

Battered Women's Shelter Program
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A project of Rainbow Services

B. Bennett Schirmer, Executive Director
Rainbow Services Ltd.
453 West 7th Street
San Pedro, CA 90731
(310) 548-5450
(310) 548-0611 fax
bschirmer@rainbowservicesdv.org

Final Direct Services Evaluation Report

Report Authors:

Van Villanueva
Lisa Powell, M.S.W.
Albert Chen
Mikala L. Rahn, Ph.D.

Public Works, Inc.
90 North Daisy Avenue
Pasadena, CA 91107
(626) 564-9890
(626) 564-0657 fax
mrahn@publicworksinc.org

II. Project Summary

Background

Since 1983, Rainbow Services Ltd. (Rainbow), a non-profit agency located in San Pedro, California has provided a broad range of services to women and children who have experienced domestic violence. These services include an emergency shelter, transitional housing, 24-hour crisis hotline (including Spanish-language response) and counseling and support. The counseling and support services provided include case management, clinical treatment through individual and family counseling, support groups, legal and social service advocacy, and developmental activities for children.

Through a Direct Services (Shelter-based) grant from the California Department of Health Services (DHS), Maternal and Child Health Branch-Domestic Violence Section, Rainbow developed a three-year Work Plan and Evaluation Plan to provide domestic violence intervention services to the growing number of Spanish-speaking families in the Los Angeles area¹. The grant period covered July 1, 2000 through June 30, 2003 and was implemented in the San Pedro Community Service Center, Rainbow House Emergency Shelter, and Villa Paloma Transitional Shelter. The mission was to assist battered women and their children to move from crisis to stable levels of functional living.

According to the Work Plan, Rainbow planned to provide individual and group counseling services to both women and their children; to provide family counseling for mothers and children to facilitate positive growth in family dynamics; to provide developmentally appropriate children's activities to build confidence and self-esteem; to provide legal and social service advocacy to remove barriers to meeting individual needs; and to provide residents of the two San Pedro shelters with health assessments.

Evaluation Purpose

Rainbow contracted with Public Works, Inc. (Public Works) to assist in the Work Plan development and to evaluate the services Rainbow was to provide under the DHS grant. Public Works is a non-profit consulting firm located in Pasadena, California specializing in the provision of evaluation and strategic planning services to governmental agencies, educational institutions and social services organizations.

Both the Work Plan and the Evaluation Plan were completed and submitted to the DHS in July 2001. The Evaluation Plan was designed to quantitatively and qualitatively measure all the project goals and objectives, determine the number and characteristics of those served in the program, and assess the effectiveness of service in terms of affecting program participants. The specific yearly objectives of the project measured by Public Works are listed below:

Objective 1: To provide individual counseling to 100 battered women to increase awareness of the dynamics of abusive relationships in order to improve self-esteem and build confidence.

Objective 2: To provide 300 women with support group counseling to increase awareness of the dynamics of abusive relationships in order to improve self-esteem and build confidence.

¹ The 1990 and 2000 United States Census identified the Hispanic Population as the largest growing ethnic population in Los Angeles. It is projected to increase 38 percent by the year 2005.

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Objective 3: To provide 30 children with individual counseling to decrease anxiety and improve social and communications skills and to facilitate adjustment to a new family dynamic.

Objective 4: To provide 15 children with support group counseling to improve social and communications skills.

Objective 5: To provide 25 families with family counseling to facilitate adjustment to a new family dynamic, improve communications skills and foster mutual respect.

Objective 6: To provide 100 women with legal and social service advocacy to remove barriers to meeting individual needs and goals.

Objective 7: To provide 120 children with structured developmental activities to develop social and communications skills and provide a positive creative outlet.

Objective 8: To provide health assessments to 100 women and children who are shelter residents in order to identify needed health services and help these women and children access those services.

Methodology

The evaluation plan provided for a variety of evaluation tools and methodologies to measure the progress of Rainbow in meeting grant objectives. A series of quantitative instruments was developed in the fall of 2001 by Public *Works* in collaboration with Rainbow staff to measure the effectiveness of services provided under each objective. The forms developed and used for the evaluation are as follows:

- Universal Intake (pre-existing form)
- Case Management Needs Assessment
- Case Management Needs Assessment Follow-up
- Clinical Assessment
- Clinical Treatment Plan Follow-up
- Parent Survey (also translated into Spanish)
- Client Self-Assessment Survey (also translated into Spanish)
- Health Assessment Evaluation

Rainbow staff members were trained in the use of forms by Public *Works* in December 2001. Despite the training, inconsistent forms implementation occurred and was compounded by staff turnover and agency downsizing that began to develop in late 2001. The forms were completed only erratically and, then, incorrectly through the first five months of 2002. A meeting was held with Rainbow and Public *Works* on May 22, 2002 to try to clarify and resolve the problems in forms implementation. As a result of the meeting, policies for forms usage were updated and Rainbow staff members were retrained by July 2002 in an effort to gather almost a full year of data for this report.

Due to the barriers and challenges affecting form and program implementation, the data available for this report from the above instruments cover the period from July 1, 2002 through April 30, 2003. It is also important to note that forms for seven clients received by Public *Works* contained client identification numbers but did not correspond with existing clients in the Rainbow client database and were thus excluded from analysis.

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Public *Works* also utilized a client database developed and maintained by Rainbow to help determine the number and characteristics of those served by Rainbow programs. Data from the Rainbow database was extracted for this report on May 20, 2003 by Public *Works*. The data extracted and analyzed included demographic information taken from the Universal Intake form and service data reflecting the type and quantity of services received by each client served from July 1, 2000 through May 20, 2003. To insure client confidentiality, the names and social security numbers were excluded from the extraction.

In addition, qualitative data from adult client focus groups and staff interviews were employed to provide information for this report. Interviews were conducted with numerous Rainbow staff in May 2003 from the emergency and transitional shelters as well as the outreach office. Staff interviewed included four case managers, two clinicians, and the Rainbow Executive Director. Additionally, three separate focus groups were conducted with approximately 39 adult clients at the San Pedro outreach office during the support group sessions. The findings from these qualitative measures were combined with previous client focus group and staff interviews conducted in May and June 2002 (See June 30, 2002 report findings).

As a result of the quantitative and qualitative data available for analysis by Public *Works*, the report will focus on two specific time periods of services provided by Rainbow. In compliance to the evaluation requirements set forth by the DHS, cumulative data was analyzed for services provided from July 1, 2000 through May 20, 2003 or basically the entire period of the grant. The report also focuses specifically annual grant objectives in relation to the services provided by Rainbow for the final year of the grant beginning on July 1, 2002.

III. Program Outcomes

This section of the report will discuss the outcomes related to the grant objectives including the population served, the number women and children served, and the program effectiveness as measured by the forms developed by Public *Works* and Rainbow. Some of the changes that have taken place during the past year of transition for the agency as it relates to the fulfillment of program service objectives for this grant will also be discussed.

Population Served

The client database stores information on the population served by Rainbow. General client information collected at intake includes ethnicity, age, type of abuse experienced and other demographic characteristics. The database also contains data for each client on the dates of service received, the service type and the number of service hours. For this report, Public *Works* analyzed data for only those clients receiving services since the beginning of the grant period (i.e., as of July 1, 2000) to determine whether or not Rainbow met the annual goal in year three of the grant and the cumulative goals for the entire three year period of the grant.

In addition, the population represented in the client database includes 2,260 adult clients and the 444 children of adult clients served during this period by Rainbow. Of these adult clients, virtually all (99%) were female. Over three-quarters (76%) of the 2,147 adult clients with data were Hispanic, with the remaining clients being white (15%), African-American (5%), and all others (4%). About 58% identified Spanish as their primary language while 54% of adult clients reported having an education level lower than a high school diploma. Approximately 85% identified themselves as living at the poverty level with an additional 12% indicating low or very low income. The most frequently identified abuses experienced by adult clients were physical abuse (53%) and psychological or emotional abuse (35%) while the referrals for services to Rainbow typically came from law enforcement (23%) and friends (16%).

This demographic information confirms that Rainbow's primary client population is predominantly low-income, Spanish-speaking women, consistent with the target population under the grant.

Program Objectives

The program outcomes discussed in the section below are derived from the data extracted on May 20, 2003 by Public *Works* from the Rainbow client database. The quantitative data extracted and analyzed included demographic information taken from the Universal Intake form and service data reflecting the type and quantity of services received by each client served from July 1, 2000 through May 20, 2003.

Table 2.1 below summarizes progress made by Rainbow to meet the quantitative goals of the program. While cumulative goals (i.e., over the entire three-year period of the grant) were met by Rainbow for the first six program objectives, annual goals for third year of the grant were achieved for only the five objectives related to counseling services. Objective 6, which is related to advocacy services, was partially achieved for the last year of the grant while the final two objectives were not achieved for either the Year 3 or the entire grant period.

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Table 2.1: Program Objectives* Status

	Year 3 Status	Entire Grant Status
Objective 1: To provide individual counseling to 100 battered women to increase awareness of the dynamics of abusive relationships in order to improve self-esteem and build confidence.	<i>Achieved</i>	<i>Achieved</i>
Objective 2: To provide 300 women with support group counseling to increase awareness of the dynamics of abusive relationships in order to improve self-esteem and build confidence.	<i>Achieved</i>	<i>Achieved</i>
Objective 3: To provide 30 children with individual counseling to decrease anxiety and improve social and communications skills and to facilitate adjustment to a new family dynamic.	<i>Achieved</i>	<i>Achieved</i>
Objective 4: To provide 15 children with support group counseling to improve social and communications skills.	<i>Achieved</i>	<i>Achieved</i>
Objective 5: To provide 25 families with family counseling to facilitate adjustment to a new family dynamic, improve communications skills and foster mutual respect.	<i>Achieved</i>	<i>Achieved</i>
Objective 6: To provide 100 women with legal and social service advocacy to remove barriers to meeting individual needs and goals.	<i>Partially Achieved</i>	<i>Achieved</i>
Objective 7: To provide 120 children with structured developmental activities to develop social and communications skills and provide a positive creative outlet.	<i>Not Achieved</i>	<i>Not Achieved</i>
Objective 8: To provide health assessments to 100 women and children who are shelter residents in order to identify needed health services and help these women and children access those services.	<i>Not Achieved</i>	<i>Not Achieved</i>

*Numbers reflect annual objectives for the program.

The following sections will detail progress to meeting each program objective with contextual information added from staff and client focus groups.

Objective 1: To provide individual counseling to 100 battered women to increase awareness of the dynamics of abusive relationships in order to improve self-esteem and build confidence.

Under this objective, Rainbow is required to provide individual counseling services to 100 battered women annually or to 300 battered women over the three years of the grant. The purpose of the counseling is to increase awareness of the dynamics of abusive relationships in order to improve self-esteem and build confidence.

Currently, residents of Rainbow Services' emergency and transitional shelters all receive individual counseling once per week. New outreach clients meet with a case manager who completes an intake on the individual. These clients can then be referred by the case manager to individual counseling, which is primarily based on either the client's request for counseling or a mandate by the Department of Children and Family Services (DCFS) or the court system. The Program Coordinator, overseeing the administration and logistics of case management and clinical services, then delegates counseling caseloads to the clinical staff. Once clients are assigned, the counselors conduct a clinical intake assessment during their first visit with a client. In some cases, clients may get referred out if Rainbow is not

the appropriate agency for their primary need (e.g., chemical dependency). The length of time a client may receive counseling services is unstructured in that it is left up to the client and the assigned counselor to determine.

Quantitative data from the client database shows that 367 adult clients received “adult counseling” from Rainbow from July 2000 through May 20, 2003 meeting Objective 1. For the final year of the grant, Rainbow provided 110 adult clients with adult counseling. According to Rainbow’s “Definition of Services” dated June 2001, adult counseling is defined as individual counseling for adult survivors of domestic violence that is goal-oriented, topic-focused, problem-solution oriented, and related to domestic violence. Of the women receiving adult counseling, 51 were new clients with an intake date after June 2002. Most women who received individual counseling attended multiple sessions, as Rainbow provided the 367 adult clients with approximately 3,225 hours of adult counseling or about 9 hours of adult counseling on average for every client.

According to staff interviews, Rainbow has experienced clinical staff shortages during the past year. At the time of this report, there was one full-time clinician and four part-time clinicians, two of which recently increased their hours to 32 hours per week. In addition, the clinician based at the emergency shelter left the agency, which resulted in all emergency shelter clients being served by counselors at the outreach office. Unable to accommodate the demand for individual counseling, Rainbow currently has a waiting list for counseling services. Clients echoed this gap in counseling services with several commenting that they have not received individual counseling despite requesting these services. Rainbow is currently in the process of hiring additional staff in order to rebuild the level of services it can offer in this area.

