Domestic Violence, Sexual Assault, Crisis Intervention B1: Prevention-Abuse and Neglect

Agency	Program Name	2010 Funding	2011 Request	$ change	% change	2012 Request
Canopy Center Inc	A. Stressline, Outreach, Prev Ed	$ 38,060	$ 40,756	$ 2,696	7.08%	$ 40,756
Rainbow Project	A. Early Intervention & Prevention	$ 99,162	$ 104,162	$ 5,000	5.04%	$ 107,290
UNIDOS Against Domestic Violence	A. Program A	$ -	$ 53,000	$ 53,000	n/a	$ 53,000
	TOTALS	$ 137,222	$ 197,918	$ 60,696	44.23%	$ 201,046

ORGANIZATION:	**Canopy Center, Inc.**
PROGRAM/LETTER:	**A Parent Stressline**

PROGRAM BUDGET

1. 2010 BUDGETED

REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
		ACCOUNT CATEGORY			
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	38,060	31,568	3,972	2,520	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	29,565	22,357	5,882	1,326	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	1,728	0	1,243	485	0
USER FEES	0	0	0	0	0
OTHER	0	0	0	0	0
TOTAL REVENUE	69,353	53,925	11,097	4,331	0

2. 2011 PROPOSED BUDGET

REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	40,756	34,264	3,972	2,520	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	29,565	22,357	5,882	1,326	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	2,191	0	1,576	615	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	72,512	56,621	11,430	4,461	0

*OTHER GOVT 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:	**Canopy Center, Inc.**
PROGRAM/LETTER:	**A Parent Stressline**

2012 PROGRAM CHANGE EXPLANATION

Complete only if you are requesting more than your 2011 request.

Note: Additional funding should only be requested where services or programming will change or expand in the second year.

3. PROGRAM UPDATE: If requesting more than 2011, describe any major changes being proposed for the program/service in 2012, i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

200 characters (w ith spaces)

4. 2012 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2011-2012.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2011 and 2012.

For example: unusual cost increases, program expansion or loss of revenue.

200 characters (w ith spaces)

5. 2012 PROPOSED BUDGET

		ACCOUNT CATEGORY			
REVENUE SOURCE	**BUDGET TOTAL**	**PERSONNEL**	**OPERATING**	**SPACE**	**SPECIAL COSTS**
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	40,756	34,264	3,972	2,520	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	29,565	22,357	5,882	1,326	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	2,191	0	1,576	615	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	72,512	56,621	11,430	4,461	0

*OTHER GOVT 2012

Source	**Amount**	**Terms**
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2012

Source	**Amount**	**Terms**
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:	**Canopy Center, Inc.**
PROGRAM/LETTER:	**A Parent Stressline**
PRIORITY STATEMENT:	**OCS: Domestic Violence, Sexual Assault, Crisis Intervention B1: Prevention-Abuse and Neglect (C**

DESCRIPTION OF SERVICES

6. NEED FOR PROGRAM: Please identify local community need or gap in service that the proposed program will address.

The Parent Stressline (PSL) is the only line that caters specifically to the needs of parents in Dane County. The line takes about 3000 calls per year. Madison saw a 5% rise in the number of families between 1990 and 2000; with 42,458 families in 2000. Each and every parent will face stressful situations that make them turn to someone for help. PSL aids many families in making their first entry into the social service network; hopefully before the services will be lengthy and costly, and damage to children may be irreparable. The PSL is a common support given to parents by professionals throughout Dane County to provide the extra support a parent may need between appointments or after the school year ends.
Community outreach is requested by Dane County agencies, schools, and others to educate on the services provided by the agency, and the issues we address – parental stress/parent education and child sexual abuse.

7. SERVICE DESCRIPTION - Describe the service(s) provided including your expectations of the impact of your activities.

The PSL is an active listening/referral line for parents that is confidential and anonymous. It operates 18-hours per day, 365 days/yr., and staffed largely by trained volunteer Parent Advocates. The PSL helps parents make connections to resources to avoid having their problems escalate to a level resulting in costly intervention.
The parents calling the PSL are usually catching themselves before they harm their child, but at times call in the midst of wanting to cause harm. These parents are often worn out and simply don't know what else to do. We hear about the pressures and stresses that are overwhelming them. After listening to a parent and helping them brainstorm solutions; when appropriate, referrals are made to area programs that can help long term. At present select weekly shifts are available to Spanish-speaking parents. Bilingual volunteers (Spanish/English) are utilized during these specific shifts and other shifts throughout the week to try to make this service available to the Spanish-speaking communities as well.
Often therapists, social workers, or school staff have given parents the PSL number to call. These professionals rely on the PSL to be an immediate source of comfort and information for clients/parents that can only contact them during certain hours or only so many times each week (or during the school year).
Canopy Center provides public service presentations as requested by agencies or groups throughout Dane County to educate on agency services, parental stress factors/relief/education and child sexual abuse issues and treatment.

8. PROPOSED PROGRAM CONTRACT GOALS: Include clearly defined service goals and process objectives: number of unduplicated clients to be served, number of service hours to be provided etc.

The PSL operates from 6:00 a.m. – Midnight, 365 days per year. Approximately 3000 callers will be served. Due to the confidentiality and anonymity of the line, we are unable to track the number of unduplicated callers.
Volunteer Parent Advocates will provide approximately 5000 hours of support to the line; a full 75% of the number of hours provided each year.
Community outreach is provided as requested by area agencies, civic groups, schools, police/sheriff departments, city/county human services, etc. Resource and information tables are provided at ethnic/cultural festivals and other events.

9. SERVICE HOURS: Frequency, duration of service and hours and days of service availability.

Available 6:00 a.m. – Midnight, 365 days per year. (608) 241-2221. After hours, a message is provided that gives out the names and numbers of other services that can be contacted during the overnight hours, including 911.
Community outreach is provided as requested and as appropriate staff is available.

ORGANIZATION:	**Canopy Center, Inc.**
PROGRAM/LETTER:	**A Parent Stressline**

10. POPULATION SERVED: Please describe in terms of age, income level, LEP, literacy, cognitive or physical disabilities or challenges).

Primary focus is parents of children 0-18 years old. Due to the confidentiality and anonymity of the line, we are unable to track demographic information to fully respond. At times individuals other than parents will call the line but are referred to the most appropriate line based on their presenting issues to keep the line open and available for parents.
Community outreach is provided as requested and the audience varies from area agencies to parents, students (both teen and adults), or even in-home child care providers on parental stress, signs of abuse, parent education tools, etc.

11. LOCATION: Location of service and intended service area (Include census tract where service is tract specific).

PSL is for parents in Dane County, but is available for anyone willing to make the call.
Community outreach occurs throughout Dane County, wherever requested.

12. OUTREACH PLAN: Describe your outreach and marketing strategies to engage your intended service population.

The most successful marketing tool to date has been refrigerator magnets that advertise the PSL. The most recent printing occurred in 2009, when 29,000 magnets were printed. These magnets are being actively distributed across Dane County through schools, area agencies, law enforcement, hospitals, clinics, special events, and area businesses. In addition, in 2008 a media campaign was developed through a grant from Ad2Madison specifically for the Parent Stressline. The marketing materials are the property of Canopy Center and can be used in the future to market the line. As the PSL has been in operation for over 30 years, the name and phone number is throughout the Dane County social service network and readily provided to parents.
The availability of Canopy Center for community outreach occurs through our website, newsletters, professional associations and word of mouth. Many times Canopy Center is a regular presenter for a student class or organization.

13. COORDINATION: Describe how you coordinate your service delivery with other community groups or agencies.

The line is coordinated with the other crisis and specialty lines in Dane County to insure that callers are directed to the most appropriate line for their needs. The other lines include the Mental Health Center Crisis line, Rape Crisis line, Briarpatch teen line, ALL DADS divorce and paternity line, and the Domestic Abuse Intervention Services line. Each line is important and specialized to handle specific types of calls and it is important that we work together to insure callers are calling the proper line with staff who are trained to handle particular types of calls. The PSL is not a line for all callers, nor should it be. Each line has a particular expertise and all are valuable.
Canopy Center is a regular speaker at many organizations, such as SAPAR, Salvation Army, Operation Fresh Start, Memorial and LaFollette High Schools, Dane County Department of Human Services, U.W. and MATC classes, and Arc House, to name a few.

