

Perspectives on Data Gathering and Reporting:
A Survey of Domestic Violence Service
Providers and State Funding Agencies

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Gathering and reporting data is essential to the fiscal well-being of domestic violence service providers, but it is simultaneously a frequent source of consternation due to the considerable resource expenditure necessary to fulfill reporting requirements. Although providers and funding agencies alike acknowledge potential multiple uses and benefits of maintaining systematic data, few have expanded the data gathering/reporting process to include more encompassing, creative uses, such as educating citizens and sensitizing policymakers to the magnitude of the problem.

This report examines the opinions and perceptions of service providers and funding agencies as expressed in September 2002 research conducted by Arizona State University's Center for Urban Inquiry in consort with the Arizona Coalition Against Domestic Violence. It details current reporting requirements and processes, data collection methods, uses of information, organizational capacities, obstacles to timely and effective reporting, common uses of information, working relations between service providers and funding agencies, and recommendations for improving data gathering and reporting.

Fourteen service providers and four key state agencies participated in the survey. The service providers are representative of the range of Arizona providers: the sample includes rural and urban providers, all regions of the state, small, modestly funded organizations, medium-sized facilities, and the largest organizations with the greatest resources. All who participated in the survey acknowledged the heavy reporting demands placed on providers, and all expressed the desire to use data as effectively as possible to garner resources to address domestic violence. Many also acknowledged the need for greater resources to build data-gathering infrastructures, yet few knew of specific sources for such funding. There was widespread acknowledgment that

not only is it crucial to scrutinize current reporting requirements but to anticipate and prepare for additional data gathering and reporting demands. The need for systematic program evaluation and assessment is especially important, yet current initiatives to implement common evaluation practices, data gathering and reporting do not prioritize provision of resources to ensure that all service providers have the needed infrastructure and capacity.

The goal of astute, rigorous data gathering is laudable, but on a day-to-day basis service providers face the enormous demands of delivering direct and immediate assistance to the victims of domestic violence. Gathering and reporting data must be subordinated to the urgent needs of women and families. In addition to threatening the quality of immediate services, it is clear that the pressures on overworked staff have serious consequences for staff tenure and turnover as well as the short- and long-term viability of specific organizations and the overall service network. The goal of maintaining thorough and complete records is intended to advance the overarching goal of improving services for victims of domestic violence. It is clear that the Arizona domestic violence community is dedicated to fulfilling these multiple goals. The strong history and firm commitment of today's shelter and safe house staff and volunteers, the Arizona Coalition Against Domestic Violence, State Agency Coordinating Team (SACT) members, and statewide supporters provide the foundation for resolving current difficulties and further strengthening Arizona's ability to confront the monumental challenge of serving those affected by domestic violence.

Description of Services

The fourteen providers addressed in this report represent the diversity of service providers statewide in terms of geographic

dispersion, organizational size, funding levels, technical capacities, and the nature and range of services provided. Providers range from a three-million-dollar urban program with 120 beds that has been serving domestic violence victims for twenty-five years to a small modestly funded rural program with barely 20 beds that began offering services in its area a little over five years ago. Overall, in the programs surveyed, two-thirds of the clients are

adults and one-third are children, though the proportions vary by provider. The numbers of staff vary widely as well, ranging from six to sixty-five full-time staff, zero to twenty-three part-time staff, and zero to 150 volunteers. Table 1 summarizes service providers by type and capacity. Figure 1 highlights the proportion of services provided to adults and children. Figure 2 suggests the importance of

Table 1. Service Provider By Type and Capacity (Self-reported)

Provider	Locale	Years	Annual Costs	Residential Beds	Adults	Children	Full-time	Part-time	Volunteers
A	Rural	N/A	\$275,000	14	150	150	7	6	5
B	Urban	19	N/A	24	188	198	11	2	32
C	Urban	18	\$1,400,000	44	1,495	409	28	8	20
D	Rural	N/A	\$435,000	0	200	400	10	0	15
E	Urban	20	\$2,000,000	82	900	300	45	15	150
F	Rural	5.25	\$297,000	19	140	280	7	3	4
G	Rural	5.5	\$383,662	24	120	250	6	7	0
H	Rural	17	\$400,000	26	200	175	10	3	18
I	Rural	N/A	\$600,000	20	N/A	N/A	22	0	10
J	Urban	17	\$500,000	31	208	226	10	14	0
K	Rural	24	\$1,400,000	52	181	349	22	23	6
L	Urban	25	\$3,000,000	120	700	400	65	15	50
M	Rural	7	\$816,000	22	N/A	N/A	12	9	30
N	Rural	18	\$405,421	20	80	88	8	3	52
Total		176	\$11,912,083	496	4,442	2,975	263	108	392
Total N		11	13	14	12	12	14	14	14
Median		18.00	\$500,000	24.00	194.00	265.00	10.50	6.50	16.50
Range		19.75	\$2,725,000	120	1,415	321	59	23	150

Annual costs and adult and children served represent approximate numbers. The median is the middle value in the ranked distribution of values. The range indicates the lowest to the highest values.

Figure 1. Proportion of Adults and Children Served

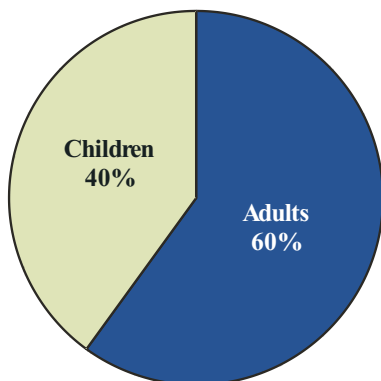
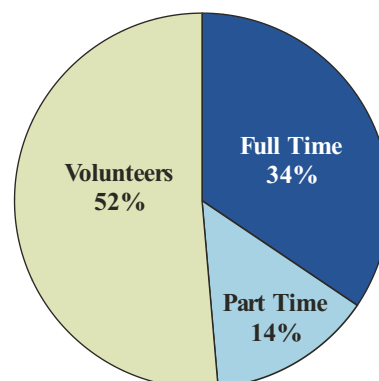


Figure 2. Provider Staffing



both part-time and volunteer staff in maintaining shelter operations.