Despite the clinical staff shortage, the adult clients who have received individual counseling services are generally quite satisfied with the quality of the services provided. Client focus groups mentioned the high quality of the clinical staff as being non-judgmental, caring, and approachable. Several clients expressed educational benefits that the individual counseling along with support group sessions provided them in regards to the complex issues related to domestic violence. Conversely, some client displeasure was mentioned in regards to the specific counseling skills of the clinician during individual sessions. A handful of clients stated that the counselor they worked with was not able to fully “identify” with their situation and suggested improvement on the listening skills of the counselor.

Objective 2: To provide 300 women with support group counseling to increase awareness of the dynamics of abusive relationships in order to improve self-esteem and build confidence.

Rainbow currently offers support groups for shelter and outreach clients at the San Pedro office and at the satellite sites in Wilmington and Huntington Park. All shelter clients are required to participate in a support group twice a week. Ideally, a clinician facilitates the groups with support from a case manager; however, due to staffing shortages, most of the San Pedro groups are not able to provide the additional support staff. With the exception of one English-speaking support group offered one evening per week, all the support groups are conducted in Spanish.

According to the client database, Rainbow has served well over the expected 900 women for Objective 2 during the three years of the DHS grant. Data shows that approximately 1,363 adult clients participated in a facilitated adult domestic violence support group (i.e., adult group) from July 2000 through May 20, 2003. Of the 443 women receiving adult group counseling since July 2002, 193 were new clients with an intake date after June

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2002. As of May 2003, Rainbow has provided adult clients with over 25,380 hours of adult group service that amounts to approximately 19 hours of adult group counseling on average for every client.

For outreach clients, attendance in the support groups varies due to the lack of definition of when clients should enter and exit the groups. For example, participating clients may attend as few as four sessions (as mandated by the court or DCFS) or attend for several years. Service data from the client database confirms the wide range of client participation in the support groups. Of the 443 adult clients participating in an adult group during the final year of the DHS grant, 28% showed an intake date prior to July 2001 while another 27% showed an intake date from July 2001 through June 2002. Focus group clients generally recognized the positive group dynamic created by the varying attendance levels of the support group participants. Clients believed that those new to the group are helped by the advice and support from the “old-timers”. Although clinicians by and large agreed that the mix of clients worked well, they also acknowledged that ideally a separate support group for newer clients would be beneficial to meet the differing needs of each group of clientele.

The client focus groups, representing both shelter and outreach clients, were overwhelmingly positive about their support group involvement. In fact, many stated that support groups represent one of the most important services Rainbow has provided to clients. Clients reported numerous ways in which support group participation has helped them, including decreasing their isolation and the realization they are not alone, the gaining of emotional strength, becoming educated on issues of domestic violence and parenting, and how to manage “the system” to gain access to resources.

Client focus groups did suggest that additional English-speaking groups be provided by Rainbow so that clients could have a choice between attending an afternoon and evening group.

Objective 3: To provide 30 children with individual counseling to decrease anxiety and improve social and communications skills and to facilitate adjustment to a new family dynamic.

According to the Work Plan, Rainbow was to provide 30 children annually with individual counseling that is goal-oriented, treatment-focused, age-appropriate and focused on the impact of violence or abuse. In general, Rainbow would prefer to see the entire family in counseling before providing individual counseling to a child or begin individual counseling with the mother before integrating the children into the counseling sessions. A clinician will occasionally see a child alone for counseling but more typically a child will be referred out for individual counseling.

Staff interviews expressed that staffing shortages experienced by Rainbow in recent years has affected services to children more than any other service provided by the agency. As a result, staff interviews acknowledged that individual counseling available to children has decreased specifically for those served at the outreach office. Data from the client database, as shown in Table 2.2 below, confirm the decline in individual counseling services provided to children of outreach clients. Despite declining services to outreach clients, Rainbow exceeded the goals set by Objective 3 by providing 130 children of adult clients with approximately 650 hours of service over the entire period of the grant. Most of those

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children (40%) were served at the outreach office while the shelter staff or the Emergency Response Team (ERT)² served the remainder of child clients.

Table 2.2: Program Enrollment of Children Receiving Individual Counseling by Service Year

	Year 3		Entire Grant Period	
	N	Col %	N	Col %
Emergency Shelter	13	31.0%	46	35.4%
Outreach	7	16.7%	52	40.0%
Response Team (ERT)			2	1.5%
Transitional Shelter	22	52.4%	30	23.1%
Total	42	100.0%	130	100.0%

The decline in services after July 1, 2003 (i.e., Year 3) at the outreach offices caused by staff shortage was alleviated by increased service provided to shelter children by subcontracted clinicians. Rainbow hired two part-time clinicians to provide counseling services at the emergency shelter one day a week while another part-time clinician provided counseling services to transition clients for once a week. The subcontracted clinicians afforded Rainbow the ability to serve the most needy clients, in this case the shelters residents, and meet the annual goal of serving 35 children with individual counseling in the final year of the grant.

Client focus groups echoed the need for additional services for children such as individual counseling. These women have many concerns regarding the well-being of their children, and generally feel that Rainbow needs to have an increased focus on the needs of their children. Clients reported that their children are aggressive and “closed” while struggling with how to express their emotions. The children need help and the clients need support in how to deal with their children. Client responses were mixed as to whether they have received any or enough parenting education through Rainbow counseling or support groups.

Objective 4: To provide 15 children with support group counseling to improve social and communications skills.

Rainbow began offering group counseling to children in July 2001. At that time, the support group program was limited to the children who resided at the San Pedro emergency shelter only. Due to staffing changes, support group counseling was sporadically offered to both outreach and shelter clients the past two years. At the time of this report, support groups are not offered for the children of outreach clients due to the shortage in clinical staff. The Villa Paloma Transitional Shelter does offer a weekly support group for children living at that transitional shelter facility. Currently, one group for children aged ten and younger is conducted while another is offered for children older than ten years of age. The groups focus on social support skills, family dynamics, team building, and offer arts and crafts activities. The older children also receive sex education and participate in discussions about their bodies and the physical changes that occur as they age. The current Villa Paloma case manager developed the curriculum and activities for these support groups.

² Prior to staff shortages, Rainbow supported an Emergency Response Team (ERT) that used to allow Rainbow staff to respond to hospital calls for the support of victims of domestic violence. Those services have greatly diminished during the grant period.

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Once additional clinical staff is hired in the near future, Rainbow hopes to start up at least three new support groups for children. Despite support groups being limited to the transitional shelter children, the client service data indicates that Rainbow surpassed its objective under the DHS grant, as 63 children participated in a facilitated clinically focused children's group with a family violence theme (i.e., child group) since July 1, 2000. Annual goals were also met for the final grant year by Rainbow, as 24 children received services for group counseling from Rainbow.

Objective 5: To provide 25 families with family counseling to facilitate adjustment to a new family dynamic, improve communications skills and foster mutual respect.

This objective focuses on the provision of family counseling services to families in crisis to facilitate adjustment to a new family dynamic, improve communications skills, and foster mutual respect. The goal is to provide this service to 25 families each year. Family counseling services are provided on an as-needed basis, and typically clinician-determined as identified during individual adult counseling sessions. The need for family counseling services (versus or in addition to individual counseling) is determined based on the extent a client is minimizing the relevant effects of domestic violence issues, including the effects on the children and the reality of their unsafe situations or environments.

Quantitative data shows that 117 adult clients and 145 children of adult clients have received counseling with more than one family member since the beginning of the grant period in July 2000 exceeding the three year objective of providing 75 families with family counseling. Rainbow also met the annual object for the third year of the grant as 26 adult clients and 25 children of adult clients received counseling with more than one family member. Although family members may include children and siblings, Rainbow typically provides family counseling sessions to the mother and children.

Client comments were similar to the comments regarding individual adult and children's counseling: more clients want family counseling than currently can be accommodated. In particular, clients see family counseling as a way to deal with some of the children's behavioral and communication issues they are struggling with. Currently, transitional shelter clients are referred out for parenting classes; however, Rainbow plans to offer parenting classes beginning Summer 2003, facilitated by case managers from the outreach office.

Objective 6: To provide 100 women with legal and social service advocacy to remove barriers to meeting individual needs and goals.

Through its case management services, Rainbow provides referrals and advocacy for its clients in the social service and legal arenas. The number of advocacy hours in both areas provided to each client is tracked through the client database.

Legal Advocacy

Traditionally, Rainbow provides a variety of legal services that include court accompaniment, advocacy related to prosecution of a case, help in arranging for a temporary restraining order and advocacy services related to the City or District Attorney. Due to staff shortages, however, staff members acknowledged a decline in legal advocacy services in the past year and a half.

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According to the database, Rainbow has met the grant objective to serve 300 women with legal and social service advocacy since July 1, 2000, despite the recent decline in legal advocacy services. Table 2.3 illustrates the number of adult clients and the total number of advocacy hours by type of advocacy provided by Rainbow for the entire grant period and for the final year of the grant. The data collected show 364 adult clients received legal advocacy services over the entire grant period while 78 received those services after July 1, 2002. At that pace, Rainbow will fall short of the annual goal of providing 100 women with legal advocacy in the final year of the grant despite meeting the cumulative goal of serving 300 women.

Table 2.3: Number of adult clients and hours served by advocacy type

	Year 3		Entire Grant Period	
	N	Hours	N	Hours
Other	103	678.3	377	935.6
Legal	78	487.9	364	853.3
DCFS	78	648.7	237	899.4
GAIN	66	821.8	169	1014.5
DPSS	59	737.5	167	897.5
Housing	28	145.3	121	323.7
Health	31	229.8	109	331.4
Law Enforcement	19	21.8	75	58.8
Prosecution	0	0.0	6	2.5
Total	462	3771.1	1625	5316.7

Declining legal advocacy compounds the limited access to legal services reported by clients participating in focus groups. Legal aid primarily comes in the form of referrals to San Pedro Community Legal Services (SPCLS), with which clients have had varied success, saying that one must be “either destitute or have money” in order to receive assistance. Rainbow staff agreed that SPCLS is limited in what it can or will do for Rainbow clients. SPCLS is characterized as “selective” about the clients served and refrains from working with custody or divorce issues.

Social Service Advocacy

In the area of social service advocacy, Rainbow provides comprehensive services that range from advocacy with agencies, such as Department of Children and Family Services (DCFS), Department of Public Social Services (DPSS) and Greater Avenues for Independence (GAIN), to case management support with health, housing, and other related issues.

A total of 803 adults received services since July 1, 2000 in social service advocacy areas such as DCFS, GAIN, DPSS, health and housing while 262 adult clients received those services in the year three of the grant. It is important to note that the above numbers reflect possible overlaps in data reported. In other words, many of the same women may have received DPSS advocacy services along with other advocacy related to social service issues such as DCFS and housing. Public Works eliminated data overlaps by grouping those advocacy types into a single social service advocacy category. As a result, the data for the entire grant period reflects 525 adult clients provided with advocacy services related to social service issues while 180 clients were provided those services since July 1, 2002. These figures are both well above the cumulative and annual goals of the grant.

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When the 364 adults served for legal advocacy are taken together with the 525 adults served for social service advocacy, Rainbow has exceeded the work plan targets over the entire grant period.

The Rainbow staff members that typically provide referral and advocacy services to the clients are the case managers in the outreach office and at the shelters. For outreach clients, after the initial intake undertaken by case managers, there is no formal follow-up until three months later, when the case manager attempts to make contact with the client via phone. Often these attempts are not successful due to disconnected phone numbers, etc. Any other contact between intake and three-month follow up assessment is dependent upon the willingness of the client to approach the case manager regarding specific issues needing resolution. For example, clients may approach their case manager during the time of the weekly support group.

Although case managers felt that for the most part clients are getting access to the services they need, this case management system allows for clients to get “lost” along the way as it relies on client initiative. Compounding the dilemma is the overall challenges in linking clients to appropriate services and the effects of staff turnover on the case management system. Regardless, staff felt that the follow-up system has improved with the introduction and utilization of case management follow-up forms (discussed further in the Program Effectiveness section of this report).

Unlike the outreach clients, shelter clients have constant access with their assigned case managers stationed at the shelters resulting in more success in receiving the services needed. Regardless, clients voiced similar comments as outreach clients in the services they have trouble accessing. The areas of need most frequently cited by clients were legal (mentioned previously), housing, employment and education.

Objective 7: To provide 120 children with structured developmental activities to develop social and communications skills and provide a positive creative outlet.

Another area that was greatly affected by the staffing shortages is the number of structured developmental activities for children. Instead, Rainbow has had to rely on a team of volunteers to provide childcare for children while their mothers are participating in individual counseling or a support groups. Although there are obvious drawbacks to depending upon volunteers, staff and clients were extremely positive about the quality and commitment of the current group of volunteers. In the near future, Rainbow expects to expand services for children as additional staff is hired.

