

**LESBIAN, GAY, BISEXUAL, TRANSGENDER &
QUESTIONING DOMESTIC VIOLENCE TRAINING & TECHNICAL
ASSISTANCE PROJECT**

SUMMATIVE EVALUATION REPORT

PREPARED FOR

California Department of Health Services
Maternal, Child and Adolescent Health
Office of Family Planning Branch

PREPARED BY

California Partnership to End Domestic Violence
in partnership with
Community United Against Violence and
Los Angeles Gay and Lesbian Center



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I. EXECUTIVE SUMMARY

Violence and abuse in LGBTQ relationships is perpetrated at rates similar to non-LGBTQ couples.ⁱ
ⁱⁱ LGBTQ DV victims/survivors face unique issues and challenges, primarily stemming from anti-LGBT bias and oppression (i.e., homophobia, biphobia, transphobia and heterosexism) and the impact of their internalization. In 2006, with funding from the California Department of Health Services Maternal, Child and Adolescent Health Office of Family Planning (MCAH/OFP), California Partnership to End Domestic Violence (CPEDV) in partnership with Community United Against Violence (CUAV) and the Los Angeles Gay and Lesbian Center (LAGLC), launched the Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Training and Technical Assistance Project (LGBTQ DV TAT Project or project). The project represented an unprecedented opportunity to systematically provide TAT to California's 94 MCAH/OFP-funded Domestic Violence Program (DVP) shelter agencies to address the needs of LGBTQ DV victims/survivors throughout the State over a 3-year period.

Rooted in the frameworks of "unserved/underserved communities," cultural competency and continuous quality improvement (CQI), the overarching purpose of the contract was to enable each of the 94 MCAH/OFP-funded DVP shelter agencies to increase access to services by LGBTQ clients. The project identified two outcomes to achieve the project's overarching purpose: 1) Improve staff and volunteer understanding of and commitment to providing accessible and competent services to LGBTQ DV victims/survivors; and 2) Increase implementation of recommended practices for LGBTQ accessibility. The activities during the project period July 2006-March 2009 included assessment and strategic planning, TAT materials development, Regional Trainings, follow up TAT, CQI components and formative evaluation (i.e., evaluation of project activities that occurred during the project period July 2006-March 2009). The summative evaluation took place between April-June 2009.

The purpose of the Summative Evaluation is to assess the project's process and outcomes and describe the project's overall effectiveness. The key process evaluation questions of the summative evaluation are:

1. What were the strengths and weaknesses of the project's partnership between CPEDV, CUAV and LAGLC?
2. What were the strengths and weaknesses of each of the project's activities, including: and assessment and evaluation activities, Regional Trainings, follow-up TAT, CQI components?
3. Were project activities responsive to the finding from the needs assessment and in accordance with the recommendations in the strategic plan?
4. What were local and state climate factors that may have influenced the project's ability to achieve its outcomes?
5. What were other organizational factors that may have influenced the project's ability to achieve its outcomes?

While the overarching goal of the project was to increase access to services among LGBTQ DV victims/survivors at the 94 CDPH-funded DV agencies, the specific outcomes were to: 1) improve staff and volunteer understanding of and commitment to providing accessible and competent services to LGBTQ DV victims/survivors; and 2) increase implementation of recommended practices for LGBTQ accessibility. In determining the outcome-related questions, we hypothesized

that there may have been unarticulated benefits that resulted from project activities, including improved capacity of TAT provider agencies to provide TAT and changes in programs, practice and policies (beyond the 94 DVP shelter agencies) to increase accessibility and competency of services for LGBTQ DV victims/survivors. Thus, the key outcome evaluation questions of the summative evaluation are:

1. To what extent did the project activities result in an improvement in DVP shelter agency staff and volunteer understanding of and commitment to providing accessible and competent services to LGBTQ DV victims/survivors?
2. To what extent did the project activities result in an increase in the implementation of recommended practices for LGBTQ accessibility at DVP shelter agencies?
3. To what extent did the project activities result in improved capacity of TAT provider agencies to provide TAT?
4. To what extent did the project activities result in changes in programs, practice and policies to increase accessibility and competency of services for LGBTQ DV victims/survivors beyond the 94 DVP shelter agencies?

The project began with a comprehensive needs assessment that revealed valuable information that fed into the project's strategic plan. While there were clear examples of organizations that demonstrated a high degree of commitment to and competency in serving LGBTQ populations, the assessment revealed that: 1) many agencies maintained a "We don't ask. We don't care" approach to issues related to sexual orientation and gender identity and a "We treat everyone the same" approach to serving LGBTQ clients; 2) staff and volunteers at many agencies held biases against LGBTQ people and had reluctance to engage in efforts to improve accessibility and competency of services. Through strategic planning we determined that we needed to continue to strongly uphold our agencies' commitments to anti-bias and anti-oppression adult education and infuse these approaches into all facets of the project. The needs assessment and strategic planning processes also surfaced the need to go beyond a "one-size-fits-all," or "we treat everyone the same" approach to TAT and the value of community-centered approaches to service provision and of community engagement as an approach to crafting services that are responsive to local context and building in sustainability mechanisms.

The Strategic Plan identified 11 recommended practices for LGBTQ accessibility as shown in *Figure 1: LGBTQ DV TAT Project Strategic Plan: Eleven Recommended Practices for LGBTQ Accessibility*. These recommended practices incorporated the required TAT topic areas per the SOW and added 4 recommended practices (which were approved by CDPH/MCAH). The 4 additional recommended practices were identified and prioritized through an analysis of needs assessment data, a scan of literature on LGBTQ DV and LGBTQ cultural competency and accessibility, and dialogue and decision-making among project team members at a strategic planning convening. The prioritization of these practices was supported by a review of LGBTQ accessibility and cultural competency enhancement tools.^{iii, iv, v, vi, vii, viii, ix, x, xi} The four additional recommended practices are starred (*) below.

Figure 1: LGBTQ DV TAT Project Strategic Plan: Eleven Recommended Practices for LGBTQ Accessibility
<ol style="list-style-type: none"> 1. Implement ongoing CQI processes to improve effectiveness and accessibility in serving LGBTQ survivors. 2. Implement ongoing LGBTQ sensitivity and DV training for staff members and volunteers.* 3. Implement mechanisms to track the number of LGBTQ clients served.* 4. Implement recommended practices for intake interviewing and screening to differentiate between victim/survivor and batterer in same-sex DV situations. 5. Implement recommended practices for case management. 6. Foster an LGBTQ-welcoming environment through use of LGBTQ-sensitive agency materials (intake forms, written materials, website, etc.) and display of LGBTQ-welcoming materials in the office and shelter environments. 7. Adopt an organizational policy to ensure a safe/welcoming environment for LGBTQ DV survivors and cultural competency in programs/services. 8. Implement ongoing staff and volunteer training for addressing homo/bi/transphobia among clients and community members.* 9. Establish and maintain partnerships/linkages with local, state & national LGBTQ-specific agencies, groups and businesses. 10. Implement ongoing outreach in the community and within the existing client base using LGBTQ-specific materials. 11. Implement programs and services designed specifically and primarily for LGBTQ individuals.*

Modifications were made to this list based as the project evolved and the Year 2 Assessment survey queried DVP shelter agencies about 10 recommended practices for LGBTQ accessibility as shown in *Figure 2: Recommended Practices Tracked through Year 2 Assessment Survey*. These same practices were tracked in the Year 3 Assessment.

Figure 2: Recommended Practices Tracked through Year 2 and Year 3 Assessment Surveys
<ol style="list-style-type: none"> 1. Written policies and practices to ensure LGBTQ access 2. Mechanisms to track LGBTQ clients 3. Mechanisms to track referrals on behalf of LGBTQ clients 4. Ongoing training for Board members on LGBTQ DV 5. Ongoing training for staff on LGBTQ DV 6. Ongoing training for volunteers on LGBTQ DV 7. LGBTQ-sensitive materials and forms (intake forms, written materials, website, etc) 8. LGBTQ-specific materials displayed (“LGBTQ-welcoming materials”) 9. Partnerships and linkages with LGBTQ organizations, groups and businesses 10. Protocol and ongoing training to address homo/bi/transphobia and heterosexism from staff, clients and community members

Some of the project activities and outputs included:

- 16 Regional Trainings during a 12 month period in 16 cities, reaching 367 individuals representing all 94 DVP shelter agencies.

- Development of a well-researched set of TAT materials on topics that directly responded to the SOW requirements and priorities identified in the strategic plan.
- Follow-up TAT for a total of 509.6 hours delivered via 383 TAT contacts to 1,777 participants over a 21 month period between July 2007 and March 2009.
- Sixty percent (60%) of agencies received onsite TAT, and onsite TAT comprised 30.1% of all follow-up TAT provided.
- Forty-five (45%) of the follow-up TAT consisted of “overview” sessions that continued to promote “*LGBTQ-awareness*” through the introduction of basic LGBTQ sensitivity issues, awareness of anti-LGBTQ bias and oppression and provision of an overview of recommended practices.
- Fifty-five (55%) of the follow-up TAT consisted of more in-depth TAT on specific topics that promoted *LGBTQ-sensitivity* through deeper exploration of issues and application to specific areas of service delivery.
- There was a degree of spread in TAT provided to the agencies: from 2 to 12 contacts, between 1 hour to 19.7 hours to between 2 to 107 participants.

The project findings suggest that our approach of encouraging staff to understand and respond to the social context of LGBTQ relationships proved effective. For example, the LGBTQ session of the Regional Training received very positive results, with between 91-98% rating aspects of the session as “good” or “excellent.” Agencies reported greater awareness of issues impacting LGBTQ individuals, including bias, and greater comfort talking about bias with staff and volunteers in follow up assessments. As one TAT provider put it, “We start by showing people the impact of oppression on LGBTQ survivors. Another major strength was the team that was assembled with expertise in LGBTQ DV and expertise in TAT and capacity building to promote organizational change.

The combined expertise was applied to the development of a useful set of TAT materials to address the required TAT topic areas per the SOW and the recommended practices identified in the strategic plan. The TAT materials that were developed were a great asset as well as an investment for future TAT efforts. As a result of the project, the TAT providers increased our general understanding and skills related to engaging DVP shelter agencies in TAT to foster staff development and organizational change, improved our knowledge and skills specifically related to providing effective TAT. We leveraged project resources in the form of our expertise and advocacy to have impact in other programs, practices and policies within California, in other states and at the national level.

Given the importance of engaging with local community partners, especially members/representatives of the U/U populations themselves, in addressing access and competency issues, the prohibition of non-DVP shelter agency staff participation in follow up TAT was counter to best practice. In order to fulfill the SOW requirements of delivering minimum TAT to all 94 agencies, we spent a considerable amount of time, especially toward the latter half of the project, conducting assertive outreach to agencies and getting minimal return on our investment of time and effort. Furthermore, the shifting emphasis away from CQI as it was presented during regional trainings, as a valuable set of tools to help organizations manage incremental change, toward MPOI reporting mid-way through the project, detracted from the project and was not a beneficial use of time or resources.

Project implementation was challenged by the simultaneous implementation of two other U/U TAT projects, implementation during a period when DVP shelter agencies were facing budget cuts from multiple funding sources. Sixty nine percent (69%) of agencies in Year 2 and 70% of agencies in Year 3 agreed somewhat, very much or completely that lack of resources was a challenge. In addition, agencies were responding to other demands such as the new Cultural Competency Core Standard and MPOI reporting requirements, as well as to a challenging policy environment (e.g., State Supreme Court's legalization of same-sex marriage in the spring of 2008 and subsequent passage of Proposition 8 to deny same-sex couples the right to marry and the Third District Court of Appeal ruling in *Woods v. Horton* (previously known as *Woods v. Shewry*) ordering MCAH/OFP to provide funding for services for victims of DV regardless of gender). In addition:

Furthermore, twenty-five percent (25%) of agencies in Year 2 and 20% of agencies in Year 3 indicated that disapproval or concerns from community partners posed a challenge in implementing recommended practices for LGBTQ accessibility.

Despite these challenges, DVP shelter agencies were able to make improvements in staff and volunteer understanding and commitment to providing accessible and competent services. An overwhelming majority of agencies (86% in Year 2 and 75% in Year 3) reported increased commitment to providing accessible services among staff as of compared to 12 months ago. The majority of agencies (55% in Year 2 and 60% in Year 3) reported increased commitment to providing accessible services among volunteers as of compared to 12 months ago. As a result of the project activities, staff and volunteers gained examples of changes they could make to foster a welcoming environment for LGBTQ individuals and increase access to services. Staff improved their understanding of issues related to serving LGBTQ populations, gained a greater understanding of critical issues to consider in providing case management services to LGBTQ clients, such as the impact of oppression and potential costs and benefits of "coming out" in the help-seeking process and issues to consider when mobilizing support and advocating for resources and services for LGBTQ clients. DVP shelter agencies reported improvements in staff's language sensitivity, ability to speak about the issues (including the impact of bias), comfort-levels and understanding of LGBTQ client needs.

Throughout the Regional Trainings and both "overview" as well as "in-depth" follow-up TAT, the project emphasized the need to go beyond improvements in staff understanding and commitment to make changes at the level of organizational practice. DVP shelter agencies' implementation of the 10 recommended practices designed were measured at the beginning of the project (Year 1) and twice thereafter at annual follow-up assessments (Year 2 and Year 3). The response options and scoring were as follows: fully in practice (3); partially in place/ practice or currently in development (2); not in place nor in practice (1). Even as organizations grappled with resource changes, improvements in implementation of recommended practices were demonstrated for all ten of the project's recommended practices. The greatest increases in implementation were seen in the practices of "displaying LGBTQ-specific materials," the "having LGBTQ-sensitive materials and forms," "having mechanisms to track referrals on behalf of LGBTQ clients," and "having mechanisms to track LGBTQ clients. In addition to these changes, specific changes that agencies mentioned included, creating LGBTQ-specific support groups, revising policies, forms, intake and screening protocol and training materials, increasing staff training, outreach and partnerships and conducting anti-bias training with shelter residents. There were also improvements such a creation of an LGBTQ hotline and securing additional funding dedicated to developing LGBTQ-specific services.

In Years 2 and 3, DVP shelter agencies were asked to indicate the ways in which their agency had applied information learned at the Regional Trainings. An overwhelming majority of agencies applied information learned at the Regional Trainings in subsequent training for staff and volunteers (94% in Year 2 and 91.5% in Year 3). Sixty-one percent (61%) of agencies applied the information in work with LGBTQ clients in Year 2, and 83.1% did so in Year 3. Similarly, in Years 2 and 3, DVP shelter agencies were asked to indicate the ways in which their agency had applied information learned through the follow-up TAT. A majority of agencies applied the information in subsequent training for staff and volunteers (70.4% in Year 2 and 86.7% in Year 3). Sixty point six percent (60.6%) of agencies applied the information in work with LGBTQ clients in Year 2, and 77.1% did so in Year 3. Furthermore, the vast majority of agencies applied the information learned through the Regional Trainings and follow-up TAT to initiate a conversation, facilitate a discussion or encourage people (staff, volunteers, board members, clients, community members, community partners, etc.) to learn about LGBTQ issues (60.6% in Year 2 and 66.2% in Year 3 for information from Regional Trainings and 70.4% in Year 2 and 86.7% in Year 3 for information from follow-up TAT) and similarly, agencies applied the information in informal conversations and interactions with community members and/or community partners (72% in Year 2 and 78.3% in Year 3 for information from Regional Trainings and 49.1% in Year 2 and 59% in Year 3 for information from follow-up TAT).

The project benefited from its grounding in the frameworks of U/U communities, cultural competency and CQI. The importance of engaging and partnering with organizations and individuals that represent U/U populations is shared across these frameworks. Reflecting this need for participation, the US Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) states that: "Practical and effective solutions to public health problems must involve affected communities. Active community involvement... helps to ensure consistency with community norms, cultural competency, and responsiveness to community needs (CDC, 2000)." The ability to engage LGBTQ community organizations and representatives depends on a number of factors, including community context and individual and organizational capacity. Therefore, community engagement should be thought of as a continuum of options, rather than a strict "yes/no" standard.

Similar to the way in which we can conceive of a continuum of community engagement, it is useful to conceptualize a continuum or stages of LGBTQ accessibility and competency. Long-time experts in LGBTQ DV service provision have articulated a distinction between LGBTQ-sensitive and LGBTQ-specific services. "*LGBTQ-sensitive*" services are defined as domestic violence services that have been developed primarily for heterosexual people who have been victimized or who have been abusive. Providers of these services have varying amounts of training and education in LGBTQ issues and LGBTQ domestic violence. "*LGBTQ-specific*" services, on the other hand, are defined as domestic violence services that have been developed specifically and/or primarily for the LGBTQ community. Providers of these services specialize in working with LGBTQ domestic violence and LGBTQ individuals. The LGBTQ DV TAT Project has helped to identify and promote another step on the continuum of LGBTQ accessibility and competency that precedes the stage of "*LGBTQ-sensitivity*," i.e., "*LGBTQ-awareness*." LGBTQ community engagement and TAT and capacity building assistance are all important to all stages of LGBTQ accessibility and competency, with higher levels of engagement, TAT and capacity building requirements as an organization advances through the continuum from "*LGBTQ-awareness*," to "*LGBTQ-sensitivity*," to "*LGBTQ-specificity*."

The need to constructively address issues of bias head-on is an inevitable thread of any TAT project aimed at improving accessibility and competency of services for LGBTQ clients. Adult anti-bias and anti-oppression education can support DVP shelter agency staff in decreasing their own bias against LGBTQ persons and improve staff capacity to address homo/bi/transphobic behaviors coming from clients and community members. Anti-bias and anti-oppression adult education is useful in that it approaches learning as a partnership and recognize that adults need to take an active role in drawing from their life experience to engage with complex issues. Educators respectfully “meet people where they are,” while challenging them to unlearn bias, move beyond “tolerance,” and affirm the validity of diversity in sexual orientation and gender identity in our communities. The project findings suggest that our approach of encouraging staff to understand and respond to the social context of LGBTQ relationships, modeling respect for all perspectives and opinions and establishing shared values and agreements about the desired behavior (i.e., LGBTQ affirmation and inclusion) proved effective, with agencies reporting greater awareness of issues impacting LGBTQ individuals, including bias, greater comfort talking about bias with staff and volunteers and increased implementation of training and protocol to address bias on an ongoing basis.

Just as “one size fits all” services do not meet the needs of our diverse clients, “one size fits all TAT” does meet the needs of our diverse DVP shelter agencies. Organizational readiness for change, diffusion of innovations and other approaches to TAT and capacity building recognize that change may be needed across the board among organizations, but not necessarily the same change or degree of change, and not the same support for achieving the change. All changes – in the right direction – are needed, large and small, and that statewide capacity building is in large measure about effectively assessing an organization’s potential for change and strategic position in relationship to its peers, and applying limited resources judiciously to maximize the opportunity for growth presented.

Formative and summative evaluation activities were useful, though limited by reliance on self-report surveys and lack of direct feedback from LGBTQ organizations and community members at the local level. This summative evaluation provides valuable information about the project and attempts to show some relationships between the project activities and reported changes. The findings provide a meaningful understanding of ways in which the project affected participating DVP shelter agencies and staff. Recommendations for future projects are provided for interested parties.

II. INTRODUCTION

While research on domestic violence (DV) in LGBTQ relationships is limited, in part due to discrimination directed at LGBTQ individuals which contributes to silence about incidence of abuse, there are a few comprehensive studies that suggest that violence and abuse in LGBTQ relationships is perpetrated at rates similar to non-LGBTQ couples.^{xii, xiii} This comparable prevalence has also been found in studies of dating violence among gay, lesbian and bisexual adolescents.^{xiv, xv} LGBTQ DV victims/survivors face unique issues and challenges, primarily stemming from anti-LGBT bias and oppression (i.e., homophobia, biphobia, transphobia and heterosexism) and the internalization of these biases. These oppressions set the stage for a person who is perpetrating violence to have unique opportunities to do so and for a victim/survivor to face enormous isolation and barriers to accessing means of support. Victims/survivors may be hesitant to seek help from within their social sphere out of concern that friends and acquaintances may side with the person who was abusive or adhere to myths about LGBTQ DV (such as that of “mutual abuse”), and

reluctant to seek help from health and social service providers due to well-founded fears of bias.^{xvi}

California has a rich history of action to respond to LGBTQ DV and is home to several of the nation's leading organizations addressing LGBTQ DV. In 2006, with funding from the California Department of Health Services Maternal, Child and Adolescent Health Office of Family Planning (MCAH/OFP), California Partnership to End Domestic Violence (CPEDV) in partnership with Community United Against Violence (CUAV) and the Los Angeles Gay and Lesbian Center (LAGLC), launched the Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Training and Technical Assistance Project (LGBTQ DV TAT Project or project). The project represented an unprecedented opportunity to systematically provide TAT to California's 94 MCAH/OFP-funded Domestic Violence Program (DVP) shelter agencies to address the needs of LGBTQ DV victims/survivors throughout the State over a 3-year period.

This Summative Evaluation Report is submitted as a final comprehensive project report and evaluation to MCAH/OFP. It aims to assess the overall effectiveness of the project in fulfilling its overarching purpose and goals. The report begins with background information and descriptions of project activities and outputs over the 3-year project period. Then, the summative evaluation plan, including the purpose and key process and outcome questions, methodology and limitations, is presented. Findings related to each of the key process and outcome questions are offered, along with a discussion of the findings and recommendations for future projects.

III. PROJECT DESCRIPTION

A. Background

The Battered Women Protection Act of 1994 (BWPA) authorized the California Department of Public Health (CDPH)¹ Maternal Child and Adolescent Health Branch Office of Family Planning (MCAH/OFP) to administer a grant program for the provision of comprehensive shelter-based services to battered women and their children throughout California, as delineated in California Health and Safety Code, Sections 124250-124251. The intent of the legislature, as stated in subdivision (h) of Health and Safety Code Section 124250, was to ensure the grant program includes funding of services in underserved communities. The 2005 Budget Act appropriated funds to address the specific needs of unserved/underserved (U/U) populations identified in the DHS survey of grant funded shelter agencies entitled, *Targeted Activities for Special Populations Served by Domestic Violence Shelters, April 22, 2005*. The U/U populations identified in the survey were: 1) mental health and/or substance abuse issues (MHSA); 2) disabled and developmentally disabled (DDD); and, 3) lesbian, gay, bisexual, transgender and questioning (LGBTQ). In accordance with the 2005 Budget Act, CDPH issued an RFP, "to achieve strategic development and implementation of culturally specific and competent TAT that enables each shelter agency to improve its capability to provide services to the LGBTQ population."^{xvii}

¹ In 2007, the California Department of Health Services underwent reorganization and changed its name to California Department of Public Health.

B. Underlying Frameworks

The U/U TAT Project and its SOW were informed by three underlying frameworks for comprehensive shelter-based domestic violence services: 1) unserved/underserved communities; 2) cultural competency; and, 3) continuous quality improvement.

B.1. Unserved/Underserved Communities

Funds for services in underserved communities made available through Health and Safety Code Section 124250 have been utilized in a variety of ways since the grant program's inception. In addition to funding the U/U TAT Project from 2006-2009, MCAH/OFP contracts with the 94 DVP shelter agencies to provide services in underserved and ethnic and racial communities as part of their program of comprehensive shelter-based domestic violence services. According to the 2005-2010 RFA, unserved/underserved communities are defined "as broadly as possible, including descriptors such as ethnicity, age, culture, language, literacy level, geography, physically challenged, sexual preference, and any other decisive factors that inhibit access to information and shelter-based services." According to TC-TAT's report, *Snapshots: A Picture of California's Domestic Violence Prevention Services for Underserved Communities*:

"Advocates, community leaders and coalitions have worked diligently to expand domestic violence services to unserved and underserved populations within California ... While much of the momentum has come from grassroots efforts, substantial support for developing and expanding culturally tailored services and prevention efforts has come from state and federal funding sources as well. A two-way influence process has been at work, with local leaders calling for more of a voice, more funding and more ownership of programs in their communities, and state officials responding by making funds more accessible to programs serving diverse communities."^{xviii}

This statement duly highlights the longstanding value placed on addressing the needs of unserved/underserved populations in California.

