

HELPING HOMELESS FAMILIES IN LOS ANGELES

An Evaluation of the Homeless CalWORKs Families Project

Submitted by the California Institute for Mental Health
to the County of Los Angeles

Department of Mental Health

Emergency Outreach Bureau, CalWORKs Program

550 S. Vermont Ave. 11th Floor

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METHODOLOGICAL APPENDIX¹

PART I: DESIGN AND IMPLEMENTATION

Study population

In the first year of the HCFP, 26 persons were served at the Downtown Mental Health Center; in the second year 40 persons were served (20 at Downtown and 20 at PROTOTYPES in San Gabriel). The second year project outcomes were evaluated by CIMH.² This is an evaluation of the third year, in which 350 persons were to be served at six sites. Each site was to serve 50 clients, with the exception of Downtown which was to serve 100. In actual fact, some sites served more than originally intended (partly due to “backfilling” persons who dropped out early in the project). Below is a table showing total enrollment by site as well as drop outs.

¹ For further information please contact Daniel Chandler, Ph.D. at dwchandl@cox.net

² Chandler, D., Meisel, J., & Jordan, P. (2005). *Homeless Families Pilot Project Evaluation: Submitted to the Los Angeles County Department of Mental Health*. Sacramento: California Institute for Mental Health, 2125 19th Street, 2nd Floor, Sacramento, CA 95818.

Table 1: Enrollment by site

Agency	Metro Family/DMH	El Monte/ Prototypes	Norwalk/Pacific Clinics	S.Central/Shields for Families	East Valley/ SFVCMHC	Pomona/ ENKI	Totals
Total Families Enrolled to date	130	55	56	47	55	57	400
Dropped/Left Project	59	34	17	20	43	28	201

Sampling frame

The participants we report on are a sample of all those served. The sampling frame was developed in the spring of 2005 when sites were starting up and was based on the intended number of participants to be served in each site. There were 350 “slots” funded, with 100 at Downtown, 50 at each other site. However, sites backfilled into program slots when there was attrition. Thus, by the end of May 2006, a total of 400 parents had actually been served for some period of time. (Data from the Department of Public Social Services, Homeless/Housing Case Management).

Because Downtown had already participated in two years of the evaluation and was significantly understaffed, we decided to sample only half of their 100 participants. We took the first clients to be enrolled with the exception that we did not include holdovers from the second year of the project. At PROTOTYPES we also excluded holdovers from the prior year (17 participants). So the sample was designed to include 283 participants (33 at PROTOTYPES, 50 at each other site).

Attrition

Actual enrollment of client in the study required sites to perform two tasks:

- a) Obtain written informed consent from clients to participate in the study and share their data [consent forms were approved by the Los Angeles County Department of Mental Health Human Subjects Committee and by County Counsel].
- b) Fill out a form profiling the participants housing, mental health, and family status at the time of program admission. The time frame for completing this form was 8 to 10 weeks after admission so as to assure reliable data based on several contacts.

The actual enrollment differed from the sampling frame in two ways. First Downtown, ENKI, and San Fernando Valley Mental Health Center, Inc., all admitted a few more clients than initially planned for. Thus, these sites were slightly over-represented in our study sample. Of more importance, Shields, PROTOTYPES, and Pacific Clinics admitted their 50 clients (Shields admitted 46) but they did not obtain a study consent and intake form for all of their participants. Table 2 shows the total of participants included in the study.

Table 2: Study participants by site

Provider	Freq.	Percent	Cum.
Downtown	62	24.31	24.31
Prototypes	23	9.02	33.33
Shields	22	8.63	41.96
SFVCMHC	56	21.96	63.92
Pacific Clinics	36	14.12	78.04
Enki	56	21.96	100.00
Total	255	100.00	

Thus PROTOTYPES and Pacific Clinics were each 14 participants short while Shields was 26 participants short. Discussions with the team leader at each site suggest that the factors causing the shortfalls were a) early drop outs for reasons both positive (got a full-time job and an apartment) and negative (wanted to be assured of a Section 8 voucher); generally slow start up³; and a few refusals. We later found that three participants did sign consents but no intake form was submitted. We have included these participants in the analysis of staff-completed project termination forms. Finally, in May we discovered that 11 participants at SFVMHC had signed out of date consent forms (from year 2 rather than year 3); they had since dropped out and were not available for being re-consented. In sum, 246 project participants are enrolled in the study, as shown in Table 3 below.

Table 3: Sample used in analysis, by site

Provider	Freq.	Percent	Cum.
Downtown	62	25.20	25.20
Prototypes	23	9.35	34.55
Shields	22	8.94	43.50
SFVCMHC	45	18.29	61.79
Pacific Clinics	37	15.04	76.83
Enki	57	23.17	100.00
Total	246	100.00	

Effects of study attrition. Of the 283 anticipated study participants, 87% were actually enrolled. It is likely that those enrolled were somewhat more successful than those who we missed. There are four reasons for believing this. First, the 11 persons at SFVMHC can be presumed to be less successful since they had lost contact with the project by April of 2006. Second, the three sites that were below their quota were also sites which experienced more difficulty in implementing the program. Two sites in particular had a complete staff turnover within the year the study

³ Although sites began recruiting in February of 2005, the process was slow. We limited study participants to those in the program by July 1, with intake forms completed by early September.

encompasses. Thus, it is likely that non-enrolled clients from these sites did not have the same success as did clients from the more stable and better organized sites (which contributed more than their quota to the total). Third, the effect of our “cut-off” date was to limit the participants at sites that were either slow in enrolling clients (hence clients entering later would have had less time to find housing) or suffered large drop-outs early (many of whom we can assume would be less successful than those who stayed in the program). For these, reasons we believe the results presented in the evaluation are likely to be slightly more favorable than they would have been had we achieved the original goal of having 50 participants at each site. We can quantify “slightly” by using real and hypothetical data. According to DPSS records, 47% (114) participants achieved “permanent housing” by the end of May. Suppose the 40 participants we were not able to enroll had a success rate of only half of that of persons in our sample. The overall rate of those achieving permanent housing would have been (under that assumption) 44%—a three percent difference.⁴ A more concrete method of assessing the effects of attrition compares “drop outs” among our 238 consenting participants (rated at discharge) with drop-outs among 54 anonymous “extra” clients for whom we have comparable staff discharge data. These are clients for whom de-identified staff summaries were submitted (by mistake) and are not used except for this attrition analysis.⁵ Among the consenting participants there were 88 clients who left the project before May; among the anonymous clients 32 left before May. Among study participants 39% left before May; among non-participants 59% did (a statistically significant difference: Pearson $\chi^2(1) = 7.0408$ Pr = 0.008).

Below are some comparisons of the two groups:

Table 4: Disposition of clients who left project before May 2006, by study participation

	Study Participants	Anonymous Non-Participants
Did not want services	11.4%	15.6%
Lost contact with client	10.3%	31.2%
Lost custody of child(ren) or not eligible for CalWORKs	10.2%	9.4%
Dropped by the program	13.6%	3.1%
Employed and got permanent housing	2.2%	6.2%

Most dispositions are close, with being dropped by the program more likely for study participants and having lost contact with the client quite a bit more likely for non-participants. So both the overall drop-out rate and the dispositions of drop-outs indicate some likelihood that persons enrolled in the project who did not participate in the study may have somewhat less positive outcomes.