14. VOLUNTEERS: How are volunteers utilized in this program?

Volunteers are used extensively on the PSL, with approximately 90 volunteer Parent Advocates trained to handle the calls to the line. Due to the advent of a web-based scheduling process, there has been a 38% increase in the number of hours volunteers covered the line between 2006-2009; which has reduced the cost of the line.

15. Number of volunteers utilized in 2010?	90
Number of volunteer hours utilized in this program in 2010?	5,000

ORGANIZATION: **Canopy Center, Inc.**

PROGRAM/LETTER: **A Parent Stressline**

16. BARRIERS TO SERVICE: Are there populations that are experiencing barriers to the service you are proposing,i.e, cultural differences, language barriers and/or physical or mental impairments or disabilities? Describe the ability of proposed program to respond to the needs of diverse populations.

First time callers to the line are often tentative about using services of any kind. This may be their first foray into the w orld of social services, and learning how the community netw ork of services may benefit their family. Due to embarrassment and/or fear, calling the PSL may be the only step a parent is w illing to make w hen they first determine that there is a problem that is out of their control. All callers are encouraged to talk about w hat is troubling them, and then they are aided in brainstorming through their ow n problems. Some parents simply need another adult to bounce their ideas off of so they can find their ow n solutions. By encouraging them to use their strengths and find their ow n answ ers, the callers are far more likely to take their ow n advice; the advice they w ere assisted by us to come up w ith on their ow n.

Referrals are given to area social services w hen needed or requested. From call logs completed after each call w e can sometimes see repeat callers w ho have been given the same referrals several times before w e find out that they have finally taken the next step and placed the call.

The line is currently available for English-speaking parents, w ith select shifts also available to Spanish-speaking parents. Other languages are not currently supported by this service due to cost.

Community outreach is provided as requested and as the most qualified staff is available. At times, there is a conflict betw een the dates/times requested and our ow n direct service provision, but resolution is alw ays attempted before any request is turned aw ay.

17. EXPERIENCE: Please describe how your agency, and program staff experience, qualifications, and past performance will contribute to the success of the proposed program?

Canopy Center has been providing the PSL to Dane County for over 30 years. The program staff and administration are w ell seasoned in recruiting and maintaining a strong volunteer base, finding administrative cost savings through effective use of the internet and softw are, and administering grants and contracts w ith local, county and state government. The volunteers are provided w ith thorough training at the outset of their tenure on the line and in periodic w orkshops. There are volunteer Parent Advocates on the line w ho have been volunteering for many years that lend a stabilizing factor since many volunteers in the community are more transient students. All three staff members on the PSL happen to be therapists by training and education, so they are able to see the clear distinctions betw een active listening and advice-giving; and the value that active listening provides to callers.

Canopy Center over the past 33 years has developed a level of expertise in our direct service provision areas. This know ledge and experience is fully utilized w hen our staff are requested to speak at events across Dane County on issues such as parental stress/relief/education and child sexual abuse issues and treatment.

18. LICENSING OR ACCREDITATION: Report program licensing, accreditation or certification standards currently applied.

Canopy Center is licensed to conduct business in the State of Wisconsin.

19. STAFF: Program Staff: Staff Titles, FTE dedicated to this program, and required qualifications for program staff.

Staff Title	FTE	City $	Qualifications
Stressline Director	0.3	Yes	Exp. with parent support & motivating/trng volunteers
Parent Advocate	0.3	Yes	Exp. with parent support & training volunteers
Volunteer Coordinator	0.3	Yes	Significant exp. with volunteer mgmt & motivation
Program Administrator	0.2	Yes	Exp. with parent support, prog admin & training volunteers
Executive Director	0.1	Yes	Degree in applicable field, exp. directing a non-profit org.
Program Director	0.1	Yes	5+ yrs exp providing parent support services

ORGANIZATION:	**Canopy Center, Inc.**
PROGRAM/LETTER:	**A Parent Stressline**

CDBG DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "CDD Community Development Program Goals & Priorities". If not applying for CDBG Office Funds, go to Community Resources Description of Services Supplement (p. 7), or go to Demographics (p. 8).

20. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program would serve in 2011-2012.

Income Level	**Number of Households**
Over 80% of county median income	0
Between 50% to 80% of county median income	0
Between 30% to 50% of county median income	0
Less than 30% of county median income	0
Total households to be served	0

21. If projections for 2012 will vary significantly from 2011, complete the following:

Income Level for 2012	**Number of Households**
Over 80% of county median income	0
Between 50% to 80% of county median income	0
Between 30% to 50% of county median income	0
Less than 30% of county median income	0
Total households to be served	0

22. AGENCY COST ALLOCATION PLAN: What method does your agency use to determine indirect cost allocations among programs?

600 characters (with spaces)

23. PROGRAM ACTIVITIES: Describe activities/benchmarks by timeline to illustrate how your program will be implemented.

Activity Benchmark	**Est. Month of Completion**

ORGANIZATION:	**Canopy Center, Inc.**
PROGRAM/LETTER:	**A Parent Stressline**

COMMUNITY RESOURCES DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Program Goals & Priorities" If not applying for CR Funds, go to Demographics (p. 8).

24. CONTRIBUTING RESEARCH

Please identify research or best practice frameworks you have utilized in developing this program.

Dr. Charlotte Ritchie conducted research on parent helplines through the University of Oxford, England, UK (Journal of Social Work, 2006; 6; 361). The research utilized tw o assessment scales, the General Health Questionnaire (GHQ) for parents and the Strengths and Difficulties Questionnaire (SDQ) as a parent report of children. The study found that w hile 82% of the community sample scored as “normal” on the SDQ, 56% of the children of parents calling the line scored as “abnormal,” suggesting that parents w ith higher needs children w ere more likely to call the helpline. The study also contained a control group of parents w ho did not receive help from the parent helpline. Of those in the control group, “levels of stress as measured by the GHQ w ere even higher than for the sample as a w hole and significantly higher than those w ho received telephone support on the line. Many of the parents (in the control) group spoke of their despair, the need for support, and frustration in seeking to obtain help.”
Those receiving services from the helpline, “felt that their abilities had improved across the domains and particularly w ith regard to their ability to understand their children’s needs and their confidence in their parenting abilities.” GHQ scores w ere compared pre and post to receiving telephone support, w ith higher scores correlated to the greater risk of dysfunction and psychological disturbance. “For those w ho had received telephone support, having a “normal” GHQ score w as significantly correlated w ith feeling better about their abilities as a parent, being better able to understand their child’s needs, being better able to set boundaries, being better able to identify their ow n needs, and feeling less stressed.” The study concludes parent helplines, such as the Parent Stressline, is a “cost-effective means of increasing parenting support, improving the w ell-being of children and parents, and of signposting effectively to other services.”

25. ACCESS FOR LOW-INCOME INDIVIDUALS AND FAMILIES

What percentage of this program’s participants do you expect to be of low and/or moderate income?	0.0%
What framework do you use to determine or describe participant’s or household income status? (check all that apply)	
Number of children enrolled in free and reduced lunch	
Individuals or families that report 0-50% of Dane County Median Income	
Individual or family income in relation to Federal Poverty guidelines	
Other	

26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

We are unable to provide any demographiic data due to the confidentiality and anonymity of the Parent Stressline.

27. PLEASE DESCRIBE YOUR USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS ACCESS ISSUES FOR LOW INCOME INDIVIDUALS AND FAMILIES.

The PSL is provided at no cost to the caller, except for long-distance phone charges should they call from outside the 608 calling area.

