

MEASUREMENT TOOL APPENDIX

Presented by

Pierce County Funders Group:

City of Tacoma
Pierce County Community Services
City of Lakewood

Website: www.co.pierce.wa.us/outcomes

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FOCUS GROUPS: Asks a series of questions in a group setting where the participants comments are documented. An important factor in maintaining the validity of focus group data is in having a non-biased, experienced Focus Group facilitator.

Additional Information Necessary

The measurement tool design should include the following information, allowing for quick data entry and easy summary.

- Client Identification – this is either a distinct number for each client or the client name (first and last).
- Time Period for Assessment – create a place to indicate whether this is an “initial or final” assessment, format is dependent upon the program’s data collection cycle.
- Completed by – if this is an observation tool, or case record who completed the tool.
- Date – what is the date that the tool was completed. This is important to ensure that the data is in the appropriate time frame for OBE reporting.
- Variable Information – this includes client characteristics that are being tested in the hypothesis such as; age, gender, ethnicity, offense category etc. Or program characteristics such as, program site, class taken, length of time in program, etc.

Finally, annotate a copy of the measurement tool for program records and submittal to Funders. The annotated tool will provide a clear description of which indicator is measured by which question(s). Each of the measurement tool questions in this appendix clearly delineate which indicator is being measured. Having this document on file for the program is useful for staff turnover, explanation to board members or other staff members.

CUSTOMER SERVICE

EMERGENCY SERVICES

Outcome: Sense of safety

Indicator A: Feels physically safe in the facility. (Question 1)

Indicator B: Steps are taken by the facility to assure safety. (Question 2)

Tool Type: Survey

1. What makes you feel safe in the facility? How important is this for you to feel safe?

1= Not important to 4= Very important

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Staff are visible | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Well lit, open space | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Meal space is not crowded | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Bathroom areas are safe | 1 | 2 | 3 | 4 |

2..Which of these steps are taken by the facility?

- Rules of the facility are posted and in clear view
- Rules of the facility are consistently enforced
- Number of staff is adequate to address problems
- The waiting area to enter the shelter is watched by staff

Outcome: Quantity of food

Indicator A: Able to return for food when necessary. (Questions 1 – 3)

Indicator B: Provides food bag that will feed family (3 meals for 3 days) (Questions 4 & 5)

1. How often is it necessary for your family to obtain food from this food bank?

- Weekly Every other week Once a month Less often than a once a month
- Holiday assistance

2. Are you able to obtain food when you require it from this food bank? Yes No

If No then please check the reasons:

- No food available Refused service I couldn't get there (time open)
- I couldn't get there (transportation)

3. Did you use several different food banks? Yes No

4. Does the food last for the amount of time you were told it would last?

- Yes No, it didn't last long enough No, it lasted longer

5. Did you receive information on how to cook the food or make the food last?

- Yes, and it was helpful Yes, but it wasn't helpful
- No, but I would have liked to No, and I don't want to

TEMPORARY CHANGE IN CONDITION

EMERGENCY SERVICES

Outcome: Immediate need for food met.

Indicator A: Ensures food is available at appropriate times. (Question 1)

Indicator B: Ensures quantity of food is appropriate. (Question 2)

1. When is the best time for this hot meal site to provide meals?

- 7:00 – 9:00 am Breakfast
- 8:00 – 10:00 am Breakfast

- 11:00 – 1:00 Lunch
- 12: 00 – 2:00 Lunch
- 7:00 – 9:00 am Brown bag Lunch

- 4:00 – 6:00 Dinner
- 5:00 – 7:00 Dinner

2. Do you get enough to eat at this meal site? (circle the best response)

Not nearly enough food Almost enough food Enough food More than enough food

Outcome: Immediate need for shelter met

Indicator A: Ensures shelter is available at appropriate times. (Question 1, 3, 4)

Indicator B: Refers to other shelters. (Question 2)

1. How long did you try to get into the shelter before you got in?

Same day 2-4 days 1 week More than 1 week

2. If you were not able to get into the shelter same day, were you referred to another shelter? Yes No

If yes, was a shelter bed available for you. Yes No

3. When is the best time for this emergency shelter to open for guests?

- 5:00 – 7:00 pm or until full
- 6:00 – 8:00 pm or until full
- 4:00 – 6:00 pm or until full

Do you have a difficult time getting to the shelter in time to have a bed?