Quantitative data from the client database regarding the number of children participating in activities and the number of hours of service in that area correlates to the diminished number of activities for children at Rainbow. Special activities arranged or conducted by Rainbow staff, excluding individual or group counseling, is reported as “child activity” in the client database. From July 1, 2000 through May 20, 2003 the data indicates that 261 children participated in a child activity. Only 37 of those children received services in a child activity since July 1, 2002.

The client database also reflects 935 adult clients receiving services in a “child activity” since the initial grant year. In addition, 231 of those clients received child activity services this past year. On the surface, the data would indicate that Rainbow has served well above the required quantitative objectives under the Work Plan; however, it is unclear as to how many children of these clients actually received structured activities geared towards the

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development of the child rather than simply childcare services during support group attendance. Instead, it is safer to only review the data from the database available for the children receiving services in the child activity.

As a result, Rainbow will not quantitatively meet the cumulative goal of providing 360 children with structured developmental activities by the end of the DHS grant or the annual goal of 120 children served.

Objective 8: To provide health assessments to 100 women and children who are shelter residents in order to identify needed health services and help these women and children access those services.

A family nurse practitioner is available once per week to provide health and medical assessments for all shelter residents (i.e., emergency and transitional), while outreach clients are referred out for all medical services. Due to the immediate needs of shelter clients, the medical issues for this population are a priority for Rainbow. Clients must complete a request form to request health services from the nurse practitioner. In cases when the nurse practitioner is unavailable or when immediate services are needed, a referral is made to the local free clinic.

Under Objective 8 in the Work Plan, Rainbow was to provide health assessments to 100 women and children who reside in a transitional or emergency shelter each year. Although the client database does not have a service type called “health assessment,” there are data reported for “health services,” which is defined as any health-related evaluation or service provided by Rainbow. According to the data, only 117 adult clients and 231 children of adult clients received health services during the entire grant period. This number is far below the 300 women and children Rainbow originally expected to provide with health assessments over the course of the three-year grant.

Rainbow also did not meet the annual goal of providing 100 women and children with health assessments for the third year of the grant. The client database reflects only 41 adult clients and 68 children of adult clients receiving health services since July 1, 2002.

While basic medical needs are met through the nurse practitioner and referrals to the local free clinic, staff and clients report the difficulties in providing for the dental needs of clients. Rainbow staff members report that in order for a client to receive dental services, an extreme case must be present. To alleviate the need, the agency recently developed a relationship with a local dentist willing to donate time to service Rainbow clients. Another related need that clients reported being unmet was the availability for referrals for vision care.

Program Effectiveness

The information provided in this section of the report is based on data collected through the forms developed for the evaluation as it relates to program objectives. Rainbow administered the case management forms, clinical assessment forms, surveys and health assessments as clients were receiving services provided by Rainbow. These forms were subsequently submitted by Rainbow to Public Works and represent a period from July 1, 2002 through April 30, 2003.

By design, the case management forms and the clinical assessment forms were developed to measure client progress over 3-month intervals. The case management forms discussed include the Case Management Needs Assessment and the Case Management Needs

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Assessment Follow-up while clinical assessment forms include Clinical Assessment and the Clinical Treatment Plan Follow-up.

To measure client progress through the Parent Survey and Client Self-assessment Survey, Rainbow administered both surveys to support groups from May 6, 2003 through May 9, 2003 and submitted those surveys to Public *Works* for analysis. The final form discussed in this section of the report discusses the data from the Health Assessment Evaluations administered to shelter clients by a nurse practitioner.

Case Management

To effectively case manage client needs, Rainbow in consultation with Public *Works* developed the tools to determine client needs and to initiate follow-up on the progress towards meeting those needs. Rainbow case managers are responsible for the completion of the Case Management Needs Assessment (CM Assessment) for every adult client during the initial intake. The CM Assessment measures the needs of each adult client in the following areas: life support/critical, protective services, financial, legal, physical health, vocational/occupational/rehabilitation, counseling, advocacy, and parenting. Identification of need at intake effectively allows case managers to remove the barriers to meeting individual needs and goals as ascribed by Objective 6 of the Work Plan.

According to the CM Assessment data, the greatest area of support needed by clients was in counseling services. While case managers identified “no need” in clients assessed in all other possible areas at least 55% of the time, only 4% of clients were assessed to have no counseling need (i.e., group or individual). This need supports efforts to provide counseling services described under the first five objectives of the grant. Secondary needs, though drastically smaller than the counseling needs of clients, were reported in the areas of legal and parenting support, which correlates with the continued legal services described under Objective 6. For detailed data on the CM Assessment data please see Appendix C.

At 3-month intervals, case managers at Rainbow are expected to monitor client progress in meeting the needs identified by the CM Assessment by using the Case Management Needs Assessment Follow-up (CM Follow-up). For this report, Public *Works* received 267 CM Follow-up forms to analyze. The overall status of clients appears to improve as indicated by the higher percentage of clients (72%) either “at risk” or “in crisis” at the three-month follow-up compared to the percentage (37%) at the six-month follow-up.

When looking at progress towards meeting individual areas of need identified through the initial intake (see Appendix C), CM Follow-up data suggest clients will achieve goals desired, as consistent case follow up occurs from the case manager. In other words, the more case managers follow up with clients, the greater the percentage of clients achieving or partially achieving their goals. This is especially important when considering the possibility of clients being lost by a case management system that relies on client initiative to address their needs prior to a scheduled 3-month follow-up. For example, CM Follow-up data for the greatest client need identified at intake, counseling, reflect greater goal achievement by clients. At the 3-month follow-up, only 19% of those clients achieved or partially achieved their counseling goals while the percentage increased at both 6-month and 9-month assessments (i.e., 34% and 61%, respectively). Caution must be taken when reading the data as the number of cases reassessed by case managers decreased while 3-month intervals increased.

The decreasing number of follow-up assessments conducted may be related to several factors including clients being lost between the 3-month intervals, lack of form usage by

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case managers, or the timing involved with the forms. Based on the period analyzed for this report, which spans ten months of service, and the date to which clients were initially assessed for case management, it is conceivable that a great number of clients assessed have not participated in services provided by Rainbow longer than 6 months or 3 months, for that matter. As a result, clients will not have a follow up assessment available until after this report has been submitted.

Data from the CM Follow-up also suggests that the inability of case managers to effectively follow up with clients may lie with existing client barriers and the current case management system in place. The barrier that was consistently evident across the nine months of follow up was telephone access by the client. Since case managers must rely on contact information collected during intake to follow up with clients three months later, attempts are not successful due to disconnected phone numbers, lack of an answering machines, or incorrect phone numbers provided by clients.

Clinical Assessment

Ideally the initial assessment by the case manager would help identify counseling needs of each client. This in turn would allow for a referral to a Rainbow clinician for individual or support group counseling that is initiated with a clinical intake of the client. As mentioned previously, the CM Assessment data indicated that individual and/or support group counseling was a primary need for clients assessed from July 2002 through April 2003. Case managers recommended over a third (36%) of the clients to attend child/adult counseling at Rainbow, however, Public Works received only 26 Clinical Assessments during the same time period. Although staff interviews indicated that a treatment plan form “must” be utilized during clinical intake, that form apparently is not the Clinical Assessment developed for this evaluation as reflected in the low number received for analysis. In addition, quantitative data from the client database reflect that 51 Clinical Assessments should have been received for analysis, as that is the number of new clients received adult counseling since July 1, 2002.

Based on those 26 Clinical Assessments, multiple problems were evident with the clients served. Over half presented with significant levels of low self-esteem (58%) or suffered from some form of affective or mood disorder (54%). Another third (35%) of clients clinically assessed suffered from some form of anxiety disorder. The Clinical Assessment data indicated the contributing causes to the dysfunction suffered by clients mainly stem from emotional, physical and verbal abuse suffered by the client (see Table 2.4 below). As a result, Rainbow clinicians developed treatment plans centered on individual counseling for 25 of the 26 (94.1%) adult clients assessed clinically.

Table 2.4: Contributing Causes to Presenting Problems

	N	Percent
Emotional Abuse	22	84.6%
Physical Abuse	20	76.9%
Verbal Abuse	18	69.2%
Financial Problems	9	34.6%
Economic Abuse	7	26.9%
Drug Dependency	6	23.1%
Alcohol Dependency	6	23.1%
Health Problems	2	7.7%
Other	2	7.7%

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Rainbow counselors also confirmed client needs identified at the case management intake. Two out every five clients were identified during the clinical treatment plan assessment to need advocacy and parenting support.

Rainbow clinicians are also responsible for completing a Clinical Treatment Plan Follow-up (Treatment Follow-up) every three months for each client clinically assessed to measure the first two objectives of the Work Plan. According to staff interviews, the Treatment Follow-up is not consistently used by counselors partly due to the staff shortage and partly due the dependence on clinicians to manually track client follow up session. Staff indicated the possible benefits of a system that alerts the clinical staff that a Treatment Follow-up is due for a client similar to the electronic case management system currently in place. In fact, staff voiced that the Treatment Follow-up is “not that helpful” unless “a log-in system of dates” is developed for that purpose. The lack of form usage is reflected in the 15 Treatment Follow-up forms received by Public *Works* from Rainbow for this report.

Since Treatment Follow-up forms were completed for only 15 clients, little can be said about the results other than what the data revealed about the barriers clients face to achieving their goals. For complete results, refer to Appendix C. Otherwise, the effects on client self-esteem and self-confidence as it relates to the treatment provided by Rainbow counseling is unclear based on the data from the Clinical Assessment and Treatment Plan.

Parent Survey

At intake, adult clients with children are asked to complete a parent survey that solicits their opinions about the behavioral and emotional status of their children. Approximately 120 Parent Surveys from July 1, 2002 through April 30, 2003 were submitted to Public *Works* for analysis. Another 72 surveys were administered as a post-survey to support group clients in order to measure change in the family dynamics and the social and communication skills of children as observed by their parents. From those two cohorts of Parent Surveys, Public *Works* matched by client to determine the net change. As a result, only 25 Parent Surveys were matched and analyzed with pre- and post-survey results, thus limiting the measure of program effectiveness under Objectives 3, 4, 5, and 7 in the Work Plan.

For the first 10 questions, parents were asked to rate their level of agreement on a five-point Likert scale with a “5” corresponding with the highest level of agreement. Table 2.5 below, shows the mean, or average, levels of agreement for both the pre- and post-survey results of the first ten survey items. The table also shows net change, or difference, in parent attitudes or observations about their children.

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Table 2.5: Parent opinions of children's status

	Pre		Post		Net Change	
	N	Mean	N	Mean	N	Mean
My children show respect toward me as a parent.	25	3.80	25	4.08	0	0.28
My children are able to handle angry feelings in an appropriate way.	23	3.13	25	3.36	2	0.23
I am able to effectively discipline my children.	25	3.80	25	4.00	0	0.20
My children have good relationships and are able to get along well with other children.	25	4.04	25	4.16	0	0.12
My children are able to resolve arguments and problems with other children.	23	3.61	24	3.67	1	0.06
My children's behaviors are under control.	25	3.80	25	3.76	0	-0.04
My children express positive feelings about themselves, their talents and their accomplishments.	24	4.04	25	4.00	1	-0.04
My children get along well with their brothers and sisters.	21	3.86	21	3.76	0	-0.10
My children are having success in school.	25	3.96	24	3.75	-1	-0.21
My children have skills for coping with the problems they have experienced.	25	3.44	24	3.21	-1	-0.23

Overall, parents expressed fairly high levels of agreement regardless of when the parent survey was administered to them. Parents expressed a noticeable improvement in the respect shown to them by and the anger management skills of their children. Survey data also reflect an increased client confidence in effectively disciplining their child that may correlate with the increased amount of respect their children are showing them. Conversely, the data also shows greater decreases in parent opinions of the ability of their children to be successful in school and cope with the problems experienced through the abusive environment.

Despite the overall improved parent-child relationships indicated above, an 8% decrease was reported when parents were later asked to complete the statement "I feel that I am a good mother." Fewer parents felt that the statement was true all or most of the time. These results support the client focus groups that indicate the need for additional parenting classes in order to learn how to better communicate with their children and deal with the issues of domestic violence affecting their families (See Appendix C for details).

The remaining survey items may be reviewed in Appendix C as they pertain to the amount of counseling the parent and children attend at the time of intake.

Client Self-Assessment Survey

From July 2002 through April 2003, Rainbow administered 87 Client Self-Assessment Surveys (Self-Assessment) at client intake for clinical treatment. Another 72 Self Assessments were administered as a post survey during the first week of May 2003 in order to measure change in the self-esteem levels, knowledge of domestic violence, and behaviors of the women receiving services. These indicators allow for measurement of program effectiveness under Objectives 1 and 2 of the Work Plan.