⁴ We assumed only 10 of the 40 non-enrollees achieved permanent housing. So the 44% is reached by adding the 10 to the 114 enrollees and dividing by 283 (the intended goal).

⁵ In addition to 238 discharge summaries on consenting clients 54 anonymous staff ratings were submitted by staff (by mistake) on other clients, most of whom who had not been asked to participate in the study. There is no way these participants could be identified by evaluation staff. They do not overlap with any other data source.

The other question that arises is whether the 246 study participants differed in a systematic way from the 400 persons served overall by the end of May 2006. We were unable to obtain anonymous data on the entire group of persons served, so we cannot test this question directly. There are two considerations to be borne in mind. First, the study enrolled clients “first-come/first-served.” There is no reason to think that those entering the project later would be different from those entering earlier. However, those entering later did have less time to receive services and find housing during the study period. So it is possible that at the time we measured outcomes (generally in May of 2006), they might have had less success. Since participants may be re-enrolled in year 4 (2006-2007), their outcomes at a later date may well be equivalent to those of study participants. Thus, we believe the sampled clients (those in the sampling frame) should not be different in systematic ways from the total number served by the project.

Data sources and completeness of information

We have already mentioned one important source of baseline data: the intake forms filled out by staff within 10 weeks of admission. Both intake and outcome data are available in the two sets of management information data we have—from the Department of Mental Health and the Department of Public Social Services. Outcome specific data (that is data characterizing achievements and change at the end of the study period) comes from three sources: a) staff ratings submitted soon after clients dropped out or, if the client was still in the program in May, during May; b) statistics on housing and employment status obtained by DPSS from the sites and summarized for the evaluation; c) 1.5 hour long research interviews with clients conducted by trained evaluation staff during the period April–June 2006. For each of these sources, the reference group was the 243 participants with valid consents and an intake rating.⁶ Thus, the maximum data points for any of these data sources is 243; in practice, no data source was without some missing data. The matrix below shows the total for each data source as well as the overlap with each other data source. Note that while at least 120 participants dropped out of the project, all of the outcomes data sources include them. Some of these, such as the staff ratings at discharge, delineate status at the time of leaving the project, while others (MIS data, client interviews) present data from or through May 2006. In short, attrition from the project did not necessarily result in study attrition—although data on drop outs may be from an earlier time frame and thus may not reflect status as of May 2006 (our usual reference month).

Interview attrition

We attempted to interview 243 persons (3 others consented after the interview sampling frame was constructed). Overall, 174 or 71.6% of these were interviewed. Below we show the reasons for inability to complete an interview. For 60% it was lack of valid contact information. (We attempted to use contact information from the agencies, DPSS, DMH, and LAHSA). Approximately one third of the non-interviews were due to refusal (either direct or indirectly by virtue of not returning calls).

⁶ The discharge ratings included the three persons who consented but for whom no intake was available.

Table 5: Reason for no interview

REASON FOR NO INTERVIEW	N	PERCENT
Left program and no valid contact information	28	40.6
In program but no valid contact information	13	18.8
Did not respond to multiple phone calls	17	24.6
Sporadic contact but unable to complete in time frame	3	4.4
Refused interview	8	11.6
TOTAL	69	100.0

How representative are those interviewed of the entire group of participants?

Interviews were our only May 2006 source of detailed information about persons who had left the programs before May 2006.. (We had ratings from program staff but these reflected status at the time clients dropped out.) In order to see whether the interviews might accurately represent all those who left the program early, we compared the attrition status and reasons (as recorded by DPSS staff as of May 2006) for those whom we were successful in interviewing (N=174) with those with whom interviews could not be obtained (N=69). First, the percentage leaving the program early overall (attrition rate) of those interviewed was 64/174 or 36.8%; for those not interviewed, the overall attrition rate was 45/69 or 65.2%. To put it another way, program attrition was much lower among those we interviewed than among those we were unable to interview. This may indicate that interview data are not reflective of the entire group of 243 participants.

However, as seen in the table below, the percentages among those interviewed and those not indicating each reason for program attrition are very similar. (The overall difference is not close to be statistically significant: $p \leq 0.29$.)

Table 6: Reason for leaving program early, by whether interviewed

Reason for leaving early	Interviewed N=64	Not-Interviewed N=45	Combined N=109
Moved out of county	9.38	13.33	11.01
Obtained full-time employment	1.56	8.89	4.59
Non-compliant with Program	26.56	26.67	26.61
Unsatisfied with Project	4.69	2.22	3.67
Incarcerated	4.69	0.00	2.75
Other	53.12	48.89	51.38
TOTAL	100.00	100.00	100.00

Pearson $\chi^2(5) = 6.1071$ Pr = 0.296

While reasons for attrition do not differ significantly between those interviewed and those not, some other characteristics and outcomes do. In particular, those interviewed are somewhat better educated than those who were not:

Table 7: Education level, by whether interviewed

Education level	Interviewed N=174	Not-Interviewed N=69	Combined N=243
Graduated HS	33.33	31.88	32.92
At least some college	15.52	7.25	13.17
Did not graduate HS	32.18	49.28	37.04
Unknown	18.97	11.59	16.87
Total	100.00	100.00	100.00

Pearson chi2(3) = 8.0861 Pr = 0.044

Those not interviewed were somewhat younger (mean 33.1 vs 36.2). They also received fewer services (mean cost \$5,426 vs. \$7,711)⁷, though still received on average many hours of service (49.7 vs. 70.6)

We have outcome data (though incomplete) for employment and for housing:

Table 8: Last known employment, by whether interviewed

Last known employment status	Interviewed N=174	Not-Interviewed N=69	Combined N=243
Full-time	10.92	7.25	9.88
Spouse full-time	0.57	0.00	0.41
Part-time	1.72	1.45	1.65
None	41.38	40.58	41.15
Unknown	45.40	50.72	46.91
Total	100.00	100.00	100.00

Pearson chi2(4) = 1.4002 Pr = 0.844

Table 9: Last known housing, by whether interviewed

Last known housing	Interviewed N=174	Not-Interviewed N=69	Combined N=243
Emergency Shelter	10.92	7.25	9.88
Hotel	1.15	1.45	1.23
Incarcerated	1.72	0.00	1.23
Motel	3.45	10.14	5.35
Permanent Housing	52.30	34.78	47.33
Transitional Housing	12.64	1.45	9.47
With Friends	4.60	15.94	7.82
With Relatives	6.32	13.04	8.23
Not Reported	6.90	15.94	9.47
Total	100.00	100.00	100.00

Pearson chi2(9) = 37.3848 Pr = 0.000

⁷ Both these differences are statistically significant.

