

# Washington Domestic Violence Housing First Evaluation Manual

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**Lyungai Mbilinyi, MPH, PhD**  
**Research/ Evaluation Consultant**  
**206 949-9338**  
**Lyungai@uw.edu**

The attached manual provides an overview, process, and guidelines of the Domestic Violence Housing First's program evaluation. It is developed for Domestic Violence Housing First Advocates and program directors as a guidance to develop your agency's internal data collection, to familiarize yourself with the evaluation components, and to be a reference guide for current and/or future staff.

This manual is subject to change during the evaluation process as the work of advocates in the Domestic Violence Housing First program unfolds. Please do not hesitate to contact me with suggestions and additions in order to make this evaluation process as meaningful, helpful and user-friendly for you.  
Thank you, Lyungai

## Contact Information

**Questions about the overall evaluation?**

**Not sure?**

**Call or Email:**

**Lyungai Mbilinyi, Research/Evaluation Consultant  
(206) 949-9338  
Lyungai@uw.edu**

**Questions about the Housing First project?**

**Site visits? Not sure?**

**Please call or Email:**

**Linda Olsen, WSCADV  
(206) 389-2515, ext. 205  
Linda@wscadv.org**

**Questions about the Quarterly Check-in?**

**Please call or Email:**

**Kendra Gritsch, WSCADV  
206 389-2515, ext. 214  
kendra@wscadv.org**

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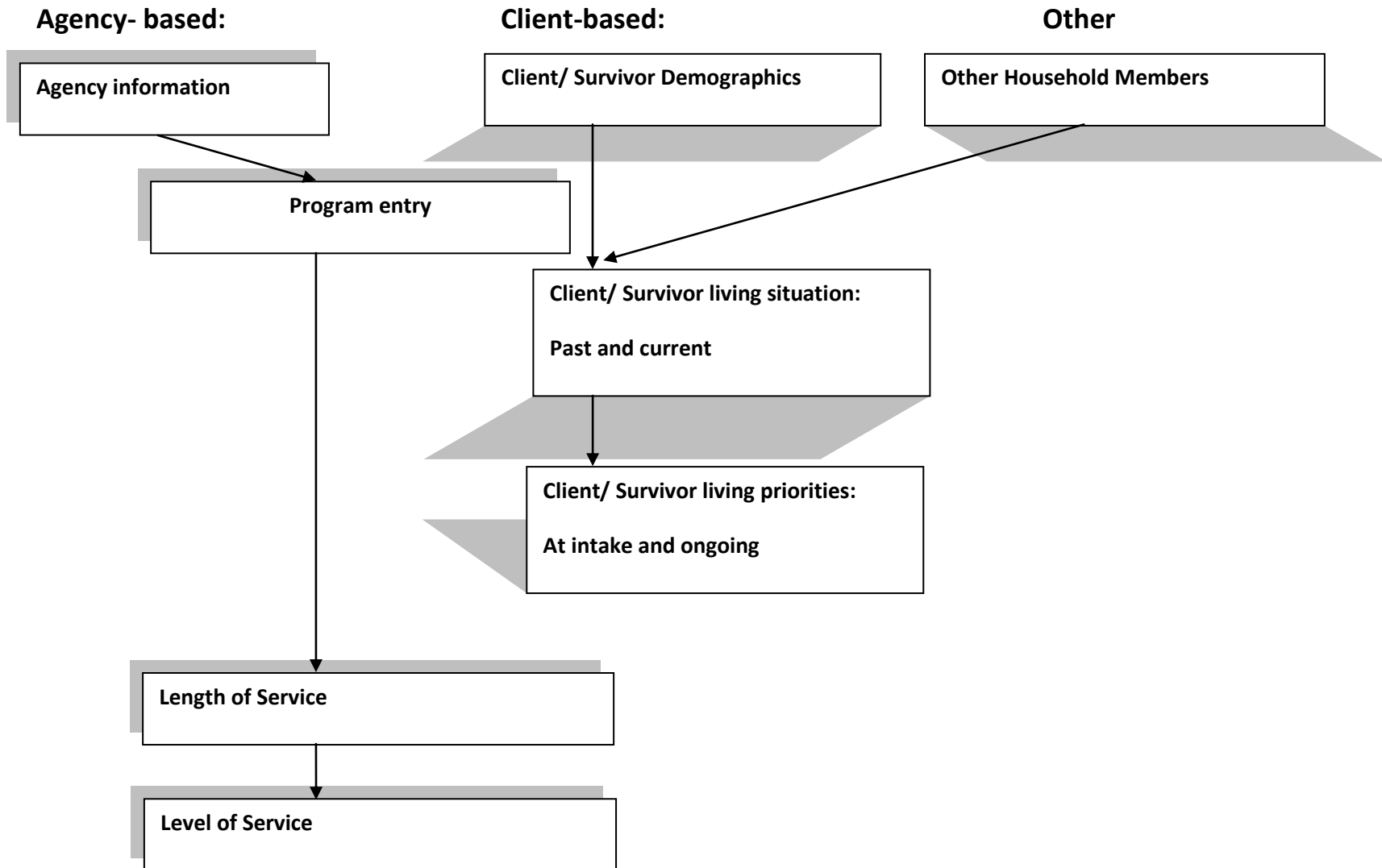
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## Program Evaluation Components ~ What, Who, When, and How