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Despite the efforts to collect the Self-Assessment on a pre-survey and post-survey basis, only ten adult clients met that criterion. With such little data available, no conclusions regarding program effectiveness to improve client self-esteem and self-confidence through individual and support group counseling services can be made. Since the first cohort of Self-Assessments was administered during intake, the data only reflects baseline information about client attitudes and knowledge prior to treatment plan implementation. In addition, the second cohort of Self-Assessments only provides descriptive information for those clients completing the survey during a random support group session. Although number of hours served in adult and group counseling is available for the cohort, no valid comparison point to draw conclusion from and determine the degree of change in clients as it relates to those services is available.

As a result, the data collected for the Self-Assessment allows only for a description of client attitudes during incomparable times of administration. For complete detail on the responses to both cohorts refer to Appendix C of this report.

Health Assessments

Compounding the unmet quantitative goal set by Objective 8 in the Work Plan, only 20 Health Assessments conducted at Villa Paloma were provided by Rainbow for analysis. The 20 health assessments represent less than half of the 54 clients reportedly served at Rainbow shelter (i.e., emergency and transitional) over the past year, according to the client database. The inadequate number limits conclusions that can be made about the effectiveness of services under program objectives. Based on the limited number of Health Assessments, 60% of families assessed were identified with either a communicative or non-communicative health problem. The nurse practitioner recommended a referral to a doctor for all those the cases reporting health issues. Typically, most clients made the appointments with the doctor and followed through with the appointments made.

Other Qualitative Findings

The section below discusses areas that resulted from qualitative measures conducted by Public Works but do not clearly fall within the objectives measured for the grant. The data reported below were significant enough to mention as it relates to program related issues from client perspectives.

Program Related Issues

A sensitive topic during client focus groups was the discussion of financial needs. Several clients, particularly those living in the shelters, expressed the lack of privacy or individual choices in regards to money issues. Although shelter staff members work with shelter clients on budgeting skills, tracking expenses and establishing personal credit, the shelter clients interviewed reported feeling “controlled” when it came to money issues. Although inconclusive, this client discomfort may have to do with the manner in which Rainbow educates clients on finance/budgeting issues and the rigidity of rules for shelter clients (e.g., rigid rent policies). Considering the history of these clients with the control issues they have experienced with an abusive partner, Rainbow may want to reevaluate its policies and procedures regarding financial issues with its shelter clients.

An additional issue brought up during the focus groups of shelter residents was some frustration regarding what they felt to be the rigid system of rules regarding the care of their children. Shelter residents are expected to be with their child at all times, unless the child is in childcare while the mother receives counseling or attending a support group.

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For example, at “all times” means that a mother cannot leave her child to be supervised by another client within the shelter in order to pull laundry out of the washing machine. Although intended to protect Rainbow and the client, the rigidity of the rules often makes it difficult for the client to work towards and receive ample support to achieve their goals. For example, in order to travel outside of the shelter to receive outside services (e.g., doctor, welfare office, etc.), clients are forced to juggle their schedules to accommodate picking up their children from school or find adequate and affordable childcare. Staff acknowledged that this is probably the rule that shelter clients have difficulty with the most.

IV. Program Challenges

The following section describes the challenges experienced by Rainbow over the course of the grant and in particular the last year of implementation.

Staff Turnover

Rainbow Services has struggled with staffing shortages and leadership changes during the past year and a half. A series of lay-offs beginning in Fall 2001 and the staff turnover that followed brought on a series of short and long-term challenges. Some of those challenges encompass the reduction of direct services (e.g., individual counseling) to clients while attempting to maintain the quality of support to domestic violence victims in need. In particular, direct services to the children of adult clients greatly diminished as individual and group counseling for children of outreach clients, childcare services and developmental activities were reduced by Rainbow.

Additionally, the agency suffered from a lack of leadership for several months of the grant period as the executive director position was vacant from Fall 2002 through February 2003. By Spring 2003, the staff perceptions of the organization's stability in relation to staffing, leadership, and provision of services improved with a new executive director in place. With new leadership in place, staff members reported significant improvements in program organization, agency structure and work climate.

Forms Implementation

Due to the barriers and challenges affecting form and program implementation, the data available for this report from the instruments developed in late 2001 covers only a ten month period from July 1, 2002 through April 30, 2003. Despite the efforts to improve data collection, limited data was available for all but the Case Management Needs Assessment and Case Management Needs Assessment Follow-up. The lack of data greatly diminishes the ability to clearly define the effectiveness of services provided by Rainbow.

Population Served

Staff members are also aware of the challenges the immigration status of the target population can play in the services available to them. In fact, Rainbow staff reported having to "be creative" in providing services or access to services to undocumented clients. Examples given by staff members included writing a letter in support of a client for the purposes of attaining low-income housing and reaching out to the Mexican consulate to obtain identification cards. The immigration status of a client affects all the availability of resources in all areas in terms of the opportunities and avenues available to them. Moreover, undocumented clients interviewed expressed frustration with the roadblocks often encountered when trying to obtain services. These limitations provide additional barriers to assisting victims of abusive relationships.

V. Conclusions and Recommendations

This section of the report provides the lessons learned and the recommendations for program improvement of direct services by Rainbow.

- **Rainbow Services met the majority of program objectives for the entire grant period and for the past year of services.** Rainbow continues to provide needed services for victims of domestic violence in the target population despite the significant challenges experienced by Rainbow since Fall 2001. In accordance with the grant terms, the agency has continued to provide case management, clinical treatment and support group services to women, and to a lesser extent, their children, as well provide emergency and transitional shelter for victims in need. Women and their children also received ample amounts of social service and legal advocacy as appropriate to their needs over the course of the entire grant period. Conversely, the challenges including staff turnover, the delay of funding streams, and the transition of leadership noticeably affected the number of legal advocacy for clients in the final year of the grant and the number of structured developmental activities for children of adult clients and health assessments provided to the shelter residents for the entire three-year period of the grant. With the staffing and leadership stabilized, Rainbow is hopeful that services will be reestablished and rebuilt.

Recommendation: Given the numbers served and the needs of clients, Rainbow must increase efforts to outreach to possible supporters and funding sponsors. As the funding from this grant ends, Rainbow should expand the sources of funding to corporate and foundation partners to ensure no further reduction in services occurs. Rainbow must take careful measure to ensure that future funding sources align with the program goals and agency objectives. Additional funding streams will also allow for the hiring additional staff to expand direct services to clients and their children.

- **The quality of implementation of data collection instruments continues to be sporadic and ineffective.** Despite Rainbow efforts to implement data collection instruments developed to measure the quality of services provided, only the case management forms, and to lesser degree the Parent Surveys, were received by Public Works and provide enough information to draw conclusions. Although the client database indicates a high number of adult clients needing and participating in individual counseling, Rainbow clinicians still do not consistently use the Clinical Assessment and Clinical Treatment Plan Follow-up as reflected in the number of forms received for this report. Part of the problem may result from the additional pre-existing forms required for clinicians to complete, specifically, a “Treatment Plan” and a “Short Clinical Assessment” form. How these forms and the forms developed for program evaluation are aligned or duplicate themselves must be evaluated to reduce the paperwork involved and allow the clinicians to focus on client needs and treatment. As for the limited number of Health Assessments, 20 assessments were completed for the 54 clients reportedly served at Rainbow shelter (i.e., emergency and transitional) over the past year according to the client database. Requirements in staff training and mandatory usage policies need exploration.

Recommendation: Rainbow should consider reducing or reevaluating the forms used in the clinical treatment of clients participating in individual counseling. Along with the forms developed through this grant (i.e., the Clinical Assessment and the Clinical Treatment Plan Follow-up), Rainbow also uses other forms that determine the treatment for every adult client receiving counseling services. Efforts must be made to streamline this

process so that clinicians may focus on client treatment rather than completing additional paperwork. Careful attention must be made to insure that any form modifications include the continued ability for Rainbow to collect data that measures the quality of services received by clients.

- **Case management follow-up procedures with outreach clients continue to be informal and inconsistent.** After initial intake with a client, a case manager does not have a formal follow up with a client until three months later, when a phone call to the client is made which invariably increases the likelihood of “lost” clients. Typically, case managers do their best to check in with clients if and when clients attend weekly support groups, but unless the client initiates contact with the case manager during that time, the case follow up will not occur. While case management forms allow staff to better track what happens with each client and measure progress made at three-month intervals, much depends otherwise on client initiative in staying in contact with the assigned case manager. This practice contradicts what the data from the case management forms indicates, that is, increased contact and follow-up allows for goal achievement by the client. Also, communication between case managers and clinicians on clients continues to be primarily verbal and occur when a clinician needs a referral or resource for a client.

Recommendation: Procedures for ongoing case management of clients need more clarification and implementation. More specifically, at least one follow-up contact with clients should be made between the initial intake and the three-month phone call instead of depending on client initiative. Additionally, a stronger communication system that links clinicians and case managers would allow for more frequent and formalized updates of client status for those clients receiving counseling.

- **Clients are concerned about the lack of services and support for their children.** Despite the quality of services provided by Rainbow, clients clearly feel that the focus of Rainbow services is on the adult, rather than the needs of their children, and would like to see additional child-focused services. Both clients and staff voiced the need for additional individual and support groups counseling for children, child developmental activities or childcare, and parenting classes for adult clients. Adult clients appear to have a clear understanding of the forms of domestic violence despite lower recognition of the types of abuse related to economic and sexual manifestations. In fact, survey data details clients request to learn how to better communicate with their children and deal with the issues of domestic violence that affects their families. Additionally, shelter clients struggle with shelter rules on caring for their children. The shelter clients feel that the rules in place (e.g., child care rules) at times limit their ability to achieve the goals they have set with their case manager on issues regarding housing, aid, etc.

Recommendation: Rainbow must increase services centered on the needs of the children of domestic violence victims. Increased counseling services for children and parenting workshops may be an immediate benefit to the family unit. Additional childcare services for outreach and shelter clients may also be beneficial to assisting the client achieve their personal goals for self-sufficiency. Additional staff or community resources will allow for services to increase without burdening the current

- **Gaps in legal, housing, employment and education resources still exist despite referrals made by Rainbow.** The gaps are likely due to the short-staffed nature of Rainbow Services during the past year and a half. Staff members simply do not have the time to spend with each client on whether the client followed through with the referral or whether the referral was linked to the proper services needed. Although

case management forms indicate some general improvement in areas of need, it is not clear that all clients are receiving the right support to become truly self-sufficient, especially due to the lack of resources and referrals available in the area of job training and educational options. Moreover, the nature of the methods used to address financial/budgeting issues must also be reevaluated as shelter clients seem to be particularly impacted, with some shelter clients expressing frustration in feeling “under the thumb” of Rainbow staff. It is clear, however, that Rainbow staff expects clients to be motivated and proactive in pursuing the resources and referrals they receive from Rainbow, which may not always be realistic. Rainbow clients have suffered recent trauma and major life change, particularly those utilizing the shelter services. The interesting mix of fairly controlling rules and yet not a lot of handholding for pursuing goals for shelter residents creates a combination that may not be conducive to helping clients become self-sufficient.

Recommendation: Rainbow must increase outreach efforts to the community to establish a wider range of resources and service providers available to meet the case management needs of clients. Outreach efforts allow for additional agencies and organizations to be considered when clients are referred out for additional support services in the areas of legal, housing and employment needs. For example, additional legal service providers or advocacy groups should be expanded beyond the San Pedro Community Legal Services. Ideally, the current efforts to rebuild staff will result in a reestablishing of agency-based advocacy, such as accompaniment of clients to court and the facilitation of restraining orders.

V. Appendix

- A. Qualitative Protocols
 - Client Focus Group Protocol
 - Staff Interview Protocol

- B. Client Database Data
 - Universal Intake Data
 - Client Service Data

- C. Protocols Data
 - Case Management Data
 - Clinical Treatment Data
 - Parent Survey Data
 - Client Self-Assessment Survey Data
 - Health Assessment Evaluation Data

Client Focus Group Protocol

Overall Service Offerings

1. What are the most important services Rainbow Services provides to you?
2. What are the services you use the most?
3. What services would you like to see offered?
4. How could services be improved?

