



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

Study Session of the Champaign County Mental Health Board (CCMHB)

Wednesday, September 12, 2018
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL

5:30 p.m.

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1. Call to Order
 2. Roll Call
 3. Public Participation/Citizen Input
 4. Approval of Agenda
 5. President's Comments
 6. Study Session: Building Program Evaluation Capacity

Drs. Nicole Allen and Mark Aber will present a report on progress made during the third year of contracted services to develop evaluation capacity and performance outcome measurement of CCMHB funded programs. Broader discussion of evaluation policy may follow presentation.

7. Board Announcements
8. Adjournment

*A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB)
Year 3*

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September 5, 2018

*A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB)
Year 3*

Statement of Purpose:

The aim of this effort was to build evaluation capacity for programs funded by the CCMHB. In Year 3, we proposed to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon Year 2 effort. Specifically, we proposed the following activities and deliverables.

1. Continue to Create a Learning Organization among Funded Agencies and the CCMHB.

As was true in Year 2, in year 3, in collaboration with the CCMHB staff, we identified four agencies targeted for more intensive evaluation capacity building partnership. Four funded programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Allen. These programs engaged in targeted strategies for building evaluation capacity, and received individual support from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through V of this report. Each section summarizes the effort engaged with each partner agency.

These relationships were created to foster a culture of learning, first within each program as an individual entity, and then across CCMHB-funded agencies as a larger system. Consultants took an intensive approach that emphasized developing a learning organization, or one that is “skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights” (pp. 79; Garvin, 1993). As one example, we hoped to position these target programs as ‘peer experts’ that could then report back and serve as resources to other CCMHB-funded programs. While the targeted programs are not at a point where they would be able to function as independent supports for other agencies building evaluation capacity, their experiences are valuable learning opportunities for their peers. During the Mental Health Agency Council (MHAC) meeting on August 22, 2017 representatives from each of the four targeted programs presented to their peers about their experiences building evaluation capacity throughout FY17. Programs briefly shared about challenges they encountered and lessons learned, as well the general processes they engaged in. This feedback appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this phase of the project in FY18. Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g. a specific business), and our process involved programs and agencies within a larger system (CCMHB). While ongoing effort will further advance these goals,

the targeted partnerships begin the process of fostering a culture of i) valuing evaluation, ii) desiring evaluation to be meaningful, and iii) experimenting with evaluation.

2. Finalize and Implement a Uniform Performance Outcome Format

- a. Provide a few Performance Outcome format for review and approval by CCMHB staff, members, and funded agencies*
- b. Require new form in the 18/19 funding cycle*

We worked closely with CCMHB to revisit the Performance Outcome format and to create a template to provide specific guidance to agencies to prepare these reports. See Section I: Appendix A for the updated form. We also provided an information session to elaborate on the use of the form and to respond to funded agencies questions about the form. The aim is that the template will pull for information that will increase a) detail provided about evaluation efforts (e.g., sample size, how participants in evaluation were recruited, what measures were used) and b) what was learned as a result of such evaluation effort.

3. Support the Development of Theory of Change Logic Models as a Requirement for CCMHB Funding

- a. Offer 4-5 logic modeling workshops to support funded programs in model development*
- b. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)*

Based on need, we offered five logic model workshops, of which three were ultimately held and attended by seven agencies. We also worked with R.A.C.E.S., Mahomet Area Youth Club, and the UP Center one-on-one who requested logic model support.

4. Choose up to Four Programs for Targeted Evaluation Support in Consultation with CCMHB Staff and Board

- a. Work in collaboration with up to four funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)*
- b. The goal would be to guide an evaluation process that can be sustained by the program*

Similar to Year 2, we identified four agencies to target for evaluation capacity building support. These included: Courage Connection, DREAM House, GROW in Illinois, and Youth Assessment Center

Individual meetings and customized effort was provided to each agency. Reports that elaborate on the specific activities engaged to build evaluation capacity and form specific evaluation plans are provided in the following sections II-V.

5. Continue the Evaluation Consultation Bank with Emphasis on Previous Target Agencies

- a. *Offer a bank of consultation hours for use by funded programs*
- b. *Funded programs would request hours based on specific tasks*
 - i. *Developing an evaluation focus*
 - ii. *Completing a logic model*
 - iii. *Developing and sustaining evaluation activities (particularly in targeted agencies)*
 - iv. *Reporting data*

We received multiple requests for consultation bank support These included: R.A.C.E.S., Mahomet Area Youth Club, First Followers, Rosecrance, and Youth and Family Peer Support Alliance. The content of these requests focused on support to identify appropriate measures, refine consumer outcomes, and refine the processes for collecting, coding and utilizing data.

6. Continue to Build a “Buffet” of Tools

- a. *Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs*

The following measures were added to the bank:

- Measure of Victim Empowerment Related to Safety (MOVERS)
- Trauma Informed Practice Scales (TIP)
- Personal Wellbeing Index-Adult
- NIH Toolbox Emotional Support Scale
- The Religious Background and Behaviors Questionnaire
- CSAT GPRA Client Outcome Measure
- Strengths and Difficulties Questionnaire (SDQ)
- Adverse Child Experiences Survey (ACES)
- Developmental Assets Profile
- Very Important Adults Survey

7. Provide 1 – 2 Technical Training on Topics of Interest

- a. *For example, database creation and management using Excel.*

We offered one workshop on the revised performance outcome report. We hope to provide additional workshops in the coming fiscal year as more agencies express interest and identify specific needs that lend themselves to group presentations. This year, work

Section I: Year Three Overview

was still very much anchored to one-on-one support via our targeted partnerships and via our consultation bank contacts.

GROW in Illinois

Program Overview

GROW is a peer-to-peer mutual help organization that aims to foster recovery from mental illness, the prevention of mental health crises, and personal and social growth. Through weekly group meetings, leadership involvement, and friendship and community building, GROW members come together to support one another through recovery. Participation in GROW is voluntary, confidential, and free of cost. Although GROW is open to all adults, its services are most frequently utilized by participants experiencing mental illness and mental health-related hospitalizations and care. According to GROW's 2014 survey, 79% of participants had been given a mental health diagnosis, 66% had been hospitalized for mental health concerns, 86% were taking psychiatric medication, and 83% were receiving services from a professional mental health provider. From November 2017 to July 2018, two consultants from the University of Illinois worked with two primary staff members of GROW to build the group's capacity to evaluate and improve their program.

Identifying Goals

The first step in identifying GROW's goals was to create a logic model in which we documented the activities that GROW engaged in and how they connected to the short- and long- term outcomes they hoped to see (see Section II: Appendix A for the most updated version of the logic model). In creating this logic model, several key goals emerged:

1. Create a GROW database, identification system, and data analysis plan for the GROW survey to facilitate tracking change over time in key outcomes identified in the logic model.
2. Update the GROW survey to incorporate evidence-based measures of key outcomes.
3. Consolidate the GROW tabulation sheet, attendance report, and monthly reports into a single database to increase the ease and accessibility of data entry and data analysis.
4. Create an exit survey to better understand why participants leave GROW.

Executing Goals

- 1. Create a GROW database, identification system, and data analysis plan for the GROW survey to facilitate tracking change over time in key outcomes identified in the logic model.**

Every one or two years, GROW administers a survey that collects demographic information, data on member use of professional resources, hospitalizations, medication use, mental health, and employment and member perceptions of GROW services in these domains with the aim of evaluating member outcomes and satisfaction. However, when reviewed in light of the logic model, we determined that the survey, in its current form, was not capable of adequately measuring change in several of the outcomes of interest.

Existing questions were able to characterize the GROW population as one in which a majority of members have been hospitalized, have received a mental health diagnosis, have taken psychiatric medications, and have received services from a professional mental health provider. However, these items could not show changes in these outcomes across time as GROW hoped to do. The survey also contained items that assessed members' perceptions of their change due to GROW; e.g., "Has GROW helped you need fewer hospital admissions?" While these items were useful to GROW in assessing member satisfaction with GROW services, they were not getting at the outcomes that GROW really wanted to observe. Additionally, because the surveys were only collected every one or two years and the data from them were immediately aggregated, an individual's response could not be tracked from baseline to follow-up. This is also made it difficult to study how outcomes may differ based on demographic and other factors, such as how long a person has been a member of GROW.

Given these limitations, we devised a system to track individuals across time. To avoid GROW members' loss of confidentiality, we created an identification system in which consenting members are assigned an ID number, which will be stored in connection with their name in a file accessible only to the fieldworker separate from the survey data. We worked with GROW to create a consent form (see Section II: Appendix B) that, in addition to emphasizing that participation is entirely voluntary, explains how the ID assignment works, why GROW wants to collect this survey data, and how the data will be used. GROW staff members showed this consent form to the members present at a weekly group session to get their feedback.

We then created a data collection plan whereby members would be administered baseline surveys at their third GROW meeting and a follow-up survey at an annual date. Although not a typical pre- post assessment in which all individuals in a study would complete a baseline survey upon entrance into the study and a follow-up survey after a pre-specified amount of time from baseline (e.g., 6 months), administering follow-up surveys in such a way would be too time-consuming and laborious for GROW's current capacity. Instead, members will complete the annual survey on the same date regardless of when they were administered a baseline survey. We discussed implementing survey collection dates more frequently such as every 6 months as a possibility for the future, but it is not feasible currently. Finally, we created an Excel spreadsheet with instructions on how to enter and score data from the survey. The fieldworker will store surveys in a secure lockbox until she is able to enter them into the database on her laptop. Once they are entered, the physical surveys will be shredded.

2. Update the GROW survey to incorporate evidence-based measures of key outcomes.

The GROW survey begins by collecting demographic information. We updated some of the demographic items to bring them in line with current evidence-based standards for reporting demographic information, added a question about religion and spirituality, one on frequency of attendance (in addition to how long one has been attending) and one on leadership involvement in GROW.

In addition to demographic information, the GROW staff members hoped to use the survey to collect data on the following outcomes as derived from the logic model: number of medications taken, number of hospitalizations, employment status, substance abuse, number of convictions, social resources and support, and personal resources and well-being. Items corresponding to medication use, hospitalization, and employment status, which were included on the previous survey, were updated to make their language more clear and limited to a specific time frame (ranging from the present time to the past year). Additionally, the increased use of personal and social resources was an important outcome of interest that was not measured in the previous survey. To address this, we added three measures to the survey. The first two are the NIH Toolbox Emotional Support Survey, which shows strong reliability and validity (Cyranowski et al., 2013), and the Giving Emotional Support subscale of the 2-Way Social Support Scale, which also shows strong reliability and validity (Shakespeare-Finch & Obst, 2011). We included these measures because GROW's theory of change involves both the perceived receiving and giving of emotional support from other members of GROW inside and outside of group meetings as key to recovery. We also added the Personal Well-Being Index-Adult, a measure of subjective well-being with high reliability and validity, to the survey to encompass the outcome of personal resources and how they are being used to facilitate personal growth (International Wellbeing Group, 2013). Finally, there was also interest in continuing to collect data on satisfaction with GROW's services, measures for which are included in the follow-up survey. See Section II: Appendices C and D for baseline and follow-up surveys.

3. Consolidate the GROW tabulation sheet, attendance report, and monthly reports into a single database to increase the ease and accessibility of data entry.

Initially, GROW was collecting data on attendance, demographics, and finances monthly across groups using three separate spreadsheets. We collapsed these three spreadsheets into a single spreadsheet. Additionally, we added a table that tracks first time participants in GROW by race, gender, and zip code.

4. Create an exit survey to better understand why participants leave GROW

GROW was interested in better characterizing participants who leave GROW. To address this, we created a short exit survey that asks participants why they stopped attending GROW and how satisfied they are with the help they received from GROW. See Section II: Appendix E for exit survey.

Future Directions and Next Steps

1. Implement the data collection and analysis plan starting immediately.

DREAAM House

Program Overview

DREAAM (Driven to Reach Excellence and Academic Achievement for Males) House is an after-school program that aims to promote social and emotional learning and improve behavioral and academic outcomes for boys in grades K-5. Through daily social emotional learning lessons, relationship-building activities, homework help, and science, technology, engineering, art, and math (STEAM) programming, DREAAM House offers opportunities for underserved boys to flourish in the development of social and emotional skills, to explore a wide range of academic and extracurricular opportunities, and to build a diverse social network. Free of cost, DREAAM House particularly targets boys who face behavioral or academic difficulties, live in high crime areas, are at risk of mental health diagnosis, and/or are involved in mental health or child welfare systems. From November 17 to July 2018, two consultants from the University of Illinois worked with three primary staff members to build the group's capacity to evaluate and improve their program.

Identifying Goals

The first step in identifying DREAAM House's goals was to create a logic model in which we documented the activities DREAAM House engaged in and how they connected to the short- and long-term outcomes they hoped to see (see Section III: Appendix A for the most updated version of the logic model). Using the logic model, several key goals emerged under the larger umbrella goal of creating a comprehensive evaluation and data analysis plan for FY 2019:

1. Characterize the DREAAM House population by collecting and storing comprehensive intake information.
2. Document and track changes across time in youths' reading and math literacy.
3. Document and track changes across time in youths' social and emotional learning skills in the domains of conflict resolution, emotion identification, emotion regulation, friendship/relationship building, and prosocial play.
4. Document and track changes across time in youths' developmental assets.
5. Document and track changes across time in youth's academic motivation and responsibility.

Executing Goals

Our overarching goal was to create a comprehensive evaluation and data analysis plan for FY 2019. After developing the logic model, the first step in creating a comprehensive evaluation plan was to match shorter-term outcomes with indicators that would suggest the shorter-term outcomes had been achieved. For each outcome and indicator, potential data collection methods and sources of information were discussed, as well as the advantages and disadvantages of these different methods. Once data collection tools were selected, we developed plans for collecting, storing, and analyzing the data.

1. Characterize the DREAAM House population by collecting and storing comprehensive intake information.

In order to better understand the population DREAAM House aims to serve and to target the intervention to this population, DREAAM House utilizes an Intake Document to collect demographic data. The Intake Document, currently housed with each youth's paper files in the DREAAM House office, will be entered by staff in the electronic BREEZE database for analysis. Additionally, at intake, the empirically validated Adverse Childhood Experiences survey (ACE) will be administered to each caregiver currently living with the 25 youth enrolled in STEAM (science, technology, engineering, art, and math) programming. DREAAM House staff members will work with a faculty member from the U of I and a psychologist from Carle to analyze this data. Anonymous paper surveys will be stored together in a folder.

2. Document and track changes across time in youths' reading and math literacy.

Certified teachers at DREAAM House offer reading and math activities with the aim of improving reading and math literacy. The outcomes of math and reading literacy will be tracked using selected items on students' report cards, which teachers produce quarterly. Items were selected from report cards for grades K-2 and 3-5 from the Urbana, Champaign, and Rantoul school districts at a meeting between the two consultants, the two DREAAM House staff members, two local teachers, and a local principal. See report card outcomes in Section III: Appendix B. The use of report cards will allow for standardized comparisons between schools, promote further alliances between educators and DREAAM House participants that facilitate academic support, and shape the academic services DREAAM House offers. These report cards will be collected quarterly (every 9 weeks) and entered by DREAAM House staff in the BREEZE electronic database.

3. Document and track changes across time in youths' social and emotional learning skills in the domains of conflict resolution, emotion identification, emotion regulation, friendship/relationship building, and prosocial play.

DREAAM House staff members use the evidence-based Sanford Harmony social and emotional learning curriculum with a focus on enhancing the domains described above (Miller et al., 2017). Two methods will be used to collect this information. First is the Strengths and Difficulties Questionnaire (SDQ), a behavioral screening questionnaire with strong validity and reliability, that is used to assess strengths and difficulties in emotion, conduct, attention, peer relationships, and prosocial behavior (Goodman, 2001). See the Parent and Teacher versions of SDQ in Section III: Appendix C. Data from the SDQ will be used to track changes in the domains of conflict resolution, relationship building/friendship, emotion regulation, and prosocial behavior. SDQ data will also be used to identify whether there are specific intervention needs of the entire group or a smaller subset, which may guide changes to the curriculum, or lead to the creation of a

small pull-out group. The SDQ-Parent will be administered at intake to the primary caregivers of youth involved in STEAM programming, and every 9 weeks from intake. The SDQ-Teacher will be administered to the primary teacher of youth involved in STEAM programming after 9 weeks and then again every subsequent 9 weeks. Paper copies of each SDQ for every child will be printed and filed with other paper documents, and a DREAAM House staff member will enter the SDQ data into the BREEZE database for analysis.

As a second tool for measuring social and emotional learning outcomes, we have designed an observation template that will be used to conduct a systematic behavioral observation of a single youth in the DREAAM House program (See observation template and definitions in Section III: Appendix D). This template was designed based on research on critical social and emotional outcomes, input from DREAAM House staff members, and open-ended observation sessions of the DREAAM House after-school and summer program. The use of observation to track change across time is time-consuming, involves extreme attention to and documentation of detail, and requires many hours of observation to create an accurate account of what is occurring. However, observation is a strong method to understand process and to develop a rich understanding of the contexts in which behavioral change occurs. Thus, observation is able to provide a context through which to understand the social and emotional outcomes that are reported by caregivers and teachers and can help to piece together the “story” of DREAAM House. A DREAAM House staff member will observe a single student, identified based on an SDQ score of medium to high risk for behavioral disorder and/or hyperactivity disorder, for approximately 6 hours in week 2 of the program, 6 hours in week 4 or 5 of the program, and 6 hours in week 8 of the program. As soon as an observation session ends, the staff member will immediately input the numbers from the template into an Excel file for analysis, and type up narrative notes and label them with their corresponding behavioral categories.

4. Document and track changes across time in youths’ developmental assets.

DREAAM House offers youth opportunities to engage in a variety of extracurricular programming, including STEAM, nutrition, martial arts, Boy Scouts, and the 4H Club. Engaging in these activities has the potential to enhance youths’ developmental assets. See Section III: Appendix E for a list of the 40 developmental assets. To measure this outcome, the Developmental Assets Profile will be administered to all youth enrolled in DREAAM House at intake and at the end of the year. A DREAAM House staff member will enter data from surveys into Breeze for analysis.

5. Document and track changes across time in youth’s academic motivation and responsibility.

DREAAM House offers homework help and aims to foster an alliance with teachers in order to promote academic motivation and responsibility. To assess these academic outcomes, DREAAM House developed a DREAAM House Teacher Survey. This survey will be completed by the primary teachers of the 25 youth involved in STEAM

programming every 9 weeks. Paper copies of the Teacher Survey will be housed in each child's folder. A DREAAM House staff member will enter data from surveys into Breeze for analysis.