B.2. Cultural Competency

A related framework that informed the U/U TAT Project and its SOW is cultural competency. Since its inception, MCAH/OFP has instituted Core Service Standards as a funding requirement for all DVP shelter agency grantees. As a requirement of funding, DVP shelter agencies must meet criteria, which includes but is not limited to, providing comprehensive services delineated in the Core Service Standards. For the Fiscal Year 2005-10 Request for Application funding cycle, the MCAH/OFP Branch introduced Cultural and Linguistic Competency as the 14th Core Service Standard and required grantees to develop a Policy Statement and Implementation Plan for compliance with this Core Service Standard. While fulfillment of this Core Service Standard and fulfillment of the requirement to participate in the U/U project were distinct contractual requirements between MCAH/OFP and the 94 DVP shelter agencies, there is overlap in the intent of these efforts.

MCAH/OFP has provided guidance to DVP shelter agencies on culturally competency, including training by Asian Women's Shelter (AWS) that draws on the work of Sujata Warrior. In this training, AWS promoted an understanding of cultural competency that is rooted in a complex, critical understanding of culture and of the role of culture in people's lives and in DV service provision. According to AWS, cultural competency is a lifelong process that involves: 1) being aware of one's own assumptions and biases about survivors, perpetrators and the family and community context of DV; 2) recognizing power (e.g., language, immigration status, professional status, race, class, etc.)

and its possible implications; 3) listening to the survivor and their interpretation of their culture; 4) building general cultural knowledge; and 5) building authentic relationships and reciprocal collaborations with different communities.^{xix}

B.3. Continuous Quality Improvement

The SOW required the project to incorporate training on Continuous Quality Improvement (CQI) practices and develop CQI instruments “to assist DVP shelter agencies in conducting ongoing self-evaluation of access by the LGBTQ population.” The SOW stipulated the content of the CQI training and called for the contractor to, “develop, implement, and coordinate a system and tools for DVP shelter agencies to use to independently determine baseline data regarding access to DVP shelter agency services by the LGBTQ population, collect ongoing data on access, analyze and report findings, identify deficiencies, and determine feasible strategies for improvement of access on an ongoing basis,” as well as, “develop an ongoing process for DVP shelter agencies to report to MCAH/OFP on performance outcome measures related to access for the LGBTQ populations.”

CQI is an organizational process in which staff identify, plan, and implement ongoing improvements in service delivery. CQI focuses energy and resources on the improvement of systems and processes in order to support an organization’s mission.^{xx} CQI uses data as a tool for organizational learning and ongoing improvement and emphasizes modest, incremental change. The focus is on a team approach to improvement and celebration of progress and successes. Chris Sullivan, a national expert in the area of evaluating DV services, recommends that when implementing evaluation efforts such as CQI for client services at DV agencies, it’s important to identify what clients themselves expect of the agency’s services and how they define quality services.^{xxi}

C. California Department of Public Health Scope of Work Requirements

The California Department of Public Health (CDPH) contracted with California Partnership to End Domestic Violence (CPEDEV) to administer the project and provide the services outlined in the project Scope of Work (SOW). CPEDEV administered the project in partnership with two sub-contractors: Community United Against Violence (CUAV) and Los Angeles Gay and Lesbian Center (LAGLC). MCAH/OFP provided oversight and monitoring of CPEDEV’s administration of the project. The SOW specified that CPEDEV work collaboratively with two additional contractors: TC-TAT (an organization based in San Rafael, California that was responsible for improving DVP shelter agency access for people with disabilities/developmental disabilities) and ONTRACK Program Resources, Inc. (an organization based in Sacramento, California, that was responsible for improving DVP shelter agency access for people with mental health and/or substance abuse issues). The three projects addressing access among LGBTQ, MH/SA and DDD populations was referred to as the Tri-Project Team.

C.1. Purpose, Outcomes and Objectives

The overarching purpose of the contract was to enable each of the 94 MCAH/OFP-funded DVP shelter agencies to increase access to services by LGBTQ clients. CPEDEV was required to develop strategies to improve access to DVP shelter agency services by the LGBTQ population through technical assistance and training (TAT). The project identified two outcomes to achieve the project’s overarching purpose: 1) Improve staff and volunteer understanding of and commitment to providing accessible and competent services to LGBTQ DV victims/survivors; and 2) Increase implementation of recommended practices for LGBTQ accessibility. Specific process objectives outlined in the SOW included: 1) Develop a process and tools to analyze TAT needs of DVP shelter agencies to improve access to services by clients with LGBTQ issues; 2) Provide 16 regional ‘train-

the-trainer' training sessions and 1-3 individual technical assistance sessions to each of the 94 DVP shelter agencies; 3) Provide TAT on Continuous Quality Improvement practices; 4) Evaluate and report on TAT provided; and, 5) Report on project activities.

IV. ACTIVITIES AND OUTPUTS

Section IV provides background information to the Summative Evaluation (*Section V*) which took place between April-June 2009. *Section IV.A* describes the project's partnership structure, including roles that each of the three partner agencies (CPEDV, CUAU and LAGLC) played in the project. *Section IV.B Assessment and Strategic Planning* describes the project's activities and outputs related to assessment and strategic planning. *Section IV.C, C. TAT Activities and Formative Evaluation*, describes the project's TAT activities and outputs, including TAT materials development, Regional Trainings, follow up TAT, CQI components. This section also describes the project's formative evaluation (i.e., evaluation of project activities that occurred during the project period July 2006-March 2009).

A. Partnership Structure and Personnel

The project was administered through a unique partnership of the three agencies: CPEDV, CUAU and LAGLC. Overall project and fiscal management and administration was provided by CPEDV. Project implementation was shared by the three agencies. CPEDV took the lead in TAT materials development and TAT provision for Central Region agencies. CUAU took the lead in TAT provision for agencies in the Northern and Bay Area Regions. LAGLC took the lead in TAT provision for agencies in the Los Angeles and Southern Regions. CPEDV took the lead in assessment and evaluation design with assistance from evaluation consultant, Kathy Moore. CUAU and LAGLC were involved in providing direction for all project elements and administration of assessment and evaluation activities.

B. Assessment and Strategic Planning

Organizational assessments of the DVP shelter agencies were conducted through multiple methods during Year 1 of the project and through online self-report surveys during Years 2 and 3. Findings from the Year 1 Assessment informed project strategic planning and implementation of Year 1 activities. Findings from the Year 2 and Year 3 Assessments informed Year 2 and Year 3 activities.

B.1. Year 1 Assessment

A comprehensive needs assessment of the DVP shelter agencies was conducted. Qualitative and quantitative data was gathered through multiple methods to identify: 1) services that were currently available for LGBTQ DV victims/survivors; 2) TAT needs of DVP shelter agencies to enhance the quality and comprehensiveness of services to LGBTQ DV victims/survivors; and 3) the methods and formats for TAT preferred by the DVP shelter agencies. The needs assessment was conducted in collaboration with Tri-Project Team partners ONTRACK Program Resources, Inc. and TC-TAT. CPEDV developed needs assessment tools specific to the LGBTQ population and conducted oral interviews, online surveys and site visits, and reviewed DVP shelter agencies' forms and materials.

Needs assessment data was obtained from 87 of the 94 DVP shelter agencies (93%) and analyzed quantitatively and qualitatively. (See *Appendix H: LGBTQ DV TAT Summary of Needs Assessment Results 2007*.) The findings were compared to research on LGBTQ domestic violence and LGBTQ accessibility and cultural competency. The assessment revealed a number of major themes related to

the State's diversity in level of bias or support toward LGBTQ individuals; level of organization and visibility of LGBTQ communities; unique dynamics of small rural communities; challenges in addressing bias and fostering safety; and challenges in securing adequate institutional buy-in and resources. The needs assessment revealed unique community conditions that shape LGBT DV throughout the State and found that many DVP shelter agencies subscribe to the "We treat everyone the same" approach to serving LGBT survivors. The thinking behind this approach is that services will be accessible to LGBT communities if they are "the same" as services to heterosexual women. Unfortunately, this approach does not recognize that accessibility and cultural competency involve being responsive to both similarities and differences between individuals and communities. The assessment also found that issues related to sexual orientation and gender identity are kept invisible because of a "We don't ask. We don't care," approach. In part due to a desire for sensitivity, the vast majority of DVPS did not encourage a safe environment for disclosure of sexual orientation or gender identity. The needs assessment also revealed valuable information about the TAT needs of DVP shelter agencies in order to address these many issues and increase accessibility and competency of their services to California's LGBTQ populations.

B.2. Year 1 Strategic Planning

A Strategic Plan was devised including a list of recommended practices for LGBTQ accessibility, prioritized TAT topic areas and plans for implementing the Regional Trainings, follow up TAT, CQI components and project evaluation. The plan covered the project period May 2007 to June 2009 (See Appendix I). The plan identified 11 recommended practices for LGBTQ accessibility as shown in *Figure 3: LGBTQ DV TAT Project Strategic Plan: Eleven Recommended Practices for LGBTQ Accessibility*. These recommended practices incorporated the required TAT topic areas per the SOW and added 4 recommended practices (which were approved by CDPH/MCAH). The 4 additional recommended practices were identified and prioritized through an analysis of needs assessment data, a scan of literature on LGBTQ DV and LGBTQ cultural competency and accessibility, and dialogue and decision-making among project team members at a strategic planning convening. The prioritization of these practices was supported by a review of LGBTQ accessibility and cultural competency enhancement tools.^{xxii, xxiii, xxiv, xxv, xxvi, xxvii, xxviii, xxix, xxx} The four additional recommended practices are starred (*) below.

**Figure 3:
LGBTQ DV TAT Project Strategic Plan:
Eleven Recommended Practices for LGBTQ Accessibility**

1. Implement ongoing CQI processes to improve effectiveness and accessibility in serving LGBTQ survivors.
2. Implement ongoing LGBTQ sensitivity and DV training for staff members and volunteers.*
3. Implement mechanisms to track the number of LGBTQ clients served.*
4. Implement recommended practices for intake interviewing and screening to differentiate between victim/survivor and batterer in same-sex DV situations.
5. Implement recommended practices for case management.
6. Foster an LGBTQ-welcoming environment through use of LGBTQ-sensitive agency materials (intake forms, written materials, website, etc.) and display of LGBTQ-welcoming materials in the office and shelter environments.
7. Adopt an organizational policy to ensure a safe/welcoming environment for LGBTQ DV survivors and cultural competency in programs/services.
8. Implement ongoing staff and volunteer training for addressing homo/bi/transphobia among clients and community members.*
9. Establish and maintain partnerships/linkages with local, state & national LGBTQ-specific agencies, groups and businesses.
10. Implement ongoing outreach in the community and within the existing client base using LGBTQ-specific materials.
11. Implement programs and services designed specifically and primarily for LGBTQ individuals.*

B.2.a. Anti-Bias and Anti-Oppression Adult Education

Organizations involved in providing TAT on LGBTQ DV such as CUAV and LAGLC have long recognized the importance of understanding oppression against LGBTQ persons as a fundamental aspect of improving access to services for LGBTQ populations. The need for this approach was confirmed through the needs assessment, in which a number of challenges related to addressing anti-LGBTQ bias among clients, staff and community members were identified. Staff at several DVP shelter agencies indicated that they have staff and volunteers who are biased against LGBTQ persons and/or reluctant to outreach to or serve LGBTQ persons. Furthermore, many agencies commented that other clients and community providers can be barriers to accessible services. Based on these findings, the project determined that adult anti-bias and anti-oppression education needed to be infused into the project design to: 1) support DVP shelter agency staff in decreasing their own bias against LGBTQ persons; and, 2) improve staff capacity to address homo/bi/transphobic behaviors coming from clients and community members.

Anti-bias education helps people develop anti-bias attitudes, learn to think critically, and speak up when they believe something is unfair. It is an active approach to challenging prejudice, stereotyping, bias, and the “isms (e.g., sexism, racism, heterosexism, etc.)”.^{xxxi} Anti-bias education is rooted in constructivist and critical pedagogies. Constructivist pedagogy is an approach to learning in which learners construct their knowledge in interaction with the world and in accordance with their developmental stage and experiences. Learners bring what they know to the learning environment and add or assimilate new knowledge to current constructs, and accommodate, change or transform what they already know. Critical (or liberatory) pedagogy fosters people who know how to “critically read the world” in order to make it better. Critical pedagogy creates the opportunities for empowerment and a mutual teacher/learner-learner/teacher relationship, as learners critically examine what they know and experience and construct new understandings. Adult anti-bias education recognizes that training to encourage LGBTQ inclusion and competence may challenge

an adult's strongly held beliefs and values, which are unlikely to change as a result of one or two trainings, and that this may be particularly true if participants have been mandated to participate. Adult anti-bias education emphasizes modeling respect for all perspectives and opinions, engaging with participants in a positive, non-defensive, encouraging manner, and establishing shared values and agreements about the desired behavior (i.e., LGBTQ affirmation and inclusion).^{xxxii, xxxiii}

Anti-oppression education recognizes that bias has been codified into our institutions through custom, practice and law within community/public institutions and that this leads to differential access to goods, services and opportunities in society.^{xxxiv} Anti-oppression education emphasizes the need to not only address personal bias and its interpersonal expression, but also to address the ways in which bias manifests in organizational policy and practice. Anti-oppression education encourages persons committed to undoing bias and oppression to create organizations that: 1) promote healthy, affirmative and inclusive organizations and communities for people of all sexual orientations and gender identities; 2) proactive work to prevent bias against LGBTQ people; and, 3) respond effectively to acts of bias and discrimination that do occur.

B.2.b. LGBTQ Community-Centered Models

A recent report on LGBT DV from the National Resource Center on Domestic Violence indicates that advocates within LGBT communities are working to promote more community-centered approaches to addressing LGBT DV. The report asserted that "If [a] mainstream program does not actively engage with the LGBT communities they wish to serve about the nature of their needs, the efforts of the program often prove ineffective."^{xxxv} While the project believed that LGBTQ community-centered models were important, the team felt constrained by the SOW, which prohibited non-DVP shelter agency staff or community members from participating in any of the project's activities. Therefore, the project was unable to embrace an LGBTQ community-centered approach and "begin with the community" to address LGBTQ DV in a manner that promotes the building of community assets.^{xxxvi}

B.2.c. Organizational Readiness for Change

The project determined that organizational readiness for change was an important framework to incorporate into the project design. The need for this approach was confirmed through the needs assessment, in which institutional buy-in and resource challenges were strong themes. Lack of sufficient resources was a very strong theme cited by a significant number of agencies as a challenge and barrier to conducting appropriate levels of community outreach and staff training. In addition, several agencies indicated that they need to garner greater support from their Board of Directors to work on increasing access among LGBTQ communities.

Organizational readiness is a state of preparedness for introduction and adoption of an innovation. Organizational readiness theory is rooted in the literature on translating research to practice in health sciences.^{xxxvii} This research recognizes that successful and sustained adoption of an innovation in an organization (including changes in service delivery), is a multi-step process that includes exposure to the innovation, adoption of the innovation, implementation or exploratory use, and practice or routine use. Organizational readiness for change suggests that successfully moving through these steps requires planning, motivation, skills, resources, support and a climate supportive of change.^{xxxviii}

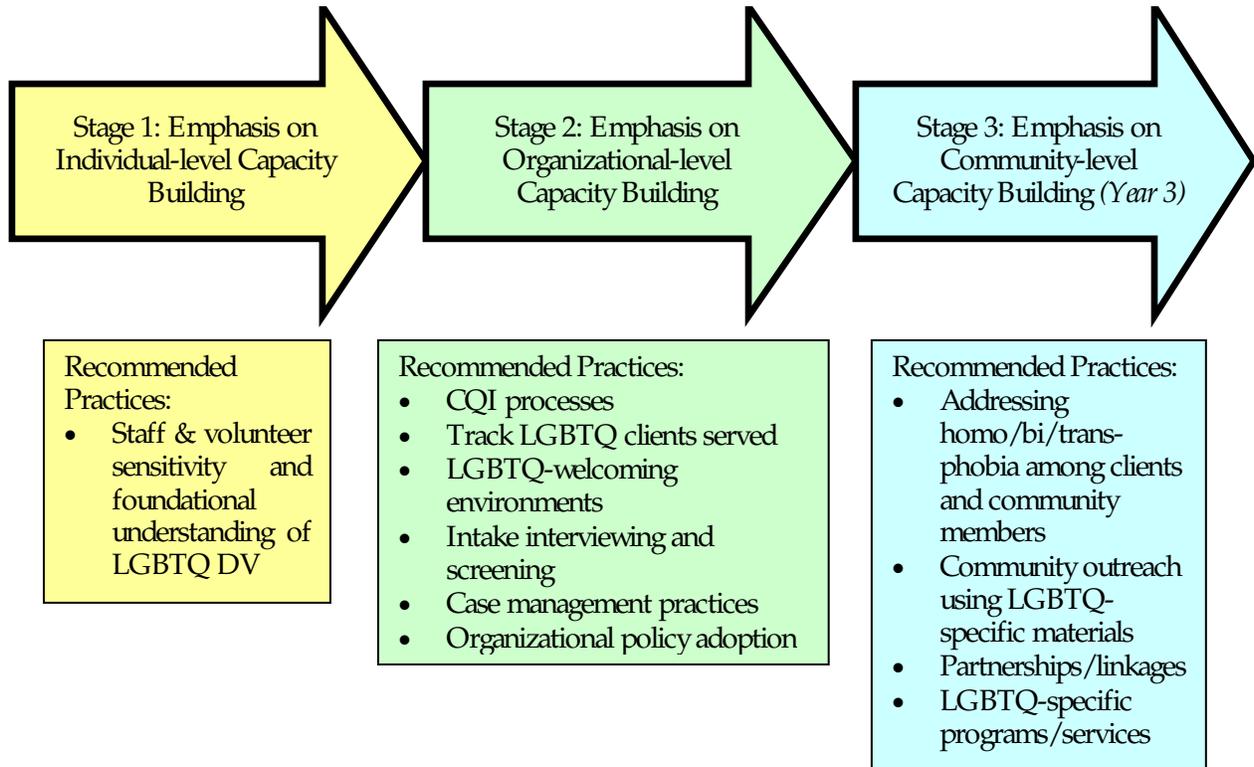
Since the SOW prescribed a set of TAT activities that could not be altered and there was little the project could do to influence the resources available to DVP shelter agencies, we determined that the project would infuse an understanding of organizational readiness for change into its activities

through: 1) encouraging DVP shelter agencies to utilize CQI processes to manage the multiple steps of planning and implementing changes in service delivery; 2) attempting to increase motivation through utilizing a strengths-based, respectful approach to engaging with agency staff and delivering high quality TAT; 3) removing barriers to participation through a flexible approach (to the extent the SOW would allow); and 4) encouraging a climate supportive of change by emphasizing the positive benefits of participating in project activities and linking expanded access for LGBTQ populations to the missions and victim/survivor-centered values of DVP shelter agencies.

B.2.d. Stages of Capacity Building

Combining the approaches of anti-bias and anti-oppression education and organizational readiness for change, the project determined that it would encourage DVP shelter agencies to follow a logical, developmental sequence for increasing accessibility and competency of services. This sequence begins with individual-level capacity building, moves to organizational-level capacity building and then expands to community-level capacity building. The first phase of building individual-level capacity focuses on enhancing individual sensitivity and foundational understanding of LGBTQ access issues, including understanding the impact of bias and oppression on LGBTQ victims/survivors and the need for LGBTQ-sensitive and LGBTQ-specific services. The second phase of building organizational-level capacity focuses on translating this understanding into specific knowledge and skills for service delivery as well as implementation of recommended internal organizational practices. Finally, the third phase of building community-level capacity focuses on implementation of recommended practices that are directed more externally within the larger community. This developmental sequence is reflected in *Figure 4: Stages of Capacity Building for LGBTQ Accessibility and Corresponding Recommended Practices*. This sequence of emphasizing community-level capacity building as a third step is not to suggest that engagement with LGBTQ communities is not advised during Stages 1 and 2 of capacity building (it is advised), but rather to stress the importance of having a baseline level of competent services in place prior to conducting outreach to encourage LGBTQ DV victims/survivors to access services.

**Figure 4:
Stages of Capacity Building for LGBTQ Accessibility and
Corresponding Recommended Practices**



B.2.e. Diffusion of Innovations

Had it been an option, the project would have drawn on diffusion of innovations theory to focus resources on organizations that are most ready for change, i.e., the early adoptors, and position them to be effective peer leaders within their regions who could then encourage change among the middle and late adoptors. According to diffusion of innovations theory, middle and late adoptors are more likely to adopt an innovation by following the lead of their peer early adoptors (Glanz, et. al, 2002). Diffusion of innovations theory emphasizes specific and distinct strategies for promoting the adoption of an innovation with early, middle and late adoptors. Because of the short time frame within which to deliver the required follow-up TAT after the Regional Trainings (July 2007-March 2009) and the SOW emphasis on mandatory participation in standardized curriculum to all DVPS regardless of readiness to change, the project was unable to apply diffusion of innovations theory to its activities, and instead determined that it would provide TAT to all 94 DVP shelter agencies according to the developmental sequence and timeline described above and provide TAT according to the likelihood of adoption to the extent that the SOW and project timeline permitted.

B.3. Year 2 Assessment

A follow-up assessment survey was conducted with DVP shelter agencies during the period of April-June 2008 to review changes in accessibility of DVP shelter agency services to LGBTQ populations between April 2007 and April 2008 and identify additional technical assistance needs specific to improving LGBTQ access to services. (See *Appendix J: Annual Report 2006-2007.*) The follow-up assessment survey was conducted in coordination with Tri-Project Team partners ONTRACK Program Resources, Inc. and TC-TAT. The Year 2 assessment aimed to capture

changes in implementation of recommended practices as well as other outputs that DVP shelter agency staff attributed to their participation in project activities. The project made modifications to the online assessment survey tool used in the Year 1 Assessment to reflect decisions made during the strategic planning process. To incorporate strategic planning decisions, a recommended practice to “implement ongoing staff and volunteer training for addressing homo/bi/transphobia among clients and community members” was added to the survey. (This practice was not included in the Year 1 survey.)

We also incorporated new information from CDPH/MCAH regarding required measurable performance outcome indicators (MPOI). We learned that activities related to CQI and MPOI would be implemented through a joint process with CDPH/MCAH, ONTRACK Program Resources and TC-TAT, and therefore, we decided not to track the recommended practice: “Implement ongoing CQI processes to improve effectiveness and accessibility in serving LGBTQ survivors” as a project-specific recommended practice. In addition, the practice of tracking “referrals made on behalf of LGBTQ clients” was kept in the survey since it was delineated as an MPOI by CDPH/MCAH, even though this was not a recommended practice that achieved priority through the project’s Strategic Plan.

Finally, we also incorporated lessons learned during the first year of implementation. During the first year of implementation, we learned that a stronger emphasis on the first step of achieving individual LGBTQ sensitivity and foundational understanding, including anti-bias, anti-oppression education, was necessary. Further, strategic planning revealed that LGBTQ sensitivity was needed across staff, volunteers and Board members. Therefore, we decided to make three distinct recommended practices related to staff, volunteers and board members: “Implement ongoing LGBTQ sensitivity and DV training for staff members,” “Implement ongoing LGBTQ sensitivity and DV training for volunteers,” and, “Implement ongoing LGBTQ sensitivity and DV training for board members.”

Because they seemed to be broad, non-specific recommendations, we also decided to fold these three recommended practices: “Implement recommended practices for intake interviewing and screening to differentiate between victim/survivor and batterer in same-sex DV situations,” “Implement recommended practices for case management,” and “Implement ongoing outreach in the community and within the existing client base using LGBTQ-specific materials” into the overarching practice: “Adopt an organizational policy to ensure a safe/welcoming environment for LGBTQ DV survivors and cultural competency in programs/services.” On the other hand, because it seemed to combine two separate, specific recommendations, we decided to divide this recommended practice “Foster an LGBTQ-welcoming environment through use of LGBTQ-sensitive agency materials (intake forms, written materials, website, etc.) and display of LGBTQ-welcoming materials in the office and shelter environments” into two distinct practices (“LGBTQ-sensitive materials and forms” and “LGBTQ-specific materials displayed”) and track them separately. Finally, we learned that the vast majority of organizations were not ready or able to implement the recommended practice: “Implement programs and services designed specifically and primarily for LGBTQ individuals,” and thus we decided to not track it.