Counseling Services

Individual – Adult/Child

1. What do you want to get out of the counseling offered here?
2. Why do you come?
3. What makes it difficult for you to attend?
4. What would make it easier for you to attend?
5. How has it helped you? Can you give examples?
6. Why did you begin individual counseling?
7. What were your goals in entering counseling?
8. How long do you expect to continue in counseling?
9. How do you determine if you are making progress?
10. What kinds of changes in your life are you looking for?
11. Have you identified any changes in the way you respond to daily events?
12. If your child attends, how has it helped your child?
 - Does your child enjoy the sessions?
 - If your child resists, do you know why?
 - Has it had an affect on your child's behavior at home? At school? With peers?
 - What did you expect from your child's counseling? Were you satisfied?
 - How are you kept apprised of important issues related to your child's counseling?

Support Group – Adult/Child

1. What do you want to get out of the group sessions offered here?
2. Why do you come?
3. What makes it difficult for you to attend?
4. What would make it easier for you to attend?
5. Do you know women who resist coming? Why do you think this is?
6. Do you know women who stop coming? Why do women stop attending?
7. How would you know when you did not need to have further counseling?

Support Group – Adult

1. What are your goals for participating in group?
2. Why do you participate?
3. What are you learning from group?
 - About yourself?
 - About your family?
 - About domestic violence?
4. Do women understand what domestic violence is?
5. What have you learned about domestic violence?
6. Is it more than you thought it was? Less? Different?

Individual – Child

1. Why was your child referred to individual counseling?
2. Were there behaviors you wanted to influence? What behaviors?
3. Were there feelings that he/she needed to explore? What feelings?
4. What are the goals of your child's counseling?
5. How long do you expect your child to receive services?
6. How do you determine if your child becomes more stable?
 - Stable in relation to what?
 - Stable in relation to whom?
 - Is school performance, family dynamics, and peer relationships considered?
7. What kinds of changes in your child are you looking for?
8. Have your child's coping skills improved? If so, how?
9. How do you determine if your children have improved their coping skills?

Support Group – Child

1. Why did your child go to group?
2. What problems was your child experiencing?
3. What does your child do in group support?
4. Is your child making progress?
5. Are you apprised of your child's progress? How? By whom?
6. Does your child get along better at school?
7. Does your child get along better with adults? With fathers?
8. Does your child get along better with peers?
9. Does your child get along better with siblings?
10. Has your child learned how to control anger?
11. How does your child deal with anger?
12. How does your child resolve conflict?
13. Has your child developed more skills in resolving conflict? With adults? With you? With siblings? With other children?

Family

1. Why was your family referred? Or, why did you seek services?
2. What concerns did you have?
3. What kinds of concerns did you have as a family?
 - Are there problems with respect? Defiance? Abuse?
4. Have you learned new discipline strategies?
5. Is children's behavior improving?
6. Do you feel as though you can handle daily family issues more successfully?
7. Are your children more successful? How do they show this?

Advocacy Services*Legal Services*

1. What services have you needed?
2. How were they provided?
3. What worked well?
4. What were the problems?
5. Could Rainbow have done anything differently?

6. Were you satisfied with the help you received?
7. How could it have been improved?

Social Services

1. What needs do/did you have regarding household or family concerns?
 - What are the biggest concerns you face each day?
2. How has Rainbow been helpful?
3. How could they have been more helpful?
4. What were the barriers to getting the help you received?
 - Transportation? Childcare? Other?

Structured Developmental Activities - Children

1. Why do your children participate?
 - Are there reasons other than childcare?
2. Do your children like the activities?
3. What do they like best?
4. What do they learn from the activities?
5. Do you think the activities help how they feel about themselves?
6. Do you think the activities help them learn how to get along with others?
7. Have the activities helped children in any other ways?

Health Assessments - Family

1. Were any health/medical problems identified by Rainbow?
2. Have you received any medical referrals from Rainbow?
3. Have they been helpful?
4. Are you able to follow-through on the referrals?
5. What makes it hard for you to follow through?
6. Would you like any other kind of medical help from Rainbow?

Staff Interview Group Protocol

Counseling Services

Individual – Adult/Child

1. How do you determine who to refer to individual counseling?
 - Is there a set of criteria? Case management practices?
 - Who does the referral?
 - Are all those referred seen? If they cannot be seen, how are they served?
2. How do you monitor progress? What kinds of indicators do you look for?
3. What motivates women to want to participate in individual counseling?
 - Why do women resist?
 - How many who are referred resist?
 - Why do women stop attending?
 - From a general perspective, do you see a difference in the progress made between women who attend sessions regularly and women who do not?
 - How does consistency affect progress?
 - Generally, how long do you see women individually?
4. How do you determine that a woman is ready to exit?

Support Group – Adult

1. What are the goals for women participating in these groups?
2. How do women view themselves when they enter?
3. What strategies do you use to increase self-awareness?
4. Do women understand the abuse they experience?
5. What specific factors do you look for to determine if a woman has increased her understanding of the various ways in which she can be affected by domestic violence?
 - What do women think domestic violence is upon entering group?
 - What is the program designed to teach them?
 - How do you determine that a woman has improved in her understanding of the comprehensive nature of domestic violence?
6. Are their criteria for exiting women from group?

Individual – Child

1. What are the risk factors that indicate a child should be referred to individual counseling?
2. What behaviors are evidenced?
3. What are the goals of individual counseling?
4. How do you determine if a child becomes more stable? How do you measure progress?
 - Stable in relation to what?
 - Stable in relation to who?
 - Is school performance, family dynamics, and peer relationships considered?
5. How do you help children build coping skills?
6. How do you determine if children have improved their coping skills?
7. How do you determine if a child is ready to exit?

Support Group – Child

1. What indicators cause a child to be referred to group?
2. What problems are children experiencing?
3. What strategies are used to help ameliorate the problems children are experiencing?
4. How can you tell that children are making progress?
5. What do you specifically offer in relation to improving socialization skills?
6. How do you help children improve their peer/sibling relationship skills?
7. What anger management tools and strategies are offered?
8. How can you determine that children are having success in using those tools?
9. What conflict resolution strategies do you try to build in children?
10. How can you determine that children are mastering those skills?
11. When or what standards are used to determine if a child should exit group?

Family

1. What are the criteria for family referral?
2. What are the behavior indicators that lead to a need for referral?
3. How do children perceive their mothers?
 - Are there problems with respect? Defiance? Abuse?
4. How are improvements in family discipline strategies developed and integrated into the family dynamic?
5. What is used to determine improvement in child behavior?
6. How do you monitor improvement in parenting skills?
7. How do you ascertain if children increase in respect for their mothers?
8. Do families progress differently if the parent is also in parenting classes?

Advocacy Services*Legal Services*

1. What services are most often needed?
2. How are they provided?
3. How do you determine positive results for clients?
4. What are your goals for clients with respect to legal services?
5. What are the barriers to achieving those goals?

Social Services

1. What needs do you most often service?
 - Can you rank the five most immediate social service needs faced by non-shelter residents?
 - Can you rank the five most immediate social service needs faced by shelter residents?
 - How do you account for the differences?
2. What are the barriers to providing effective service?

Structured Developmental Activities - Children

1. What is the dominant age range served? What is the target age group?
2. Can you quantify about how many children are served in different age categories? Younger than 2? 2-3? 4-5? 6-8? 9-12? Over 12?
3. What motivates children's participation?

- Are there reasons other than child care that cause children to participate?
- 4. How do you develop activities that will produce positive outcomes in children, e.g., behavior improvements, school success, self-esteem increases, depression reduction?
- 5. What are the kinds of activities provided?
- 6. To what activities do children respond best?
 - How do you determine this?

Health Assessments

1. How do you determine if a family's health needs are met?
 - To what extent do you service the needs?
 - To what extent are women/children referred?
 - How do you track the effectiveness of referrals?
 - How do you determine if referred women and children receive the services they need?
2. What are the problems with ensuring effectiveness of medical referrals?
 - What are the barriers to the family's receipt of service?
 - To what extent are problems caused by family action or inaction?
 - To what extent are problems the result of providers, e.g., capacity problems?
 - How could Rainbow procedures be changed to ensure more effective help to families?

Universal Intake Data (From Client Database)

Basic Demographic Profile of Clients Served

		Year 3				Entire Grant Period			
		Adult Client		Child of Adult Client		Adult Client		Child of Adult Client	
		N	Col %	N	Col %	N	Col %	N	Col %
Current Program	Emergency Shelter	42	6.1%	84	65.1%	117	5.2%	266	59.9%
	Outreach	635	92.0%	10	7.8%	1871	82.8%	128	28.8%
	Response Team (ERT)	1	0.1%			255	11.3%	4	0.9%
	Transitional Shelter	12	1.7%	35	27.1%	17	0.8%	46	10.4%
Total		690	100.0%	129	100.0%	2260	100.0%	444	100.0%
Gender	Male	1	0.1%	49	38.0%	5	0.2%	185	41.4%
	Female	690	99.9%	80	62.0%	2261	99.8%	262	58.6%
Total		691	100.0%	129	100.0%	2266	100.0%	447	100.0%
Marital Status	Living Together	82	12.5%			353	16.5%	50	19.2%
	Divorced	51	7.8%			142	6.6%	15	5.8%
	Single	153	23.3%	2	18.2%	442	20.6%	90	34.6%
	Legally Separated	22	3.4%			72	3.4%		
	Married	199	30.3%	3	27.3%	677	31.6%	54	20.8%
	Single (Separated Not Legally)	119	18.1%	1	9.1%	396	18.5%	39	15.0%
	Widowed	7	1.1%			16	0.7%		
Other/Unreported	23	3.5%	5	45.5%	43	2.0%	12	4.6%	
Total		656	100.0%	11	100.0%	2141	100.0%	260	100.0%
Ethnicity	African American	41	6.0%	12	9.4%	116	5.4%	31	7.0%
	White	112	16.4%	8	6.3%	313	14.6%	22	4.9%
	Hispanic	507	74.1%	105	82.0%	1639	76.3%	383	86.1%
	Native American/Alaskan	8	1.2%			19	0.9%	2	0.4%
	Asian	10	1.5%	3	2.3%	31	1.4%	6	1.3%
	Other	4	0.6%			20	0.9%	1	0.2%
Pacific Islander	2	0.3%			9	0.4%			
Total		684	100.0%	128	100.0%	2147	100.0%	445	100.0%
Primary Language	English	263	40.0%	35	28.9%	837	39.2%	103	25.0%
	Spanish	386	58.7%	84	69.4%	1247	58.4%	297	72.1%
	Other	1	0.2%	2	1.7%	13	0.6%	4	1.0%
	English As 2nd Language	8	1.2%			37	1.7%	8	1.9%
Total		658	100.0%	121	100.0%	2134	100.0%	412	100.0%
Family Type Code	Single Parent/Female	329	49.7%	121	98.4%	1011	47.0%	389	92.8%
	Single Parent/Male	4	0.6%			8	0.4%	1	0.2%
	Two-Parent Household	186	28.1%	1	0.8%	729	33.9%	23	5.5%
	Single Person	72	10.9%			209	9.7%	1	0.2%
	Two Adults/No Children	23	3.5%			94	4.4%	1	0.2%
	Other	26	3.9%	1	0.8%	56	2.6%	3	0.7%
Not Available	22	3.3%			42	2.0%	1	0.2%	
Total		662	100.0%	123	100.0%	2149	100.0%	419	100.0%
Education Code	None	17	2.5%	44	37.3%	42	2.0%	131	36.4%
	Grade 1-5	69	10.3%	48	40.7%	204	9.9%	149	41.4%
	Grade 6-8	115	17.1%	19	16.1%	355	17.2%	55	15.3%
	Grade 9-12	181	26.9%	5	4.2%	521	25.2%	18	5.0%
	High School Graduate	113	16.8%	2	1.7%	342	16.5%	4	1.1%
	Some College	94	14.0%			314	15.2%	1	0.3%
	Associate Degree	28	4.2%			75	3.6%		
	Bachelor's Degree	24	3.6%			83	4.0%		
	Graduate/Prof School	11	1.6%			25	1.2%	1	0.3%
	Other	7	1.0%			24	1.2%	1	0.3%
Not Available	13	1.9%			84	4.1%			
Total		672	100.0%	118	100.0%	2069	100.0%	360	100.0%