Future Directions and Next Steps

1. Implement the data collection and analysis plan as described above starting in the fall of 2018.
2. Gain familiarity and practice with the BREEZE database in which data from the evaluation plan will be entered. Some of the measures that will be collected starting in the fall are already being collected. Intake, SDQ, and report card data has been collected for several DREAAM House participants and is ready to be entered into the database.
3. Develop a measure of youth and family satisfaction with the DREAAM House program to administer at the end of the year.
4. Work toward a streamlined training process for volunteers for the DREAAM House program.

Courage Connection

Program Overview:

Courage Connection works exclusively with people impacted by domestic violence (excluding perpetrators) in Champaign and surrounding counties, with a primary focus on survivors and their children. Courage Connection’s multiple, complementary services aim to “empower clients to regain control of their lives and live independently of abuse”, and include emergency shelter, transitional housing, and a 24-hour crisis hotline, among others (CCMHB FY18 Program Plan).

All services are not equally relevant for all survivors, and with this recognition the agency endeavors to utilize an individualized approach in the work that they do. As one example, every residential client works with a case manager on a variety of advocacy-based support services, which aim to assist the survivor’s work towards accomplishing goals they set for themselves. Because Courage Connection has already integrated some advocacy-based service methods into their existing programs, implementing an evidence-based, advocacy-centered approach like the Community Advocacy Project agency wide is an exciting, and appropriate, next step.

Identifying Goals:

As Courage Connection was beginning to integrate the Community Advocacy Project (CAP) into their existing repertoire of program services, we had the opportunity to begin building in evaluation processes on the front-end. By working on identifying evaluation processes before the program was fully implemented, we could be very thorough in our conversations around potential outcomes, measurement methods, and other evaluation aspects. The level of abstraction this required was sometimes difficult, but we were fortunate that Dr. Allen has decades of experience implementing and working with the model.

After completing the logic model workshop (completed logic model included in Section IV: Appendix A), we engaged in multiple conversations between stakeholders from various roles and responsibilities. Ultimately, we identified the following goals for building evaluation capacity within the program:

1. Simplifying current data collection processes
2. Increasing staff understanding of current data collection processes (i.e. what is being collected and why)
3. Integrating new data collection processes for identified outcomes not already addressed
4. Understanding how all data collection processes contribute to the larger evaluation plan

Executing Goals:

1. Simplifying current data collection processes

It was important to us throughout this process that we not simply add new things for staff and survivors to complete. To achieve this, we had an overarching goal to synthesize any documents that duplicated information, and to streamline data collection processes as much as possible. As one example of this, we synthesized multiple intake forms into one form. Other examples of streamlining data collection processes are described in the narrative sections of goals 3 and 4.

2. Increasing staff understanding of current data collection processes (i.e. what is being collected and why), leading to increased usability of the data collected

Courage Connection staff from a variety of roles and backgrounds have been involved throughout the entire evaluation-capacity building process. Engaging as a multidisciplinary team of case managers, program directors, data analysts, and researchers fostered an atmosphere valuing multiple types of expertise. This was especially important when undertaking evaluation-related work with this agency because of so many external reporting mandates. Mandates varied between the two sites, and sometimes the same type of data is collected in different ways at different program sites. An early step in the process involved gathering virtually every document used by Courage Connection Transitional Living and Emergency Shelter case managers. These documents were reviewed, categorized based on data collected, and compared between sites. We then started a conversation with the Courage Connection evaluation capacity building team using this review as a foundation for discussing current data collection processes. During this conversation, it became apparent that staff had varying levels of knowledge on why data was being collected and how it was used. This became an opportunity to increase staff knowledge on various internal data collection and external reporting processes, which research suggests is an important aspect of effective evaluation capacity (Preskill & Boyle, 2008). Staff with more familiarity on the various reporting requirements explained these to staff without this prior knowledge. Ultimately, increasing staff understanding of data collection processes also contributed to increased usability of data already collected (e.g. staff ideas around new ways to use current data), increasing overall programmatic evaluation related capacity. Some of the ways data usability increased include:

- Limited unnecessary open-ended questions when closed ended options are appropriate
- Integrated evidence-based measures with clear scoring processes (when appropriate)
- Began process of updating weekly tracking methods to better reflect strengths-based services and increase data usability

- Began process of reworking data collection forms using the same data, but formatted in a way more accessible for analysis

3. Integrating new data collection processes for identified outcomes not already addressed

The thorough review described in goal 2 also allowed us to compare current data collection processes with identified outcomes from the logic model, bringing awareness to any gaps that may exist. We also assessed any current data collection and analysis processes for the outcomes specified in the FY 18 and 19 program plans, looking for gaps and/or room for relevant modification(s).

An especially salient tension we encountered during execution of this goal was the need to balance effective data collection processes with sensitivity to survivor's needs, and not wanting to overwhelm clients (and staff) with forms to complete. Relatedly, some potentially useful data from domestic violence programs (e.g. detailed accounts of abuse in a specified time frame) can be burdensome and triggering for survivors to provide. Additionally, some potential outcomes are impacted by the survivor's behavior, but are the responsibility of the perpetrator (e.g. increased safety). To address these potential tensions, we relied on best practices. As one example, research suggests that certain types of data collection (e.g. asking about specific types of abuse experienced) are not warranted outside of specific contexts. Ultimately, we reviewed the literature for appropriate potential measurement options that reflected the outcome goals identified in the logic model. As one example, Courage Connection will implement a survey to assess safety-related empowerment called the Measure of Victim Empowerment Related to Safety (MOVERS) (Section IV: Appendix B), reflecting identified goals in the logic model including increased empowerment, survivor safety, and self-determination.

Ultimately, Courage Connection will implement a variety of new data collection processes in the coming year. These processes include a modified intake document (Section IV: Appendix C), a resource needs interview (Section IV: Appendix D), a fidelity evaluation of Courage Connection's implementation of the Community Advocacy Project (Section IV: Appendix E), and the Trauma Informed Practice scales (Section IV: Appendix F), among others. All of these measures gather unique, unduplicated information and attend to outcomes identified in the logic model.

4. Understanding how all data collection processes contribute to the larger evaluation plan

Building evaluation capacity within Courage Connection involved weekly meetings, countless modifications to paperwork, and understanding processes that occur at multiple sites with different time frames, funding requirements, and client needs. To ensure that all data collection, data management, and data analysis processes are clear, we created an evaluation process overview document (Section IV: Appendix G). This document summarizes all data collection processes, links them to the outcomes gathered from them, and includes the timelines on which they are completed.

Next Steps and Future Directions:

Courage Connection's participation in the evaluation capacity building project has resulted in various new processes that now need to be piloted, refined (if necessary), and implemented. As a first step, Courage Connection will continue to train staff on the Community Advocacy Project model, so that there is a program-wide understanding of the advocacy model. This will facilitate the next goal, of implementing CAP principles into supervision and agency-wide processes. Next, Courage Connection will pilot CAP with a few advocates and then implement the program agency-wide. Simultaneously, CAP will implement the data collection processes we discussed above.

Youth Assessment Center

Program Overview:

The Champaign County Youth Assessment Center (YAC) “serves as the primary point of entry into a coordinated system of care for youth (aged 10-17) at risk of involvement in the juvenile justice system” (YAC FY18 Program Plan Part 1). Youth clients are referred to the YAC by law enforcement, school districts, community agencies, and families in Champaign County.

Upon referral, case managers assess youths’ risk, needs, and protective factors using the Youth Assessment and Screening Instrument (YASI). The YASI classifies youth as overall low-, moderate-, or high-risk based on these factors, and also categorizes youth risk in a variety of sub-domains (e.g. Attitudes, Employment/Free Time). This measure is evidence-based for use with youth of a variety of ages, racial ethnic identities, and genders.

Following best practices for this population, youth who are classified as overall low-risk are not engaged in further services (National Research Council, 2013; Curriculum for Juvenile Justice System Enhancement Strategy, 2012). Youth who are classified as overall moderate- to high-risk are given individualized referrals for further intervention services. These referrals are based on YASI sub-domain risk-levels and youth self-report data on a lifetime trauma and posttraumatic stress disorder screening instrument.

Identifying Goals:

Building evaluation capacity within the YAC was a coordinated effort among staff from a diverse array of roles, experience levels, and vantage points. We began the capacity-building process by holding a multi-day, program-wide logic model workshop. We chose to explicitly include all YAC staff throughout the logic-model activity both to encourage buy-in to the evaluation process, and to incorporate knowledge/familiarity on multiple levels of program activity. While some YAC services have different tracts depending on how a youth is referred to the center (e.g. Station Adjustment, Court Diversion Services), we ultimately chose to include all program activities in one integrative model. This model is included in Section V: Appendix A. This logic model then became a tool for identifying potential evaluation capacity-building goals. As one example, we used the model to identify a goal of better tracking the outcome goal “decreasing risk factors for moderate- and high-risk clients at re-assessment”.

Notably, the YAC already collected much of the data needed to assess their chosen outcomes. Many of the YAC’s goals for evaluation capacity building ultimately came down to understanding how to better use the data they already collect, a worthwhile focus for this project. In fact, a lesson learned from our prior work with programs is that for many programs, evaluation capacity-building is often most successful when used to adapt existing processes in need of an update (as opposed to only introducing something novel and refraining from any engagement with existing tools).

After multiple conversations between stakeholders about how best to increase the Youth Assessment Center's evaluation capacity, we identified the following goals:

1. Increase data usability, including increasing understanding around what data is being collected, why that data is being collected, and the options for how data can be understood and analyzed
2. Increase efficiency of data collection and data management processes to better facilitate data analysis, including streamlining data collection processes when possible.
3. Improve already existing data analysis processes (with attention to removing extraneous data collected and expanding on important points)
4. Generate structured processes for regularly collecting, managing, and analyzing recidivism data
5. Create an evaluation process that allows the YAC to understand client needs in a more holistic way, including learning more about the need of the client's family
6. Increase YAC staff understanding of best practices around measurement and outcomes
7. Create an evaluation process plan summarizing all data collection, management, and analysis processes

Executing Goals:

- 1. Increase data usability, including increasing understanding around what data is being collected, why that data is being collected, and the options for how data can be understood and analyzed**

To meet this goal, we reviewed all current data collection processes, including interviewing multiple staff about why and how certain data was collected. We then made verbal and written suggestions for how some of these data collection processes can be modified to avoid duplicating efforts and to make data analysis simpler. Additionally, we reviewed the current methods used for data tracking and analysis, including the YASI's online database and the YAC's master Excel file. This review allowed us to understand the data that is already being collected and potential modifications to these current processes that will make analysis more efficient.

Relatedly, throughout the evaluation capacity building process, we discussed the differences between using data for individual case-management purposes, and using data for measures of aggregate, program-wide outcomes. In addition to reflect the learning organization that the YAC is intentionally working to build, these discussions with increased evaluation-related capacity, these discussions prompted both the simplification and expansion of different data management tools, improving the way data is housed and understood. These discussions illustrate one example of how cultivating a learning

organization can contribute to overall increased capacity for evaluation within the organization.

2. Increase efficiency of data collection and data management processes to better facilitate data analysis, including streamlining data collection processes when possible.

Because the YAC does not have a client information system database, data management and analysis is complicated and requires a lot of steps. To increase efficiency of data collection and management processes, we conducted a thorough review of the types of data collected, including how and when data are collected and by whom, where data are housed. Additionally, in an effort to be pragmatic in the way we interviewed staff about why data are collected and managed the way they are. Finally, we interviewed staff about the outcome data they currently report to all funders, as well as about any outcomes they would like to be able to report in the future. With this holistic understanding of what was collected and why, we aimed to streamline data collection in a way that avoided any duplicative information or processes. As one example, we modified the way income information is entered, allowing for collection of this information in a standardized way across cities while still allowing for disparate reporting requirements.

3. Improve already existing data analysis processes (with attention to removing extraneous data collected and expanding on important points)

After surveying and modifying data collection and data management processes discussed in Goal 2, we sought to improve upon existing data analysis processes. Virtually all of the data YAC used to report outcomes was housed in one Excel file. While this process was tolerable, the file itself is a remnant of a former staff person, and is very burdensome to navigate. In collaboration with YAC staff, we removed extraneous information and unnecessary fields. We then further simplified the structure by creating different pages for distinct types of information, embedding formulas directly in the spreadsheet, and drafting a data legend.

The Youth Assessment and Screening Instrument (YASI) is administered to every client who receives services at the YAC. The YASI is an empirically-based measurement tool that gives a dynamic “score” (e.g. moderate) based on youth risk and protective factors across a variety of domains (e.g. legal history, family, substance use, mental health). The YASI has an online scoring platform that we thought might be useful for improving the YAC’s current data analysis processes. We explored this possibility by thoroughly reviewing different aspects of the YASI platform, concluding that the service is useful for scoring and housing YASI data but would likely not be suitable for other needs.

After recognizing the limitations of the YASI program, we considered other platforms (outside of Excel) that would allow for both efficient data management and analysis. Ultimately, we decided to pilot the utilization of SurveyMonkey, a web-based survey development platform with options for HIPAA compliant processes. Once this decision was made, we again reviewed all of the data collected by YAC, with attention to the

potential ways implementation of a cloud-based platform could impact certain processes. We then separated types of data into two groups: 1) highly sensitive client information such as name, id number, and recidivism data, and 2) less sensitive client information such as referred service connections, family needs interview, and YASI scores. The highly sensitive client information will be housed in a confidential Excel file, similar to before. The less sensitive client information can be tracked through SurveyMonkey, utilizing a client identification number that will be linked to the client name in the Excel file.

We intentionally “built” the various outcome tools in SurveyMonkey to improve the types of analysis that can be done around outcome data. Staff will continue to use paper documents to track clients and facilitate individual case management services, similar to before. A pdf of the current electronic survey is included in Section V: Appendix B.

4. Generate structured processes for regularly collecting, managing, and analyzing recidivism data

An important outcome related to the YAC’s mission is intervening in youth delinquent behavior, with the goal of preventing further contact with the criminal justice system. With this aim, tracking recidivism data is important, as it is an important metric for understanding whether future criminal justice contact (in the form of legal adjudications for minors and legal judgments or guilty pleas for adults) is avoided.

5. Create an evaluation process that allows the YAC to understand client needs in a more holistic way, including learning more about the need of the client’s family

After multiple conversations about how best to meet goal #5, we implemented a resource needs survey to be completed by the client’s adult caregiver(s) at beginning and end of youth’s engagement with YAC (Section V: Appendix C). This survey is a modified version of a resource needs interview originally created by Nicole Allen and Cris Sullivan for the Community Advocacy Project (CAP). The adapted version of this tool asks a client’s caregiver(s) about family needs in the past 6 months, including whether and where help was sought, if there are still unmet needs, and if the individual would like referrals. This tool was then created in SurveyMonkey. Case managers can complete the paper form either in person or over the phone with clients, and then enter the data into SurveyMonkey, where information on individual client needs and referrals can be stored for case management purposes and can also be aggregated and reported at the program level (e.g. most common unmet needs in the service population).

6. Increase YAC staff understanding of best practices around measurement and outcomes

An integral part of building evaluation capacity within programs involves increasing staff understanding of the various processes we are asking them to engage in. For the YAC, this largely involved increasing staff understanding of the outcomes they want to see, as well as the measurement and analysis processes related to these outcomes. As one

example of how we increased capacity around this area, we intentionally incorporated all client-facing staff in all aspects of the logic modelling process, from conceptualization to reporting back on the final version of the model. While the logic model process can quickly become convoluted with too many people, in this case we thought that the benefits of involving all relevant parties outweighed the potential risks. Additionally, as part of increasing staff understanding of best practices around measurement and outcomes, the evaluation capacity team member working closest with the YAC (Hope) reviewed and summarized relevant literature on best practices for juvenile justice related outcomes, which ultimately informed the way we plan to house and analyze data.

7. Create an evaluation process plan summarizing all data collection, management, and analysis processes

Evaluation capacity building within programs is typically a very iterative process, requiring a large amount of flexibility, adaptations, and new directions. To ensure everyone is on the “same page” with processes and goals, we created an evaluation process plan synthesizing all of this information in one space (Section V: Appendix D). This plan serves as an easy reference document that summarizes all data collection, data management, and analysis processes.

Next Steps and Future Directions:

The YAC’s process to build evaluation capacity proved to be a galvanizing experience, ultimately leading to working on multiple projects simultaneously. This has resulted in the creation of various new processes that now need to be piloted, refined (if necessary), and implemented.

Other next steps and potential future directions include the following:

1. Continuing to build evaluation capacity across staff of different roles.
2. Implementing regular YASI training refreshers to ensure data collection that is accurate and consistent across case managers.
3. Integrating best-practices for juvenile justice related programs, which include implementation of a database that houses all relevant data in a confidential space.
4. Increase supervision efforts around data collection processes.
5. Finalize Excel structure and data legend.
6. Continuing to modify SurveyMonkey use as needed.

Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name:
Program name:
Submission date:

Consumer Access – complete at end of year only
Eligibility for service/program
<p>1. <i>From your application</i>, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)</p>
<p>2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?</p>
<p>3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)</p>
<p>4. a) <i>From your application</i>, estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):</p>

<p>b) <i>Actual</i> percentage of individuals who sought assistance or were referred who received services:</p>
<p>5. a) <i>From your application, estimated</i> length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):</p>
<p>b) <i>From your application, estimated</i> percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):</p>
<p>c) <i>Actual</i> percentage of referred clients assessed for eligibility within that time frame:</p>
<p>6. a) <i>From your application, estimated</i> length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):</p>
<p>b) <i>From your application, estimated</i> percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):</p>
<p>c) <i>Actual</i> percentage of clients assessed as eligible who were engaged in services within that time frame:</p>
<p>7. a) <i>From your application, estimated</i> average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):</p>
<p>b) <i>Actual</i> average length of participant engagement in services:</p>

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

2. Please report here on all of the extra demographic information your program collected.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application*, what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant’s guardian(s), clinician/service provider, other program staff (if other program staff, indicate their role).) Please report all sources of information that apply for each assessment tool (e.g. the XYZ survey may be completed by both a youth client and their caregiver(s)).