Never Rarely Most of the time Almost always Always

4. When is the best time for this emergency shelter to close in the morning?

- 7:00 am 8:00 am 9:00 am

KNOWLEDGE OUTCOMES

Following is a template to provide guidance to programs building initial measurement tools and alternatives to programs looking to enhance their existing measurement tools. When using a client assessment survey, there are several question/response styles to test the knowledge of the participant. These include True/False, multiple choices, fill in the blank, listing, and matching.

CHILDREN 0-8

Outcome: Improved knowledge of safety issues.

Indicator A: Able to identify safety tips. (Questions 1 & 2)

Indicator B: Able to identify dangerous situations. (Questions 3 - 6)

1. What phone number would you dial in case of an emergency?
 - a.) 555
 - b.) my home phone number
 - c.) 911
 - d.) 0

2. Is it ever okay to walk off with a stranger?
 - a.) It is always okay.
 - b.) Sometimes it is okay.
 - c.) It is never okay

Circle the face that reflects how you think about each situation below. (Note to facilitator – instructions should be explained so that the children understand the scale.)

3. Playing at the park with my mom or dad.



4. Sneaking out to play at the park with my friends.



5. Leaving my mom or dad when we are shopping.



6. Helping a stranger find their puppy.



YOUTH 9+

Outcome: Increased knowledge of juvenile legal system.

Indicator A: Knows curfew laws. (Questions 1 & 2)

Indicator B: Understands consequences of breaking curfew. (Question 3)

Indicator C: Knows requirements of diversion contract. (Question 4)

Indicator D: Understands consequences of not meeting diversion contract. (Question 5)

1. What time is Tacoma's curfew?
 - a. 12 a.m. to 6 a.m.
 - b. 6 a.m. to 10 a.m.
 - c. 10:30 p.m. to 11:30 p.m.
 - d. 1 a.m. to 5 a.m.

2. The curfew ordinance affects youth between the ages of?
 - a. 0 to 5 years old.
 - b. 6 – 10 years old.
 - c. 11 – 17 years old.
 - d. All youth under 18 years old

3. The consequences for violating Tacoma's Curfew Ordinance are....
(please list all that you know about)
 - a. _____
 - b. _____
 - c. _____

4. According to my diversion contract I must do the following to successfully complete diversion. (circle all that apply)
 - a. Write an apology letter to the victim.
 - b. Complete community service hours.
 - c. Attend anger management or counseling.
 - d. Attend school regularly
 - e. Other:_____.

5. If I do not successfully complete my diversion contract, then the diversion agreement will be revoked and I will be sent to the Pierce County Juvenile Court.

True False

Outcome: Increased knowledge of advanced technology.

Indicator A: Knows hardware components. (Question 1)

Indicator B: Knows able to identify 3 or more applications. (Question 2)

1. Circle the components that are hardware.

- a. Motherboard
- b. Operating System
- c. Mouse
- d. Internet Explorer
- e. CPU

2. Name 4 computer program applications

- a. _____ b. _____
- b. _____ c. _____

FAMILY CENTERED

Outcome: Improved knowledge of child development.

Indicator A: Knows age appropriate child development. (Questions 1-4)

Indicator B: Knows the child's basic needs. (Question 5)

Indicator C: Knows age appropriate child activities. (Question 6)

True or False

- | | | |
|--|------|-------|
| 1. 2 year olds are capable of reasoning with you | True | False |
| 2. Every child is walking by the age of 12 months | True | False |
| 3. Most four year olds should know the alphabet song | True | False |
| 4. At 6 months most children are able to roll onto their belly | True | False |

Circle all that apply

5. The basic needs for my child are:

- | | | | |
|-------------|---------|------------------|----------|
| Food | Shelter | Diapers | Clothing |
| Cleanliness | Love | Physical Contact | |
| Water | Sleep | Teddy bear | |

6. Link the activity with the appropriate age group.

- | | |
|--------------------------------------|-------------------|
| a. Being read to by others | 3 months – 1 year |
| b. Imitate sounds | 2 to 3 years |
| c. Jump, hop & roll | 3 to 4 years |
| d. Singing, talking develop language | birth to 6 months |
| e. Play with hands and toes | 2 to 3 years |
| f. Draw with crayons, build things | 1 to 2 years |

Community Mobilization

Outcome: Increased knowledge of underlying community concern.