	<b>Agency Narrative Check-in</b>	<b>Individual Client Intake and Follow Up</b>	<b>Focus group (staff and client/ survivor)</b>	<b>Survivor Feedback (self-administered survivor survey)</b>
<b>WHAT</b> ~ <i>format</i>	Qualitative information: answering questions in narrative form about the successes, challenges, and impact of the program	Quantitative information: data entry about client's information, demographics, living situation, etc.	In-depth qualitative information/ group discussion	Process and outcome/program impact questions
<b>WHO</b> ~ <i>responds</i>	Organizational input required: anyone who is connected to the project including advocate, director, developmental director amongst others.	Domestic Violence Housing First advocate (on behalf of client/ survivor)	Agency staff Clients/ survivors (separate groups)	Survivors
<b>WHEN</b> ~ <i>frequency</i>	Quarterly narrative from agency staff (Jan, Apr, July, Oct): 3 weeks to answer questions about your learnings during the quarter, while building on your lessons learned.	Quarterly data entry (Jan, Apr, July, Oct): 3 weeks to complete data entry for all clients served during the quarter.  <u>Note:</u> gather information during services	1-2 times a year	1-2 times a year, ongoing
<b>HOW</b> ~ <i>collection tool</i>	Online: Survey monkey	Online: Survey monkey	Face-to-Face with evaluator and WSCADV staff member(s)	Post-card size questionnaire

## Individual Client Intake and Follow-Up Categories



## Agency Narrative Check-In Categories

Uniqueness of Domestic Violence Housing First for survivors

Mobile advocacy

Finding housing

Retaining housing

Working with public house agencies

Working with private landlords/ladies

Wrap around services

Keeping track: program participants

Impact on organization culture and operations

Community education and messaging

## Agency Narrative Check-In Questions

1. How is Domestic Violence Housing First for survivors unique?
  - a. In the past three months, what are some ways that you have provided services that are unique from the way survivors of domestic violence access services within the general homeless population? In other words, how is this project unique for domestic violence survivors? Please give specific examples and if possible, a quote from a survivor.
  - b. Do you have any other comments?
2. What are some examples of how you are providing survivor-driven mobile advocacy, a strongly encouraged model within the DVHF Program? Please provide specific examples of how you are meeting survivors at locations of their choosing (including their home).
3. Finding Housing
  - a. Please describe at least one success you experienced during the last three months when finding housing with/for program participants.
  - b. Please describe at least one challenge you experienced during the last three months when finding housing with/for program participants.
4. Retaining Housing
  - a. Please describe at least one success you experienced during the last three months when working with program participants to retain housing.
  - b. Please describe at least one challenge you experienced during the last three months when working with program participants to retain housing.
5. Working with Public Housing Agencies
  - a. Please describe at least one success you experienced during the last three months when working with public housing agencies.
  - b. Please describe at least one challenge you experienced during the last three months when working with public housing agencies.
6. Working with Private landlords
  - a. Please describe at least one success you experienced during the last three months when working with private landlords or housing groups.
  - b. Please describe at least one challenge you experienced during the last three months when working with private landlords or housing groups.
7. Wrap around services
  - a. Please help us track the partnerships you are building with agencies in your community. Please also document collaborations within your agency (if applicable), as well as other DVHF cohort agencies. This is general information that is not tied to any particular participant. It's especially important for us to know about partnerships with housing/homeless providers.
    - i. Service type (housing, legal, thrift shop, etc)

- ii. How long has your agency partnered with each of these organizations?
- b. Do you have any other comments?