Outcome:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
<p>3. Was outcome information gathered from every participant who received service, or only some?</p>		
<p>4. If only some participants, how did you choose who to collect outcome information from?</p>		
<p>5. How many total participants did your program have?</p>		
<p>6. How many people did you <i>attempt</i> to collect outcome information from?</p>		

7. How many people did you <i>actually</i> collect outcome information from?
8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
Results
<p>9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:</p> <ul style="list-style-type: none"> i. Means (and Standard Deviations if possible) ii. Change Over Time (if assessments occurred at multiple points) iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)
10. Is there some comparative target or benchmark level for program services? Y/N
11. If yes, what is that benchmark/target and where does it come from?
12. If yes, how did your outcome data compare to the comparative target or benchmark?

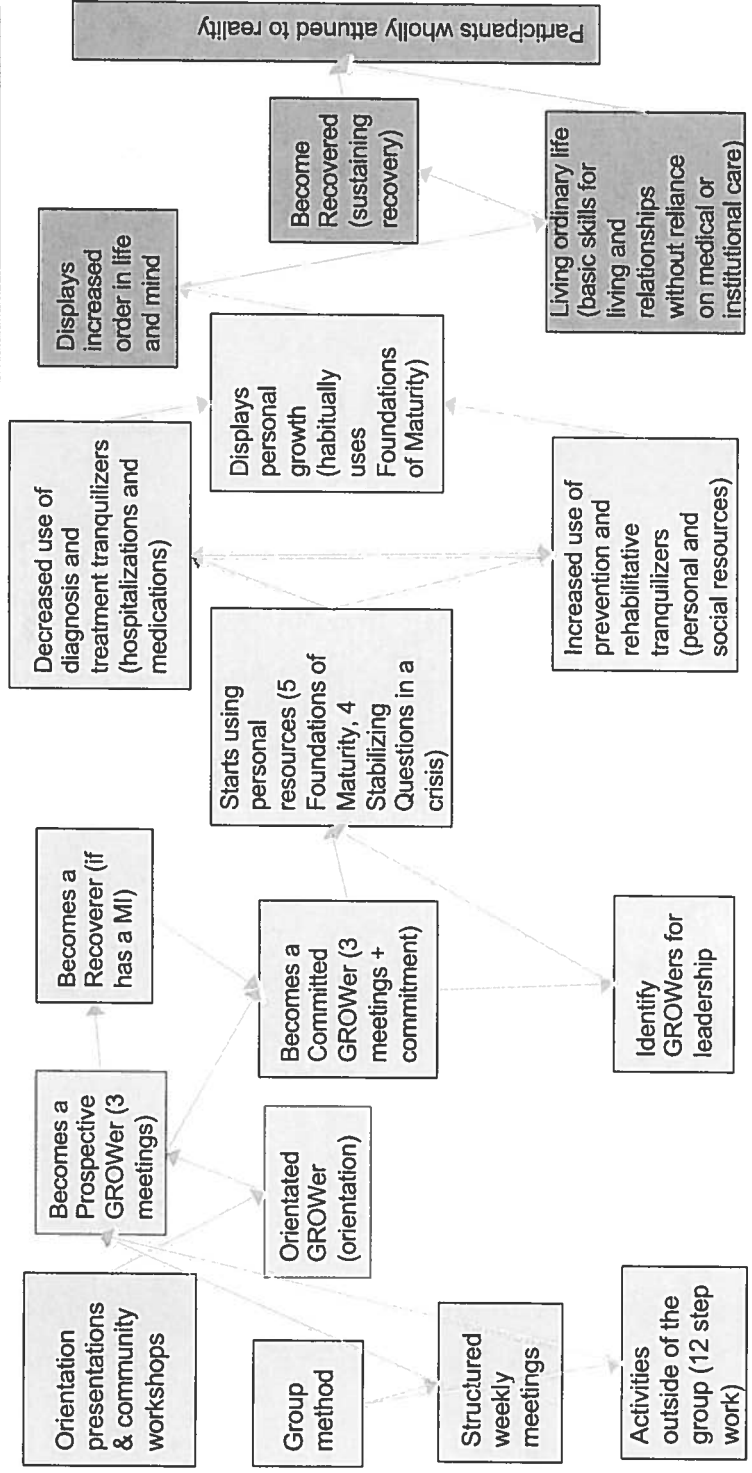
(Optional) Narrative Example(s):
<p>13. Describe a typical service delivery case to illustrate the work (this may be a “composite case” that combines information from multiple actual cases) (Your response is optional)</p>
<p>14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)</p>

<p>Utilization Data Narrative – <i>The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.</i></p> <p><i>Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.</i></p>
<p>Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs do not need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.</p>
<p>1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system). If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.</p>
<p>Treatment Plan Clients (TPC):</p>

<u>Non-treatment Plan Clients (NTPC):</u>
<u>Community Service Events (CSE):</u>
<u>Service Contacts (SC):</u>
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Longer-term Outcomes

Shorter-term Outcomes



Dear GROW member,

We would like to ask for your permission to participate in a GROW survey to help us better understand how GROW works. From this survey, we hope to learn more about your experiences with GROW so that we can make the program the best it can be for our members.

Completing this survey is completely voluntary. Your decision whether or not to participate will **not** affect your membership in GROW. **If you decide to participate, you are free to withdraw at any time without affecting that relationship.** Additionally, you are free to skip any question you do not feel comfortable answering.

With your permission, we would like to track your progress over time. In order to keep your information confidential, you will be assigned an ID number that will be attached to the information you provide today. Your name will not be directly attached to this information. Instead, your name will be kept on a secure list along with your ID number separately from the information you provide in this survey. Data will be stored on a password-protected computer.

Some of the findings from this survey may be shared with funders so we can demonstrate the impacts that GROW has. However, **no** personally identifying information will be shared. Rather, data will be presented for the group as a whole (E.g., "50% of GROW members reported...").

Please read each question carefully before answering. Answer each question as best you can, and with honesty. There is no right or wrong answer.

If you have any questions, please ask the survey administrator.

We appreciate you taking the time to fill out this survey. Thank you for participating.

Fieldworker fills out this section:

ID number: _____

Survey type: Baseline Follow-up

Date of survey: _____

This first set of questions asks about who you are and your involvement with GROW. The first two questions ask you to write in your response. The remaining questions ask you to circle the response that best describes you. For these questions, circle only one response, unless the question specifies otherwise.

Your age in years: _____

The zip code where you reside: _____

Gender

1. Man
2. Woman
3. Other, please specify: _____

Your race/ethnicity: Check all that apply.

1. White/Caucasian
2. Black/African American
3. Hispanic or Latino/Latina
4. Asian, Asian American, or Pacific Islander
5. American Indian or Alaska Native
6. Other, please specify: _____

Primary language/s spoken at home: Check all that apply.

1. English
2. Spanish
3. Other, please specify: _____

Have you or a loved one ever served in the U.S. Armed Forces?

1. Yes, I have served in the U.S. Armed Forces.
2. Yes, a loved one has served in the U.S. Armed Forces.
3. Yes, a loved one has served in the U.S. Armed Forces, and I have served in the U.S. Armed Forces.
4. No.

Which of the following best describes you **at the present time**?

1. Atheist (I do not believe in God.)
2. Agnostic (I believe we can't really know about God.)
3. Unsure (I don't know what to believe about God.)
4. Spiritual (I believe in God, but I'm not religious.)
5. Religious (I believe in God and practice religion.)

How did you first hear about GROW?

1. Orientation
2. Friend or family member in GROW
3. Professional referral
4. Other, please specify: _____

How do you usually get to the GROW meetings?

1. Drive myself
2. A family member or friend not in GROW
3. Another GROW member
4. Public transportation
5. Walk
6. Group held at my facility/agency

How long have you been attending GROW?

1. Less than 1 month
2. 1 to 2 months
3. 2 to 3 months
4. 3 to 6 months
5. 6 to 9 months
6. 9 to 12 months
7. 1 to 2 years
8. 2 to 5 years
9. 5 to 10 years
10. 10 to 15 years
11. Greater than 15 years

On average, how frequently do you attend GROW?

1. Once to twice a year
2. Every few months
3. Monthly
4. 2 to 3 times per month
5. Weekly

Have you been involved in a leadership role in GROW?

1. Yes
2. No

This next set of questions asks about your experiences and activities in a specific time frame. Pay careful attention to the time frame mentioned in the question and do your best to answer each question with that specific time frame in mind. Circle only one response for each question.

How many different prescribed medications are you taking **currently** for mental health reasons?

0. None
1. 1
2. 2
3. 3
4. 4
5. 5 or more

How many times have you been hospitalized for mental health reasons in the **past year**? (Write in your response here): _____

How many times have you been hospitalized for mental health reasons in your **lifetime**? It is okay to estimate if you don't know the exact number.

(Write in your response here): _____

Have you been given a specific diagnosis by a doctor or psychiatrist for a mental health reason?

1. Yes
2. No

For the majority of the **past month** were you:

1. Employed, full time (35+ hours per week)?
2. Employed, part time?
3. Self-employed, full time
4. Self-employed, part time
5. Unemployed, looking for work?
6. Unemployed, disabled?
7. Unemployed, volunteer work?
8. Unemployed, retired?
9. Unemployed, not looking for work?

For the majority of the **past month** were you enrolled in school or a job training program?

1. Not enrolled
2. Enrolled, full time
3. Enrolled, part time

How frequently have you done volunteer work in the **past month**?

1. Never
2. Once or twice
3. Weekly
4. A few times a week
5. Daily

In the **past month** have you had problems with substance abuse?

1. No problems
2. Mild problems
3. Moderate problems
4. Severe problems

In the **past 6 months**, how many times have you been convicted (found guilty) of a crime or offense in court? (Convicted means to be found to be responsible for a crime by a jury or judge)?
(Write in your response here): _____

For the next set of questions, please respond to each statement by **checking one box per row.**

In the past month , please describe how often...	Never	Rarely	Sometimes	Usually	Always
22. I have someone who understands my problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23. I have someone who will listen to me when I need to talk.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
24. I feel there are people I can talk to if I am upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
25. I have someone to talk with when I have a bad day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
26. I have someone I trust to talk with about my problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
27. I have someone I trust to talk with about my feelings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
28. I can get helpful advice from others when dealing with a problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
29. I have someone to turn to for suggestions about how to deal with a problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
30. I am there to listen to other's problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31. I look for ways to cheer people up when they are feeling down.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
32. People close to me tell me their fears and worries.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
33. I give others a sense of comfort in times of need.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
34. People confide in me when they have problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The following questions ask how satisfied you feel, on a scale from zero to 10. **Zero** means you feel no satisfaction at all and **10** means you feel completely satisfied.

35. Thinking about your own life and personal circumstances, how satisfied are you **with your life as a whole**?

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. How satisfied are you **with your standard of living**?

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. How satisfied are you **with your health**?

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. How satisfied are you **with what you are achieving in life**?

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How satisfied are you **with your personal relationships?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. How satisfied are you **with how safe you feel?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. How satisfied are you **with feeling part of your community?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. How satisfied are you **with your future security?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fieldworker fills out this section:

ID number: _____

Survey type: Baseline Follow-up

Date of survey: _____

This first set of questions asks about who you are and your involvement with GROW. The first two questions ask you to write in your response. The remaining questions ask you to circle the response that best describes you. For these questions, circle only one response, unless the question specifies otherwise.

Your age in years: _____

The zip code where you reside: _____

Gender

1. Man
2. Woman
3. Other, please specify: _____

Your race/ethnicity: Check all that apply.

1. White/Caucasian
2. Black/African American
3. Hispanic or Latino/Latina
4. Asian, Asian American, or Pacific Islander
5. American Indian or Alaska Native
6. Other, please specify: _____

Primary language/s spoken at home: Check all that apply.

1. English
2. Spanish
3. Other, please specify: _____

Have you or a loved one ever served in the U.S. Armed Forces?

1. Yes, I have served in the U.S. Armed Forces.
2. Yes, a loved one has served in the U.S. Armed Forces.
3. Yes, a loved one has served in the U.S. Armed Forces, and I have served in the U.S. Armed Forces.
4. No.

Which of the following best describes you **at the present time**?

1. Atheist (I do not believe in God.)
2. Agnostic (I believe we can't really know about God.)
3. Unsure (I don't know what to believe about God.)
4. Spiritual (I believe in God, but I'm not religious.)
5. Religious (I believe in God and practice religion.)

How did you first hear about GROW?

1. Orientation
2. Friend or family member in GROW
3. Professional referral
4. Other, please specify: _____

How do you usually get to the GROW meetings?

1. Drive myself
2. A family member or friend not in GROW
3. Another GROW member
4. Public transportation
5. Walk
6. Group held at my facility/agency

How long have you been attending GROW?

1. Less than 1 month
2. 1 to 2 months
3. 2 to 3 months
4. 3 to 6 months
5. 6 to 9 months
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7. 1 to 2 years
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10. 10 to 15 years
11. Greater than 15 years

On average, how frequently do you attend GROW?

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This next set of questions asks about your experiences and activities in a specific time frame. Pay careful attention to the time frame mentioned in the question and do your best to answer each question with that specific time frame in mind. Circle only one response for each question.

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0. None
1. 1
2. 2
3. 3
4. 4
5. 5 or more

How many times have you been hospitalized for mental health reasons in the **past year**? (Write in your response here): _____

How many times have you been hospitalized for mental health reasons in your **lifetime**? It is okay to estimate if you don't know the exact number.

(Write in your response here): _____

Have you been given a specific diagnosis by a doctor or psychiatrist for a mental health reason?

1. Yes
2. No

For the majority of the **past month** were you:

1. Employed, full time (35+ hours per week)?
2. Employed, part time?
3. Self-employed, full time
4. Self-employed, part time
5. Unemployed, looking for work?
6. Unemployed, disabled?
7. Unemployed, volunteer work?
8. Unemployed, retired?
9. Unemployed, not looking for work?

For the majority of the **past month** were you enrolled in school or a job training program?

1. Not enrolled
2. Enrolled, full time
3. Enrolled, part time

How frequently have you done volunteer work in the **past month**?

1. Never
2. Once or twice
3. Weekly
4. A few times a week
5. Daily

In the **past month** have you had problems with substance abuse?

1. No problems
2. Mild problems
3. Moderate problems
4. Severe problems

In the **past 6 months**, how many times have you been convicted (found guilty) of a crime or offense in court? (Convicted means to be found to be responsible for a crime by a jury or judge)?
(Write in your response here): _____

For the next set of questions, please respond to each statement by **checking one box per row.**

In the past month , please describe how often...	Never	Rarely	Sometimes	Usually	Always
22. I have someone who understands my problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23. I have someone who will listen to me when I need to talk.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
24. I feel there are people I can talk to if I am upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
25. I have someone to talk with when I have a bad day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
26. I have someone I trust to talk with about my problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
27. I have someone I trust to talk with about my feelings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
28. I can get helpful advice from others when dealing with a problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
29. I have someone to turn to for suggestions about how to deal with a problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
30. I am there to listen to other's problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31. I look for ways to cheer people up when they are feeling down.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
32. People close to me tell me their fears and worries.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
33. I give others a sense of comfort in times of need.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
34. People confide in me when they have problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The following questions ask how satisfied you feel, on a scale from zero to 10. **Zero** means you feel no satisfaction at all and **10** means you feel completely satisfied.

35. Thinking about your own life and personal circumstances, how satisfied are you **with your life as a whole?**

No satisfaction at all												Completely satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. How satisfied are you **with your standard of living?**

No satisfaction at all												Completely satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. How satisfied are you **with your health?**

No satisfaction at all												Completely satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. How satisfied are you **with what you are achieving in life?**

No satisfaction at all												Completely satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How satisfied are you **with your personal relationships?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. How satisfied are you **with how safe you feel?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. How satisfied are you **with feeling part of your community?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. How satisfied are you **with your future security?**

No satisfaction at all											Completely satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about your satisfaction with different elements of the GROW program. Please check only one box.

How satisfied you are with how frequently you attended meetings?

I wish I had attended fewer meetings. 1	I am satisfied with the number of meetings I attended. 2	I wish I had attended more meetings. 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with the spiritual components of the GROW program and/or its alternatives?

Very Dissatisfied 1	Dissatisfied 2	Neither Satisfied Nor Dissatisfied 3	Satisfied 4	Very Satisfied 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with the help you have received from GROW overall?

Very Dissatisfied 1	Dissatisfied 2	Neither Satisfied Nor Dissatisfied 3	Satisfied 4	Very Satisfied 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to each of the following statements by checking one box per row. If the statement does not apply to you, you may check the N/A (Not Applicable) box.