ORGANIZATION:	Canopy Center, Inc.
PROGRAM/LETTER:	A Parent Stressline

28. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2009. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

PARTICIPANT DESCRIPTOR	#	%
TOTAL	0	0%
MALE	0	0%
FEMALE	0	0%
UNKNOWN/OTHER	0	0%

Note: Race and ethnic categories are stated as defined in HUD standards

PARTICIPANT DESCRIPTOR	#	%
AGE		
<2	0	0%
2 - 5	0	0%
6 - 12	0	0%
13 - 17	0	0%
18 - 29	0	0%
30 - 59	0	0%
60 - 74	0	0%
75 & UP	0	0%
TOTAL AGE	0	0%
RACE		
WHITE/CAUCASIAN	0	0%
BLACK/AFRICAN AMERICAN	0	0%
ASIAN	0	0%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%
MULTI-RACIAL:	0	0%
Black/AA & White/Caucasian	0	0%
Asian & White/Caucasian	0	0%
Am Indian/Alaskan Native & White/Caucasian	0	0%
Am Indian/Alaskan Native & Black/AA	0	0%
BALANCE/OTHER	0	0%
TOTAL RACE	0	0%
ETHNICITY		
HISPANIC OR LATINO	0	0%
NOT HISPANIC OR LATINO	0	0%
TOTAL ETHNICITY	0	0%
PERSONS WITH DISABILITIES	0	0%
RESIDENCY		
CITY OF MADISON	0	0%
DANE COUNTY (NOT IN CITY)	0	0%
OUTSIDE DANE COUNTY	0	0%
TOTAL RESIDENCY	0	0%

ORGANIZATION:	**Canopy Center, Inc.**
PROGRAM/LETTER:	**A Parent Stressline**

29. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2009. 0

Total to be served in 2011. Unable to provide

Complete the following for each program outcome. No more than two outcomes per program will be reviewed.

If applying to OCS, please refer to your research and/or posted resource documents if appropriate.

Refer to the instructions for detailed descriptions of what should be included in the table below.

Outcome Objective # 1: Callers to the Parent Stressline are able to determine alt. preventative behaviors, address current behaviors and/or provided with resources necessary to seek further assist.

Performance Indicator(s): 85% of callers will state that the call was helpful to them &/or they will follow through on a plan of action to make changes needed to reduce stress, elimiinate neg behaviors &/or seek other services.

Proposed for 2011:	Total to be considered in perf. measurement	3000	Targeted % to meet perf. measures	85%
			Targeted # to meet perf. measure	2550
Proposed for 2012:	Total to be considered in perf. measurement	3000	Targeted % to meet perf. measures	85%
			Targeted # to meet perf. measure	2550

Explain the measurement tools or methods: Parent Advocates complete a Call Log for each call. The log does not gather identifying information, but briefly describes the presenting issues of the caller and summary of the situation. They list day, date, time and length of cal, the info or support provided, and a notation indicating whether or not the caller stated - voluntarily or after being asked - that the call was helpful to them and/or they will follow through on a plan of action to make changes needed to reduce stress, eliminate neg. behaviors and/or seek other services.

Outcome Objective # 2: Education and outreach forum participants will gain knowledge on agency services, and on child abuse and neglect prevention and intervention.

Performance Indicator(s): 80% of participants completing a post-presentation survey will circle 3, 4 or 5 in stating if the information provided was helpful (on a scale of 1-5 with 5 being Very Helpful and 1 being Not Helpful at All).

Proposed for 2011:	Total to be considered in perf. measurement	500	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	400
Proposed for 2012:	Total to be considered in perf. measurement	500	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	400

Explain the measurement tools or methods: Post-presentation surveys will be distributed at the end of all forums, where possible, using a Lickert scale to determine the helpfulness of the presentation, identifying if the participant is a parent, a professional working with parents or children or a combination, and seeking demographic information.

PROPOSAL REVIEW: Individual Staff Review for 2011-2012
For Community Resources Proposals to be Submitted to the
Community Services, Early Childhood and Senior Services Committees

1. **Program Name:** A. Parent Stressline
2. **Agency Name:** Canopy Center, Inc.
3. **Requested Amounts:** **2011: $40756**
   2012: $40756 **Prior Year Level: $38060**
4. **Project Type:** **New** **Continuing X**

5. **Framework Plan Objective Most Directly Addressed by Proposed by Activity:**
   II Crisis B1

6. **Anticipated Accomplishments (Proposed Service Goals)**
   The Parent Stressline will operate from 6:00 Am-Midnight 365 days a year. Approximately 3000 callers will be served. Volunteer parent Advocates will provide approximately 5000 hours of stressline coverage.

7. **To what extent does the proposal meet the Objectives of the Community Development Division, Community Resources Program Goals and Priorities for 2011-2012?**

   Staff Comments: This program clearly meets Program Area II B-1 Provide immediate support services for the prevention of abuse and neglect

8. **To what extent does the proposal incorporate an innovative and/or research based program design that will have a positive impact on the need or problem identified?**

   Staff Comments: It seems likely that this program will have a positive impact on individuals seeking this service. Volunteers on the line receive training and ongoing support and receive training about available community resources. The agency is considering a change in location, as this is a phone based service accessibility will probably not be effected.

9. **To what extent does the proposal include service goals and outcome objectives that are realistic and measurable and are likely to be achieved within the proposed timeline?**

   Staff Comments: The goal of 3000 callers to the stressline has not been met in recent years, but the rate of calls has increased. It is realistic to think they may achieve that goal this year, given the recent focus on marketing. The program has achieved the desired threshold of volunteer hours on the crisis line.

10. **To what extent do the agency, staff and/or Board experience, qualifications, past performance and capacity indicate probable success of the proposal?**

    Staff Comments: Current Board membership numbers, experience and diversity of expertise or representation seem adequate to provide appropriate oversight to organization. Agency has extensive history providing services in Madison.

11. **To what extent is the agency's proposed budget reasonable and realistic, able to leverage additional resources, and demonstrate sound fiscal planning and management?**

    Staff Comments: Budget costs seem appropriate; Funding diversified and fundraising goals seem reasonable given history.

12. **To what extent does the agency's proposal demonstrate efforts and success at securing a diverse array of support, including volunteers, in-kind support and securing partnerships with agencies and community groups?**

    Staff Comments: Agency utilizes volunteers in appropriate roles. Agency has necessary partnerships and collaborations in place.

13. **To what extent does the applicant propose services that are accessible and appropriate to the needs of low income individuals, culturally diverse populations and/or populations with specific language barriers and/or physical or mental disabilities?**

Staff Comments: Proposed program accessible to low income populations. Agency reports no client demographics and states that due to the confidential nature of the work this data is not reportable. There are confidential lines that ask callers about demographics and report data. Program does not employ a language line for translation but has designated regular shifts that are staffed by Spanish bilingual staff /volunteers.

Questions:

1. What has the community response been to your Spanish language shifts on the stress line? What happens when a non English speaker calls on the line?
2. Are there any accommodations made for the hearing impaired?

14. **Staff Recommendation**

☐ **Not recommended for consideration**

Recommend for consideration

x **Recommend with Qualifications**

Suggested Qualifications: Data to be collected on Crisis Line callers:

1. City of Madison resident?
2. Demographic information

ORGANIZATION:	THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC
PROGRAM/LETTER:	A Early Intervention and Prevention

PROGRAM BUDGET

1. 2010 BUDGETED

		ACCOUNT CATEGORY			
REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	212,807	164,637	32,325	15,845	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	99,162	73,475	14,590	11,097	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	59,250	24,775	12,565	21,910	0
USER FEES	77,495	65,170	10,000	2,325	0
OTHER	0	0	0	0	0
TOTAL REVENUE	448,714	328,057	69,480	51,177	0

2. 2011 PROPOSED BUDGET

REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	218,620	169,000	33,300	16,320	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	104,162	78,475	14,590	11,097	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	70,125	33,125	14,000	23,000	0
USER FEES	87,110	75,000	9,610	2,500	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	480,017	355,600	71,500	52,917	0

*OTHER GOVT 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:	THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC
PROGRAM/LETTER:	A Early Intervention and Prevention

2012 PROGRAM CHANGE EXPLANATION

Complete only if you are requesting more than your 2011 request.

Note: Additional funding should only be requested where services or programming will change or expand in the second year.

3. PROGRAM UPDATE: If requesting more than 2011, describe any major changes being proposed for the program/service in 2012, i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

Based upon past and current trends in # of children & families referred to the agency for services and growth in 2010 #'s on Rainbow Project waiting list, we anticipate expansion in this program.

4. 2012 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2011-2012.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2011 and 2012.

For example: unusual cost increases, program expansion or loss of revenue.

Program expansion, loss of income in both private/public sector, possible rental income loss, cost-of-living "catch-up" due to increases in health insurance, building maintenance, technological needs.