## 8. Keeping track: Program Participants

- a. For the entire project period, please list the number of people who:
  - i. Were considered for DVHF services between XXXX – XXXX (potential clients)
  - ii. Entered the program between XXXX – XXXX
- b. For the previous quarter, please list the number of people who:
  - i. Were considered for DVHF services between XXXX – XXXX (potential clients)
  - ii. Entered the program between XXXX – XXXX
- c. Please select the reason(s) that survivors have been prevented from participating in this program.
  - i. Income, history, housing status, safety concerns, criminal history
  - ii. Survivors who were screened out
  - iii. Survivors who were screened in/completed intake process, but who did NOT enter the program
- d. In your own words, please explain the following: what would help you be able to screen people into the project? What would this project look like if it could accommodate survivors with a variety of different issues?
- e. Please list the languages spoken by your clients other than English.

## 9. Impact on Organization Culture and Operations/ Staffing

- a. What adjustments have you made to your organization, staffing, or service provision to ensure the services you provide are culturally relevant?
- b. Please describe at least one positive impact of Domestic Violence Housing First services on your organization's staffing and/or culture.
- c. Please describe at least one challenge or negative impact of Domestic Violence Housing First services on your organization's staffing and/or culture.

## 10. Community Education and Messaging

- a. Please describe the ways in which DVHF services have enabled your organization to better educate your community and stakeholders about project activities and outcomes (this response may include educating your local community about homelessness issues).
- b. The Client Data Intake and Agency Narrative will be used to produce a Quarterly Newsletter. The Quarterly Newsletter highlights key learnings of the Domestic Violence Housing First. Please let us know how we can improve the newsletter, either by providing suggestions on issues that are being raised in your communities, and/or how you are using the Newsletter. We want this to be a tool for you to educate your community about DVHF services.



## Individual Client Intake and Follow-Up Questions, Response Options, Data Collection Time-Point and Notes

List of questions	Response options (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
1. Your Agency	Check from list		X		Your agency name; agency where the client is receiving DVHF services
2. Client Number	Open-ended		X		Your client's number
3. Are you entering information for this client for the first time?	a. Yes b. No		X	If no to #3	If you check no, you will not need to answer questions marked "intake only." For questions in the "intake and ongoing column," let us know if that information has changed for each client at each quarterly intake (if not, there will be a box for "has not changed.") This would be a good opportunity for you to check-in with clients you haven't been in-touch with for a few weeks.
4. If yes, date of program entry	MM/DD/YYYY	X			Program entry/ program participant is defined as: client who's new to the agency or an existing client, who receives DVHF \$ (even if light touch), receives services from HF advocate, and/or has a DVHF identification #.
5. If yes, what was her/his living situation when s/he first came into contact with the DVHF program?	a. Rent b. Own c. Shelter/ Voucher d. Transitional housing e. Temporary arrangement f. Homeless g. Other. Please specify <hr style="width: 10%; margin-left: 0;"/>	X			Response option d: temporary arrangement, includes temporarily living with family/friends (e.g. 2 weeks), "couch surfing," etc.
6. If yes, did s/he have permanent housing when you started working with her or him (intake)?	a. Yes b. No	X			See 5 above

List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
<b>Client Demographics at Intake</b>					
7. Age at intake	Age: Unknown Under 18 18-24 25-34 35-44 45-54 55-64 65 years or older	X			
8. Ethnicity	Hispanic or Latino? a. Yes b. No	X			The separation of Ethnicity from Race, and the order in which they appear, are reflective of how they are asked and appear at the Federal and State levels.
9. Race	a. African American/ African Descent b. Asian. _____ c. Native American/Alaska Native. Nation: _____ d. Pacific Islander/ Native Hawaiian e. European American/ Caucasian f. Multi Racial: please specify: _____ g. Other. Please specify: _____ h. Not reported i. Unknown	X			
10. Does client identify as an immigrant or refugee?	a. Yes b. No c. Not reported d. Unknown	X			This question is regarding clients' own self-identification as immigrant, refugee, or asylum – whether 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> generation and whether documented or not (*we don't need to know whether they're documented or not).