All service providers have a board of directors, with membership ranging from seven to twenty members including medical and mental health professionals, educators, local officials, social workers, nonprofit administrators, attorneys and court personnel, law enforcement personnel, private and corporate business people, retirees, and other local community members and leaders. As discussed below, program boards may be actively involved in specific program planning or serve only as a “policy board” establishing general program direction.

With the exception of one agency that solely provides emergency shelter, all organizations reported a broad range of services, including emergency shelter, safe houses, individual and group counseling, case management, legal advocacy, victims assistance, and crisis hotlines. In addition, some shelters offer other services, including a donation center, transitional housing, childcare, community education, educational counseling, children’s programs, “after care” services (once the client leaves the shelter), secondary school domestic violence prevention

programs, and direct legal representation. Table 2 summarizes the types of services provided. Figure 3 (on the following page) shows the number of shelters offering listed services.

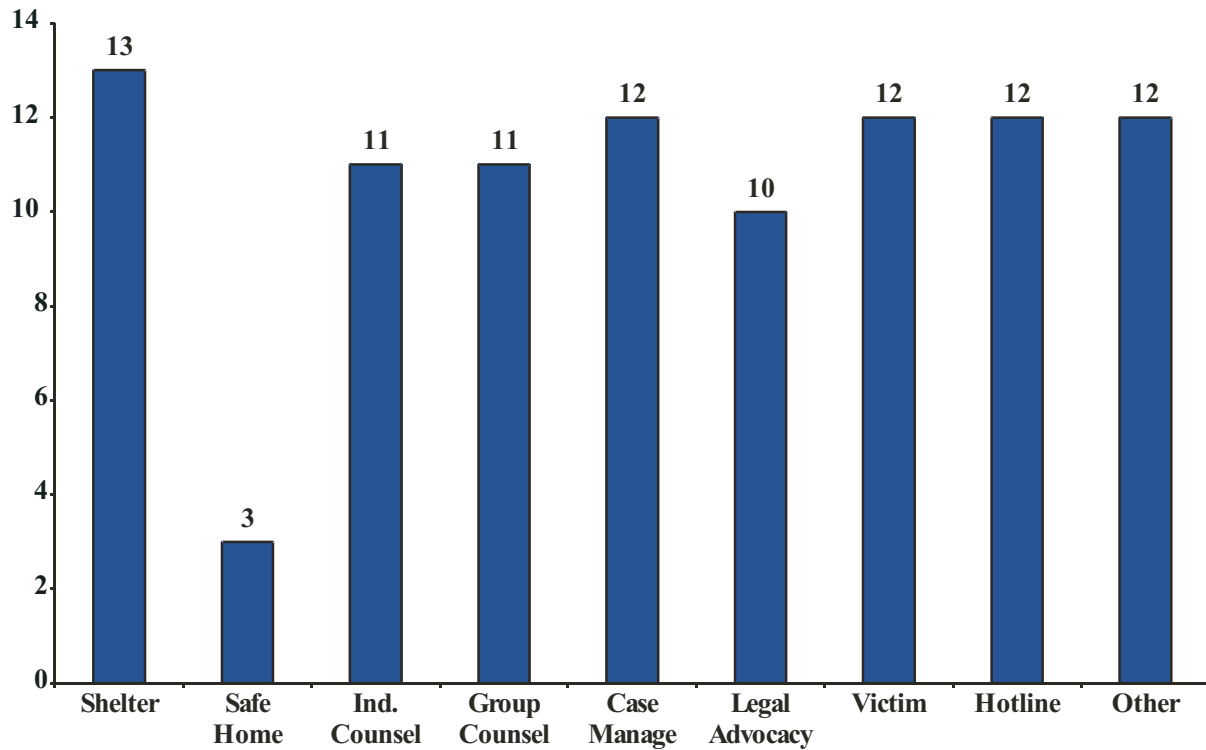
Reporting Requirements and Processes

Shelter and safe house service providers detailed the reporting requirements of their various funding agencies. All those surveyed indicated that they filed reports with the Community Services Administration of the Arizona Department of Economic Security (ADES) and with the Crime Victims Services Program of the Arizona Department of Public Safety (ADPS). A majority said they reported to the Arizona Department of Health Services (ADHS), primarily with the ADHS Office of Women’s and Children’s Health. Half also indicated they completed regular reports to the Arizona Criminal Justice Commission (ACJC) and to the Governor’s Division for Prevention of Family Violence (DPFV). Two programs report regularly to the Arizona Department of Commerce, which funds capital construction projects.

Table 2. Types of Service Provided (Self-reported)

Provider	Emerg. Shelter	Safe Home	Individual Counseling	Group Counseling	Case Mgmt.	Legal Advocacy	Victim Assist.	Hotline	Other	Total Services
A	1	0	0	0	0	0	0	0	0	1
B	1	0	1	1	1	0	1	1	0	6
C	1	0	0	0	1	1	1	1	3	8
D	0	1	1	1	0	1	1	0	2	7
E	1	0	1	1	1	0	0	1	0	6
F	1	0	1	1	1	1	1	1	0	7
G	1	0	1	1	1	1	1	1	1	8
H	1	1	1	1	1	1	1	1	1	9
I	1	0	0	0	1	0	1	1	2	5
J	1	0	1	1	1	1	1	1	2	8
K	1	1	1	1	1	1	1	1	0	8
L	1	0	1	1	1	1	1	1	0	8
M	1	0	1	1	1	1	1	1	1	8
N	1	0	1	1	1	1	1	1	0	8
Total	13	3	11	11	12	10	12	12	12	97

Figure 3. Number of Programs Providing Specific Services



ADES, ADPS, ADHS, ACJC, and DPFV provide funding for provision of direct services. These agencies distribute monies from federal and/or state sources to local service providers. ADES supports emergency shelter, transitional housing, supportive intervention, and guidance counseling, primarily with federal funds. ADPS supports programs for victim services, including counseling and job training, as a designated pass-through agency for federal funds. ADHS supports safe house programs through federal Family Violence Prevention and Shelter Act funding. ACJC provides funds for victim compensation and victim assistance to facilitate the prosecution of domestic violence perpetrators. DPFV relies on state and federal funding to support shelter and outreach advocacy services.

