

**COLORADO DEPARTMENT OF
HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH AND
HOUSING**

**DOMESTIC VIOLENCE
PROGRAM**



QUARTERLY STATISTICS AND OUTCOME MEASUREMENTS GUIDE

**INSTRUCTIONS
DEFINITIONS
POLICIES AND PROCEDURES**

MARCH 2010

GENERAL POLICIES

All programs that receive funding from the Domestic Violence Program (DVP) are required to collect and report data related to the delivery of services to victims of domestic violence and their children, as well as activities related to the prevention and awareness of domestic violence. DVP-funded programs must collect all information related to domestic violence services, including program components that are not funded by DVP. Data collection is driven by the Federal Department of Health and Human Services, Family Violence and Services Bureau, which disperses approximately \$1.5 million annually to the state of Colorado through the Family Violence Prevention and Services Act grant. In turn, the DVP awards 95% of these funds directly to the community-based domestic violence programs in Colorado that provide crucial crisis intervention to victims and their dependants and domestic violence awareness to their respective communities. The DVP utilizes the FVPSA requirements to inform data collection and outcome measurement policies and procedures. Although reporting is driven by FVPSA data collection it also encompasses the requirements from other funding sources distributed by the DVP. The DVP provides the federal FVPSA administration with data and outcome results annually. Additionally, the DVP develops an annual report to distribute to program stakeholders and the general public. Due to the linkages between the significant sources of federal funding and reporting, all DVP-funded programs must follow all guidelines related to data collection and reporting.

REPORTING CYCLES

DVP statistical and outcome data must be reported based on a calendar year cycle and submitted quarterly. The quarterly schedule is as follows:

QUARTER	DATES	REPORT DUE DATE
First	January 1 – March 31	April 30
Second	April 1 – June 30	July 31
Third	July 1 – September 30	October 31
Fourth	September 30 – December 31	January 31

Completed reports must be emailed to the DVP on the last day of the month after the quarter closes. Per DVP contract requirements, funded programs must submit quarterly reports on time.

DATA COLLECTION SYSTEMS

Each funded program must develop internal systems to collect data and ensure timely reporting to the DVP. Examples include development of spreadsheets, databases, or the use of the ALICE software. DVP may wish to view samples of case records and data collection systems during site visits or as otherwise requested. All victim-identifying information must be removed from case records submitted to the DVP for review. Failure to collect data or provide samples of case records according to policies and procedures may result in suspension or loss of funding.

REPORTING POLICIES

Each program must use the DVP Quarterly Report Form Excel spreadsheet to submit aggregate data. The use of the Excel spreadsheet ensures accuracy and efficiency in reporting. Forms must show the cumulative totals of each reporting category for each quarter and the year total. Programs must email the form according to the above deadlines from the close of the previous quarter to the DVP. Faxed or hard copies of the forms are not accepted. Failure to report data as required may result in suspension or loss of funding.

Questions and Technical Assistance

Please contact:

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SECTION 1: CRISIS INTERVENTION AND INFORMATION & REFERRAL SERVICES

CRISIS INTERVENTION AND INFORMATION & REFERRAL SERVICES	1ST	2ND	3RD	4TH	YTD
# of Crisis Intervention Phone Calls					
# of Crisis Intervention & Emergency Response Services (In-person)					
# of Information and Referral Contacts (Phone)					
# of Information and Referral Contacts (In-person)					

**For all services in Crisis Intervention and Information & Referral categories,
count both new and repeat callers.**

CRISIS INTERVENTION PHONE CALLS – the number of incoming phone calls or incoming phone contacts made to the program’s crisis phone line by a victim of domestic violence or on the behalf of a victim. Staff or volunteers may provide emotional support and/or safety planning to the caller. Do not count calls made to the crisis line related strictly to information and referrals (see below). Calls related to administrative functions of the program such as fundraising, media, donations, or bookkeeping do not qualify as crisis intervention.

CRISIS INTERVENTION & EMERGENCY RESPONSE SERVICES (IN-PERSON) – count the number of times program staff or volunteers respond in-person to provide emotional support and safety planning. This type of activity may occur at the crisis scene, or immediately following the crisis, such as meeting the victim at the hospital or police station.