Table 10: Diagnostic category, by whether interviewed

Diagnostic Category	Percentage if interviewed N=174	Percentage if not interviewed N=69	Combined group N=243
Depressive	53.45	43.48	50.62
SMI	8.62	4.35	7.41
Other Dx	37.93	52.17	41.98
Total	100.00	100.00	100.00

Pearson $\chi^2(2) = 4.5758$ Pr = 0.101

In general, the persons who were not interviewed tended to be those with less serious diagnoses (adjustment disorders, anxiety disorders) rather than Major Depression, Bipolar Disorder, or Schizophrenia. However the Global Assessment of Functioning scores at admission were quite similar.

Thus, overall, those interviewed are similar to those not in reasons for attrition and in employment patterns and GAF admit scores but differ in the percent attriting, education level, age, diagnosis, amount of services received, and housing status. Although the “outcomes” may be biased by virtue of the fact that for drop-outs the status is that at the time of attrition rather than in May, it still seems likely that the group interviewed is somewhat better educated, less impaired by their mental health symptoms, and more likely to have obtained positive outcomes through the program than those not interviewed.

Table 11: Overlap among data sources

Data Source	Overlap (read across)						Total by source
	Staff intake ratings	DMH-MIS	DPSS-MIS	DPSS summary	Staff outcome ratings	Client interviews	
Staff intake ratings	243	243	239	242	235	174	243
DMH-MIS	243	243	239	242	235	174	243
DPSS-MIS	239	239	239	239	239	172	239
DPSS summary	242	242	239	242	234	174	242 ⁸
Staff outcome ratings	235	235	239	234	238	168	238 ⁹
Client interviews	174	174	172	174	168	174	174

⁸ Some information was available for 242 of 243 participants. For individual measures it varied slightly. For example, housing status was unknown for 4 participants and employment status unknown for 7.

⁹ Includes three persons who were recruited to the study, and signed consents, in May 2006. These three persons are not in any of the other data sources.

Time clients received services

Since many families had very difficult situations, and low-income housing in Los Angeles County is scarce, some clients may require services for up to two years. In this report, we focus on services provided between the beginning of the program and May 2006. A few clients entered as early as December of 2004, with the rest spread out over the next seven months in what approximates a normal curve with a mean of 12.5 months

Figure 1:

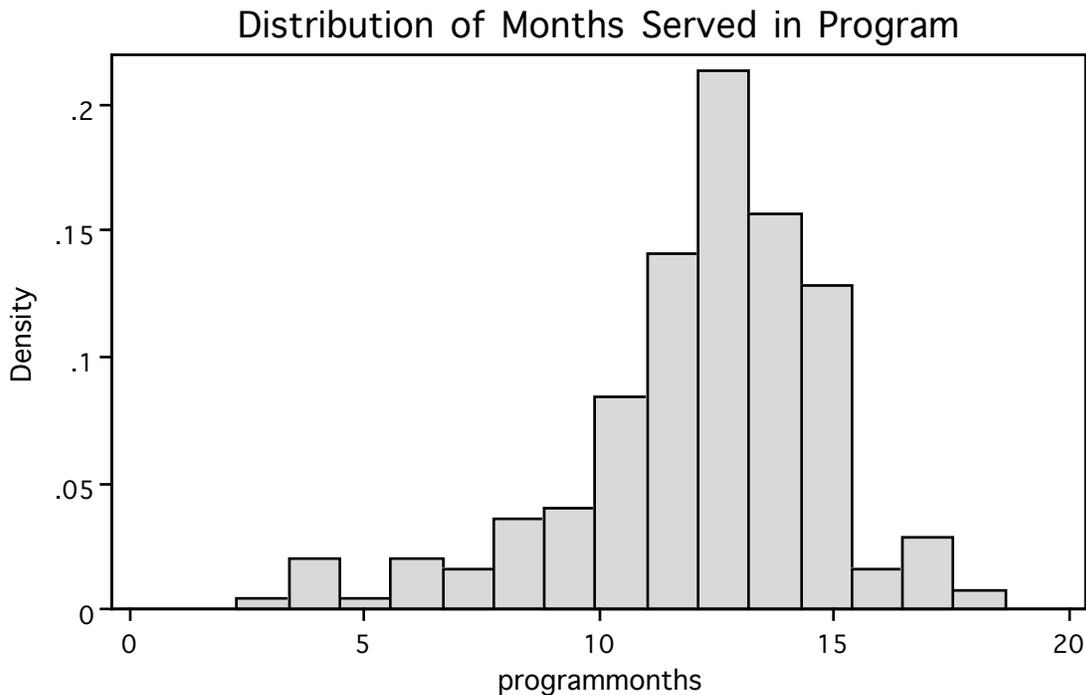


Table 13: Months clients were served

DurationTx	Freq.	Percent	Cum.
3	1	0.44	0.44
6	6	2.63	3.07
11.18	50	21.93	25.00
12.8	62	27.19	52.19
14.23	60	26.32	78.51
19	49	21.49	100.00
Total	228	100.00	

Since a fair number of people stopped coming early on, the very low numbers with less than 6 months indicates just that the discharge forms were not filled out promptly. So alternatively we

can look at the distribution of times from program admission until May 15, roughly the end of the study period.

Table 14:

Study time	Freq.	Percent	Cum.
11.9	58	24.89	24.89
13.2	58	24.89	49.79
14.18	59	25.32	75.11
18	58	24.89	100.00
Total	233	100.00	

Note only one case was in the program less than 9 months

Table 15 shows admit date to May 15, i.e., “intent to treat” time.

Table 15:

Study time	Freq.	Percent	Cum.
Less 12 mon	61	26.18	26.18
Over 12 mon	172	73.82	100.00
Total	233	100.00	

PART II: STUDY INSTRUMENTS

Below are the intake form and the discharge form, which were both filled out by staff.

The client interview protocol is available from Daniel Chandler, Ph.D. (dwchndl@yahoo.com).

Homeless CalWORKs Families Project

Staff Ratings Eight-to-Ten Weeks After Intake

___ 1. Downtown ___ 2. Prototypes ___ 3. Shields for Families
 ___ 4. San Fernando Valley CMHC ___ 5. Pacific Clinics ___ 6. ENKI

Participant DMH ID# _____

Case Manager: _____

Date: _____

Date client was admitted to program: _____

Was client already receiving mental health treatment when admitted into the homeless families program?

___ Yes ___ No

IF YES, please state how long and explain circumstances.