Multiple Reporting Demands

Shelter and safe house programs said they file quarterly and annual reports with each of the

five funding agencies. Some indicated that ADES and ACJC also require monthly reports. Several service providers also provide multiple quarterly reports to ADES. For example, one rural provider presently receives funding for seven ADES-funded programs and is required to file seven separate reports quarterly to the agency. Importantly, all state agency reports are filed separately, with the exception of ADES and ADHS reports; ADES receives quarterly reports from service providers and passes needed data on to ADHS. In turn, both agencies relay some, if not all, information from contracting service providers to appropriate divisions of the U.S. Department of Health and Human Services, while ADPS, ACJC, and DPFV relay service provider information to the Office of Justice Programs in the U.S. Department of Justice.

Providers discussed periodic reporting required by federal and local governmental funding agencies as well as private

organizations. In this category, United Way agencies were most frequently mentioned, particularly among the urban shelter programs. The Arizona Bar Foundation was also mentioned by several interviewees as requiring periodic accounting. Most providers said they report to state and/or county units of government to account for use of such sources as Community Development Block Grant funds and federal Title XX funds.

Program respondents also said they report periodically to a wide variety of charitable foundations and other nonprofit and corporate sources of program support. Some indicated that parent organizations, such as Catholic Social Services, also require periodic reporting. Regarding federal reporting, in addition to data “passed-through” to federal agencies by the above-mentioned state agencies, some providers are required to file quarterly and/or annual reports directly to such agencies as the Federal Emergency Management Agency (FEMA), Department of Housing and Urban Development (HUD), Department of Justice, and Department of Education. One urban provider noted twenty different funding sources, all requiring separate periodic reporting.

Service Provider Concerns

Service providers reported spending a great deal of staff time and program resources to satisfy myriad reporting mandates, but primarily cited the five state agency reporting processes as the most burdensome. ADES, the state agency providing the largest portion of funding for direct services, is regarded as requiring the greatest amount of time and resources. Providers typically cited ADES reports as “most difficult because they want so much information.”

Program administrators complained in very strong terms of the level of effort needed to complete multiple reports required on

various due dates. One rural administrator estimated spending five hours per week in staff time to maintain necessary records and prepare for ADES reporting, in addition to spending four hours per week in meeting ACJC and ADPS reporting requirements. One simply stated, “I have no idea. It takes a lot of time for each and I’ve never tracked any of them.” Another rural program director said ADES reporting required 15–20 hours per quarter in report preparation alone. An urban administrator said she spent approximately 30 hours per quarter completing the various state agency quarterly reports. Another urban respondent told of spending 40 hours per quarter on state agency report preparation, even with the assistance of two part-time data collection and entry staffers. Interviews with funding agency representatives generally supported service provider estimates of time spent on report preparation.

Estimating Staff Contributions

Survey respondents generally were unable to offer firm estimates of the staff time required to collect and maintain the program information required by the state agencies. As one administrator said, “It’s hard to tell because...there is continuous data entry at the shelter level and on my end as well.” However, all indicated that training direct services staff to collect required information on program participants and service provision constitutes a major portion of the ongoing training process at shelter and safe house programs. Several respondents viewed the need to train and update staff on changing data collection and reporting requirements as an ongoing management problem.

Some of the larger urban-based programs reported having full- or part-time staff dedicated to data entry and/or data systems coordination, making it less difficult to account for agency resources spent on data collection

and reporting mandates. One such program told of having a full-time data entry clerk, a full-time information technology staff person, and a full-time contracts administrator, all working with the organization's director to respond to the data demands of the state agencies, as well as federal and local funders. Another chief financial officer said her organization had created a full-time data coordination position to collect and maintain a reporting database, and that administrative assistants at the organization's shelter facilities are responsible for seeing that needed data were collected and provided to the data coordinator.

Data Collection Difficulties

It should be noted, however, that several providers lack database system capability and, as a result, must expend much greater proportions of organizational resources to generate the information required by various funding agencies. Moreover, due to budget cuts and the fact they are not reimbursed for data entry positions, some providers who have enjoyed the use of database systems are faced with eliminating critically needed data entry personnel. In such instances, data collection, management and reporting fall completely on the shoulders of shelter directors.

A complicating factor noted by most service providers is the degree of complexity and repetition of the same or similar data points required in the various state agency reporting schemes. When queried on this topic one director said, "They all want the same demographic information. The information is the same but the formatting is different; for example, age ranges differ, so you can't copy from report to report. So you have to recalculate all the information based on age ranges." She also said, "I don't feel like the [ADES] report is the best report to base everything off of ... it is the most thorough, but it also has a

lot things service-wise that are duplicative and seem unnecessary." She called for the ADES report to be simplified.

Another provider interviewee said, "They are all duplicative as far as the data we collect. Demographics and statistical data are all repetitive." Another cited "substantial duplication," especially regarding the ADES and ADPS reports. Yet another commented that the various state reports were repetitive in the sense that the same or similar information is required, that one agency will want only that information regarding the cases that are paid for by that agency, and so forth. In this officer's view, such segmentation of agency reports means there is no complete "big picture" of what the service provider does.

Overall, service providers indicated that they expend substantial resources to meet the reporting requirements of the state agencies whose funding is primarily for shelter and safe house programs. Moreover, as will be noted elsewhere in this report, many interviewees remarked on the lack of state agency support for building provider capacity/infrastructure (in the form of staffing, equipment and software) to assure adequate data collection, maintenance and reporting of services provided. Some noted the irony of having reimbursements for services withheld over failure to submit state agency reports on a timely basis, while the same agencies are said to offer little or no significant support to aid in data collection, management or reporting.

Late Reporting

Withholding of reimbursement is one possible result of failure to report adequately or within established deadlines. Some interviewees suggested other consequences regarding the state agencies. For example, one stated, "If you are late with your report, that's one of the criteria they look at the next time around the funding cycle." Another said, "It affects

your funding because they use that to score your grants [applications]...You would lose points for the next funding cycle.” One director also spoke of the damage that might be done to a service provider’s “community reputation” should it become known among the state agencies for chronic late or incomplete reporting. She suggested that such damage might harm future program opportunities and create difficulty in subsequent contract negotiations. Again, the perspectives of state agency interviews supported these comments.

