
Ada County Family Violence Court Grant Project

Comprehensive Evaluation Report

Rocky Mountain Quality Improvement Center

Kenneth M. Coll, PhD
Roger A. Stewart, PhD
Boise State University
College of Education



Acknowledgements

As evaluators we want to acknowledge the wonderful Ada County Family Violence Court staff teamwork from Amber Moe, Renee Morse, Melissa Bonney, Sarah Kearney and Judge Lowell D. Castleton in helping develop the content for and editing of this report. We also thank Trista Kovach and Megan Smith for their editing support.

Table of Contents

A. Introduction.....	6
Description of the Program.....	7
Literature Review.....	9
Introduction.....	9
The History of Domestic Violence Within the Court System	9
Child Maltreatment and Child Protection Services	10
Relationship of substance abuse, domestic violence, and child maltreatment	11
Substance abuse and child maltreatment	12
Status of Inter-agency Cooperation – Benefits and Challenges.....	13
Why Agencies Do Not Cooperate.....	15
Models of collaboration – How Agencies Collaborate When They Do	17
Conclusion	18
B. Evaluation Design and Approach.....	19
Formulation of Specific Research Questions.....	19
Project Logic Model	19
Evaluation Approach and Activities	24
Description of Outcome Evaluation Process and Tools Utilized.....	24
Follow-Up and Location Procedures	25
Comparison Groups	26
Description of Tools Utilized.....	26
C. Process Evaluation	27
Program Start-Up.....	27
Program Implementation	28
Service Process of the Project.....	29
Clients and Their Characteristics (Demographics).....	32
Client Characteristics related to the Project’s Logic Model	33
Referrals.....	35
Program Elements and Considerations	35
D. Program and Client Outcome Evaluation Results.....	36
Service Outputs.....	37
Frequency and Duration of Client Contacts.....	40
Family Violence Court Grant Project Enrollment Outcome Data across the Life of the Project	40
Outcome Evaluation Results.....	41
Child Safety	41
Permanency.....	44
Family Well-Being.....	46
ICPS-Family Functioning Scale (adapted by P. Noller).....	47
North Carolina Family Assessment Scale (NCFAS)	48
The Garrity and Baris Parental Conflict Scale.....	50
Parent Safety	51
Spousal Assault Risk Assessment (SARA)	51
Parental Substance Abuse	53
Drug testing while enrolled in the project.....	53
Criminal Charges and Other Court Involvement	55

Cooperation/Collaboration Evaluation	60
Topical Areas	61
Exit Survey from Parents	62
Results from Parent Exit Survey	62
Interviews with Parents	63
Results from Parent Interviews	64
Satisfaction with Services	64
Overall Satisfaction with Services Provided through FVC Grant Project*:	65
Accessibility of Community Services and Participation in Community Services....	66
Service Provider Administrator Questionnaire	67
Service providers (N=14) categorically listed below returned the data collection form (some provided more than one service):	67
Results from Service Providers	67
Administrator Questionnaires	67
Contribution of FVC Grant Project.....	68
Communication and Cooperation Among Agencies	69
Suggestions for improvement	69
Additional Comments	70
Administrator Interviews	70
Knowledge of and Relationship with the FVC Grant Project.....	70
Front-line Service Provider Questionnaire	71
Front-line Staff Results	71
Contribution of FVCGP	72
Challenges in Serving Clients	73
Coordination and Satisfaction with FVCGP.....	73
Suggestions for Improvement/Sustainability	73
Interviews with the Family Court Judge, Prosecutors, Public Defenders, and Other Personnel Involved in the New Court.....	74
Summary of Key Findings	75
Demographics	75
E. Conclusion	77
Recommendations	79
Legacy of the Project	80
References.....	81

Appendices

Appendix 1 – Extent of Violence: National and State Data	80-81
Appendix 2 – FVC Grant Project Comprehensive Treatment Plan.....	82-84
Appendix 3 – FVC Grant Project Flowsheet.....	85
Appendix 4 – Ada County FVC Grant Project Front Line Service Provider Survey...	86-89
Appendix 5 – Ada County FVC Grant Project Interview Protocol for Participants..	90-95
Appendix 6 – Ada County FVC Grant Project Description of Services Survey.....	96-101

List of Tables and Figures

Tables 1-4 Logic Model Outcomes, Indicators, and Methods.....	20-22
Tables 5, 6, 6A Service Outputs (Attendance and Services/Activities).....	36-38
Table 7 Project Data Across Timeline.....	39-40
Table 8 Child Safety Outcome Results.....	41
Figure 2, 3 Child Safety Outcome Results.....	42
Tables 9, 10 Permanency Outcome Results.....	43-44
Figure 4 Permanency Outcome Results.....	43
Table 11 ICPS-FFS Outcome Results.....	46
Figure 5 ICPS-FFS Outcome Results.....	47
Table 12 NCFAS Outcome Results.....	47
Figure 6 NCFAS Outcome Results.....	48
Table 13 Garrity & Baris Conflict Scale Outcome Results.....	49
Figure 7 Garrity & Baris Conflict Scale Outcome Results.....	49
Table 14 Spousal Assault Risk Assessment Outcome Results.....	50
Figure 8 Spousal Assault Risk Assessment Outcome Results.....	51
Table 15 Drug Testing Participant and Comparison Groups.....	53
Figure 9 Drug Testing Participant and Comparison Groups.....	53
Tables 16-19 Criminal Charges and Civil Court Cases.....	54-56
Table 20 Alcohol and Drug Use at Intake and Exit.....	56
Table 21 Topical Areas by Collaborating Groups (Service Administrators, Parents, and Direct Service Providers).....	58-59
Table 22, 23 Parent Exit Satisfaction Survey Results.....	60
Figure 10 Parent Exit Satisfaction Survey Results.....	60
Table 24 Overall Satisfaction with Services.....	62
Table 25 Service Provider Administrator Questionnaire.....	64
Table 26 Administrators' Ratings of FVC Grant Projects' Contribution to Families.....	64
Table 27 Frontline Service Providers Ratings of FVC Grant Projects' Contribution to Families.....	69