Indicator A: Knows neighborhood issues. (Question)

Indicator B: Sees trends in neighborhood issues.(Question 2)

Tool Type: Client Assessment Survey

1. Please check the top 3 neighborhood issues that our block group is working on.

- Speeding Vehicle break-ins Closing down a drug house
 Sale of drugs Neighborhood blight Reaching out to engage our neighbors

2. For the top three issues that you selected please indicate the current trend in the activity.

ISSUE	<i>TRENDS</i>
	<input type="checkbox"/> Less Activity <input type="checkbox"/> More Activity <input type="checkbox"/> Same Activity
	<input type="checkbox"/> Less Activity <input type="checkbox"/> More Activity <input type="checkbox"/> Same Activity
	<input type="checkbox"/> Less Activity <input type="checkbox"/> More Activity <input type="checkbox"/> Same Activity

HEALTH/MENTAL HEALTH

Outcome: Increased knowledge of health condition.

Indicator A: Knows symptoms of health condition. (Question 1)

Indicator B: Knows symptoms of diagnosis. (Question 2)

1. Which of the following are symptoms of an unhealthy condition?

- Lethargy Fever Vomiting Lumps Feelings of helplessness Hunger

2. Which of the following symptoms are you likely to have in the future if the diagnosis is correct?

- Nausea Weight loss General aches and pains Blurry vision Diarrhea
 Fever Tingling in hands and feet

Outcome: Increased awareness of preventable health risks.

Indicator A: Knows where to go for appropriate care. (Question 1)

Indicator B: Understands risk factors. (Question 2)

Seniors & Disabled

Outcome: Increased knowledge of health condition associated with aging.

Indicator A: Knows health conditions associated with aging. (Question 1)

Indicator B: Knows personal risk factors associated with age. (Question 2-3)

1. Please list 3 health conditions associated with aging.

a. _____

b. _____

c. _____

2. Please check the risk factors for Adult Onset Diabetes.

Overweight by 30 or more pounds Heart disease runs in the family

Dr. says I have high blood sugar Eat small meals frequently

3. Please check the risk factors for Coronary Heart Disease.

Lack of physical activity Smoking Being Female

High saturated fat diet Being Male Eat plenty of fruit/vegetables

4. I think I am at risk for Adult Onset Diabetes Yes Maybe No

5. I think I am risk for Coronary Artery Disease Yes Maybe No

Emergency Services

Outcome: Improved knowledge of other resources.

Indicator A: Knows the shelter (Question 1)

Indicator B: Knows how to access CSO/DSHS (Question 2)

1. Please identify which of the following are services are available at the shelter (Indicator A):

- | | | |
|--|---|--|
| <input type="checkbox"/> Showers | <input type="checkbox"/> Clothing | <input type="checkbox"/> Employment Training |
| <input type="checkbox"/> Game room | <input type="checkbox"/> Hygiene products | <input type="checkbox"/> Information about housing |
| <input type="checkbox"/> Sleeping Quarters | <input type="checkbox"/> Food | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Bus Passes | <input type="checkbox"/> Case Management | <input type="checkbox"/> Medical care |

2. Please rank in order (1-7) the steps you would take to access DSHS (Indicator B):

- Make an appointment to meet with a benefits specialist (6*)
- Look up the location and phone number of the nearest Community Service Office (2*)
- Meet with benefits specialist (7*)
- Determine what services you need from DSHS (1*)
- Complete application to request services (5*)
- Make a copy of your personal information (ID card, Birth Certificate, etc.) (4*)
- Request an application to receive services (3*)

Outcome: Improved knowledge of other resources

Indicator A: Knows housing options. (Question 1 or 2)

Indicator B: Knows the meal sites. (Question 1 or 2)

1. If you needed shelter/food, where would you go to get help?

- _____
- a. _____
- b. _____

2. Please list shelter/food banks that you know of in the area?

- a. _____
- b. _____
- c. _____

ATTITUDE OUTCOMES

Community Mobilization

Outcome: Increased feeling of belonging or connectedness.

Indicator A: Demonstrates commitment to the neighborhood. (Question 1)

Indicator B: Demonstrates mutual importance to each other. (Question 2)

Tool Type: Survey

Please indicate your responses to the following statements considering status prior to participating in the neighborhood block group and then your current perception.