List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
<b>Client Demographics at Intake Cont...</b>					
11. If identifies as immigrant or refugee, how many years in the US, if known	a. Less than one year b. 1-5 years c. 6-10 years d. 11 or more years e. unknown	X			
12. Prior shelter for DV?	a. Yes      b. No	X			
13. Prior emergency shelter (general)	a. Yes      b. No	X			
14. Prior transitional housing	b. Yes      b. No	X			
<b>Client Priorities at Intake</b>					
15. Priorities at intake If already in housing, what are the client's priorities for ongoing support besides housing?	a. Housing b. Immigration b. Transportation c. Legal d. Financial/ independent living skills e. Education f. Employment and career g. Community outreach h. Parenting & Children i. Health & Well-Being j. Coping skills/ self-sufficiency k. Counseling l. Support group participation m. Creating a safety plan for self n. Creating a safety plan for child(ren) o. Other: _____	X			

List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
<b>Client Demographics - Intake and Ongoing</b>					
16. What is her/his approximate monthly household income? (Do not include food stamps, but include other sources of income)	<b>Revised</b> from open-ended to categorical: a. \$0 b. \$1-\$400 c. \$401-\$800 d. \$801-\$1,200 e. \$1,201-\$1,600 f. \$1,601-\$2,000 g. \$2,001+ h. Don't know		X		This income should include household members that the survivor has/will establish permanent residence with.
17. Please list her/his current sources of income	<b>Revised</b> from open-ended to categorical: a. Employment b. Unemployment benefits c. SSI or equivalent d. TANF or equivalent e. HEN or equivalent f. Child support g. Tribal allocation h. Other. Specify: _____		X		"b" is asking about permanent disability income "c" is asking about temporary federal or state welfare income "d" is asking about State/ Federal temporary income for families with children
18. Education level/ categories	a. Has not graduated from High School b. Graduated from HS or attained GED c. Received an Associated degree or attended some years of college d. Graduated from a 4-year college degree or greater e. Currently in school. f. Other g. Unknown h. Not reported		X		

List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
<b>Client Demographics - Intake and Ongoing</b>					
19. For clients currently in school, what level of education are the classes in?	a. GED or High School b. Technical College, associate degree, 2-year college, or equivalent c. 4-year college d. Graduate school e. Other f. Unknown g. Not reported h. Other		X		
<b>Prior and ongoing barriers to attaining housing</b>					
20. The following may have been barriers to the client's ability to obtain housing in the past: a. Limited English proficiency b. Unemployment c. Eviction history d. Criminal background history e. Chemical dependency f. CPS involvement g. Other barriers: _____	a. Yes b. No c. Unknown		X		
21. Have any of the following disabilities ever been a barrier to the client's ability to obtain housing? a. mental disability b. physical disability c. sensory disability d. multiple disability e. other disability. Please specify: _____	a. Yes b. No c. Unknown		X		

List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
<b>Other household members</b>					
22. Does client have additional household members? Yes/No 23. Number of other household members: _____ 24. Number of adults: _____ 25. Number of children: _____ 26. For each household member: 27. Any other comments re: other household members: _____	22. a. Yes B. No 23. open-ended 24. open-ended 25. open-ended 26. a. Age b. Ethnicity c. Race d. Child of client?		X		(23) must be the sum of (24) and (25)
<b>Other priorities after intake/ housing placement</b>					
28. If already in housing, what are the client's priorities for ongoing support besides housing?	a. Immigration b. Transportation c. Legal d. Financial/ independent living skills e. Education f. Employment and career g. Community outreach h. Parenting & Children i. Health & Well-Being j. Coping skills/ self-sufficiency k. Counseling l. Support group participation m. Creating a safety plan for self n. Creating a safety plan for child(ren) o. Other: _____			X	