Thus the Year 2 Assessment survey queried DVP shelter agencies about 10 recommended practices for LGBTQ accessibility as shown in *Figure 5: Recommended Practices Tracked through Year 2 Assessment Survey*. (These same practices were tracked in the Year 3 Assessment.)

Figure 5: Recommended Practices Tracked through Year 2 and Year 3 Assessment Surveys
<ol style="list-style-type: none"> 11. Written policies and practices to ensure LGBTQ access 12. Mechanisms to track LGBTQ clients 13. Mechanisms to track referrals on behalf of LGBTQ clients 14. Ongoing training for Board members on LGBTQ DV 15. Ongoing training for staff on LGBTQ DV 16. Ongoing training for volunteers on LGBTQ DV 17. LGBTQ-sensitive materials and forms (intake forms, written materials, website, etc) 18. LGBTQ-specific materials displayed (“LGBTQ-welcoming materials”) 19. Partnerships and linkages with LGBTQ organizations, groups and businesses 20. Protocol and ongoing training to address homo/bi/transphobia and heterosexism from staff, clients and community members

Ninety-two (92, 98%) of agencies completed the Year 2 online survey. Findings from the Year 2 survey informed implementation of project activities in Year 2.

B.4. Year 3 Assessment

A final assessment survey was conducted with DVP shelter agencies during the period of April-May 2009 to review changes in accessibility of DVP shelter agency services to LGBTQ populations between April 2007 and April 2008. The final assessment survey was again conducted in coordination with Tri-Project Team partners ONTRACK Program Resources and TC-TAT. (See Appendix K: Annual Report 2007-2008.) The Year 3 assessment aimed to capture changes in implementation of recommended practices as well as other outputs that DVP shelter agency staff attributed to their participation in project activities. The same 10 recommended practices from the Year 2 Assessment were tracked through the Year 3 Assessment (see *Table 2* above). 83 (94%) of the agencies completed the Year 3 online survey. Findings from the Year 3 Assessment informed implementation of project activities in Year 3.

C. TAT Activities and Formative Evaluation

Informed by the findings from the needs assessment, strategic plan and follow up annual assessments, the project implemented the following TAT activities: 1) TAT materials development; 2) Regional Trainings; 3) follow-up TAT; and, 4) CQI components, described in *Sections C1-C4*. Formative evaluation activities were also conducted, as described in *Section C5*.

C.1. TAT Materials Development

TAT materials were developed to address the required TAT topic areas per the SOW and the recommended practices identified in the strategic plan. The project developed in-depth TAT materials on the following topics: 1) Serving LGBTQ DV victims/survivors; 2) Train-the-trainers on providing the “Serving LGBTQ DV victims/survivors” curriculum; 3) Overview of LGBTQ access issues and recommended practices; 4) Fostering an LGBTQ-welcoming environment; 5) Effective case management practices with LGBTQ DV victims/survivors; 6) Intake interviewing and screening with LGBTQ clients; 7) Addressing homo/bi/transphobia and heterosexism among clients and community members; 8) Partnerships with LGBTQ organizations, groups and businesses; and 9) Developing LGBTQ specific programs and services.

The “Overview of LGBTQ access issues and recommended practices” TAT materials included brief sections on all topic areas 1)-8) listed above as well as sections on implementing mechanisms to track the number of LGBTQ clients served and conducting community outreach. These materials were also translated into Spanish and distributed to a DVP shelter agency that requested these materials so that they could use them to train their bilingual volunteers. Specific sections of this overview training were also delivered via brief TAT contacts (e.g., a brief TAT contact specifically on mechanisms to track LGBTQ clients served or community outreach.)

The TAT materials were developed collaboratively by the three partner agencies by drawing on a limited amount of existing materials identified through a local and national scan, conducting a scan of the research literature and gathering input from content experts. CPEDV took the lead in curriculum development and CUAV and LAGLC provided existing materials and content expertise. TAT materials consisted of PowerPoint presentations used for didactic presentation of background research and recommended practices, case examples and worksheets used to facilitate small group interactive learning and supplemental resources to enhance participants’ learning after the TAT session. The TAT materials provided for a degree of standardization with flexibility for customization. All TAT materials were reviewed and approved by MCAH/OFP prior to use.

Figure 6: Required TAT topics, Recommended Practices and Corresponding TAT materials shows the relationship between the required TAT topics per the SOW, the recommended practices per the strategic plan and the corresponding TAT materials that were developed and used.

**Figure 6:
Required TAT topics, Recommended Practices and Corresponding TAT materials**

Required TAT topics (Per the SOW)	Recommended practices (Per the Strategic Plan)	Corresponding TAT Materials
Ongoing CQI processes to identify, evaluate, and address deficiencies in access to DVP shelter agency services	1. Implement ongoing CQI processes to improve effectiveness and accessibility in serving LGBTQ survivors	<ul style="list-style-type: none"> • Regional Training CQI Curriculum* • CQI Webinar Curriculum* • CQI Toolkit*
Intake interviewing	2. Implement recommended practices for intake interviewing and screening to differentiate between victim/survivor and batterer	<ul style="list-style-type: none"> • “Overview of Access Issues and Recommended Practices” • “Intake Interviewing and Screening”
Physical plant/equipment accessibility	3. Foster an LGBTQ-welcoming environment through use of LGBTQ-sensitive agency materials (intake forms, written materials, website, etc.) and display of LGBTQ-welcoming materials in the office and shelter environments	<ul style="list-style-type: none"> • “Overview of Access Issues and Recommended Practices” • “Fostering a Welcoming Environment”
DVP shelter agency policies and procedures affecting individual/family life at the DVP shelter	4. Adopt an organizational policy to ensure a safe/welcoming environment for LGBTQ DV survivors and cultural competency in programs/services	<ul style="list-style-type: none"> • “Overview of Access Issues and Recommended Practices” • “Fostering a Welcoming Environment” • “Intake Interviewing and Screening” • “Case Management” • “Addressing Homo/Bi/Transphobia and Heterosexism”
Outreach in the community and within the existing client base	5. Implement ongoing outreach in the community and within the existing client base using LGBTQ-specific materials	<ul style="list-style-type: none"> • “Overview of Access Issues and Recommended Practices” • “Partnerships with LGBTQ Organizations, Groups and Businesses”
Case management	6. Implement recommended practices for case management	<ul style="list-style-type: none"> • “Case Management”

*These materials were developed by Kathy Moore, the project’s evaluator, in collaboration with the evaluators contracted by ONTRACK Program Resources and TC-TAT.

**Figure 6:
Required TAT topics, Recommended Practices and Corresponding TAT materials**

Required TAT topics (Per the SOW)	Recommended practices (Per the Strategic Plan)	Corresponding TAT Materials
Establishing effective partnerships with local, State, and Federal providers, especially with those agencies serving the LGBTQ population	7. Partnerships with LGBTQ Organizations, Groups and Businesses	<ul style="list-style-type: none"> • “Partnerships with LGBTQ Organizations, Groups and Businesses
Locating and accessing information, equipment, funding, training, technical assistance, and service resources	(This required TAT topic was implicit and included in all TAT and therefore not included as a separate recommended practice.)	<ul style="list-style-type: none"> • All topic areas
	8. Implement ongoing LGBTQ sensitivity and DV training for staff members and volunteers*	<ul style="list-style-type: none"> • Train-the-Trainers Curriculum on “Serving LGBTQ DV Victims/Survivors”
	9. Implement mechanisms to track the number of LGBTQ clients served*	<ul style="list-style-type: none"> • “Overview of Access Issues and Recommended Practices” • “Fostering a Welcoming Environment” • “Intake Interviewing and Screening”
	10. Implement ongoing staff and volunteer training for addressing homo/bi/transphobia among clients and community members*	<ul style="list-style-type: none"> • “Addressing Homo/Bi/Transphobia and Heterosexism”
	11. Implement programs and services designed specifically and primarily for LGBTQ individuals*	<ul style="list-style-type: none"> • “Implementing programs and services designed specifically for LGBTQ individuals”

**These four additional recommended practices were approved by CDPH/MCAH for inclusion in the strategic plan.

C.2. Regional Trainings

The SOW required that the Regional Trainings be delivered in a “Train-the-Trainer” format and include curriculum overview, activities allowing trainees to model and practice culturally competent client interaction, and specific implementation ideas addressing all of the following required TAT topics: 1) Implementation of ongoing CQI processes to identify, evaluate, and address deficiencies in access to DVP shelter agency services to the LGBTQ population; 2) Intake interviewing; 3) Physical plant/equipment accessibility; 4) DVP shelter agency policies and procedures affecting individual/family life at the DVP shelter; 5) Outreach in the community and within the existing client base; 6) Case management; 7) Establishing effective partnerships with local, State, and Federal providers, especially with those agencies serving the LGBTQ population; and 8) Locating and accessing information, equipment, funding, training, technical assistance, and service resources.

CPEDV, ONTRACK Program Resources, Inc. and TC-TAT collaborated to develop a Regional Training agenda and curricula, including an overview of the project, three 3-hour population-specific modules, a module on CQI processes, and a planning and preparation session to develop an action plan to increase access to services among the three U/U populations. In order to address the 8 components identified above while delivering a “Training of Trainers,” the project divided its 3-hour “population-specific module” into two sections. The first section provided an overview of issues related to serving LGBTQ DV victims/survivors (“Serving LGBTQ DV Victims/Survivors”) as well as a training-of-trainers on how participants could return to their agencies and deliver the “Serving LGBTQ DV Victims/Survivors” curriculum themselves. The second section was an “Overview of access issues and recommended practices,” that briefly addressed issues and recommended practices related to the 8 TAT topics listed above.

The objectives of the Regional Trainings were for the participants to: 1) understand the overall purpose and scope of the U/U TAT Project; 2) understand the population-specific project goals and processes to access TAT as well as the roles of the population-specific projects; 3) understand participating agencies’ own role in developing an action plan to increase access to services according to each of the special populations; 4) understand the role of CQI in helping agencies track change over time; 5) understand population-specific foundational knowledge about the DDD, MH/SA and LGBTQ populations and issues related to DV shelter and DV service access; and, 6) be able to train agency staff on issues and factors affecting each of the U/U populations.

CPEDV, ONTRACK Program Resources, Inc. and TC-TAT jointly delivered 2 pilot trainings in the cities of Placerville and San Rafael in 2007. The curriculum and agenda were revised based on the feedback from the two pilots. CPEDV, ONTRACK Program Resources, Inc. and TC-TAT then collaborated to jointly deliver 16 Regional Trainings between May 2007 and April 2008 (12 months) in the following cities (in alphabetical order): Anaheim, Bakersfield, Chico, Concord, Eureka, Fremont, Los Angeles, Pacific Grove, Palm Desert, Redding, Riverside, Sacramento, San Diego, San Rafael, Santa Barbara and Westchester. Each Regional Training was 12 hours long (1.5 days). A total of 351 individuals representing all 94 DVP shelter agencies participated in the Regional Trainings. According to the evaluation surveys, 58% of participants were management-level staff (program directors, shelter managers, associate directors and executive directors) and 42% of participants were non-management level staff (advocates, case managers, educators, trainers and administrative staff).

C.3. Follow-Up Technical Assistance and Training

The project implemented follow-up technical assistance and training (TAT) to all 94 DVP shelter agencies per SOW Objective 2.7, utilizing the TAT materials it developed. The SOW required that:

1) Two to four TAT sessions be provided to each of the 94 DVP shelter agencies; 2) Follow up TAT be delivered by telephone to one agency or to a group of agencies (no more than five) or onsite to one agency or to a group of agencies (no more than five); 3) A minimum of one quarter of the TAT be provided onsite; 4) TAT include but not be limited to, curriculum overview, activities allowing trainees to model and practice culturally competent client interaction, and specific implementation ideas; and 5) Specific TAT topic areas be addressed as shown in *Figure 6*. The TAT providers customized TAT sessions through phone conversations in which the agencies' TAT needs were reviewed and prioritized.

C.3.a. TAT Contacts, Participants and Hours by DVP Shelter Agency

The project delivered a total of 509.6 hours of follow-up TAT via 383 TAT contacts to 1,777 participants over a 21 month period between July 2007 and March 2009. The total TAT contacts per DVP shelter agency ranged from 2 to 12 (an average of 4.07 contacts per agency). The total TAT hours per DVP shelter agency ranged from 1 hour to 19.7 hours (an average of 5.42 hours per agency). The total number of participants (staff, interns and volunteers) ranged from 2 to 107 (an average of 18.9 participants per agency).

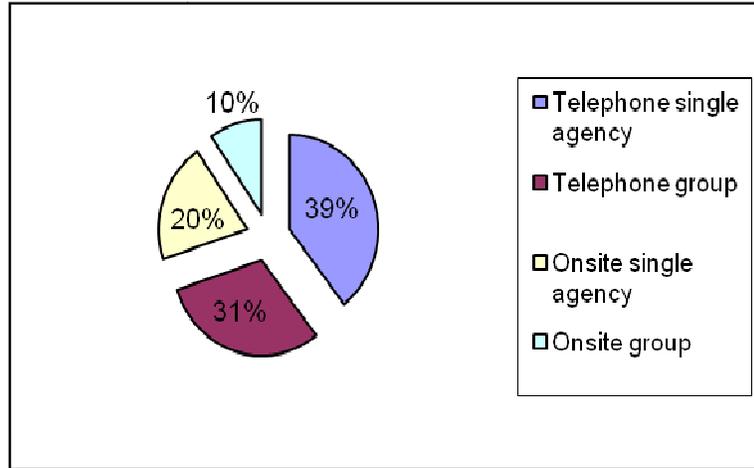
C.3.b. TAT Contacts by Type of TAT Provided

As shown in *Figure 8: TAT Contacts by Type of TAT*, the most frequent method of follow-up TAT, comprising nearly 40% of all follow-up TAT, was conducted by telephone to a single agency. This method of TAT typically included an initial consultation by telephone followed by research on the part of the TAT provider and several exchanges by email, including forwarding TAT materials and providing further detailed explanation and recommendations. Teleconference calls were the second most frequent TAT method (31%). TAT (delivered to a single agency or to a group of agencies) comprised 30.1% of all follow-up TAT provided.

Figure 8: TAT Contacts by Type of TAT		
Type of TAT	TAT Contacts	% of Total TAT
Telephone single agency	151	39.4%
Telephone group	117	30.5%
Onsite single agency	78	20.4%
Onsite group	37	9.7%
Total	383	100%

Figure 9: TAT Contacts by Type of TAT, illustrates Table 5 in the form of a pie chart.

Figure 9: TAT Contacts by Type of TAT



As shown in Figure 10: Participation in Onsite TAT, 56 of the 94 agencies received onsite TAT (60%).

Participation in Onsite TAT	# of Agencies	% of Total Agencies
Agencies that participated in onsite TAT	54	60%
Agencies that did not participate in onsite TAT	40	40%
Total	94	100%

C.3.c. TAT Topic Areas by Hours of TAT Provided

As shown in Figure 11: TAT Topic Areas by Hours of TAT Provided, “Overview of access issues and recommended practices” was the TAT topic that was most frequently delivered, comprising 45.6% of the total TAT hours delivered. As noted previously, this topic area briefly covered a range of the other topic areas. This type of multi-topic overview TAT overview session was by far the most requested among the DVP shelter agencies. The next most frequently delivered TAT topics (by hours of TAT delivered) were: Fostering an LGBTQ welcoming environment (16.2%); Case management with LGBTQ clients (12%); Addressing homo/bi/transphobia and heterosexism among clients and others (11.8%); Intake interviewing and screening with LGBTQ individuals (6.8%); and Partnerships with LGBTQ groups and organizations (5.7%).

Figure 11: TAT Topic Areas by Hours of TAT Provided		
TAT Topic Area	Hours of TAT	% of Total TAT Hours
A. "Serving LGBTQ DV Victims/Survivors: Overview of Access Issues and Recommended Practices"	232.4	45.6%
B. "Fostering an LGBTQ-Welcoming Environment"	82.6	16.2%
C. "Intake Interviewing and Screening with LGBTQ Individuals"	34.6	6.8%
D. "Effective Case management with LGBTQ clients"	60.9	12.0%
E. "Addressing Homo/Bi/Transphobia and Heterosexism Among Clients and Community Members"	60.3	11.8%
F. "Partnerships with LGBTQ Organizations, Groups and Businesses"	28.8	5.7%
G. "Conducting LGBTQ Community Outreach"	2.2	0.4%
H. "Implementing Mechanisms to Track LGBTQ Clients Served"	0.3	0.1%
I. "Developing LGBTQ Specific Programs and Services"	4.4	0.9%
J. "Adopting Organizational Policies and Procedures to Ensure LGBTQ Access and Competency"	1.8	0.4%
K. "Utilizing CQI to Improve LGBTQ Access and Competency"	1.3	0.3%
Total	509.6	100%

Figure 12: TAT Topic Areas by Hours of TAT Provided, illustrates Table 6 in the form of a bar chart.

Figure 12: TAT Topic Areas by Hours of TAT Provided

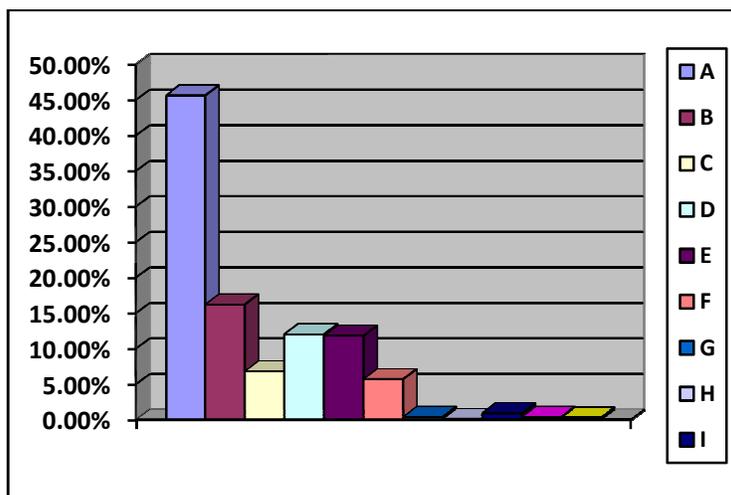
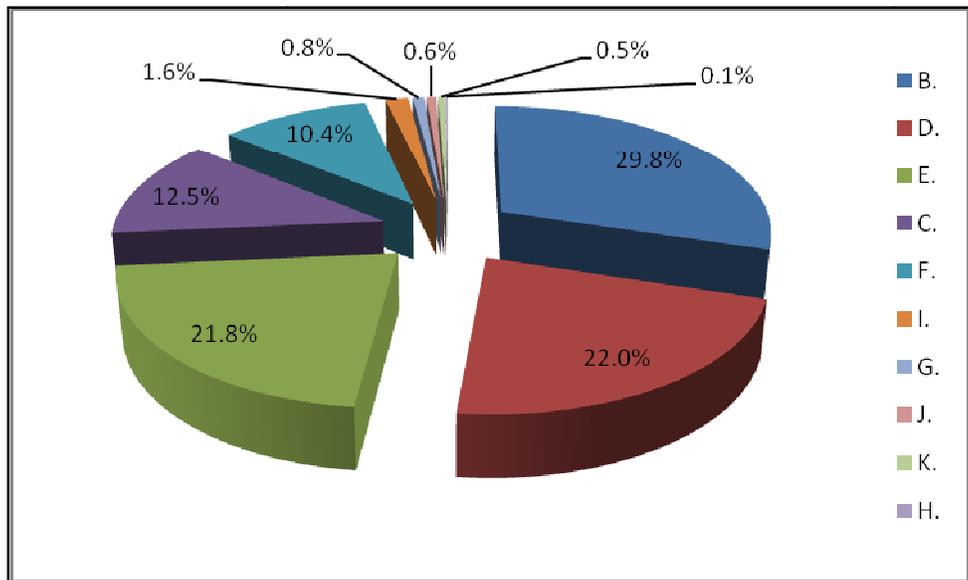


Figure 13: TAT Topic Areas by Hours of TAT Provided, illustrates Table 6 in a pie chart exclusive of topic area "A: Overview of access issues and recommended practices."

Figure 13: TAT Topic Areas by Hours of TAT Provided*



*Exclusive of topic area "A: Overview of access issues and recommended practices."

Key for Chart 2 and 3

- A. "Serving LGBTQ DV Victims/Survivors: Overview of Access Issues and Recommended Practices"
- B. "Fostering an LGBTQ-Welcoming Environment"
- C. "Intake Interviewing and Screening with LGBTQ Individuals"
- D. "Effective Case management with LGBTQ clients"
- E. "Addressing Homo/Bi/Transphobia and Heterosexism Among Clients and Community Members"
- F. "Partnerships with LGBTQ Organizations, Groups and Businesses"
- G. "Conducting LGBTQ Community Outreach"
- H. "Implementing Mechanisms to Track LGBTQ Clients Served"
- I. "Developing LGBTQ Specific Programs and Services"
- J. "Adopting Organizational Policies and Procedures to Ensure LGBTQ Access and Competency"
- K. "Utilizing CQI to Improve LGBTQ Access and Competency"

C.4. Continuous Quality Improvement Components

CQI was referenced in three sections of the SOW as described below. In addition, a DV Policy Letter issued by MCAH/OFP branch dated January 8, 2008 titled, "Unserved/Underserved Training and Technical Assistance (UU/TAT) Continuous Quality Improvement (CQI) Implementation and Reporting Form," further defined the CQI project components.

C.4.a. Continuous Quality Improvement Components per the SOW

CQI was first referenced under Goal 1. Major Objective 1. 1.1d., which stated that “the TAT strategic plan shall include continuous quality improvement (CQI) efforts for ongoing program improvement, including: (1) identification of measurable performance outcome indicators (measures), including, but not limited to, the number of LGBTQ clients being served, the types and numbers of referrals for related services/providers, the types and number of physical plant/equipment modifications made, and the types and numbers of agency partnerships/linkages established; (2) performance outcome review; and (3) ongoing evaluation of performance outcome as indicated by the identified measures.”

As required, the Strategic Plan included measurable performance outcome indicators (MPOI) as follows: 1) By June 2009, 75% of DVPS will implement mechanisms to track the number of LGBTQ clients served, as measured and documented by an annual performance outcome survey; 2) By June 2009, 60% of DVPS will increase their knowledge of LGBTQ-specific resources and referrals, as measured and documented by an annual performance outcome survey; 3) By June 2009, 60% of DVPS will develop at least one additional partnership and/or linkage with a local, state and/or national LGBTQ-specific agency, group or business, as measured and documented by an annual performance outcome survey. At the time, CDPH/MCAH considered that the MPOI related to physical plant modifications was not applicable to the LGBTQ population. In addition, the following LGBTQ-specific MPOI was added by the project and approved by CDPH/MCAH: 4) By June 2009, 60% of DVPS will increase the number of recommended practices implemented for LGBTQ accessibility, as measured and documented by an annual performance outcome survey. However, the use of MPOI in the project was interpreted differently by CDPH/MCAH via the January 8, 2008 policy letter, after the Strategic Plan was approved, and the above mentioned MPOI became irrelevant to the project and were abandoned. (See “B.4.b. Continuous Quality Improvement-Related Components per the 1/8/2008 DV Policy Letter” below.)

The second SOW reference to CQI was under Goal 1. Major Objective 2. 2.1. d.1, which stated that the Regional Trainings must include a session on “Implementation of ongoing CQI processes to identify, evaluate, and address deficiencies in access to DVP shelter agency services to the LGBTQ population.” As described above, a three-hour session on CQI was included in the 16 regional trainings. CQI training content during the regional trainings covered the following: 1) what is CQI (i.e., how CQI fits with program evaluation concepts, CQI terminology and reasons to evaluate DVP shelter agency services); 2) implementing change through CQI (i.e., identifying areas for change, logic models, “Plan – Do – Study – Act (PDSA)” model, and reporting on change); and, 3) action planning. This CQI content was reviewed and approved by MCAH/OFP.