1. I demonstrate my commitment to the neighborhood by...

Before I joined the block group:

- Cleaning up public property
- Talking to my neighbors about neighborhood concerns
- Calling the appropriate authorities when a problem arose
- Planning neighborhood social events
- Other: _____

Now that I've joined the block group:

- Cleaning up public property
- Talking to my neighbors about neighborhood concerns
- Calling the appropriate authorities when a problem arose
- Planning neighborhood social events
- Other: _____

2. I demonstrate my neighbors importance to me by....

Before I joined the block group:

- Checking up on them regularly
- Helping them out when they ask
- Bringing over little surprises every now and again (cookies, etc)
- Inviting them to neighborhood events
- Other: _____

Now that I've joined the block group:

- Checking up on them regularly
- Helping them out when they ask
- Bringing over little surprises every now and again (cookies, etc)
- Inviting them to neighborhood events
- Other: _____

Health/Mental Health

Measurement Tool: Interview

Outcome: Increased confidence/belief that treatment can be effective.

Indicator A: Engages in developing treatment plan. (Question 1)

Indicator B: Willing to participate in treatment. (Question 2)

1. Did you assist in the development of your treatment plan?

	Yes	No
a. Problem Identification	<input type="checkbox"/>	<input type="checkbox"/>
b. Consumer Strengths	<input type="checkbox"/>	<input type="checkbox"/>
c. Goals	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment Strategies	<input type="checkbox"/>	<input type="checkbox"/>
e. Measurable Recovery	<input type="checkbox"/>	<input type="checkbox"/>
f. Outcomes	<input type="checkbox"/>	<input type="checkbox"/>

2. Agreement between the agency and client/consumer to

a. Keep all appointments	Yes	No
b. Follow recommendations of the provider	Yes	No
c. Take medication exactly as prescribed	Yes	No
d. Plan for transition to voluntary treatment	Yes	No
e. Maintain health and safety in the community	Yes	No

Outcome: Increased willingness to use mental health services, include follow-up for controllable conditions.

Indicator A: Willing to make follow-up appointments. (Questions 1-3)

Indicator B: Willing to go to follow-up appointments. (Questions 4-6)

Tool Type: Survey

1. I am _____ willing to make follow-up appointments.

not very somewhat mostly completely

2. Has the time of your appointments met your needs? Yes No

3. How satisfied were you with the service you received?

1 2 3 4 5 6 7 8 9 10
 Very unsatisfied Very Satisfied

4. Do you have access to transportation? Yes No
5. Attended follow up appoints? 0-25% 25% -50% 50% -75% All
6. Would you recommend this service to others? Yes No

Intimate Violence Service Strategy

Outcome: Increased sense of safety.

Indicator A: Feels assured that they are safe now. (Questions 1 – 3)

Indicator B: Feels that they will be safe in the future. (Questions 4 & 5)

Tool Type: Client Exit Survey

Please tell us about your experiences in the program by answering the questions below.

1. Tell us what the word "safe" means to you.

2. How safe do you feel? (please circle how you felt before receiving services and now)

Before	Very Safe	Mostly Safe	Somewhat Safe	Not Safe At All
Now	Very Safe	Mostly Safe	Somewhat Safe	Not Safe At All

3. What things have made you feel safer? How important is this for you to feel safe?

1= Not important to 4= Very important

- Having a Protection Order 1 2 3 4
- Having a Safety Plan 1 2 3 4
- Leaving the Abuser/Abusive Situation 1 2 3 4
- Talking to others about your situation 1 2 3 4
- Other (explain): _____ 1 2 3 4

4. How safe do you feel you will be in the future?

Very Safe	Mostly Safe	Somewhat Safe	Not Safe At All
-----------	-------------	---------------	-----------------

5. Do you have a Safety Plan in place for the future?

- Yes No

Outcome: Increased confidence to make change.

Indicator A: Feels like they are making progress. (Question 1-3)

Indicator B: Feels confident in their ability to problem solve. (Question 4)

Tool Type: Client Survey

Please answer the following questions by circling the response that you think best describes how you are feeling right now.