Q: If law enforcement calls the crisis line and asks for an advocate to respond to the crisis scene or meet the victim at the hospital, do you count the call to the crisis line, the in-person response, or both?

A: Count only the in-person response. No actual services were provided to the law enforcement officer over the phone, so it does not count.

INFORMATION AND REFERRAL CONTACTS – this involves the process of locating an appropriate resource for a caller. These contacts may be made via telephone or in-person. These requests may be for information regarding domestic violence issues and services, as well as referrals to outside resources for further assistance or information related to domestic violence. In the case of a referral contact, the program does not actually provide the service to which the caller is being referred. Once the staff or volunteer advocate locates the resource or information, the caller makes the initial contact for service. Referrals do not include someone calling the crisis line requesting the phone number for a particular service or agency, but instead referrals are contact information for a particular service the caller was unaware of previously. Count the number of contacts made, not the number of referrals actually given. The number of referrals may exceed the number of actual contacts. Count only those contacts that relate directly to domestic violence. Do not count calls from people who are receiving ongoing services such as counseling or advocacy.

SECTION 2: COMMUNITY INVOLVEMENT

COMMUNITY INVOLVEMENT	1ST	2ND	3RD	4TH	YTD
# of New Volunteers					
# of Volunteer Hours					
# of Community Education Presentations					
# of Persons Attending Community Education Presentations					
# of Community Awareness Activities					
# of YOUTH Targeted Community Education Presentations					
# of Persons Attending YOUTH Targeted Community Education Presentations					

NEW VOLUNTEERS – these are all individuals who provide a service to the program without pay or compensation other than normal business expenses, such as members of the Board of Directors, crisis line advocates, court volunteers, or fundraising or administrative volunteers. Do not count individuals who attend volunteer/new advocate training, but do not perform services on a voluntary basis. All volunteers must be counted as new once per year, beginning on October 1, 2008 and each October 1st thereafter. If a volunteer is new in September of one year, that volunteer would also be counted as new on October 1st.

VOLUNTEER HOURS – these are the cumulative number of hours all volunteers perform services on behalf of the program including court-based direct services and administrative volunteers. Hours must always be rounded to the nearest whole number. Be sure to count hours of service from board members.

COMMUNITY EDUCATION PRESENTATIONS – these are presentations made by the program’s staff or volunteers to community groups comprised of an audience of a mixed age. The presentations should reflect basic information regarding the program’s services and/or domestic violence information or service training for professionals. Examples of community groups include, but are not limited to, students, women’s clubs, teachers, civic organizations, law enforcement, court officials, batterer treatment programs, medical professionals, and victim advocates. Do not include media appearances. Counts must include the number of presentations as well as the number of persons in attendance.

COMMUNITY AWARENESS ACTIVITIES – these activities are forums where the program distributes domestic violence information. For these activities, an exact count of the number of persons in the audience cannot be easily obtained. Examples include, and are not limited to press conferences, publication of awareness materials in news media, and booths at health fairs. For events that occur over multiple days, count only as one activity. Use the narrative questions to describe any events of particular significance. Do not count these activities in the community education presentations.

YOUTH TARGETED COMMUNITY EDUCATION PRESENTATIONS – these are defined as presentations that are specifically targeted for audiences of children and/or youth, such as school-based prevention programs.

Q: Your program is asked to give a “domestic violence in the workplace” training to the staff of a local fast food restaurant. The audience consists of 12 adults and 6 youth. Do you count this as a community education presentation, a youth-targeting community education presentation, or both?

A: Count this ONLY as a community education presentation. Even though several youth were in the audience, this presentation was not specific to a youth audience.