5. 2012 PROPOSED BUDGET

		ACCOUNT CATEGORY			
REVENUE SOURCE	BUDGET TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	225,180	174,070	34,300	16,810	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	107,290	80,830	15,030	11,430	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	72,230	34,120	14,420	23,690	0
USER FEES	89,720	77,250	9,900	2,570	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	494,420	366,270	73,650	54,500	0

*OTHER GOVT 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:	**THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC**
PROGRAM/LETTER:	**A Early Intervention and Prevention**
PRIORITY STATEMENT:	**OCS: Domestic Violence, Sexual Assault, Crisis Intervention B1: Prevention-Abuse and Neglect (C**

DESCRIPTION OF SERVICES

6. NEED FOR PROGRAM: Please identify local community need or gap in service that the proposed program will address.

Madison/Dane Co. School Districts, United Way of Dane Co., Children, Youth & Families Consortium agencies, Children of Violent Homes Project, law enforcement, homeless shelters, early childhood programs,hospitals, medical and mental health clinics, local and statewide, report a crisis shortage of timely, early intervention, trauma recovery services for young children/families, to reduce the risk of more serious problems from occurring. We have the ability/capacity to minimize damage and harm for children and families and assist in helping to resolve trauma experiences and reduce the fiscal and human costs when left untreated. However, we require funding support to do so. Currently a # of special task forces and study groups formed to problem solve this community dilemmna, including the Wis Council on Children & Families. We can reduce the # of children referred for inpatient hospitalization and/or out of county group homes with evidence-based early intervention services.

7. SERVICE DESCRIPTION - Describe the service(s) provided including your expectations of the impact of your activities.

Comprehensive continuum of early intervention/prevention services for young children and their adult caregivers who have experienced or are at risk for trauma, including child abuse, negelct, domestic violence, child sexual abuse, natural disasters, serious accidents, grief/loss. Scope of services include specialized, developmentally appropriate, crisis intervention/support, trauma screening/assessment/evaluation, referral services, evidence-based, best-practice interventions, in tailored individual, family, group or community settings. Approaches include play therapy, art therapy, parent education/support/recovery, curricula such as Trauma-focused Cognitive Behavioral Treatment (TF-CBT), Anger Coping Skills Building, Stress Management, inhome support/intervention, consultation in schools/early childhood programs. Other services include networking, advocacy, transportation to and from Rainbow clinic, interagency coordination with other agencies involved with children/families to avoid duplication, timeliness in service delivery and to maximize benefits of service.

8. PROPOSED PROGRAM CONTRACT GOALS: Include clearly defined service goals and process objectives: number of unduplicated clients to be served, number of service hours to be provided etc.

1. Provide initial specialized crisis intervention services & reduce trauma symptoms; stabilize for both children & their primary adult caregivers,who have been affected by trauma: 390 children & 374 adults (365 children; 349 adults served with 3,626.25 service hours in 2009) 2) Short & long term specialized services for children/families exposed to domestic violence, child abuse, community violence, other trauma; restorative in individual, family, group settings learning new knowledge/skills to cope/respond to child/family needs

9. SERVICE HOURS: Frequency, duration of service and hours and days of service availability.

Each child/family receives an individualized Rainbow service plan. Some children/families are involved on a limited basis: Crisis intervention/support can be 1 day to 1 month. While short-term for 3 - 6 months; for others 1-2 years. Rainbow clinic hours are 9 a.m.-5 p.m. Monday-Friday. Emergency hours available 24/7. Scheduling individualized, per family. Special groups: evenings/Saturdays

ORGANIZATION:	THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC
PROGRAM/LETTER:	A Early Intervention and Prevention

10. POPULATION SERVED: Please describe in terms of age, income level, LEP, literacy, cognitive or physical disabilities or challenges).

Diverse population of children (infants - 10 years) & their adult primary caregivers/families, w ho experienced or are at risk to experience trauma, including child abuse, neglect, child sexual abuse, domestic violence, grief/loss, natural disasters, accidents, substance abuse. 2009 served 365 children/349 adults. Consumers reside in Madison /Dane County community (88% Madison). In 2009 served 35 children/28 adults w ho are Spanish speaking, in 2010 already served 48 children/39 adults and project serving a total of 107 individuals w ho are Spanish speaking; developmental disabilities 2%

11. LOCATION: Location of service and intended service area (Include census tract where service is tract specific).

Services provided at Rainbow clinic, 831 East Washington Ave., Madison, or in consumer homes, schools, early childhood programs, community settings (w hen appropriate)

12. OUTREACH PLAN: Describe your outreach and marketing strategies to engage your intended service population.

The Rainbow Project has a long history of ongoing success, identifying underserved populations and effectively initiating outreach to those communities: children/families of color, individuals w ith developmental disabilities, broad socio-economic representation, physical disabilities including deaf or blind consumers or those that speak languages other than English (63 spanish speaking; 1 Korean, 3 Mandarin Chinese, 3 Ethiopian) Recently, w e targeted the Hmong population as underserved and w ill follow through w ith plans to contact community representatives for referral and training. In addition, the agency Clinical Program Team members (Board, staff, Advisory representatives) w ill assess success in inclusiveness of populations served effectively. In 2009, Rainbow staff served 365 children and 349 adults; 25-40% non w hite population, 61% of families income fall below poverty level; adult caregivers served ages 20-73 years of age; Children served: infants -13 years

13. COORDINATION: Describe how you coordinate your service delivery with other community groups or agencies.

This is a major area of strength for the agency. We received referrals for 350 children and 352 adults from 27 in 2009. In additon, Rainbow staff refer children and families to at least 36 other community agencies regularly. the Rainbow Project service model includes interagency team coordination as an important component of service delivery for individual children and families mutually served by several other agenices. Interagency team members regularly meet and representatives from schools, homeless shelters, social w orkers, legal/court system, advocates, law enforcement, medical/health staff, child care providers, other human service and mental health providers review progress, coordinate service goals and avoid duplication of services. Lastly, Rainbow staff regularly participate on a number of community-w ide task forces and consortia w orking together to improve the human services/service delivery, policies and funding support.

14. VOLUNTEERS: How are volunteers utilized in this program?

Child psychiatrist consultant (4 hrs/w eek); psychologist consultation time (1 hr/monthy + 2 hrs/quarterly); (4) child/adolescent residents (4 hours/w eek) from UW Medical School Dept. of Psychiatry; (3) graduate student interns; bilingual spanish speaking group co-facilitator; volunteers prep meals for mother's group; attorneys technical assistance family/juvenile court; childcare for adult groups

15. Number of volunteers utilized in 2010?	20
Number of volunteer hours utilized in this program in 2010?	2,964

ORGANIZATION: **THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC**

PROGRAM/LETTER: **A Early Intervention and Prevention**

16. BARRIERS TO SERVICE: Are there populations that are experiencing barriers to the service you are proposing,i.e, cultural differences, language barriers and/or physical or mental impairments or disabilities? Describe the ability of proposed program to respond to the needs of diverse populations.

Language, primarily spanish speaking, need for additonal funding and availability of trained, qualified language interpreters, longer w ait lists, lack of insurance or underinsured, transportation, underfunding to support additional staffing to provide specialized services that w ill address the special needs of children and families experiencing trauma; increased w aiting lists w ith other service providers; increasing cases closed by County Dept. of Human Services w here continuity of care funding limited; increase in #'s and severity of violence/trauma young children and families are exposed to. .

17. EXPERIENCE: Please describe how your agency, and program staff experience, qualifications, and past performance will contribute to the success of the proposed program?

Collective experience of diverse, w ise, highly trained and experienced staff clinicians, including bilingual spanish speaking therapists, specializing in the areas of trauma and the recovery from trauma for both children and adults. A unique feature of the agency is: 1) a philosophy, theoretical base and model of services that integrates w ork w ith a family perspective that is comprehensive and culturally competent, strengthening families for the long term and speeding up the recovery process. Working w ith children and adults separately can be effective but takes much longer to accomplish; 2) In addition, Rainbow staff are experienced in providing a w ide range of services from crisis intervention, short-term and long-term as w ell as primary, secondary and tertiary prevention services as w ell as early intervention services and 3) Rainbow staff are skilled and dedicated in a w ide range of evidence based, best practice approaches that are holistic and state-of-the-art. Requests for Rainbow staff to present at local, state, national and international conferences, or to host onsite visits, occur regulary: UW Whitew ater Early Childhood Conference, National APSAC Conference, Boston, MA; Erickson Early Childhood Research Institute; Visitors: Psychiatrist, Hospital Medical Director, social w orkers, public health nurses from Obihiro, Japan. Majority of staff clinicians are trained in TF-CBT (Trauma Focused Cognitive Behavioral Treatment); Anger Coping Curricula; Play Therapy; Theraplay

18. LICENSING OR ACCREDITATION: Report program licensing, accreditation or certification standards currently applied.

Wisconsin Dept. of Regulation & Licensing Outpatient Mental Health Clinic license. Approved Core Know ledge Early Childhood Education for training inservice presentations.