1. I feel like I am making progress in safety planning

All of the time	Most of the time	Sometimes	Not at all
-----------------	------------------	-----------	------------

2. I feel like I am making progress with counseling

All of the time	Most of the time	Sometimes	Not at all
-----------------	------------------	-----------	------------

3. I feel like I am making progress with the legal system

All of the time	Most of the time	Sometimes	Not at all
-----------------	------------------	-----------	------------

4. How confident do you feel about your ability to problem solve?

Very Confident	Mostly Confident	Somewhat Confident	Not Confident At All
----------------	------------------	--------------------	----------------------

Seniors & Disabled Service Strategy

Outcome: Increased willingness to use senior services.

Indicator A: Willing to **contact** services. (Survey Question 1)

Indicator B: Willing to **use** senior services that are available. (Survey Question 3)

Tool Type: Survey

1. Please use the following scale to indicate your willingness to **contact** senior services.

1 = Not at all willing 2 = Sort of willing 3 = Mostly willing 4 = Very willing

_____ Foot Care Clinics

_____ Hot Meal Sites

_____ Senior Housing Assistance

_____ Adult Day Activities

_____ In Home Assistance

_____ Senior Case Management

2. For those services that you are "Not at all willing" (1) to **contact** please check the reason that best reflects yours.

- Services are not necessary My family is taking care of these services
 The services will not work for me Other _____

3. Please use the following scale to indicate your willingness to **use** senior services.

1 = Not at all willing 2 = Sort of willing 3 = Mostly willing 4 = Very willing

- _____ Foot Care Clinics _____ Hot Meal Sites
 _____ Senior Housing Assistance _____ Adult Day Activities
 _____ In Home Assistance _____ Senior Case Management

4. For those services that you are "Not at all willing" (1) to **use** please check the reason that best reflects yours.

- Services are not necessary My family is taking care of these services
 The services will not work for me Other _____

Housing & Case Management Service Strategy

Outcome: Increased feeling of belonging or connectedness.

Indicator A: Express mutual concern for each other. (Question 1)

Indicator B: Try to meet each other’s need. (Question 2)

Tool Type: Survey

1. Do you feel there is mutual concern for each other? (check one)
 - Not at all
 - Once in a while (rarely)
 - Sometimes
 - Most of the time
 - Generally, all of the time

2. Do you feel if one of you had a special need, the other person would try to help? (check one)
 - Probably not/Not at all
 - Once in a while (rarely)
 - Sometimes
 - Most of the time
 - Generally, all of the time

SKILL OUTCOMES

Youth 9+

Outcome: Improved life skills

Indicator A: Able to manage expectations (school)

- 1) Goes to school 2)Attends all classes 3) Turns in homework 4) Homework complete

Tool Type: Observation Tool

Rating Scale: 1 – Almost always meets expectations (at least 8 of ten times)

2 – Usually meets expectations (6 or 7 of ten times)

3 – Sometimes meets expectation (4 or 5 of ten times)

4 – Does not meet expectations (less than 4 of ten times)

School Expectations

At school every day

1 2 3 4

Comments:

Attends All Classes

1 2 3 4

Comments:

Homework turned in on time

1 2 3 4

Comments:

Homework complete

1 2 3 4

Comments:

Family Focused

Outcome: Improved Parenting Skills

Indicator A: Able to apply non violent approaches to discipline. (Questions 1 & 2)

Indicator B: Uses age appropriate child development information. (Question 3)

Tool Type: Observation Tool

1. What non-violent approaches have been observed and how often?

	Mostly	Sometimes	Never
Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did the approach work in the class room setting?

Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Did the parent use new age appropriate child development information? Yes No

If yes, please give 1 example.

Community Mobilization
Outcome: Improved facilitation skills.

Indicator A: Able to set meeting agenda (Questions 1-4)

Indicator B: Engages all members of the group (Questions 5-8)

Tool Type: Observation Tool

- | | | Yes | No |
|----|--|--------------------------|--------------------------|
| 1. | Meeting agenda was developed with input from group members. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Meeting agenda was reviewed for modifications. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Meeting agenda covered important topics. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Meeting agenda covered urgent/critical topics. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | The facilitator allowed participants to give their opinions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | The facilitator encouraged members to voice their views. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | The group engagement level was... | | |
| | Less than 25% 25%-50% 51%-75% 76% or greater | | |
| 8. | Overall I would rate the facilitation of this meeting as | | |
| | very good good not very good poor | | |

Please explain your rating.

Outcome: Improved leadership skills.