List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
29. Current permanent housing status	a. Yes, had permanent housing when came to DVHF, and retained. b. Yes, obtained housing through DVHF. c. No permanent housing yet, we are working on it d. No, obtained housing through DVHF, but is no longer in permanent housing e. Other. Specify: _____ f. Don't know. Reason (e.g. phone disconnected): _____		X		
30. Type of permanent housing	a. Subsidized/ Section 8 b. Fair Market c. Other Low Income d. Tribal housing. Specify: _____ e. Other: _____		X		
31. Has client received DVHF services for at least 6 months? 32. If yes, did they have housing at: 6 months after housing placement? (Y/N)	a. Yes. b. No (skip to Q. 37) c. Don't know, we haven't had contact with client (skip to Q. 37)		X		If advocate says client hasn't received housing services for 6 months (or 12, 18 months), she/he will be skipped to the next set of questions (#37 below). In answering questions 31-36, please consider the "point-in-time" that's in question. For example, if a client's housing was interrupted for 2 months in the previous 6 months, s/he was technically in housing for 4 months, but you'd still answer "yes" to Q. 32: "did they have housing 6 months after housing placement?" You'd then document the 2 month interruption in response to Q. 38.
33. Has client received DVHF services for at least 12 months? 34. If yes, did they have housing at: 12 months after housing placement? (Y/N)	a. Yes. b. No (skip to Q. 37) c. Don't know, we haven't had contact with client (skip to Q. 37)		X		

List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
35. Has client received DVHF services for at least 18 months?  36. If yes, did they have housing at: 18 months after housing placement? (Y/N)	a. Yes. b. No c. Don't know, we haven't had contact with client		X		
37. How long client/ survivor was/ has been in housing	_____ months ____ weeks		X		
38. During this time, how many times was the client's housing interrupted for more than 2 consecutive weeks? ____ times  39. Please specify reasons for housing interruption: _____	Open-ended				
40. If in permanent housing through DVHF, length of time to access housing	_____ months _____ weeks		X		
41. If not in permanent housing, type of housing situation	a. Emergency shelter b. Transitional housing c. In Treatment d. In other institution e. Living temporarily with family/ friends f. Unknown g. Other: _____		X		
42. Length of time advocate has worked with client/ survivor	_____ months		X		



List of questions	Response options/ categories (if applicable)	Intake ONLY	Intake AND ongoing	Ongoing ONLY	Notes/ Guidelines (if applicable)
43. Level of services (light, medium, high)	a. Light touch b. Medium touch c. High need		X		<p><b>Light touch:</b> simple, discrete needs that are met quickly. Client is not seen/helped after this need is met. E.g. one month rent, child care, install locks, pay for utilities, pay for diploma.</p> <p><b>Medium touch:</b> Discrete needs met as above, PLUS client is connected with some for the services of your agency, such as support groups, counseling, Housing is sought after and obtained relatively quickly.</p> <p><b>High need:</b> All of the above, PLUS long term planning with advocate is needed to obtain housing, improve financial situation, safety, etc.</p>
44. Other comments	Open-ended		X		

## Survivor Feedback Questions

1. How satisfied are you with the overall Domestic Violence Housing First (DVHF) Services?

Responses: very satisfied, satisfied, neutral, unsatisfied, very unsatisfied

2a. How satisfied are you with the cultural sensitivity of DVHF Services?

Responses: very satisfied, satisfied, neutral, unsatisfied, very unsatisfied

2b. How important are culturally sensitive services to you?

Responses: extremely important, important, neutral, unimportant, extremely unimportant

How much do you agree or disagree with the following statements:

3a. The services I'm receiving/I received from the DVHF advocate increased my and my children's safety.

3b. The DVHF advocate has treated me with respect.

3c. I trust my DVHF advocate.

3d. The DVHF advocate has helped to restore my sense of dignity.

Response choices for 3a-3d: Strongly agree, Agree, Neutral, Disagree, Strongly disagree

4. Do you feel that the quality of your and children's life has improved?

- Yes. If so, how has it improved for you or your child(ren)? \_\_\_\_\_
- No. If not, what are some things that have not helped your quality of life improve in your opinion?
- Not sure. Any comments about that? \_\_\_\_\_

5. How would you change the DVHF services to better meet the needs of survivors in the future:

\_\_\_\_\_

6. Feel free to add any other comments on any of the above questions or anything else: \_\_\_\_\_