However, state agency interviewees seem to maintain a somewhat low-key, sympathetic approach to reporting problems, realizing the difficulties many shelter and safe house programs encounter in meeting reporting requirements on a consistent basis. One stated, “This is a frequent problem. My supposition is that is because there is so much reporting that has to be done, so much responsibility on the shoulders of the director, that that person’s job is overwhelming. They are overwhelmed. Or perhaps they delegated it to someone who didn’t get the job done. They thought it was getting done, that person leaves...that could be part of it, too.” However, even those who take a “gentle approach” are obliged by the contractual relationship to withhold the money when reports are overdue or deficient.

Data Collection

Agency reporting requirements, especially the ADES quarterly reports, drive provider data collection. This eleven-page, twenty-nine question report (with various subparts) requests, among other things, information about counties and reservations served; type and number of program staff; nature of shelter facility; bed availability; transportation; media activities; requests for residential services; residential and nonresidential services; client demographics; client pregnancies and

miscarriages; client relationship to batterer/perpetrator; client exit; referrals; education and community outreach; staff and volunteer trainings; service related telephone calls; batterers’ services; batterers’ demographics; provider progress meeting population needs; and obstacles, barriers or delays experienced by the program. Providers collect data primarily through client intake interviews and casework documents (e.g., service notes, observation notes, counseling/group notes, progress notes, contact summaries, monthly client and outpatient assessments). Additional data sources include client needs surveys, exit interviews, reports from other referral agencies and service providers (though data may not always be reliable), client assistance forms, financial records, and crisis phone logs.

Internal Data Uses

Several providers reported collecting data not required by various agency reports. They use this data internally to enhance, audit, and evaluate service delivery to clients. One large urban provider administers a “need for service assessment scale” that asks women to rate their need for various types of service. Clients take this fifteen-item survey at intake and throughout their tenure as a program participant. This provider also administers a “client satisfaction survey” on a monthly basis, primarily through the support group program. A small rural provider uses a similar survey to determine how the client perceives her situation and whether or not her needs are being met. A third organization collects substantial data used in completing quality assurance self-assessments as well as the parent organization’s evaluation of program productivity and capacity utilization. Finally, although only one organization specifically reported collecting batterers’ descriptions to facilitate law enforcement action if the batterer appeared at

the shelter, it is likely that other providers collect batterer identification information as well.

Staff Involvement

Providers reported varying levels of staff and administrative involvement in data collection, ranging from collection by designated personnel (e.g. intake workers, client advocates and counselors, program administrator) to involvement of “all the staff.” As one Program Coordinator noted, “Our online staff, our crisis intervention workers, and I have to say really everybody [collects data]. I’m the one who gathers it all to do the report, but everybody has a piece in it because a lot of the information comes in when the client comes in the door...” For most providers, the responsibility for supervising data collection and management rests with the director, shelter supervisor, or shelter services coordinator. In the three largest programs studied, a financial administrator has this responsibility.

Nearly two-thirds of the providers (64%) employ a computer database (Microsoft Access or specially designed software) to store data and facilitate report production. In those programs, data are entered by the same staff who collect them or by administrative assistants or data entry clerks. The remainder (36%), all small rural programs, store data in paper files only and generate their reports counting and calculating by hand. In those programs, data are entered either by all shelter staff, by those staff members providing service, or by other designated staff. Data are entered at least daily by all but two providers. One of these enters data weekly, while the other enters data “as time permits.” As discussed below, the lack of computer capabilities makes the data collection and reporting process much more difficult and time-consuming.

The data collection and storage method, as well as the size of the program and funding level, apparently impact who prepares the various funding reports. In the four largest programs with the highest levels of funding a financial administrator (finance director, contracts administrator, business manager, chief financial officer) prepares the reports, often in conjunction with specialized technical staff (e.g., data entry clerk, I.T. manager, database coordinator). In the remaining programs, the director prepares the various reports with the assistance of program managers, administrative assistants, and/or clerical staff.

Finally, all providers asked reported taking various measures to assure the confidentiality of individual client information in data collection, management, and reporting processes. Providers identified such measures as storing data in locked file cabinets and locked offices (67%), requiring client waivers for the release of information (17%), use of client identifier numbers instead of names (58%), and computer password protection (25%). Note that one provider indicated that by April 2003 the program must comply with the new *Health Care Portability and Privacy Act*, a series of confidentiality rules and regulations prescribing access to client information by both organization staff and outside auditors.

Organizational Capacities and Obstacles to Timely and Effective Reporting

Planning, Development, and Implementation

Providers generally described three different processes used for planning and developing program services to meet programmatic and community needs, including analysis of data gathered for reports, informal and formal staff

and client input, and strategic planning sessions. Providers analyze the data they gather for funding reports to determine service needs. As one provider stated, “It lets us see where we are, what we’re doing, how we’re doing it, and what we can do to improve as far as services are concerned...” Providers also rely on staff and client input. Said another provider, “I think my staff is the best source of information because they’re the ones that are here everyday working with victims, seeing what we need.” Staff input may be informal, for example, “Sitting down we talk about what else we think we can do to make things better and seeing how do we go about achieving that goal.” Staff input also may come through more formal participation in designated “teams” or “task forces” or as part of a strategic planning process.

ADES requires that providers engage in a strategic planning process as a condition of receiving funding. Seven of the fourteen providers discussed formal strategic planning. In the majority of programs, the board of directors participated through monthly meetings and/or annual retreats. In the remainder, formal planning occurred at the staff or management level, with subsequent director and/or board approval.

Service implementation generally involves director and/or management team approval and oversight. In some instances, service implementation is an informal response to staff-identified needs. In other instances, the staff follows the predetermined goals and timetables developed through program planning. A large urban provider described the most formal implementation process, “We generally set a series of goals and a time line and move forward with those on a linear basis and evaluate on a predesigned time frame. We generally set markers as to what we will consider successful and what problems we will be able to tolerate. The same teams involved in planning are involved in implementation.”

Finally, service implementation depends on the funds and personnel available. As one small rural program reported, “I think it’s a little different in finding funding if we are going to have more services. Then the first thing is trying to find out how we are going to pay for it and then finding staff and volunteers to help if we’re doing a new program.” Providers may use existing personnel or hire new personnel to meet service needs, depending on the required qualifications. Noted one provider, “We try to plan for services then pull in the needed people [both internally and externally] to implement them.”