Indicator A: Members demonstrate leadership skills (Question 3 & 4)

Indicator B: Assumes responsibility for projects (Question 1 & 2)

Tool Type: Client Assessment Survey

1. In the previous 6 months I have assumed responsibility for ____ projects in our block group. (circle the appropriate response)

no one two or three four or more

2. Please list the project(s) you were responsible for.

1. _____

2. _____

3. _____

4. _____

3. The leadership skill that I have demonstrated in the above project(s) are ...

Listening to differing opinions

Work effectively with differing cultures

Motivating others to action

Expanding knowledge of the topic

Recognizing skills/knowledge in others

Developing comprehensive action plans

4. For each of the skill checked above provide a brief example of your skills in action.

Health/Mental Health
Outcome: Improved response in emergent situations.

Indicator A: Attains life saving skills. (Table 1)

Indicator B: Perceives skill level will be adequate in an emergent situation. (Statement 1)

Tool Type: Observation Tool

SKILL	Performance Level	Notes
CPR	<input type="checkbox"/> Failed <input type="checkbox"/> Passed	
First Aid Scenario #1	<input type="checkbox"/> Failed <input type="checkbox"/> Passed	
First Aid Scenario #2	<input type="checkbox"/> Failed <input type="checkbox"/> Passed	

1. The skill level is adequate to respond in an emergent situation.

NO In a minor emergency In most emergency situations

Intimate Violence**Outcome: Improved ability to work with the legal system.**

Indicator A: Demonstrates skills to advocate for self. (Statement 1)

Indicator B: Demonstrates ability to use advocacy services (Statement 2)

Tool Type: Observation Tool

1. Please check all boxes that apply for the client's activity while in the program to advocate for self.

- Called another agency for additional assistance
 Worked on Personal Declaration
 Filed paperwork with Superior Court
 Worked on Paperwork/Pleadings
 Found additional evidence, including declarations

2. Please identify which advocacy services client has used.

- YWCA Legal Services
 Columbia Legal Services
 City of Tacoma Domestic Violence Program
 Centro Latino Domestic Violence Advocacy Program
 Pierce County Domestic Violence Helpline
 Other (identify service): _____

Outcome: Increased ability to access community resources.

Indicator A: Able to identify appropriate services. (Questions 1-2)

Indicator B: Able to develop an action plan. (Question 3)

Tool Type: Client Assessment Survey

1. What two primary areas of need did work on during your stay?

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Permanent housing | <input type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Health | <input type="checkbox"/> Transportation | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Legal |

2. What services did you access based on the primary need areas checked above?

Area of need: _____

Services accessed.

- | | |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |

Area of need: _____

Services accessed.

- | | |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |

3. Please develop a transition plan to access additional community services.

Goal: _____

What services will assist you with this goal?

- | | |
|----------|----------|
| a. _____ | b. _____ |
|----------|----------|

What steps will you take to access these services?

- | | |
|----------|----------|
| a. _____ | b. _____ |
|----------|----------|

BEHAVIOR OUTCOMES

YOUTH DEVELOPMENT (9+ YEARS)

Outcome: Improved interaction with family or group.

Indicator A: Shares feelings with family or group. (Question 1)

Indicator B: Accepts compromise to assist in resolutions. (Question 2)

Tool Type: Survey Tool (Youth)

1. Please select the best answer.

- I **always** talk with family member or close friends about my personal feelings
- I **often** talk with family member or close friends about my personal feelings
- I **sometimes** talk with family member or close friends about my personal feelings
- I **seldom** talk with family member or close friends about my personal feelings
- I **never** talk with family member or close friends about my personal feelings

2. I am willing to accept someone else's opinion if it helps everyone get along.

(Please select the best answer)

- All of the time
- Most of the time
- Sometimes
- Not very often
- I never give in if I know I am right

Outcome: Improved interaction with family or group.

Indicator A: Shares feelings with family or group. (Question 1)

Indicator B: Accepts compromise to assist in resolutions. (Question 2)

Tool Type: Survey Tool (Parent/Adult Perspective)

1. Please select the best answer

- My child **always** talks with me or close friends about his/her personal feelings
- My child **often** talks with me or close friends about his/her personal feelings
- My child **sometimes** talks with me or close friends about his/her personal feelings
- My child **seldom** talks with me or close friends about his/her personal feelings
- My child **never** talks with me or close friends about his/her personal feelings

2. My child is willing to accept someone else's opinion if it helps every one get along.

(Please select the best answer)

- All of the time
- Most of the time
- Sometimes
- Not very often
- I never give in if I know I am right

Community Mobilization

Outcome: Increased community networking.