Participation in GROW has helped me....	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree Nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	N/A
46. Take psychiatric medication wisely.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
47. Work with my doctor to reduce medication safely.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
48. Need fewer hospital admissions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
49. Spend fewer days in the hospital when admitted.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
50. Prevent further hospitalizations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
51. Experience fewer problems with substance abuse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
52. Reduce my number of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

convictions.	1	2	3	4	5	N/A
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GROW EXIT SURVEY

Date: _____

Why did you stop attending GROW? (Please write your response in the box below):

--

How satisfied are you with the help you have received from GROW overall? (Check one box below):

Very Dissatisfied 1	Dissatisfied 2	Neither Satisfied Nor Dissatisfied 3	Satisfied 4	Very Satisfied 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend GROW to someone else? (Circle your response):

1. Yes
2. Maybe
3. No

If you had a need for GROW again would you come back? (Circle your response):

1. Yes
2. Maybe
3. No

Would you be willing to return to GROW at a future time to volunteer, advise, or lead GROW in some capacity? (Circle your response):

1. Yes
2. Maybe
3. No

If yes, how would you like to help? (Please write your response in the box below):

--

Please write any additional comments in the box below:

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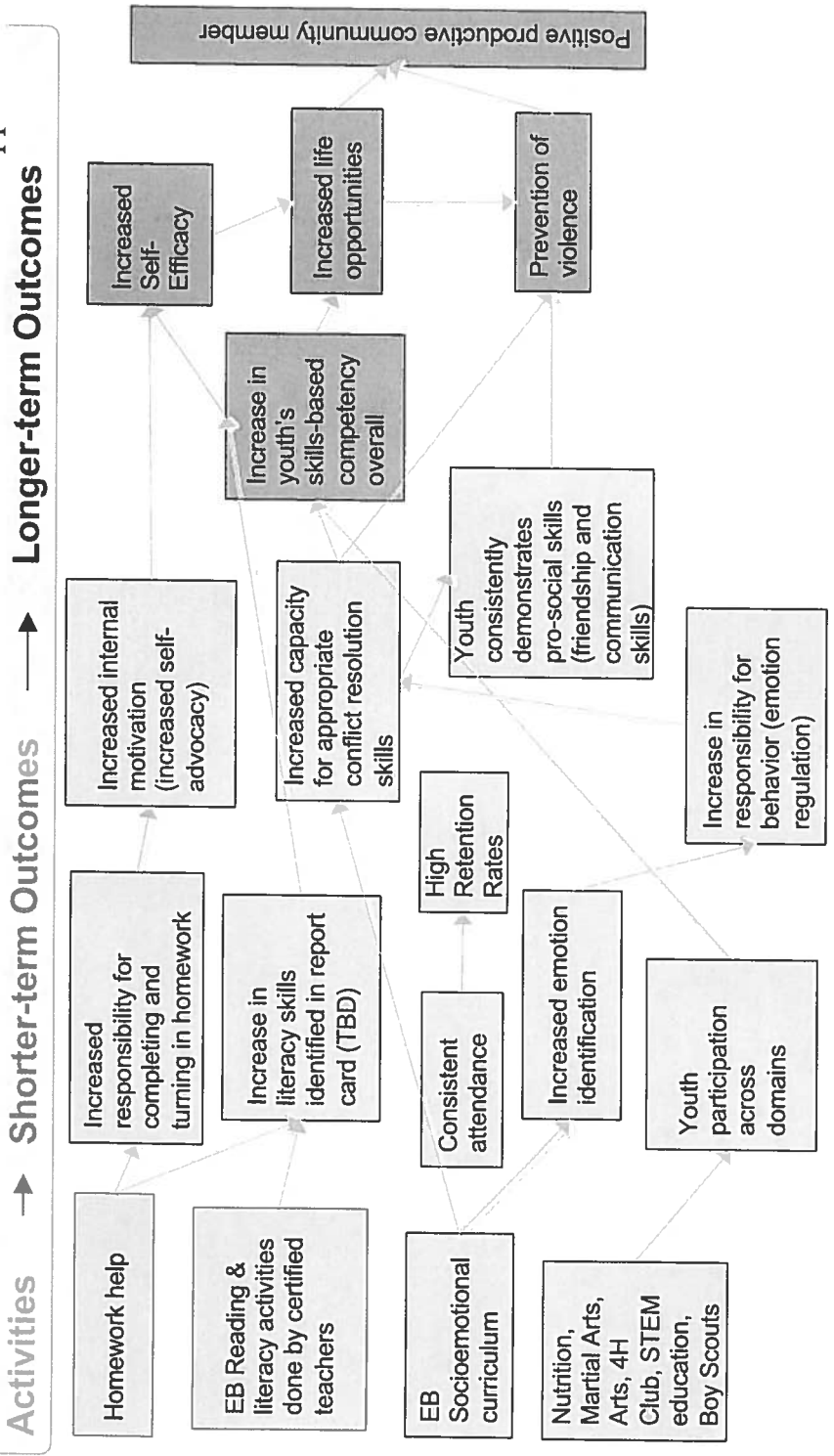
If you feel comfortable, please provide your contact information below:

Name: _____ E-mail address: _____

Phone number: _____

Mailing Address: _____

Section III: Appendix A



Section III: Appendix B

K-2nd Universal Literacy Outcome 1: Letter Sounds Kindergarten
Unit 4: "Knows and applies grade-level word skills"
Urbana: "Uses knowledge of letter sounds to decode words"
Rantoul: "Phonics and word recognition"

K-2nd Universal Literacy Outcome 1: Letter Sounds 1 st Grade
Unit 4: "Knows and applies grade-level word skills"
Urbana: "Uses knowledge of letter sounds to decode words"
Rantoul: "Phonics and word recognition"

K-2nd Universal Literacy Outcome 1: Letter Sounds 2 nd Grade
Unit 4: "Knows and applies grade-level word skills"
Urbana: n/a
Rantoul: "Phonics and word recognition"

K-2nd Literacy Outcome 2: Comprehension Kindergarten
Unit 4: "Demonstrates listening comprehension"
Urbana: "Reads grade-level text with sufficient accuracy and fluency to support comprehension"
Rantoul: "Key ideas and details"

Section III: Appendix B

K-2nd Literacy Outcome 2: Comprehension 1 st Grade
Unit 4: "Comprehends text on grade-level"
Urbana: "Reads grade-level text with sufficient accuracy and fluency to support comprehension"
Rantoul: "Key ideas and details"

K-2nd Literacy Outcome 2: Comprehension 2 nd Grade
Unit 4: "Comprehends text on grade-level"
Urbana: "Reads grade-level text with sufficient accuracy and fluency to support comprehension"
Rantoul: "Key ideas and details"

K-2nd Literacy Outcome 3: Collaborative Conversations Kindergarten
Unit 4: "Listens and responds to others"
Urbana: "Participates in collaborative conversations"
Rantoul: "Comprehension and Collaboration"

K-2nd Literacy Outcome 3: Collaborative Conversations 1 st Grade
Unit 4: "Listens and responds to others"
Urbana: "Participates in collaborative conversations"
Rantoul: "Comprehension and Collaboration"

K-2nd Literacy Outcome 3: Collaborative Conversations 2 nd Grade
--

Section III: Appendix B

Unit 4: "Participates in collaborative conversations"
Urbana: "Participates in collaborative conversations; asks and answers questions"
Rantoul: "Comprehension and Collaboration"

3 rd -5 th Literacy Outcome 1: Main Idea 3 rd Grade
Unit 4: "States key ideas and supporting details"
Urbana: "Determines main idea and key details in a variety of texts and supports using text evidence"
Rantoul: "Key ideas and details"

3 rd -5 th Literacy Outcome 1: Main Idea 4th Grade
Unit 4: "States key ideas and supporting details"
Urbana: "Uses text evidence to explain, interpret, and support a response to what is read"
Rantoul: "Key ideas and details"

3 rd -5 th Literacy Outcome 1: Main Idea 5th Grade
Unit 4: "States key ideas and supporting details"
Urbana: "Uses text evidence to explain, interpret, and support a response to what is read"
Rantoul: "Key ideas and details"

Section III: Appendix B

3 rd -5 th Literacy Outcome 2: Collaborative Conversations 3 rd Grade
Unit 4: "Engages effectively in a range of collaborative discussions"
Urbana: "Participates in collaborative conversations; asks and answers pertinent questions"
Rantoul: "Comprehension and Collaboration"

3 rd -5 th Literacy Outcome 2: Collaborative Conversations 4 th Grade
Unit 4: "Engages effectively in a range of collaborative discussions"
Urbana: "Engages in collaborative conversations; asks questions, adds own ideas"
Rantoul: "Comprehension and Collaboration"

3 rd -5 th Literacy Outcome 2: Collaborative Conversations 5 th Grade
Unit 4: "Engages effectively in a range of collaborative discussions"
Urbana: "Engages in collaborative conversations; asks questions, adds own ideas"
Rantoul: "Comprehension and Collaboration"

Math Outcomes

Kindergarten Math Outcome 1: Place Value
Unit 4: Describes numbers 11-19 in terms of tens and ones
Urbana: Understands place value by building and taking apart numbers from 11-19
Rantoul: Place value 11-19

1 st Grade Math Outcome 1: Addition and Subtraction - Solve
Unit 4: Solves addition and subtraction problems
Urbana: Uses place value understanding and properties of operations to add and subtract (within 100)
Rantoul: Apply place value to addition and subtraction

1 st Grade Math Outcome 2: Addition and Subtraction- Understanding Relationship
Unit 4: Understands the relationship between addition and subtraction
Urbana: Recognizes the relationship between addition and subtraction
Rantoul: Represent and solve addition and subtraction problems

2nd Grade Math Outcome 1: Solving addition and subtraction problems
Unit 4: Solves addition and subtraction problems
Urbana: Uses place value understanding and properties of operations to add and subtract (within 100)
Rantoul: Represent and solve problems with addition and subtraction

Section III: Appendix B

3rd Grade Math Outcome 1: Solving multiplication and division problems
Unit 4: Multiplies and divides within 100
Urbana: Represents and solves problems involving multiplication and division
Rantoul: Multiply and divide within 100

3rd Grade Math Outcome 2: Understanding relationship between multiplication and division
Unit 4: Explains relationships between multiplication and division
Urbana: Uses properties of operations and understanding of the relationship between multiplication and division
Rantoul: Multiplication properties and relationships with division

4 th Grade Math Outcome 1: Addition and subtraction of multi-digit numbers
Unit 4: Adds and subtracts multi-digit numbers
Urbana: Uses place value understanding and properties of addition and subtraction to perform multi-digit arithmetic and solve unique problems
Rantoul: Uses 4 operations to solve problems

4 th Grade Math Outcome 2: Multiplication and division of multi-digit numbers
Unit 4: Multiplies and divides multi-digit numbers
Urbana: Uses place value understanding and properties of multiplication and division to perform multi-digit arithmetic and solve unique problems
Rantoul: Uses 4 operations to solve problems

Section III: Appendix B

5 th Grade Math Outcome 1: Multiplication of multi-digit numbers whole and with decimals
Unit 4: Multiplies and divides multi-digit whole numbers; Multiplies and divides decimals
Urbana: Performs operations with multi-digit whole numbers and decimals to hundredths
Rantoul: Multi-digit whole numbers and decimals to hundredths

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Section III: Appendix C

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	A medium amount	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature Date

Mother/Father/Other (please specify:)

Thank you very much for your help

Strengths and Difficulties Questionnaire

T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Section III: Appendix C

Overall, do you think that this child has difficulties in any of the following areas:
emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress the child?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	A medium amount	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Thank you very much for your help

Section III: Appendix D

	Date:	Date:	Date:	Date:	Date:
Prosocial Conflict Resolution <ul style="list-style-type: none"> • Child-initiated • Staff-initiated 					
Acts of Harm <ul style="list-style-type: none"> • Harm toward child • Harm toward staff 					
Emotional Outbursts					
Emotion ID Expression <ul style="list-style-type: none"> • Prompted • Unprompted 					
Relationship Building					

Prosocial Conflict Resolution [conflict: Ashby & Neilsen-Hewett (2012): “the first child attempting to influence the second, followed by the second child resisting or opposing the first.”]

Coding instruction: Include an asterisk when coding for conflict resolution if the child under observation initiated the conflict

Child-initiated: “includes any verbalizations or behaviors that would benefit others as well as the *actor* (Staub, 1978). Prosocial behaviors are understood in the literature as both positive and friendly attitudes. *Prosocial behavior* is understood as a pattern of “voluntary actions that are intended to help or benefit another individual or group of individuals” (Eisenberg & Mussen, 1989, p. 3). This definition refers to consequences of an actor’s actions instead of the impetus behind those actions. These behaviors are culturally influenced and include a broad range of activities: cooperating, comforting, helping, negotiating, saving, and sharing” (Polnariiev, 2006). To fit into this category, the child under observation must initiate conflict resolution *without prompting from a staff member*. Includes:

- Cooperating/Sharing
 - Example: One kid came up to a kid sitting on a stool and said “I want this one.” The other kid got up (without being asked by staff) and said “Just take mine, I don’t care” and switched to a different stool.
 - Two children are arguing over a toy and one child says “I’ll let you play with it”
- Bargaining/negotiating
 - Example: Kelli picks up a piece of toast from in front of Maya. Maya says ‘no, that’s mine’. Kelli tries to give Maya a slice of pizza. Maya says ‘no that’s mine’ gesturing towards the toast. Kelli again offers Maya the slice of pizza, which she accepts.
 - Example: (*verbal*) Preston tells Al that as soon as he finishes riding the bike, that Al can have it. (*nonverbal*): Preston gives Al the bike (that he wanted) when he finished riding it.
- Appeal to staff authority/seeking out adult support
 - A child decides not to engage and goes to tell a teacher (seeking out support from an adult)
- Calm request to stop
 - A child calmly asks another child to stop doing something
- Apology
 - A child apologizes without being asked by a staff member
- Disengagement/distraction
 - A child walks away instead of continuing a conflict
- Third peer intervention
 - A child not involved in the conflict interjects into conflict and says “Let’s not fight”

Staff-initiated

- Definition: Resolving a problem with another child in a way that seeks to alleviate the conflict rather than escalate it *immediately after a staff member intervenes*. Same definition as above except occurring after a staff member has intervened.
- Actual examples observed: To start an egg launcher activity, each kid had to pick a different egg color. One kid had picked blue, but another kid said he wanted blue. The staff asks if one of them will pick a different color. The first kid volunteered to pick a different color.
- Example: a staff member asks a child to apologize and the child does so *immediately* after being asked
- *Non-example*: A staff asks a child several times to stop hitting another kid, and the child continues but then stops when staff threatens to take away a point.

Acts of Harm

Harm Toward Child: the child enacts intentional physical harm (e.g., hitting, punching, pushing) or psychological harm (verbal aggression; name-calling, swearing) on another person or engages in destructive play (e.g., destroying another kid's work), exclusion, or bullying.

- *Non-examples:* play fighting, flaming (sounds like verbal bullying but culturally it's verbal play fighting – not intended to harm, a way to express themselves and build relationships). *It is very important to carefully consider whether an action that may look like physical or verbal harm is actually play fighting. If both children are smiling and laughing while pushing each other lightly, for instance, this would not count as harm.*

Harm Toward Staff: the child enacts intentional physical harm (e.g., hitting, pushing, punching) or psychological harm (verbal aggression; name-calling, swearing) on a staff member

- *Non-examples:* Not listening to/not obeying staff does not count as harm.

Emotional Outbursts

- **Definition:** Expressing emotions through behaviors in a non-controlled, impulsive, and disruptive way
- **Examples:** a child begins yelling and crying in the middle of an activity, throwing things on the floor, knocking things over, overreacting emotionally to an act of play/ play fighting, handling material roughly
- *Non-examples:* If one of these examples occurs in the context of harming another child (e.g., throwing things at another child or yelling at another child), then this would be coded as Harm Toward Child. If one of these examples occurs in the context of harming a staff member, then this would be coded as Harm Toward Staff.

Emotion Identification Expression

- **Definition:** Providing a verbal expression of emotion and a thoughtful reason for that emotion
- Can be **prompted** (the child responds thoughtfully when asked why they feel a certain way) or **unprompted** (the child states how they feel and why they feel that way without prompting).
- **Actual examples observed:** In the discussion after reading a story from the Sanford Harmony book, a volunteer asked how you would feel if someone wasn't listening to you, and one kid responded, "I would feel so angry – like why aren't you paying attention to me."
- **Examples:** a child says "I'm angry because..."

Relationship Building

- **Definition:** Caring and supportive physical or verbal behaviors that build camaraderie, friendship, and brotherhood with other children.
- **Actual examples observed:** two children hug each other, two children walk around with their arms around each other, a kid patting another kid on the back when he was angry
- **Examples:** verbalize the concept of brotherhood (have heard this more from older boys) – "hey guys we shouldn't be acting like this because we're brothers"

Prosocial Play [play = child- or adult-initiated activity, structured or unstructured]

Definition: Engaging in play with other kids in a prosocial way by initiating play and/or clean up, sharing with other kids, and being inclusive and welcoming of other kids.

- **Actual examples observed:** One kid asked if anyone else could find a certain piece, and another kid found the piece and gave it to him; When staff said it was time to clean up, one kid took a box (without being asked) and went around asking everyone to put their spinners in the box

Section III: Appendix D

- Examples: organizing play – take the blocks and make it into a bowling ball game (“let’s do this with these blocks”)

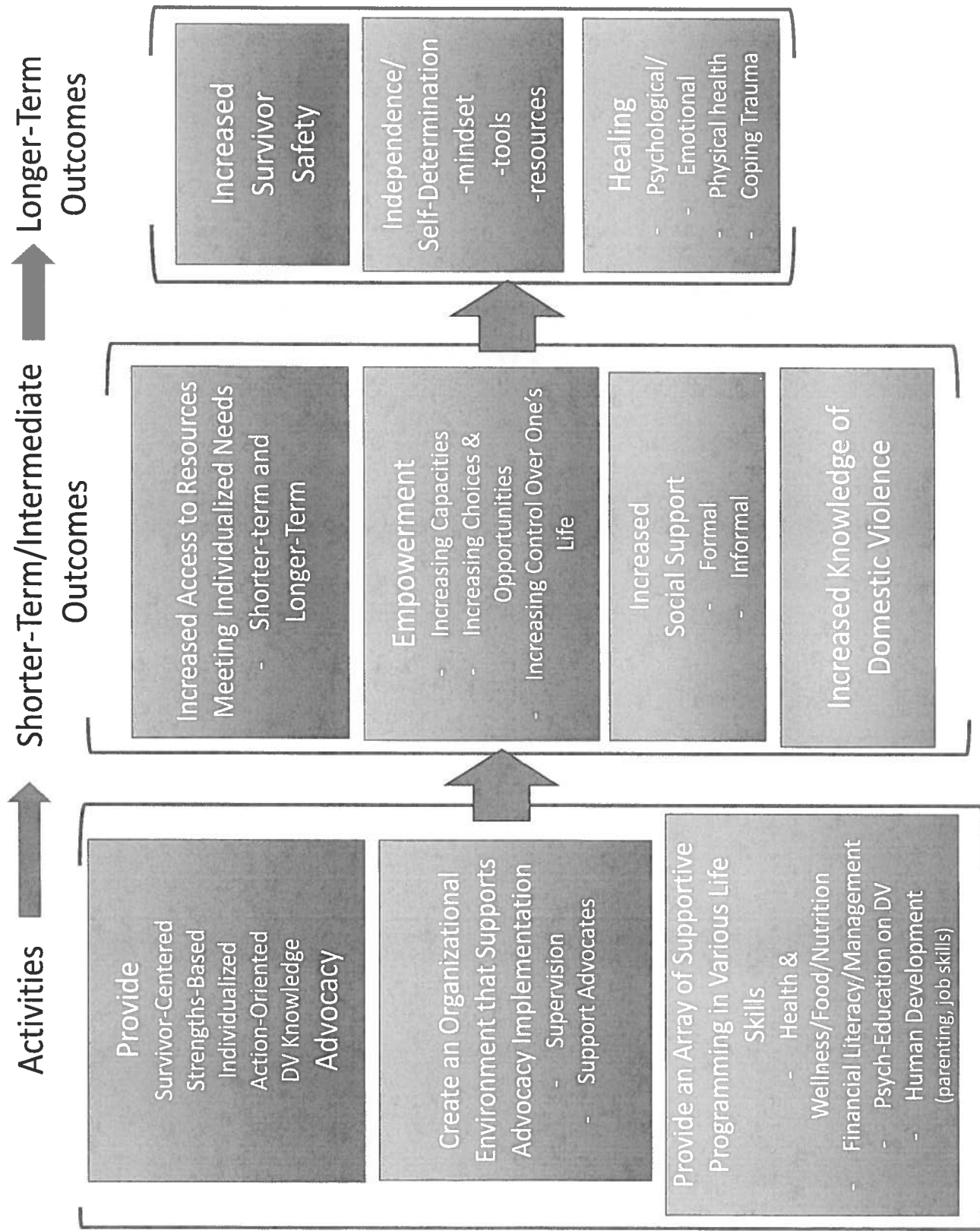


40 Developmental Assets®

Search InstituteSM has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible.



