performance, such as "increased sense of security."

Performance Measure: Specific and measureable statement of performance, such as "the percentage of clients completing the service who agree with the statement 'I am sleeping better at night as a result of the services of this program.'"

Performance Measurement is not a substitute for evaluation, but it can be a great supplement. Outcome measurement asks "what happened to the victim?" not "which services resulted in the change to the victim?" Most advocates of outcome measurement promote measurement as a management tool for identifying opportunities for program improvement, but resist making claims of generating "proof" of cost-effectiveness. Outcome measurement – mostly for now the ongoing collection of victim self-reported changes and observable behaviors – is useful for management decision making. But it is *not* capable of determining causality (i.e., "this service caused this outcome"). That is because outcome measurement makes no attempt to control for intervening variables. Most of the work that goes into outcome measurement – from the specification of the program's intended outcomes to collection of data describing its *actual* outcomes – will satisfy the process analysis that is a prerequisite for more sophisticated evaluation research

Purposes include the needs to be met and the goals of the project.

Summative Evaluation: Any of a range of approaches designed to derive reliable and valid conclusions about a program's effectiveness, including outcomes research, impact analyses, and cost-benefit analyses. More sophisticated than process evaluation or other formative evaluation approaches, summative evaluations include rigorous evaluation designs (e.g., comparison groups and longitudinal analyses) for controlling intervening variables that may be influencing client outcomes (such as another service funded by a different grant, another activity the victim was engaged in, or anything that might have changed in the victim's environment). for that. Such heavy-duty evaluation research can be so expensive that they are rare.

VAWA: Violence Against Women Act

Victim: Person who suffers as a result of a crime, or person related to a victim of crime, other than the perpetrator of that crime. (VOCA and VAWA have more specific definitions of "victim.")

VOCA: Victims of Crime Act.

Appendix E. Links and References

- **Sample logic models.** University of Wisconsin Extension: http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html
- **Measuring Program Outcomes: A Practical Approach,** United Way of America (1996) http://www.unitedway.org/outcomes/resources
- **Outcome Evaluation Strategies for Domestic Violence Programs: A Practical Guide.** Cris Sullivan, PhD. Pennsylvania Coalition against Domestic Violence (PCADV), Harrisburg, PA.
- **Performance Measurement: Getting Results.** Second Edition. Harry P. Hatry. Urban Institute Press. www.uipress.com
- *The Evaluation Guidebook*, M. R. Burt et al. Urban Institute
- *Measuring Up!* Jonathan Walters
- **Managing for Results,** Doug Bailey and Dick Grimm, Performance Vistas, Inc. www.PerformanceVistas.org.

Whom to Call with Questions

- **Sondra Richardson,** Statistical Analysis Center Research Analyst (404) 654-5691