A. Introduction

In July 2002, a pilot program was launched by the state of Idaho in Ada County to concentrate on the challenges that the court must face in managing domestic violence cases. The pilot program was called the Ada County Family Violence Court and has focused on strengthening families that are facing multiple issues, with the use of one judge to process cases and through early intervention strategies. “This new practice of ‘one family, one judge’ is designed to facilitate access to, and sharing of, accurate information pertaining to families within the court system, increase consistency when there are multiple court orders, and allow the judge to apply expertise to meet the unique needs of each family, while assuring continued, close judicial oversight to safeguard the safety and well-being of children” (Bonney, Moe, & Morse, 2005, pp. 40-41). The Family Violence Court handles domestic violence cases, also referred to as protection or restraining order cases, that involve children, as well as any of the family’s related divorce, custody, and child support cases, along with any family violence criminal misdemeanor cases. The purpose of the court is to provide a safe environment for families at risk and for the judge to be able to create a coordinated response that factors in all of the familial issues, removing the possibility of separate judges providing different rulings that are confusing and have negative consequences to the family.

In the beginning of 2003, the Family Violence Court (FVC) was awarded a three year grant funded by the U.S. Department of Health and Human Services through the Rocky Mountain Quality Improvement Center (RMQIC). The RMQIC’s primary purpose is to strengthen families facing issues with child abuse or neglect and substance abuse. The RMQIC had the following goals of financially supporting, evaluating the effectiveness of the program, to provide technical assistance, assist in establishing a working relationship between child protection workers and share in the findings of the project (Castleton, Castleton, Bonney, & Moe, 2005). The Family Violence Court Grant Project was research based and sought to determine whether assessment, comprehensive services and a streamlined delivery process assist in strengthening and supporting families with substance abuse issues and who have a potential risk to or are experiencing child maltreatment when they become involved in the judicial system due to family violence issues.

This report includes an extensive review of the literature in support of the project’s purpose, a detailed design of the research approach, and a comprehensive examination of the project’s outcomes. For further information in regards to the project’s processes and procedures, please refer to the **Project Replication Manual and Case Coordinator Handbook**.

Description of the Program

The Family Violence Court (FVC) Grant Project was designed to strengthen families who struggle with child abuse and neglect, substance abuse, and domestic violence through streamlining the response of the judicial system to families in crisis and using the authority of the court to achieve a highly collaborative design for services. It is purported that families who are experiencing this combination of issues may have concurrent, multiple case(s) within the court system and lack a coherent, comprehensive, and

collaborative approach to service coordination. This project is a collaborative approach to case management administered by the court, partnering the court with the Department of Health and Welfare, Family and Children's Services (DHW), probation, and community services organizations. Families are referred into the FVC Grant Project through the Department of Health and Welfare Family and Children Services (DHW) and Family Court Services (FCS) due to concerns of family violence and substance abuse.

The FVC Grant Project has four major goals:

- Keep families and children safe while providing appropriate social service referrals, and community support through the judicial process.
- Establish a multi-system approach to treatment for families involved with the court and social service agencies, replacing a fragmented or redundant approach to treatment with a cohesive treatment plan that focuses on the needs of children and the family system.
- Monitor substance abuse treatment, domestic violence treatment, parent education and/or counseling, through active case management and coordination.
- Strengthen child safety and improve family well-being through early identification all of the issues contributing to these families' distress.

The FVC Grant Project allowed the court to provide case management, as well as funding for services and treatment to families who participate in the project. The program is a research project, so participation is voluntary. While participants cannot be court ordered to participate in the project, they may be court ordered to undergo evaluation and treatment, regardless of participation in the project. If they participated in the grant, these services were coordinated and funding was provided.

In Ada County, Family Violence Court was implemented under the direction of Senior Judge Lowell D. Castleton. The Family Violence Court Grant Project was housed within the Ada County Family Violence Court, which was instituted in order to support families who struggle with multiple issues through early intervention strategies, by using a single judge for case processing and case coordination. This new practice was implemented to decrease the risk of inaccurate information sharing, increase consistency and compatibility of court orders, and allow the judge to apply his expertise to meet the unique needs of each family, while assuring continued, close judicial oversight to safeguard the well-being of children. Civil domestic violence cases involving children were coordinated with the family's related divorce, custody and child support cases, as well as any related misdemeanor domestic assault and battery, violation of no contact orders, or injury to child cases in an effort to protect children and other victims from violence. These were the types of cases handled by this court and thus were eligible for potential enrollment in the Family Violence Court Grant Project.

The Idaho Supreme Court (ISC), The Family Violence Court Senior Judge, Lowell D. Castleton, and Ada County Family Court Services (FCS) provided oversight of the Family Violence Court Grant Project.

The Idaho Supreme Court (ISC) was responsible for administering funds for the project in accordance with the policies and budget of the project, and in compliance with RMQIC requirements. The ISC also will have access and may use the evaluation information collected to identify best practices for replication of this program in other courts throughout the state.

The Family Violence Court Senior Judge provided oversight of the project as the Project Director and served as the single specialized Judge hearing domestic violence cases and related domestic relations cases (divorce and custody). Additionally, the Judge may have been assigned any co-occurring misdemeanor criminal cases (domestic assault and battery, violation of a no contact order) and may have had knowledge of any child protection issues.

Ada County provided a minimum 17% match and cost sharing for the FVC Grant Project. The Ada County Family Court Services Administrator (Program Manger) and the Clinical Supervisor oversaw evaluation activities, assisted in developing policies and procedures, and provided general project oversight. In addition, Family Court Services staff reviewed the FVC Assessments, participated in MDT and Treatment Planning Meetings, and provided assistance in project evaluation. Family Court Services also provided information related to grant project cases through researching criminal histories and the court files. Family Court Services Clinical Supervisor has a Masters Degree in Social Work and was a Licensed Clinical Social Worker with a background in court assessments. The Program Manger has background in program design and management, budgeting, and grant administration.