19. STAFF: Program Staff: Staff Titles, FTE dedicated to this program, and required qualifications for program staff.

Staff Title	FTE	City $	Qualifications
Executive Director	0.6	Yes	Masters Degree, Licensed Professional Counselor
Clinical Manager	0.6	Yes	Masters Degree, LCCSW
Financial Coordinator	0.65	Yes	Masters Degree in related field
Executive Assistant	0.4	Yes	Bachelors Degree and experience in non-profit
Child, Adult & Family Therapists	3.75	Yes	Masters Degree, LPC or LCCSW
Referral Coordinator	0.7	Yes	Masters level related fields of social work, psychology, early childhood devel
Language Interpreters	0.8	Yes	Experienced bilingual spanish speaking interpreters

ORGANIZATION:	**THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC**
PROGRAM/LETTER:	**A Early Intervention and Prevention**

CDBG DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "CDD Community Development Program Goals & Priorities". If not applying for CDBG Office Funds, go to Community Resources Description of Services Supplement (p. 7), or go to Demographics (p. 8).

20. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program would serve in 2011-2012.

Income Level	**Number of Households**
Over 80% of county median income	0
Between 50% to 80% of county median income	0
Between 30% to 50% of county median income	0
Less than 30% of county median income	0
Total households to be served	0

21. If projections for 2012 will vary significantly from 2011, complete the following:

Income Level for 2012	**Number of Households**
Over 80% of county median income	0
Between 50% to 80% of county median income	0
Between 30% to 50% of county median income	0
Less than 30% of county median income	0
Total households to be served	0

22. AGENCY COST ALLOCATION PLAN: What method does your agency use to determine indirect cost allocations among programs?

23. PROGRAM ACTIVITIES: Describe activities/benchmarks by timeline to illustrate how your program will be implemented.

Activity Benchmark	**Est. Month of Completion**

ORGANIZATION:	**THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC**
PROGRAM/LETTER:	**A Early Intervention and Prevention**

COMMUNITY RESOURCES DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Program Goals & Priorities" If not applying for CR Funds, go to Demographics (p. 8).

24. CONTRIBUTING RESEARCH

Please identify research or best practice frameworks you have utilized in developing this program.

1) The Rainbow Project, Inc.: A Responsive, Evidence-Based Practice Evaluation, completed by doctoral students Kevin Armshaw & Brandon Covalt, Prevention Project Assignment Conclusion, December 2000, UW Madison Human Ecology Dept. 2) Trauma-Focused Cognitive Behavioral Treatment (TF-CBT), National Trauma Support Netw ork (University of California) for children and adults 3) Richard Gelles research, Family Violence Research Project, New Hampshire 4) Cognitive Behavior Intervention, Treament and Support (CBITS) evidence-based curricula for children's groups 5) Theraplay Institute best-practice intervention focusing on caregiver/child attachment/trust, Dr. Ann Jernberg 6) "Allies in the Classroom" YOUNG CHILD, National Assn. on the Education of Young Children research on strengthening caregiver/preschool teacher relationships to strengthen child development and grow th 7) Dr. Bruce Perry, M.D., PhD, the Child Trauma Academy, Houston, Texas Early Childhood Brain Development Research Neuroscience on Child Maltreatment 8) .Erickson Research Institute, Chicago, Illinois Midw est Infant Mental Health Initiative 8. Families in Crisis, Nancy Boyd, a Multicultural Perspective 9) Anger Coping evidence-based children group currcula 10) Dr. Stanley Greenspan,M.D. Professor of Psychiatry and Pediatrics, George Washington University Medical School, Program Director and board member of ZERO to THREE: The National Center for Infants, Toddlers/Families and author and clinician: the Grow th of the Mind: Infancy and Early Childhood; First Feelings; Playground Politics; The Challenging Child. 11) Beverly James, Attachment and Young Trauma Victims 12) Eliana Gil, The Healing Pow er of Play 13)Complex Trauma in Children and Adolescents, May 2005 Psychiatrc Annals 35:5, Dr. Alexandra Cook, Dr. Joseph Spinnazzola & Dr. Margaret Blaustein, The Trauma Center, Justice Resource Institute & Natl Center on Family Homelessness, Boston, MA, White Paper of the Natl Child Traumatic Stress Netw ork

25. ACCESS FOR LOW-INCOME INDIVIDUALS AND FAMILIES

What percentage of this program's participants do you expect to be of low and/or moderate income? 70.0%

What framework do you use to determine or describe participant's or household income status? (check all that apply)

Number of children enrolled in free and reduced lunch	
Individuals or families that report 0-50% of Dane County Median Income	X
Individual or family income in relation to Federal Poverty guidelines	X
Other	

26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

Consumer self-report during first Initial Consultation Interview and completing Initial Interview packet at Rainbow clinic and later in initial enrollment meeting, collected by clinic reception and tallied and recorded by Referral and Community Programs Coordinator..

27. PLEASE DESCRIBE YOUR USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS ACCESS ISSUES FOR LOW INCOME INDIVIDUALS AND FAMILIES.

No families denied services due to inability to pay. Specific # of slots provided for uninsured/underinsured families based upon available public/private funding. Some " therapeutic" fees billed to consumers receiving services to maximize independence.

ORGANIZATION: **THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC**

PROGRAM/LETTER: **A Early Intervention and Prevention**

28. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2009. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

PARTICIPANT DESCRIPTOR	#	%
TOTAL	714	100%
MALE	243	34%
FEMALE	471	66%
UNKNOWN/OTHER	0	0%

Note: Race and ethnic categories are stated as defined in HUD standards

PARTICIPANT DESCRIPTOR	#	%
AGE		
<2	2	0%
2 - 5	121	17%
6 - 12	229	32%
13 - 17	13	2%
18 - 29	73	10%
30 - 59	257	36%
60 - 74	19	3%
75 & UP	0	0%
TOTAL AGE	714	100%
RACE		
WHITE/CAUCASIAN	288	40%
BLACK/AFRICAN AMERICAN	150	21%
ASIAN	10	1%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%
MULTI-RACIAL:	266	37%
Black/AA & White/Caucasian	258	97%
Asian & White/Caucasian	5	2%
Am Indian/Alaskan Native & White/Caucasian	3	1%
Am Indian/Alaskan Native & Black/AA	0	0%
BALANCE/OTHER	0	0%
TOTAL RACE	714	100%
ETHNICITY		
HISPANIC OR LATINO	142	20%
NOT HISPANIC OR LATINO	572	80%
TOTAL ETHNICITY	714	100%
PERSONS WITH DISABILITIES	15	2%
RESIDENCY		
CITY OF MADISON	625	88%
DANE COUNTY (NOT IN CITY)	75	11%
OUTSIDE DANE COUNTY	14	2%
TOTAL RESIDENCY	714	100%

ORGANIZATION:	**THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC**
PROGRAM/LETTER:	**A Early Intervention and Prevention**

29. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2009.	714
Total to be served in 2011.	764

Complete the following for each program outcome. No more than two outcomes per program will be reviewed.

If applying to OCS, please refer to your research and/or posted resource documents if appropriate.

Refer to the instructions for detailed descriptions of what should be included in the table below.