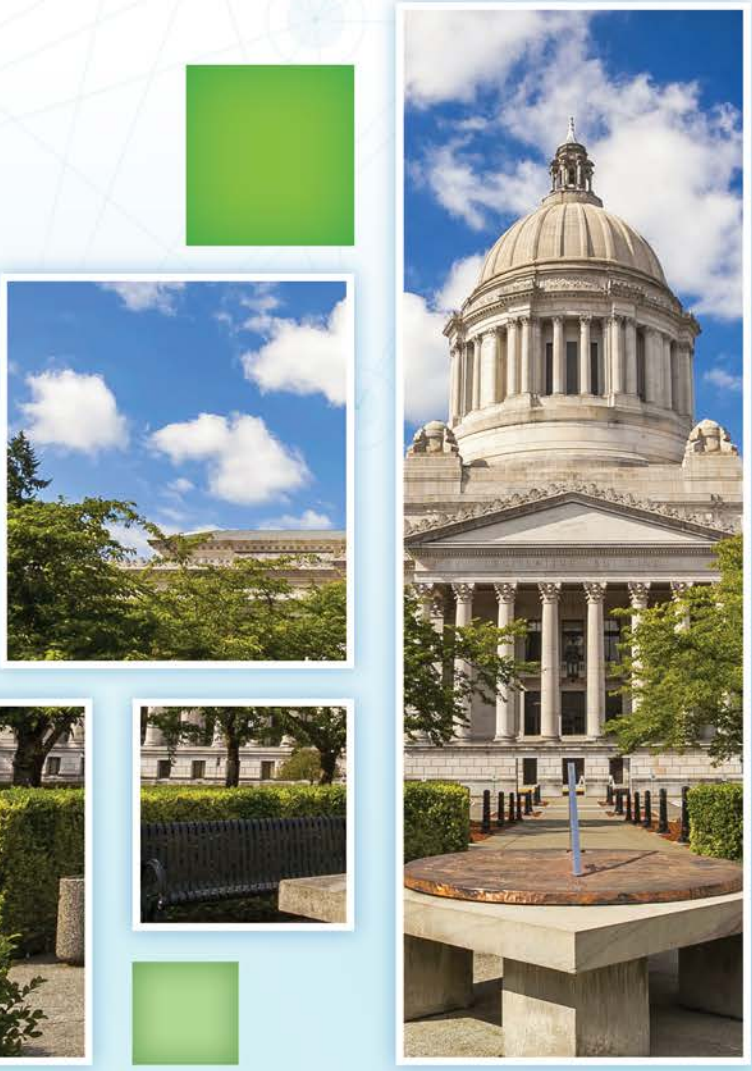
Appendix E-

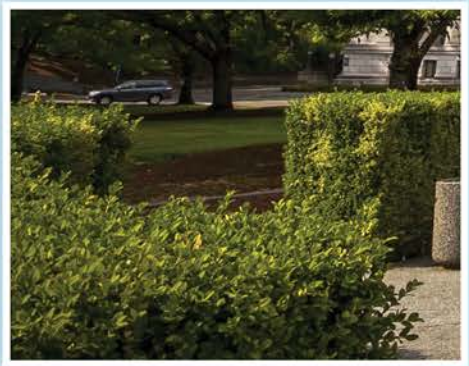
Article: Ambulance Chasing- Using WEMSIS Data to Study Violent Incidents

WASHINGTON STATE
Statistical Analysis Center
Informing a data-driven justice system

Ambulance Chasing
Using WEMSIS Data to Study Violent Incidents

Matthew S. Landon, M.S.





Contents

Executive Summary 3
Background 4
Innovation in Victimology 4
What is WEMSIS? 5
Data 5
Current State of Data 5
Data Fields of Interest 5
Table 1: WEMSIS Variables of Interest to Criminal Justice Study 6
Criminal Justice Connections 11
Discussion 12
References 13

Disclaimer
This project was supported by Grant No. 2015-BJ-CX-K013 awarded by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice to the Office of Financial Management, Statistical Analysis Center. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Ambulance Chasing
Using WEMSIS Data to Study Violent Incidents

Executive Summary

An increasing number of criminal justice studies have begun using alternative data sources in an effort to estimate crimes that arrest statistics might miss. Some researchers have made use of medical data to research victimizations, as it offers spatial and temporal components that generalized surveys do not. Following this trend, the Washington Statistical Analysis Center (SAC) examined variables available in the Washington Emergency Medical Services Information System (WEMSIS) for use in criminal justice research.

While WEMSIS data was not available to analyze at the time of this report, the SAC highlighted a number of variables that have potential for future criminal justice studies. Variables related to the nature and cause of injuries may make it possible to determine which cases represent probable victimizations. If those determinations are successful, locational data may help to analyze the incidents across the map and compare them to other incident-based data sources. Narrative data included in WEMSIS could also allow for qualitative research on the subject and corroboration of probable victimization determinations.

Without analyzing the data itself it is difficult to know if WEMSIS could address victimizations that arrest data do not account for. At minimum, it is likely that WEMSIS can be used to gain greater detail when compared to incident-based arrest data. Numerous possibilities for study still exist if the data proves to be viable. The WEMSIS database shows great potential as a tool for constructing a more complete story of victimization events in Washington.

Background

Innovation in Victimology

The vast majority of studies in criminal justice rely on official statistics collected by law enforcement, courts and corrections. Along with this reliance comes a problem that the field has long acknowledged: the "dark figure" of crime, or those offenses that occur but are unknown to law enforcement. This serves as an impetus to seek alternate ways to track crime and victimization such as the National Crime Victimization Survey (NCVS). Such methods help to confirm aspects of crime that many criminologists are already familiar with such as the underreporting of sex crimes and domestic violence. While the NCVS is useful for describing the dark figure of crime on a national level, it loses some of its predictive power when attempting to describe victimization more locally. Once more, crime research requires a reliable source by which to measure violent victimization.