Literature Review

Introduction

The Family Violence Court Grant Project sought to provide intensive case coordination, funding for services, thorough intake assessment, and coordination of a treatment plan in an effort to strengthen and support families who have substance abuse issues, child maltreatment concerns, and are experiencing family violence. In addition, the project sought to determine the effectiveness of building partnerships with community resources and systems. The literature gathered in general supports this hypothesis.

The History of Domestic Violence Within the Court System

In the past, domestic violence was not an issue addressed in the court system, as it was not illegal. One of the most noteworthy reform efforts came in the 1990's, when the federal Violence Against Women Act was passed. In addition, mandatory arrest laws were enacted, funding was increased to provide services to victims, as well as distinct domestic violence prosecution and police units were created (Conference of Court State Administrators [CCSA], 2004). Effective interventions in domestic violence courts were identified, including: better information gathering, an emphasis on victim safety,

enhanced accountability, improved access to justice and judicial leadership to promote interagency collaboration (CCSA, 2004). As statutes and case law indicated that domestic violence was against the law, domestic violence cases began to inundate the court system, and initially these cases were handled as any other. The difficulty in handling these cases with the traditional approach led to perpetrators not being allocated the appropriate sanctions. Victims were not being afforded necessary services; and many victims were returning to their battering partner due to financial and emotional reasons. As a result, many state courts to begin experiencing a high recidivism rate for these cases.

Child Maltreatment and Child Protection Services

The Federal Child Abuse Prevention Act (CAFTA), which was amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm” (Child Welfare Information Gateway, para. 1). Most states have delineated types of abuse into four major categories: neglect, physical abuse, sexual abuse and emotional abuse. Neglect can be categorized as physical, medical, educational or emotional. Physical abuse encompasses physical injuries ranging from minor bruises to fractures to possible death. Sexual abuse includes behavior by a parent that can range from inappropriate touching to rape and sodomy, but may also include exploitation of a child through prostitution or the production of pornographic materials. Emotional abuse “is a pattern of behavior that impairs a child’s emotional development or sense of self-worth.” Emotional abuse is difficult to substantiate, therefore, authorities may not be able to intervene without additional evidence of harm to the child. The literature indicates that substance abuse may be a substantial factor in the incidence of domestic violence and child maltreatment. Rittner and Dozier (2000) postulate that the increasing rates of physical and sexual abuse, as well as neglect, are associated with substance abuse issues. Given the prevalence of families who are involved in the child welfare system and who also have substance abuse concerns, it is likely that children who are in families where substances are being abused are at risk for abuse and neglect (Rittner & Dozier, 2000).

Characteristics of Child Protection Services (CPS) work include an emphasis on reaching out to children and families involved in the maltreatment of children while also giving critical safety and risk assessment responsibilities and authority to protect children (Brittain & Hunt, 2004). Also unique to CPS is they have knowledge of the law, are skilled in the use of the court, and they carefully balance the rights of the parents and children who are involved as well as society (Brittain & Hunt, 2004). In support of these efforts, the American Humane Association has been working for more than a century to provide services for children and “is a national leader in developing programs, policies, and services to prevent the abuse and neglect of children, while strengthening families and communities and enhancing social service systems” (American Humane, n.d., para.1).

Child maltreatment referrals to CPS can either be substantiated or unsubstantiated. A referral is considered to be substantiated when an investigation “concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law

or State policy” (U. S. Department of Health and Human Services [USDHHS], 2004, p.118). For the children who experience recurrent maltreatment, the efforts of the CPS system may not have been effective in preventing subsequent maltreatment. The Children’s Bureau has instituted a national standard for subsequent maltreatment, and indicates “a state meets the national standard for this indicator if, of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the period under review, 6.1% or fewer children had another substantiated or indicated report within 6 months” (USDHHS, 2004, p. 27).

Unique within the judicial system, family courts are expected to understand a wide range of legal, social, and psychological issues, such as child development, the effect of trauma induced by domestic violence, and family relationships (Badeau, 2003). Further, family courts are often strained by enormous case loads and complex cases involving many hearings; just as the child welfare system was strained and in need of reform, so the court system has been in need of improvement (Badeau, 2003; Schneider & Crow, 2005). In addition to the aforementioned obstacles facing the courts, an increased number of families are entering into the child welfare system due to identified substance abuse issues. Substance abuse is now considered one of the three most common reasons for children entering into foster care and as many as 80 percent of all substantiated cases of child abuse and neglect have substance abuse as a common factor (Azzi-Lessing & Olsen, 1996).

Relationship of substance abuse, domestic violence, and child maltreatment

Substance abuse and domestic violence

Multiple studies over many years reinforce the commonly held understanding that alcohol use is often involved in incidents of domestic violence (Chartas & Culbreth, 2001). Data from large national surveys, from small studies, and from regional clinics repeat the findings: alcohol abuse is frequently associated with domestic violence (Collins, Kroutil, Roland, & Moore-Gurrera, 1997). Two thirds (66%) of domestic violence victims reported that alcohol was a factor in an analysis conducted in 1996 (Chartas & Culbreth, 2001). Further, chronic alcohol abuse is associated with a greater level of severity of violence in the home (Chartas & Culbreth, 2001; National Center on Substance Abuse and Child Welfare, 2003). Canadian studies have similar results, showing that 50% of male batterers are alcoholic (Irons & Schneider, 1997).

While researchers generally agree that there is a relationship between alcohol abuse and domestic violence (i.e., one frequently occurs with the other), studies often paint a different picture of the extent of this relationship (Maiden, 1997). Collins et al. (1997) states that analyses of the relationship between alcoholism and domestic violence vary, showing a range of figures from 25% to 80%. A study by Rounsaville showed that 29% of abused women reported their partners had been drinking at the time of the violent incident (Collins et al., 1997). Similar studies by other researchers had different results: Gayford reported intoxication was evident in 44% of the cases; Carlson’s study showed alcohol in 67% of the incidents; and Roy found 80% of men who drink occasionally had a higher tendency to abuse their partners when they were drinking (Collins, et al., 1997).

Alcohol and substance abuse are frequently factors in the lives of the victims as well. Women who drink excessively are at an increased risk for battering (Irons & Schneider, 1997, Miller, 1990). Further, women who are alcoholic tended to be at higher risk for severe violence, whether perpetrated by the woman or by her partner (Irons & Schneider, 1997).