Financial and Housing Data

		Year 3				Entire Grant Period			
		Adult Client		Child of Adult Client		Adult Client		Child of Adult Client	
		N	Col %	N	Col %	N	Col %	N	Col %
Primary Income Source	Employment	169	38.4%	2	13.3%	651	43.7%	34	21.9%
	Unemployment	12	2.7%			30	2.0%	1	0.6%
	Disability/Workers' Comp	14	3.2%	2	13.3%	41	2.7%	4	2.6%
	Public Assistance	149	33.9%	11	73.3%	410	27.5%	97	62.6%
	Retirement	1	0.2%			5	0.3%	1	0.6%
	Other	66	15.0%			188	12.6%	14	9.0%
	Unknown	29	6.6%			166	11.1%	4	2.6%
Total		440	100.0%	15	100.0%	1491	100.0%	155	100.0%
No Income	Yes	219	31.7%	86	66.7%	587	25.9%	213	47.7%
	No	472	68.3%	43	33.3%	1679	74.1%	234	52.3%
Total		691	100.0%	129	100.0%	2266	100.0%	447	100.0%
AFDC	Yes	173	25.0%	15	11.6%	466	20.6%	114	25.5%
	No	518	75.0%	114	88.4%	1800	79.4%	333	74.5%
Total		691	100.0%	129	100.0%	2266	100.0%	447	100.0%
Receive Food Stamps	Yes	158	22.9%	17	13.2%	375	16.5%	73	16.3%
	No	533	77.1%	112	86.8%	1891	83.5%	374	83.7%
Total		691	100.0%	129	100.0%	2266	100.0%	447	100.0%
Have No Health Insurance	Yes	210	30.4%	27	20.9%	493	21.8%	88	19.7%
	No	481	69.6%	102	79.1%	1773	78.2%	359	80.3%
Total		691	100.0%	129	100.0%	2266	100.0%	447	100.0%
Poverty Status Code	Poverty	461	87.0%	13	86.7%	1533	84.9%	284	95.6%
	Very Low Income	46	8.7%	2	13.3%	167	9.3%	13	4.4%
	Low Income	11	2.1%			56	3.1%		
	Other	12	2.3%			49	2.7%		
Total		530	100.0%	15	100.0%	1805	100.0%	297	100.0%
Housing Code	Own	83	12.3%			277	12.9%	12	2.8%
	Rent	370	54.7%	8	6.3%	1260	58.9%	83	19.3%
	Homeless	79	11.7%	117	91.4%	189	8.8%	311	72.5%
	Other/Unknown	11	1.6%			45	2.1%	2	0.5%
	Lives With Family	63	9.3%	3	2.3%	187	8.7%	20	4.7%
	Hotel/Motel	2	0.3%			10	0.5%		
	Residential Treatment	56	8.3%			98	4.6%	1	0.2%
	Not Available	12	1.8%			74	3.5%		
Total		676	100.0%	128	100.0%	2140	100.0%	429	100.0%

Client Baseline Status Data

		Year 3				Entire Grant Period			
		Adult Client		Child of Adult Client		Adult Client		Child of Adult Client	
		N	Col %	N	Col %	N	Col %	N	Col %
Baseline Status	Thriving	1	0.2%			3	0.1%		
	Safe	9	1.4%			19	0.9%	5	1.2%
	Stable	27	4.1%	4	3.4%	68	3.2%	8	2.0%
	At Risk	81	12.4%			247	11.7%	23	5.7%
	In Crisis	537	82.0%	113	96.6%	1780	84.1%	370	91.1%
Total		655	100.0%	117	100.0%	2117	100.0%	406	100.0%
Outcome Status	Safe	6	5.9%			12	1.3%	4	2.8%
	Stable	38	37.6%			46	5.1%	20	14.1%
	At Risk	39	38.6%			253	28.1%	40	28.2%
	In Crisis	18	17.8%			436	48.4%	42	29.6%
	Thriving			1	100.0%	153	17.0%	36	25.4%
Total		101	100.0%	1	100.0%	900	100.0%	142	100.0%
Previous Status	Safe	7	10.6%			6	1.1%	3	3.1%
	Stable	20	30.3%			25	4.6%	6	6.2%
	At Risk	30	45.5%			146	26.7%	27	27.8%
	In Crisis	9	13.6%			290	53.1%	25	25.8%
	Thriving			1	100.0%	79	14.5%	36	37.1%
Total		66	100.0%	1	100.0%	546	100.0%	97	100.0%

Other Key Intake Data

		Year 3				Entire Grant Period			
		Adult Client		Child of Adult Client		Adult Client		Child of Adult Client	
		N	Col %	N	Col %	N	Col %	N	Col %
Presenting Problem	Physical Abuse	307	63.7%	3	2.4%	430	54.8%	31	8.5%
	Sexual Abuse	9	1.9%			9	1.1%		
	Neglect	1	0.2%			3	0.4%		
	Failure to Thrive					1	0.1%		
	At Risk	29	6.0%			91	11.6%	26	7.1%
	Drug Involved Family	1	0.2%	1	0.8%	5	0.6%	1	0.3%
	Family Violence	5	1.0%	122	96.8%	50	6.4%	305	83.8%
	Emotional Abuse	130	27.0%			196	25.0%	1	0.3%
Total		482	100.0%	126	100.0%	785	100.0%	364	100.0%
Abuse Type	Psychological/Emotional	186	30.6%	27	34.2%	703	35.3%	96	31.8%
	Physical	356	58.6%	27	34.2%	1053	52.9%	155	51.3%
	Sexual	14	2.3%	1	1.3%	39	2.0%	9	3.0%
	Threat of Physical Violence	11	1.8%	5	6.3%	54	2.7%	11	3.6%
	Threat of Sexual Violence	1	0.2%			5	0.3%		
	Stalking	2	0.3%			12	0.6%		
	Other	13	2.1%	13	16.5%	54	2.7%	21	7.0%
	Unknown	25	4.1%	6	7.6%	70	3.5%	10	3.3%
Total		608	100.0%	79	100.0%	1990	100.0%	302	100.0%
Abuse Weapon	No Weapon	150	25.7%	17	33.3%	526	27.1%	75	28.1%
	Long Gun					5	0.3%	1	0.4%
	Hand Gun	9	1.5%			42	2.2%	7	2.6%
	Cutting or Piercing Instrument	21	3.6%	2	3.9%	66	3.4%	8	3.0%
	Blunt Object	5	0.9%			35	1.8%	7	2.6%
	Bodily Force	351	60.2%	25	49.0%	1136	58.6%	157	58.8%
	Other Weapon	3	0.5%			28	1.4%	3	1.1%
	Unknown	44	7.5%	7	13.7%	102	5.3%	9	3.4%
Total		583	100.0%	51	100.0%	1940	100.0%	267	100.0%
Abuse Client Drugs	Yes	49	7.1%			100	4.4%		
	No	642	92.9%	129	100.0%	2166	95.6%	447	100.0%
Total		691	100.0%	129	100.0%	2266	100.0%	447	100.0%
Abuse Batterer Drugs	Yes	219	31.7%	44	34.1%	613	27.1%	116	26.0%
	No	472	68.3%	85	65.9%	1653	72.9%	331	74.0%
Total		691	100.0%	129	100.0%	2266	100.0%	447	100.0%
Type of Agency Referred by	Law Enforcement	86	14.1%	16	19.8%	463	22.9%	58	16.4%
	Medical Facility	16	2.6%			58	2.9%	18	5.1%
	DCFS	50	8.2%	13	16.0%	109	5.4%	43	12.2%
	Department of Mental Health	7	1.1%			19	0.9%		
	DPSS/GAIN	59	9.7%	20	24.7%	151	7.5%	35	9.9%
	City/District Attorney	36	5.9%			156	7.7%	3	0.8%
	Friend	121	19.9%	6	7.4%	334	16.5%	21	5.9%
	Relative	29	4.8%	4	4.9%	98	4.8%	30	8.5%
	Probation	2	0.3%			2	0.1%		
	School	19	3.1%	6	7.4%	89	4.4%	29	8.2%
	Self	33	5.4%			105	5.2%	10	2.8%
	Community Agency	65	10.7%	8	9.9%	191	9.4%	66	18.7%
Other	86	14.1%	8	9.9%	248	12.3%	40	11.3%	
Total		609	100.0%	81	100.0%	2023	100.0%	353	100.0%

Client Service Data (From Client Database)

Clients served from July 1, 2000 through May 20, 2003

Service Types	Children of Adult Clients		Adult Clients		All Clients	
	N	Hours	N	Hours	N	Hours
Accompaniment, Court	0		117	634.8	117	634.8
Accompaniment, Health Related	2	4.0	7	34.0	9	38.0
Accompaniment, Other	21	123.0	29	107.0	50	230.0
Accompaniment, Social Services	2	1.8	4	4.3	6	6.0
Advocacy, DCFS	7	10.0	237	899.4	244	909.4
Advocacy, DPSS	0		167	897.5	167	897.5
Advocacy, GAIN	0		169	1014.5	169	1014.5
Advocacy, Health Related	3	6.5	109	331.4	112	337.9
Advocacy, Housing Related	0		121	323.7	121	323.7
Advocacy, Law Enforcement	2	3.0	75	58.8	77	61.8
Advocacy, Legal	1	102.3	364	853.4	365	955.6
Advocacy, Other	16	22.8	377	935.7	393	958.4
Advocacy, Prosecution	0		6	2.5	6	2.5
Assessment, Case Management	14	19.3	635	1972.7	649	1991.9
Assessment, Intake	19	21.3	713	1280.5	732	1301.8
Assessment, Ongoing	11	12.5	194	476.3	205	488.8
Case Consultation	19	17.3	340	1387.0	359	1404.3
Children's Activity	261	8204.8	674	15772.7	935	23977.5
Clothing/Goods Value	219	197.3	252	253.3	471	450.5
Counseling, Adult	22	28.3	367	3225.7	389	3253.9
Counseling, Child	130	650.9	24	42.0	154	692.9
Counseling, Family	145	1063.6	117	733.5	262	1797.1
Counseling, Individual	18	28.8	184	985.3	202	1014.0
Counseling, Other	22	32.8	251	1110.7	273	1143.4
Crisis Assessment	3	3.5	207	236.9	210	240.4
Education, Academic	27	602.0	6	17.5	33	619.5
Education, DV	0		21	8.8	21	8.8
Education, Other	25	35.5	25	50.5	50	86.0
ERT, Field Visit	0		12	6.5	12	6.5
ERT, Follow-up Services	0		228	136.8	228	136.8
ERT, Telephone Response	0		8	3.3	8	3.3
ERT, Walk-in	0		1	1.8	1	1.8
Follow-up	52	67.0	1175	3218.2	1227	3285.2
Food Distribution	0		149	306.5	149	306.5
Group, Adult	21	36.5	1363	25382.3	1384	25418.8
Group, Child	63	626.7	24	226.0	87	852.7
Group, Parenting	1	2.0	67	703.3	68	705.3
Health Services	231	692.8	117	243.8	348	936.5
Information, Legal	0		186	171.8	186	171.8
Legal Assistance	0		11	32.3	11	32.3
Meals	37	713.0	17	284.3	54	997.3
Mentoring	3	6.0	2	2.3	5	8.3
Referral, CALWorks/GAIN	0		49	20.0	49	20.0
Referral, Legal	0		312	117.1	312	117.1
Referral, Other	3	1.3	553	434.4	556	435.6
Shelter Beds, Emergency	26	188.0	11	69.3	37	257.3
Shelter, Hotel	0		9	26.8	9	26.8
Shelter, Transitional	30	270.8	12	113.0	42	383.8
Transportation, Emergency	260	335.5	122	91.3	382	426.8
Transportation, Other	303	884.9	194	737.2	497	1622.1
TRO	0		180	357.5	180	357.5
TOTAL	447	15015.1	2266	66335.0	2713	81350.1