Evaluation of Services

Providers reported both formal and informal program evaluation processes. Informally, providers rely on daily client and staff feedback and periodic staff meetings. Formally, about half of the providers reported relying on client exit interviews and/or surveys. (One provider reported using client needs surveys at the beginning, throughout the services, and at exit.) The subjective nature of these surveys, as well as the ambiguous nature of success, leaves one provider questioning their usefulness:

We do the survey, but it’s really hard to evaluate a shelter I feel. Because what I might call a success a funder may not call a success and we’ve had this discussion at various statewide meetings with different agencies. For us I think that the success is that the woman just even left and to a state agency that may not be the case. To them, it may have to be, well, they had to live violent free for up to a year and it’s really hard to track all that. Once they leave our program, we have the advantage of being in a smaller community so a lot of the women that we serve we do see but not all. So if they leave the community or we don’t have permission to call them—we never want to put them in

a situation. So it is really hard to evaluate our program. Even the survey—they fill it out, they're here, we do get some surveys that say our service is medium or whatever but I just don't know if that works either.

Finally, two urban providers described more objective evaluation procedures where the appropriate administrator (director, department director) evaluates program data in relation to strategic goals, time frames, and “predetermined ‘markers’ for success.”

When asked, “What resources does your organization need to enhance your service delivery efforts?” nearly all responding providers unequivocally said “money” or “financial resources.” Some smaller rural providers need additional funds to hire more basic staff to provide more services. Other programs need funds to hire additional clerical, administrative, and specialized technical staff for data entry, database maintenance, and, as one provider said, “to do all these reports.” A large urban provider identified the need for financial resources to develop and implement a program for clients suffering from drug addiction. Finally, in addition to money, one small rural program needs more law enforcement and social service support, one needs access to transportation and better materials in Spanish, and one needs training opportunities for staff to provide education and “deal with burnout.”

Obstacles to Completing Required Reports on a Timely Basis

Providers reported numerous obstacles to completing required reports on a timely basis as represented in Figure 4. When asked to identify the “most significant” obstacles, most programs reported that their technical capacities (or lack thereof)—including adequate computer equipment, data storage and maintenance, and I.T. support—strongly impact

their ability to make timely and effective reports. Figure 5 illustrates these significant obstacles.

As discussed earlier, five of the fourteen providers reporting in this study do not use computers to store or manage their data, that is, they rely solely on paper files. One rural provider reported unsuccessful attempts to use a system “designed by a couple of students from the college” but the program would not generate the requested data. Similarly, another rural provider reported testing a computer database but “it still has some kinks in it.” These noncomputerized providers expressed frustration in completing funding

Figure 4. Obstacles to Timely Reporting (Self-reported)

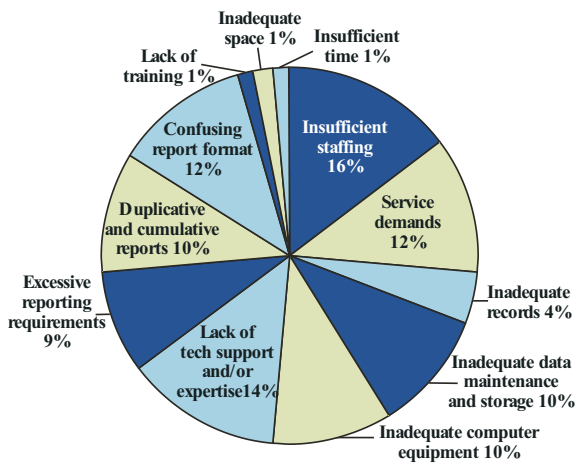
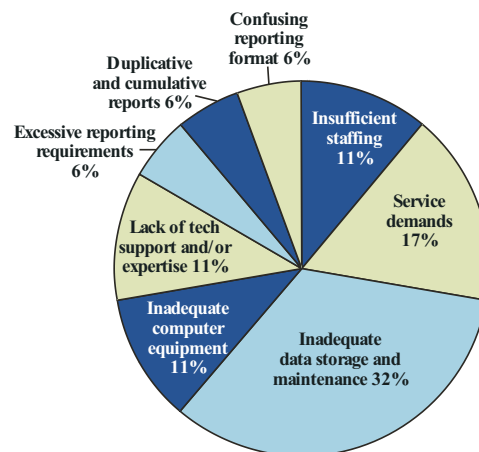


Figure 5. Most Significant Obstacles to Timely Reporting (Self-reported)



reports. As one noted, “[We are] doing everything by hand, with calculators, going through 150 client calls in a month for one agency, and then our outreach agency has 250 calls, and counting what their ages are, and their ethnicities, etc. If we had a data input system we could just push a button and say cumulate this for me.” Another remarked, “We need a data system that works! We’ve spent a lot of time trying databases that don’t end up working!”

In addition to identifying technical obstacles, providers discussed the primacy of service demands. As one provider noted, “Because we operate from the philosophy that the service comes first and the documentation comes last, and, often times in crisis shelters, service is first by the nature of crisis it has to be addressed first.” Another echoed, “Because this job is so diverse, maybe, it’s like, oh my God, all of sudden everything is due. Sometimes the reports can be confusing, you have to read and re-read. The service thing, yeah, sometimes it all depends on what’s going on.” A comment by a large urban provider suggests that even with an adequate technical infrastructure, service demands inherently conflict with data collection and reporting requirements:

We’re real blessed to be well resourced in that area [technical]. If we can get people to follow-through and do what they’re supposed to do. The only issue is getting staff to actually get the information and get the information turned in to the entry clerk. Once it’s to the data entry clerk, we’re good. When you’re running a crisis program, it’s kinda hard to say to somebody who’s in crisis, ‘you know, would you hang on to that crisis just a minute because I didn’t get all your demographic information.’

Finally, for at least one small rural provider, having a computerized database does

little to alleviate the pressures of having a small staff – “It takes two of us an entire week to get all of the reports done.”

Funding Agency Perspectives

Funding agency interviews echoed the same significant obstacles to timely reporting that providers reported, specifically, insufficient staffing; service demands; inadequate computer equipment, software, and technical support; and confusing, repetitive, and excessive reporting requirements. For example, one agency noted both the Maricopa providers’ Technical Assistance Program (TAP) and past interagency efforts to develop a common aggregated database. This agency found that it lacked sufficient time and resources to develop the common database but still acknowledged its potential usefulness.