The third SOW reference to CQI was under Goal 1. Major Objective 3. 3.1. a – b. “The Contractor shall provide training and technical assistance on CQI practices: (a) In accordance with the training referenced in item 2.1.d., the Contractor shall work collaboratively within the project team to develop CQI instruments to assist DVP shelter agencies in conducting ongoing self-evaluation of access by the LGBTQ population. The evaluation shall analyze impact on LGBTQ client numbers, utilization of community resources, and agency operational enhancements.” CPEDV worked with MCAH/OFP and the other Tri-Project Team Contractors to collaboratively develop the following CQI instruments: 1) sample PDSA and CQI timeline; 2) blank PDSA cycle; 3) blank logic model; 4) CQI action planning worksheet; 5) MPOI reporting tool and instructions; 6) CQI guidance

manual/toolkit; and, 7) CQI webinar Q & A. All CQI instruments were reviewed and approved by MCAH/OFP.

Also under SOW Goal 1. Major Objective 3, 3.1.(b): “The Contractor shall provide CQI curriculum training which shall include, but not be limited to: (1) explanation of CQI and utility of CQI in organizations; (2) implementation of ongoing CQI practices; (3) appropriate utilization of CQI instruments; (4) identification and assessment of operations or deficiencies resulted in limited access for LGBTQ population; (5) development of corrective action plans to improve LGBTQ access; (6) tracking and monitoring of corrective action implementation; and (7) interpreting and reporting of outcome data.” As noted above, CPEDV collaborated with MCAH/OFP and the other Tri-Project Team contractors to provide CQI curriculum training at the 16 Regional Trainings and through the CQI webinar. Both trainings covered items 1-7 listed above and were reviewed, approved and deemed appropriate to fulfill the SOW requirements by MCAH/OFP. In addition, the LGBTQ TAT team also included CQI as a topic in their menu of TAT offerings for DVP shelter agencies. Four of the 94 DVP shelter agencies availed themselves of this individualized CQI TAT.

Also under SOW Goal 1. Major Objective 3, 3.1(c): “The Contractor shall develop, implement, and coordinate a system and tools for DVP shelter agencies to use to independently determine baseline data regarding access to DVP shelter agency services by the LGBTQ population, collect ongoing data on access, analyze and report findings, identify deficiencies, and determine feasible strategies for improvement of access on an ongoing basis.” CPEDV collaborated with MCAH/OFP and the other Tri-Project Team Contractors to develop systems and tools for DVP shelter agencies to determine baseline data, collect ongoing data, report findings, and make access improvements. These systems and tools were communicated to DVP shelter agencies through the Regional Trainings, the CQI Toolkit and Webinar, and in individual TAT to agencies as requested.

Also under SOW Goal 1. Major Objective 3, 3.1(d): “The Contractor shall develop an ongoing process for DVP shelter agencies to report to MCAH/OFP on performance outcome measures related to access for the LGBTQ populations.” As noted above, CPEDV worked with MCAH/OFP and the other Tri-Project Team Contractors to address several questions and to provide input on the State’s MPOI reporting form and instructions. The MPOI reporting form and instructions were shared with DVP shelter agencies in the CQI Toolkit and Webinar presentation sponsored by MCAH/OFP.

Also under SOW Goal 1. Major Objective 3, 3.1(e): “The Contractor shall conduct annual follow-up assessments (for years 2 and 3 of the contract term) with all DVP shelter agencies to identify changes implemented, review changes in accessibility of DVP shelter agency services to LGBTQ population, identify and address individual agency technical assistance needs specific to improving LGBTQ access to services.” CPEDV conducted annual, on-line, follow-up assessments with DVP shelter agencies during Years 2 and 3 of the project according to SOW requirements.

C.4.b. Continuous Quality Improvement Components per the 1/8/2008 DV Policy Letter

While the SOW required the project to incorporate training on Continuous Quality Improvement practices and develop CQI instruments “to assist DVP shelter agencies in conducting ongoing self-evaluation of access by the LGBTQ population,” a DV Policy Letter issued by MCAH/OFP branch dated January 8, 2008 titled, “Unserved/Underserved Training and Technical Assistance (UU/TAT) Continuous Quality Improvement (CQI) Implementation and Reporting Form,” defined the CQI component as, “a process by which BWSP grantees will implement change and monitor

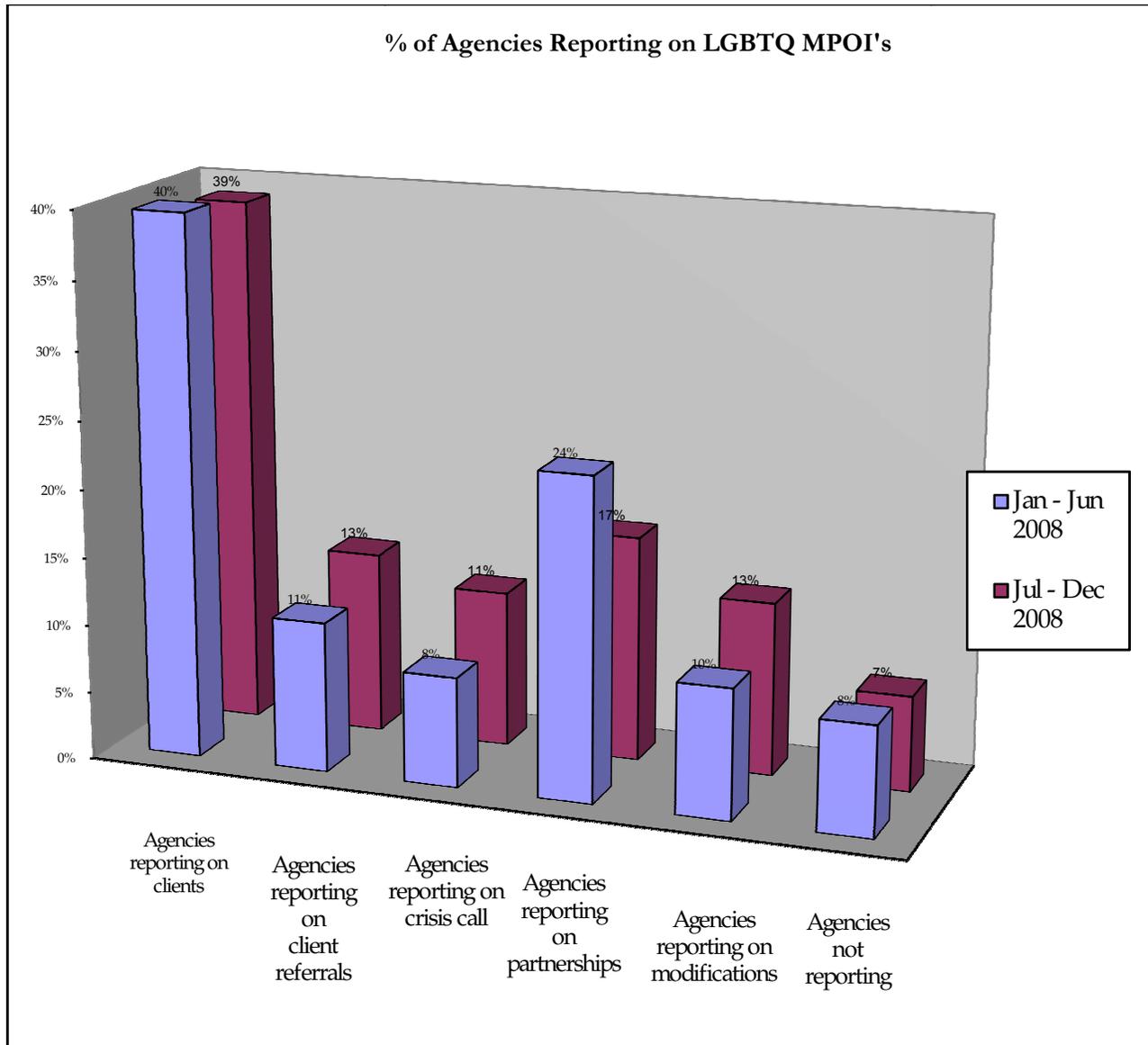
progress using specific Measurable Performance Outcome Indicators (MPOI).” The MPOI were: 1. Numbers of U/U clients served; 2. Types and numbers of referrals for related services/providers; 3. Types and numbers of agency partnerships/linkages; and 4. Types and numbers of physical plant/equipment modifications. Each DVP shelter agency was required to collect data on a minimum of one of the four MPOI for each U/U TAT priority population (LGBTQ, MH/SA, and DDD) and report MPOI data to MCAH/OFP as part of their 2007-2008 Data Reporting.

LGBTQ-specific data were reported by the DVP shelters agencies to MCAH/OFP over two reporting periods (i.e., 1/1/2008– 6/30/2008, and 7/1/08 – 12/31/08), as shown in *Figure 14: Summary of LGBTQ MPOI Data*.

Figure 14: Summary of LGBTQ MPOI Data			
	Jan-Jun 2008	Jul-Dec 2008	Total or % change
Total clients served	552	390	942
Agencies reporting on clients serviced	54	61	13%
Total client referrals	97	98	195
Agencies reporting on Client referrals	15	21	40%
Total crisis call referrals	31	185	216
Agencies reporting on crisis call referrals	11	18	64%
Total new partnerships	45	35	80
Agencies reporting on partnerships	32	26	-19%
Total new modifications	45	33	78
Agencies reporting on modifications	13	20	54%
Agencies that did not report on an MPOI	11	11	0%

Figure 15: Percentage of Agencies Reporting on LGBTQ MPOI's demonstrates the percentage of DVP shelter agencies reporting on the different MPOI's.

Figure 15: Percentage of Agencies Reporting on LGBTQ MPOI's



As seen in Chart 4, the majority of DVP shelter agencies chose to report on the number of LGBTQ clients served across both reporting periods (40%, 39%). A greater number of DVP shelter agencies chose to report on the other MPOI's from reporting period 1 to period 2, with the exception of the number of agencies that chose to report on LGBTQ partnerships, which decreased between the two reporting periods (24%, 17%).

C.5. Formative Evaluation

Per SOW Objective 4.1, the project collected TAT evaluation feedback forms at each TAT session, compiled a summary, and provided recommendations to improve future trainings and technical

assistance in its quarterly and annual reporting to CDPH/MCAH. TAT sessions were evaluated using surveys to assess the extent to which the TAT achieved its stated objectives, the effectiveness of the TAT and the effectiveness of the TAT provider, as well as suggestions for improving the TAT. The major findings from the formative evaluation are incorporated in *Section VI: Findings, Discussion and Recommendations*.

V. SUMMATIVE EVALUATION PLAN

Per the SOW, the project is providing a final comprehensive project report and evaluation (summative evaluation) to MCAH/OFP in the form of this report.

A. Design

This summative evaluation draws upon a framework for public health evaluation developed by the Centers for Disease Control and Prevention (CDC). CDC's framework for program evaluation in public health practice emphasizes the need for evaluation studies that demonstrate the relationship between program activities and program effectiveness. CDC's framework includes six steps in evaluation: 1) engaging stakeholders; 2) describing the program; 3) focusing the evaluation design; 4) gathering credible evidence; 5) justifying conclusions; and, 6) ensuring use and sharing lessons learned. CDC's standards for effective evaluation are: 1) utility (to serve the information needs of intended users); 2) feasibility (to be realistic, prudent, diplomatic and frugal); 3) propriety (to behave legally, ethically and with regard for the welfare of those involved and those affected) and, 3) accuracy (to reveal and convey technically accurate information).^{xxxix} This summative evaluation aims to incorporate CDC's six steps and adhere to the standards for effective evaluation.

B. Purpose and Key Questions

The purpose of the Summative Evaluation is to assess the project's process and outcomes and describe the project's overall effectiveness. In addition to summarizing the findings from the evaluation key questions, recommendations for future projects are provided for interested parties.

B.1. Process-Related Key Questions

The key process evaluation questions of the summative evaluation are:

1. What were the strengths and weaknesses of the project's partnership between CPEDV, CUAV and LAGLC?
2. What were the strengths and weaknesses of each of the project's activities, including: and assessment and evaluation activities, Regional Trainings, follow-up TAT, CQI components?
3. Were project activities responsive to the finding from the needs assessment and in accordance with the recommendations in the strategic plan?
4. What were local and state climate factors that may have influenced the project's ability to achieve its outcomes?
5. What were other organizational factors that may have influenced the project's ability to achieve its outcomes?

B.2. Outcome-Related Key Questions

While the overarching goal of the project was to increase access to services among LGBTQ DV victims/survivors at the 94 CDPH-funded DV agencies, the specific outcomes were to: 1) improve

staff and volunteer understanding of and commitment to providing accessible and competent services to LGBTQ DV victims/survivors; and 2) increase implementation of recommended practices for LGBTQ accessibility. In determining the outcome-related questions, we hypothesized that there may have been unarticulated benefits that resulted from project activities, including improved capacity of TAT provider agencies to provide TAT and changes in programs, practice and policies (beyond the 94 DVP shelter agencies) to increase accessibility and competency of services for LGBTQ DV victims/survivors. Thus, the key outcome evaluation questions of the summative evaluation are:

1. To what extent did the project activities result in an improvement in DVP shelter agency staff and volunteer understanding of and commitment to providing accessible and competent services to LGBTQ DV victims/survivors?
2. To what extent did the project activities result in an increase in the implementation of recommended practices for LGBTQ accessibility at DVP shelter agencies?
3. To what extent did the project activities result in improved capacity of TAT provider agencies to provide TAT?
4. To what extent did the project activities result in changes in programs, practice and policies to increase accessibility and competency of services for LGBTQ DV victims/survivors beyond the 94 DVP shelter agencies?

C. Methodology

The summative evaluation was conducted between April-June 2009 by the project's former project manager, Lisa Fujie Parks who transitioned out of this role at the commencement of the summative evaluation activities, the project's evaluator, Kathy Moore, and a temporary project manager, Pedro Arista, who was brought on board for the project's final 3 months to assist with the summative evaluation. An evaluation framework was developed to determine what sub-questions would be answered under each of the key outcome-related and process-related evaluation questions. For each sub-question, evaluation data sources and measures were identified and the methods of data analysis were determined. Evaluation data sources included: the Year 1 Assessments, Year 2 Assessments, Year 3 Assessments, TAT dosage tracking spreadsheet, Regional Training evaluation surveys, follow-up TAT session evaluation surveys, TAT provider interviews and project document review. All of the evaluation data sources except for the TAT provider interviews and Year 3 Assessment surveys had been collected prior to commencement of the summative evaluation. The TAT provider interviews were conducted with the three lead TAT providers from CPEDV (Lisa Fujie Parks), CUAV (Pablo Espinoza) and LAGLC (Mary Case) as well as the project's evaluation consultant, Kathy Moore.

For the quantitative data analysis, each evaluation sub-question had a lead person who conducted and documented the initial analysis. Descriptive statistics and in some cases, cross-tabulation analysis and tests for statistical significance were used to analyze quantitative data. A second person double-checked this analysis for each evaluation sub-question. The 4 TAT provider interviews were analyzed using qualitative methods. In addition, 3 open-ended questions from the second year assessment and 7 open-ended questions from the third year assessment were analyzed using qualitative methods. Qualitative analysis was conducted using the qualitative data analysis software QSR Nvivo. For the first phase of qualitative analysis, a lead team member reviewed and coded the data using codes that were identified as the data was reviewed. In the second phase, the same lead team member reviewed the coded data to identify preliminary themes and findings. These preliminary themes and findings were presented to a second team member who further developed

them into draft findings and composed the discussion and recommendations sections. A draft Summative Evaluation Report was reviewed by additional project staff from CPEDV, CUAV and LAGLC. Project staff discussed the report, explored potential alternative perspectives and achieved consensus on the findings, discussion and recommendations for future projects.

D. Limitations

The evaluation findings presented in this report provide valuable information about the project. As with most evaluation designs however, there are limitations to the data collection methods that are worth noting. An overall limitation of the evaluation methodologies chosen for this project is that they rely largely on participant self-report, which brings with it the inherent potential of social desirability bias, where participants may skew their answers to appear as they would like themselves and/or their organizations to be perceived. This bias may have been particularly relevant, given that the DVP shelter agencies were aware that the information would be reported to the provider of one of their largest sources of funding, MCAH/OFP. In addition, the annual organizational assessment surveys were further limited by the method of one person responding to questions that relate to the organization as a whole. The limitation of this type of reporting was made evident in a few cases where organizations inadvertently submitted two assessment surveys for the same year by two different people and these two people, responding for the same agency for the same time period, gave different responses to the same question. Several questions in the assessment surveys were unclear and did not offer specific definitions of the response categories (e.g., clear guidelines for an appropriate response to gauge if an organization had a recommended practice “fully in place,” or “currently in development”, or “partially in place,” etc.) Further, there were low levels of participation in the follow-up TAT evaluation surveys.

Finally, the evaluation is limited by the lack of data from LGBTQ clients and community members affiliated with each of the DVP shelter agencies. To realistically answer questions about improvements to services and accessibility, evaluation data at the client and community level would be needed. Therefore, this summative evaluation is able to answer the key evaluation questions but is not able to assess whether or not the project was successful in achieving the overarching purpose of increasing access to services among LGBTQ DV victims/survivors at the 94 DVP shelter agencies.

Though there was no control group for the study and we are not able to attribute causality for change to the project, our analysis of outcomes attempts to show some relationships between the project activities and these changes. Despite the aforementioned limitations, we believe the evaluation findings presented in this report provide a meaningful understanding of ways in which the project affected participating DVP shelter agencies and staff.

VI. FINDINGS, DISCUSSION & RECOMMENDATIONS

Findings related to each of the process and outcome summative evaluation questions are presented in *Section VI.A* and *VI.B*. A discussion of these findings is provided (*Section IV.C*) and recommendations for future projects are offered (*Section IV.D*).

A. Process Findings

A.1. Strengths and Weaknesses of the Partnership Structure and Personnel

The following section responds to the key process evaluation question # 1: “What were the strengths and weaknesses of the project’s partnership between CPEDV, CUAV and LAGLC?” Strengths and weaknesses were identified through the TAT provider interviews.

A.1.a. Strengths of the Partnership Structure and Personnel

The three agencies were able to establish and maintain a resilient, mutually respectful, strengths-based partnership. The combined expertise and niches of the three agencies were great strengths for the project. As the State DV coalition, CPEDV brought the systems and infrastructure to implement the project. As two premier LGBTQ DV services provider organizations, CUAV and LAGLC brought expertise in service provision to LGBTQ clients that would not have been readily be found in the literature or through training materials. While LAGLC brought a strong clinical orientation, CUAV brought a strong grassroots community-organizing orientation to the work. CPEDV was able to draw on the strengths of both agencies while holding the eagle-eye view of the overall climate and needs of DVP shelter agencies throughout the State.

While CPEDV has strong relationships with the DVP shelter agencies through its membership base, LAGLC has long-standing collaborative relationships with LA region DVP shelter agencies and CUAV has long-standing collaborative relationships with Bay Area region DVP shelter agencies. These existing relationships that the three agencies had with DVP shelter agencies were huge strengths for the project in increasing receptivity and buy-in for the project. In addition, CUAV and LAGLC brought rapport and credibility with their peer DV organizations and experience successfully advocating for and supporting organizational change among their peers.

The unique expertise and experiences of the individuals that comprised the project team and their consistent participation through the life of the project were significant strengths for the project. The TAT providers from CUAV and LAGLC had extensive experience conducting TAT on LGBTQ DV as well as extensive hands-on experience working with LGBTQ DV clients in California. Mary Case brought unique insight into topics such as intake and screening through her experience working with LGBTQ persons who have perpetrated DV and Pablo Espinoza’s Spanish language capacity and understanding of issues impacting diverse LGBTQ communities (including immigrant communities, communities of color and transgender/transsexual communities) were strong assets for the project. Lisa Fujie Parks had extensive experience conducting TAT on LGBTQ DV and expertise in curriculum development and project design and evaluation. Susan Holt, Jovida Ross and Tara Shabazz contributed project oversight and invaluable TAT expertise in the areas of clinical issues, policy issues and an intersectional approach to addressing issues of sexual orientation and gender identity along with race, class, gender and other socio-economic factors. In addition, Kathy Moore, the project’s contract evaluator, brought extensive expertise in CQI and evaluation and contributed greatly to the project, and to the Tri-Project Team.

A.1.b. Weaknesses of the Partnership Structure and Personnel

There were two main weaknesses of the partnership structure. First, the three agency partnership structure was confusing to some DVP shelter agencies. Second, scheduling meetings and maintaining ongoing communication among the team members was a frequent challenge. Because the project did not for the most part have pre-existing curriculum to draw from and because the project was required to interact a great deal with the Tri-Project Team (e.g., to plan and deliver

regional trainings, CQI components and other project activities), a greater percentage of the project's manager's time was devoted to these activities than had been anticipated, reducing the time for communication with project partners and increasing the need for TAT providers to self-manage. More ongoing communication was needed between the three agencies, particularly related to deliverables and due dates, in order to reduce the stress associated with the project's volume of work and relatively short timeframes.

A.2. Strengths and Weakness of Project Activities

The following section responds to the key process evaluation question # 2: "What were the strengths and weaknesses of each of the project's activities, including; and assessment and evaluation activities, Regional Trainings, follow-up TAT and CQI components?"

A.2.a. Assessment and Evaluation

Strengths and weaknesses of the project's assessment and evaluation activities were identified during the TAT provider interviews.

A.2.a.i. Assessment Activities Strengths

The Year 1 Assessment provided very useful information about the local climates and needs of the DVP shelter agencies that informed the project's Strategic Plan and all subsequent project activities. The follow-up Year 2 and Year 3 Assessment surveys served to remind agencies about the recommended practices and reinforce their importance. The surveys were straight-forward and relatively easy to complete, and their relative consistency in Years 1, 2 and 3 helped the project to track changes in implementation of the recommended practices over the project period.

A.2.a.ii. Assessment Activities Weaknesses

The Year 1 Assessment activities (site visits, online surveys, interviews and document review) were a staff and resource drain for the project staff and DVP shelter agency staff. The site visit in particular was an unnecessary activity. While there are some benefits to a site visit (namely the opportunity to meet in-person with DVP shelter agency staff), the vast majority of issues that affect accessibility for LGBTQ populations are not related to physical features of agencies, but rather, are related to individual knowledge, attitudes, beliefs and behaviors and organizational practices, which cannot be observed during a site visit.

As discussed in *Section V.D, Limitations*, the annual online assessment surveys were limited by social desirability bias due to their reliance on participant self-report. Some DVP shelter agencies may have "over-reported," in part due to unclear questions and in part because people often "don't know what they don't know," and may think they have greater understanding or are doing a better job than an LGBTQ client or a provider from an LGBTQ-specific DV agency might perceive. This sense of inflated reporting of accessibility and competency of services stems in part from direct experiences of CUAV and LAGLC staff who have attempted to make referrals to some of the agencies and had experiences with some of the agencies that contradict what the agency staff reported in their annual assessments. There were also inconsistencies in data collection from measurement period to measurement period due to changes in staff completing the reporting (from staff turnover or other factors) and discrepancies in awareness about the agency's activities (due to variance in staff who received the TAT and staff who completed the assessment survey). Finally, several questions in the assessment surveys lacked clarity and definition of response categories (e.g., clear guidelines for an appropriate response of "fully in place," versus "currently in development", versus "partially in place," etc.).

A.2.a.iii. Evaluation Activities Strengths

The primary strengths of the evaluation activities were that each project activity was evaluated, resulting in comprehensive evaluation over time and that the findings from the evaluation activities informed subsequent project activities.

A.2.a.iv. Evaluation Activities Weaknesses

A weakness of the evaluation was that a comprehensive plan was not developed at the beginning of the project and evaluation tools were developed one by one as project activities were implemented. Evaluation surveys for each TAT topic could have been strengthened by measurement of more specific knowledge, attitude and practice areas and follow-up evaluation to assess retention over time. The very low evaluation response rate for the follow-up TAT was another weakness.

A.2.b. TAT Materials Development

Strengths and weaknesses of the TAT materials were identified through the follow-up TAT evaluation surveys and during the TAT provider interviews.