Indicator A: Shares information (Questions 1 – 4)

Indicator B: Coordinates resources (Questions 5-7)

Tool Type: Survey Tool

1. At the last community meeting I learned new information about... check any that apply

<input type="checkbox"/> criminal activity in my neighborhood	<input type="checkbox"/> how to use a phone tree
<input type="checkbox"/> upcoming neighborhood events	<input type="checkbox"/> other _____

2. After I attended the last community meeting I shared what I learned with ...

<input type="checkbox"/> my neighbors that weren't at the meeting	<input type="checkbox"/> my family
<input type="checkbox"/> businesses in my community	<input type="checkbox"/> my faith community
<input type="checkbox"/> police and/or fire personnel	<input type="checkbox"/> my political representatives
<input type="checkbox"/> other _____	<input type="checkbox"/> No one

3. If you checked "No one" what is the reason. (check all that apply)

<input type="checkbox"/> I was too busy with other things	<input type="checkbox"/> I didn't know enough to explain it
<input type="checkbox"/> The information wasn't important enough	

4. If you shared the information, how did you share it. (check all that apply)

<input type="checkbox"/> Informally talking with folks	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Emailed them
<input type="checkbox"/> Held my own block meeting	<input type="checkbox"/> Announced it at a public event (Church, etc)	
<input type="checkbox"/> Used a phone tree	<input type="checkbox"/> Other _____	

5. When I see or hear about a need in my community I coordinate resources by ...
 - gathering my friends together and coming up with a plan
 - talking with my faith community, and gathering support
 - calling local services to find out what can be done
 - getting service information to the people who need it
 - thinking I should do something, but not knowing what to do.

6. Generally speaking, my community responds_____ to community needs. (circle the best response)

poorly	okay, sometimes	okay, most of the time	well, most of the time
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7. We could do better if we would ...

	Action(s)
<p>General</p> <ol style="list-style-type: none"> 1. Where do you keep your important papers? 2. Who have you told about the situation? 3. Who would you contact in an emergency? 4. Do you have a bag packed just in case? 	
<p>Home</p> <ol style="list-style-type: none"> 1. What kind of security do you have at home? Does the abuser have keys? 2. Where do you keep your phone? Do you have a cell phone? 3. Do your neighbors or landlord know about the situation? Have you told them to call the police if there is a disturbance? 	
<p>Work</p> <ol style="list-style-type: none"> 1. Do your co-workers or boss know about the situation? Have you told them what to do if they see your abuser at work? 2. If there is security at your work, do they know the situation? 3. How do you get to work? If you drive, where do you park your car? 	
<p>Children (if applicable)</p> <ol style="list-style-type: none"> 1. Do your children know what to do in case of an emergency? 2. Have you talked to their daycare or school about the situation? 	
<p>Legal</p> <ol style="list-style-type: none"> 1. Do you have a protection order? 2. Do you keep your protection order with you? 	

2. Name two people that know about your domestic violence situation.

a. _____ b. _____

Seniors & Disabled**Outcome: Decreased Isolation**

Indicator A: Interacts with others socially (Survey Question 3 & 4)

Indicator B: Participates in at least 1 activity per week (Survey Question 1 & 2)

Tool Type: Survey Tool

- I attend at least one social activity per week. (circle the best response)
0 times/month 1 or 2 times/month 3 times/month 4 or 5 times/month
- The types of activities that I enjoy are (please check all that apply)
 Lunches Dinners Dances Nature walks Volunteering
 Gardening Movies Other _____ Other _____
- When I attend social events, I am **usually** (check all that apply)
 Listening to my friends stories Telling my own stories
 Laughing with my friends Meeting new people
 Talking with people about my interests Finding new interests
 Setting dates with my friends Learning new things
- If someone were to observe me at social events they would (check the most suitable)
 describe me as outgoing, very social
 describe me as having a good time with a few people
 describe me as having a okay time, not quite engaging with others
 describe me as not having a good time, mostly by myself

Outcome: Improved or maintained endurance level

Indicator: Able to negotiate needs (Observation tool Question1)