HOUSING

- Q1. Where was client living at intake interview? (*Circle one*)
1. On the streets, in an abandoned building; car; park
 2. Encampment
 3. Emergency homeless shelter
 4. Transitional homeless shelter
 5. A hotel, motel or SRO paid for with an emergency housing voucher
 6. Rented room in a hotel, motel or SRO
 8. Rented house or apartment
 9. Rented house or apartment using Section 8
 10. With parents
 11. With other relatives (whether paying rent or not)
 12. With friends (whether paying rent or not)
 13. In domestic violence shelter
 14. In an institution (jail, halfway house, hospital, nursing home)
 15. Other: Please specify _____
2. Please explain the circumstances and causes of the client (and children) becoming homeless. (*Include information about external factors, e.g. not having enough money as well as personal, e.g. getting kicked out of housing because of behavior.*)
- Q3. How would you characterize the client's housing stability in the past three years? In judging stability include both number of moves and pattern of homelessness. (*Circle one number*)
1. Very stable
 2. Moderately stable (moves but no previous homeless episode)
 3. Moderately unstable (moves; at least one previous homeless episode)
 4. Very unstable (multiple homeless episodes or episode of over a year)
- Comments:
- Q4. Source and amount of family income and amount *at intake*.
Source: _____

Amount in the intake month:\$ _____

Parenting/ Family

Q5. Status of participant:

1. Mother head of single parent household
2. Father head of single parent household
3. Mother in two-partner household
4. Father in two-partner household
5. Other _____

Q6. Please describe the client's ability to meet the needs of her/his children *at the time the client entered the program.* (Circle one of the numbers.)

1. VERY HIGH Client fully meeting the emotional and physical needs of the children in the family. S/he provides consistent and nurturing care.
2. GOOD Client is meeting children's basic needs for safety, medical care, housing, food, clothing and emotional care most of the time. S/he may feel overwhelmed, but is coping with demands of parenting.
3. INCON-
SISTENT Client's parental care is inconsistent. Children's basic needs are not met on a consistent basis. Parent frequently feels overwhelmed and may show poor judgment.
4. DEFICIENT Client has severely diminished parenting abilities. Children's basic needs are not being met, resulting in high-risk conditions.
5. UNSAFE Client's behavior/situation threatened the safety of the children so a CPS report was made OR client already had child removed from home by CPS.
6. CAN'T
JUDGE Not enough information to judge reliably.

Q7. At the time of admission, did the client have any children who had been removed by welfare services?

- 1 Yes
- 2 No
- 3 Don't know or not sure

Q8. Was the family under a formal child welfare reunification plan at the time of admission?

- 1 Yes
- 2 No
- 3 NOT APPLICABLE

Q9. Please explain circumstances if any children are not living with client other than because of removal by child welfare.

Q10. How regularly had children been attending school in the two months just prior to admission to the program? If not regular attendance, why not?

Q11. Is your treatment program planning to provide or refer for behavioral health treatment for any of the children *(Circle YES or NO for each type of service. Behavioral health includes mental health, substance abuse, learning disabilities, & developmental disabilities.)*

- | | | |
|-----|----|------------------------|
| YES | NO | 1. For assessment? |
| YES | NO | 2. Individual therapy? |
| YES | NO | 3. Family therapy? |

Health

Q12. Did any of the children have significant physical health or dental problems that were not being cared for at the time of admission? *Please explain.*

- 1 Yes
- 2 No

IF YES, please explain

Q13. Do child health or other child problems seem likely to affect the client's chances of finding permanent housing and/or employment?

1 Yes

2 No

IF YES, please explain

Q14. How would you characterize the *client's* health at the time of admission?

a. Excellent

b. Good

c. OK (No major problems)

d. Poor

e. Very poor

Q14A. Please describe the client's health problems if you think they may constitute a barrier to employment. (*Include whether client had received a health exemption from welfare-to-work requirements in the past two years.*)

Q15. Has the client applied for SSI? Or do you anticipate this in the near future?

1 Yes

2 No

3. Uncertain at this point

Supports

Q15. How much assistance do you expect that existing family and friends will be able to provide the client's family over the next year? (*Include all the kinds of support the family might need, from emotional to financial, to housing, to child care....*)

1. A significant amount of support

2. A moderate amount of support

3. Some support but not a lot

4. Minimal support

5. Client has no family or friend support network

CalWORKs and Work Activities

Q16. Was the client and her/his family receiving CalWORKs at time of admission?

1 Yes

2 No

Q17. Please describe the client's *capacity* to work at the time of admission to the program. Please take into account work skills, attitudes and beliefs, available supports (friends, family, child care, transportation), and impairment due to symptoms. (*Circle one of the numbers.*)

1. VERY GOOD
2. GOOD
3. OK
4. POOR
5. VERY POOR
6. CAN'T JUDGE

Q18. How many hours a week was the client working at time of admission? *If none, write in "zero."*

_____ hours

Q19. If the client was not working at time of admission, how long had it been since the client had had a paying job?

Q20. How would you characterize the client's work history in the past three years?

1. Primarily stable full-time employment
2. Primarily part-time employment
3. Sporadic or occasional full-time or part-time employment
4. Little or no employment

Q21. Was the client ever convicted of a felony?

- 1 Yes
- 2 No
- 3 Not sure

Q21a. IF YES, was the conviction related to drugs?

- 1 Yes
- 2 No
- 3 Not sure

Q22. Was the client arrested in the year prior to admission to the program?

- 1 Yes
- 2 No
- 3 Not sure

Q23. Did the client spend time in jail during the year prior to admission?

- 1 Yes
- 2 No
- 3 Not sure

Likelihood client will succeed: *Please answer the following questions based on both objective factors (such as the client having a job or supportive relatives, and the nature of the client's mental health problem) and your intuitive sense about the hopefulness, determination and capacities of the client.*

Q24. How successful do you think the client will be in overcoming her/his mental health issues in the next year? Briefly explain.

1. Highly successful
2. Moderately successful
3. Little or no success

Q25. How successful do you think the client will be in finding and retaining employment in the next year? Briefly explain why you think that.

1. Highly successful
2. Moderately successful
3. Little or no success

Q26. What is your current judgment about how successful d the client will be in finding and retaining permanent housing in the next year? Briefly explain

1. Highly successful
2. Moderately successful
3. Little or no success

Please fill out the scales that follow.

ALCOHOL USE SCALE

Please rate your client's use of alcohol over the two months before entering the homeless program according to the following scale. You should weight evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community, etc.) in making this rating.

_____ 1 = ABSTINENT Client has not used alcohol during this time interval.

_____ 2 = USE WITHOUT IMPAIRMENT Client has used alcohol during this time interval, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.

_____ 3 = ABUSE Client has used alcohol during this time interval and there is evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use. For example, recurrent alcohol use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.

_____ 4 = DEPENDENCE Meets criteria for ABUSE plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of alcohol use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms, alcohol taken to relieve or avoid withdrawal symptoms. For example, drinking binges and preoccupation with drinking have caused client to drop out of job training and non-drinking social activities.

_____ 5 = DEPENDENCE WITH INSTITUTIONALIZATION Meets criteria for DEPENDENCE plus problems are so severe that they make noninstitutional living difficult. For example, constant drinking leads to disruptive behavior and inability to pay rent so that client so that client is frequently in jail, hospitalized or homeless.

DRUG USE SCALE

Please rate your client's use of drugs over the two months before entering the homeless program according to the following scale. You should weight evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community, etc.) in making this rating.

_____ 1 = ABSTINENT Client has not used drugs during this time interval.

_____ 2 = USE WITHOUT IMPAIRMENT Client has used drugs during this time interval, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.

_____ 3 = ABUSE Client has used drugs during this time interval and there is evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use. For example, recurrent drug use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.