Clients served from July 1, 2002 through May 20, 2003

Service Types	Children of Adult Clients		Adult Clients		All Clients	
	N	Hours	N	Hours	N	Hours
Accompaniment, Court	0		16	77.5	16	77.5
Accompaniment, Health Related	2	4.0	3	8.0	5	12.0
Accompaniment, Other	14	102.0	7	62.0	21	164.0
Accompaniment, Social Services	1	1.5	2	3.0	3	4.5
Advocacy, DCFS	1	1.0	78	648.7	79	649.7
Advocacy, DPSS	0		59	737.5	59	737.5
Advocacy, GAIN	0		66	821.8	66	821.8
Advocacy, Health Related	0		31	229.8	31	229.8
Advocacy, Housing Related	0		28	145.3	28	145.3
Advocacy, Law Enforcement	2	3.0	19	21.8	21	24.8
Advocacy, Legal	1	102.3	78	487.9	79	590.2
Advocacy, Other	3	2.3	103	678.3	106	680.5
Advocacy, Prosecution	0		0		0	
Assessment, Case Management	12	17.5	171	842.4	183	859.9
Assessment, Intake	0		165	451.8	165	451.8
Assessment, Ongoing	5	7.5	51	321.5	56	329.0
Case Consultation	2	0.8	64	631.7	66	632.4
Children's Activity	37	1383.3	194	4394.7	231	5778.0
Clothing/Goods Value	69	106.5	96	170.8	165	277.3
Counseling, Adult	4	6.8	110	1046.7	114	1053.4
Counseling, Child	42	189.4	6	10.3	48	199.7
Counseling, Family	25	356.9	26	270.0	51	626.9
Counseling, Individual	0		1	1.0	1	1.0
Counseling, Other	10	11.8	65	294.7	75	306.4
Crisis Assessment	0		10	14.8	10	14.8
Education, Academic	23	585.0	0		23	585.0
Education, DV	0		3	1.5	3	1.5
Education, Other	23	24.0	11	16.8	34	40.8
ERT, Field Visit	0		0		0	
ERT, Follow-up Services	0		0		0	
ERT, Telephone Response	0		0		0	
ERT, Walk-in	0		0		0	
Follow-up	7	8.5	390	1820.5	397	1829.0
Food Distribution	0		52	273.3	52	273.3
Group, Adult	5	9.0	443	6204.9	448	6213.9
Group, Child	24	325.0	8	29.5	32	354.5
Group, Parenting	0		7	44.5	7	44.5
Health Services	68	333.0	41	76.0	109	409.0
Information, Legal	0		12	55.8	12	55.8
Legal Assistance	0		0		0	
Meals	2	2.0	2	21.0	4	23.0
Mentoring	0		0		0	
Referral, CALWorks/GAIN	0		7	2.3	7	2.3
Referral, Legal	0		44	17.1	44	17.1
Referral, Other	0		125	209.6	125	209.6
Shelter Beds, Emergency	0		0		0	
Shelter, Hotel	0		2	25.0	2	25.0
Shelter, Transitional	1	0.8	2	8.0	3	8.8
Transportation, Emergency	77	217.3	36	28.8	113	246.0
Transportation, Other	102	241.5	52	251.3	154	492.8
TRO	0		2	3.5	2	3.5
TOTAL	129	4042.3	691	21460.5	820	25502.8

Case Management Data

Needs Assessment - Case Management		Count	Percent
A. Life Support/Critical Need	No Need	124	68.9%
	Food	21	11.7%
	Shelter	6	3.3%
	Housing	13	7.2%
	Clothing	26	14.4%
	Transportation	1	0.6%
	Respite Care	--	--
	Child Care	4	2.2%
	Other	2	1.1%
	Total	180	100.0%
B. Protective Services	No Need	160	89.9%
	DCFS	17	9.6%
	Adult Protective SVCs	--	--
	Danger to Self/Others	--	--
	Conservatorship	1	0.6%
	Other	--	--
Total	178	100.0%	
C. Financial Need	No Need	143	80.3%
	Homeless Assistance	10	5.6%
	AFDC/TANF	24	13.5%
	GR	3	1.7%
	MediCal	8	4.5%
	Medicare	--	--
	SSI/SDI	--	--
	Unemployment Benefits	1	0.6%
	Social Security	--	--
	Pension	--	--
	Access to Finances	--	--
	Other	6	3.4%
Total	178	100.0%	
D. Legal Needs	No Need	99	55.3%
	EPO	1	0.6%
	DV Restraining Order	31	17.3%
	Response Declaration	1	0.6%
	Civil Restraining Order	1	0.6%
	Custody Issue	12	6.7%
	Dissolution	19	10.6%
	Paternity	6	3.4%
	VAWA - Immigration	7	3.9%
	Immigration - Other	9	5.0%
	Criminal Proceedings	--	--
	Child Support	7	3.9%
	Consumer/Credit	1	0.6%
	Other	8	4.5%
Total	179	100.0%	

Needs Assessment - Case Management		Count	Percent
E. Physical Health	No Need	145	81.9%
	Medical Evaluation	19	10.7%
	Physical Examination	8	4.5%
	Immunization	1	0.6%
	Medical Treatment	2	1.1%
	Dental Services	1	0.6%
	Vision/Hearing	2	1.1%
	Psychiatric Evaluation	1	0.6%
	Family Planning	1	0.6%
	Medication Evaluation	1	0.6%
	Substance Abuse Evaluation/Treatment	1	0.6%
	Physical Therapy	--	--
	Other	5	2.8%
Total	177	100.0%	
F. Vocational/Occupational/Rehab	No Need	134	74.4%
	Social Skills	--	--
	Living Skills	--	--
	Language Skills	19	10.6%
	Education (Adult School, GED)	10	5.6%
	Job Training/Development	6	3.3%
	Job Placement	9	5.0%
	Budgeting/Planning	--	--
	Other	7	3.9%
	Total	180	100.0%
G. Counseling	No Need	7	3.9%
	Child/Adult @ Rainbow	64	35.6%
	Child/Adult Group @ Rainbow	148	82.2%
	Family @ Rainbow	11	6.1%
	Child/Adult @ Outside Agency	7	3.9%
	Child/Adult Group @ Outside Agency	3	1.7%
	Family @ Outside Agency	1	0.6%
	Other	5	2.8%
Total	180	100.0%	
H. Advocacy	No Need	123	71.1%
	Law Enforcement	9	5.2%
	Legal System	13	7.5%
	DPSS/GAIN	21	12.1%
	Property Management	--	--
	Assistance in Obtaining Services	6	3.5%
	Education/School	--	--
	Other	11	6.4%
Total	173	100.0%	
I. Parenting	No Need	114	66.7%
	Difficulty Parenting Children	11	6.4%
	Poor School Performance	7	4.1%
	Effects of DV on Children	39	22.8%
	Child Abuse Information	5	2.9%
	Children with Special Needs	2	1.2%
	Other	2	1.2%
Total	171	100.0%	

Case Management Assessment Follow-Up		3 Months		6 Months		9 Months		12 Months	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
1a. Life Support/Critical Need	No effort to achieve goal	10	35.7%	5	41.7%	--	--	--	--
	Initial effort to achieve goal	4	14.3%	2	16.7%	1	33.3%	1	33.3%
	Limited progress toward goal achievement	2	7.1%	2	16.7%	--	--	--	--
	Goal partially achieved	5	17.9%	1	8.3%	1	33.3%	--	--
	Goal achieved	7	25.0%	2	16.7%	1	33.3%	2	66.7%
	Total	28	100.0%	12	100.0%	3	100.0%	3	100.0%
1b. Protective Services	No effort to achieve goal	1	8.3%	2	40.0%	--	--	--	--
	Initial effort to achieve goal	2	16.7%	--	--	--	--	--	--
	Limited progress toward goal achievement	2	16.7%	--	--	--	--	--	--
	Goal partially achieved	3	25.0%	1	20.0%	2	40.0%	--	--
	Goal achieved	4	33.3%	2	40.0%	3	60.0%	1	100.0%
	Total	12	100.0%	5	100.0%	5	100.0%	1	100.0%
1c. Financial Needs	No effort to achieve goal	5	27.8%	2	18.2%	--	--	--	--
	Initial effort to achieve goal	4	22.2%	2	18.2%	1	16.7%	--	--
	Limited progress toward goal achievement	3	16.7%	1	9.1%	--	--	--	--
	Goal partially achieved	3	16.7%	6	54.5%	3	50.0%	--	--
	Goal achieved	3	16.7%	--	--	2	33.3%	2	100.0%
	Total	18	100.0%	11	100.0%	6	100.0%	2	100.0%
1d. Legal Needs	No effort to achieve goal	13	28.9%	9	30.0%	1	8.3%	--	--
	Initial effort to achieve goal	12	26.7%	5	16.7%	1	8.3%	--	--
	Limited progress toward goal achievement	8	17.8%	3	10.0%	2	16.7%	--	--
	Goal partially achieved	4	8.9%	7	23.3%	4	33.3%	1	25.0%
	Goal achieved	8	17.8%	6	20.0%	4	33.3%	3	75.0%
	Total	45	100.0%	30	100.0%	12	100.0%	4	100.0%
1e. Physical Health	No effort to achieve goal	4	28.6%	--	--	--	--	--	--
	Initial effort to achieve goal	3	21.4%	1	14.3%	--	--	--	--
	Limited progress toward goal achievement	4	28.6%	2	28.6%	--	--	--	--
	Goal partially achieved	1	7.1%	1	14.3%	2	33.3%	--	--
	Goal achieved	2	14.3%	3	42.9%	4	66.7%	1	100.0%
	Total	14	100.0%	7	100.0%	6	100.0%	1	100.0%
1f. Vocational/Occupational/ Rehabilitation	No effort to achieve goal	11	39.3%	6	46.2%	2	22.2%	--	--
	Initial effort to achieve goal	6	21.4%	--	--	1	11.1%	--	--
	Limited progress toward goal achievement	2	7.1%	3	23.1%	--	--	--	--
	Goal partially achieved	2	7.1%	1	7.7%	4	44.4%	--	--
	Goal achieved	7	25.0%	3	23.1%	2	22.2%	--	--
	Total	28	100.0%	13	100.0%	9	100.0%	--	--
1g. Counseling	No effort to achieve goal	31	27.0%	24	35.3%	4	11.1%	2	18.2%
	Initial effort to achieve goal	33	28.7%	11	16.2%	2	5.6%	1	9.1%
	Limited progress toward goal achievement	29	25.2%	10	14.7%	8	22.2%	2	18.2%
	Goal partially achieved	14	12.2%	14	20.6%	15	41.7%	--	--
	Goal achieved	8	7.0%	9	13.2%	7	19.4%	6	54.5%
	Total	115	100.0%	68	100.0%	36	100.0%	11	100.0%
1h. Advocacy	No effort to achieve goal	10	33.3%	5	26.3%	--	--	--	--
	Initial effort to achieve goal	4	13.3%	4	21.1%	--	--	1	100.0%
	Limited progress toward goal achievement	2	6.7%	1	5.3%	1	11.1%	--	--
	Goal partially achieved	4	13.3%	4	21.1%	3	33.3%	--	--
	Goal achieved	10	33.3%	5	26.3%	5	55.6%	--	--
	Total	30	100.0%	19	100.0%	9	100.0%	1	100.0%
1i. Parenting	No effort to achieve goal	11	29.7%	8	29.6%	1	7.1%	--	--
	Initial effort to achieve goal	8	21.6%	--	--	--	--	2	100.0%
	Limited progress toward goal achievement	9	24.3%	6	22.2%	2	14.3%	--	--
	Goal partially achieved	4	10.8%	8	29.6%	7	50.0%	--	--
	Goal achieved	5	13.5%	5	18.5%	4	28.6%	--	--
	Total	37	100.0%	27	100.0%	14	100.0%	2	100.0%
2. Current Base Status	In Crisis	86	58.5%	12	12.6%	--	--	--	--
	At Risk	20	13.6%	23	24.2%	--	--	1	14.3%
	Vulnerable	18	12.2%	19	20.0%	9	32.1%	--	--
	Stable	17	11.6%	34	35.8%	14	50.0%	4	57.1%
	Thriving/Safe	6	4.1%	7	7.4%	5	17.9%	2	28.6%
	Total	147	100.0%	95	100.0%	28	100.0%	7	100.0%
3. Barriers to Goal Achievement	Transportation	5	2.5%	2	1.1%	--	--	--	--
	Telephone Access	74	37.0%	83	44.4%	72	55.8%	33	66.0%
	Partner Interference	15	7.5%	7	3.7%	1	0.8%	--	--
	Failure of Personal Support System	17	8.5%	6	3.2%	3	2.3%	2	4.0%
	Health Problems	7	3.5%	7	3.7%	3	2.3%	1	2.0%
	Language	3	1.5%	--	--	1	0.8%	1	2.0%
	Financial Problems	7	3.5%	5	2.7%	2	1.6%	--	--
	Other	95	47.5%	84	44.9%	47	36.4%	13	26.0%
	Total	200	100.0%	187	100.0%	129	100.0%	50	100.0%

Clinical Treatment Data

Clinical Assessment		Count	Percent
1. Presenting Problem - Clinical	Affective Disorders	14	53.8%
	Anxiety Disorders	9	34.6%
	Low Self-Esteem	15	57.7%
	Danger to Self or Others/Gravely Mentally Disabled	1	3.8%
	Lack of Social Support	4	15.4%
	Isolation	2	7.7%
	Other	6	23.1%
	Total	26	100.0%
2. Contributing Causes: Adult	Physical Abuse	20	76.9%
	Verbal Abuse	18	69.2%
	Emotional Abuse	22	84.6%
	Economic Abuse	7	26.9%
	Health Problems	2	7.7%
	Financial Problems	9	34.6%
	Drug Dependency	6	23.1%
	Alcohol Dependency	6	23.1%
	Other	2	7.7%
	Total	26	100.0%
3. Contributing Causes: Child	Physical Abuse	--	--
	Verbal Abuse	1	20.0%
	Emotional Abuse	4	80.0%
	Sexual Abuse	1	20.0%
	Health Problems	--	--
	Developmental Issues	--	--
	Drug Dependency	--	--
	Alcohol Dependency	--	--
	Behavior Problems @ Home/School	1	20.0%
	Other	--	--
Total	5	100.0%	
4. Case Management Needs	Life Support/Critical Need	--	--
	Protective Services	7	31.8%
	Financial Need	6	27.3%
	Physical Health	1	4.5%
	Vocational/Occupational/Rehabilitation	2	9.1%
	Counseling	7	31.8%
	Advocacy	10	45.5%
	Parenting	9	40.9%
	Other	7	31.8%
Total	22	100.0%	
5. Treatment Options	Individual Counseling (Adult)	25	96.2%
	Individual Counseling (Child)	2	7.7%
	Adult Support Group	11	42.3%
	Children's Group	--	--
	Family Counseling	4	15.4%
	Structured Developmental Activities (Child)	--	--
	Referral	1	3.8%
	Other	--	--
Total	26	100.0%	