On the other hand, a second agency seemed unaware of the level of some providers’ technical limitations. While the agency funds three of the providers who lack computer database and storage, they noted “I would encourage [providers] to use a database to track their services. It looks more valid to a granting agency to look at a spreadsheet that is printed out. I think it takes less staff time. I think capturing as you go, not waiting until the last minute. Have somebody have that responsibility.”

Funders also recognized the tensions between service demands and data collection requirements. As one acknowledged, “So many of the agencies, especially the smaller ones, are doing ten reports in between dealing with the person who just walked through the door in crisis and the Board member that’s calling screaming at them and the police department that wants their attention.”

Finally, two agencies acknowledged that they could help providers overcome reporting obstacles by providing technical assistance on a timely basis, simplifying the reporting

format, and providing clear instructions and definitions. As one noted, “[Providers] are inundated with reporting not only from us but from all the other [funders] out there. Reducing the time spent [completing reports] is up to those who request the form, not them [providers].”

Use of Information

“What’s the use?” is an overarching question that emerges from discussions with domestic violence shelter and safe house providers regarding the state of data collection and reporting processes. In the words of one provider, “I guess I’m not sure what they do with [the reported data] ... I think all of the things that are asked on the reports are relevant, I just don’t know what they do with them.”

Provider Accountability

The perspectives of the state agencies that receive the various monthly, quarterly and annual reports are important in grappling with this question. Funding agencies stress the importance of basic accountability in contractual relationships: service provider accountability to funding agencies and funding agency accountability to the state legislature, federal funding agencies, and the public.

The state agencies also emphasized the importance of the data compilation process for the public dissemination of reports. From the agency viewpoint, these reports are an important aspect of “return” to the service providers who have invested substantial resources to generate an immense array of information. Specific mention was made of quarterly and annual compilations generated by ADES, and annual compilations provided by ACJC. The agencies view these compilations as valuable resources in the field. One agency respondent stated, “All of our reports that we ask from [service providers], they get copies of them,

and I know a lot of them use it in their grant-writing. If I haven’t gotten it out, then they are on the phone calling me, ‘Where’s the report? We need it for our grant, for our strategic planning.’”

Benefits for Providers

Asked how service providers benefit from the reporting process, state agency interviewees spoke of their relationships with providers and viewed themselves as resources available to providers to: assist in understanding the reporting process; provide information and assistance regarding program management and grant-writing; and provide general technical assistance and training regarding federal reporting requirements, especially the establishment and reporting of “performance measures.” Agency interviewees also reported holding periodic statewide and/or regional meetings with service providers as well as periodic site visits in an effort to go beyond a role of simply receiving required reports, compiling, summarizing and disseminating reported information.

Reports may also provide the basis for assessing program performance. Some agencies spoke of assessing whether providers have “done a good job” based on timeliness of reporting. As one agency official said, if a service provider is not reporting as required, “that’s when we pick up the phone and say, ‘Hey, what’s going on?’ Is it a management issue?” Another state agency respondent implied that future funding may depend on reported service levels. In this instance, funding is based on “need” and need is based in part on reported data.

Some service providers said they do not perceive any particular benefits of state agency reporting other than funding. One said, “Besides the fact that good reporting helps us maintain a good reputation with our funders, there’s not anything else we gain.”

However, many providers recognized tangible benefits beyond receiving funds. Several pointed to the above-mentioned state agency data compilations as highly useful in grant-writing and in communicating with the general public regarding the need for increased support for shelter and safe house services. An urban shelter provider noted the utility of information compiled and reported back to providers by ADES, particularly in identifying trends in service demand and in responding to media questions on domestic violence services.

Provider-Agency Relationships

Several providers value their relationships with state agency program monitors (staff members responsible for receiving and reviewing providers' reports) and technical assistance and training received from the program monitors through site visits, statewide meetings, and regular communication (technology and knowledge transfer). Providers also mentioned receiving information from program monitors concerning opportunities for new or renewed funding. Although many view the reporting process as excessively labor-intensive, many providers also stressed the advantage of producing up-to-date information that could be used to "let us look at what we are doing and how we are doing."

Although the use of state report data within the state agencies is not well understood by service providers, the same providers indicated a wide range of uses of the same data within their organizations. Virtually every shelter and safe home program contacted related using state report data for multiple purposes: in planning and development of services, evaluation of services, generating funding proposals, reporting to their own governing boards or advisory committees, reporting to other federal, state or local funding agencies, networking and collaborating with

other domestic violence and social services providers, communicating effectively with news media and the general public, and in training and educational presentations.

Providers talked specifically of reviewing state report data to identify gaps in services. For example, increased sexual assaults known to one organization suggested the need for additional services for victims. Likewise, greater numbers of children in a certain age range highlighted the need for separate shelter programs for older children.

State agency interviewees evidenced diverse opinions about the value of reports for service provider planning processes. One felt that few service providers make significant use of reporting data in planning and program development. However, another agreed with service providers that data are crucial to planning, "I can't even imagine them being able to plan without knowing their levels of service ... I can't imagine that they wouldn't be collecting this data individually even if they weren't reporting it to us ... because a lot of the questions ... are more looking at gaps in service." Another state agency respondent concurred in this view, noting that narrative information collected is particularly useful to service providers in program planning.

Assuring Contract Compliance

Beyond planning and development uses, providers use state report data in evaluating program services to assure compliance with specific contracts, and, as one director put it, "See that the staff person is doing what we said they were." Two state agencies specifically underlined this function of state report data. One indicated personal knowledge of several providers who use state report data as a primary means of assessing how their programs are working and whether their operational plans need revision. One pointed insight on use of state report data for evaluation

was this remark from a state agency interviewee: “I’m not going to debate the value of accountability, but the providers have been saving lives for twenty-plus years in this state, and that’s what it’s all about to me.”

All programs reported using the report data in responding to requests for proposals. Likewise, providers indicated they routinely share state report data with boards of directors and advisors. One rural director said, “I use the data to report to [the board] every month what our census is and what kinds of changes we’re looking at and experiencing.” Regarding public education, the same director cited the importance of state reporting data by saying, “I use it a lot for that, especially up here because some people still don’t think we have any problems. I use it for demonstrating that there is a problem in our area.” Another rural director gave a recent example of studying information collected for state reports and recognizing the need for collaboration with other social service providers in her area to develop services for homeless men. Other providers framed the use of state report data in the context of collaborating with other agencies on joint funding proposals for enhanced domestic violence services.