Outcome Objective # 1:	Increased stabilization, functioniing for children/famiilies experiencing trauma incl. (domestic violence, abuse, natural disasters, grief/loss, other)
Performance Indicator(s):	reduced trauma symptoms, increased knowledge of trauma impact and prevention, increaed stress management, coping skills learned, adjustement in school/childcare setting

Proposed for 2011:	Total to be considered in perf. measurement	764	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	611.2
Proposed for 2012:	Total to be considered in perf. measurement	800	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	640

Explain the measurement tools or methods:	UCLA Trauma Symptom Checklist; Achenbach Child Behavior Checklist (completed by parent, teacher); Parenting Stress Index; Interagency Feedback/Satisfaction Questionnaires

Outcome Objective # 2:	Identify, respond and restore emotional/social health and development of children/caregivers exposed to trauma & prevent future trauma from occurring
Performance Indicator(s):	Victims of trauma gain new knowledge of community resources, reduced isolation, adult caregivers/teachers learn strategies to support & respond to children/caregivers who have experienced trauma

Proposed for 2011:	Total to be considered in perf. measurement	320	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	256
Proposed for 2012:	Total to be considered in perf. measurement	400	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	320

Explain the measurement tools or methods:	Same as above as well as Family Assessment Measure III (FAM III); Beck Depression Inventory all also available in Spanish

PROPOSAL REVIEW: Individual Staff Review for 2011-2012
For Community Resources Proposals to be Submitted to the
Community Services, Early Childhood and Senior Services Committees

1. **Program Name:** A. Early Intervention and Prevention
2. **Agency Name:** Rainbow Project Inc.
3. **Requested Amounts:** **2011: $104162**
   2012: $104162 **Prior Year Level: $99162**

4. **Project Type:** **New** **Continuing X**

5. **Framework Plan Objective Most Directly Addressed by Proposed by Activity:**
   X II Crisis B1

6. **Anticipated Accomplishments (Proposed Service Goals)**
   Program will provide specialized crisis intervention services for 390 children and 374 adults. Each child will receive an individualized service plan**.**
7. **To what extent does the proposal meet the Objectives of the Community Development Division, Community Resources Program Goals and Priorities for 2011-2012?**

   Staff Comments: Although the agency indicates that they are applying under Priority B-1, the proposed program is a better fit under B-2. Provide assessment, referral and short term services for children/youth that have experienced trauma.

8. **To what extent does the proposal incorporate an innovative and/or research based program design that will have a positive impact on the need or problem identified?**

   Staff Comments: It seems likely that this program will have a positive impact on individuals seeking this service. Multiple research sources cited in proposal, Licensed as an outpatient Mental Health clinic. Staff training/qualifications appropriate to positions.

9. **To what extent does the proposal include service goals and outcome objectives that are realistic and measurable and are likely to be achieved within the proposed timeline?**

   Staff Comments: Service goals pertaining to number of families served need more definition. It would be helpful to see percentages of families that are seen at intake that continue with services for at least 6-8 weeks or 6-8 sessions. Program outcomes are acceptable.

10. **To what extent do the agency, staff and/or Board experience, qualifications, past performance and capacity indicate probable success of the proposal?**

    Staff Comments: Current Board membership numbers, experience and diversity of expertise or representation seem adequate to provide appropriate oversight to organization. Agency has extensive history providing services in Madison. Service reports late at times.

11. **To what extent is the agency's proposed budget reasonable and realistic, able to leverage additional resources, and demonstrate sound fiscal planning and management?**

    Staff Comments: Budget costs seem appropriate; Funding diversified and fundraising goals seem reasonable given history. Agency did not identify the hourly wage for staff.

12. **To what extent does the agency's proposal demonstrate efforts and success at securing a diverse array of support, including volunteers, in-kind support and securing partnerships with agencies and community groups?**

    Staff Comments: Agency utilizes volunteers in appropriate roles. Agency has necessary partnerships and collaborations in place**.**

13. **To what extent does the applicant propose services that are accessible and appropriate to the needs of low income individuals, culturally diverse populations and/or populations with specific language barriers and/or physical or mental disabilities?**

Staff Comments: Proposed program accessible to low income populations. Agency states the 60% of clients seen were non Caucasian, and that they employ a bilingual Spanish therapist and are exploring ways to more effectively serve the Hmong population.

Questions:

1. Please identify service goal numbers.

2. What percentage of families that were seen initially in 2009, continued with services for at least 6-8 weeks or 6-8 sessions? What percentage of families seen stay in treatment for more than a year?

3. How do are Early Intervention and Prevention clients distinguished from CVH clients and how is that determined and tracked?

14. **Staff Recommendation**

☐ **Not recommended for consideration**

☐ **Recommend for consideration**

x **Recommend with Qualifications**
Suggested Qualifications:

1. Committee needs to clarify working definition of short term treatment; this will help clarify service goals and outcomes for this contract**.**

ORGANIZATION:	UNIDOS Against Domestic Violence, Inc.
PROGRAM/LETTER:	A Program A

PROGRAM BUDGET

1. 2010 BUDGETED

		ACCOUNT CATEGORY			
REVENUE SOURCE	**SOURCE TOTAL**	**PERSONNEL**	**OPERATING**	**SPACE**	**SPECIAL COSTS**
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

2. 2011 PROPOSED BUDGET

REVENUE SOURCE	**SOURCE TOTAL**	**PERSONNEL**	**OPERATING**	**SPACE**	**SPECIAL COSTS**
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	53,000	47,500	3,500	2,000	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	53,000	47,500	3,500	2,000	0

*OTHER GOVT 2011

Source	**Amount**	**Terms**
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2011

Source	**Amount**	**Terms**
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:	**UNIDOS Against Domestic Violence, Inc.**
PROGRAM/LETTER:	**A Program A**

2012 PROGRAM CHANGE EXPLANATION

Complete only if you are requesting more than your 2011 request.

Note: Additional funding should only be requested where services or programming will change or expand in the second year.

3. PROGRAM UPDATE: If requesting more than 2011, describe any major changes being proposed for the program/service in 2012, i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

200 characters (w ith spaces)

4. 2012 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2011-2012.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2011 and 2012.

For example: unusual cost increases, program expansion or loss of revenue.

200 characters (w ith spaces)

5. 2012 PROPOSED BUDGET

		ACCOUNT CATEGORY			
REVENUE SOURCE	BUDGET TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	53,000	47,500	3,500	2,000	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	53,000	47,500	3,500	2,000	0

*OTHER GOVT 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:	**UNIDOS Against Domestic Violence, Inc.**
PROGRAM/LETTER:	**A Program A**
PRIORITY STATEMENT:	**OCS: Domestic Violence, Sexual Assault, Crisis Intervention B1: Prevention-Abuse and Neglect (C**

DESCRIPTION OF SERVICES

6. NEED FOR PROGRAM: Please identify local community need or gap in service that the proposed program will address.

Domestic violence continues to be a significant public health problem across race and class. How ever, the Latino community faces unique barriers in addressing this problem. Latina victims tend to be younger, less educated and poorer than non-Latina w hite victims, and must often deal w ith cultural differences, prejudice, lack of English proficiency and immigration law s. All of these factors can prevent a victim from contacting local services and receiving necessary help. Moreover, the increased isolation of the Latino community can often exacerbate domestic violence and a lack of information and aw areness of DV and sexual assault problems and community resources interferes w ith the community's efforts to help itself. Because responding effectively to domestic violence requires a concerted effort by the community, there is a need to reach out not just potential Latina victims, but also to older adults and youth, and men and boys, to promote primary prevention of DV.

7. SERVICE DESCRIPTION - Describe the service(s) provided including your expectations of the impact of your activities.

The program services include:

1. Training and Technical Assistance related to: immigration issues, domestic violence and sexual assault in the Latino community, issues of language and culture, leadership, legal advocacy, resources and barriers serving Latinos in the community, and support groups.
2. Recruiting and referring victims and survivors to "Mujeres Adelante" (Women Moving Forw ard), UNIDOS' support groups and leadership activities for Latina survivors of domestic violence and sexual assault. Activities of the group include English as a Second Language, computer skills, poetry, volunteer activities in the community, presentations in the community using their testimony, and other leadership activities through the county.
3. Providing information and referrals for older adults, families, and youth w ho are victims of domestic violence. This involves providing culturally relevant programs that promote primary prevention of DV and help the community learn skills about developing healthy relationships betw een intimate partners, w ithin families and w ithin communities.

We expect the program services to increase aw areness of DV issues and improve relevant information to those w ithin the Latino community and those providing services to Latinos. The information is expected to strengthen

8. PROPOSED PROGRAM CONTRACT GOALS: Include clearly defined service goals and process objectives: number of unduplicated clients to be served, number of service hours to be provided etc.