Category	Asset Name and Definition	
External Assets	Support <ol style="list-style-type: none"> 1. Family Support-Family life provides high levels of love and support. 2. Positive Family Communication-Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents. 3. Other Adult Relationships-Young person receives support from three or more nonparent adults. 4. Caring Neighborhood-Young person experiences caring neighbors. 5. Caring School Climate-School provides a caring, encouraging environment. 6. Parent Involvement in Schooling-Parent(s) are actively involved in helping young person succeed in school. 	
	Empowerment <ol style="list-style-type: none"> 7. Community Values Youth-Young person perceives that adults in the community value youth. 8. Youth as Resources-Young people are given useful roles in the community. 9. Service to Others-Young person serves in the community one hour or more per week. 10. Safety-Young person feels safe at home, school, and in the neighborhood. 	
	Boundaries & Expectations <ol style="list-style-type: none"> 11. Family Boundaries-Family has clear rules and consequences and monitors the young person's whereabouts. 12. School Boundaries-School provides clear rules and consequences. 13. Neighborhood Boundaries-Neighbors take responsibility for monitoring young people's behavior. 14. Adult Role Models-Parent(s) and other adults model positive, responsible behavior. 15. Positive Peer Influence-Young person's best friends model responsible behavior. 16. High Expectations-Both parent(s) and teachers encourage the young person to do well. 	
	Constructive Use of Time <ol style="list-style-type: none"> 17. Creative Activities-Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. 18. Youth Programs-Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 19. Religious Community-Young person spends one or more hours per week in activities in a religious institution. 20. Time at Home-Young person is out with friends "with nothing special to do" two or fewer nights per week. 	
	Internal Assets	Commitment to Learning <ol style="list-style-type: none"> 21. Achievement Motivation-Young person is motivated to do well in school. 22. School Engagement-Young person is actively engaged in learning. 23. Homework-Young person reports doing at least one hour of homework every school day. 24. Bonding to School-Young person cares about her or his school. 25. Reading for Pleasure-Young person reads for pleasure three or more hours per week.
		Positive Values <ol style="list-style-type: none"> 26. Caring-Young person places high value on helping other people. 27. Equality and Social Justice-Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity-Young person acts on convictions and stands up for her or his beliefs. 29. Honesty-Young person "tells the truth even when it is not easy." 30. Responsibility-Young person accepts and takes personal responsibility. 31. Restraint-Young person believes it is important not to be sexually active or to use alcohol or other drugs.
		Social Competencies <ol style="list-style-type: none"> 32. Planning and Decision Making-Young person knows how to plan ahead and make choices. 33. Interpersonal Competence-Young person has empathy, sensitivity, and friendship skills. 34. Cultural Competence-Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance Skills-Young person can resist negative peer pressure and dangerous situations. 36. Peaceful Conflict Resolution-Young person seeks to resolve conflict nonviolently.
		Positive Identity <ol style="list-style-type: none"> 37. Personal Power-Young person feels he or she has control over "things that happen to me." 38. Self-Esteem-Young person reports having a high self-esteem. 39. Sense of Purpose-Young person reports that "my life has a purpose." 40. Positive View of Personal Future-Young person is optimistic about her or his personal future.



Measure of Victim Empowerment Related to Safety (MOVERS) Scale

MOVERS is a 13-item scale that measures survivor empowerment within the domain of safety. It is available in English and Spanish and demonstrates a strong factor structure and high reliability and validity in IPV survivors seeking services.

MOVERS is composed of three subscales that assess distinct domains of safety related empowerment: Internal Tools assesses the extent to which a survivor has developed a set of safety-related goals and a belief in her ability to accomplish them (items 1,3,5,7,9,11; alpha = .88). Expectation of Support assesses the degree to which a survivor perceives that she has the support she needs to move towards safety (4,8,12,13; alpha = .74); and Trade-offs assesses the extent to which the survivor feels that her efforts to achieve safety will trigger new problems (2,6,10; alpha = .82). Participants respond to each item using a five-point Likert scale (from “never true” to “always true”). Scores on each subscale are summed and averaged to produce subscale scores.

REFERENCE

Goodman, L.A., Bennett Cattaneo, L.B., Thomas, K., Woulfe, J., Chong, S.K., & Smyth, K.F. (2014). Advancing domestic violence program evaluation: Development and validation of the Measure of Victim Empowerment Related to Safety (MOVERS). *Psychology of Violence*. . Advance online publication. November 10, 2014
<http://dx.doi.org/10.1037/a0038318>.

NOTE: See next two pages for English and Spanish versions of MOVERS

For a fuller discussion of MOVERS, see dvevidenceproject.org/wp-content/uploads/MOVERS_v6-Goodman-20153.pdf

YOUR SAFETY

You may be facing a variety of different challenges to safety. When we use the word *safety* in the next set of questions, we mean safety from physical or emotional abuse by another person.

Please circle the number that best describes how you think about your and your family's safety right now. When you are responding to these questions, it is fine to think about your family's safety along with your own if that is what you usually do.

	Never True	Sometimes True	Half the Time True	Mostly True	Always True
1. I can cope with whatever challenges come at me as I work to keep safe.	1	2	3	4	5
2. I have to give up too much to keep safe.	1	2	3	4	5
3. I know what to do in response to threats to my safety.	1	2	3	4	5
4. I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.).	1	2	3	4	5
5. I know what my next steps are on the path to keeping safe.	1	2	3	4	5
6. Working to keep safe creates (or will create) new problems for me.	1	2	3	4	5
7. When something doesn't work to keep safe, I can try something else.	1	2	3	4	5
8. I feel comfortable asking for help to keep safe.	1	2	3	4	5
9. When I think about keeping safe, I have a clear sense of my goals for the next few years	1	2	3	4	5
10. Working to keep safe creates (or will create) new problems for people I care about	1	2	3	4	5
11. I feel confident in the decisions I make to keep safe	1	2	3	4	5
12. I have a good idea about what kinds of support for safety I can get from community programs and services	1	2	3	4	5
13. Community programs and services provide support I need to keep safe.	1	2	3	4	5

Note: Measure of Victim Empowerment in the Domain of Safety (MOVERS)

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SU SEGURIDAD

	No es verdad	A veces es verdad	La mitad del tiempo es verdad	Casi siempre es verdad	Siempre es verdad
1. Puedo enfrentarme a cualquier reto para mantener mi seguridad.	1	2	3	4	5
2. Tengo que renunciar demasiadas cosas para mantener mi seguridad.	1	2	3	4	5
3. Yo sé como responder a amenazas a mi seguridad.	1	2	3	4	5
4. Yo sé que tipos de apoyo con respeto a seguridad puedo obtener en mi comunidad (amigos, familia, vecinos, gente de mi espiritual)	1	2	3	4	5
5. Yo sé cuales son los siguientes pasos para mantenerme seguro/a.	1	2	3	4	5
6. Mis intentos para mantener mi seguridad crean o van a crear nuevos problemas para mí.	1	2	3	4	5
7. Cuando algo no está funcionando para mantener mi seguridad, yo puedo intentar algo diferente.	1	2	3	4	5
8. Me siento cómodo/a pidiendo ayuda para mantener mi seguridad.	1	2	3	4	5
9. Cuando pienso en mi seguridad, tengo claras mis metas para el futuro.	1	2	3	4	5
10. Mis intentos para mantener mi seguridad crean o van a crear nuevos problemas para la gente que yo quiero.	1	2	3	4	5
11. Me siento seguro de las decisiones que hago para mantener mi seguridad.	1	2	3	4	5
12. Tengo una buena idea de qué tipo de apoyo puedo conseguir de las programas comunitarios para mantener mi seguridad.	1	2	3	4	5
13. Hay programas en mi comunidad y servicios sociales que pueden proveer el apoyo y los recursos que yo necesito para mantener mi seguridad.	1	2	3	4	5

Measure of Victim Empowerment in the Domain of Safety (MOVERS)

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ADULT CLIENT INTAKE FORM

All Programs

Client ID _____
 First Contact Date _____

Household ID Number _____
 Case Close Date: _____

All questions should be completed within 24 hours of intake.

A. CLIENT DEMOGRAPHICS

1. Name: _____ Date of Birth: _____ 1. Phone Intake 2. In-person Intake

2. Gender Identity: Woman Man Other: _____ Not Reported (Client declined)
- Transwoman: *Someone whose sex was assigned male at birth and currently identifies as a woman*
- Transman: *Someone whose sex was assigned female at birth but identifies as a man*
- Genderqueer/Gender non-conforming: *Someone who does not identify exclusively as male or female, somewhere in between or neither gender identity*

Sexual Orientation:

- Heterosexual/Straight: *Sexually attracted to people of the opposite sex*
- Homosexual/Gay/Lesbian: *Sexually attracted to people of one's own sex*
- Bisexual: *Sexually attracted to both men and women*
- Queer: *Sexual minorities who are not heterosexual and/or cisgender*
- Other: *Sexual attraction does not fit under any other category listed*
- Not Reported: *Refused.*
- Unknown: *Unable to obtain information.*

3. Age at First Contact: _____

4. Primary Language: _____

5. Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Unknown

6. Race: *Check as many as apply* American Indian or Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Unknown

7. Veteran's Status: No Yes Unknown Not Reported (e.g., client declined)

8. Employment: Full Time Not Employed Part Time Unknown

9. Education: College Grad or More High School Grad No High School Some College
 Some High School Unknown

10. Marital Status: Common Law Divorced Legally Separated Married Single Unknown Widowed

11. Pregnant: No Not Reported Unknown Yes Not Applicable (male clients only)

12. Number of Children*: _____ (**Remember to fill out one Child Information Form per child using residential or other program services*)

Name	Gender	Age

ADULT CLIENT INTAKE FORM

All Programs

B. PRIMARY PRESENTING

ISSUE (choose ONE):

- Emotional DV, Physical DV, Sexual DV, Primary Offense Date: ___/___/___

1. Offense Location:

- Car, Offender's Home, Other Private Location, Other Public Location, Park, School, Shared Home, Street, Victim's Home, Victim's Work, Other:

2. Other Presenting Issues: (Check as many as apply)

- Rape/Sexual Assault, Adult survivor incest/child sexual assault, Stalking, Harassment, Child sexual assault, Child abuse, Sexual DV, Emotional DV, Domestic battery, Aggravated dom. battery, Violation of OP, Elder abuse, Homicide, Attempted homicide, DUI/DWI, Other assault, Battery, Assault/battery, Burglary, Robbery, Other offense against person, Other offense, Unknown offense

C. CLIENT INCOME

SOURCE(S): Check as many as apply AND indicate MONTHLY amnt.

- Earned Income \$, Unemployment Insurance\$, SSI \$, Veterans disability pay \$, Private disability insurance\$, Worker compensation \$, TANF \$, Soc Sec Disability \$, General assistance \$, Retirement income/Soc. Security\$, Veteran's pension \$, Pension from former job \$, Child Support \$, Alimony/other spouse income \$, Other Source \$, No financial resources, Unknown (-1 unknown; -2 not reported)

D. NONCASH BENEFITS/HEALTH INSURANCE:

1. Non Cash Benefits:

- Food Stamps/food benefit card (Link Card), Special Supplemental nutrition (WIC), TANF Child Care services, TANF Transportation, Other TANF funded services, Section 8, public housing, rent assistance, Other Source, No Non Cash benefits, Unknown

2. Health Insurance

- Medicaid health insurance (18 and older only), Medicare health insurance, State children's health insurance (Children's Medicaid), Veteran's administration med services, Private health insurance, No health insurance, Unknown

E. REFERRAL SOURCE:

1. Referred From:

- Legal System, Hospital, Medical, Self, Sexual Assault Program, Medical Advocacy Program, Law Enforcement, Social Service Program, Housing Program, Private Attorney, State's Attorney, Other DV Program, Other Referrals, Circuit Clerk, Clergy, Education System, DCFS, Public Health, Media, Relative, Friend, Child Advocacy Center, National DV Hotline, IL DV Helpline, Other Local Hotline

2. Referred To:

- State's Attorney, Circuit Clerk, Hospital, Housing Program, Law Enforcement, Public Health, Other Referrals, Other DV Program, Social Service Program, Sexual Assault Program, Legal System, Private Attorney, Education System, Medical, DCFS, Clergy

ADULT CLIENT INTAKE FORM

Draft 4/18

All Programs

F. SPECIAL NEEDS (as many as apply):

- Is hearing impaired, Requires assistance in feeding, dressing, or toileting, Must have medications administered, Is visually impaired-requires assistance, No special needs indicated, Has limited English (primary language: _____), Requires a wheelchair, Has immobility, Has developmental disability, Unknown, Not Reported, Requires special diet, Other Special Needs: _____

G. SERVICES NEEDED: Check all services needed by client at time of intake.

- Shelter, Housing, Financial, Referral, Lock up/Board up, Emotional/Counseling, Individual Support (child), School Advocacy (child), Group Activity (child), Education, Child Care, Legal Services, Employment, Legal Advocacy, Medical Services, Medical Advocacy, Crisis Intervention, Transportation, Parent/Child Support, Community Advocacy (child), Therapy

H. RESIDENCE:

Address:

City/Town, Township, County, State, Zip Code (Enter UK for Unknown and NR for Not reported), Home Phone (____)____-____, Work Phone (____)____-____, Emergency Contact: (____)____-____

Type of Residence (IMMEDIATELY prior to coming to dv shelter/transitional housing program) (shelter clients only)

- Emergency shelter(other dv or homeless), Transitional housing-homeless, Perm. housing for formerly homeless, Psychiatric hospital/facility, Substance abuse treat. facility, Jail/prison/juvenile detention ctr, Room/apt/house rented, Apt/house owned, Staying/living w/family member, Staying/living w/friend, Hotel/motel paid for w/o emergency shelter voucher, Foster care home/group home, Place not meant for habitation, Other, Unknown, Not Reported

Length of stay in previous place (place indicated above) (shelter clients only)

- One week or less, One week to one month, 1-3 months, More than 3 months, up to 1 year, One year or longer

PREVIOUS SERVICE USE Residential Clients Only

In The Last Year:

- 1--Have you used another domestic violence shelter in this part of IL? YES NO If yes, about how long ago (approx date): _____
2--Have you used another homeless shelter in this part of IL? YES NO If yes, about how long ago (approx date): _____

ADULT CLIENT INTAKE FORM

All Programs

I. OFFENDER INFORMATION: Name: _____ Soc.Sec.#: _____ - _____ - _____ County/State: _____

Birth Date: ____/____/____ DOC #: _____ Case #: _____ Age (at victim intake): _____

Race: African American Asian Biracial Hispanic Native Amer. Other Unknown White

Gender: Female Male Other

Relationship to Client:

- Husband Mother's Boyfriend Girlfriend Female Child/Grandchild
 Ex-husband Male Stranger Ex-girlfriend Other Female Relative
 Boyfriend Male Child/Grandchild Female Acquaintance Female Stranger
 Ex-boyfriend Other Male Relative Female Shares Household Unknown
 Male Acquaintance Male Shares Household Mother Same Sex Partner
 Father Wife Female Friend
 Male Friend Ex-Wife Father's Girlfriend

Visitation: No Visitation Allowed Not an Issue Supervised Visitation Unknown Unsupervised Visitation

If there are police and/or state's attorney charges against the offender, document those on the Medical Criminal Justice Information Form.

MEDICAL/CRIMINAL JUSTICE -- VICTIM DOCUMENTATION INFORMATION Residential Clients Only

MEDICAL

Visit medical facility? No Not Reported Unknown Yes

Treated For Injuries? No Not Reported Unknown Yes

Seriousness Of Injuries: Did not require hospital admission Required hospital admission Unknown

Photos Taken: No Not Reported Unknown Yes Location of Photos: _____

Type of Medical Facility: Clinic ER None Other Private Physician Trauma Ctr. Unknown

Evidence Kit Used? No Not Reported Unknown Yes

Other Family Problems: _____

- The Offender (check all that apply): Threw something at your victim Beat up your victim
 Pushed, grabbed or shoved your victim Choked your victim
 Slapped your victim Threatened your victim with a knife or gun
 Kicked, bit or hit your victim with a fist Used a knife or fired a gun
 Hit or tried to hit your victim with something

ADULT CLIENT INTAKE FORM

All Programs

J. ELIGIBILITY DETERMINATION/PROGRAM RESPONSE:

Eligible for Services:

1. Based on the circumstances documented above, it is reasonable to conclude that the individual identified herein and accompanying children, if any, is subject to, or at risk of, abuse and is eligible to receive domestic violence services on the basis for the need for protection.

Immediate Program Response:

- 1) Accepted as client in on-site residence
2) Accepted as client in emergency shelter
3) Accepted client as non-residential client
4) Referred to another program (name)

2. Based on information received at the time of intake, I conclude this individual is not eligible for services.

Intake Worker: _____

Date: _____

I understand that by my signature, I am verifying the above information and requesting service for ___myself; ___myself and family. I also understand that I have a right to appeal and have a fair hearing of any grievance.

Client Signature: _____ Date: _____

ORDERS OF PROTECTION

Originally Sought Order: [] Granted [] Denied [] Pending [] Unknown

Date Filed: ___/___/___

County: _____

Date Issued: ___/___/___

Type of Order: [] Emergency [] Interim [] Plenary [] Unknown

Date Vacated: ___/___/___

Forum: [] Criminal [] Civil [] Unknown

Original Date Of Expiration: ___/___/___

Comments: _____

Grid with 4 columns (Activity 1-4) and 2 rows. Each cell contains checkboxes for EOP to IOP, EOP to POP, IOP to POP, Extension, Modification, Violation W/Police Charge, Violation W/O Police Charge, and Activity Date/Expiration Date fields.