A.2.b.i. TAT Materials Strengths

Generally speaking, the TAT materials were well researched and well developed. The Regional Training “Training of Trainers” curriculum was a useful step-by-step, accessible guide to providing a basic training on LGBTQ sensitivity and DV issues. Several DVP shelter agencies reported using these materials.

A.2.b.ii. TAT Materials Weaknesses

The TAT materials developed for community outreach, organizational policy development and LGBTQ-specific services were limited and even though training for Board members was a recommended practice, TAT materials specifically to support DVP shelter agencies in conducting Board trainings were not developed.

A.2.c. Regional Trainings

Strengths and weaknesses of the Regional Trainings were identified through the Regional Training evaluations and during the TAT provider interviews.

A.2.c.i. Regional Training Strengths

Evaluation survey findings suggest that participants were satisfied with the Regional Trainings, with a majority of respondents indicating that the training exceeded their expectations. Participants indicated that the training helped them better understand their roles in the DV field in relationship to LGBTQ communities. Follow-up trainings were requested, and a desire to share information with colleagues at domestic violence shelter agencies was also expressed. As seen in *Table 16: Participant Ratings of LGBTQ Session*, the LGBTQ session received very positive results, with between 91-98% rating aspects of the session as “good” or “excellent.” Moreover, each aspect of the session was rated as “excellent” by between two-thirds to four-fifths of respondents. The trainer’s expertise, the clarity of the presentation and the quality of the materials received the highest ratings.

Figure 16: Participant Ratings of LGBTQ Session				
	Un-acceptable or Poor	Average	Good	Excellent
The format of the workshop (n=262)		5%	28%	66%
The clarity of the presentation (n=262)		2%	23%	75%
The trainer's expertise on the topic (n=263)		2%	16%	82%
The number of opportunities for interaction. (n=261)	1%	6%	23%	70%
The quality of the materials (n=261)		2%	24%	74%

The Regional Trainings provided an opportunity for agencies to learn together while building community and solidarity around issues pertinent to LGBTQ communities and LGBTQ DV victims/survivors. One TAT provider described the value of peer relationships in this way: “Organizations in the Northern region are coming together to see who’s been doing what, who’s trying to do what and so on. With our help and with each other they are experiencing the strength of figuring it out together.” The trainings helped to build a consistent baseline understanding about LGBTQ accessibility and competency among the 94 agencies. The fact that management level staff participated helped to increase the likelihood that the information and recommended practices would be integrated into the organization’s ongoing practices. Conducting these trainings in 16 different cities free of charge and providing travel reimbursements reduced barriers to participation.

A.2.c.ii. Regional Training Weaknesses

The SOW requirement that the content of the Regional Trainings be identical across all 16 trainings (except for presentation of needs assessment findings by region) was a weakness. This made it difficult to address the specific needs of participants (e.g, rural versus urban, Executive Directors versus direct service staff, etc.). Had there been greater flexibility, we might have designed some trainings for management-level staff, some for direct service staff, etc, and given some an urban focus or a rural focus, etc. In addition, the large number of required training topics per the SOW greatly reduced our ability to apply basic adult learning principles to the training curriculum to support participants in absorbing and integrating the material.

A.2.d. Follow-Up TAT

Strengths and weaknesses of the follow up TAT were identified through the TAT evaluation surveys and during the TAT provider interviews.

A.2.d.i. Follow-Up TAT Strengths

Follow-up TAT participants were asked to rate on a scale of 1 to 10 with 1 meaning “poor,” and 10 meaning “excellent,” the overall quality of the TAT (the content, methods and materials/handouts). The mean ratings for each of the TAT topic for which evaluation surveys were collected areas are shown in *Table 9: Quality of the TAT by Topic* below. “Overview of access issues and recommended practices,” “Case management with LGBTQ clients,” and, “Fostering an LGBTQ welcoming environment” received the highest ratings.

Figure 17: Quality of the TAT by Topic	
TAT Topic Area	Mean Rating (Scale: 1=poor, 10=excellent)
Overview of access issues and recommended practices (n=264)	9.46
Fostering an LGBTQ welcoming environment (n=70)	9.09
Intake interviewing and screening with LGBTQ individuals (n=13)	8.69
Case management with LGBTQ clients (n=28)	9.36
Addressing homo/bi/transphobia and heterosexism among clients and others (n=46)	8.91
Partnerships with LGBTQ groups and organizations (n=18)	8.06

The content of the “Fostering a Welcoming Environment” TAT topic was very strong and relevant for a large number of DVP shelter agencies. A strength of this TAT topic is that it provided very concrete, doable suggestions for agencies to make changes to improve their overall environment. The “Intake Interviewing and Screening” and “Addressing Homo/Bi/Transphobia and Heterosexism” topics were particularly important in promoting practices to ensure appropriate services for LGBTQ clients and safety for all clients and the DVP shelter agencies as a whole.

There was greater SOW flexibility for follow-up TAT (e.g., onsite with one agency, onsite with a group of agencies, telephone with one agency or telephone with a group of agencies) and greater opportunity to tailor the content to the needs of the participating agency or agencies. Individual telephone based TAT combined with research and email follow up was a resource efficient TAT method for both the DVP shelter agencies as well as the TAT providers and a flexible way of addressing the specific interests and needs of each DVP shelter agency. Group teleconference calls were also a resource efficient TAT delivery method for both the DVP shelter agencies as well as the TAT providers. Because the training content could be designed to address the specific needs of the agency or agencies, these calls were less rushed and more interactive compared to the Regional Trainings. The interactive discussion allowed participants to draw from their experiences and discuss issues specific to their environment. The discussion time also allowed the TAT providers to respond to the specific questions and needs of the participants. The exercises and case examples were useful training tools that allowed participants to understand and integrate the material.

Individual onsite TAT was an effective way of bringing larger groups of staff at a single agency together to have a shared experience of learning about LGBTQ access and competency. These TAT sessions had most of the strengths of the group teleconference calls with the added benefit of face-to-face contact. Similarly, group onsite TAT was an effective way of bringing groups of staff from up to 5 agencies together to have a shared experience of learning about LGBTQ access and competency. These TAT sessions had most of the strengths of the group teleconference calls with the added benefit of face-to-face contact and the added benefit of networking and relationship building among staff from nearby agencies.

A.2.d.ii. Follow-Up TAT Weaknesses

Gaining access to sufficient numbers of staff for an adequate amount of time to provide quality follow-up TAT was a challenge for our work with many of the DVP shelter agencies. And, at DVP

shelter agencies it is always difficult for an entire staff to participate trainings, because at any given moment, some staff are occupied providing hotline, shelter and/or other services.

The Northern, Central and Southern regions were more time-consuming and costly for the TAT providers to travel to in order to provide onsite trainings. And TAT on some topics were only provided during the latter half of the project period, because it was a lengthy process for project staff to produce in-depth, high quality training materials on the various TAT topic areas.

Participants in the follow-up TAT evaluation surveys provided suggestions on how each topic area could be improved. The suggestions to improve TAT for all topics were compiled and are summarized for all TAT topic areas and for each topic area. As a whole, most of the suggestions were related to the TAT delivery process, with more time, more concrete/interactive/application exercises, and more time for interaction being the most frequent suggestions. Content suggestions were also made. Specific resources were frequently requested (e.g., lists of referrals, examples of materials to use). Participants also suggested reducing repetition of content with other TAT trainings and further tailoring the trainings to specific knowledge and skill levels in working with LGBTQ populations (e.g., beginner, intermediate, advanced). TAT on working with specific LGBTQ populations were made (e.g., LGBTQ adolescents, TG/TS individuals, GBTQ men and LGBTQ sexual assault survivors). Requests for training on intersectionality theory and its application to DV service provision were also made. The “Case Management” TAT could be improved by gearing it more toward advocates rather than case managers. The “Addressing Homo/Bi/Transphobia and Heterosexism,” TAT could be strengthened through introduction of more concrete examples throughout the training content.

A.2.e. CQI Components

Strengths and weaknesses of the CQI components were identified during the TAT provider interviews, through the Regional Training evaluations and through analysis of the MPOI data reported by DVP shelter agencies to CDPH/MCAH.

A.2.e.i. CQI Component of Regional Training Strengths

As seen in *Figure 18: Participant Ratings of CQI Session*, the CQI session received very positive results, with between 85-96% rating aspects of the session as “good” or “excellent.” The trainer’s expertise, the clarity of the presentation and the quality of the materials received the highest ratings.

Figure 18: Participant Ratings of CQI Session				
	Unacceptable or Poor	Average	Good	Excellent
The usefulness of the material to my work (n=165)	1%	13%	27%	58%
The format of the workshop (n=168)	2%	10%	30%	58%
The clarity of the presentation (n=171)	--	8%	30%	63%
The trainer’s expertise on the topic (n=170)	--	4%	18%	78%
The number of opportunities for interaction (n=168)	1%	12%	26%	61%
The quality of the materials (n=169)	1%	8%	27%	64%

The material was presented by the same trainer at each Regional Training thus ensuring a great deal of consistency in content and presentational style. The consistency of content and presentation style throughout all 16 sessions ensured that DVP shelter agencies across the State received similar information about applying CQI principles in order to plan, implement and evaluate organizational improvements to increase access for unserved/underserved populations. This trainer was also very knowledgeable and experienced in the conditions found in local domestic violence organizations, which served to make the concepts more accessible and the material more relevant to their work.

In addition, participants were queried: *“Did we help you understand how CQI can help your agency track change over time?”* Data from the Regional Training evaluation forms indicate that 99% of respondents agreed or strongly agreed that we met this training objective.

A.2.e.ii. CQI Component of Regional Training Weaknesses

The three hours allocated to training on CQI, generally held at the end of the two-day regional training, were not sufficient to adequately cover CQI principles and methods. At the same time though, the focus of this project was increasing access for unserved/underserved populations, and therefore those subjects necessarily took precedent over CQI.

At MCAH/OFP’s request, much of the content of the CQI session focused on providing instruction to the agencies about Measurable Performance Outcome Indicator (MPOI) reporting requirements, thus detracting from broader CQI content. This issue was prevalent throughout all of the CQI-related components. An agency-driven method for assessing and facilitating change (CQI), and data reporting to a funder (MPOI) are two different things – and although they can be complimentary, the overriding focus on MPOI reporting rendered the CQI content on planning, implementing and evaluating organizational change less relevant. The overriding focus on MPOI reporting, combined with domestic violence organizations’ common reticence toward evaluation, resulted in our general perception that very few DVP shelter agencies engaged in extensive CQI efforts after the Regional Trainings. Because the overriding emphasis of this project entailed organizational changes to increase access for unserved/underserved populations, DVP shelter agencies understandably put more of their efforts into making those immediate accessibility improvements, and less effort into establishing formal CQI processes within their organizational infrastructures.

A.2.e.iii. CQI Toolkit and Webinar Strengths

The CQI Toolkit was assembled with input from several evaluators involved with this project. As such, the materials and tools contained in the Toolkit were comprehensive and have been deemed useful in other, similar efforts. Because the trainer used in the CQI Regional Trainings was significantly involved in the Toolkit development, the content built upon and was well-linked to the information DVP shelter agencies had previously received. And with the exception of MCAH/OFP staff participation, the Webinar was presented by the same trainer used in the CQI portion of the Regional Trainings, ensuring that content, tone and style was linked back to previous trainings. Although an evaluation of the CQI Toolkit and Webinar was not completed, DVP shelter agencies anecdotally expressed their understanding and satisfaction with the MPOI reporting information provided therein.

A.2.e.iv. CQI Toolkit and Webinar Weaknesses

Perhaps the best indicator of DVP shelter agencies’ knowledge about MPOI reporting was ultimately demonstrated in the data they provided to MCAH/OFP, and there we found disparate

adherence to reporting instructions (see below). Thus, we believe that the MPOI reporting information covered in the Toolkit and Webinar may not have been as helpful as we would have liked, and indeed, may have been obscured for some DVP shelter agencies by the broader CQI content also contained therein. Because of time constraints and the urgency of MPOI reporting (the CQI Webinar was conducted during the month when DVP shelter agencies were already supposed to have begun collecting MPOI data), the Webinar focused almost exclusively on MPOI reporting requirements and skimmed over the other CQI content found in the Toolkit.

Like the CQI portion of the Regional Trainings, the Toolkit and Webinar could have been stronger and more effective had they not been trying to meet two related, yet differing functions. The CQI Toolkit could have been a more useful tool to DVP shelter agencies if it had either been a simple MPOI reporting instruction manual or a broader compendium of CQI tools, instruments and processes.

A.2.e.v. MPOI Data Collection and Reporting Strengths

The very initiation of data collection pertaining to access for LGBTQ clients represented a noteworthy change requiring attitudinal, behavioral and infrastructure changes.

A.2.e.v. MPOI Data Collection and Reporting Weaknesses

There we see some discrepancies and disparate adherence to reporting instructions. For example, 11 DVP shelter agencies failed to report on LGBTQ MPOI's altogether. In addition, DVP shelter agencies were instructed to report consistently on at least one MPOI from reporting period 1 to period 2. However, with the exception of new partnerships, more DVP shelter agencies reported on three of the four MPOI's during the second reporting period. Thus, many of them changed and/or increased their MPOI reporting from period 1 to period 2 thereby making trend analysis difficult. As noted above, these discrepancies cause us to believe that, in part, the MPOI reporting information covered in the Regional Trainings, the Toolkit and the Webinar may not have been as informative as we would have liked, and may have been more effective had it not been obscured by broader CQI content.

In addition to the possible limitations of the CQI content provided at the Regional Trainings, in the Toolkit and in the Webinar, MPOI reporting was also fraught with conceptual and structural challenges. Permitting grantees to choose which MPOI they reported made comparisons and trend analysis impossible. DVP shelter agencies' selection of MPOI's was influenced by a variety of factors such as time, which data might make them look good, etc. High turn-over in DVP shelter agencies resulted in MPOI reporting problems (e.g., changing which MPOI they were reporting, failure to report). In the end, the MPOI's did not produce useful data for MCAH/OFP. Furthermore, MCAH/OFP's decision to frame MPOI within the context of CQI seemed to confuse matters more and these related concepts should have been more strategically considered.

A.3. Project Responsiveness to Needs Assessment and Strategic Plan

Project responsiveness to the Needs Assessment and Strategic Plan were assessed through document review.

A.3.a. Project Responsiveness to Needs Assessment

The following section responds to the key process evaluation question # 3: "Were project activities responsive to the finding from the needs assessment and in accordance with the recommendations in the strategic plan? *Figure 19: Project Responsiveness to Needs Assessment Findings and Impact on Outcomes*

summarizes the ways in which the regional trainings, follow-up TAT and assessment and evaluation activities aligned with the needs assessment findings. The project responded to the specific issues and needs identified in the needs assessment by developing a range of TAT materials that responded to specific issues identified in the needs assessment. The majority of issues identified in the assessment were addressed. However, a few were not (e.g., rural issues and client education curriculum). Generally speaking, Regional Trainings and follow up TAT respond to needs assessment findings to the extent permitted by the SOW. Follow up TAT allowed for greater responsiveness to community context and individual, organizational and community capacity issues. Some tracking of issues occurred through the assessment and evaluation activities. However, better, more specific tracking of shifts in the areas identified in the needs assessment would have been valuable (e.g. acknowledgement of LGBTQ-specific needs versus “we treat everyone the same,” practices to encourage safe disclosure of sexual orientation and gender identity, etc.).

Figure 19: Project Responsiveness to Needs Assessment Findings and Impact on Outcomes

Needs assessment finding	Were the regional trainings (RT), follow-up TAT (FUTAT) and assessment/evaluation responsive to these findings
1. Great variance in overall levels of bias or support toward LGBTQ individuals in communities as well as level of organization and visibility of LGBTQ communities	Regional Training curriculum was standard and could not be tailored, except for discussion portions. Follow up TAT allowed each session to be responsive to community context. Questions about community context were integrated into assessment/evaluation.
2. Significant Bay Area regional capacity	Regional Training curriculum was standard and could not be tailored, except for discussion portions. Follow up TAT allowed each session to be responsive to community context. Assessment/evaluation allowed organizations to track their progress from their own baseline.
3. Dynamics of small, rural communities	Rural issues were woven into discussion components of Regional Training and follow-up TAT. No rural-specific curriculum was created. The primary reasons for this were: lack of pre-existing resources on rural LGBTQ DV to draw from; lack of time to develop this specific curriculum. Specific rural issues could have been tracked better in assessment /evaluation.
4. "Organized and visible" or "extremely small and invisible" LGBTQ communities	See 1 above.
5. "We don't ask. We don't care" about sexual orientation and gender identity.	The need to foster an environment for safe disclosure of sexual orientation and gender identity was woven throughout Regional Trainings and follow up TAT. Assessment/evaluation asked if agencies had mechanisms to track these but did not ask specific questions to see if the approach had shifted.
6. "We treat everyone the same"	The need to be responsive to specific LGBTQ needs was woven throughout Regional Trainings and follow up TAT. Assessment/evaluation asked if agencies had written and officially adopted policies and practices to address LGBTQ access but did not ask specific questions about the content of those policies and procedures.
7. Challenges in addressing bias from staff, clients and others	Regional Trainings introduced levels of oppression and impact on clients and the importance of addressing bias experienced by clients through policies and protocol. A specific TAT curriculum on this was developed. Assessment/evaluation asked if training and protocol were in place to address this but did not ask specific questions about the content of these practices.
8. Inadequate screening for abuser versus victim	Regional Trainings introduced the need for screening and a specific TAT curriculum on this was developed. Assessment/evaluation did not ask specific questions about these practices.
9. Resource challenges	This challenge was addressed throughout the Regional Trainings and follow up TAT through the emphasis on low-cost/no-costs recommendations.

Figure 19: Project Responsiveness to Needs Assessment Findings and Impact on Outcomes

Needs assessment finding	Were the regional trainings (RT), follow-up TAT (FUTAT) and assessment/evaluation responsive to these findings
10. Need for Board support	This topic was briefly addressed in the Regional Training and in the follow-up TAT.
11. Desire for training that addresses specific rural issues	See 3 above.
12. Desire for sensitivity and cultural competency training	Sensitivity and cultural competency training was woven throughout the Regional Training and all follow-up TAT. The impact of these activities was assessed through several questions on the assessment surveys.
13. Desire for sensitivity training on transgender/transsexual issues	TG/TS issues were woven into Regional Training and follow-up TAT. No TG/TS-specific curriculum was created. Specific TG/TS issues could have been tracked better in assessment /evaluation.
14. Desire for assistance in fostering a safe and welcoming environment	These issues were woven into the Regional Training and follow-up TAT and two related recommended practices were tracked through the assessment survey.
15. Desire for assistance in raising awareness among clients about LGBTQ issues	Curriculum was created to address bias from clients, but a basic client education curriculum was not developed.
16. Desire for assistance with intake interviewing and screening	See 8 above
17. Desire for outreach materials and strategies	This topic was woven through the Regional Training and follow-up TAT and basic TAT materials were developed. However, no specific in-depth TAT materials were developed on outreach strategies and no outreach materials were developed for agencies to use.
18. Desire for written materials	The Regional Training and follow-up TAT provided many suggestions for how to make adjustments to written materials to make them LGBTQ inclusive and some sample forms were developed/provided.
19. Mixed levels of interest in LGBTQ-specific services	A basic set of TAT materials were developed for this topic area and a limited amount of TAT was provided on this topic.
20. Desire for assistance with LGBTQ partnership development	A set of TAT materials were developed for this topic area and some TAT was provided on this topic. However, LGBTQ partnership development was de-emphasized in the Regional Training and follow-up TAT since the SOW prohibited participation by partner agencies in the Regional Training and follow-up TAT.
21. Some interest in improving and expanding services for LGBTQ sub-populations (e.g., adolescents, communities of color, etc.)	No TAT materials were developed for this topic area.

A.3.b. Project Responsiveness to the Strategic Plan

This section summarizes the ways in which the Regional Trainings and follow-up TAT were responsive to the Strategic Plan. Assessment and evaluation activities are not referenced since the Strategic Plan did not elaborate on these activities.

A.3.b.i. Recommended Practices

As shown above in *Table 3: Required TAT topics, Recommended Practices and Corresponding TAT materials*, the project developed TAT materials that directly supported the implementation of the 11 recommended practices for LGBTQ accessibility. The Regional Training curriculum managed to briefly cover all 11 practices. As shown in *Table 6: TAT Topic Areas by Hours of TAT Provided*, “Overview of access issues and recommended practices,” which touched on all 11 recommended practices, was the most frequently delivered TAT topic. The next most frequently delivered topics were, “Fostering an LGBTQ Welcoming Environment,” “Case management with LGBTQ clients,” and “Addressing Homo/Bi/Transphobia and Heterosexism among Clients and Others,” “Intake interviewing and screening with LGBTQ individuals, and “Partnerships with LGBTQ groups and organizations.” Each of these topic areas corresponded to a specific recommended practice. The other recommended practices were also addressed by follow up TAT, but less so than these topics. The annual assessments queried about all 11 recommended practices and specifically tracked implementation progress for most, but not all of them.

A.3.b.ii. Anti-Bias and Anti-Oppression Adult Education

The project infused anti-bias and anti-oppression education into all of its activities in order to 1) support DVP shelter agency staff in decreasing their own bias against LGBTQ persons; and, 2) improve staff capacity to address homo/bi/transphobic behaviors coming from clients and community members. Information about the impact of bias and oppression, the need to address this impact and specific tools for doing so were consistently provided to DVP shelter agency staff and volunteers at the Regional Trainings (e.g., through a role play exercise that demonstrates the impact of bias and oppression on an LGBTQ DV victim/survivor); and in every single one of the TAT materials (e.g., through research defining and describing the impact of anti-LGBTQ bias and oppression, case examples, activities and tools such as the “Gay Affirmative Practice Scale”^{xi} and “Seven Steps to Addressing Everyday Bias.”^{xii}) While we were successful in modeling respect for all perspectives and opinions, engaging with participants in a positive, non-defensive, encouraging manner, and establishing shared values and agreements about the desired behavior (i.e., LGBTQ affirmation and inclusion), several elements of the SOW hindered an effective approach to anti-bias and anti-oppression adult education. Namely, the mandatory nature of the project and highly prescriptive nature of the SOW requirements for the Regional Trainings and follow up TAT, including the topic areas, delivery methods and restrictions on participants, made it more difficult to establish an authentic learning partnership in which participants learned in accordance with their developmental stage and experiences.

A.3.b.iii. LGBTQ Community-Centered Models

As stated previously, the project was unable to embrace an LGBTQ community-centered approach and “begin with the community” to address LGBTQ DV in a manner that promotes the building of community assets.^{xiii}

A.3.b.iv. Organizational Readiness for Change

The project was limited in the degree to which it could incorporate an understanding of organizational readiness for change. To begin with, the SOW prescribed a set of TAT activities that

could not be altered and there was little the project could do to influence the resources available to DVP shelter agencies. While the project did embrace CQI as a useful approach to managing the multi-step process of planning and implementing changes in service delivery, the useful elements of CQI were undermined by a shift in emphasis in 2008 on CQI as a tool for reporting data to MCAH/OFP. The project did embrace a strengths-based, respectful approach to engaging with agency staff and delivering high quality TAT, yet project staff found ourselves apologizing to DVP shelter agency for being the messenger of CDPH requirements, particularly related to MPOI data reporting. Generally speaking, the approach of encouraging a climate supportive of change by emphasizing the positive benefits of participating in project activities and linking expanded access for LGBTQ populations to the missions and victim/survivor-centered values of DVP shelter agencies seemed to be effective. However, it is our perception that the local and state climate factors and other organizational factors occurring during the project period constrained the potential for agencies to fully benefit from the potential contributions of the project (see *A.4. Local and State Climate* and *A. 5. Other Organizational Factors*, below).