Reporting Supplemental Information

Also regarding uses of state reporting data, several rural providers said they regularly include information not specifically requested by the state agencies. These providers shared a desire that agency report/contract monitors have greater understanding of the nature of their programs, service populations, and communities than could be gained through review of the standard reporting formats. For example, one interviewee expressed the desire to better demonstrate the program’s accomplishments in the eyes of the community through supplying news articles recognizing the program. Two providers also spoke of

providing “client case scenarios” (without names) to provide accounts of particularly compelling individual or family experiences, or demonstrate how individual clients have benefitted from receiving the organization’s services.

Other forms of supplemental reporting were related by rural providers, including a detailed account of one provider’s failed effort to open a new safe home, information on the lack of social service resources and relative isolation of another provider, and an account of important cultural differences perceived in one community.

With its particular focus on aiding individual domestic violence survivors in the prosecution of their perpetrators, ACJC requests narrative accounts of the effects of the provider assistance and some providers include personal notes or “thank you” letters from clients assisted in the judicial process. ADHS and ADPS also request certain information in narrative form; ACJC report include quotes from personal communications from domestic violence clients and ADES circulates narratives internally to enhance the agency’s understanding of domestic violence services. Each of the state agency interviewees expressed appreciation for receiving supplemental information such as news articles, provider newsletter materials and “client case scenarios,” public education efforts, and written accounts of local successes or disappointments. State agencies view these data as enhancing the understanding of the service provider organizations. One agency interviewee said, “Some agencies do that, and I love it. It doesn’t bother me to see more information than what we’re asking for ... it helps us keep in touch with what they’re doing.” Another noted that service provider newsletters offer an especially valuable means of understanding the degree of professional expertise at the local level, and that information reported in the

required reporting format often falls short of providing such insight.

Service Provider— State Agency Relations

As mentioned in the previous section, many service providers cited very positive relationships with the state agencies to which they report. Agency report/contract monitors are often viewed as principle sources of technical assistance and support. Such assistance is gained through day-to-day communication as well as through site visits and periodic statewide meetings involving the agencies and the service providers. As noted earlier, under the terms of agency-provider contracts funds are withheld in the instance of a provider's failure to meet reporting requirements. However, agency interviewees do not report serious problems with provider reporting. Given long-established agency-provider relationships, the resolution of questions over late or incomplete filing of periodic reports is generally handled in an informal, "pick up the phone and call" manner.

Agency interviewees responsible for monitoring the reporting process regard their relationships with service providers as quite positive. They are well aware of and sympathetic to the demands of administering shelter and safe house programs. One noted that her agency's standard procedure is to seek input from service providers at statewide meetings and focus groups before making procedural changes in reporting. She said, "To me, we wouldn't have a domestic violence program without a relationship with the providers As a unit, we feel that the provider relationship is critical. Our mission is dependent on it." Another agency interviewee spoke of enjoying a "pleasant working relationship" with service providers.

Importance of Personal Contact

Personal contact, including frequent phone contact and site visits, is said to typify the approach of state funding agencies. Contract monitors understand their responsibilities to include technical assistance to service providers in facilitating periodic reporting, enhancing program management, grant-writing, and staff training (particularly regarding data collection and reporting). Providers also cite a variety of technical assistance, consultation, and training received through various means from state agency program monitors. Also, as mentioned earlier, program monitors work to return reported data to the providers through public reports, which are referenced by many providers as particularly useful in program planning, grant-writing, community education, and service advocacy.

State Agency Coordinating Team

An important aspect of agency-provider relations is the existence of the State Agency Coordinating Team (SACT). All state agencies that fund domestic violence-related services meet monthly to share information and coordinate efforts. One agency head said, "Often time we discuss those who are receiving grant funding and anticipate problems that are occurring out in the field. What we do is coordinate our efforts, try and share information and try to understand the obligations that the grantees are under from all of us." SACT is facilitated through the Governor's Division for Family Violence Prevention. It generates an annual report on the Team's coordination activities for the Arizona State Legislature.

SACT has played an active role in efforts to streamline the state agency reporting system. However, several years ago the group determined that an attempt to create a combined state agency reporting format was not feasible and abandoned the idea. SACT members expressed keen interest in current

work by Maricopa County service providers to create an automated database system for use by providers statewide.

All this points to the existence of harmonious working relationships between the state agency program monitors and domestic service providers throughout the state.

Although periodic reporting demands generate significant controversy in the domestic violence services community, service providers and state agencies to whom the providers must report enjoy a remarkable level of collaboration. However, many service providers, urban and rural, feel strongly that significant staff resources must accompany increased demand for program information. Resources are needed for data collection, management, and reporting, including funds to purchase equipment and software to create and/or upgrade automated database systems for all service providers.

It is clear that the resources of the majority of service providers surveyed are unduly burdened by the cumulative reporting requirements of funding agencies. Maintaining the existing level of collaboration between the service providers and the state funding agencies may depend on the domestic violence services community's ability to meet the critical need for developing service provider capacities for collecting, managing and reporting needed program information.

Recommendations

Recommendations for improving data gathering/reporting ranged from discrete measures aimed at increasing day-to-day efficiency to complex innovations seeking to enhance public understanding of domestic violence, and the role and needs of service providers and funders, and further the preeminent goal of addressing domestic violence.

All the service providers interviewed stated that improving reporting procedures

would be highly desirable in order to simplify the process and reduce staff time spent in report preparation. Two primary avenues to achieving these goals were discussed: (1) a single report form that would be submitted to all funding agencies; and (2) a comprehensive database that would be used to generate multiple reports tailored to the specific requirements of each funding agency.

Unified Reporting

As illustrated in the following quotes, some providers viewed the adoption of a common reporting form as highly desirable: "Yes, one report would be absolutely stupendous!" and "Please!! This is greatly needed for agencies required to report to several state and federal funders. Too much staff time is taken to prepare numerous reports. There are no disadvantages to unified reporting." Despite widespread agreement that a uniform reporting system would be ideal, several service providers and funding agency heads discussed possible drawbacks and viewed this as an implausible option.