Survey data requires generalization across wider regions, and therefore cannot be used in conjunction with other contemporary methodologies that look at the distribution of events across space and time. With this in mind, other crime researchers have begun to incorporate medical data to estimate victimization and learn more about the specifics of violent events. A study conducted in Toronto examined ambulance dispatches and hospital records to demonstrate the proximity of violent events to the residence of victims (Cusimano et. al, 2010). Harris, Fisher, and Thomas (2011) also applied medical data to criminal contexts through the use of propensity score matching to determine racial disparity in mortality following intentional injuries. In both of these cases, EMS data acts as the victim's point of contact with official statistics and perhaps presents a more accurate picture of violent incidents in those areas.

This approach is not without its own flaws, however. Not all victims of violent crime seek medical attention, and the crimes that are least likely to be recorded in medical statistics are also unlikely to be accounted for medically. A study by Feldhaus, Houry, and Kaminsky (2000) estimated that only 43% of female rape victims sought medical care, dropping to 29% if the offender was known by the victim. Conversely, a study by May, Hemenway, and Hall (2002) surveyed offenders being booked into jails and found that 90% of those who had been wounded at some point prior to incarceration sought medical attention at a hospital. Based on these findings, it is possible that medical data will suffer similar problems to other official crime data sources. Even if that proves to be the case, however, the potential remains to connect victim data from medical records to specific times and places.

As part of the 2015 State Justice Statistics grant, the Washington SAC is looking into expanding the data sources used to estimate crime and victimization. Following the trend in criminology, the SAC has given consideration to the National Emergency Medical Services Information System, and its local counterpart, WEMSIS.

What is WEMSIS?

The Washington Emergency Medical Services Information System, or WEMSIS, is a state-level database containing incident data from 9-1-1 calls involving Emergency Medical Services being dispatched to a scene. As component of NEMSIS, the database serves as an effort to aggregate and standardize EMS data collected from incidents across Washington. Its databases are housed in the Department of Health (DOH), which also administers the program of recruitment of medical agencies contributing into WEMSIS.

While the primary intent of this system is to study and improve EMS responses and patient care, the possibility exists that this data may also inform criminal justice researchers about violent victimization. The contents of this report are based upon the SAC's consideration of WEMSIS data for its potential to inform researchers on violent incidents across Washington.

Data

Current State of Data

As of the writing of this report, WEMSIS data is not ready for extensive use in criminal justice studies. Some of the data fields are still undergoing validation processes as DOH continues to improve the quality and accuracy of the database. As has been the case in other studies using national data, some fields in WEMSIS also have a high concentration of missing data which may render variables unusable or require imputation in some cases. As an additional caution for protecting patient privacy, some aspects of the data may not be approved for sharing as they contain few enough cases as to be identifiable. While these challenges are not insurmountable, the full capabilities of WEMSIS are not yet available and thus victimization studies using this data may need to wait.

Data Fields of Interest

Through discussions with DOH and an examination of the WEMSIS data dictionary, the SAC created a list of variables that may be of use in future criminal justice research. Table 1 displays these variables as they appear in the data dictionary, along with a brief description of how that variable may tie in to criminal justice research. Table 2 shows some statistics on the completeness and contents of these variables, provided by DOH. At the time of data collection, there were 575,903 cases in WEMSIS. It is important to emphasize that both tables and all discussion of these variables are prospective at this point, as none of this data has been directly tested for its utility in these topics. With that caution in mind the WEMSIS database shows great potential as a tool for constructing a more complete story of victimization events in Washington.