The main goal of the program is to provide outreach and education services to at least 250 new people in the County. This w ill be achieved by the training and outreach detailed elsew here, w hich w ill be expected to require the full-time services of one bilingual outreach advocate. This means service hours w ill be around 2000 a year.

9. SERVICE HOURS: Frequency, duration of service and hours and days of service availability.

The bilingual outreach advocate w ill provide outreach and training services generally during normal business hours, but some festivals and trainings and conferences w ill occur outside those hours.

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10. POPULATION SERVED: Please describe in terms of age, income level, LEP, literacy, cognitive or physical disabilities or challenges).

Primarily, the program w ill serve Latino immigrant DV victims, w ith secondary services for service providers w ho serve Latinos. This includes the entire Latino community, ranging from youth to elders, men and w omen. The target population comes from a w ide range of Latino countries of origin. Most have less than 9 years of formal education, struggle w ith literacy and speak English as a second language, if at all. The target population has a low er than average income level and many w ill not have driver's licenses or other legal documentation.

11. LOCATION: Location of service and intended service area (Include census tract where service is tract specific).

UNIDOS' office is at 128 E. Olin Avenue, Suite 201, Madison, Wisconsin. Our service area covers all of Dane County. Program services are provided in the office and throughout Dane County.

12. OUTREACH PLAN: Describe your outreach and marketing strategies to engage your intended service population.

UNIDOS w ill: (1)Actively participate in monthly and bi-monthly meetings of the Latino Support Netw ork, Latino Health Council, Coordinated Community Response Task Force, Restraining Order Workgroup, and the Latino Family and Children Council and help organize and participate in their annual fairs, including large events such as "Feria Latina de la Salud" and "Fiesta Hispana." (2) Offer updates about the community, statistics, Q & A, and testimonials from victims or survivors on "La Movida 1480 AM," one of the most effective w ays to connect w ith the Latino community. (3) Continue our collaboration w ith other organizations serving the county's immigrant population, such as: Freedom Inc., Multicultural Center, Centro Hispano, Planned Parenthood, Access Clinic, Madison Area Technical College, LUCHA, UTI, Bethel Lutheran Church, Family Resource Center, Joining Forces for Families and many others.

13. COORDINATION: Describe how you coordinate your service delivery with other community groups or agencies.

UNIDOS w orks regularly w ith countless other local organizations, providing referrals and cross-checking the services offered. We maintain regular contact w ith many different organizations in the community and regularly collaborate w ith them to co-host events, provide joint training efforts and team up to deal w ith community problems in tandem. As mentioned in the Outreach section, UNIDOS also participates actively in many regular community groups, including the Coordinated Community Response Task Force. A few examples of our coordination efforts include (1) regular collaboration w ith Immigrant Project of Wisconsin, w ho w orks w ith domestic violence victims on immigration and family law cases; (2) co-training sessions prepared by UNIDOS and WCADV (Wisconsin Coalition Against Domestic Violence); and (3) regular referrals to local shelters.

14. VOLUNTEERS: How are volunteers utilized in this program?

Volunteers w ill be used to assist in staffing for fairs and other events that the Outreach Advocate w ill coordinate. Volunteers w ill also be used to provide child care during trainings and the annual conference, w hich the Outreach Advocate w ill help coordinate. Volunteers w ill receive standard domestic violence and confidentiality training, w hich is organized by the director.

15. Number of volunteers utilized in 2010?	34
Number of volunteer hours utilized in this program in 2010?	272

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16. BARRIERS TO SERVICE: Are there populations that are experiencing barriers to the service you are proposing,i.e, cultural differences, language barriers and/or physical or mental impairments or disabilities? Describe the ability of proposed program to respond to the needs of diverse populations.

As explained elsew here, the Latino community faces unique barriers to receiving DV and SA treatment including cultural, immigration, and language barriers. The outreach and training provided directly to community members w ill often be in Spanish and sensitive to the cultural and immigration-related concerns of the community. Indeed, many of the trainings and outreach efforts w ill focus on those very things, w ith an emphasis on UNIDOS' accessibility to this population.

17. EXPERIENCE: Please describe how your agency, and program staff experience, qualifications, and past performance will contribute to the success of the proposed program?

UNIDOS Against Domestic Violence (UNIDOS) and our staff have extensive experience dealing w ith barriers particular to Latinos, including cultural issues, immigration issues and language issues, and the w ays in w hich these issues interfere w ith Latinos receiving effective DV services. Since its inception in 1996, UNIDOS has addressed these concerns in one w ay or another, including providing direct services and technical assistance, and more recently collaborating w ith other organizations to effectuate service to Latina victims of domestic violence and sexual assault. UNIDOS' established presence in the community, both w ith other service providers and w ith Latinos, w ill increase the chance that outreach, aw areness and referral efforts w ill prove fruitful. UNIDOS' staff is bilingual, multicultural, and trained to address the concerns of victims of domestic violence. They also have extensive experience addressing immigration concerns, a matter of great importance to Latina victims and others in the Latino community.

18. LICENSING OR ACCREDITATION: Report program licensing, accreditation or certification standards currently applied.

Not applicable.

19. STAFF: Program Staff: Staff Titles, FTE dedicated to this program, and required qualifications for program staff.

Staff Title	FTE	City $	Qualifications
Director	0.15	Yes	Management and administrative experience, bilingual and bicultural knowled
Bilingual Outreach Advocate	1	Yes	Bilingual (Spanish/English), DV/SA experience and training, strong social an

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CDBG DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "CDD Community Development Program Goals & Priorities". If not applying for CDBG Office Funds, go to Community Resources Description of Services Supplement (p. 7), or go to Demographics (p. 8).

20. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program would serve in 2011-2012.

Income Level	Number of Households
Over 80% of county median income	0
Between 50% to 80% of county median income	0
Between 30% to 50% of county median income	0
Less than 30% of county median income	0
Total households to be served	0

21. If projections for 2012 will vary significantly from 2011, complete the following:

Income Level for 2012	Number of Households
Over 80% of county median income	0
Between 50% to 80% of county median income	0
Between 30% to 50% of county median income	0
Less than 30% of county median income	0
Total households to be served	0

22. AGENCY COST ALLOCATION PLAN: What method does your agency use to determine indirect cost allocations among programs?

All indirect costs are allocated to programs by salary expense.

23. PROGRAM ACTIVITIES: Describe activities/benchmarks by timeline to illustrate how your program will be implemented.

Activity Benchmark	Est. Month of Completion
Bilingual Outreach Advocate Training in all necessary fields.	Jun-11
Start full participation in Community Group meetings	Jan-11
Provide ten trainings about Healthy Relationships	31-Dec
Build relationship with 20 Latino leaders in community	Jun-11
Visit all high schools in Madison Metropolitan School District to provide information and build relationships	Jun-11
Provide eight awareness and information trainings to school parent groups and youth	Dec-11
Participate in 5 Spanish radio programs on 1480 AM	Dec-11
Visit eight other support groups including batterer's groups, women's groups, elder groups with informatio	Mar-12
Create at least two collaborated presentations at statewide level with WCADV or other DV organization	Jun-12
Create culture-specific training and information about Healthy Relationships for Men	Sep-12
Participate in 5 major Latino-related festivals or fairs each year	Dec-12
Rotate with staff to participate in community shares meetings	Dec-12

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COMMUNITY RESOURCES DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Program Goals & Priorities" If not applying for CR Funds, go to Demographics (p. 8).

24. CONTRIBUTING RESEARCH

Please identify research or best practice frameworks you have utilized in developing this program.

UNIDOS performed its own study and evaluation of direct services provided between 2006 and 2008 in more than 13 counties across the State of Wisconsin. As a result, we concluded that the Circle of Praxis model should serve as the guide for our approach for providing outreach and training activities. Thus, as a general matter, education for liberation and bottom-up community organization is key to our approach. The details of the outreach and training have been developed as a result of UNIDOS' own experience providing outreach and trainings in the past and from collaboration with others in similar settings, as well as training from the statewide DV organization, Wisconsin Coalition Against Domestic Violence, and staff leadership training from the Grassroots Leadership College.