A.3.b.v. Stages of Capacity Building

The project incorporated a commitment to the stages of capacity building through individual conversations with DVP shelter agency staff in which TAT delivery was planned and by sequencing our offering of group follow up TAT, particularly through the group teleconference calls. Broadly speaking, the TAT curriculum was offered in the following sequence: 1) Overview of access issues and recommended practices; 2) Fostering an LGBTQ-welcoming environment; 3) Effective case management practices with LGBTQ DV victims/survivors; 4) Addressing homo/bi/transphobia and heterosexism among clients and community members; 5) Partnerships with LGBTQ organizations, groups and businesses; and 4) Intake interviewing and screening with LGBTQ clients. More generally, however, we worked with DVP shelter agencies to deliver TAT in a sequence that best fit their needs. For example, several organizations requested assistance with developing local partnerships immediately after receiving the overview training and some agencies wanted to hone in particularly on issues related to intake and screening. The sequencing of TAT delivery was further complicated by: launching of the MPOI reporting process in 2008 (as a result of which some agencies shifted their emphasis to fulfilling the reporting requirements); and confusion about requirements for participating in the project (as a result of which some agencies thought that they had fulfilled their obligation to participate in the project after receiving TAT from TC-TAT and/or ONTRACK Program Resources related to the other U/U populations); as well as other factors.

A.3.b.vi. Diffusion of Innovations

As mentioned above, because of the short time frame within which to deliver the required follow-up TAT after the Regional Trainings (July 2007-March 2009) and the SOW emphasis on mandatory participation in standardized curriculum to all DVPS, the project was unable to apply diffusion of innovations theory to its activities.

A.4. Local and State Climate

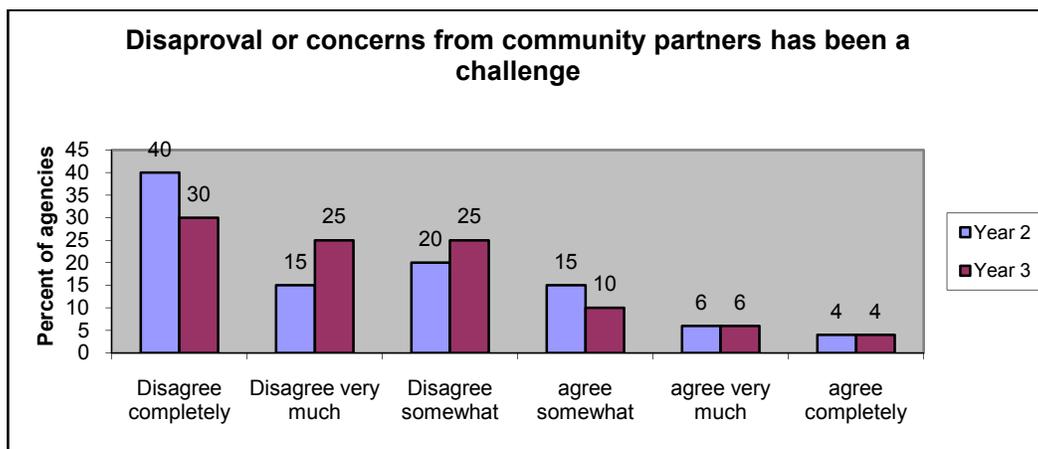
The following section responds to the key process evaluation question #5: “What were local and state climate factors that may have influenced the project’s ability to achieve its outcomes?” These were identified through the Year 2 and Year 3 assessments and during the TAT provider interviews.

A.4.a. Disapproval or Concerns from Community Partners

DVP shelter agencies rated the degree to which they agreed or disagreed with the following statement: “In our efforts to implement recommended practices for LGBTQ accessibility,

disapproval or concerns from community partners has been a challenge.” In Years 2 and 3, agencies overwhelmingly disagreed with this statement. In year 2 (n=92), 75% of agencies disagreed completely, very much, or somewhat. In year 3 (n=82), there was an increase where 80% of agencies disagreed overall. Yet for 25% of agencies, disapproval or concerns from community partners as a challenge in implementing recommended practices for LGBTQ accessibility.

Figure 20: Disapproval or Concerns from Community Partners as a Challenge



A.4.b. Additional Local and State Climate Factors

While new educational tools such as The 2000 Census Data on same-sex coupled households were useful for dispelling myths about LGBTQ communities in California, the political climate surrounding the State Supreme Court’s legalization of same-sex marriage in the spring of 2008, debates about Proposition 8 during the summer of 2008 and its subsequent passage in November 2008 to deny same-sex couples the right to marry may have influenced the project’s outcomes. These events may have had a positive influence by raising awareness about discrimination against LGBTQ same-sex couples. However, due to the divisive climate surrounding these events, they may have also made the climate for staff and volunteer training on issues impacting LGBTQ communities more challenging.

Despite the inclusion of gay, bisexual, transgender and questioning men in the project’s focus, when the project was initiated in 2006, MCAH/OFP prohibited DVP shelter agencies to use MCAH/OFP funding to provide services to men. While the majority of the 94 DVP shelter agencies provided services to male clients though the funding they receive from the Office of Emergency Services or other sources, given the MCAH/OFP restriction, the project addressed access and competency issues across LGBTQ communities broadly and did not go into depth with respect to specific issues related to serving LGBTQ men. In 2008 the Third District Court of Appeal in Sacramento, California ruled in *Woods v. Horton* (previously known as *Woods v. Shewry*) that Health and Safety Code Sections 124250-12425 (which designates grant funds for DV shelter services specifically for battered women and their children) violates the State Equal Protection Clause and anti-discrimination statutes and ordered MCAH/OFP to provide funding for services for victims of DV regardless of gender. However, this ruling occurred very late into the project.

While the court ruling may have increased motivation on the part of DVP shelter agencies to participate in project activities during the very tail end of the project, for several reasons the ruling

and the climate under which it was made posed challenges for the project. First, while access to services for all male DV victims/survivors is important, the social context of GBTQ male relationships is quite distinct from the relationships of non-GBTQ males. The ruling focused on services to male clients generally without noting the differences in dynamics, issues and needs of GBTQ male clients as compared to GBTQ male clients, thus obscuring these distinctions. Second, the ruling was the culmination of ongoing lawsuits which negatively impacted the climate of DV service provision in California. The harmful climate surrounding the lawsuits was likely a drain on DV shelter agencies and a detriment to the project.

A. 5. Other Organizational Factors

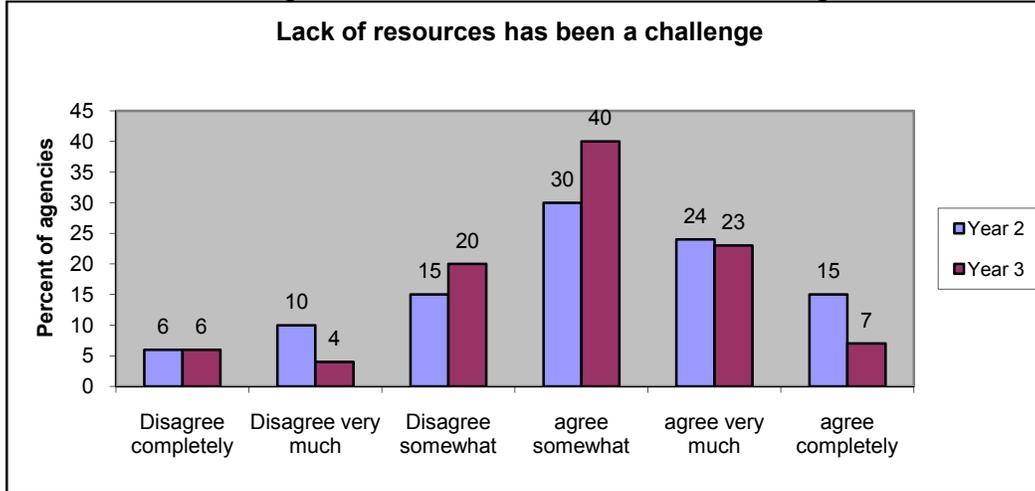
The following section responds to the key process-related evaluation question # 6: “What were other organizational factors that may have influenced the project’s ability to achieve its outcomes?” These were identified through the Year 2 and Year 3 assessments and during the TAT provider interviews. It is our perception that the factors described below constrained the potential for DVP shelter agencies to fully benefit from the potential contributions of the project.

A.5.a. Lack of Resources as a Challenge

Budget cuts among DV agencies may have influenced the project’s outcomes. State funded DV agencies were mandated to participate in this project as well as the two other U/U projects while they were experiencing reductions in their grant funding from MCAH/OFP. Cuts to agency budgets translate to cuts to staffing and other organizational needs, which made it difficult for agencies to fully participate in project activities.

In the Year 2 Assessment and Year 3 Assessment, DVP shelter agencies were asked to rate the degree to which they agreed or disagreed with the following statement: “In our efforts to implement recommended practices for LGBTQ accessibility, lack of resources has been a challenge.” In Year 2 (n=92), 30% of agencies agreed somewhat, as compared to Year 3 (n=82) when 40% of agencies agreed somewhat. Sixty nine percent (69%) of agencies in Year 2 and 70% of agencies in Year 3 agreed somewhat, very much or completely that lack of resources was a challenge. One DVP shelter agency represented stated: “There is the will to implement changes that will increase access to LGBTQ survivors. What we are lacking is the human resources to undertake the project.”

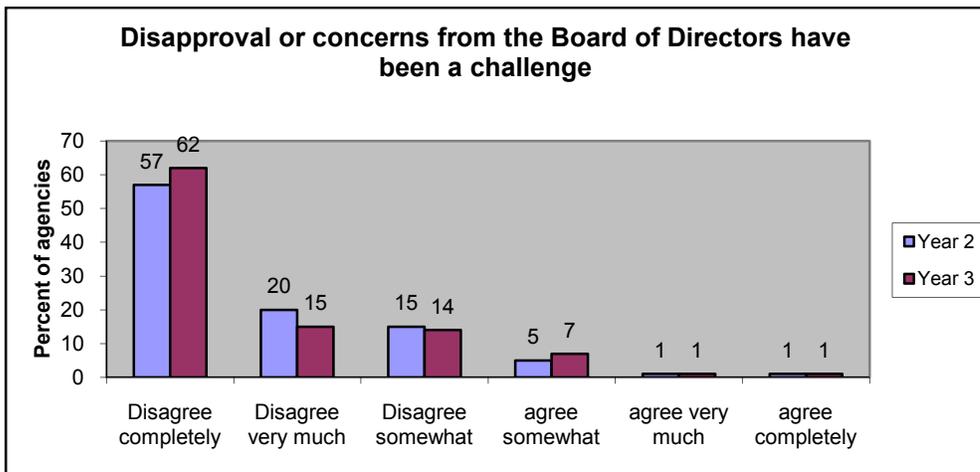
Figure 21: Lack of Resources as a Challenge



A.5.b. Disapproval or Concerns from the Board of Directors as a Challenge

In the Year 2 Assessment and Year 3 Assessment, DVP shelter agencies were asked to rate the degree to which they agreed or disagreed with the following statement: “In our efforts to implement recommended practices for LGBTQ accessibility, disapproval or concerns from our Board of Directors have been a challenge.” As shown in *Figure 22*, agencies overwhelmingly disagreed with this statement. In Year 2 (n=92), over 50% disagreed completely as compared to Year 3 (n=82), in which over 60% of agencies disagreed completely.

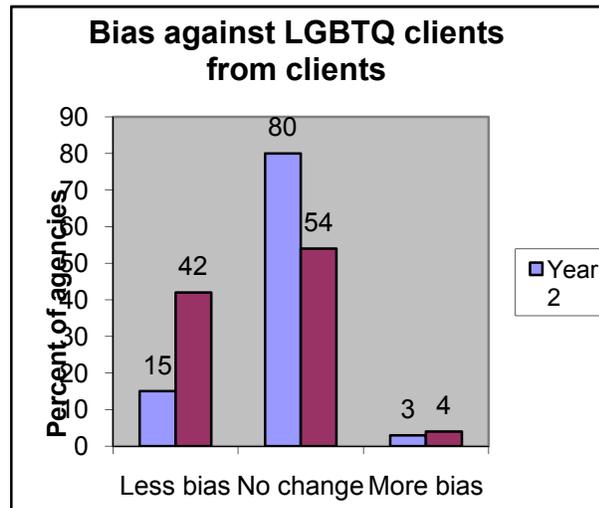
Figure 22: Disapproval or Concerns from the Board of Directors as a Challenge



A.5.c. Bias Against LGBTQ Clients from Other Clients as a Challenge

In the Year 2 Assessment and Year 3 Assessment, DVP shelter agencies were asked to respond to the following question: “Compared with 12 months ago, has there been less, more or no change with regard to the following: bias against LGBTQ clients coming from clients.” As shown in *Figure 23* while the majority of agencies reported no change in bias against LGBTQ clients (80% in year 2 and 54% in year 3), many agencies noted less bias (16% in year 2 and 43% in year 3).

Figure 23: Bias Against LGBTQ Clients from Other Clients as a Challenge



A.5.d. MCAH/OFP Work Plan Requirements as a Challenge

MCAH/OFP clarified in a policy letter dated August 31, 2006 to DVP shelter agencies that it expected all DVP shelter agencies to participate in the Domestic Violence Unserved/Underserved Training and Technical Assistance (U/U TAT) Project as part of the “Agency Capacity and Infrastructure” section of each grantee’s work plan. Yet many DVP shelter agency staff communicated to project staff that they were unaware of this requirement. In addition, during the first year of the LGBTQ DV TAT Project, the State required DV agencies to develop a plan to comply with the new cultural competency standard. Despite the fact that MCAH/OFP clarified in its August 31, 2006 policy letter to DVP shelter agencies that grantees could “have the option to add participation in this project to the Unserved/Underserved section of their workplan,” the two requirements were rolled out separately, and some agencies were confused about how the requirement related to the U/U projects and felt challenged by the requirement to participate in the U/U project as well as fulfill the requirements of the new cultural competency standard.

B. Outcome Findings

B.1. Improvements in Staff and Volunteer Understanding of and Commitment to Providing Accessible and Competent Services to LGBTQ DV Victims/Survivors

The following section responds to the key outcome evaluation question # 1: “To what extent did the project activities result in an improvement in DVP shelter agency staff and volunteer understanding of and commitment to providing accessible and competent services to LGBTQ DV victims/survivors?” These findings were identified through the Year 2 and Year 3 assessments, TAT session evaluations, Regional Training evaluations and during the TAT provider interviews.

B.1.a. Changes in Understanding, Attitudes, Beliefs, Behaviors and Skills Among Staff, Volunteers, and Board members

In Years 2 and 3, DVP shelter agencies were asked: “Please list positive changes that have occurred in understanding, attitudes, beliefs, behaviors and skills among staff, volunteers, and Board members as a result of your agency’s participation in the LGBTQ follow-up TAT.” A summary of these responses is provided below.

Year 2

Positive changes for staff, volunteers, and Board members include:

- Staff has increased language sensitivity in addressing LGBTQ individuals. For example staff refer to significant others as partners and use gender neutral language
- During staff meetings, staff have become more comfortable speaking about LGBTQ clients and discussing ways to increase access to DV services
- Staff have supported the development of Gay Straight Alliances (GSAs) at local high schools
- Frontline staff have become more comfortable working with LGBTQ clients
- Facilitate discussions about LGBTQ DV issues to Board of Directors

Year 3

Positive changes for staff, volunteers, and Board members:

- Staff have a better understanding of LGBTQ DV needs
- Staff feel more comfortable and confident speaking with clients who identify as LGBTQ
- Staff use gender neutral language
- Volunteers and staff understand the additional dynamics that come into play in DV relationships within the LGBTQ population (myths, fear of being outed, systems that are set up to serve the heterosexual population, etc.)
- Staff are more comfortable to speak and address their own bias

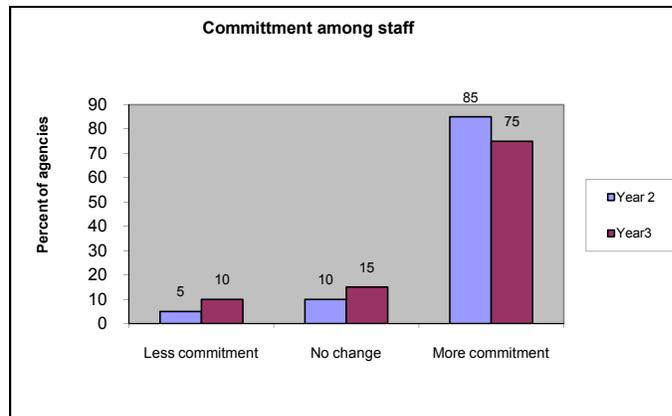
Through an emphasis on understanding issues related to sexual orientation and gender identify, the impact of oppression and the barriers LGBTQ DV victims/survivors might face, the project was successful in promoting a baseline level of sensitivity to LGBTQ persons, particularly among “frontline” staff. Many staff who shared that they were previously fearful or intimidated about working with LGBTQ clients shifted into a more comfortable and sensitive mind frame after having received TAT. As noted by a TAT provider: “Staff who really had never been exposed to LGBTQ issues before got a basic level of exposure. They could participate in lots of teleconference calls. They could have handouts and articles to read. We went to their agency to do trainings for them. We trained their volunteers.” For staff who had experience providing services to LGBTQ clients already, the project provided the opportunity for deeper exploration and discussion of competent service provision to these clients. In addition, there was a genuine commitment to communicate the complexities of gender and sexual identity and make distinctions about the experiences and needs of diverse LGBTQ populations, and staff gained insights as a result (e.g., to understand how to make the shelter environment more accessible to a transgender woman, a lesbian woman, a bisexual woman, etc.)

B.1.b. Commitment Among Staff

Commitment among staff to providing accessible services to LGBTQ clients was assessed during years 2 and 3. Agencies had the opportunity to self-report in both years the level of commitment among staff in providing accessible services to LGBTQ populations by reporting less commitment, no change in the level of commitment, or more commitment. As shown in *Figure 24*, in Year 2, 86% of agencies reported more commitment to providing accessible services as of compared to 12 months ago, followed by 10% of agencies that reported no change in the level of commitment, and 4% of agencies that reported less commitment to providing accessible services. In Year 3, 75% of agencies reported more commitment to providing accessible services, followed by 15% of agencies

that reported no change in the level of commitment, and 10% of agencies reported less commitment to providing accessible services.

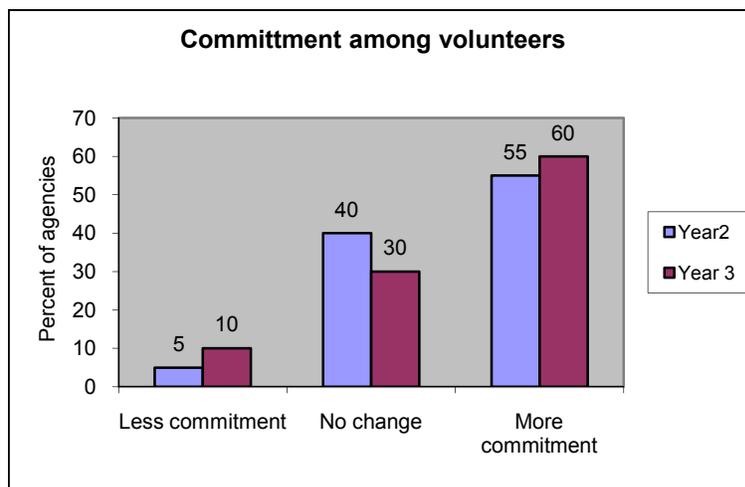
Figure 24: Commitment Among Staff to Providing Accessible Services to LGBTQ Clients



B.1.c. Commitment Among Volunteers

Commitment among volunteers to providing accessible services to LGBTQ Clients was assessed in Years 2 and 3. As shown in *Figure 25*, in Year 2 over half of agencies (57%) reported more commitment compared to 12 months ago, followed by 39% that reported no change in level of commitment. Five percent (5%) of agencies reported a decrease in commitment. In Year 3, 60% of agencies reported more commitment among volunteers. In addition, in Year 3, 31% of agencies reported no change in level of commitment and 10% reported less commitment.

Figure 25: Commitment among Volunteers to Providing Accessible Services to LGBTQ Clients

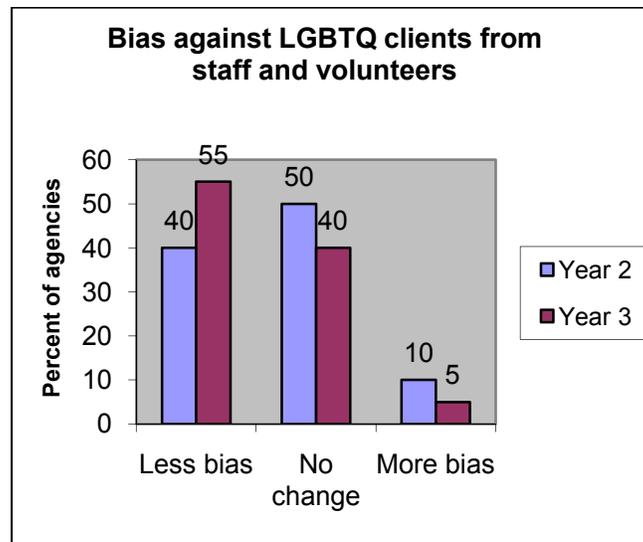


B.1.d. Bias Against LGBTQ Clients from Staff and Volunteers

Bias against LGBTQ clients from staff and volunteers was examined in Years 2 and 3. As shown in *Figure 26*, 45% of agencies in Year 2 reported less bias and 55% of agencies in Year 3 reported less bias against LGBTQ clients. In Year 2, 50% of agencies reported no change in the level of bias, and in Year 3, 40% of agencies reported no change in the level of bias. Ten percent (10%) of agencies in

Year 2 and 5% of agencies in Year 3 reported an increase in the level of bias against LGBTQ clients from staff and volunteers.

Figure 26: Bias Against LGBTQ Clients from Staff and Volunteers



B.1.e. Learning Objective Outcome from Regional Trainings

Most of the learning objectives identified on the evaluation survey for participant response were broad and process-oriented. The one relevant knowledge and skill related question asked of participants was: *“As a result of this training, are you able to train agency staff on issues and factors affecting each of these populations?”* This question was asked at 14 of the 16 trainings held in 2007-2008. 96% of respondents indicated affirmatively to this question while only 4% selecting a “no” response.

B.1.f. Learning Objective Outcomes from Follow Up TAT

Participants were asked to respond to questions about the specific learning objectives for each follow up TAT session. The question was asked: *“On a scale of 1 to 10 with 1 meaning ‘disagree completely,’ and 10 meaning ‘agree completely,’ to what extent do you agree with the following statement?”* and a learning objective-related statement was offered. The following learning objectives received the highest responses (*“As a result of the TAT I received, I am/I have...”*):

- Examples of changes that can be made at my agency to foster a welcoming environment for LGBTQ individuals (9.29 out of 10)
- Improved my understanding of issues related to serving LGBTQ populations (9.15 out of 10)
- Greater understanding of critical issues to consider in providing case management services to LGBTQ clients, such as the impact of oppression and potential costs and benefits of “coming out” in the help-seeking process (9.11 out of 10)
- Aware of steps my agency can take to increase access to services for LGBTQ victim/survivors (9.07 out of 10)
- Greater understanding of issues to consider when mobilizing support and advocating for resources and services for LGBTQ clients (9 out of 10)

Participant responses for all TAT topics are shown in *Figure 27: Participant Ratings of Learning Objective Statements* below. The specific TAT topic from which the learning objective came is listed in parenthesis after each objective.