SECTION 3: TOTAL CLIENT POPULATION

TOTAL CLIENT POPULATION (NEW, UNDUPLICATED)	1ST	2ND	3RD	4TH	YTD
Total # of Residential Women					
Total # of Residential Men					
Total # of Residential Children & Youth					
Total # of Residential Youth IPV					
Total # of Residential Non-Specified Gender					
Total # of Non-Residential Women					
Total # of Non-Residential Men					
Total # of Non-Residential Children & Youth					
Total # of Non-Residential Youth IPV					
Total # of Non-Residential Non-Specified Gender					
Total # of Transitional Housing Women					
Total # of Transitional Housing Men					
Total # of Transitional Housing Children & Youth					
Total # of Transitional Housing Youth IPV					
Total # of Transitional Housing Non-Specified Gender					

NEW, UNDUPLICATED – defined as the designation given to a person who begins receiving services from the program, or volunteer who begins providing services to the program, during the specified reporting period. All clients who contact the program for the first time are counted new once per calendar year. New clients are unduplicated, meaning they cannot be counted multiple times, unless they move from one population to another. The number of times a client receives a particular service will be counted in a different section of the report.

PLEASE NOTE: All pre-existing clients, victims, or volunteers are counted as new each October 1st, regardless if they were new in a previous reporting period or regardless when their association with the program began.

CLIENT – defined as an individual (woman, child, youth, or man) who receives services directly from the program and who is a victim of domestic violence or an adult’s dependent child(ren) who receive domestic violence-related services directly from a DVP-funded program. If providing batterer treatment services, do not count the same individual as a victim and an abuser. Batterer treatment services are counted in Section 9 only.

Q: If you provide court-based advocacy services to a woman with three children, but the children are not with her at court, nor do you provide services to them at any time, should you count the children on your DVP report?

A: No. Only count dependants (minors, children and youth) of victims who *directly* receive services.

Q: If a woman resides in shelter during the first quarter and then returns to shelter during the third quarter, should she be counted as new again?

A: No. Only count each residential client as new once per reporting year. Be sure to count all nights of shelter in both quarters.

WOMEN – defined as victims of domestic violence who self-identify as female, regardless of legal gender or the sex assigned at birth, who is 18 years of age or older.

MEN – defined as victims of domestic violence who self-identify as male, regardless of legal gender or the sex assigned at birth, who is 18 years of age or older.

NON-SPECIFIED GENDER – defined as victims of domestic violence who self-identify as neither a woman nor a man, prefer not to identify with one specific gender, or whose gender is unknown. Do not count transgender individuals in this category. They will be counted in Section 5.

CHILDREN & YOUTH – A male or female dependant of a victim of domestic violence who is 0 to 18 years of age, unless legally emancipated. Only count children and youth who directly receive services from the program. If a client has children, but they do not directly receive services, do not count them.

YOUTH IPV – defined as individuals under the age of 18 who experience intimate partner violence. These youth are abused directly by a current or former intimate partner.

NOTE REGARDING COUNTING CHILDREN & YOUTH – count all youth who receive services from the program in the Children and Youth Category. Count those who directly experience intimate partner violence and receive services in the Youth IPV category. Where youth under the age of 18 identify as victims of IPV, count them as a subset. For example, if the program served 100 children and youth, and eight of those identified as youth who experienced intimate partner violence, report 100 children and youth served and eight youth IPV served.

RESIDENTIAL – defined as an individual who completes a shelter intake process to enter a residential facility. For children and youth, they are counted as residential when their parent or guardian completes the intake process. Do not count transitional housing individuals or clients residing in motels.

Q: If a woman completes a shelter intake in the afternoon, but decides at 10:00 pm to leave the shelter, should she be counted as a new residential client?

A: Yes. However, since she left prior to midnight and did not stay overnight at the shelter, do not count a night of shelter for her.

NON-RESIDENTIAL – defined as a victim of domestic violence who requires more from the program other than crisis intervention or information and referrals. Non-residential clients do not reside in the program’s shelter, but may reside in a motel room or safehome supported by the program. Both children and adults may be considered non-residential. Do not count dependents of clients who do not receive direct services from the program as non-residential clients, even if the parent is a non-residential client. Do not count transitional housing clients or clients served in a batterer treatment program in this category.

Q: If a woman resides in shelter during the second quarter and then begins attending a support groups as a non-residential client, should she be counted as a new residential client AND a new non-residential client?

A: Yes. Her designation from residential to non-residential changed and therefore she would need to be counted again as new.