POLICE

Date Reported to Police: ___/___/___ [] Patrol Interview [] Detective Interview

PROSECUTION

[] State's Attorney Interview [] V/Witness [] Trial Scheduled Trial Type: [] Bench [] Jury [] Unknown

Court Appearance ___/___/___ If results in continuance, which type? [] Defense [] Prosecution [] Other

Court Appearance ___/___/___ If results in continuance, which type? [] Defense [] Prosecution [] Other

Court Appearance ___/___/___ If results in continuance, which type? [] Defense [] Prosecution [] Other

Court Appearance ___/___/___ If results in continuance, which type? [] Defense [] Prosecution [] Other

Court Appearance ___/___/___ If results in continuance, which type? [] Defense [] Prosecution [] Other

V/W Participate: [] Yes [] No [] Not Appropriate [] Unknown

ADULT CLIENT INTAKE FORM

All Programs

MEDICAL/CRIMINAL JUSTICE -- OFFENDER CRIMINAL JUSTICE DOCUMENTATION

POLICE

Police Department: _____ Report Number: _____

Arrest Made? No Not Reported Unknown Yes Date of Arrest: ___/___/___

Police Charge	Date of Charges: ___/___/___
Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown
Police Charge	Date of Charges: ___/___/___
Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown

PROSECUTION

Charges Filed? No Not Reported Unknown Yes

Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown
State's Attorney Charge:	Charge Date: ___/___/___
Disposition:	<input type="checkbox"/> Acquitted <input type="checkbox"/> Convicted, Lesser Charge <input type="checkbox"/> Dismissed, Victim Didn't Show <input type="checkbox"/> Mistrial <input type="checkbox"/> Pled Guilty, Original Charge <input type="checkbox"/> Charges Dropped <input type="checkbox"/> Dismissed, Fines <input type="checkbox"/> Dismissed, Want Of Prosecution <input type="checkbox"/> Other: _____ <input type="checkbox"/> Stricken On Leave <input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed, Other Reason <input type="checkbox"/> Hung Jury <input type="checkbox"/> Pled Guilty, Lesser Charge <input type="checkbox"/> Unknown
Sentence 1:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation Sentence Date: ___/___/___ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution Sented for: Yrs ___ Mo ___ Days ___ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown
Sentence 2:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation Sentence Date: ___/___/___ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution Sented for: Yrs ___ Mo ___ Days ___ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown
Sentence 3:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation Sentence Date: ___/___/___ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution Sented for: Yrs ___ Mo ___ Days ___ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown
Charge Type:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unknown
State's Attorney Charge:	Charge Date: ___/___/___
Disposition:	<input type="checkbox"/> Acquitted <input type="checkbox"/> Convicted, Lesser Charge <input type="checkbox"/> Dismissed, Victim Didn't Show <input type="checkbox"/> Mistrial <input type="checkbox"/> Pled Guilty, Original Charge <input type="checkbox"/> Charges Dropped <input type="checkbox"/> Dismissed, Fines <input type="checkbox"/> Dismissed, Want Of Prosecution <input type="checkbox"/> Other: _____ <input type="checkbox"/> Stricken On Leave <input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed, Other Reason <input type="checkbox"/> Hung Jury <input type="checkbox"/> Pled Guilty, Lesser Charge <input type="checkbox"/> Unknown
Sentence 1:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation Sentence Date: ___/___/___ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution Sented for: Yrs ___ Mo ___ Days ___ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown
Sentence 2:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation Sentence Date: ___/___/___ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution Sented for: Yrs ___ Mo ___ Days ___ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown
Sentence 3:	<input type="checkbox"/> Conditional Discharge <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Not Sentenced <input type="checkbox"/> Probation Sentence Date: ___/___/___ <input type="checkbox"/> Fines <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other <input type="checkbox"/> Restitution Sented for: Yrs ___ Mo ___ Days ___ <input type="checkbox"/> Jail <input type="checkbox"/> Mandated Couns. <input type="checkbox"/> Prison <input type="checkbox"/> Supervision <input type="checkbox"/> Unknown

ADULT CLIENT INTAKE FORM

All Programs

Information Acknowledgements:

Confidentiality Policy:

I refuse to give permission to funders to see my name when reviewing my files.

Client Signature

Date

I have read or had read to me the Confidentiality Policy of Courage Connection and understand it.

Client Signature

Date

Staff Signature

Date

Other Acknowledgments:

I have read or had read to me the following documents, and I was given a copy to keep:

- Illinois Domestic Violence Act Victim Information
- Crime Victim Compensation
- Courage Connection Client Rights and Responsibilities
- Courage Connection Residential Expectations *(for residential clients only)*
- Courage Connection Required Client Departure and Grievance Procedures *(for residential clients only)*

Client Signature

Date

Staff Signature

Date

ADULT CLIENT INTAKE FORM

All Programs

Emergency Contact Agreement

Your emergency contact for you or your child cannot be your abuser as no abuser is allowed on property.

Adult emergency contact (please print)

** In case of a safety or medical emergency you can provide someone that we can contact to pass on information/ensure your safety (Please print name and info of your emergency contact)

Name: _____ City: _____ State: _____

Home Phone#: _____ Cell #: _____ Work #: _____

Relationship to you: _____

Or, please check here if you don't have/prefer not to give an emergency contact

No Adult Emergency Contact

Child(ren) Emergency Contact(s)

IT IS COURAGE CONNECTION'S POLICY THAT WE WILL NOT RELEASE YOUR CHILD(REN) TO ANY ADULT NOT ON THIS FORM. PHOTO ID IS REQUIRED WHEN PICKING UP CHILD. IT IS ALSO OUR POLICY THAT NO CHILD CAN BE LEFT ON COURAGE CONNECTION'S PROPERTY WITHOUT AN ASSIGNED ADULT (NOT A STAFF MEMBER) TO SUPERVISE THAT CHILD(REN). IN THE CASE OF AN EMERGENCY, WHEN THE CHILD IS LEFT ALONE ON CC PROPERTY, THE LISTED EMERGENCY CONTACT WILL BE CONTACTED. IF AN EMERGENCY CONTACT IS NOT PROVIDED OR THAT CONTACT CANNOT BE REACHED, (DCFS) DEPARTMENT OF CHILDREN AND FAMILY SERVICE WILL BE CONTACTED TO INFORM THEM A CHILD WAS LEFT UNATTENDED ON OUR PROPERTY.

*Only the enrolling parent/guardian can make changes to this form.

Child 1: _____ UR# _____ Site: Main Street/Church Street

Child 2: _____ UR# _____ Site: Main Street/Church Street

Child 3: _____ UR# _____ Site: Main Street/Church Street

Child 4: _____ UR# _____ Site: Main Street/Church Street

Enrolling Parent(s)/Guardian(s): _____ UR# _____

Home Phone#: _____ Cell #: _____ Work #: _____

If more than 4 children or more than 2 emergency contacts, please complete additional Emergency Contact Form(s)

Child(ren) emergency contact (please print)

1. Name: _____

By initialing in this box, you give permission for your child(ren) to be released to this emergency contact

City: _____ State: _____ Relationship to Child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

2. Name: _____

By initialing in this box, you give permission for your child(ren) to be released to this emergency contact

City: _____ State: _____ Relationship to Child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Or, please check here if you don't have/prefer not to give an emergency contact for your child(ren)

No Child(ren) Emergency Contact

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For staff member- there must be an accompanying release of information for EACH emergency contact listed above

ADULT CLIENT INTAKE FORM

Draft 4/18

All Programs

***For staff member- If there is more than one emergency contact you must print off extra Releases of Information and fill one out for each contact**

Release of Information

All communications between you and domestic violence program staff are confidential and are protected by the Illinois Domestic Violence Act (IDVA). The only exceptions are child and elder abuse and/or neglect and if failure to disclose information might result in imminent risk of bodily harm to someone. All staff and volunteers are mandated reporters of child abuse and elder abuse.

I, _____, authorize the following Courage Connection employee(s):
(Client name) [] _____ [] Staff person covering the DV hotline

to release the following: [] Written Information [] Verbal Information

Description of what information exactly is to be released (e.g., proof of client's residency at shelter):

To: _____ at _____
(Person, if applicable) (Agency, if applicable)

Purpose of information being released (eg. provide information for DCFS case):

This waiver expires 30 days from the date of signature, which is ____/____/_____.

You can revoke this waiver at any time and no information will be released to the above mentioned person(s) or agency. If you revoke this waiver after contact has already been made with the above mentioned person(s) or agency, no further information will be released.

Failure by you or staff to sign waiver will make it null and void.

This is an authorization for release for written and/or verbal information: I know I have the right to inspect and copy the information to be disclosed and this consent is granted with the full knowledge of the information contained herein.

I have read and understand this "Waiver and Consent for Release of Information."

_____/_____/_____
Date

_____/_____/_____
Date of Birth

_____/_____/_____
Date

Client Signature

Client ID Number

Staff Signature

ADULT CLIENT INTAKE FORM

Draft 4/18

All Programs

DRAFT
Resource Interview, Part One

Client Name: _____

DOB: ___/___/___

Caseworker completing interview: _____

Now, I'd like to get an idea of some community resources you may have needed over the past X months, or that you may have already come into contact with.

Community Resources	In the last (e.g. 4) months did you need _____? Please indicate Yes or No below. 1. YES 0. NO	[If yes] Did you know <i>where</i> to get _____? 1. No idea where to go 2. A little bit of an idea where to go 3. Somewhat of an idea where to go 4. Certain where to go	If yes, how effective were you at getting _____? 1. Not at all effective 2. A little effective 3. Somewhat effective 4. Very effective	Is _____ currently (still) an unmet need? Please indicate Yes or No below. 1. YES 0. NO	Would it be helpful to have new referrals to try to meet this need? 1. YES 0. NO
Emergency Shelter					
Housing					
Food					
Financial Assistance					
Material Goods (incl. clothing)					

Section IV: Appendix D

Community Resources	<p>In the last four months did you need _____?</p> <p>Please indicate Yes or No below.</p> <p>1. YES 0. NO</p>	<p>[If yes] Did you know <i>where</i> to get _____?</p> <p>1. No idea where to go 2. A little bit of an idea where to go 3. Somewhat of an idea where to go 4. Certain where to go</p>	<p>If yes, how effective were you at getting _____?</p> <p>1. Not at all effective 2. A little effective 3. Somewhat effective 4. Very effective</p>	<p>Is _____ currently (still) an unmet need?</p> <p>Please indicate Yes or No below.</p> <p>1. YES 0. NO</p>	<p>Would it be helpful to have new referrals to try to meet this need?</p> <p>1. YES 0. NO</p>
Legal Aid					
Childcare					
Counseling (or Mental Health)					
Social Support					
Transportation					
Medical Assistance					
Order of Protection					

Section IV: Appendix D

Community Resources	<p>In the last four months did you need _____?</p> <p>Please indicate Yes or No below.</p> <p>1. YES 0. NO</p>	<p>[If yes] Did you know <i>where</i> to get _____?</p> <p>1. No idea where to go 2. A little bit of an idea where to go 3. Somewhat of an idea where to go 4. Certain where to go</p>	<p>If yes, how effective were you at getting _____?</p> <p>1. Not at all effective 2. A little effective 3. Somewhat effective 4. Very effective</p>	<p>Is _____ currently (still) an unmet need?</p> <p>Please indicate Yes or No below.</p> <p>1. YES 0. NO</p>	<p>Would it be helpful to have new referrals to try to meet this need?</p> <p>1. YES 0. NO</p>
Education					
Identification					
Other:					
Other:					
Other:					

Resource Interview, Part Two

For each domain, indicate if the client indicated that new referrals would be helpful. If yes, proceed to the next column.

<p>Emergency shelter:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral for emergency shelter</i> <input type="checkbox"/> <i>Common referral for emergency shelter</i> <input type="checkbox"/> <i>Common referral for emergency shelter</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>Housing:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>Food:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>Financial Assistance:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>Material Goods (Including Clothing):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>

Section IV: Appendix D

<p>Legal Aid:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>Childcare:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Other (please explain):</p>
<p>Counseling or Mental Health Services:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Other (please explain):</p>
<p>Social Support:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Other (please explain):</p>
<p>Transportation:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p>
<p>Medical Assistance:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Other (please explain):</p>

Section IV: Appendix D

<p>Order of Protection:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>Education:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p>
<p>Identification:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> <i>Common referral</i> <input type="checkbox"/> Other (please explain):</p> <p><input type="checkbox"/> Other (please explain):</p>
<p>Other: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p>
<p>Other: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p>
<p>Other: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What referrals did you give?</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p>

Resource Interview Part Three:

Community Resources	If you were to access _____ [RESOURCE] to address _____ [NEED], how likely do you think it will be to meet this need? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	How likely are you to access this referral? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	What barriers do you anticipate in trying to meet this need for _____ [NEED]? [LIST AND TRY TO ADDRESS]
Emergency Shelter			
Housing			
Food			
Clothing			
Material Goods			
Financial Assistance			
Legal Aid			

Section IV: Appendix D

Community Resources	If you were to access _____ [RESOURCE] to address _____ [NEED], how likely do you think it will be to meet this need? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	How likely are you to access this referral? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	What barriers do you anticipate in trying to meet this need for _____ [NEED]? [LIST AND TRY TO ADDRESS]
Childcare			
Counseling			
Social Support			
Transportation			
Medical Assistance			
Order of Protection			
Employment			

Section IV: Appendix D

Community Resources	If you were to access _____ [RESOURCE] to address _____ [NEED], how likely do you think it will be to meet this need? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	How likely are you to access this referral? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	What barriers do you anticipate in trying to meet this need for _____ [NEED]? [LIST AND TRY TO ADDRESS]
Education			
Identification			
Other:			
Other:			
Other:			

Adapted from: Allen, N.E. & Sullivan, C. M. (2003). The Community Advocacy Project Evaluation. Unpublished measure.

Evaluation of Community Advocacy Project

Please complete the following form to give us feedback about the work you did with your advocate.

Today's date: _____

Your Advocate's Name Is: _____

1. To the best of your recollection, how many WEEKS did you work with your advocate? _____

2. And how often did you talk or meet, on average? (circle one):
Less than one week About once a week About 2-3 times a week About 4-6 times a week 7 or more times a week

3. And about how many HOURS per week did you talk to or work with your advocate? _____

4. How satisfied are you with how much time your advocate spent with you? (circle one):
A great deal Somewhat A little Not at all Does not apply to me

To what extent, if at all, do you agree with the following statements (Circle one response for each statement):

5. The advocate I worked with was knowledgeable about community resources
A great deal Somewhat A little Not at all Does not apply to me

6. The advocate was concerned about the needs of all of my family members
A great deal Somewhat A little Not at all Does not apply to me

7. I decided what needs and issues I wanted to work on with my advocate
A great deal Somewhat A little Not at all Does not apply to me

8. The advocate knew how to connect me to community resources
A great deal Somewhat A little Not at all Does not apply to me

9. The advocate focused on my strengths

A great deal Somewhat A little Not at all Does not apply to me

10. The advocate provided me with regular, weekly support

A great deal Somewhat A little Not at all Does not apply to me

11. The program is flexible in the types of services they provide

A great deal Somewhat A little Not at all Does not apply to me

12. The advocate noticed my best qualities

A great deal Somewhat A little Not at all Does not apply to me

13. The advocate was interested in meeting all of my needs

A great deal Somewhat A little Not at all Does not apply to me

14. I was in charge of setting goals regarding what I wanted to work on with my advocate

A great deal Somewhat A little Not at all Does not apply to me

15. The advocate I worked with helped me learn new skills or practice existing skills

A great deal Somewhat A little Not at all Does not apply to me

16. The program cares about my unique needs

A great deal Somewhat A little Not at all Does not apply to me

17. I felt supported and encouraged by my advocate

A great deal Somewhat A little Not at all Does not apply to me

18. The advocate helped me define and meet the goals I thought were important

A great deal Somewhat A little Not at all Does not apply to me

19. The advocate was nonjudgmental of me

A great deal Somewhat A little Not at all Does not apply to me

Now I would like to ask you about some of the ways your advocate helped you. (Circle one response for each statement).

To what extent, if at all, would you say you:

20. are better able to get what you need for yourself

A great deal Somewhat A little Not at all Does not apply to me

21. are better able to get what you need for your children

A great deal Somewhat A little Not at all Does not apply to me

22. have more information that will help you

A great deal Somewhat A little Not at all Does not apply to me

23. have more ways to keep yourself safer

A great deal Somewhat A little Not at all Does not apply to me

24. have more ways to keep your children safer

A great deal Somewhat A little Not at all Does not apply to me

25. understand more about the causes of domestic violence

A great deal Somewhat A little Not at all Does not apply to me

26. understand more about how domestic violence affects you

A great deal Somewhat A little Not at all Does not apply to me

27. understand more about how domestic violence affects your children

A great deal Somewhat A little Not at all Does not apply to me

28. are better able to cope with the impact of domestic violence

A great deal Somewhat A little Not at all Does not apply to me

29. know more about community resources you might need

A great deal Somewhat A little Not at all Does not apply to me

30. are more hopeful about the future

A great deal Somewhat A little Not at all Does not apply to me

31. are more satisfied with your life overall

A great deal Somewhat A little Not at all Does not apply to me

32. more satisfied with the support you receive from the people in your life

A great deal Somewhat A little Not at all Does not apply to me

33. When you needed a resource or service from an organization in the community, did you usually go talk to them yourself or did your advocate go with you? (Circle one response):

		About equal; sometimes I go, sometimes we go together	We mostly go together	We always go together	Advocate mostly went by herself	Advocate always went by herself
I always went by myself	I mostly went by myself					

34. How satisfied are you with the program overall?

Very Satisfied Satisfied Neutral Unsatisfied Very Unsatisfied

35. Why do you say that?:

36. Any additional comments?:

Thank you so much for your feedback!! Now we just have a few questions about your background. These are not used to identify you – we want to know if the program is more or less effective for people from different backgrounds so we can continue to improve.