_____ 4 = DEPENDENCE Meets criteria for ABUSE plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of drug use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms, drugs taken to relieve or avoid withdrawal symptoms. For example, binges and preoccupation with drugs have caused client to drop out of job training and non-drug social activities.

_____ 5 = DEPENDENCE WITH INSTITUTIONALIZATION Meets criteria for DEPENDENCE plus problems are so severe that they make noninstitutional living difficult. For example, constant drug use leads to disruptive behavior and inability to pay rent so that client is frequently in jail, hospitalized or homeless.

Please circle number(s) in front of illicit drugs used (including misused prescription drugs):

- 1 Cannabis
- 2 Cocaine
- 3 Hallucinogens
- 4 Opiates
- 5 PCP
- 6 Stimulants
- 7 Sedatives/Hypnotics/Anxiolytics
- 8 Over-the-counter
- 9a Other _____
- 9b Other _____
- 9c Other _____

CLINICIAN DOMESTIC VIOLENCE SCALE

Please rate the extent and nature of domestic violence over the two months prior to entering the homeless program according to the following scale. You should weight evidence from self-report, interviews, behavioral observation, and collateral reports (family, day center, community, etc.) in making this rating.

___ 1 = NO ABUSE No abuse in any of client's intimate partner relationships.

___ 2 = LESS SERIOUS ABUSE Client has been subjected to some abuse such as partner calling her names, humiliating her, being excessively jealous, or constantly criticizing her, making her feel guilty about working/training/education, or disapproving of mental health treatment; but these activities have not interfered with her daily activities nor caused marked emotional distress.

___ 3 = SERIOUS ABUSE Client has been subjected to a level of abuse that has interfered with her daily activities or caused marked emotional distress. Examples include partner limiting her contact with friends or family, interfering with or making it difficult for her to get work/education/training, interfering with or making it difficult for her to get mental health treatment, pushing her, slapping her, threatening her with a fist, following her, limiting her access to income.

___ 4 = SERIOUS PHYSICAL ABUSE OR THREATS Client has been subjected to serious physical abuse or major threats. Serious physical abuse includes any of the following: beat up, choked, kicked, bit, hit with a fist, hit with a thrown object, being forced or coerced into sex, or being physically hurt by any other partner action. Major threats include partner threatening to kill himself or her, to hurt or kidnap her children, or to call Child Protective Services.

___ 5 = EXTREME ABUSE At least one of the following has occurred: Client received medical attention for the physical abuse, client obtained a restraining order, client left relationship and went to live in a secret location (i.e. shelter or someplace unknown to abuser).

Please answer following questions:

Does the client currently client have at least one intimate partner relationship? ___ Yes ___ No

IF YES, is it with the persons who abused her prior to entering the program?

1 NO ABUSE

2 NO, SOMEONE ELSE

3 YES, SAME PERSON

Does the client currently have a restraining order for any person? ___ Yes ___ No

Does the client have a Family Violence Option waiver under CalWORKs? ___ Yes ___ No

MONTGOMERY-ÅSBERG DEPRESSION RATING SCALE (MADRS)

(Please fill in one number from zero to six at the bottom of each question. Use 1, 3, or 5 to indicate a condition in between 0, 2, 4 and 6. Please rate the client after a clinical interview that focuses on these feelings and behaviors. You may use the sample questions or any other questions that help you get the information needed. Rate behavior and feelings occurring in the two weeks prior to the clinical interview.)

1. Apparent sadness [Judge by appearance.]

Representing despondency, gloom and despair (more than just ordinary transient low spirits), reflected in speech, facial expression, and posture. Rate by depth and inability to brighten up.

0 = No sadness.

2 = Looks dispirited but does brighten up without difficulty.

4 = Appears sad and unhappy most of the time.

6 = Looks miserable all the time. Extremely despondent

Q1: SCORE (between 0-6): _____

2. Reported sadness [SAMPLE QUESTION “How have you been feeling during the past two weeks? Have you been feeling sad?”]

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope.

0 = Occasional sadness in keeping with the circumstances.

2 = Sad or low but brightens up without difficulty.

4 = Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances.

6 = Continuous or unvarying sadness, misery or despondency.

Q2: SCORE (between 0-6): _____

3. Inner tension [“Have you been feeling inner tension, edginess or discomfort in the past two weeks? Or panic?”]

Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.

0 = Placid. Only fleeting inner tension.

2 = Occasional feelings of edginess and ill -defined discomfort.

4 = Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty.

6 = Unrelenting dread or anguish. Overwhelming panic.

Q3: SCORE (between 0-6): _____

4. Reduced sleep [“How have you been sleeping in the past two weeks?”]

Representing the experience of reduced duration or depth of sleep compared to the subject’s own normal pattern when well.

0 = Sleeps as normal.

2 = Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep.

4 = Moderate stiffness and resistance

6 = Sleep reduced or broken by at least 2 hours.

Q4: SCORE (between 0-6): _____

5. Reduced appetite [“How has your appetite been in the past two weeks?”]

Representing the feeling of a loss of appetite compared with when well. Rate by loss of desire for food or the need to force oneself to eat.

0 = Normal or increased appetite.

2 = Slightly reduced appetite.

4 = No appetite. Food is tasteless.

6 = Needs persuasion to eat at all.

Q5: SCORE (between 0-6): _____

6. Concentration difficulties [“In the past two weeks have you had any trouble concentrating, like in reading or carrying on conversations?”]

Representing difficulties in collecting one’s thoughts mounting to an incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced.

0 = No difficulties in concentrating.

2 = Occasional difficulties in collecting one’s thoughts.

4 = Difficulties in concentrating and sustaining thought which reduced ability to read or hold a conversation.

6 = Unable to read or converse without great difficulty.

Q6: SCORE (between 0-6): _____

7. Lassitude [“Are you having any trouble getting going on things you need to do every day?”]

Representing difficulty in getting started or slowness in initiating and performing everyday activities.

0 = Hardly any difficulty in getting started. No sluggishness.

2 = Difficulties in starting activities.

4 = Difficulties in starting simple routine activities which are carried out with effort.

6 = Complete lassitude. Unable to do anything without help.

Q7: SCORE (between 0-6): _____

8. Inability to feel [“Are you interested in things you usually like to do? Have you lost interest in your friends or relatives?”]

Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

0 = Normal interest in the surroundings and in other people.

2 = Reduced ability to enjoy usual interests.

4 = Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.

6 = The experience of being emotionally paralysed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends.

Q8: SCORE (between 0-6): _____

9. Pessimistic thoughts [“In the past two weeks, have you been thinking about blaming your self or been feeling guilty?”]

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin.

0 = No pessimistic thoughts.

2 = Fluctuating ideas of failure, self -reproach or self - depreciation.

4 = Persistent self -accusations, or definite but still rational ideas of guilt or sin.

Increasingly pessimistic about the future.

6 = Delusions of ruin, remorse or irredeemable sin. Self - accusations which are absurd and unshakable.

Q9: SCORE (between 0-6): _____

10. Suicidal thoughts [“Have you been thinking that life is not worth living or been considering suicide?”]

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.