TRANSITIONAL HOUSING – defined as supportive housing for victims of domestic violence and their dependents in a non-communal living situation where the victim is responsible for rent (or a portion thereof) and other housing-related expenses. Leave this number blank if the program does not provide transitional housing. Do not count clients served who reside in transitional housing programs operated by other community organizations. These types of clients should be counted as non-residential.

SECTION 4: OCCUPANCY

OCCUPANCY	1ST	2ND	3RD	4TH	YTD
Total # of Nights of Shelter					
Average # of Nights of Shelter					
Total # of Unmet Requests for Shelter					
# of Unmet Requests for Shelter (ADULTS ONLY)					
Total # of Nights of Housing in a Motel or Safehome					
Average # of Nights of Housing in a Motel or Safehome					
Total # of Nights of Transitional Housing					
Average # of Nights of Transitional Housing					
Total # of Unmet Requests for Transitional Housing					

OCCUPANCY – document the number of individuals provided with shelter in a group facility, hotel/motel, safehome, or transitional housing.

SHELTER – long or short-term emergency housing provided to a victim and her/his dependents. Shelter does not include transitional housing, motels or safehomes.

NIGHTS OF SHELTER – counted when a client has occupied a shelter bed for a night in the residential shelter as long as the bed has been reserved for that client prior to 12:00 am (midnight), and no other client can occupy it.

Q: If a client staying at the shelter has a job that requires her to work an overnight shift and she needs to sleep during the day, should she be counted in nights of shelter?

A: Yes. Count each time she sleeps at the shelter as one night of shelter since the programs knows as of midnight she will need to return to a bed.

Q: If a program allows shelter clients “an overnight” away from the shelter, should any client who uses “an overnight” be counted in the total number of nights of shelter?

A: No. Only count as a shelter night if the client occupies the bed.

Q: A program reserves a bed for a potential client, but the client never arrives at the shelter. Should this be counted as a night of shelter?

A: No. The client did not complete and intake or use a shelter bed.

Q: A client arrives at shelter at 2:00 pm, but decides to leave at 1:00 am. Should this be counted as a night of shelter?

A: Yes because the client occupied a shelter bed after midnight.

AVERAGE # OF NIGHTS IN SHELTER, MOTEL, SAFEHOME, OR TRANSITIONAL HOUSING – calculate the average length of time a client spends in either shelter, a motel or safehome. This average should only be calculated for clients who depart the shelter during the reporting period.

TOTAL # OF UNMET REQUESTS FOR SHELTER – count the number of individuals who were turned away from shelter because the shelter did not have enough space. Do not count individuals turned away from motels or safehomes. Do not count individuals turned away for reasons other than lack of space, such as safety concerns. For example, if a client and three children are turned away, the total number of clients turned away is four. If the program refers that client to another shelter, count that service as a referral and as an unmet request for shelter. This count may be duplicated if the same individual is turned away from shelter due to lack of space multiple times.

OF UNMET REQUESTS FOR SHELTER (ADULTS ONLY) – count only the number of adults who are turned away from shelter. If a woman with three children is turned away from shelter, count as one unmet request for shelter.

TOTAL # OF NIGHTS OF SHELTER, MOTEL, SAFEHOME, OR TRANSITIONAL HOUSING – the cumulative total of the nights clients receive overnight accommodations during the specified time period provided that the client occupied the bed after midnight. For example, if a client with two children resides in the shelter for a total of three nights, the total would be nine for that client. Three clients multiplied by three nights equals nine nights. Clients who are given a night of shelter in a motel or safehome should be counted as non-residential in Section 2.

TOTAL # OF UNMET REQUESTS FOR TRANSITIONAL HOUSING – count the number of times an individual requests transitional housing and is turned away. Count only if the program has a transitional housing program and it is full. Do not count any requests for transitional housing if the program does not regularly offer transitional housing.

SECTION 5: DEMOGRAPHICS (DO NOT COUNT TRANSITIONAL HOUSING CLIENTS)

When collecting demographic information, collect for all NEW residential and non-residential clients. All pre-existing clients are considered new each October 1st and should be included in the first quarter's count of new clients. Clients must self-identify all demographic information. Do not make guesses regarding a client's age, ability, etc...