Research shows an overwhelming association between alcohol abuse and domestic violence, but is less clear on the causality or nature of the correlation (Chartas & Culbreth, 2001; Fazzone, Holton, & Reed, 1997; Lee & Weinstein, 1997; Maiden, 1997). It is unclear if abusive partners use alcohol as an excuse for violence, are incited to violence by the alcohol, or are less inhibited because of alcohol use (Chartas & Culbreth, 2001). Because of the lack of a clear explanation, evidence, or consensus in the research, many researchers consider alcohol a contributing factor (Chartas & Culbreth, 2001; National Center on Substance Abuse and Child Welfare, 2003), but not the cause of a violent incident.

The association of alcohol to domestic violence has been well documented in the research literature; the association of other drugs is less well documented. Other substances, such as amphetamines, PCP, barbiturates, and cocaine, have been examined to determine the extent of their relationship to violence, and some research shows that the increase or decrease in the likelihood of domestic violence may depend in part on the type of drug being used (Irons & Schneider, 1997; Lee & Weinstein, 1997; Rittner & Dozier, 2000; Shafer & Fals-Stewart, 1997). Heroin and marijuana, for example, may lessen violent tendencies (Lee & Weinstein, 1997). As much of the research literature uses the term “substance abuse” to mean drugs and alcohol, some of these distinctions among the substances are not clear in the literature.

Methamphetamine addiction, a particularly serious problem in Idaho, warrants concern due to the relationship between methamphetamine abuse and violence. Research on methamphetamine abusers consistently cites a tendency toward violence, and according to some researchers, the possibility of violent incidents rises the longer the addiction continues (Miller, 1990; National Institute on Drug Abuse, 2002).

Finally, studies have shown that the combination of alcohol and drug abuse is more likely to lead to domestic violence than the use of alcohol alone (Lee & Weinstein, 1997). The combination of alcohol and drugs also seems to lead to a greater severity of injury in domestic violence incidents (Irons & Schneider, 1997).

Substance abuse and child maltreatment

The National Committee to Prevent Child Abuse found that parental substance abuse was as significant a factor as poverty in cases of neglect or abuse (Gregoire & Schultz, 2001). However, actual prevalence rates of the co-occurrence of child abuse and substance abuse are difficult to determine due to lack of screening that takes place in regards to substance abuse issues (Rittner & Dozier, 2000). One study determined that substance abuse was present in 21 percent of neglect cases and 15.1 percent of physical abuse cases, while another concluded that 70 percent of a court-referred sample of child abusers were poly-substance users or engaged in criminal activities (Rittner & Dozier, 2000). Another

researcher determined that 51 percent of their sample was still using substances while under ordered supervision (Rittner & Dozier, 2000). One study indicated that nearly all children of substance abusers received some level of neglect, while one-third of these children suffered serious neglect (Semidei, Radel, & Nolan, 2001). A recent study conducted by the National Committee to Prevent Child Abuse established that 80 percent of child abuse cases have an association with alcohol use or other drug use (Bonney, et al., 2005). In Idaho, the Governor's chief of state was quoted as stating, "In over 80 percent of the cases drug involvement is the reason kids are removed from their homes" (Gamache, 2006, para. 43).

Research indicates that children from families where there is substance abuse tend to be involved in the child welfare system at a younger age, are more likely to be placed in out of home care, and once in out of home care, are more likely to remain there longer (Semidei et al., 2001). These children are more likely to have been severely and chronically neglected in comparison to other children in the child welfare system (Semidei et al., 2001). In addition, these children are more likely to exit the child welfare system through adoption; this process typically takes longer than family reunification (Semidei et al., 2001).

Child maltreatment and domestic violence

According to the National Clearinghouse on Child Abuse and Neglect, one million reports of child abuse and neglect are substantiated and many more incidents go unreported (National Clearinghouse on Child Abuse and Neglect, 2004). The research also suggests that the risk of child abuse increases in families with domestic violence (Schechter & Edleson, 1994). In one review of studies on this issue, the research suggests that children are abused in half of the families in which the mother is being a victim of domestic violence (Edleson, 1999). While it is common knowledge that children are harmed by direct abuse, researchers have more recently recognized that harm may also come to a child who is a witness to domestic violence. There is consensus in the research literature that children who are present or nearby during domestic violence incidents are at increased risk of emotional or developmental problems (Schechter & Edleson, 1994; Edleson, 1999; U.S. Department of Health & Human Services, 2004). The estimated number of children who witness domestic violence may be as high as 10 million per year, resulting in large numbers of children who are vulnerable to the development of severe emotional problems (Edleson, 1999; Schechter & Edleson, 1994). Thus, in those families in which domestic violence has occurred, children are at great risk either as witnesses to the violence or as victims.

Status of Inter-agency Cooperation – Benefits and Challenges

The need for cooperation between courts, social services (e.g., child protection services, cash assistance), and treatment programs stems from the understanding that single intervention programs or the criminal justice system by themselves cannot address all of the complexities of cases and the urgent goal of reducing recidivism (Healey & Smith, 1998). The research shows overwhelming evidence that substance abuse, domestic violence, and child maltreatment co-exist, while substance abuse is not the cause of

domestic violence and child maltreatment, each is an issue that needs to be addressed in order to increase family safety (National Center on Substance Abuse and Child Welfare, 2003 [NCSACW]; Collins, et al., 1997; Fazzino et al., 1997; Healey & Smith 1998; Irons & Schneider, 1997; Mills, 1999). Additionally, a report by the National Institute of Justice states that monitoring and case management seems to improve the success rate (NIJ, 2003). This suggests that monitoring and case management (from a single source agency acting as coordinator of services), which require collaboration across agencies, could be keys to successful treatment. Interestingly, one this evaluation also found that male batterers were likely to avoid battering their partners again if they owned a home or had a job (National Institute for Justice [NIJ], 2003), regardless of whether or not they received treatment

An additional rationale for building a coordinated system of services lies in the fact that each system – courts, social services, and treatment programs – serves an overlapping population. It is estimated that at least 50% of such clients are the same population (National Center on Substance Abuse and Child Welfare [NCSACW], 2003).