0 = Enjoys life or takes it as it comes.

2 = Weary of life. Only fleeting suicidal thoughts.

4 = Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention.

6 = Explicit plans for suicide when there is an opportunity. Active preparations for suicide.

Q 10: SCORE (between 0-6): _____

Thank you.

Homeless CalWORKs Families Project
Staff Survey at Discharge

PLEASE COMPLETE THIS FORM FOR ALL CLIENTS WHO CONSENTED TO BE IN THE STUDY. THE FORM IS DUE WITHIN 30 DAYS OF A CLIENT INFORMING YOU THEY ARE LEAVING THE PROGRAM OR 30 DAYS OF WHEN YOU TERMINATE THE CLIENT. FOR CLIENTS STILL ENROLLED AND ACTIVE AT THE END OF MAY 2007, IT IS DUE BY THE END OF MAY.

THANK YOU.

Client Identifier: _____ (Study ID from Client Roster)

Date client admitted to HCFP program: _____

Case Manager: _____ Date of Rating _____

SITE:

1. Downtown

2. PROTOTYPES

3. Shields for Families

4. San Fernando Valley CMHC

5. Pacific Clinics

6. ENKI

Questions? Call Dan Chandler the evaluator at (707) 677 0895 or email: dwchandl@cox.net

SECTION I. CLIENT STATUS IN THE PROGRAM

A. What is the client’s current status in the HCFP program? (Please circle the number in front of the most accurate statement.)

1. Client left HCFP services prior to May 31, 2007—please enter the date of last mental health visit: _____

(GO TO PART B, THEN CONTINUE TO SECTION II)

2. Client is still in services as of May 31, 2007 (SKIP TO SECTION II)

B. Please explain why the client is no longer in the program.

1. Which of these reasons best describes the reason the client is not in the program?

- CLIENT MOVED OUT OF COUNTY 1
- CLIENT MOVED ELSEWHERE IN THE COUNTY 2
- CLIENT REJECTED SERVICES..... 3
- CLIENT GOT PERMANENT HOUSING 4
- CLIENT LOST CUSTODY OF CHILDREN 5
- CLIENT LOST CALWORKS ELIGIBILITY 6
- LOST CONTACT WITH CLIENT 7
- CLIENT WAS DROPPED BY PROGRAM 8
- OTHER REASON (EXPLAIN IN Q2.) 9

1a. Please describe the “other reason”

2. Please briefly describe circumstances around why client left the HCFP, e.g. “Client moved out of county to take a job,” or “Client’s youngest child turned 18.”

Please answer the rest of the questions as of the most recent information you have about the client.

**SECTION II: DESCRIPTION OF CLIENT
DEMOGRAPHICS PERSONAL CHARACTERISTICS**

Client age: _____

Client race/ethnicity:

- ASIAN OR ASIAN/AMERICAN 1
- AMERICAN INDIAN/ ALASKA NATIVE 2
- FILIPINO OR FILIPINO/AMERICAN 3
- CAUCASIAN/ WHITE 4
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 5
- BLACK OR AFRICAN/AMERICAN 6
- LATINO, MEXICAN, MEXICAN-AMERICAN, OR OF
OTHER SPANISH HERITAGE 7
- OTHER (INCLUDING COMBINATION OF ABOVE) 8

Client gender:

- FEMALE..... 1
- MALE 2

Client family unit:

Number of minor children living with client at this time: _____

[Including adopted or foster or others.]

Does client have a spouse or partner with whom they currently live?

- YES 1
- NO..... 2

Current Axis 1 psychiatric diagnosis category:

HOUSING

Q1. Where is client currently living? (Circle one)

1. On the streets, in an abandoned building; car; park
2. Encampment
3. Emergency homeless shelter
4. Transitional homeless shelter
5. A hotel, motel or SRO paid for with an emergency housing voucher
6. Rented room in a hotel, motel or SRO
8. Rented house or apartment
9. Rented house or apartment using Section 8, ShelterPlus or other voucher
10. With parents
11. With other relatives (whether paying rent or not)
12. With friends (whether paying rent or not)
13. In domestic violence shelter
14. In an institution (jail, halfway house, hospital, nursing home)
15. Doubled up with another family
16. Other: Please specify _____

Q1B. Please explain if any of the client's children are not living with client.

Q2. Did client apply for Section 8?

1 Yes

2 No

IF YES,

Q2B. Was Section 8 approved?

1 Yes

2 No

Q2C. Has the client found permanent housing which will accept the Section 8 Voucher?

1 Yes

2 No

Q3. IF CLIENT DID NOT OBTAIN A SECTION 8 HOUSING VOUCHER, what housing supports were provided as an alternative (such as a rental assistance)?

Q3A. How has the lack of a Section 8 voucher affected this family?

- Q4. *Most recent* source and amount of family income.
Source: _____
Amount in the intake month:\$ _____

Parenting

- Q5. Please describe the client's ability to meet the needs of her/his children *currently or the last time you saw the parent*. (Circle one of the numbers.)

1. VERY HIGH Client fully meeting the emotional and physical needs of the children in the family. S/he provides consistent and nurturing care.
2. GOOD Client is meeting children's basic needs for safety, medical care, housing, food, clothing and emotional care most of the time. S/he may feel overwhelmed, but is coping with demands of parenting.
3. INCON-
 SISTENT Client's parental care is inconsistent. Children's basic needs are not met on a consistent basis. Parent frequently feels overwhelmed and may show poor judgment.
4. DEFICIENT Client has severely diminished parenting abilities. Children's basic needs are not being met, resulting in high-risk conditions.
5. UNSAFE Client's behavior/situation threatened the safety of the children so a CPS report was made OR client already had child removed from home by CPS.
6. CAN'T
 JUDGE Not enough information to judge reliably.

- Q6. During the course of services did the client have a child removed by child welfare services?

- 1 Yes
- 2 No
- 3 Don't know or not sure

Q7. During the course of treatment did the client have a child restored to her/him by child welfare services?

- 1 Yes
- 2 No
- 3 Don't know or not sure

Q8. Is the family under a formal child welfare reunification plan at this point in time?

- 1 Yes
- 2 No
- 3 NOT APPLICABLE

Q9. Was there any other involvement with CPS during treatment? If so, what?

Q10. During the course of treatment, *and independent of child welfare services*, did the client have a child return to live with her/him? Or have a leave to live with a relative or someone else? Please explain.

- 1 Yes
- 2 No

Q10A. Did a child go to live with a relative or someone else during this time?

- 1 Yes
- 2 No

IF YES FOR 10 OR 10A, PLEASE EXPLAIN:

Q11. If parenting improved during the course of treatment, briefly describe why you think it did.

Q12. What specific treatment activity was done regarding parenting, if any?

III Children

Q13. How regularly have children been attending school? If not regular attendance, why not?

Q14. Has the program been in contact with school(s) for any reason? If so, briefly describe how the contact came about and what it was about.

Q15. Has the client identified to you any significant problems with any of his/her children?

1 Yes

2 No

IF YES, What are the problems?