Use the category, "unknown/not asked" for unreported demographic information such as age, race, underserved, or income. Disclosure of demographic information is not prerequisite to receive DVP-funded services, but these data categories are required on the quarterly report. If a client's age changes, do not count that client again in the demographics section. If a client's ability status changes, that may be added to the demographic section.

AREA OF RESIDENCE (New, Unduplicated Clients Only)	1ST	2ND	3RD	4TH	YTD
# In Service Area					
# Out of Service Area					
# Out of State					
# Unknown or Not Asked					

AREA OF RESIDENCE – count the number of new men, women and children in each of the areas of residence.

SERVICE AREA – this is defined as the region served by the program. A program’s service area may include cities, towns, counties, judicial district(s) or the entire state. For purposes of DVP reporting, the service area is not necessarily defined by judicial district.

AGE (New, Unduplicated Clients Only)	1ST	2ND	3RD	4TH	YTD
# Children (0 – 17)					
# (18 – 24)					
# (25 – 59)					
# (60+)					
# Unknown or Not Asked					

RACE/ETHNICITY (New, Unduplicated Clients Only, Self-Identified)	1ST	2ND	3RD	4TH	YTD
# African-American/Black					
# Anglo (Not Hispanic/Latino)					
# Asian					
# Pacific Islander/Native Hawaiian					
# Hispanic/Latino					
# Multi-Racial					
# Native American/Alaskan Native					
# Other					
# Unknown or Not Asked					

RACE/ETHNICITY – count the race and/or ethnicity of new men, women and children under the categories listed. Clients may self-identify with more than one race or ethnic group so the total number in this section may exceed the number of new, unduplicated clients.

UNDERSERVED POPULATIONS (New, Unduplicated Clients Only)	1ST	2ND	3RD	4TH	YTD
# of Victims of Limited English Proficiency					
# of Victims Who Live in Rural Areas					
# of Victims with a Disability (Self-Identified)					
# of Victims with Same-Gender Intimate Partners (Self-Identified)					
# of Victims who are Transgender or Intersex					

LIMITED ENGLISH PROFICIENCY – defined as individuals who are not fluent in the English language and whose communication needs are best met through their primary language, other than English.

VICTIMS WHO LIVE IN RURAL AREAS – defined as individuals whose primary residence is in any location other than metro Denver, Colorado Springs, Ft. Collins, or Grand Junction.

DISABILITY – defined as a physical or mental condition that limits one or more life activities. Disabilities may include, but are not limited to: mobility impairment, cognitive impairment, learning disabilities, mental health conditions, and vision, hearing or speech impairments. For further information, please contact the Domestic Violence Initiative for Women with Disabilities at (303) 839-5510.

SAME-GENDER INTIMATE PARTNERS – defined as individuals who self-report that their abusive partner is the same gender as they are.

TRANSGENDER – defined as an individual who identifies as a different gender than the one they were assigned at birth. If serving transgender individuals who are not victims of domestic violence, do not count them. For example, a program that shelters transgender individuals because it is unsafe for them in a traditional homeless shelter, should not count these individuals on the DVP report.

INTERSEX – defined as a person who is biologically somewhere in the middle of the continuum between male and female. This may be a person whose genitalia are not easily classifiable as male or female. Individuals can also be intersex in their chromosomal make-up, hormone levels, or internal reproductive organs.

INCOME (New, Unduplicated Women and Men Only, Self-Identified)	1ST	2ND	3RD	4TH	YTD
\$0 - \$74,999					
\$75,000					
Unknown/Not Asked					

INCOME LEVEL – Income levels of \$74,999 or less indicate eligibility for TANF-funded services, of which a portion of DVP funding is allocated to serve.

NOTE – do not collect or report income information on clients under the age of 18, except those who identify as victims of youth IPV. Do not include any income sources other than those received directly by the victim. Do not include the abuser’s income or tally the household income for the victim.