Domestic violence may be caused by a variety of factors, ranging from personality disorders to addiction to cultural values. For this reason, researchers propose that multi-modal treatment approaches may be more effective. They suggest that case coordination combining group, individual, and family counseling, types of counseling (e.g., cognitive-behavioral, interpersonal), and education may benefit clients with a complex set of problems (Cellini, 2002).

Emerging in the research literature is an approach that acknowledges the diversity of causes in particular families and includes an individualized treatment plan; there is no “one-size fits all” approach to treatment (Healey & Smith, 1998). Gondolf’s (2004) evaluation study found that commonalities among batterers make it appropriate for many treatment programs to use similar approaches, i.e., case management. Cellini (2002) concludes that a coordinated response based on effective practices is more effective than a single treatment program designed to address only substance abuse or only domestic violence.

Maiden (1997) also found that combined treatments – for substance abuse and domestic violence – led to reduced rates of recidivism. His research highlighted the importance of identifying and treating substance abuse in domestic violence cases (e.g., self-help meetings, group counseling, sponsors).

National Institute of Justice (2003) reports that a coordinated, case management response is most effective. Healey and Smith (1998) list the types of effective responses: expedite cases, use specialized prosecution and probation courts system, utilize culturally-specific interventions, and coordinate interventions. Gondolf’s (2004) research backs up this finding. He states that a streamlined system resulted in higher completion rates and lower re-assault rates (Gondolf, 2004). His findings also seem to support extensive case management, systematic monitoring, and ongoing victim contact to reduce re-assaults.

Coordinated intervention models are critical to reaching the goal of responding to the widespread problems of domestic violence, substance abuse (Fazzone et al., 1997; Wing, 2004) and child maltreatment. Linkages among programs happen informally as staff struggle to meet all of the needs of their clients.

Collins et al. (1997) found that linkages between substance abuse and domestic violence treatment programs were infrequent and weak. These authors state, “Our systems of care tend to be narrowly focused on a specific problem, and the systems operate independently” (p. 394). One study found that staff of substance abuse treatment programs were less likely to refer clients to domestic violence services, while staff at domestic violence programs were more likely to make routine referrals for their clients (Bennett & Lawson, 1994). In general, Bennett and Lawson found referrals to be infrequent. They also found, however, that staff believed in cross-referrals; staff felt that their clients would benefit from multiple treatment programs. On a more positive note, the National Institute of Justice reports on the growing trend for coordinated services. Their 1998 study reports that most of the surveyed batterer intervention programs receive 80% of their referrals from a court mandate (Healey & Smith, 1998).

Why Agencies Do Not Cooperate

Differing Philosophies and Mandates

Programming is diverse in its design and implementation, often stemming from highly charged philosophical or ideological beliefs (Healey & Smith, 1998). This potentially adversarial atmosphere makes it difficult for practitioners to communicate and understand each other; it is especially difficult for professionals from treatment programs or from the criminal justice system to understand each other.

Treatment providers may have deeply held beliefs based on personal experience, philosophy, or research results (Healey & Smith, 1998). These beliefs form the foundation of how the practitioner develops and implements a program, and can prevent cooperation and a willingness to change. Some domestic violence programs, for example, base their intervention model on a family based theory, with the goals of preserving the family, while often using couples counseling. This approach is not compatible with the criminal justice system in which a victim and a perpetrator have to be identified and treated separately (Healey & Smith, 1998).

Agencies may have underlying values that cause them to make assumptions or to misunderstand other agencies (NCSACW, 2003). Sharing data and information on clients presents both technical difficulties and ethical problems for agency staff (e.g., confidentiality). A lack of existing collaboration between child welfare agencies and domestic violence programs has been found. Carter and Schechter (1997) postulate that there is an inclination for child welfare professionals to look towards the abused mother to protect the children and when this has not occurred, the child welfare agencies have felt they had no choice but to force the mother to leave the abuser or charge her with failing to protect the children. This occurs because of the lack of available interventions in some communities to hold the abuser accountable, while keeping the family safe (Carter & Schechter, 1997). In addition, substance abuse treatment providers may be

unclear about the time-frame requirements that Child Protection must work within, while Child Protection may have unrealistic expectations for substance abuse recovery and rehabilitation (Brittain & Hunt, 2004).

Treatment providers may have different priorities based on their perspectives and foci. Substance abuse treatment programs may treat the disease first, for example, and consider the violence as a symptom of the disease. Domestic violence intervention models may focus on the safety of the victim, ensure the batterer has taken full responsibility for the incidents, and work on preventing the behavior from reoccurring. Further, counselors at a domestic violence intervention program may resist discussing or treating the alcohol addiction because they are concerned the batterer is using the alcohol as an excuse for the violence (Collins et al., 1997).

Differences in Funding and Structure

Agency or court staff may not know about all of the funding available for services (NCSACW, 2003). Traditional “silos” of funding sources create barriers to providing service across agency lines. Organizational boundaries and regulations may include criteria that prevent some clients from being served or for some services to be offered (Collins et al.,1997). State policy may further exacerbate the problem as different state offices often oversee domestic violence or substance abuse services (Collins et al.,1997). For example, some overlapping agencies use very different approaches and have very different philosophies. Feig (1998) indicated that although substance abuse and child abuse co-occur at a frequent rate, rarely are both the substance abuse treatment needs and the family safety issues addressed concurrently. This lack of collaboration is linked to both the child welfare and substance abuse agencies different views as to the nature of substance abuse, as well as who the agencies primary client is. For substance abuse treatment agencies, their client is the substance abuser, whereas child welfare agencies serve the child first and foremost and at times the outlined goals for each client may be incompatible. An example of this would be in a scenario where it is in the child’s best interest to be removed from the home, however, this may lead a parent to discontinue their substance abuse treatment (Feig, 1998).

Organizational differences present barriers to the clients as well as to staff who attempt to coordinate with other agencies. Differences may include hours of operation, or eligibility criteria for accepting clients. Staffing changes can affect agencies ability to cooperate. Judges may be forced to rotate and agency staff may experience high levels of turnover, making it difficult to build relationships and sustain integrated programs (NCSACW, 2003).