Table 1: WEMSIS Variables of Interest to Criminal Justice Study

Data Section	Variable Name	Criminal Justice Use
Disposition	Disposition.04- Destination City	Used in calculation of distance traveled
Disposition	Disposition.07- Destination ZIP Code	More localized measure of distance
Injury	Injury.01- Cause of Injury	Helps determine criminal intent
Injury	Injury.02- Mechanism of Injury	Helps to categorize nature of event
Narrative	Narrative.01- Patient Care Report Narrative	Allows for a degree of qualitative study
Outcome	Outcome.01- Emergency Department Disposition	Gauges severity of event
Outcome	Outcome.02- Hospital Disposition	Second measure on severity
Patient	Patient.02- Last Name	Potential linkage to other records
Patient	Patient.03- First Name	Potential linkage to other records
Patient	Patient.04- Middle Name	Potential linkage to other records
Patient	Patient.06- Patient's Home City	Useful in localizing victims
Patient	Patient.09- Patient's Home ZIP Code	Granular victim localization
Patient	Patient.13- Gender	Demographics
Patient	Patient.14- Race	Demographics
Patient	Patient.15- Age	Demographics
Response	Response.20- On-Scene Odometer Reading of Responding Vehicle	Exact measure of distance travelled
Response	Response.21- Patient Destination Odometer Reading of Responding Vehicle	Exact measure of distance travelled
Scene	Scene.19- Incident ZIP Code	Useful in localizing events
Situation	Situation.01- Date/Time of Symptom Onset	Adds temporal aspect to data
Situation	Situation.02- Possible Injury	Additional information on type of event
Situation	Situation.03- Complaint Type	Categorization of event
Situation	Situation.04- Complaint	Provides more detail on event
Situation	Situation.05- Duration of Complaint	Estimates time of event to first care
Situation	Situation.06- Time Units of Duration of Complaint	Adds to duration variable
Situation	Situation.07- Chief Complaint Anatomic Location	Indicates severity or type of event
Situation	Situation.08- Chief Complain Organ System	Groups events by general system
Situation	Situation.09- Primary Symptom	Additional information on apparent injury
Situation	Situation.10- Other Associated Symptoms	Additional information on event severity
Situation	Situation.11- Provider's Primary Impression	Supporting data for narrative
Situation	Situation.12- Provider's Secondary Impressions	Additional supporting data for narrative
Situation	Situation.13- Initial Patient Acuity	Additional data on severity
Times	Times.01- PSAP Call Date/Time	Can compare with date/time of onset

Table 2: Top Counts and Percentages of WEMSIS Variables

Element	Measure Type	Measure	% Left Blank
Destination City	Top 5 Count	Seattle- 77,798 Spokane- 50,704 Vancouver- 37, 538 Tacoma- 27,780 City of Everett- 18,517	26.81%
Destination ZIP	Top 5 Count	99204- 35,907 98405- 23,242 98104- 20,350 98664- 19,310 98902- 16,255	26.98%
Cause of Injury	% Left Blank	86.36%	83.36%
Mechanism of Injury	Count	Not Applicable- 96,752 Other- 49,348 Blunt- 26,337 Penetrating- 3,136 Burn- 585 Blunt,Other- 59 Blunt,Penetrating- 44 Other,Blunt- 18 Blunt,Burn- * Other,Other- * Burn,Blunt- * Burn,Other- * Penetrating,Other- * Penetrating,Blunt- * Blunt,Other,Penetrating- * Burn,Penetrating- * Other,Penetrating- * Blunt,Penetrating,Other- * Not Reporting- * Other,Blunt,Other- * Other,Burn- * Other,Other,Other- *	69.38%
Narrative	% Left Blank	0.45%	0.45%
ED Disposition	% Left Blank	99.98%	99.98%
Hospital Disposition	% Left Blank	99.99%	99.99%
Last Name	% Left Blank	13.66%	13.66%
First Name	% Left Blank	13.50%	13.50%
Middle Name	% Left Blank	68.10%	68.10%

Element	Measure Type	Measure	% Left Blank
Patient Home City	Top 5 Count	Seattle- 53,108 Spokane- 34,588 Vancouver- 33,209 Tacoma - 19,974 City of Everett- 13,852	21.81%
Patient Home ZIP	Top 5 Count	98104- 9,574 98382- 7,321 98902- 7,131 98632- 6,348 99201- 6,092	19.17%
Patient Gender	Count	Female- 249,508 Male- 239,301 Unknown (Unable to Determine)- 526 Not Applicable- 94	15.02%
Patient Race	Top 5 Count	White- 296,392 Black or African American- 23,212 Hispanic or Latino- 15,031 Asian- 9,054 American Indian or Alaska Native- 5,506	38.77%
Patient Age	Top 5 Count	0-9- 11,100 10-19- 19,464 20-29- 38,242 30-39- 41,051 40-49- 40,960 50-59- 59,854 60-69- 70,449 70-79- 67,100 80-89- 60,490 90-99- 27,541	24.04%
On-Scene Odometer Reading	% Left Blank	29.36%	29.36%
Patient Destination Odometer Reading	% Left Blank	33.83%	33.83%
Incident ZIP	Top 5 Count	98104- 13,644 98902- 11,911 99216- 10,550 98382- 9,933 99201- 9,513	0.19%
Date/Time Symptom Onset	% Left Blank	25.02%	