SECTION 6: RELATED SERVICES AND ASSISTANCE (RESIDENTIAL & NON-RESIDENTIAL) – DO NOT COUNT TRANSITIONAL HOUSING CLIENTS

INDIVIDUAL OR GROUP COUNSELING OR ADVOCACY AND/OR SUPPORT SERVICES	1ST	2ND	3RD	4TH	YTD
# of Service Contacts Women					
# of Service Contacts Men					
# of Service Contacts Children & Youth					
# of Service Contacts Youth IPV					

CONTACTS – defined as the actual number of times a client receives a particular service in the categories of individual or group counseling or advocacy and/or support services either in person or via telephone. Some clients will receive a service once, while others may receive the same service multiple times. A contact should be recorded each time such a service is provided to a client for as many times as that client receives the service(s). Because each client that is being counted will have at least one service contact, the total number of contacts must be equal to or greater than the total number of clients that receive each service. If providing multiple contacts throughout the day to the same client, count as just one contact unless the topic of the contact changes.

Q: A client resides in shelter for four weeks. While in shelter she received advocacy four times per week and attends a support group once per week. How should she be counted?

A: She is counted as a new residential client in the quarter she first arrived at the shelter. Then, count 16 advocacy contacts (four times per week for four weeks) and four group counseling contacts. If the four weeks she received services spans over two separate reporting quarters, divide the number of contacts into the appropriate quarters, and only count her as new in the first quarter she received services.

INDIVIDUAL COUNSELING – defined as one-on-one in-person or phone assistance provided by advocates and counselors, including volunteers, contract or per diem employees, to clients, including victims and their dependants. Individual counseling goes beyond crisis intervention to include listening, and problem solving. This contact may be a scheduled appointment or an informal contact, but the focus should be on counseling the victim. This may also include intensive professional psychological and/or psychiatric treatment for clients provided by a qualified therapist. This includes the evaluation of mental health needs as well as the actual delivery of psychotherapy. Most children are too young to participate in counseling as it is defined above. Use the categories below, “activities related to children & youth,” to document contacts with children such as playtime.

GROUP COUNSELING – defined as the coordination and provision of supportive group activities (including peer and social support) for two or more individuals, which can be facilitated by staff, volunteers, and/or peers.

ADVOCACY AND/OR SUPPORT SERVICES – defined as in-person or phone advocacy and support provided by advocates to victims of domestic violence. This entails the advocate engaging the client in safety planning, assisting in negotiating or brokering services on the

client’s behalf, accompanying the client to a service such as TANF, or directly introducing a client to a particular service. These services include, but are not limited to: transportation, home visits, legal advocacy or court-based advocacy such as a filing for temporary or permanent orders of protection; assisting clients in securing rights, remedies, and services from other agencies; locating emergency financial assistance; intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including worker’s compensation, unemployment benefits, welfare, etc. Do not count brief encounters with clients such as distribution of tokens, supplies, toiletries, etc.

NOTE REGARDING PROVISION OF MULTIPLE SERVICES – advocates should select the primary activity that consumed the majority of the time spent with the victim during a contact when multiple services are provided. For example, if a client attends a support group, and then receives unplanned individual counseling after the group, count the contact only as group support.

ACTIVITIES RELATED TO CHILDREN & YOUTH	1ST	2ND	3RD	4TH	YTD
# of Individual Activities					
# of Group Activities					

INDIVIDUAL AND GROUP ACTIVITIES FOR CHILDREN & YOUTH – defined as all activities that fall outside of the purview of child advocacy or counseling. This includes, but is not limited to recreational activities, childcare, unstructured mentoring, and playtime.

SECTION 7: TRANSITIONAL HOUSING DEMOGRAPHICS

For the data in section seven, use the same definitions as outlined in section five. Count only transitional housing clients in this section.

SECTION 8: TRANSITIONAL HOUSING RELATED SERVICES AND ASSISTANCE

For the data in section eight, use the same definitions as outlined in section six. Count only transitional housing clients in this section.