Figure 27: Participant Ratings of Learning Objective Statements		
Participant Ratings of Learning Objective Statements "As a result of the TAT I received, I am/I have..."	Response Count	Mean Response (1=disagree completely and 10=agree completely)
1. Examples of changes that can be made at my agency to foster a welcoming environment for LGBTQ individuals ("Fostering a Welcoming Environment")	70	9.29
2. Improved my understanding of issues related to serving LGBTQ populations ("Overview of access issues and recommended practices")	264	9.15
3. Greater understanding of critical issues to consider in providing case management services to LGBTQ clients, such as the impact of oppression and potential costs and benefits of "coming out" in the help-seeking process ("Case management")	28	9.11
4. Aware of steps my agency can take to increase access to services for LGBTQ victim/survivors ("Overview of access issues and recommended practices")	264	9.07
5. Greater understanding of issues to consider when mobilizing support and advocating for resources and services for LGBTQ clients "Case management")	28	9
6. Specific ideas of how to assess if a potential referral agency is welcoming to LGBTQ clients and sensitive in its services ("Case management")	28	8.96
7. Suggestions for pursuing partnerships with LGBTQ groups and organizations in order to improve access to services for LGBTQ DV victims/survivors ("Partnerships")	18	8.94
8. Specific ideas of how to effectively screen to differentiate between batterer and victim/survivor in a same-sex abusive relationship ("Intake interviewing and screening")	13	8.85
9. Familiar with the "seven steps to responding to everyday bias" ("Addressing homo/bi/transphobia and heterosexism")	46	8.83
10. Specific ideas of how to conduct an effective intake interview with an LGBTQ client ("Intake interviewing and screening")	13	8.77
11. Familiar with basic terms to describe oppression based on sexual orientation and gender identity and how they are expressed as internalized, interpersonal and institutional oppression ("Addressing homo/bi/transphobia and heterosexism")	46	8.74
12. Ideas of how to apply three strategies for addressing "isms": promotion, prevention and response ("Addressing homo/bi/transphobia and heterosexism")	46	8.46

B.2. Implementation of Recommended Practices

Section B.2.a presents findings related to the extent to which agencies are implementing the recommended practices to increase LGBTQ accessibility (i.e., if those practices are "fully in place," "partially in place or in development," or "not in place"). Section B.2.b presents findings related to whether or not agencies made improvements in the recommended practice areas during the project

period (i.e., “yes,” they did make improvement, or “no,” they did not make improvement.” This distinction between implementation of recommended practices (B.2.a) and improvements made related to recommended practices (B.2.b) is important because agencies may still have a practice “partially in place or in development,” yet none-the-less made progress in their implementation of the practice.

B.2.a. Implementation of Recommended Practices to Increase LGBTQ Accessibility

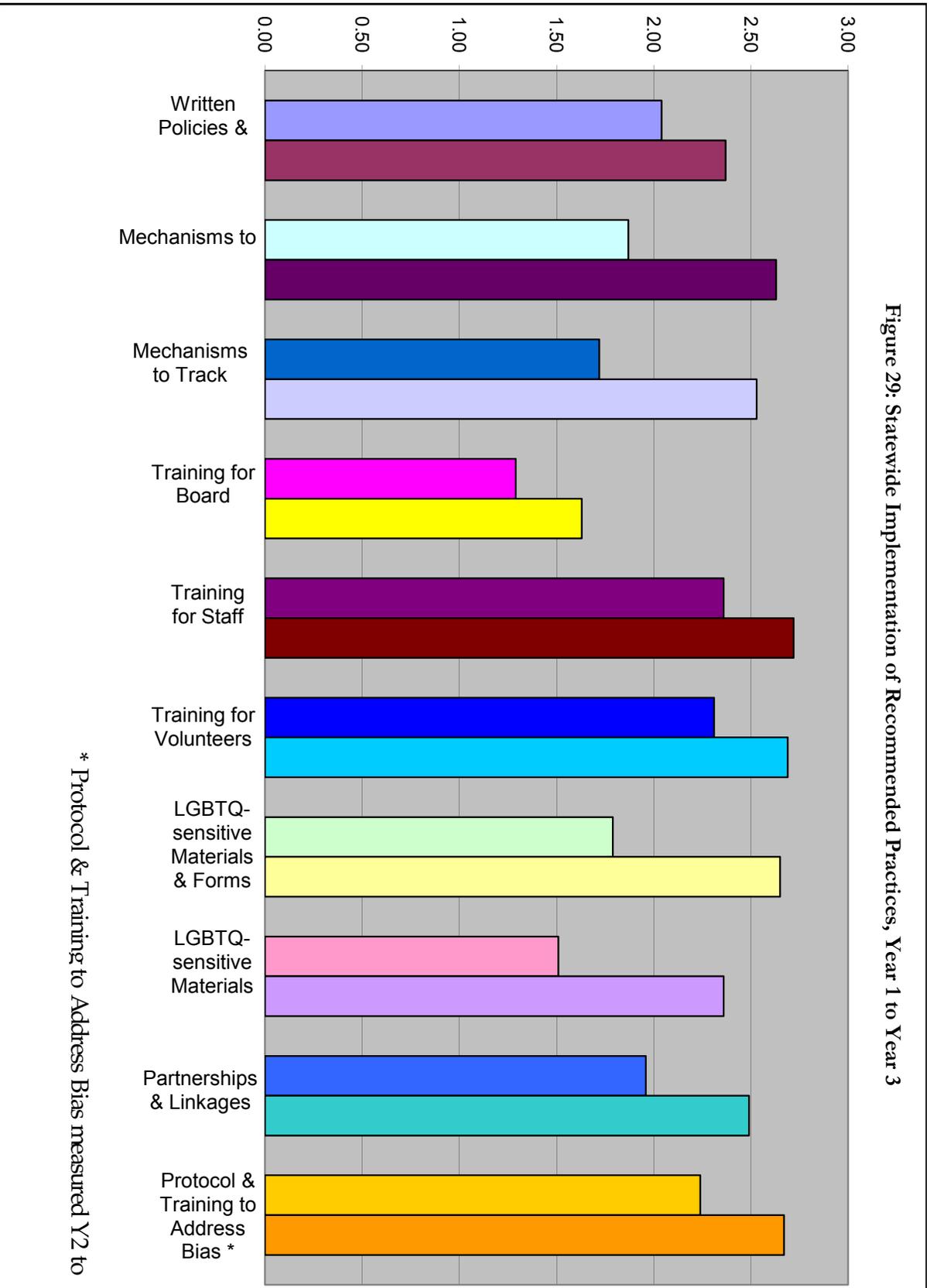
The following section responds to the key outcome evaluation question # 2: “To what extent did the project activities result in an increase in the implementation of recommended practices for LGBTQ accessibility at DVP shelter agencies?” These were identified through the Year 1, Year 2 and Year 3 Assessments and during the TAT provider interviews.

DVP shelter agencies’ implementation of the 10 recommended practices designed were measured at the beginning of the project (Year 1) and twice thereafter at annual follow-up assessments (Year 2 and Year 3). The response options and scoring were as follows: fully in practice (3); partially in place/ practice or currently in development (2); not in place nor in practice (1). Of the 94 DVP shelter agencies participating in this project, 75 provided complete data for Years 1, 2 and 3 (see *Figure 28: Implementation of Recommended Practices*).

Figure 28: Implementation of Recommended Practices, Year 1-Year 3 (n=75)			
	Year 1 Statewide Average	Year 3 Statewide Average	% Change Statewide Average
Written Policies & Practices	2.04	2.37	16%
Mechanisms to Track Clients	1.87	2.63	41%
Mechanisms to Track Referrals	1.72	2.53	47%
Training for Board Members	1.29	1.63	26%
Training for Staff	2.36	2.72	15%
Training for Volunteers	2.31	2.69	16%
LGBTQ-sensitive Materials and Forms	1.79	2.65	48%
LGBTQ-specific Materials Displayed	1.51	2.36	56%
Partnerships & Linkages	1.96	2.49	27%
Protocol & Training to Address Bias *	2.24	2.67	19%

* Year 2 data for “Protocol & Training to Address Bias” is shown because this was not measured in Year 1.

Depicted graphically, the greatest increases in organizational practices were seen in “display of LGBTQ-specific materials” (56%), the “presence of LGBTQ-sensitive materials and forms” (48%), “mechanisms to track referrals” (47%), and “mechanisms to track clients (41%) (see *Figure 29: Statewide Implementation of Organizational Practices, Year 1-Year 3*).



While several of the organizational practices revealed large changes, because these figures compared average statewide percentages, we ran further tests for statistical significance to more carefully examine the results. Paired t-tests were performed using a standard level of significance at $p < .05$ to determine if agencies' implementation of the 10 organizational policies and practices changed significantly from Year 1 to Year 3. Of the 10 indicators, two revealed statistical significance: "Written policies and procedures" ($M = .33$, $SD = .827$, $N = 75$, t Stat 3.489, two-tail $p = .008$), and "Training for staff" ($M = .36$, $SD = .799$, $N = 75$, t Stat 3.90, two-tail $p = .0002$). Although the other organizational practices did not meet the rigorous standard for statistical significance, the average statewide percentages do reflect large changes suggesting a great deal of progress was made.

B.2.a. Improvements Made Related to Recommended Practices

Improvements in implementation of organizational practices were tracked by asking agencies in the Year 3 Assessment to indicate whether or not they made an improvement in each of the 10 recommended practices during the project period for March 2007–April 2009. As shown in Table 13, agencies overwhelmingly reported an improvement in 9 recommended practices with the exception of one, "providing ongoing LGBTQ DV training for board members." The largest percentage of agencies made improvements in: ongoing LGBTQ DV training for staff members (90%), protocol and training to prepare staff to address behaviors that reflect biases ("everyday bias" such as negative comments, judgments, etc.) against LGBTQ persons (90%) and LGBTQ-sensitive agency materials (e.g., with gender-neutral language) such as intake forms, brochures and reports (85%).

Figure 30: Improvements Made to Recommended Practices			
<i>"Indicate whether or not your agency made improvement in each of the following areas during the project period (March 2007-April 2009)"</i>			
Recommended Practices	Yes	No	n
1. Written and officially adopted organizational policies and practices to ensure LGBTQ DV accessibility and cultural competency	70% (n=57)	30% (n=25)	n=82
2. Mechanisms to track the number of LGBTQ clients served	80% (n=68)	20% (n=15)	n=83
3. Mechanisms to track the number of referrals made on behalf of LGBTQ clients	70% (n=55)	30% (n=26)	n=81
4. Ongoing LGBTQ DV training for board members	30% (n=25)	70% (n=54)	n=79
5. Ongoing LGBTQ DV training for staff members	90% (n=74)	10% (n=9)	n=83
6. Ongoing LGBTQ DV training for volunteers	80% (n=66)	20% (n=16)	n=82
7. LGBTQ-sensitive agency materials (e.g., with gender-neutral language) such as intake forms, brochures and reports	85% (n=71)	15% (n=11)	n=82
8. Materials designed and displayed specifically and primarily for the LGBTQ population such as posters, brochures, stickers and flags	70% (n=59)	30% (n=22)	n=81
9. Partnerships and linkages with local, state and/or national LGBTQ-specific agencies, community groups and businesses	80% (n=66)	20% (n=14)	n=80
10. Protocol and training to prepare staff to address behaviors that reflect biases ("everyday bias" such as negative comments, judgments, etc.) against LGBTQ persons	90% (n=73)	10% (n=10)	n=83

In addition to querying about the 10 recommended practices, in Year 3, agencies were also asked to indicate whether or not they made an improvement in other areas, as shown in *Figure 31 Improvements Made in Specific Service Areas*.

Figure 31: Improvements Made in Specific Service Areas		
Improvements Made in Specific Service Areas	Yes	No
Advocacy, counseling and case management practices with LGBTQ DV clients (n=83)	89%	11%
Intake interviewing and screening with LGBTQ DV clients (n=81)	88%	12%

In Years 2 and 3, agencies were asked: “Please describe the specific changes or improvement your agency has made in the last 12 months to increase accessibility of services to LGBTQ victims/survivors. Please include changes to organizational policies and procedures, formal and informal, large and small.” The changes/improvements are reported in the categories of the recommended practices as well as additional categories.

Ongoing LGBTQ DV training for staff members and volunteers: By far the most frequently mentioned change made was in implementing or strengthening ongoing training to staff, including through formal “40-hour trainings,” in-services, staff meeting discussions, etc. Training was conducted by LGBTQ DV TAT Project staff as well as other trainers. One participant shared that: *“through this training our staff has had the opportunity to look at our own beliefs and explore them. The materials given to us have opened our thinking and given us information to offer better services to this population.”*

LGBTQ-specific materials designed and displayed such as posters, brochures, stickers and flags: Second most common was the display of LGBTQ-specific materials, including rainbow flags, pride stickers, posters, brochures, in lobby areas, hall-ways, shelter spaces, windows and doors, etc. One agency commented on the need to find symbols that will be appropriate for the local community. *“We found a great sign to display at advocates’ desks and in the lobby. It shows three couples made out of the figures you see on bathroom doors: a male-male couple, male-female couple, and female-female couple. This will work much better than a rainbow sticker for our local population.”* Another agency created their own mural and received immediate positive feedback: *“We just completed a very large mural which is one of the first things a client sees when coming into the building. Great care was taken to ensure all clients would be able to see themselves in it. Part of the mural is a beautiful rainbow. We have had comments from several lesbian clients that it is the first time they really see themselves in the agency.”*

Ongoing LGBTQ DV training for Board members: Some agencies also involved their Board members through discussions and presentations at Board meetings. One agency explained: *“We have had conversations and trainings that have enlightened staff and board about the reality, severity and specific dangers of domestic violence in this population. We are pleased with the openness, and acknowledge we have a lot of work to do to reach this population.”*

LGBTQ-sensitive agency materials (e.g., with gender-neutral language) such as intake forms, brochures and reports: Agencies also developed LGBTQ-sensitive outreach materials. This includes changing existing brochures as well as creating new ones specifically for LGBTQ communities. Spanish-language brochures were created. Client intake and other forms and printed materials have been revised to be inclusive and welcoming.

Planning and local needs assessments: Several agencies described their implementation of planning teams and processes, including a Cultural Competency Advisory Committee and LGBTQ Access Team. Such teams have created action plans, some of which involved input from local LGBTQ community members.

Written and officially adopted organizational policies and practices to ensure LGBTQ DV accessibility and cultural competency: A large number of agencies revisited and modified their organizational diversity and anti-discrimination policies and/or developed new ones. Many agencies revised their policy for serving transgender clients. Many agencies chose to display their policies in prominent locations as affirmative statements about their organization. Agencies described the positive impact of these changes. One agency shared: “We recently had a transsexual person request shelter and instead of thinking of reasons NOT to put this person in shelter our discussion was, ‘How can we make this work for this person? How can we make them comfortable in this environment?’” Another shared, “In the past, some staff used inappropriate gender descriptions. Yesterday I was able to observe staff interaction with a transgender client from the time she walked in the door until she went into her appointment with an advocate. Staff was respectful and appropriate and service appeared to be seamless without the kind of whispering that might have happened in the past.”

Protocol and training to prepare staff to address behaviors that reflect biases (□everyday bias□ such as negative comments, judgments, etc.) against LGBTQ persons: Many though not all agencies improved their efforts to address bias proactively and reactively. One agency shared a positive impact: “A client came out in a support group for Spanish-speaking survivors and talked very specifically about her abuse issues with her female partner. She stated that the group was respectful and helpful, though she also said that the group had not always been as helpful in the past, in terms of the way people reacted.” Another agency reported that, “More straight identified staff are ready to be involved in providing training in anti homophobia/heterosexism, both inside our shelter (with residents and children, and with volunteers and language advocates), and outside the shelter (training for other organizations).”

Partnerships and linkages with local, state and/or national LGBTQ-specific agencies, community groups and businesses: Many though not all agencies improved their partnerships and linkages with LGBTQ organizations and groups.

Agencies made changes in the language they use (e.g., appropriate terms related to sexual orientation and gender identity and gender inclusive language), their **community outreach** (e.g. increasing presence at gay pride events and outreaching to local LGBTQ agencies), **intake and screening procedures, case management and counseling practices and mechanisms to track the number of LGBTQ clients served.**

In Year 3, agencies were asked: “Please describe the impact these changes or improvements have had and how you know this impact? The following was shared by different agencies:

- LGBTQ sensitive counseling practices which has prompted more clients to disclose identity
- Develop a client satisfaction survey to specifically assess the degree to which client's feel that the agency was sensitive to their sexual orientation. The feedback from the surveys has been positive
- Positive feedback from staff during meetings and individual supervision
- Slight increase in services to LGBTQ victims/survivors. Have returned for additional services

- Informal anecdotes
- At shelters, residents are more open to learn about LGBTQ DV
- At shelters, children have drawn posters with diverse families (one mom and kid, two moms and kids, two dads and kid, mom and dad and kids)
- Board members display a greater understanding of LGBTQ DV
- Staff has shown greater understanding and awareness during case conferencing

In Years 2 and 3, DVP shelter agencies were asked to indicate the ways in which their agency had applied information learned at the Regional Trainings. *Figure 32: Applied Information Learned at the Regional Training* summarizes the responses for Year 2 and Year 3.

Figure 32: Applied Information Learned at the Regional Training				
	Number of Agencies in Year 2 (n=89)*	% of Agencies in Year 2	Number of Agencies in Year 3 (n=83)*	% of Agencies in Year 3
In training for staff and volunteers	79	94.0%	76	91.5%
In work with LGBTQ clients	61	68.5%	69	83.1%
To initiate a conversation, facilitate a discussion or encourage people to learn about LGBTQ issues (staff, volunteers, board members, clients, community members, community partners, etc.)	73	82.0%	65	78.3%
In informal conversations and interactions with community members and/or community partners	65	73.0%	65	78.3%

*Agencies may have selected more than one response.

In Years 2 and 3, DVP shelter agencies were asked to indicate the ways in which their agency had applied information learned through the follow-up TAT. *Figure 33: Applied Information Learned through the Follow-Up TAT*, summarizes the responses for Year 2 and Year 3.

Figure 33: Applied Information Learned through the Follow-Up TAT				
	Number of Agencies in Year 2 (n=61)*	% of Agencies in Year 2	Number of Agencies in Year 3 (n=83)*	% of Agencies in Year 3
In training for staff and volunteers	43	70.4%	72	86.7%
In work with LGBTQ clients	37	60.6%	64	77.1%
To initiate a conversation, facilitate a discussion or encourage people to learn about LGBTQ issues (staff, volunteers, board members, clients, community members, community partners, etc.)	37	60.6%	55	66.2%
In informal conversations and interactions with community members and/or community partners	30	49.1%	49	59.0%

*Agencies may have selected more than one response.

Figure 34: Required and Recommended Practices, Tracking and Outcomes Achieved, summarizes the required and recommended practices (per the SOW and the strategic plan), how these were tracked (through MPOI and/or annual assessment surveys) and outcomes that were achieved.

Figure 34: Required and Recommended Practices, Tracking and Outcomes Achieved

Required and Recommended Practices				
Required and Recommended Practices		Tracking		Outcomes Achieved
SOW requirements	Recommended practices per the strategic plan	MPOI	Annual assessment survey	
Ongoing CQI processes to identify, evaluate, and address deficiencies in access to DVP shelter agency services	Implement ongoing CQI processes to improve effectiveness and accessibility in serving LGBTQ survivors	N/A	Not tracked as a recommended practice	No outcomes to report
Intake interviewing	Implement recommended practices for intake interviewing and screening to differentiate between victim/survivor and batterer	N/A	Not tracked as a recommended practice	88% of agencies reported making improvements in their intake interviewing and screening practices over the course of the project period.
Physical plant/equipment accessibility	Foster an LGBTQ-welcoming environment through use of LGBTQ-sensitive agency materials (intake forms, written materials, website, etc.) and display of LGBTQ-welcoming materials in the office and shelter environments	Physical plant changes/modifications	Materials designed and displayed specifically and primarily for the LGBTQ population	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 1.51 in Year 1 and 2.36 in Year 3, a 56% change over the project period.
			LGBTQ-sensitive agency materials such as intake forms, brochures and reports	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 1.79 in Year 1 and 2.65 in Year 3, a 48% change over the project period.
DVP shelter agency policies and procedures affecting individual/family life at the DVP shelter	Adopt an organizational policy to ensure a safe/welcoming environment for LGBTQ DV survivors and cultural competency in programs/services	N/A	Written and officially adopted organizational policies and practices to ensure LGBTQ DV accessibility and cultural competency	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 2.04 in Year 1 and 2.37 in Year 3, a 16% change over the project period.

Figure 34: Required and Recommended Practices, Tracking and Outcomes Achieved

Required and Recommended Practices		Tracking		Outcomes Achieved
SOW requirements	Recommended practices per the strategic plan	MPOI	Annual assessment survey	
Outreach in the community and within the existing client base	Implement ongoing outreach in the community and within the existing client base using LGBTQ-specific materials	N/A	Not tracked as a recommended practice	No outcomes to report
Case management	Implement recommended practices for case management	N/A	Not tracked as a recommended practice	89% of agencies reported making improvements in their case management practices over the course of the project period
Establishing effective partnerships with local, State, and Federal providers, especially with those agencies serving the LGBTQ population	Partnerships with LGBTQ Organizations, Groups and Businesses	Partnerships with local, State, and Federal providers serving the LGBTQ population	Partnerships and linkages with local, state and/or national LGBTQ-specific agencies, community groups and businesses	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 1.96 in Year 1 and 2.49 in Year 3, a 27% change over the project period.
Locating and accessing information, equipment, funding, training, technical assistance, and service resources	Locate and access information, training/technical assistance and other resources on LGBTQ DV	N/A	Not tracked as a recommended practice	No outcomes to report

Figure 34: Required and Recommended Practices, Tracking and Outcomes Achieved

Required and Recommended Practices				
Required and Recommended Practices		Tracking		Outcomes Achieved
SOW requirements	Recommended practices per the strategic plan	MPOI	Annual assessment survey	
	Implement ongoing LGBTQ sensitivity and DV training for staff members and volunteers	N/A	Ongoing LGBTQ DV training for staff members	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 2.36 in Year 1 and 2.72 in Year 3, a 15% change over the project period.
			Ongoing LGBTQ DV training for volunteers	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 2.31 in Year 1 and 2.69 in Year 3, a 16% change over the project period.
			Ongoing LGBTQ DV training for Board members	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 1.29 in Year 1 and 1.63 in Year 3, a 26% change over the project period.
	Implement mechanisms to track the number of LGBTQ clients served	LGBTQ clients served	Mechanisms to track the number of LGBTQ clients served	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 1.87 in Year 1 and 2.63 in Year 3, a 41% change over the project period.
	Implement ongoing staff and volunteer training for addressing homo/bi/transphobia among clients and community members	N/A	Protocol and training to prepare staff to address behaviors that reflect biases (e.g., negative comments, judgments, etc.) against LGBTQ persons	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 2.24 in Year 1 and 2.67 in Year 3, a 19% change over the project period.

Figure 34: Required and Recommended Practices, Tracking and Outcomes Achieved

Figure 34: Required and Recommended Practices, Tracking and Outcomes Achieved				
Required and Recommended Practices		Tracking		Outcomes Achieved
SOW requirements	Recommended practices per the strategic plan	MPOI	Annual assessment survey	
	Implement programs and services designed specifically and primarily for LGBTQ individuals	N/A	Not tracked	No outcomes to report
None	None	Referrals made on behalf of LGBTQ clients	Mechanisms to track the number of referrals made on behalf of LGBTQ clients	Using a measurement scale of 1=not in place/practice; 2=partially in place/practice or in development; 3=fully in place or practice, the statewide average was 1.72 in Year 1 and 2.53 in Year 3, a 47% change over the project period.

B.3. Improved capacity of TAT provider agencies to provide TAT

The following section responds to the key outcome evaluation question # 3: “To what extent did the project activities result in improved capacity of TAT provider agencies to provide TAT?” These findings were identified through the TAT provider interviews.

Through the Regional Trainings, TAT providers expanded their skills in training on LGBTQ DV issues, expanded their expertise on how to train staff and agencies to change their practices, and built or strengthened relationships with agencies throughout different regions. Through the onsite follow-up TAT, TAT providers developed skills on assessing an organization’s needs and tailoring the TAT to meet those needs and developed a greater understanding about the community where the agencies were located. One of the providers also strengthened their skills in developing Spanish language materials. Through the telephone-based TAT, TAT providers developed skills on how to facilitate an interactive conference call, developed skills on how to facilitate conversations about critical issues such as addressing bias, and increased knowledge about specific issues pertaining to each of the agencies. In summary, as a result of the project, the TAT providers increased our general understanding and skills related to engaging DVP shelter agencies in TAT to foster staff development and organizational change, improved our knowledge and skills specifically related to providing effective TAT on LGBTQ DV and built or strengthened our relationships with the DVP shelter agencies.