Clinical Treatment Plan Follow-Up		3 Months		6 Months		9 Months		12 Months	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
1a. Affective Disorders	No effort to achieve goal								
	Initial effort to achieve goal	4	50.0%	1	33.3%				
	Limited progress toward goal achievement	1	12.5%						
	Goal partially achieved	3	37.5%	2	66.7%				
	Goal achieved					1	100.0%		
	Total	8	100.0%	3	100.0%	1	100.0%		
1b. Anxiety Disorders	No effort to achieve goal								
	Initial effort to achieve goal	2	33.0%						
	Limited progress toward goal achievement	1	16.7%						
	Goal partially achieved	3	50.0%	2	100.0%	2	100.0%		
	Goal achieved							2	100.0%
	Total	6	100.0%	2	100.0%	2	100.0%	2	100.0%
1c. Low Self-Esteem	No effort to achieve goal								
	Initial effort to achieve goal	2	40.0%						
	Limited progress toward goal achievement								
	Goal partially achieved	3	60.0%						
	Goal achieved								
	Total	5	100.0%						
1d. Danger to Self/Others	No effort to achieve goal								
	Initial effort to achieve goal								
	Limited progress toward goal achievement								
	Goal partially achieved								
	Goal achieved	1	100.0%						
	Total	1	100.0%						
1e. Lack of Social Support	No effort to achieve goal								
	Initial effort to achieve goal	2	100.0%	1	100.0%				
	Limited progress toward goal achievement					1	100.0%		
	Goal partially achieved							1	100.0%
	Goal achieved								
	Total	2	100.0%	1	100.0%	1	100.0%	1	100.0%
1f. Isolation	No effort to achieve goal								
	Initial effort to achieve goal	1	100.0%						
	Limited progress toward goal achievement								
	Goal partially achieved								
	Goal achieved								
	Total	1	100.0%						
1g. Other	No effort to achieve goal								
	Initial effort to achieve goal								
	Limited progress toward goal achievement								
	Goal partially achieved	3	100.0%	1	100.0%	1	100.0%		
	Goal achieved								
	Total	3	100.0%	1	100.0%	1	100.0%		
2. Barriers to Goal Achievement	Transportation	2	14.3%						
	Telephone Access								
	Partner Interference	4	28.6%	1	25.0%	1	100.0%		
	Failure of Personal Support Systems	3	21.4%						
	Health Problems								
	Language								
	Financial Problems	3	21.4%						
	Other	7	50.0%	3	75.0%				
	Total	14	100.0%	4	100.0%	1	100.0%		

Parent Survey Data

	Pre		Post		Net Change	
	N	Mean	N	Mean	N	Mean
1. My children have skills for coping with the problems they have experienced.	25	3.44	24	3.21	-1	-0.23
2. My children have good relationships and are able to get along well with other children.	25	4.04	25	4.16	0	0.12
3. My children get along well with their brothers and sisters.	21	3.86	21	3.76	0	-0.10
4. My children are able to handle angry feelings in an appropriate way.	23	3.13	25	3.36	2	0.23
5. My children are able to resolve arguments and problems with other children.	23	3.61	24	3.67	1	0.06
6. My children show respect toward me as a parent.	25	3.80	25	4.08	0	0.28
7. I am able to effectively discipline my children.	25	3.80	25	4.00	0	0.20
8. My children's behaviors are under control.	25	3.80	25	3.76	0	-0.04
9. My children are having success in school.	25	3.96	24	3.75	-1	-0.21
10. My children express positive feelings about themselves, their talents and their accomplishments.	24	4.04	25	4.00	1	-0.04

11. My children attend individual counseling:

	Pre		Post		Net Change	
	N	Col %	N	Col %	N	Col %
Once a week	4	16.7%	7	28.0%	3	11.3%
2-3 times a month			2	8.0%	2	8.0%
1-2 times a month	3	12.5%	2	8.0%	-1	-4.5%
Less than once a month	1	4.2%			-1	-4.2%
Never	16	66.7%	14	56.0%	-2	-10.7%
Total	24	100.0%	25	100.0%	1	0.0%

12. My children attend children's group:

	Pre		Post		Net Change	
	N	Col %	N	Col %	N	Col %
Once a week	1	4.2%	5	20.8%	4	16.6%
1-2 times a month	1	4.2%	1	4.2%	0	0.0%
Never	22	91.7%	18	75.0%	-4	-16.7%
Total	24	100.0%	24	100.0%	0	0.0%

13. My children attend family counseling:

	Pre		Post		Net Change	
	N	Col %	N	Col %	N	Col %
Once a week	1	4.2%	7	28.0%	6	23.8%
1-2 times a month	1	4.2%			-1	-4.2%
Never	22	91.7%	18	72.0%	-4	-19.7%
Total	24	100.0%	25	100.0%	1	0.0%

14. My children participate in Rainbow Services' child care program:

	Pre		Post		Net Change	
	N	Col %	N	Col %	N	Col %
2-4 times a week			2	8.0%	2	8.0%
1-2 times a week	3	13.0%	6	24.0%	3	11.0%
Every other week	1	4.3%	1	4.0%	0	-0.3%
Once or twice a month	1	4.3%	3	12.0%	2	7.7%
Never	18	78.3%	13	52.0%	-5	-26.3%
Total	23	100.0%	25	100.0%	2	0.0%

15. I feel that I am a good mother:

	Pre		Post		Net Change	
	N	Col %	N	Col %	N	Col %
All of the time	10	40.0%	9	36.0%	-1	-4.0%
Most of the time	14	56.0%	13	52.0%	-1	-4.0%
Occasionally			3	12.0%	3	12.0%
Never	1	4.0%			-1	-4.0%
Total	25	100.0%	25	100.0%	0	0.0%

16. I participate in [check all that apply]

	Pre		Post		Net Change	
	N	Col %	N	Col %	N	Col %
No counseling nor support groups	6	54.5%	6	25.0%	0	-29.5%
Individual counseling	5	45.5%	11	45.8%	6	0.3%
Family counseling	1	9.1%	2	8.3%	1	-0.8%
Parenting	2	18.2%	4	16.7%	2	-1.5%
Support groups	2	18.2%	16	66.7%	14	48.5%
Total	11	100.0%	24	100.0%	13	0.0%

Client Self-Assessment Survey Data

Cohort 1: Surveys administered to adult clients during clinical intake from July 1, 2002 through May 20, 2003.

Cohort 2: Surveys administered to adult clients attending support groups from May 6, 2003 through May 9, 2003.

1. I am currently living with my partner.

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
Yes	21	24.1%	13	18.3%
No	66	75.9%	58	81.7%
Total	87	100.0%	71	100.0%

2. I attend individual counseling as a:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
New Client	49	71.0%	6	11.8%
Ongoing Client	20	29.0%	45	88.2%
Total	69	100.0%	51	100.0%

2a. I attend individual counseling:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
Once a week or more often	15	26.3%	46	67.6%
Twice a month	2	3.5%	6	8.8%
Once a month	3	5.3%	3	4.4%
Less than once a month	6	10.5%	7	10.3%
Never	31	54.4%	11	16.2%
Total	57	100.0%	68	107.4%

3. I am able to communicate my needs and feelings to my partner:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
All of the time	8	9.3%	9	13.0%
Most of the time	10	11.6%	7	10.1%
Sometimes	10	11.6%	10	14.5%
Only with great difficulty	17	19.8%	7	10.1%
Never	21	24.4%	16	23.2%
Not applicable	20	23.3%	20	29.0%
Total	86	100.0%	69	100.0%

4. I am able to communicate my needs and feelings to others (not including my partner):

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
All of the time	12	13.8%	21	30.0%
Most of the time	29	33.3%	10	14.3%
Sometimes	31	35.6%	30	42.9%
Only with great Difficulty	10	11.5%	7	10.0%
Never	5	5.7%	2	2.9%
Total	87	100.0%	70	100.0%

5. I feel that I can handle concerns that I have in my relationship with my partner.

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
All of the time	9	10.6%	8	11.8%
Most of the Time	7	8.2%	8	11.8%
Sometimes	19	22.4%	14	20.6%
Seldom	9	10.6%	4	5.9%
Never	22	25.9%	14	20.6%
Not applicable	19	22.4%	20	29.4%
Total	85	100.0%	68	100.0%

6. I have developed new skills in handling problems that I have with my partner.

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
TRUE	33	41.8%	35	57.4%
FALSE	46	58.2%	26	42.6%
Total	79	100.0%	61	100.0%

7. I have 1 or 2 friends or family members available for support:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
All of the time	34	39.1%	24	33.3%
Most of the time	15	17.2%	18	25.0%
Occasionally	18	20.7%	9	12.5%
Seldom	11	12.6%	10	13.9%
Never	9	10.3%	11	15.3%
Total	87	100.0%	72	100.0%

8. I attend group counseling as a:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
New Client	43	69.4%	7	11.7%
Ongoing Client	19	30.6%	53	88.3%
Total	62	100.0%	60	100.0%

8a. I attend group counseling:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
Once a week or more often	15	26.8%	55	83.3%
Twice a month	4	7.1%	3	4.5%
Once a month	2	3.6%	2	3.0%
Less than once a month	6	10.7%	2	3.0%
Never	29	51.8%	4	6.1%
Total	56	100.0%	66	100.0%

9. I understand that domestic violence includes [check all that apply]:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
Physical abuse	72	84.7%	63	88.7%
Emotional abuse	83	97.6%	62	87.3%
Economic abuse	55	64.7%	55	77.5%
Sexual abuse	59	69.4%	53	74.6%
Verbal abuse	77	90.6%	66	93.0%
Threats of physical or sexual abuse	65	76.5%	58	81.7%
Total	85	100.0%	71	100.0%

10. During the day, my energy level is high:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
All of the time	9	10.6%	7	10.0%
Most of the time	32	37.6%	34	48.6%
Occasionally	26	30.6%	16	22.9%
Seldom	12	14.1%	13	18.6%
Never	6	7.1%		
Total	85	100.0%	70	100.0%

11. I am fearful:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
All of the time	10	11.8%	8	11.1%
Most of the time	16	18.8%	9	12.5%
Occasionally	40	47.1%	32	44.4%
Seldom	11	12.9%	16	22.2%
Never	8	9.4%	7	9.7%
Total	85	100.0%	72	100.0%

12. When I think about the concerns I have, I feel hopeful about solving them:

	Cohort 1		Cohort 2	
	N	Col %	N	Col %
All of the time	14	16.3%	20	27.8%
Most of the time	36	41.9%	25	34.7%
Occasionally	27	31.4%	21	29.2%
Seldom	7	8.1%	6	8.3%
Never	2	2.3%		
Total	86	100.0%	72	100.0%

Health Assessment Evaluation Data

Health Assessment Evaluation		Count	Percent
Health Assessment Location	Shelter	20	100.0%
	Villa Paloma	0	0.0%
	Total	20	100.0%
1a. Status of Physical Health: Communicative	Short-Term	1	50.0%
	Long-Term	1	50.0%
	Total	2	100.0%
1b. Status Physical Health: Non-communicative /other health problem	Chronic	4	44.4%
	Acute	4	44.4%
	Both	1	11.1%
	Total	9	55.6%
1c. Status of Physical Health: Healthy	Yes	8	100.0%
	Total	8	100.0%
2a. Recommended Action: Referral to doctor	Medication Evaluation	0	0.0%
	Examination and/or Testing X-Ray, Other	12	100.0%
	Total	12	100.0%
2b. Recommended Action: Over the counter medication	Yes	5	100.0%
	No	0	0.0%
	Total	5	100.0%
3. Referral Made	Yes	12	63.2%
	No	7	36.8%
	Total	19	100.0%
1 Month Referral Status	No Client Effort	1	6.3%
	Appt. Made	9	56.3%
	Appt. Completed	6	37.5%
	Total	16	93.8%
3 Month Referral Status	No Client Effort	0	0.0%
	Appt. Made	1	100.0%
	Appt. Completed	0	0.0%
	Total	1	100.0%