SECTION 9: SUMMARY OF BATTERER INTERVENTION SERVICES

BATTERER INTERVENTION CLIENTS	1ST	2ND	3RD	4TH	YTD
# of New Men (Ages 18+)					
# of New Women (Ages 18+)					
# of New Teenagers (Ages 13 – 17)					
# of Individual Counseling Contacts					
# of Group Counseling Contacts					
# of Advocacy and/or Support Services Contacts					

For the data in this section, first count the number of NEW clients, men, women and teenagers, who are receiving batterer intervention services from a Domestic Violence Offender Management Board (DVOMB) approved treatment provider. Second, count the number of contacts in each of the categories. Do not count clients who are served outside of the scope of a

batterer treatment program such as work with offenders regarding parenting issues. If any services are provided to offenders other than those offered by a DVOMB approved treatment provider, leave this section blank.

BATTERER/ABUSER – defined as an adult male or female who is a perpetrator of domestic violence. To be counted on the DVP report, this individual must receive batterer intervention services from a DVP-funded program.

BATTERER INTERVENTION SERVICES – defined as the provision of sessions based on a specific model of intervention such as programs designed to address accountability for abusive behavior, including re-education programs for those who abuse their intimate partners. The only people who should document that they provide Batterer Intervention Services are those who do so through a treatment provider. If a treatment provider is not the one facilitating the Batterer Intervention Services, then do not put anything in these boxes.

SECTION 10: SERVICE OUTCOME DATA

Effective October 1, 2008, DVP-funded programs are required to submit outcome measurement results. Please review the information below prior to collecting outcome data. The requirement is in response to requirements set forth by the Family Violence Prevention and Services Act (FVPSA) Funding, which is the largest source of funding administered by the DVP.

FVPSA requires that the state of Colorado collect and report on two outcome measurements that related to survivor experiences. These measure changes in survivor’s knowledge, skills, behaviors, and life circumstances as a direct result of the services they receive at a community-based domestic violence. The two outcome measures that are tracked are:

- 1) The number of survivors who have increased their strategies for enhancing their safety; and,
- 2) The number of survivors who have increased their knowledge of available community resources.

To collect this data, DVP-funded programs are required to request that survivors complete surveys to evaluate their experiences with the funded program. Report data only if it is collected directly from survivors. No not make assumptions about the number of survivors who have increased their strategies for enhancing their safety; survivors must report the outcome measures in the form of an anonymous survey. Survey templates are available on the DVP website (www.colorado.gov/cdhs/dvp - click on “For Funded Programs”).

Using the Templates

Each type of service provided to survivors requires the use of a separate template. The five templates are:

- 1) Support Group Services
- 2) Advocacy/Support Services
- 3) Individual Counseling Services
- 4) Shelter Services
- 5) Transitional Housing Services

Each survey template will have several questions include the two required questions that ask if survivors have increased their strategies for enhancing their safety and their knowledge of available community resources. Additional questions that appear in the templates help programs provide a complete and well-rounded survey. If DVP-funded programs choose to modify the surveys, they may do so at their discretion provided that the two required questions remain on the survey. Funded programs that use their own survey methods may simply add the required questions to their own surveys. Be sure that any survey distributed to survivors is as simple and clear as possible so that survivors do not feel overwhelmed with requests for information. The survey templates are translated into Spanish, Arabic, Polish and Russian.

Getting Started Collecting Outcome Data

It may be helpful to form a small working group among staff members to develop a data collection process and design the surveys used to collect the data from survivors. Ideally, the working group should consist of staff, volunteers, and current or former survivors. This working group should meet regularly to monitor how the surveys are distributed and collected as well as troubleshoot any problematic areas. The working should determine who will review the collected information and how the program will use the information.

When to Collect Outcome Data

The timing of data collection depends on the type of service provided. Do not collect data when survivors are in immediate crisis. Collect the data often enough so that survivors who receive short-term services are counted and you allow enough time to pass that change has occurred , but don't collect so often that it becomes a burden to survivors. You may end up collecting data from the same survivor multiple times for the same service or for different services. It is OK to have duplicate surveys from the same survivor.