25. ACCESS FOR LOW-INCOME INDIVIDUALS AND FAMILIES

What percentage of this program's participants do you expect to be of low and/or moderate income? 90.0%

What framework do you use to determine or describe participant's or household income status? (check all that apply)

Number of children enrolled in free and reduced lunch	
Individuals or families that report 0-50% of Dane County Median Income	
Individual or family income in relation to Federal Poverty guidelines	X
Other	X

26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

Staff providing direct services to victims and survivors collect information on intakes forms during a screening process during the first few appointments.

27. PLEASE DESCRIBE YOUR USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS ACCESS ISSUES FOR LOW INCOME INDIVIDUALS AND FAMILIES.

There is no charge for services to DV victims or community members, so there are no access issues for low income individuals and families. UNIDOS does charge other service service providers up to $100-150/hr for training sessions when possible and appropriate.

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28. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2009. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

PARTICIPANT DESCRIPTOR	#	%
TOTAL	250	100%
MALE	50	20%
FEMALE	200	80%
UNKNOWN/OTHER	0	0%

Note: Race and ethnic categories are stated as defined in HUD standards

PARTICIPANT DESCRIPTOR	#	%
AGE		
<2	0	0%
2 - 5	0	0%
6 - 12	0	0%
13 - 17	50	20%
18 - 29	100	40%
30 - 59	50	20%
60 - 74	50	20%
75 & UP	0	0%
TOTAL AGE	250	100%
RACE		
WHITE/CAUCASIAN	25	10%
BLACK/AFRICAN AMERICAN	10	4%
ASIAN	15	6%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%
MULTI-RACIAL:	0	0%
Black/AA & White/Caucasian	0	0%
Asian & White/Caucasian	0	0%
Am Indian/Alaskan Native & White/Caucasian	0	0%
Am Indian/Alaskan Native & Black/AA	0	0%
BALANCE/OTHER	200	80%
TOTAL RACE	250	100%
ETHNICITY		
HISPANIC OR LATINO	200	80%
NOT HISPANIC OR LATINO	50	20%
TOTAL ETHNICITY	250	100%
PERSONS WITH DISABILITIES	0	0%
RESIDENCY		
CITY OF MADISON	200	80%
DANE COUNTY (NOT IN CITY)	25	10%
OUTSIDE DANE COUNTY	25	10%
TOTAL RESIDENCY	250	100%

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29. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2009.	250
Total to be served in 2011.	250

Complete the following for each program outcome. No more than two outcomes per program will be reviewed.

If applying to OCS, please refer to your research and/or posted resource documents if appropriate.

Refer to the instructions for detailed descriptions of what should be included in the table below.

Outcome Objective # 1:	Improve accessibility to DV and SA services by providing outreach and support to Latina DV survivors across the lifespan
Performance Indicator(s):	Reduced complaints of Latinas attempting to receive services from us and from local organizations; improved responses from local organizations

Proposed for 2011:	Total to be considered in perf. measurement	100	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	80
Proposed for 2012:	Total to be considered in perf. measurement	150	Targeted % to meet perf. measures	80%
			Targeted # to meet perf. measure	120

Explain the measurement tools or methods:	Surveys, evaluations, interviews, notes, follow-up cases; feedback from local progam.

Outcome Objective # 2:	Provide culture-specific training and education related to DV awareness and prevention to varied age and gender groups.
Performance Indicator(s):	Attendance at training sessions, increased awareness and reduced incidents of DV or SA in Latino community

Proposed for 2011:	Total to be considered in perf. measurement	100	Targeted % to meet perf. measures	20%
			Targeted # to meet perf. measure	20
Proposed for 2012:	Total to be considered in perf. measurement	150	Targeted % to meet perf. measures	20%
			Targeted # to meet perf. measure	30

Explain the measurement tools or methods:	Evaluations at training, advocate notes and record of attendance, service and referral records.

PROPOSAL REVIEW: Individual Staff Review for 2011-2012
For Community Resources Proposals to be Submitted to the
Community Services, Early Childhood and Senior Services Committees

1. **Program Name:** A. Training & Technical Assistance, Mujeres Adelante and Information and Refereral

2. **Agency Name: UNIDOS Against Domestic Violence**

3. **Requested Amounts:** **2011:** $53,000
2012: $53,000 **Prior Year Level:** $0

4. **Project Type:** **New X** **Continuing** ☐

5. **Framework Plan Objective Most Directly Addressed by Proposed by Activity:**

   X III Crisis - B1

6. **Anticipated Accomplishments (Proposed Service Goals)**
This program will provide outreach and support to Latinas to improve accessibility to domestic violence and sexual assault services and culture-specific training and education related to domestic violence awareness and prevention. The program will serve 250 individuals.

7. **To what extent does the proposal meet the Objectives of the <u>Community Development</u> Division, Community Resources <u>Program Goals and Priorities</u> for 2011-2012?**

   Staff Comments: This program seems to meet Program Area II. – Priority B1 – Provide immediate support services for the prevention of abuse and neglect. It also seems to meet priorities B2 – Provide assessment, referral and short-term services for children/youth that have experienced trauma, and C1 – Provide education for the prevention of domestic violence and sexual assault.

8. **To what extent does the proposal incorporate an innovative and/or research based <u>program design</u> that will have a positive impact on the need or problem identified?**

   Staff Comments: This program is innovative and unique in its approach to culturally-specific outreach and service delivery. The applicant indicates that they "performed their own study and evaluation" to select a model, the Circle of Praxis, for their program design. It is unclear if this is really a new program or an extension of an on-going program. The applicant indicates that the program had no budget in 2010 but that 250 individuals were served by the program in 2009.

9. **To what extent does the proposal include service goals and outcome objectives that are realistic and measurable and are likely to be achieved within the proposed timeline?**

   Staff Comments: It is unclear if service goals and outcome objectives are realistic. The agency indicates that 250 individuals were served in 2009 but it is not clear which services were provided. It would be helpful to have specific information about the number of individuals served by each component in 2009, the projections for 2010 and anticipated goals for each component for 2011. Additional details about evaluation tools and measurement would also be necessary to assess whether the outcomes objectives are realistic and likely to be achieved within the timeline.

10. **To what extent do the agency, staff and/or Board <u>experience, qualifications</u>, <u>past performance</u> and <u>capacity</u> indicate probable success of the proposal?**

    Staff Comments: The agency, staff and Board seem to possess the experience and qualifications to indicate probable success. The agency Board of Directors currently has only five members towards a full Board of seven (as indicated by their by-laws).

11. To what extent is the agency's proposed <u>budget reasonable and realistic</u>, able to <u>leverage additional resources</u>, and demonstrate <u>sound fiscal planning</u> and management?

Staff Comments: It is unclear if the budget is reasonable and realistic without additional information about specific goals for each component (for example the budget may be realistic if most of the 250 individuals served are through trainings, collaborative meetings or indirect outreach, but would not be realistic if most of the 250 are being served in the support group). No other resources are utilized and leveraged.

12. To what extent does the agency's proposal demonstrate efforts and success at securing a <u>diverse array of support, including volunteers, in-kind support</u> and securing <u>partnerships</u> with agencies and community groups?

Staff Comments: The program has **s**trong volunteer support and many active partnerships. Although Domestic Abuse Intervention Services or the Rape Crisis Center are members of the Coordinated Community Response Task Force, the applicant does not specifically mention DAIS and RCC as a collaborative partners.

13. To what extent does the applicant propose services that are accessible and appropriate to the needs of <u>low income individuals</u>, <u>culturally</u> <u>diverse</u> populations and/or populations with specific <u>language barriers</u> and/or <u>physical or mental disabilities?</u>

Staff Comments: Services seem very accessible and appropriate for low-income and Latina populations with language barriers. It is unclear if services are available to clients with physical or mental disabilities.

Questions:

1. Is this a new program for UNIDOS or is this an on-going program?

2. Please provide specific information about the number of participants served through each program component in 2009 and the anticipated goals for each component for 2010.

3. What specific surveys or other evaluation tools will be used to measure the outcome objectives?

4. Does this program directly collaborate with the Rape Crisis Center and Domestic Abuse Intervention Service?
   - If yes, how?
   - If no, why?

5. Will UNIDOS seek funding from any other sources?

14. Staff Recommendation

☐ **Not recommended for consideration**

☐ **Recommend for consideration**

X **Recommend with Qualifications**
Suggested Qualifications: Collaboration and questions above