37. What is your race/ethnicity? Check all that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> African/African American/Black | <input type="checkbox"/> Asian/Asian American |
| <input type="checkbox"/> Hispanic/Latinx | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other: _____ |

38. How old are you? _____

39. How do you identify your gender?

- Woman
 Man
 I identify my gender another way: _____

40. Were you born in the U.S.?

- Yes
 No

41. What is your primary language?

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Haitian/Creole | <input type="checkbox"/> French |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Congolese French |
| <input type="checkbox"/> Other: _____ | |

42. How well do you speak English? (Circle one response):

Very well Okay Not well Not at all

43. How well do you read English? (Circle one response):

Very well Okay Not well Not at all

44. How many children under 18 are you parenting?: _____

Thank you very much for your feedback!!

TO BE COMPLETED BY ADVOCATE

1. Client Confidential ID: _____
2. Supervisor Name: _____
3. Advocate Name: _____
4. Name of Person Completing Survey with Client: _____
5. Appointment time and date (to be scheduled by advocate and confirmed with interviewer): _____
6. To your knowledge, will the client be able to complete the form independently? (i.e. Is your client able to read and write? Does your client have a visual or hearing impairment?)
7. Is there anything important the interviewer should know about your client ahead of time? _____

TO BE COMPLETED BY SUPERVISOR

45. Client Confidential ID: _____
46. Supervisor Name: _____
47. Advocate Name: _____

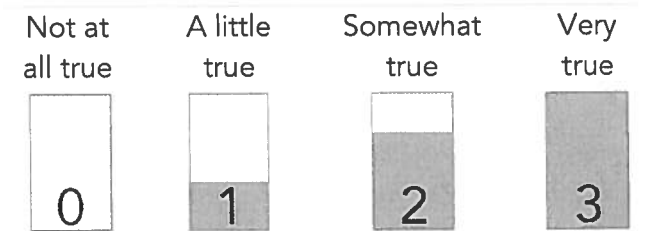
Timing of Assessment: Please indicate the date of this client assessment and when it occurred in the service delivery process.

48. Date of Assessment: _____
49. Number of Weeks Since Start of Service Delivery: _____
50. Number of Weeks Post Service Delivery: _____
51. Total Length of Intervention (in weeks): _____

How Do You Feel About This Program?





We would like to ask you some questions about how it feels to participate in this program. We are especially interested in the extent to which staff at this program recognize your challenges and difficulties, as well as your strengths and coping strategies.

- (A) Please let us know how true the following statements are **as you think about your interactions with staff in this program** on a scale from 0 to 3. You may feel different ways about different staff members. Please respond with your overall impression of the staff. This picture will help you think about that:








	0	1	2	3
1. Staff respect my privacy.	0	1	2	3
2. Staff are supportive when I'm feeling stressed out or overwhelmed.	0	1	2	3
3. I decide what I want to work on in this program.	0	1	2	3
4. I have the opportunity to learn how abuse and other difficulties affect responses in the body.	0	1	2	3
5. I have the opportunity to learn how abuse and other difficulties affect peoples' mental health.	0	1	2	3
6. Staff treat me with dignity.	0	1	2	3
7. Staff respect the strengths I have gained through my life experiences.	0	1	2	3
8. Staff respect the strengths I get from my culture or family ties.	0	1	2	3
9. Staff understand that I know what's best for me.	0	1	2	3

Section IV: Appendix F

	Not at all true	A little true	Some-what true	Very true
				
10. In this program, I have the opportunity to connect with others.	0	1	2	3
11. I have opportunities to help other survivors of abuse in this program.	0	1	2	3
12. This program creates opportunities for me to learn how abuse and other hardships affect peoples' relationships.	0	1	2	3
13. The strengths I bring to my relationships with my children, my family, or others are recognized in this program.	0	1	2	3
14. Staff respect the choices that I make.	0	1	2	3
15. In this program, I can share things about my life on my own terms and at my own pace.	0	1	2	3
16. This program gives me opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.	0	1	2	3
17. I have the option to get support from peers or others who have had experiences similar to my own.	0	1	2	3
18. Staff can handle difficult situations.	0	1	2	3
19. I am learning more about how to handle unexpected reminders of the abuse and difficulties I have endured.	0	1	2	3
20. I can trust staff.	0	1	2	3

Section IV: Appendix F

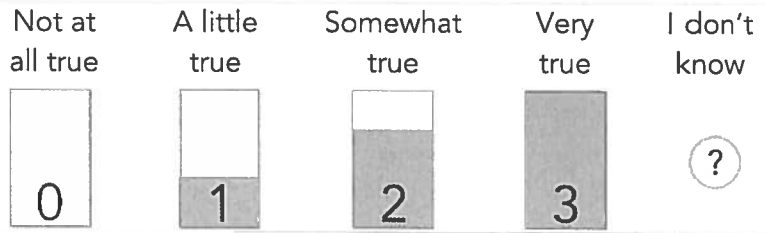
- B** The next set of statements are **also about your experience of this program**. Please let us know how true the following statements are on a scale from 0 to 3. This picture will help you think about that. Note that as you think about these statements you have the option to circle "I don't know." Also note that you may feel different ways about different staff members. Please respond with your overall impression of the staff.

	Not at all true	A little true	Somewhat true	Very true	I don't know
	 0	 1	 2	 3	 ?
1. Peoples' cultural backgrounds are respected in this program.	0	1	2	3	?
2. Peoples' religious or spiritual beliefs are respected in this program.	0	1	2	3	?
3. Staff respect peoples' sexual orientations and gender expressions.	0	1	2	3	?
4. Staff understand what it means to be in my financial situation.	0	1	2	3	?
5. Staff understand the challenges faced by people who are immigrants.	0	1	2	3	?
6. Staff understand how discrimination impacts peoples' everyday experience.	0	1	2	3	?
7. Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.	0	1	2	3	?
8. This program treats people who face physical or mental health challenges with compassion.	0	1	2	3	?

Section IV: Appendix F

C If you have children, please respond to the following questions. (If you do not have children, please skip these questions).

Please let us know how true the following statements are **as you think about your interactions with staff in this program** on a scale from 0 to 3. Note that as you think about these statements you have the option to circle "I don't know." You may feel different ways about different staff members. Please respond with your overall impression of the staff. This picture will help you think about that:



1. I am learning more about how children react emotionally when they have witnessed or experienced abuse, and other hardships.

0 1 2 3 ?

2. Staff help me explore how children's relationships can be affected by witnessing or experiencing abuse, and other life difficulties.

0 1 2 3 ?

3. I am learning more about how my own experience of abuse can influence my relationships with my children.

0 1 2 3 ?

4. The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.

0 1 2 3 ?

5. Staff support me to strengthen my relationships with my children.

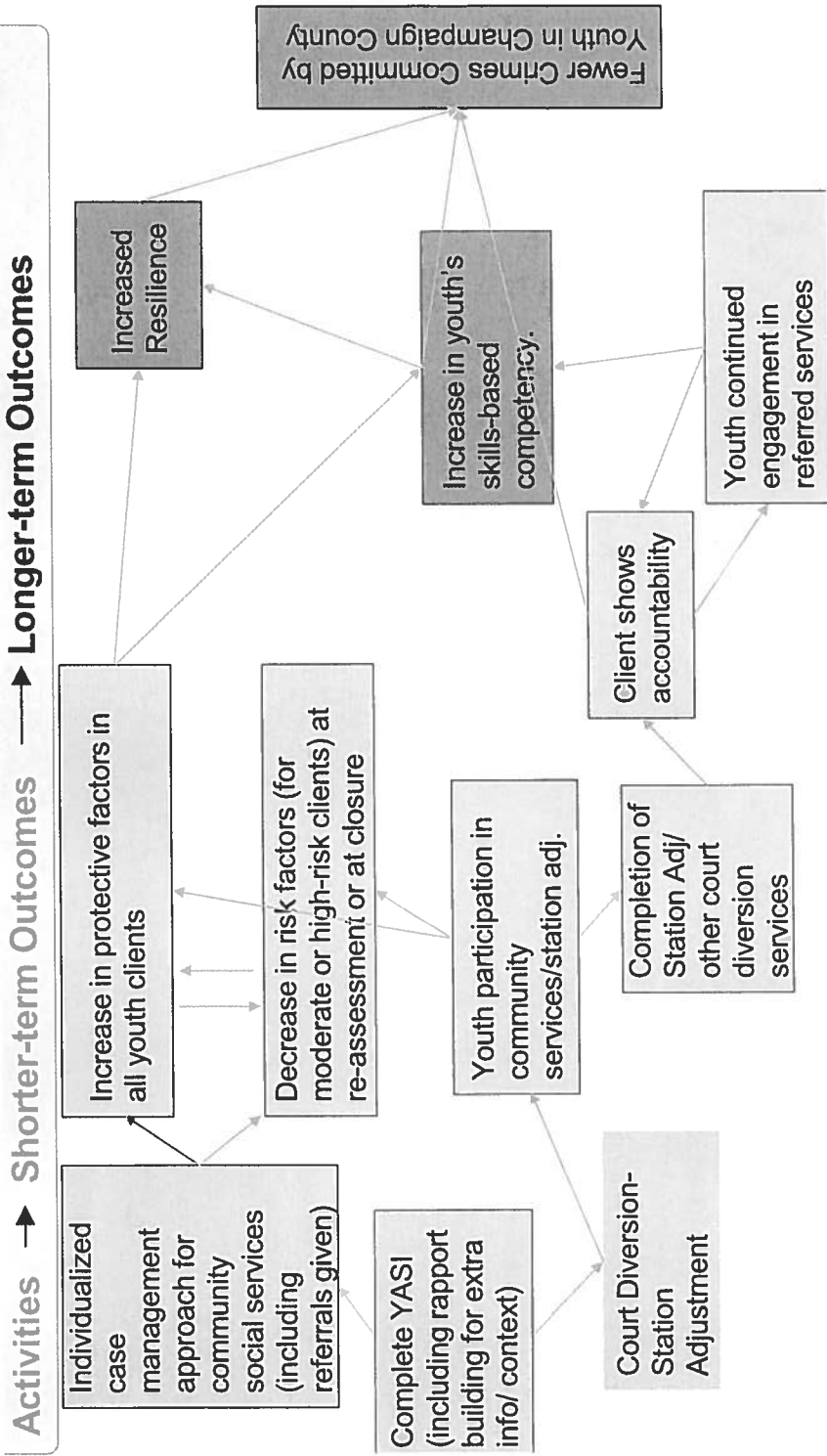
0 1 2 3 ?

Section IV: Appendix G

Identified Outcome	Data Collected
Provide Survivor-Centered, Strengths-Based, Individualized, Action-Oriented, DV-Informed, Advocacy	Trauma-Informed Practice (TIP) Scales; CAP Fidelity Evaluation
Increased Access to Resources Meeting Individualized Needs	Resource Interview; CAP Fidelity Evaluation
Empowerment: Increasing Capacities, Increasing Choices and Opportunities, and Increasing Control Over One's Life	Resource Interview; CAP Fidelity Evaluation; Measure of Victim Empowerment Related Safety (MOVERS) Survey
Increased Social Support (formal and informal)	CAP Fidelity Evaluation; Trauma-Informed Practice (TIP) Scales
Increased Knowledge of DV	None; participation in program a marker of attendance and engagement
Increased Survivor Safety	Measure of Victim Empowerment Related Safety (MOVERS) Survey; Outcome Measures Data Collection Form (Main st.)
Independence/Self-Determination (mindset, tools, resources)	Trauma-Informed Practice (TIP) scales
Healing: Psychological, Emotional, & Physical Health, Coping with Trauma	CAP Fidelity Evaluation; Measure of Victim Empowerment Related Safety (MOVERS) Survey

Section IV: Appendix G

Data Collection Tool:	Collected When?	Collected From Whom?
Hotline Form	When clients call hotline for referral to shelter or other program	All clients who call hotline
Courage Connection Intake Form	At Intake for any program	All clients enrolled with the agency
Measure of Victim Empowerment Related Safety (MOVERS) survey	<ul style="list-style-type: none"> • After Intake has been completed, within 1st or 2nd session • At program exit 	All Clients
CAP Resource Interview	After Intake has been completed, within 1 st or 2 nd session	CAP Clients; any other program clients who would benefit from referrals
Departure/Exit Form	At program exit	Residential clients
Trauma-Informed Practice (TIP) Scales	At program exit	All non-CAP clients



1. YAC Client/Case ID

2. Case Manager:

3. YAC Service Eligibility and Enrollment Status:

- Ineligible
- Out of County
- Unengaged
- Enrolled
- Exited
- Refused Services
- No Show

4. YASI Results- INTAKE

- High
- Moderate
- Low w/Risk
- Low No Risk
- N/A

5. Date YASI Intake Assessment Completed

Date (XX/XX/XXXX)

6. YASI Results-EXIT

- High
- Moderate
- Low w/Risk
- Low No Risk

7. Date YASI Exit Assessment Completed

Date (XX/XX/XXXX)

MM/DD/YYYY

8. Referral Source

Other (please specify)

9. Referred or Brought In

- Referred
- Brought In

10. Date Client Referred/Brought In (XX/XX/XXXX)

Date / Time

MM/DD/YYYY

11. Day of Arrest

12. Time of Arrest

13. Charge Type

Status Offense

Misdemeanor

Felony

14. Offense

Other (please specify)

Client Demographic Information

15. Date Intake Completed (XX/XX/XXXX):

Date / Time

16. Gender

- Male (he/his pronouns)
- Female (she/her pronouns)
- Other Gender/Pronouns (please specify in the text box):

17. Total Number of People in Household

18. Household Income Range

19. Median Family Income

- 0-30% MFI Extremely Low
- 31-50% MFI Low
- 51-80% MFI Moderate
- 81%+ MFI
- Unknown

20. Head of Household

- Male
- Female
- Unknown

21. Client Demographic Data

- American Indian or Alaskan Native (Indigenous)
- Black/African American(AA)
- White
- Asian
- Native Hawaiian/Other Pacific Islander
- Biracial: Indigenous and Black/AA
- Biracial: Indigenous and White
- Biracial: Asian and White
- Biracial: AA and White
- Other Biracial/Multiracial Identity
- Unknown/Missing Data

22. Is this client Hispanic/Latinx?

- Yes
- No

23. Is this client disabled?

- Yes
- No

24. Client Zipcode

Current Case-CDS Specific

25. Diversion

- State Attorney's Office (SAO)
- Formal Station Adjustment (FSA)
- Extended FSA
- Joint FSA
- Warn and Release
- Pending Court
- Status Offense
- Referred Back/Refused
- School/Community/Family
- Info Only
- Ineligible- Pending Court
- Ineligible- Probation
- Ineligible-Denied Crime
- Ineligible-Other (please specify):

26. Current CASE:

Referred CDS BARJ Intervention

- Mediation
- Peer Court
- Drug/Alcohol Assessment
- N/A
- Other (please specify):

27. Current CASE:

Referred CDS BARJ Intervention Results

	N/A	Successfully Completed	Did Not Successfully Complete
Mediation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/Alcohol Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (previously specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. CDS Results at Client Exit

- Currently Engaged in CDS Intervention(s)
- Completed CDS Successfully
- Failure Due to Violation of Station Adjustment
- Failure to Comply with CDS Agreement
- Failure to Appear for CDS Intervention
- Unengaged-No Contact
- Unengaged-Refused Services
- Ineligible (any reason)
- Other (please specify):

CDS Prior Services and Results

29. Is Client a Re-Referral?

Yes

No

30. Select Number of Prior Referrals from Dropdown:

31. (For additional information on previous cases (i.e., case #, offense, station adj. results, refer to paper document in client file)

Prior Station Adjustments:

Number of Referred
Station Adjustments:

Number of Station
Adjustments Successfully
Completed:

32. YAC Connection:

- Follow-up Not Necessary
- Monitoring Only
- Refused All Treatment/Service Connections
- Referred to Treatment/Service Connections (specified on next page)
- Client Already Engaged in Services (no referrals given)

33. Treatment/Service Connections: Individual Counseling

Did you refer client to any **Individual Counseling Services**?

- Yes
- No
- Client already engaged in individual counseling services (specify below)
- Where is client already engaged in individual counseling services?

34. Treatment/Service Connections: Individual Counseling

- HopeSprings
- Family Services
- PLL-PC Extended Care
- PATS
- ABC Counseling
- Kevin Elliott Counseling
- U of I Conflict Clinic
- Other Individual Counseling Referral (please specify):

35. Treatment/Service Connections: Group/Family Counseling

Did you refer client to any **Group/Family Counseling Services**?

- Yes
- No

36. Treatment/Service Connections: Group/Family Counseling

- PLL
- PLL-Rosecrance
- FACC Anger Management
- CARS
- Kevin Elliot Group
- Cognition Works
- Other Group/Family Counseling Connection (please specify):

[Empty text box for specifying other group/family counseling connections]

37. Treatment/Service Connections: Alcohol/Drug Treatment Services

Did you refer client to any **Alcohol/Drug Treatment Services**?

- Yes
- No

38. Treatment/Service Connections: Drug and Alcohol Treatment

- Prairie Center
- Rosecrance (Drug and Alcohol Counseling Specific)
- 3rd Millenium
- Other Drug/Alcohol Treatment Connection (please specify):

[Empty text box for specifying other drug/alcohol treatment connections]

39. Treatment/Service Connections: Mentoring/Individual Support

Did you refer client to any **Mentoring/Individual Support Services**?

- Yes
- No

40. Treatment/Service Connections: Mentoring/Individual Support

- Big Brothers/Big Sisters
- No Limits 4 Teens
- No Limits Adults
- Healthy Young Families
- Other Mentoring/Individual Support Connection (please specify):

41. Treatment/Service Connections: Clubs/Groups/Classes

Did you refer client to any **Clubs, Groups, or Classes**?

- Yes
- No

42. Treatment/Service Connection: Clubs/Groups/Classes

- Boys and Girls Club
- Reflections
- WIOA Job Club
- Preparing for Success
- RACES
- FACC-Life Skills/Goal Setting
- Park District
- Connections Center
- U of I Extension 4H
- Education 2 Work
- Other Clubs/Groups/Classes Connection (please specify):

43. Treatment/Service Connections: Wraparound Services

Did you refer client to any **Wraparound Services**?