Indicator: Able to participate in group activity for full duration (Observation tool Question 2)

Tool Type: Observation Tool

- Client is able to negotiate the following functional needs (check all that apply)
 Feeding Using the bathroom Hygiene (self) Care for home
 Cooking Make medical appts. Transportation _____
- Client is able to participate in the group activity for the ... (check the best response)
 0-25% of the activity 26%-50% of the activity 50%-75% of the activity
 75% - 90 % of the activity 90% - 100% of the activity
- If a client is unable to participate in 90% - 100% of the activity, what description best depicts their participation?
 participates for a few minutes at a time participates until they tire then stops
 participates intermittently 10-15 minutes at a time

Seniors & Disabled

Outcome: Improved/maintained independent living.

Indicator A: Able to maintain sufficient funds to live on. (Interview Questions 1 – 4)

Indicator B: Demonstrates self care. (Observation Tool Questions 5 – 9)

Tool Type: Observation Tool/Interview

Interview:

1. What is your monthly income? _____
2. Is there enough money every month to pay all of your bills? Yes No
3. Do you buy fresh fruits and vegetables every week? Yes No
4. Are your property taxes paid, up to date? Yes No

Observation Tool:

5. The status of Mr./Mrs. _____ personal hygiene is...
 poor acceptable excellent
6. Medications are organized for easy usage. Yes No
7. Fresh and frozen foods are in the ice box for 2 or more days Yes No
8. A transportation plan was communicated to me. Yes No
9. Medical emergency information is readily accessible. Yes No

HOUSING & CASE MANAGMENT

Outcome: Improved financial resources.

Indicator A: Maintains employment for ___ weeks.

Indicator B: Attains employment of at least ___ hours per week.

CASE RECORDS

Client Name: _____	ID # _____
Intake Date: ___/___/___	Review Date 1: ___/___/___
Review Date 2: ___/___/___	Exit Date: ___/___/___

Employment Information

Employer Name: _____	Hire Date: ____/____/____
Hourly Wage: \$_____	Hours worked per week: _____

Review Date 1: 60 days after hire date	<input type="checkbox"/> Copy of pay stub in file.
Hourly Wage: \$_____	Hours worked per week: _____

Review Date 1: 120 days after hire date	<input type="checkbox"/> Copy of pay stub in file.
Hourly Wage: \$_____	Hours worked per week: _____

Review Date 1: Indicator A met Indicator B met Outcome met
Review Date 2: Indicator A met Indicator B met Outcome met

SYSTEM OUTCOMES

Housing & Case Management

Outcome: Maintained permanent housing.

Indicator: Maintains housing for 12 months.

Indicator: Able to meet monthly expenses.

Client Name: _____ Phone #(____)____-_____

Permanent Housing Address: _____

Landlord Name: _____ Phone #(____)____-_____

Exit Date: ____/____/____ 1 Year Review Date: ____/____/____

1 Year Review

Client answered or Landlord answered (circle interviewee)

Permanent Housing Address: _____

Is this the same address as initial move out from _____ program?

Yes No After all bills are paid, do you have money left over?

Yes No Have you been overdrawn in the past 12 months?

Outcome: Improved food donation system.

Indicator A: Increases donated pounds of food by ____%.

Indicator B: Increases number of food donations sites by ____%.

Tool Type: Official Records

Jan – March 2003 ____lbs of food donated.	Jan – March 2004 ____lbs of food donated.
April – June 2003 ____lbs of food donated.	April – June 2004 ____lbs of food donated.
July – Sept. 2003 ____lbs of food donated.	July – Sept. 2004 ____lbs of food donated.
Oct. – Dec. 2003 ____lbs of food donated.	Oct. – Dec. 2004 ____lbs of food donated.
Total 2003 _____ lbs	Total 2004 _____ lbs

Quarter 1 ____% increase/decrease Meets indicator A criteria

Quarter 2 ____% increase/decrease Meets indicator A criteria

Quarter 3 ____% increase/decrease Meets indicator A criteria

Quarter 4 ____% increase/decrease Meets indicator A criteria

Total ____% increase/decrease Meets indicator A criteria

Total number of food donation sites on June 30, 2003 (attach list of sites): _____

Total number of food donation sites on December 31, 2003 (attach list of sites): _____

Change between report periods (number & percent): _____

Yes No Increase of at least ____% (Indicator B)