Lack of Expertise or Resources

Agencies functioning in different, but related, spheres of service to families may have little or no knowledge of their counterparts. Domestic violence treatment providers may not screen or be knowledgeable about substance abuse issues and chemical dependency program staff may not understand how to evaluate for domestic violence (NCSACW, 2003, Bennett & Lawson, 1994). Likewise, few communities have collaborative

relationships among child protection services and domestic violence programs (Carter & Schechter, 1997).

Researchers also propose the complexity and scale of the problems encountered by their clients may themselves be barriers. A family that has faced domestic violence and substance abuse will need a comprehensive set of services: health or medical care, housing, subsistence, safety, substance abuse treatment for victim and offender, intervention, and parental education (Collins et al., 1997). The logistics of linking all of these types of services together would be difficult for agencies and treatment providers.

Traditionally, social service workers have not had the expertise or training to develop case management plans that included substance abuse treatment or coordinated services for domestic violence. “Workers individually tend to focus on what they know best, ignoring other family considerations” (Tracy & Farkas, 1994, p. 1). Substance abuse treatment programs, for example, often do not address family functioning or parenting skills, nor do these programs attempt to provide comprehensive supports to families (e.g., childcare or housing) (Tracy & Farkas, 1994).

Models of collaboration – How Agencies Collaborate When They Do

As noted above, treatment programs and agencies often do not collaborate, but when they do work together the most common form of linkage is brokering or case management (Collins et al., 1997). A single case manager assesses the client’s needs and arranges appropriate referrals. This can be done in a setting that houses many agencies (i.e., a one-stop shopping approach) or it can be done in a region where services are in separate locations (Collins et al., 1997). It has been endorsed that case management is increasingly viewed as an important tool in the treatment of substance abuse and domestic violence (Fazzone et al., 1997). Other methods for improving the integration and coordination of services include cross training of staff, co-location, and routine screening for cross-problems by multiple agencies (Fazzone et al., 1997). Coordinating agencies and fostering linkages requires strong relationships among the staff and administrators (Fazzone et al., 1997). Bringing organizations together requires commitment to address a variety of issues, such as training, communication, roles and responsibilities, cultural competency, logistical problems, and awareness of partner needs and priorities (Azzi-Lessing & Olsen, 1996; Fazzone et al., 1997).

Models of collaborative approaches have been documented: Amend in Colorado, Intercede Program in Ohio, Dade County Domestic Violence Court in Florida, Federation of Family Funding in North Dakota, Community Partnership Project for the Protection of Children in Jacksonville, Florida, and the Massachusetts Department of Social Services (Carter & Schechter, 1997; Collins et al., 1997; Fazzone, et al., 1997). These programs all foster linkages among social services, criminal justice system, and treatment programs. They work to coordinate, not duplicate, services, relying on partner organizations to fulfill client needs. Treatment planning occurs in teams in these models and includes some of the following issues: time sequencing of treatment programs, safety of victims, sharing data across agencies to support monitoring activities, and development and use of sanctions.

Conclusion

The FVC Grant Project developed an infrastructure to specifically address salient issues discussed in this literature review. Bonney, Moe & Morse (2005) describe the efforts of the FVC Grant Project by explaining the challenges that child protection caseworkers struggle with in working with families and the court system regarding child custody, no-contact orders, and domestic violence issues. These authors relate that the difficulties arise due to a lack of collaboration and knowledge sharing. The grant project attempted to build a collaborative relationship with child protection workers and service providers who were working with families with these concerns, in an effort to provide the needed services and support to address those concerns, while keeping children safe. The subsequent chapters more thoroughly describe these results.

B. Evaluation Design and Approach

Formulation of Specific Research Questions

The FVC Grant Project evaluation process focused on tracking outcomes, indicators, and measures using the Logic Model design. The Logic Model guided the evaluation design and monitoring of program progress. Descriptions of project activities that were evaluated are found in Tables 1-4. Also included in the tables are the proposed outcomes, indicators, and methods per the Logic Model. The indicators and the methods under each implementation activity became the foundations for the evaluation design and the specific research questions addressed. The specific research questions that are explored include:

- Does using a comprehensive and collaborative approach with families that may have multiple cases in the court, that are complicated by substance abuse, child maltreatment, and domestic violence issues strengthen families?
- Does a thorough assessment of family functioning, which includes substance abuse, domestic violence, and child maltreatment, which identifies and provides early interventions for these characteristics work to strengthen families?
- Does having a trained case coordinator, who provides therapeutic services and facilitates a coordinated treatment plan lead to increased access to necessary resources and increase family functioning?

Project Logic Model

Program direction, implementation, and evaluation were guided by a program Logic Model. This Logic Model was developed through a participatory process between FCS staff, the RMQIC, and the Case Coordinator. The model states the overall problem that is to be addressed and the underlying assumption. In addition, implementation objectives, activities, and interventions are outlined and clearly identify intermediate and long-term goals. Below is an outline of program interventions using this Logic Model as a guiding framework.

Ada County Family Violence Court Project Logic Model

Problem Statement: Families who are currently experiencing or at potential risk for child abuse/neglect and who struggle with substance abuse, and family violence and may have concurrent, multiple cases within the court system, lack a coherent, comprehensive, collaborative approach to service coordination.

Underlying Assumption: Assessment, comprehensive services and a streamlined delivery process will assist to strengthen and support families who have issues with substance abuse and are at potential risk or are experiencing child maltreatment when they enter the judicial system as a result of family violence.