- 1) Support Group Services – once every three – four weeks
- 2) Advocacy/Support Services – after at least two contacts with an advocate
- 3) Individual Counseling Services – after at least two contacts with an advocate
- 4) Shelter Services – close to the time of exit, but not at exit
- 5) Transitional Housing Services – every 3 – 6 months, and close to the time of exit

Data Samples

It is not necessary to collect data from every survivor, as this might prove difficult for large programs that serve hundreds of survivors. If using sampling, be sure that survivors of all ages, races and cultural groups, sexual orientations, religious preferences, and abilities are included. Dissatisfied as well as satisfied survivors must be included in the sampling. For example, if a program serves 200 people annually in the shelter, it may be helpful to sample at least 10 – 20% of shelter residents. Programs that serve smaller numbers of survivors will need to sample a larger percentage of survivors to obtain an accurate sample and reduce the chance of outliers.

Getting Survivor Buy-In

Anytime surveys are distributed to survivors, be sure that staff explains the purpose of collecting this information. Survivors should be made aware how the program will use the information they report. Stress to survivors that completing the survey is strictly voluntary and that they may skip any questions they do not feel comfortable answering. This could mean to report to funders and/or to improve the delivery of services. Make survivors aware of steps the program will take to protect survivor anonymity. Make a show of appreciation to any survivor who completes a survey. Many survivors will appreciate the opportunity to give feedback, especially if they know if it will be taken seriously and the program will use the results to make improvements.

Protecting Survivor Anonymity

To protect anonymity, have survivors use the same pen or pencil and ask them to deposit the surveys in a sealed envelope or a locked box. If possible, assign different staff members or volunteers to distribute the surveys and review the survey results. Survivors need to feel that no one will look at their form in the near future. Survivors need to feel that they will not be identified in their survey. Inform survivors that the box or the envelopes are only opened once per quarter. If a survivor has a disability and needs someone to read the survey orally to them, be sure that the person who is assisting with the survey is not the same person who delivered services to the survivor.

Tips for Collecting Outcome Data

- 1) Copy enough blank forms so that they are readily available to staff. Place them in a visible location as a reminder for staff.
- 2) For collecting data from a support group end a session a few minutes early and pass out the surveys. The group facilitator should leave the room while the survivors complete the surveys.
- 3) Although it is not ideal, some programs may choose to collect data over the phone from survivors. Please use this method only if an in-person method will not work, such as services provided to survivors in rural communities that occur over the phone due to transportation limitations.
- 4) Do not use the surveys to supervise staff or to obtain information regarding staff performance.

- 5) Use the DVP narrative report to explain any difficulties in obtaining data from surveys.

SERVICE OUTCOME DATA - SHELTER	1ST	2ND	3RD	4TH	YTD
# of surveys completed					
# of survivors who have increased their strategies for enhancing their safety					
# of survivors who have increased their knowledge of available community resources					

SERVICE OUTCOME DATA – SUPPORT SERVICES AND ADVOCACY	1ST	2ND	3RD	4TH	YTD
# of surveys completed					
# of survivors who have increased their strategies for enhancing their safety					
# of survivors who have increased their knowledge of available community resources					

SERVICE OUTCOME DATA – SUPPORT GROUPS	1ST	2ND	3RD	4TH	YTD
# of surveys completed					
# of survivors who have increased their strategies for enhancing their safety					
# of survivors who have increased their knowledge of available community resources					

SERVICE OUTCOME DATA – COUNSELING	1ST	2ND	3RD	4TH	YTD
# of surveys completed					
# of survivors who have increased their strategies for enhancing their safety					
# of survivors who have increased their knowledge of available community resources					

SERVICE OUTCOME DATA – TRANSITIONAL HOUSING	1ST	2ND	3RD	4TH	YTD
# of surveys completed					
# of survivors who have increased their strategies for enhancing their safety					
# of survivors who have increased their knowledge of available community resources					

SERVICE OUTCOME DATA – TOTALS	1ST	2ND	3RD	4TH	YTD
TOTAL # of surveys completed					
TOTAL # of survivors who have increased their strategies for enhancing their safety					
TOTAL # of survivors who have increased their knowledge of available community resources					

SECTION 11: ANNUAL NARRATIVE QUESTIONS

Please contact DVP for the most current guidelines in collecting narrative responses.