The enhanced skills of the TAT providers increased the TAT capacity of their agencies in the areas of: organizational assessment and TAT planning, TAT materials development, facilitating organizational practice and policy change, facilitating challenging or charged discussions (e.g., related to bias) and TAT provision in different regions of the State. TAT providers indicated that the materials that were developed helped increase their agencies’ understanding about how to develop organizational assessment tools and how to ask specific questions on evaluation surveys. They also indicated that the materials have added value to their organizations because they are resources that have been and will continue to be used in various trainings and disseminated to other agencies.

B.4. Additional Changes in Programs, Practices and Policies

The following section responds to the key outcome evaluation question # 4: “To what extent did the project activities result in changes in programs, practice and policies to increase accessibility and competency of services for LGBTQ DV victims/survivors beyond the 94 DVP shelter agencies?” These findings were identified through the TAT provider interviews. TAT providers were asked: “Over the course of the project, did you, as a representative of the LGBTQ DV TAT project, participate in efforts to advocate for other programs, practices and policies to support accessible and competent services for LGBTQ DV victims/survivors?” Over the course of the project, despite the restriction that non-DVP shelter agency staff could not participate in our TAT with the DVP shelter agencies, project staff were able to leverage project resources and provide information, TAT and advocacy to at least 13 entities in 8 states, including state DV coalitions in Arizona, Florida, Michigan and Texas, national organizations such as Family Violence Prevention Fund and National Center on Sexual and Domestic Violence, as well as local DV organizations and councils.

Project staff also contributed to national publications and presented to national audiences to educate and advocate for changes in programs, practices and policies to increase access services for LGBTQ DV victims/survivors: 1) National Domestic Violence Prevention Bulletin (publication); 2) Catalyst, the newsletter of Transforming Communities Technical Assistance and Training (publication); 3) National Coalition Against Domestic Violence 2008 conference (two presentations); and 4)

Prevention Connection webinar on incorporating anti-oppression principles in DV and SV prevention in 2007 (webinar to national audience).

The project will also be presented at the American Public Health Association Annual Meeting in October 2009. In addition, training pieces have been incorporated into other TAT and capacity building projects, including one led by CUAV for the Department of Children, Youth and Families in San Francisco. Staff were also able to advocate for inclusion of LGBTQ communities and addressing homo/bi/transphobia and heterosexism in prevention program through participation in California Department of Public Health EPIC Branch sponsored conferences and advisory groups and national primary prevention training projects such as Prevention Connection, a project of the California Coalition Against Sexual Assault. While we do not have evidence of the impact of this work, we are aware of at least one situation in which our materials were directly used by the National Coalition of Anti-Violence Programs in a Department of Justice-funded national assessment to improve access to services among LGBTQ victims of violence.

C. Summary of Key Findings

C.1 Assessment

The project began with a comprehensive needs assessment that while resource intensive as a result of the site visits, revealed valuable information that fed into the project's strategic plan. Through the initial assessment we learned the extent to which many agencies, even among those that purported to be open to serving LGBTQ clients, maintained a "We don't ask. We don't care" approach to issues related to sexual orientation and gender identity and a "We treat everyone the same" approach to serving LGBTQ clients that fails to acknowledge the impact of the social context of LGBTQ relationships and the importance of being responsive to both similarities and differences between individuals and communities. While there were clear examples of organizations that demonstrated a high degree of commitment to and competency in serving LGBTQ populations, we confirmed our general knowledge that staff and volunteers at many agencies held biases against LGBTQ people and had reluctance to engage in efforts to improve accessibility and competency of services. Follow up annual assessments in Years 2 and 3 were useful tools for tracking change and reinforcing important aspects of the project, such as the recommended practices. However, they did not capture the nuances of attitudes, beliefs and behaviors that affect DVP shelter agency accessibility and competency of services for LGBTQ DV victims/survivors. More precise tracking of shifts in the areas identified in the needs assessment would have been valuable. Further, given the limitations of self-report methods and social desirability bias, DVP shelter agencies likely "over-reported" their progress on implementing organizational practices. Multiple methods of assessment and tracking, and strategies to reduce the limitations of self-report methods and social desirability bias are needed.

C.2. Strategic Planning

Through strategic planning we determined that we needed to continue to strongly uphold our agencies' commitments to anti-bias and anti-oppression adult education and infuse these approaches into all facets of the project. The needs assessment and strategic planning processes also surfaced the need to go beyond a "one-size-fits-all," or "we treat everyone the same" approach to TAT. We asked specific questions about readiness for change and found some organizations were more ready and strategically positioned to engage in greater depth of change, while others were less ready and would likely benefit from smaller doses of assistance focused on promoting greater readiness for change. The needs assessment and strategic planning process also confirmed the value of community-centered approaches to service provision and of community engagement as an approach

to crafting services that are responsive to local context and building in mechanisms for sustainability in the form of local leadership, relationships and accountability.

C.3. Project Implementation

Soon after strategic planning we began to recognize that while the SOW contained many strong elements, including the structure of assessment, evaluation, Regional Trainings, follow-up TAT and CQI components, it was highly prescriptive and restrictive. In particular, given the importance of engaging with local community partners, especially members/representatives of the U/U populations themselves, the prohibition of non-DVP shelter agency staff participation in follow up TAT was counter to best practice. Further, rather than emphasize standardized curriculum and minimum TAT to all 94 agencies as per the SOW, the project was more successful by being responsive in our TAT, to the extent that the SOW permitted, to the vast diversity of community contexts throughout the state and the considerable disparity in individual, organizational and community capacity to serve LGBTQ clients.

CPEDV, ONTRACK Program Resources, Inc. and TC-TAT, along with CUAV and LAGLC TAT providers and Kathy Moore, our jointly contacted CQI trainer, jointly designed and delivered 16 Regional Trainings during a 12 month period in 16 cities, reaching 367 individuals representing all 94 DVP shelter agencies. Through the Regional Trainings the project emphasized issues related to sexual orientation and gender identify, including anti-LGBTQ bias and oppression and its impact on LGBTQ DV victims/survivors, help-seeking and service delivery. CQI was introduced as a set of agency-driven tools for systematically planning, managing and tracking small, incremental changes over time. The Regional Trainings provided an opportunity for agencies to learn together while fostering relationships and building *LGBTQ-awareness*, a baseline of understanding about LGBTQ issues and needs among the 94 agencies. The project also broadly generated the momentum and impetus for opening up critical issues and questions for agencies to consider with respect to serving LGBTQ clients. As one DVP agency representative put it, *"Your project provided us with a better platform and foundation to open the conversation to our community at large."*

We subsequently developed a robust set of TAT materials and delivered a total of 509.6 hours of follow-up TAT via 383 TAT contacts to 1,777 participants over a 21 month period between July 2007 and March 2009. Sixty percent (60%) of agencies received onsite TAT, and onsite TAT comprised 30.1% of all follow-up TAT provided. The greater flexibility within the SOW with respect to the follow-up TAT allowed for greater responsiveness and tailoring to community context and individual, organizational and community capacity issues. Individual and group telephone based TAT were resource efficient TAT delivery methods. Individual and multiple agency onsite TAT was more resource intensive, but valuable for creating a shared learning experience and building relationships.

Overall, the project developed a range of TAT materials that responded to the majority of the specific issues identified in the needs assessment and delivered TAT in as responsive a manner as possible to individual, organizational and community contextual and capacity issues. Forty-five (45%) of the follow-up TAT consisted of "overview" sessions that continued to promote *"LGBTQ-awareness"* through the introduction of basic LGBTQ sensitivity issues, awareness of anti-LGBTQ bias and oppression and provision of an overview of recommended practices. Fifty-five (55%) of the follow-up TAT consisted of more in-depth TAT on specific topics that promoted *LGBTQ-sensitivity* through deeper exploration of issues and application to specific areas of service delivery. *"Fostering an LGBTQ welcoming environment," "Case management with LGBTQ clients,"* and *"Addressing*

homo/bi/transphobia and heterosexism among clients and others” were the most popular TAT topics (aside from the “overview” training), followed by “Intake interviewing and screening with LGBTQ individuals,” and “Partnerships with LGBTQ groups and organizations.” “Case management with LGBTQ clients,” and, “Fostering an LGBTQ welcoming environment,” were the in-depth TAT topics that received the highest participant satisfaction ratings. There was a degree of spread in TAT provided to the agencies: from 2 to 12 contacts, between 1 hour to 19.7 hours to between 2 to 107 participants. In order to fulfill the SOW requirements of delivering minimum TAT to all 94 agencies, we spent a considerable amount of time, especially toward the latter half of the project, conducting assertive outreach to agencies and getting minimal return on our investment of time and effort. Furthermore, the shifting emphasis away from CQI, a valuable set of tools to help organizations manage incremental change, toward MPOI reporting mid-way through the project detracted from the project and was not a beneficial use of time or resources.

C.4. Major Strengths

The LGBTQ DV TAT project determined that a critical strategy for improving access to services would be to focus on understanding and addressing bias and oppression based on sexual orientation and gender identity. The project findings suggest that our approach of encouraging staff to understand and respond to the social context of LGBTQ relationships proved effective, with agencies reporting greater awareness of issues impacting LGBTQ individuals, including bias, and greater comfort talking about bias with staff and volunteers. As one TAT provider put it, “We start by showing people the impact of oppression on LGBTQ survivors. Once people get that, they are interested in tools, like how to foster a welcoming environment and effectively advocate for an LGBTQ survivor, to help them overcome barriers and get the support they need.”

Another major strength of the project was that it assembled of a team with expertise in LGBTQ DV and expertise in TAT and capacity building to promote organizational change. The combined expertise was applied to the development of a useful set of TAT materials to address the required TAT topic areas per the SOW and the recommended practices identified in the strategic plan. The TAT materials that were developed were a great asset as well as an investment for future TAT efforts. We learned about partnering with DV agencies, LGBTQ organizations and public health departments in addressing LGBTQ DV and anti-LGBTQ bias, including how to provide effective TA on LGBTQ issues and how to encourage buy-in for organizational change to improve access on LGBTQ issues. We also built or strengthened our relationships with the DVP shelter agencies. Perhaps some of our most important lessons emerged from the unfolding process of grappling with implementing the project in a manner that was responsive to the needs assessment findings and strategic plan, while also fulfilling the SOW requirements. Our agencies benefited greatly from the investment of MCAH/OFP funds for this project and have leveraged these resources in the form of our expertise and advocacy to have impact in other programs, practices and policies within California, in other states and at the national level.

C.5. Influence of Local and State Climate and Other Organizational Factors

Project staff had some discussion about whether the minimal participation on the part of some agencies and the lack of engagement of management-level staff on the part of some agencies was a result of lack of communication about the importance of TAT on the part of MCAH/OFP and/or lack of enforcement for participation. Our conclusion is that while greater clarity or frequency of communication may have indeed helped increase motivation to participate for some, the barriers and/or reluctance to participate among some agencies was likely to be a result of several complex factors. Indeed, project implementation was challenged by the simultaneous implementation of two

other U/U TAT projects, implementation during a period when DVP shelter agencies were facing budget cuts from multiple funding sources and responding to other demands such as the new Cultural Competency Core Standard and MPOI reporting requirements, as well as responding to a challenging policy environment.

C.6. Outcomes

Despite these challenges, DVP shelter agencies were able to make improvements in staff and volunteer understanding and commitment to providing accessible and competent services. As a result of the project activities, staff and volunteers gained examples of changes they could make to foster a welcoming environment for LGBTQ individuals and increase access to services. Staff improved their understanding of issues related to serving LGBTQ populations, gained a greater understanding of critical issues to consider in providing case management services to LGBTQ clients, such as the impact of oppression and potential costs and benefits of “coming out” in the help-seeking process and issues to consider when mobilizing support and advocating for resources and services for LGBTQ clients. DVP shelter agencies reported improvements in staff’s language sensitivity, ability to speak about the issues (including the impact of bias), comfort-levels and understanding of LGBTQ client needs.

Throughout the Regional Trainings and both “overview” as well as “in-depth” follow-up TAT, the project emphasized the need to go beyond improvements in staff understanding and commitment to make changes at the level of organizational practice. Even as organizations grappled with resource changes, with more than two-thirds of agencies indicating that lack of resources posed a challenge to implementing recommended practices, improvements in implementation of recommended practices were demonstrated for all ten of the project’s recommended practices. The greatest increases in implementation were seen in the practices of “displaying LGBTQ-specific materials,” the “having LGBTQ-sensitive materials and forms,” “having mechanisms to track referrals on behalf of LGBTQ clients,” and “having mechanisms to track LGBTQ clients. In addition to these changes, specific changes that agencies mentioned included, creating LGBTQ-specific support groups, revising policies, forms, intake and screening protocol and training materials, increasing staff training, outreach and partnerships and conducting anti-bias training with shelter residents. There were also improvements such a creation of an LGBTQ hotline and securing additional funding dedicated to developing LGBTQ-specific services.

C.7. Formative and Summative Evaluation

Formative and summative evaluation activities were useful, though limited by their reliance on participant self-report methods, their inherent social desirability bias and other methodological challenges. More importantly, the evaluation is limited by the lack of data from LGBTQ clients and community members associated with each of the DVP shelter agencies. This evaluation was able to generate meaningful answers to the key evaluation questions but was not able to assess whether or not the project was successful in achieving the overarching purpose of increasing access to services among LGBTQ DV victims/survivors at the 94 DVP shelter agencies. Despite these limitations, we believe the evaluation findings presented in this report provide insights into the ways in which the project affected participating DVP shelter agencies and staff.

D. Discussion

This section discusses four significant themes that can be drawn out from the project’s major findings: 1) community engagement; 2) stages of LGBTQ accessibility and competency; 3) anti-bias and anti-oppression adult education; and 4) tailored TAT.

D.1. Community Engagement

The project benefited from its grounding in the frameworks of U/U communities, cultural competency and CQI. The importance of engaging and partnering with organizations and individuals that represent U/U populations is shared across these frameworks. Some have argued, in fact, that community engagement is a logical next step of deepening the work of cultural competency.^{xliii} However, community engagement was not an emphasis of the SOW and this was a major drawback of the project.

A community-centered approach and a commitment to community engagement are particularly necessary when addressing the needs of LGBT communities or any other community that faces bias and discrimination. Reflecting this need for participation, the US Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) states that: "Practical and effective solutions to public health problems must involve affected communities. Active community involvement... helps to ensure consistency with community norms, cultural competency, and responsiveness to community needs (CDC, 2000)." Standout organizations like Asian Women's Shelter in San Francisco employ a community engagement approach (or community building as they call it) to their work with all communities, including API LGBTQ communities, and through this approach have developed and sustained one of the most effective models of service provision to LGBTQ communities from a non-LGBTQ-specific DV agency, their "Queer Asian Women's Services" program.

The ability to engage LGBTQ community organizations and representatives depends on a number of factors, including community context and individual and organizational capacity. Organizations in rural communities in particular may face challenges both in terms of a dearth of LGBTQ community specific resources as well as, in many cases, the need for greater confidentiality. Therefore, community engagement should be thought of as a continuum of options, rather than a strict "yes/no" standard. This is consistent with the approach promoted by the Asian Pacific Islander Institute on Domestic Violence in their manual entitled, "The Community engagement continuum," in which they recommend that DV service providers consider a continuum of options for engaging communities that might fit with the organization's capacity, the community context and the community need.^{xliiv}

D.2. Stages of LGBTQ Accessibility and Competency

California is a enormously diverse State, and DVP shelter agencies are called upon to provider accessible and competent services to all DV victims/survivors, and especially those survivors from "unserved/underserved" communities that face multiple barriers in finding support and achieving safety. In large part as a function of limited resources, DVP shelter agencies are challenged in their capacity to go beyond a "one-size-fits-all," or "we treat everyone the same" approach to service delivery. Given this challenge, in a similar manner to which we can conceive of a continuum of community engagement, it is useful to conceptualize a continuum or stages of LGBTQ accessibility and competency.

Long-time experts in LGBTQ DV service provision have articulated a distinction between LGBTQ-sensitive and LGBTQ-specific services. "*LGBTQ-sensitive*" services are defined as domestic violence services that have been developed primarily for heterosexual people who have been victimized or who have been abusive. Providers of these services have varying amounts of training and education in LGBTQ issues and LGBTQ domestic violence. "*LGBTQ-specific*" services, on the other hand, are

defined as domestic violence services that have been developed specifically and/or primarily for the LGBTQ community. Providers of these services specialize in working with LGBTQ domestic violence and LGBTQ individuals. While LGBTQ advocates continue to recognize that shelter services not necessarily the most viable for LGBTQ DV victims/survivors^{xlv,xlvi} and are working to promote more community-centered (i.e., “*LGBTQ-specific*”) approaches, both “*LGBTQ-sensitive*” and “*LGBTQ-specific*” services are valuable and needed.

The LGBTQ DV TAT Project has helped to identify and promote another step on the continuum of LGBTQ accessibility and competency that precedes the stage of “*LGBTQ-sensitivity*,” i.e., “*LGBTQ-awareness*.” Recognizing the need for both broad change as well as deep change, the project sought to encourage organizations at a low level of accessibility, competency and readiness for change to become an “*LGBTQ-aware*” organization that is committed to welcoming and affirming of people of diverse sexual orientations and gender identities and to understanding, preventing and responding to bias based on sexual orientation and gender identity. The project was successful in generating statewide *LGBTQ-awareness*, a baseline of understanding about LGBTQ issues and needs through the introduction and reinforcement of basic LGBTQ sensitivity issues, awareness of anti-LGBTQ bias and oppression and promotion of a consistent set of recommended practices. We also sought to encourage organizations at a mid-level of accessibility, competency and readiness for change to implement a significant number of the recommended practices such that they could be considered competent providers of “*LGBTQ-sensitive services*.” And while the project wanted to also encourage a set of agencies, ideally at least 1-2 such agencies per State region, to implement the full range of recommended practices so that it could be considered as competent providers of “*LGBTQ-specific services*,” this proved to be ultimately beyond the scope of the project. LGBTQ community engagement and TAT and capacity building assistance are all important to all stages of LGBTQ accessibility and competency, with higher levels of engagement, TAT and capacity building requirements as an organization advances through the continuum from “*LGBTQ-awareness*,” to “*LGBTQ-sensitivity*,” to “*LGBTQ-specificity*.”

D.3. Anti-Bias and Anti-Oppression Adult Education

Improving accessibility and competency of services for LGBTQ DV victims/survivors is fundamentally linked to reducing anti-LGBTQ bias and oppression. The need to constructively address issues of bias head-on is an inevitable thread of any TAT project aimed at improving accessibility and competency of services for LGBTQ clients. Bias and oppression must be addressed on the part of Board members, staff and volunteers and in all aspects of service delivery. Adult anti-bias and anti-oppression education can support DVP shelter agency staff in decreasing their own bias against LGBTQ persons and improve staff capacity to address homo/bi/transphobic behaviors coming from clients and community members. Anti-bias and anti-oppression adult education is useful in that it approaches learning as a partnership and recognize that adults need to take an active role in drawing from their life experience to engage with complex issues. Educators respectfully “meet people where they are,” while challenging them to unlearn bias, move beyond “tolerance,” and affirm the validity of diversity in sexual orientation and gender identity in our communities. The project findings suggest that our approach of encouraging staff to understand and respond to the social context of LGBTQ relationships, modeling respect for all perspectives and opinions and establishing shared values and agreements about the desired behavior (i.e., LGBTQ affirmation and inclusion) proved effective, with agencies reporting greater awareness of issues impacting LGBTQ individuals, including bias, greater comfort talking about bias with staff and volunteers and increased implementation of training and protocol to address bias on an ongoing basis.

D.4. Tailored TAT

Just as “one size fits all” services do not meet the needs of our diverse clients, “one size fits all TAT” does not meet the needs of our diverse DVP shelter agencies. Organizational readiness for change, diffusion of innovations and other approaches to TAT and capacity building recognize that change may be needed across the board among organizations, but not necessarily the same change or degree of change, and not the same support for achieving the change. All changes – in the right direction – are needed, large and small, and that statewide capacity building is in large measure about effectively assessing an organization’s potential for change and strategic position in relationship to its peers, and applying limited resources judiciously to maximize the opportunity for growth presented.

A tailored approach to TAT might involve innovative approaches such as: fostering local leaders and “communities of practice” through immersion trainings and retreats, establishing peer mentoring relationships across agencies, organizing cross-trainings between DV agencies and LGBTQ-specific groups and providers, and helping to establish local LGBTQ advisory committees to county DV councils and coalitions, etc.

E. Recommendations for Future Projects

In this section, recommendations for future LGBTQ DV TAT projects as well as recommendations for future MCAH/OFP U/U TAT projects are offered.

E.1. Recommendations for Future LGBTQ DV TAT Projects

1. Future projects to increase accessibility and competency of DV agency services to LGBTQ populations through TAT and other means of capacity building should build on the strengths of the LGBTQ DV TAT Project. This includes continued investment in the partnership of CPEDV, CUAV and LAGLC. Such a partnership is a cost-effective, sustainable strategy to continue progress on LGBTQ access and competency in California.
2. Future projects should focus on increasing accessibility and competency of DVP shelter agencies as well as other non-MCAH/OFP-funded DV organizations through a community engagement and partnership approach with LGBTQ community groups and organizations.
3. Future projects should explore the possibility of investing in “mentor,” or “model organizations” in the Northern, Central and Southern regions. Such organizations could develop as “model organizations” specific to their region/local conditions for replication, and serve as ongoing “mentors” and sources of support to nearby organizations.
4. Future projects should be theory-driven and incorporate best practices in TAT and capacity building. Approaches such as anti-bias and anti-oppression adult education, organizational readiness for change, diffusion of innovations and stages of capacity building should be explored.
5. Future projects should build on the lessons learned through the LGBTQ DV TAT Project and begin with refining the set of recommended practices, strengthening existing TAT materials and developing additional ones, and improving assessment and evaluation methodologies and tools.

E.2. Recommendations for Future MCAH/OFP U/U TAT Projects

1. Focus on one U/U population at a time, especially if the population is actually going to be a large and diverse set of populations (as was the case in each of the three U/U TAT projects).
2. Maintain strong oversight of U/U TAT projects while creating less prescriptive/restrictive SOW and allowing greater flexibility to tailor projects to the issues identified through needs assessments and strategic planning. Project oversight should include ongoing guidance from entities such as the statewide Domestic Violence Advisory Council (DVAC).
3. More clearly link future U/U TAT projects to a cohesive, long-term vision and guiding principles for cultural competency in state DV services. For example, involvement of U/U community organizations and community members is a widely recommended and accepted principle, as is an emphasis on long-term, sustainable, incremental change. Future projects should emphasize community engagement and long-term capacity building as opposed to short-term TAT (e.g. 1-3 years) and short-term data reporting to MCAH/OFP.
4. Allow TAT providers and other key stakeholders to have input on outcome indicators and statewide data collection to make sure they make sense for the populations and reflect the most relevant and important data to track.

VII. CONCLUSION

Increasing access to services among California's diverse LGBTQ populations is a daunting task, yet no less than what LGBTQ DV victims/survivors need and deserve. The LGBTQ DV TAT Project was successful in making significant strides to address some of the major needs and opportunities for improved accessibility and competency of services for LGBTQ clients. Addressing issues such as anti-LGBTQ bias and oppression is timely in California and beyond. MCAH/OFP's investment in this project contributed to changes at the local level, enhancement of capacity of the three TAT provider agencies, and positive ripple effects throughout the state, other states and at the national level. Indeed, while this project was fundamentally about increasing accessibility and competency of services at the 94 DVP shelter agencies for LGBTQ DV victims/survivors, ultimately, the impact is broader and deeper. For bias and oppression based on sexual orientation and gender identity harm and constrain everyone, weather LGBTQ identified or not. As Mary Allen, from the National Resource Center on Domestic Violence stated so effectively, "Attempting to work on domestic violence without working on other oppressions is like attempting to move a rug one is standing on."^{xlvii} As these forms of bias and oppression are underlying contributors to domestic violence, addressing anti-LGBTQ bias and oppression, well beyond the conclusion of the LGBTQ DV TAT Project, is integral to our work to responding to and preventing domestic violence in California.

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