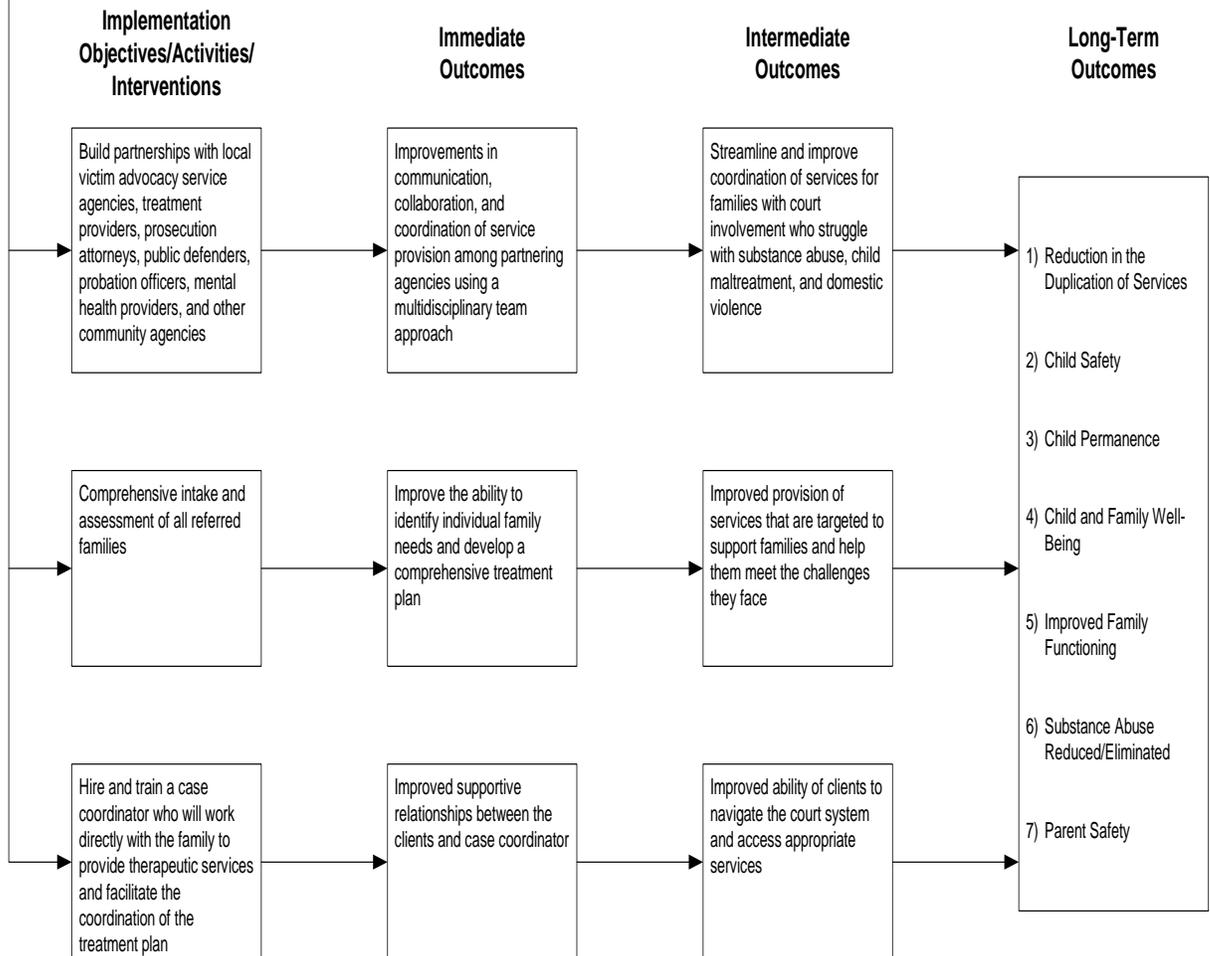


Table 1

<p>Implementation Activity #1: Build partnerships with local victim advocacy service agencies, treatment providers, prosecution attorneys, public defenders, probation officers, mental health providers, and other community agencies.</p>		
Outcomes	Indicators	Methods
<p>Immediate: Improvements in communication and collaboration among partnering agencies using a multidisciplinary team approach</p>	<ol style="list-style-type: none"> 1. Program referrals from DHW 2. Understanding of and commitment to project goals and methods from all project partners (court, DHW, substance abuse provider) 3. Improved formal and informal communications, interagency agreements, meetings, etc. 	<ol style="list-style-type: none"> 1. Track the number of referrals from DHW 2. Document efforts and materials to educate and communicate with DHW, substance abuse provider agencies, & other partners 3. Interview with project partners (court, DHW, and substance abuse providers) 4. Review of documents
<p>Intermediate: Improve coordination of services for families using a multidisciplinary team approach</p>	<ol style="list-style-type: none"> 1. MDT's held twice monthly, reviewing each family once monthly. MDT's staffed by all key providers and comprehensive treatment plans are developed 2. All identified client needs were addressed 3. Reduction in duplication of services 	<ol style="list-style-type: none"> 1. Observation of MDT 2. Interviews with MDT staff 3. MDT documentation (attendance, minutes) 4. Client self-report (exit surveys & interviews) 5. Compare treatment plans between program and comparison group families

Table 2

Implementation Activity #2: Comprehensive intake and assessment of all referred families.		
Outcomes	Indicators	Methods
Immediate: Improve the ability to identify individual family needs and develop a comprehensive treatment plan	<ol style="list-style-type: none"> 1. Treatment plans developed by the family and the MDT will be individualized and targeted to meet the needs of the family 2. Clients needs were identified 	<ol style="list-style-type: none"> 1. Review of selected treatment plans 2. Client self reports through exit interviews and selected interviews 3. Interviews with MDT staff
Intermediate: Targeted service delivery to support families and help them meet the identified challenges (per the Logic Model); Child safety permanency; Family well-being; Parent safety; Parent substance abuse reduced/eliminated	<ol style="list-style-type: none"> 1. Clients will be more likely to access and complete services (increased compliance) 2. Clients will feel that services are helping them to achieve their treatment goals (increased satisfaction) 	<ol style="list-style-type: none"> 1. Analysis of correlation between FVC assessment, evaluations and treatment plans 2. Comparison of treatment plans and entry and exit dates of referred treatment programs 3. Client self reports through exit interviews and selected interviews