Several respondents suggested that extensive differences in definitions of services, service categories, and demographic characteristics would necessitate either separate reports or a cumbersome all-encompassing form. A lack of uniform descriptions or definitions makes it unlikely that a single reporting form can be developed. One service provider cited the varying definitions of services ("To DHS a counseling service is one thing, to DES it's another thing"); another emphasized the disparate systems used to classify demographic data (e.g., the federal classification system has replaced the racial/ethnic category of "Hispanic/Latino" with "Whites of Latino ethnicity"); and a third respondent pondered whether a uniform reporting system would ultimately result in domestic violence-related services being "lumped in with other agencies

that provide different services” and, thus, undermine effective service delivery and fundraising capacity.

It is clear that greater uniformity in definitions is essential in order to make the service provider data truly comparable.

The real fascinating thing is when you actually start asking people what they think those questions mean, and when none of them agree. We had a meeting where we went through the actual report, which I hadn't actually seen page-by-page, and to hear us all talk about what those questions meant. No wonder it's sort of a garbage in-garbage out, because we all interpret them differently. So I think one of the issues for the state agencies is for them to clearly define what they're asking, like have a written definition.

Uniform Aggregate Database

The second avenue to simplifying reporting procedures is exemplified by the current “Shelter Base” project to create a uniform database for generating diverse reports. Many of those who participated in this survey view this development very positively. In January of 2001, the Arizona Coalition Against Domestic Violence (AzCADV) and the Maricopa County domestic violence programs were awarded a St. Luke's Health Initiatives' Technical Assistance Project grant to create a database for shelter providers. The Coalition coordinates the project and seven Maricopa County shelter providers participate. A consultant works with participating organizations to craft databases that should collect comprehensive information about services and generate reports for diverse funding agencies.

In January 2002, AzCADV obtained an additional two-year grant from the Lodestar Foundation to fund the existing consultant to

complete the proposed stand-alone database as well as provide technical assistance to the Maricopa County shelters in planning and implementing the database. Distribution of the final Shelter Base program is anticipated upon completion. In addition, ADES has shown interest in this project and may help to further future efforts by providing programs with hardware and/or technical training, or even pursuing the possibility of electronic submission of required reports. Some service providers favor on-line reporting: “[We prefer a] standard reporting format, which we would like to have available on-line, and we would prefer that it would be a cell format if possible so that when you enter the number of clients it would actually sum that number for you. We'd like to have tech support available to answer questions if we have problems with on-line reporting.”

This endeavor is highly promising but, as revealed in the current survey, Shelter Base's potential will be fulfilled only if all service providers have the necessary computer hardware, software, and trained personnel to implement and maintain the system. It is imperative that resources be provided to all service providers as expeditiously as possible. The urgent need is underlined by the fact that only the largest service providers now possess the capacity to generate the variety of required state agency reports without significant disruption of services and/or other importance administrative activities. The streamlined, accessible, well-defined database must be completed and providers must have up-to-date equipment and trained staff and access to skilled technical experts on an as-needed basis.

Determining What Is Essential

Service providers and funding agencies hold vastly differing assumptions about the rationale behind specific data gathering practices

and the possibilities for change. Some providers assume that all the information requested by a specific funding agency is unavoidable because the state agencies are obligated to provide the information to federal agencies: “They’re all asking [various questions] not because they want to ask it, but because there’s some place they have to report it, so they have to know different things, and they have to know it in a different way because the federal rules will define things differently.”

Despite these assumptions and the fact that there have been very recent revisions of data-gathering forms, it would be beneficial to reexamine the genesis of data requests. For example, providers do not widely acknowledge that when ADES revised its data-gathering instruments approximately two years ago, reporting requirements increased in response to service provider suggestions for items that could enhance legislative and public understanding of the scope and nature of domestic violence and hopefully generate greater support for efforts to address domestic violence. The process of developing reporting forms has been, at least in some instances, interactive rather than imposed, yet it is unclear precisely what information is essential to each funding agency and why; it is unclear what data were intended for more overarching purposes that have not been accomplished. ADES indicated its willingness to revisit its reporting format and requirements to make these determinations in collaboration with service providers. Direct item-by-item scrutiny of the data gathered by each agency is merited.

Enhancing Outcomes

Much needs to be done to ensure that all service providers have the capacity to maintain an appropriate and accurate database, including the necessary equipment, personnel and support network. However, service providers

should not be expected to determine funding sources for building computer capacity infrastructures. The service providers will require the full involvement of SACT members and AzCADV in the process of securing the resources needed for the infrastructure-building process, with particular attention to the needs of programs working in more rural counties. Only when all service providers have adequate database capabilities will it be possible to achieve the full potential of data gathering and reporting. These activities may be elevated from an obligation solely to retain funding to an integral aspect of overall efforts to address domestic violence. Perhaps then data-gathering will be viewed in more consequential and significant ways: as a crucial element in program planning and evaluation; as an essential component of efforts to educate the public and legislatures; and as a vehicle to increase the society-wide awareness of the great magnitude of the problem and the crucial need for service providers.

Context-sensitive Process

These potential benefits of enhanced data gathering are extremely important, but it is equally important to acknowledge that service providers should not be required to provide further data without commensurate resources. Likewise, it must be acknowledged that the introduction of innovations, however successful in other organizations, must be accomplished through a context-sensitive process that involves community members and survivor representatives. Moreover, it is important that the funding agencies refrain from levying new data requirements without careful program-by-program assessment of the likely impact of such requirements. A determination of each provider’s capacity to collect, maintain and report the data in question must precede the implementation of additional reporting requirements.

Many service providers and funding agencies would agree that much of the information they gather could have multiple important uses, not just to the providers or funders, but for society as a whole. One funding agency interviewee argued cogently for transforming our perceptions of data gathering and reporting. Accordingly, filling out the forms and providing the narratives and anecdotal evidence feeds into a bigger picture and should be appreciated.

I hope that I could share [a new vision] that these onerous reports they do, that probably seem nonsensical at times (“Why are we reporting all of this?”) are part of the persuasive picture that we try to build about how severe these issues are, how underfunded services are and

the need for additional services. We have to document these with local-level report gathering. And I see myself as a conduit of that information. When the Arizona Republic would call and need information I would hope to provide that at the local level, and hence these onerous reports do have some greater good. It’s just that it may not be immediate. When public monies are used to fund a project we should capture that data and be accountable for it and also use it for future projections, model plans. That is an important function.

The benefits of accurate, in-depth information include local and state efforts, but also extend to the possibility of building national models for the life-and-death challenge of serving domestic violence victims.