- Yes
- No

44. Treatment/Service Connections: Wraparound

- Choices
- Family Peer Alliance
- 3rd Millenium-Other
- Other Wraparound Connections (please specify):

45. Police Referral

- Yes
- No

46. [For Police Referrals] Case Number:

47. High YASI Score in Attitudes?

- Yes
- No
- N/A

48. Diversion:

- Station Adjustment
- Warn & Release
- Refer Back to Police

49. CDS Intervention:

- Mediation
- Restorative Circle
- Reflections
- Peer Court
- Drug/Alcohol Assessment
- N/A

50. CDS Intervention Scheduled Date:

Date / Time

51. CDS Intervention Current Status AT EXIT:

- Active
- Joint Active
- Extended
- Completed
- Failure
- No Show

Comments/Notes:

Tracking Youth Progress and Program Outcomes Survey (TYPPOS) DRAFT 8.28.2018
(Restructured)

Connection Status at YAC Exit

52. Treatment/Service Connection OUTCOMES: Individual Counseling

	N/A	Pending Connection	Unengaged (Client didn't engage in services/refused)	Currently Engaged in Services	Completed Services	Discontinued/Dropped Out (Client started services but dropped out; may specify reason below)
HopeSprings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PLL-PC Extended Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PATS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABC Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kevin Elliott Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U of I Conflict Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specified previously)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason for Discontinuation (optional):

53. Treatment/Service Connection OUTCOMES: Group/Family Counseling

	N/A	Pending Connection	Unengaged (client never engaged in services/refused services)	Currently Engaged in Services	Completed Services	Discontinued/Dropped Out (Client started services but dropped out; may specify reason below)
PLL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FACC Anger Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kevin Elliot Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognition Works	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specified Previously)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason for Discontinuation (optional):

54. Treatment/Service Connection OUTCOMES: Drug and Alcohol Treatment

	N/A	Pending Connection	Unengaged (client never engaged in services/refused services)	Currently Engaged in Services	Completed Services	Discontinued/Dropped Out (Client started services but dropped out; may specify reason below)
Prairie Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rosecrance (Drug and Alcohol Counseling Specific)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Millenium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specified previously)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason for Discontinuation (optional):

55. Treatment/Service Connection OUTCOMES: Mentoring/Individual Support

	N/A	Pending Connection	Unengaged (client never engaged in services/refused services)	Currently Engaged in Services	Completed Services	Discontinued/Dropped Out (Client started services but dropped out; may specify reason below)
Big Brothers/Big Sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No Limits 4 Teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No Limits Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Young Families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specified previously)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason for Discontinuation (optional):

56. Treatment/Service Connection OUTCOMES: Clubs/Groups/Classes

	N/A	Pending Connection	Unengaged (client never engaged in services/refused)	Currently Engaged in Services	Completed Services	Discontinued/Dropped Out (Client started services but dropped out; may specify reason below)
Boys and Girls Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIOA Job Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing for Success	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RACES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FACC-Life Skills/Goal Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Park District	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connections Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U of I Extension 4H	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education 2 Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (previously specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason for Discontinuation (optional):

57. Treatment/Service Connection OUTCOMES: Wraparound

	N/A	Pending Engagement	Unengaged (client never engaged in services/refused)	Currently Engaged in Services	Completed Services	Discontinued/Dropped Out (Client started services but dropped out; may specify reason below)
Choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Peer Alliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Millenium(wraparound specific services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specified previously)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reason for Discontinuation (optional):

Any other information?

For each added note, please be sure to write your initials and the date the note was written. E.g.,

Here is an important note about a client where I am saying important things. 8/28/18 HH

58. Any Additional Comments:

Resource Needs Interview *DRAFT* 8.2.18

Basic Information

The Youth Assessment Center (YAC) is interested in making sure that the resources we refer to clients and their families are useful. We are hoping to gain more information on the community resources you already know about, and whether you've found them to be useful.

This questionnaire will be used to make sure any resource referrals we give you and your family will be individualized and as useful as possible.

We hope you find the YAC to be a helpful resource for you and your child, and we thank you for your time.

* 1. YAC Client/Case ID

* 2. Client DOB (Youth): XX/XX/XX format

* 3. Caseworker Completing Interview:

Resource Needs Interview *DRAFT* 8.2.18

Part 1: Former and Current Needs and Accessed Community Resources

Now we'd like to get an idea of the needs of YOU OR YOUR CHILD(REN) over the past 6 months, and to learn what community resources you may or may not have already come into contact with to meet those needs.

During the last 6 months, have you needed help, including help finding or accessing any of the following resources for you or your child?

4. In the last 6 months did you or your child(ren) need Emergency Shelter?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

Emergency Shelter

5. Did you know *where* to go to get help with emergency shelter?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

6. Were you able to get Emergency Shelter?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF SELECTED 'NO' ON LAST QUESTION)

7. Is Emergency Shelter still an unmet need for you?

- Yes
- No

8. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

9. In the last 6 months, did you or your child(ren) need help with Housing ?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

10. Did you know *where* to go to get help with Housing?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

11. Were you able to get Housing?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed

- N/A (ONLY IF NO ON LAST QUESTION)

12. Is Housing still an unmet need for you?

- Yes
- No

13. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

14. In the last 6 months, did you or your child(ren) need help with food?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

15. Did you know *where* to go to get help with Food?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

16. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

17. Is Food still an unmet need for you?

- Yes
- No

18. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

19. In the last 6 months, did you or your child(ren) need financial assistance (e.g. help to pay electric bill)?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

20. Did you know *where* to go to get help with Financial Assistance?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

21. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

22. Is Financial Assistance still an unmet need for you?

- Yes
- No

23. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

24. In the last 6 months, did you or your child(ren) need help with **material goods**, including clothing?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

25. Did you know *where* to go to get help with Material Goods?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

26. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

27. Is help with material goods still an unmet need for you?

- Yes
- No

28. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

29. In the last 6 months, did you or your child(ren) need legal aid or representation in criminal or juvenile court proceedings?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

30. Did you know *where* to go to get help with Legal Aid or Representation?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

31. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

32. Is legal aid or representation still an unmet need for you?

- Yes
- No

33. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

34. In the last 6 months, did you or your child(ren) need **legal services or advocacy**? (e.g. filing an Order of Protection, immigration services, tenants rights advocacy)

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

35. Did you know *where* to go to get help with Legal Services or Advocacy?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

36. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

37. Is legal assistance or advocacy still an unmet need for you?

- Yes
- No

38. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

39. In the last 6 months, did you or your child(ren) need help finding or accessing childcare?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

40. Did you know *where* to go to get help with Childcare?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

41. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

42. Is childcare still an unmet need for you?

- Yes
- No

43. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

44. In the last 6 months, did you or your child(ren) need help finding or accessing **counseling , substance use, or mental health services?**

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

45. Did you know *where* to go to get help with Counseling, Mental Health Services, or Substance Use Treatment?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

46. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

47. Are mental health services still an unmet need for you?

- Yes
- No

48. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

49. In the last 6 months, did you or your child(ren) need help **increasing or accessing social support?**
(e.g. a support group, a mentor)

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

50. Did you know *where* to go to get help increasing Social Support?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

51. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

52. Is social support still an unmet need for you?

- Yes
- No

53. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

54. In the last 6 months, did you or your child(ren) need help accessing transportation?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

55. Did you know *where* to go to get help around Transportation?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

56. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

57. Is transportation still an unmet need for you?

- Yes
- No

58. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

59. In the last 6 months, did you or your child(ren) need help accessing (including finding or paying for) **medical assistance, including dental or vision services?**

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

60. Did you know *where* to go to get help for accessing medical services?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

61. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

62. Is access to medical services still an unmet need for you?

- Yes
- No

63. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

64. In the last 6 months, did you or your child(ren) need help accessing **education or educational services**?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

65. Did you know *where* to go to get help for accessing education or educational services?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

66. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

67. Is education still an unmet need for you?

- Yes
- No

68. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

69. In the last 6 months, did you or your child(ren) need help **obtaining identification**, such as an ID card or birth certificate?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

70. Did you know *where* to go to get help for obtaining Identification?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

71. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO ON LAST QUESTION)

72. Is obtaining identification still an unmet need for you?

- Yes
- No

73. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

74. In the last 6 months, did you or your child(ren) need help meeting a need that hasn't already been described in this survey?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

75. Please describe the other need here:

76. Did you know *where* to go to get help for this need?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

77. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF 'NO' SELECTED ON LAST QUESTION)

78. Is this still an unmet need for you?

- Yes
- No

79. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

80. In the last 6 months, did you or your child(ren) need help meeting **another need that hasn't already been described** in this survey?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

81. Please describe the other need here:

82. Did you know *where* to go to get help for this need?

- No idea where to go
- A little bit of an idea where to go
- Somewhat of an idea where to go
- Certain where to go

83. Were you able to meet your need with this resource?

- No, I did not contact the community resource I knew of for this need
- No, the community resource(s) I knew of did not help me with this need
- A little bit, the community resource(s) I knew of somewhat helped me to meet this need
- Yes, the community resource(s) I knew of helped me get what I needed
- N/A (ONLY IF NO SELECTED ON LAST QUESTION)

84. Is this still an unmet need for you?

- Yes
- No

85. Would it be helpful to have new referrals to try to meet this need?

- Yes
- No

Resource Needs Interview *DRAFT* 8.2.18

Part 2: Referrals Given

On this page, indicate which referrals you gave to the client for each of their current unmet needs. Then, input their reported rating (1-4) of how likely the referral is to meet their need, and how likely they are to access the referral.

If you didn't give any referrals for a need, leave it blank.

86. Emergency Shelter

Referral 1	<input type="text"/>
Referral 2	<input type="text"/>
Referral 3	<input type="text"/>

87. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):	<input type="text"/>
Referral 2 (rating 1-4):	<input type="text"/>
Referral 3 (rating 1-4):	<input type="text"/>

88. How likely are you to access this referral?

Referral 1 (rating 1-4):	<input type="text"/>
Referral 2 (rating 1-4):	<input type="text"/>
Referral 3 (rating 1-4):	<input type="text"/>

89. Would it be helpful for us to help you connect with this resource?

Referral 1 (yes/no):

Referral 2 (yes/no):

Referral 3 (yes/no):

90. Housing

Referral 1:

Referral 2:

Referral 3:

91. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

92. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

93. Food

Referral 1:

Referral 2:

Referral 3:

94. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

95. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

96. Clothing

Referral 1:

Referral 2:

Referral 3:

97. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

98. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

99. Material goods

Referral 1:

Referral 2:

Referral 3:

100. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

101. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

102. Financial Assistance

Referral 1:

Referral 2:

Referral 3:

103. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

104. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

105. Legal Representation (i.e. Defense)

Referral 1:

Referral 2:

Referral 3:

106. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

107. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

108. Legal Advocacy or Other Services:

Referral 1:

Referral 2:

Referral 3:

109. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

110. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

111. Childcare

Referral 1:

Referral 2:

Referral 3:

112. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

113. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

114. Mental Health, Counseling, or Substance Use Treatment Services

Referral 1:

Referral 2:

Referral 3:

115. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

116. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

117. Social Support

Referral 1:

Referral 2:

Referral 3:

118. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

119. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

120. Transportation

Referral 1:

Referral 2:

Referral 3:

121. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

122. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

123. Medical Assistance

Referral 1:

Referral 2:

Referral 3:

124. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

125. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

126. Education or Educational Services

Referral 1:

Referral 2:

Referral 3:

127. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

128. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

129. Obtaining Identification

Referral 1:

Referral 2:

Referral 3:

130. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

131. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

132. Other Need 1:

Referral 1:

Referral 2:

Referral 3:

133. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

134. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

135. Other Need 2:

Referral 1:

Referral 2:

Referral 3:

136. If you were to access the previous referral to address this need, how likely would it be to help?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

137. How likely are you to access this referral?

Referral 1 (rating 1-4):

Referral 2 (rating 1-4):

Referral 3 (rating 1-4):

Resource Needs Interview *DRAFT* 8.2.18

Part 3: Perception of Referral Usefulness, and Remaining Barriers

Do clients think the referrals we give them will help? Would they like help connecting with a referral? Are there any remaining barriers for them to access the referrals? On this page, please provide any additional comments you have regarding the client's needs, identified barriers, etc.

138. Please leave any additional comments here:

Youth Assessment Center Outcome Data Processes | 2018

Data Collection Tool:	Data Collected From Whom and When?	Associated Outcome Goal:	Specific Indicator(s) of Achieving Outcome Goal:	Data Analysis Process:
<p>Include Data Management Plan and Description of Data Collection Tool</p> <p>Youth Assessment and Screening Instrument</p> <ul style="list-style-type: none"> Data collected via interview with case manager, data input into YASI database for scoring and report processing. 	<p>All clients who engage in services, at intake and program exit</p>	<p>75% of Youth who are referred and participate in an intake appointment will be assessed for level of risk within 3 weeks</p>	<ul style="list-style-type: none"> Youth will be scheduled for an initial intake appt and have YASI completed within 3 weeks of referral 	<ul style="list-style-type: none"> Number of youth with assessment results in YASI compared to all youth with intakes completed <p>AND</p> <ul style="list-style-type: none"> Length of time between date of referral and date of assessment as indicated by TYPPOS survey
<p>The YASI is an evidence-based screening and needs assessment tool based on the risk-needs-responsivity principles</p>		<p>Decrease in YASI risk level (for moderate- and high-risk clients)*</p>	<ul style="list-style-type: none"> Statistically significant** decrease between intake and exit scores for high-risk clients 	<ul style="list-style-type: none"> Compare level at intake and exit
		<p>Increase in Youth's Skills-Based Competency*</p>	<ul style="list-style-type: none"> Statistically significant** increase on Section 9 scores between intake and exit 	<ul style="list-style-type: none"> Compare level at intake and exit
		<p>Increased Youth Accountability*</p>	<ul style="list-style-type: none"> Statistically significant** increase on Section 8 scores between intake and exit 	<ul style="list-style-type: none"> Compare level at intake and exit

Youth Assessment Center Outcome Data Processes 2018

<p>Resource Needs Interview</p> <p>The Resource Needs Interview is a modified version of a document originally created by Nicole Allen, PhD and Cris Sullivan, PhD for the Community Advocacy Project. This tool asks the client's caregiver(s) about family needs in the past 6 months, including whether and where help was sought, if there are still unmet needs, and if the interviewee would like referrals for those needs.</p>	<p>Adult caregiver(s) of youth client, at intake and program exit</p>	<p>Provide Individualized, Meaningful Resource Referrals for Clients and Their Families' Unmet Needs</p>	<ul style="list-style-type: none"> Decrease in # of unmet needs identified at exit interview YAC provides family assistance in connecting with requested referrals 	<ul style="list-style-type: none"> Compare unmet needs identified at intake and exit to see if the same needs are still unmet at exit (which would not be a success) Track linkage to all needs the caregiver requested further referrals and/or help connecting with (YAC assistance in connecting with referral=success)
<p>Tracking Youth Progress and Program Outcomes Survey (TYPPPOS) (In SurveyMonkey)</p>	<p>Data entered into TYPPPOS survey in SurveyMonkey by client's case mgr. at Intake, completion of CDS intervention, and exit *or* updated once monthly</p>	<p>Youth whose assessment indicates moderate to high risk are referred to agencies/services/natural supports to address areas of risk</p>	<ul style="list-style-type: none"> All moderate to high risk youth will receive a minimum of one relevant referral identified in TYPPPOS 	<ul style="list-style-type: none"> All youth with moderate to high YASI scores will have at least 1 recommended tx/service connection identified in TYPPPOS To see if moderate to high youth become engaged with services (on average): Number of engaged connections made compared to number of youth that show moderate to high risk on assessment

Youth Assessment Center Outcome Data Processes | 2018

<p>The TYPOS is a document that tracks client engagement and outcome data collected at intake, throughout services, and at exit. This document is a synthesized version of multiple data gather tools already in use, including intake forms, connection status information, and client summary sheets.</p>		<p>Youth's initial linkage to all referred services/interventions</p>	<ul style="list-style-type: none"> On average, youth will initially engage (actually begin services) with 75% of recommended connections 	<ul style="list-style-type: none"> Filter for youth receiving at least 1 recommended connection → Then, Number of engaged connections compared to number of total connections recommended
		<p>Youth's continued engagement in, and ultimate completion of, referred service connections</p>	<p>On average, youth will complete services 50% of recommended connections (not including CDS specific interventions)</p>	<ul style="list-style-type: none"> Filter for youth receiving at least 1 recommended connection → Then, Number of connections either successfully completed and currently engaged compared to number of total connections recommended
		<p>Completion of Station Adjustment and other relevant court diversion services</p>	<ul style="list-style-type: none"> Information comes from the same sources it has in the past (i.e., case mgr tracking youth progress, youth and family reports, etc) Information will be updated in the TYPOS survey in SurveyMonkey 	

<p>Youth Recidivism-Related Outcomes Spreadsheet (in Excel file)</p>	<p>Completed by _____? Completed when? (e.g., quarterly, every 6 months, or every month)</p>	<p>Reduction in repetitive delinquent activity</p>	<p>65% of youth engaged with the YAC will 1) not be re-referred by police within 1 year, and 2) Will not be adjudicated within 1 year</p>	
<p>The Youth-Recidivism Related Outcomes Spreadsheet is an Excel spreadsheet with two primary goals: 1) To link client name and DOB with the YAC case number (to allow for identification of client data housed in SurveyMonkey 2) To track client recidivism, and in cases where an adjudication is made, to track days between YASI administration and adjudication</p>				

*Pilot Outcome: Outcome will be piloted during FY19

**Statistically significant as specified by SurveyMonkey analysis

Section V: Appendix D

Identified Outcome	Data Collected
Youth who have been referred and participate in an intake appointment will be assessed for level of risk	Length of time between date of referral and date of assessment indicated on spreadsheet, and number of youth with assessment result in YAI database
*FY 19 Piloted Outcome: Decrease in YASI risk level (for moderate- and high-risk clients)	YASI scores at intake and program exit
Youth's initial linkage to all referred services/interventions	Connection status data that is currently in Excel file, will be added to SurveyMonkey (client declined option added)
Completion of Station Adjustment and other relevant court diversion services	Case manager tracking client progress, information currently kept in Excel file, will be added to SurveyMonkey
Increase in Youth's Skills-Based Competency	Section 9 on YASI, section to track this information will be specified in SurveyMonkey
Individualized, meaningful resource referrals for unmet needs	Resource Needs Interview completed by adult caregiver; data from connection status used as a proxy indicator for whether referrals are identified as meaningful by client
Increased youth accountability	Section 8 on YASI, section to track this information will be specified in SurveyMonkey
Youth's continued engagement in referred services	Connection outcomes from Exit Sheet; this data will be tracked in SurveyMonkey