- Q16. Has the treatment program itself seen the children (Circle Yes or No or Other)
- Q16A. Yes No For assessment?
 - Q16B. Yes No Individual counseling?
 - Q16C. Yes No Family therapy?
 - Q16D. Yes No Other (specify below)
- Q17. Did the program make any referrals to specialized service programs outside your agency for any of the children? [MH treatment, developmental disabilities, etc]
- 1 Yes
 - 2 No
 - 3 Don't know or not sure
- Q17A. IF YES, were they followed-through?

Q18. If you have had sufficient contact with the children how would you rate change in children over the period of treatment?

Q19. Do child health or other child problems seem likely to affect the client's chances of finding permanent housing and/or employment?

- 1 Yes
- 2 No

IF YES, please explain

Q20. How would you characterize the *client's* health at the last visit?

- a. Excellent
- b. Good
- c. OK (No major problems)
- d. Poor
- e. Very poor

Q21A. Please describe the client's health problems if you think they may constitute a barrier to employment.

Q22. Has the client applied for SSI? Or do you anticipate this in the near future?

- 1 Yes
- 2 No

Supports

Q23. How much assistance do you expect that existing family and friends will be able to provide the client's family over the next year? (*Include all the kinds of support the family might need, from emotional to financial, to housing, to child care....*)

1. A significant amount of support
2. A moderate amount of support
3. Some support but not a lot
4. Minimal support
5. Client has no family or friend support network

Work Activities

- Q24. What is in the client's WTW Plan at this point?
- a. Yes No Mental Health Services
 - b. Yes No School or GED
 - c. Yes No Vocational training of some sort
 - d. Yes No Employment
IF YES, how many hours a week? _____
 - e. Other work activities (Please list)

Q25. How have the WTW work activities changed since enrollment?

Q26. Please describe the client's *capacity* to work at the time of the last visit. Please take into account work skills, attitudes and beliefs, available supports (friends, family, child care, transportation), and impairment due to symptoms. *(Circle one of the numbers.)*

- 1. VERY GOOD
- 2. GOOD
- 3. OK
- 4. POOR
- 5. VERY POOR
- 6. CAN'T JUDGE

Q26A. How has client's capacity to work changed since enrollment? Why do you think it has changed?

Q27. Did the homeless families program do anything specific to help the client prepare for, find, or maintain employment?

- 1 Yes
- 2 No

Q27A. IF YES, what?

Other Events

Q28. WAS THE CLIENT ARRESTED DURING THE TIME S/HE WAS IN THE PROGRAM?

- 1 Yes
- 2 No
- 3 Not sure

Q29. Did the client spend time in jail during the time s/he was in the program?

- 1 Yes
- 2 No
- 3 Not sure

Q30. Did the client have any other involvement with police or courts since enrollment?

- 1 Yes
- 2 No
- 3 Don't know or not sure

Q31A. IF YES, What?

Q32. Has the client been victimized since enrollment?

- 1 Yes
- 2 No
- 3 Don't know or not sure

Treatment

Q34. Please describe the client's service participation in scheduled mental health services.
(Circle one number.)

1. VERY GOOD Client participated in all or virtually all sessions.
2. GOOD Client participated in most sessions.
3. POOR Client participated sporadically.
4. MINIMAL Client participated rarely.

Q35. How committed did client seem to therapy?

- 1 Very committed
- 2 Moderately committed
- 3 A little committed
4. Not committed at all

Q36. Were referrals made to other *treatment* programs, e.g. substance abuse, or domestic violence?

SEPARATE FOR DURGSALCOHOL AND DV.

- 1 Yes
- 2 No
- 3 Don't know or not sure

Q37. Please circle number that best reflects the client's change in these areas during the course of treatment. If the area was not a problem at the beginning of services circle "Not Applicable."

DOMAIN	STRONG POSITIVE CHANGE	SOME POSITIVE CHANGE	NO CHANGE	NEGATIVE CHANGE	NOT APPLICABLE	CAN'T JUDGE
Capacity to look for, find, or retain a job	1	2	3	4	5	6
Parenting ability	1	2	3	4	5	6
Ability to manage daily life tasks	1	2	3	4	5	6
Mental health/emotional problems	1	2	3	4	5	6
Domestic violence situation	1	2	3	4	5	6
Substance abuse problems	1	2	3	4	5	6

Likelihood client will succeed

Q38. How successful do you think the client will be in finding and/or retaining employment in the next year? Briefly explain why you think that.

1. Highly successful
2. Moderately successful
3. Little or no success

Q39. What is your current judgment about how successful the client will be in finding and/or retaining permanent housing in the next year? Briefly explain

1. Highly successful
2. Moderately successful
3. Little or no success

Please fill out the scales that follow.

ALCOHOL USE SCALE

Please rate your client's use of alcohol over the two months prior to the last visit according to the following scale. You should weight evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community, etc.) in making this rating.

_____ 1 = ABSTINENT Client has not used alcohol during this time interval.

_____ 2 = USE WITHOUT IMPAIRMENT Client has used alcohol during this time interval, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.

_____ 3 = ABUSE Client has used alcohol during this time interval and there is evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use. For example, recurrent alcohol use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.

_____ 4 = DEPENDENCE Meets criteria for ABUSE plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of alcohol use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms, alcohol taken to relieve or avoid withdrawal symptoms. For example, drinking binges and preoccupation with drinking have caused client to drop out of job training and non-drinking social activities.

_____ 5 = DEPENDENCE WITH INSTITUTIONALIZATION Meets criteria for DEPENDENCE plus problems are so severe that they make noninstitutional living difficult. For example, constant drinking leads to disruptive behavior and inability to pay rent so that client is frequently in jail, hospitalized or homeless.

DRUG USE SCALE

Please rate your client's use of drugs over the two months prior to the last visit according to the following scale. You should weight evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community, etc.) in making this rating.

_____ 1 = ABSTINENT Client has not used drugs during this time interval.

_____ 2 = USE WITHOUT IMPAIRMENT Client has used drugs during this time interval, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.

_____ 3 = ABUSE Client has used drugs during this time interval and there is evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use. For example, recurrent drug use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.

_____ 4 = DEPENDENCE Meets criteria for ABUSE plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of drug use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms, drugs taken to relieve or avoid withdrawal symptoms. For example, binges and preoccupation with drugs have caused client to drop out of job training and non-drug social activities.

_____ 5 = DEPENDENCE WITH INSTITUTIONALIZATION Meets criteria for DEPENDENCE plus problems are so severe that they make noninstitutional living difficult. For example, constant drug use leads to disruptive behavior and inability to pay rent so that client is frequently in jail, hospitalized or homeless.

Please circle number(s) in front of illicit drugs used (including misused prescription drugs):

- 1 Cannabis
- 2 Cocaine
- 3 Hallucinogens
- 4 Opiates
- 5 PCP
- 6 Stimulants
- 7 Sedatives/Hypnotics/Anxiolytics
- 8 Over-the-counter
- 9a Other _____
- 9b Other _____
- 9c Other _____

CLINICIAN DOMESTIC VIOLENCE SCALE

Please rate the extent and nature of domestic violence over the two months prior to the last visit according to the following scale. You should weight evidence from self-report, interviews, behavioral observation, and collateral reports (family, day center, community, etc.) in making this rating.