Element	Measure Type	Measure	% Left Blank
Possible Injury	Count	No- 372,358 Yes- 80,650 Not Applicable- 45,500 Unknown- 6,834	12.25%
Complaint Type	Count	Chief (Primary)- 506,054 Secondary- 27,785 Other- 2,292 Not Applicable- 2,221	11.76%
Complaint	% Left Blank	11.68%	11.68%
Duration of Complaint	% Left Blank	60.57%	60.57%
Time Units of Duration of Complaint	Count	Minutes- 36,261 Hours- 33,437 Days- 23,407 Weeks- 5,296 Months- 1,657 Years- 712 Seconds- 702 Not Applicable- 428 Not Reporting- *	83.57%
Chief Complaint Anatomic Location	Count	General/Global- 213,030 Not Applicable- 51,685 Chest- 37,595 Abdomen- 30,052 Head- 19,451 Extremity-Lower- 11,697 Back- 8,713 Extremity-Upper- 5,401 Neck- 2,933 Genitalia- 899	33.76%
Chief Complaint Organ System	Count	Global/General- 200,238 Not Applicable- 51,506 CNS/Neuro- 39,588 Musculoskeletal/Skin- 28,513 Cardiovascular 26,624 GI- 25,533 Pulmonary- 21,578 Behavioral/Psychiatric- 15,028 Endocrine/Metabolic- 12,429 Reproductive- 1,726 Lymphatic/Immune- 1,157 Renal- 915	26.23%

Element	Measure Type	Measure	% Left Blank
Primary Symptom	% Left Blank	9.33%	9.33%
Other Associated Symptoms	% Left Blank	48.64%	48.64%
Provider's Primary Impression	% Left Blank	9.99%	9.99%
Provider's Secondary Impressions	% Left Blank	35.87%	35.87%
Initial Patient Acuity	Count	Lower Acuity- 273,861 Emergent- 94,365 Not Applicable- 47,716 Critical- 14,288 Dead without Resuscitation Efforts- 818 Non-Acute- 282	25.10%
PSAP Call Date Time	% Left Blank	8.69%	8.69%

Criminal Justice Connections

Most of the variables of interest in listed in Table 1 relate to the categorization of specific events as violent victimizations. This is perhaps the most difficult task involved with using WEMSIS data in a criminal justice context, as researchers must be able to distinguish violence that was intentional and illegal in nature from other traumatic injuries. Given the number and variety of descriptive variables present that are related to the nature and cause of injury, it may be possible for researchers to create a code that determines which records relate to probable victimizations. Depending on which crimes are being studied, it may benefit researchers to create probable victimization codes for each offense type, as some may overlap. For example, domestic violence victims may also have suffered sexual abuse, assault, or other forms of violence that may be separately tracked.

A number of the variables included in WEMSIS are locational data, providing information on where the patient resides, where the incident occurred, and where EMS ultimately travels to. This information is invaluable when studying events in spatial contexts, and can combine with temporal variables to allow for mapping across space and time. Spatio-temporal context is important, especially if there is any intent to compare probable victimizations captured by WEMSIS with incidents recorded by the National Incident Based Reporting System. Such a comparison may help to solidify WEMSIS as a valid tool for measuring violent victimizations, and may also highlight areas where probable victimizations do not overlap with known offenses. Should such an effort be successful, it may effectively allow researchers to map an element of the dark figure of crime across space and time.

The remaining variables of interest in WEMSIS are narrative data that allow for a more free-form entry on the nature of the event. While narrative data cannot immediately be analyzed in a quantitative manner, it allows for the possibility of a more detailed study into the circumstances surrounding violent events. Initial studies of WEMSIS data may make use of available narratives to corroborate categorization of injuries as violent victimizations, as the additional context provided can either support or refute the assumptions given by categorical variables. If strong connections to NIBRS incidents are found in the data, narrative variables may provide an understanding of criminal events in a way that is not captured by other official data sources.