1 = NO ABUSE No abuse in any of client's intimate partner relationships.

2 = LESS SERIOUS ABUSE Client has been subjected to some abuse such as partner calling her names, humiliating her, being excessively jealous, or constantly criticizing her, making her feel guilty about working/training/education, or disapproving of mental health treatment; but these activities have not interfered with her daily activities nor caused marked emotional distress.

3 = SERIOUS ABUSE Client has been subjected to a level of abuse that has interfered with her daily activities or caused marked emotional distress. Examples include partner limiting her contact with friends or family, interfering with or making it difficult for her to get work/education/training, interfering with or making it difficult for her to get mental health treatment, pushing her, slapping her, threatening her with a fist, following her, limiting her access to income.

4 = SERIOUS PHYSICAL ABUSE OR THREATS Client has been subjected to serious physical abuse or major threats. Serious physical abuse includes any of the following: beat up, choked, kicked, bit, hit with a fist, hit with a thrown object, being forced or coerced into sex, or being physically hurt by any other partner action. Major threats include partner threatening to kill himself or her, to hurt or kidnap her children, or to call Child Protective Services.

5 = EXTREME ABUSE At least one of the following has occurred: Client received medical attention for the physical abuse, client obtained a restraining order, client left relationship and went to live in a secret location (i.e. shelter or someplace unknown to abuser).

Please answer following questions:

Does the client currently have a restraining order for any person? Yes No

Does the client have a Family Violence Option waiver under CalWORKs? Yes No

MONTGOMERY-ÅSBERG DEPRESSION RATING SCALE (MADRS)

(Please fill in one number from zero to six at the bottom of each question. Use 1, 3, or 5 to indicate a condition in between 0, 2, 4 and 6. Please rate the client after a clinical interview that focuses on these feelings and behaviors. You may use the sample questions or any other questions that help you get the information needed. Rate behavior and feelings occurring in the two weeks prior to the clinical interview.)

1. Apparent sadness [Judge by appearance.]

Representing despondency, gloom and despair (more than just ordinary transient low spirits), reflected in speech, facial expression, and posture. Rate by depth and inability to brighten up.

0 = No sadness.

2 = Looks dispirited but does brighten up without difficulty.

4 = Appears sad and unhappy most of the time.

6 = Looks miserable all the time. Extremely despondent

Q1: SCORE (between 0-6): _____

2. Reported sadness [SAMPLE QUESTION “How have you been feeling during the past two weeks? Have you been feeling sad?”]

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope.

0 = Occasional sadness in keeping with the circumstances.

2 = Sad or low but brightens up without difficulty.

4 = Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances.

6 = Continuous or unvarying sadness, misery or despondency.

Q2: SCORE (between 0-6): _____

3. Inner tension [“Have you been feeling inner tension, edginess or discomfort in the past two weeks? Or panic?”]

Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.

0 = Placid. Only fleeting inner tension.

2 = Occasional feelings of edginess and ill -defined discomfort.

4 = Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty.

6 = Unrelenting dread or anguish. Overwhelming panic.

Q3: SCORE (between 0-6): _____

4. Reduced sleep [“How have you been sleeping in the past two weeks?”]

Representing the experience of reduced duration or depth of sleep compared to the subject’s own normal pattern when well.

0 = Sleeps as normal.

2 = Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep.

4 = Moderate stiffness and resistance

6 = Sleep reduced or broken by at least 2 hours.

Q4: SCORE (between 0-6): _____

5. Reduced appetite [“How has your appetite been in the past two weeks?”]

Representing the feeling of a loss of appetite compared with when well. Rate by loss of desire for food or the need to force oneself to eat.

0 = Normal or increased appetite.

2 = Slightly reduced appetite.

4 = No appetite. Food is tasteless.

6 = Needs persuasion to eat at all.

Q5: SCORE (between 0-6): _____

6. Concentration difficulties [“In the past two weeks have you had any trouble concentrating, like in reading or carrying on conversations?”]

Representing difficulties in collecting one’s thoughts mounting to an incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced.

0 = No difficulties in concentrating.

2 = Occasional difficulties in collecting one’s thoughts.

4 = Difficulties in concentrating and sustaining thought which reduced ability to read or hold a conversation.

6 = Unable to read or converse without great difficulty.

Q6: SCORE (between 0-6): _____

7. Lassitude [“Are you having any trouble getting going on things you need to do every day?”]

Representing difficulty in getting started or slowness in initiating and performing everyday activities.

0 = Hardly any difficulty in getting started. No sluggishness.

2 = Difficulties in starting activities.

4 = Difficulties in starting simple routine activities which are carried out with effort.

6 = Complete lassitude. Unable to do anything without help.

Q7: SCORE (between 0-6): _____

8. Inability to feel [“Are you interested in things you usually like to do? Have you lost interest in your friends or relatives?”]

Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

0 = Normal interest in the surroundings and in other people.

2 = Reduced ability to enjoy usual interests.

4 = Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.

6 = The experience of being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends.

Q8: SCORE (between 0-6): _____

9. Pessimistic thoughts [“In the past two weeks, have you been thinking about blaming your self or been feeling guilty?”]

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin.

0 = No pessimistic thoughts.

2 = Fluctuating ideas of failure, self -reproach or self - depreciation.

4 = Persistent self -accusations, or definite but still rational ideas of guilt or sin.

Increasingly pessimistic about the future.

6 = Delusions of ruin, remorse or irredeemable sin. Self - accusations which are absurd and unshakable.

Q9: SCORE (between 0-6): _____

10. Suicidal thoughts [“Have you been thinking that life is not worth living or been considering suicide?”]

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.

0 = Enjoys life or takes it as it comes.

2 = Weary of life. Only fleeting suicidal thoughts.

4 = Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention.

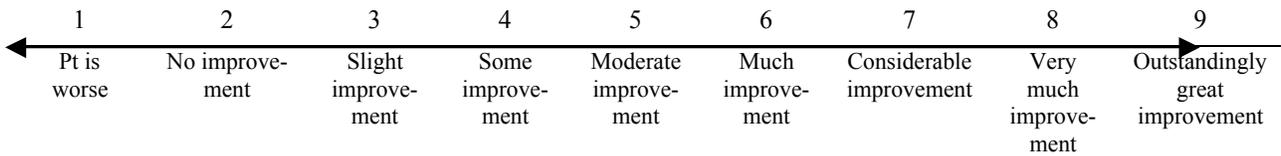
6 = Explicit plans for suicide when there is an opportunity. Active preparations for suicide.

Q 10: SCORE (between 0-6): _____

GLOBAL RATING SCALES

Please rate both improvement in mental health symptoms and overall functioning.

Please rate the amount of improvement in the patient’s mental health symptoms from the time of enrollment until now. *(Circle one number)*



What was the client’s Global Assessment of Functioning (GAF) score as of the last visit (0-100).
GAF: ___

Thank you.