As of the time of this report, many variables of interest contain high amounts of missing data as shown in DOH's status report contained in Table 2. Variables that may be used to infer crime contexts, such as the cause or mechanism of injury, have higher rates of missing data that would prevent the creation of a representative sample. Some locational variables such as the incident zip code are available with high regularity while others such as the destination zip code or the odometer readings to and from the scene are notably lower. If these missing data are not concentrated in specific counties or zip codes, it may be possible to build an admittedly incomplete picture of these events across the state. While it may remain a challenge to identify which events signify crime victimizations, there is promise that the location data in WEMSIS may assist in building that picture.

Among the well-populated variables, the event narrative offers what is perhaps the greatest chance at using WEMSIS for criminal justice research. With over 99.5% of fields having an entry, researchers may be able to run analyses on the narratives to determine the likelihood that an incident represents a victimization and potentially build additional variables to further

describe the context of the event. Complaint and possible injury are also well-populated, which may allow for the validation of coding placed on the narrative variable. As a whole the populated variables in WEMSIS do provide a promising, if imperfect, opportunity to assess criminal justice and victimization through a new lens. The utility of the data will likely continue to grow as DOH improves their system and completes data validation.

Discussion

What is Unknown

While it is clear that WEMSIS data may hold future potential for criminal justice research, it bears repeating that such a use is not the primary intent of the database. As DOH continues to improve validation of the variables in WEMSIS, there is no guarantee that its accessibility as a research tool on victimization will improve as well. If that is the case it should not be considered a shortcoming of the database itself as the primary intent of WEMSIS is to improve outcomes in healthcare and EMS practice.

Because data from WEMSIS was not available to the SAC at the time of this report, it remains unclear whether this data might help to address gaps in other official sources or if it would serve to corroborate them. Furthermore, it is unknown how much of the missing data in WEMSIS might be possible to impute, and how many variables may need to be excluded from reporting. Answers to these questions are certain to arrive once studies incorporating this data get underway, and the SAC's review of the included variables offers a few optimistic possibilities.

Looking to the Future

Utilizing sources beyond arrest, court, and corrections data is becoming an increasingly important task in criminal justice research. The WEMSIS variables reviewed in this paper have the potential to shed light on victimizations that are not captured in other systems, or to elaborate on victimization events that are already known to law enforcement. Spatio-temporal elements of this dataset are particularly important for their potential to place events in context and even compare directly to other environmental factors or known crimes. This may be of particular importance when distinguishing patterns between urban and rural events, as the distances traveled can vary greatly and impact victim outcomes.

Another potential use of WEMSIS data in a criminal justice context presents itself in assessing the availability of programming available to victims in areas where events cluster. Domestic violence programs, physical therapy, and support for victims of sexual crime tend to group near urban areas where more resources are available. The ability to study violent victimizations more directly through an official source may help to affirm this placement, or to guide these resources to areas where there are unaddressed needs. Knowing the nature of victimizations in their area may also help programs to anticipate the future needs of their clients and prepare accordingly.

Researchers aiming to find a data source to compliment official crime records may do well to consider WEMSIS as an up and coming data source on victimizations in Washington. Missing data, privacy concerns, and free-entry variables may pose a challenge, but few other officially collected statistics exist for victims of violent crime. While the full determination of its utility awaits a thorough analysis using the data, WEMSIS undoubtedly offers a significant opportunity to criminal justice research in Washington.

References

Cusimano, M., Marshall, S., Rinner, C., Jiang, D., & Chipman, M. (2010). Patterns of urban violent injury: A spatio-temporal analysis. *PLoS ONE*, *5*(1): e8669. https://doi.org/10.1371/journal.pone.0008669

Feldhaus, K.M., Houry, D., & Kaminsky, R. (2010). Lifetime sexual assault prevalence rates and reporting practices in an emergency department population. *PubMed*, *36*(1), 23.

Harris, A.R., Fisher, G.A., & Thomas, S. H. (2011). Homicide as a medical outcome: Racial disparity in deaths from assault in US level I and II trauma centers. *The Journal of Trauma, Injury, Infection, and Critical Care, 20*(15), 1-10.

May, J. ., Hemenway, D., & Hall, A. (2002). Do criminals go to the hospital when they are shot? *Injury Prevention, 8*, 236-238.