Table 3

Implementation Activity #3: Hire and train a case coordinator who will work directly with the family to provide assessment, therapeutic services, and facilitate the coordination of the service plan.		
Outcomes	Indicators	Methods
Immediate: Provide clients with a case-coordinator who is available and accessible	Case coordinator will have frequent contact with family to provide resources, support, and facilitate service delivery	<ol style="list-style-type: none"> 1. Case coordinator notes and contact sheets 2. Client self-report through exit surveys and selected interviews
Intermediate: Improved ability of clients to navigate the court system and access appropriate referred and/or court ordered services	<ol style="list-style-type: none"> 1. Clients will be more likely to access and complete services (increased compliance) 2. Clients will understand court processes & attend all court hearings 	<ol style="list-style-type: none"> 1. Comparison of treatment plans and entry and exit dates of referred treatment programs 2. Client self reports through exit interviews and selected interviews 3. Review/compare court appearances between program & comparison families

Table 4

Long Term Goals		
Outcomes	Indicators	Methods
Child Safety	No substantiated re-reports of child maltreatment from program entry to exit with a six and twelve month follow-up	<ol style="list-style-type: none"> 1. Review/compare DHW reports for program & comparison families at point-in-time intervals 2. Review/compare DHW safety & risk assessment ratings for program & comparison families
Permanency	<ol style="list-style-type: none"> 1. Children remain in the home to exit with a six and twelve month follow-up 2. Children in out-of-home placement are returned in a timelier manner. 	<ol style="list-style-type: none"> 1. Review/compare DHW reports re: living status within families & between group comparisons 2. Review/compare DHW reports for reunification between program & comparison families re: length of time in out-of-home placement
Family well-being	<ol style="list-style-type: none"> 1. Increased parenting knowledge and skills regarding the impact of conflict and family violence on children 2. Decreased parental conflict 	<ol style="list-style-type: none"> 1. Self-report pre and post-test regarding co-parenting 2. Effective Co-Parenting Program completion 3. Parent education provider reports of progress and completion 3. Self-report pre and post test regarding family functioning (ICPS-FFS) 4. Pre and post-test regarding family functioning and child well-being (NCFAS) 5. Pre and Post test regarding parental conflict (Garrity and Baris Parental Conflict Scale)
Parent safety	Decrease in the frequency and severity of domestic violence (dv) reports from program entry to exit to six and twelve month follow-up	<ol style="list-style-type: none"> 1. Review/compare DHW reports 2. Review/compare court & criminal records 3. Client self reports through exit interviews and selected interviews 4. Pre and post test regarding dv (SARA) 5. DV provider reports of progress and completion
Parent substance abuse reduced or eliminated	Decrease in parents' substance abuse during and after program exit to six and twelve month follow-up	<ol style="list-style-type: none"> 1. Comparison of random biological screening measures at program entry, exit and follow-up 2. Substance abuse provider reports of progress and completion 3. Self-reports of usage from program entry, exit, and six and twelve month follow-up

Evaluation Approach and Activities

The FVC Grant Project developed an ongoing, extensive key constituents evaluation component that was approved by the Boise State University Institutional Review Board, February, 2005. This comprehensive evaluation examined the outcomes for each family with regard to child safety, permanency, family well-being, parent safety, and the use of substances. In addition, this evaluation conducted a complete literature review (see section A) as well as an outcome and a system change analysis to determine the overall impact of the grant project. Throughout the project, data was collected through a series of interviews, assessments, surveys, pre and post tests, input from providers, input from the referral source, exit interviews and follow up. The data collected was entered into a database designed for the evaluation of the grant project. All participants in the grant process signed an informed consent form and release of information for the project. The project also utilized a comparison group for the purpose of the evaluation. Data for the comparison group was collected from the Department of Health and Welfare, Family Court Services, and Ada County Misdemeanor Probation for evaluation purposes only.

Description of Outcome Evaluation Process and Tools Utilized

To participate in the FVC Grant Project parents were asked to complete pre and post-tests, provide routine information regarding themselves and their family, and sign a release of information from treatment providers to the Case Coordinator. This information was entered into a Microsoft Access database especially designed for the evaluation of the FVC Grant Project.

The intake and assessment process gathered data regarding client factors such as criminal history, children's involvement in the juvenile system, divorce and custody issues, children's special needs and mental health concerns that might create barriers to effective treatment. Data gathered included a basic demographic outline, complete history of substance abuse, type of child maltreatment concerns, prior reports of maltreatment, domestic violence history and prior reports.

As part of participating in the grant project, a self-report pre and post-test was given to each participant regarding family functioning. The Case Coordinator also completed three pre and post-tests that included a family functioning and child well-being scale, a risk assessment, and a parental conflict scale. (See a detailed description of the instruments under "Description of Tools Utilized.")

During the grant project information was gathered and recorded regarding substance abuse treatment, domestic violence counseling and treatment and parent education progress and completion. The Case Coordinator also recorded information regarding participant's drug testing results, probation and DHW compliance, criminal involvement, and court involvement.

After a family completed, withdrew, or dropped out of the FVC Grant Project, the Case Coordinator conducted an exit interview with the participants. The exit interview was

designed to identify any remaining concerns and recommendations the Case Coordinator may have had. The Coordinator and the family members collaborated to construct a plan, which addressed these concerns. Data was also collected at this point for evaluation purposes. Post-tests were completed at this time and the evaluation process and follow-up procedures were explained again to the participants.

As an incentive to complete the exit process it was decided to offer clients a \$50.00 gift certificate to the local mall after completion of the exit interview and paperwork. This idea was obtained from another grant site that offered incentives for their exit process. This has encouraged families who have dropped out of the program or do not have any further investment in completing the exit to come forward and complete the process.

Some participants did not complete the exit phase; either because they could not be contacted, refused to participate any longer, or were incarcerated. Two participants died during the project.

Additionally, an informational review was conducted on families exiting the project and during six month and one year follow up evaluations, as well as for the comparison group families (see below information regarding comparison group) regarding: Department of Health and Welfare Family and Children Services (DHW) referrals and reports; Criminal, domestic violence, and/or other court appearances and /involvement; Substance abuse treatment, domestic violence treatment and counseling, and parent education completion and compliance reported by providers; and Other file review documentation.

Follow-Up and Location Procedures

Throughout the project families were asked to provide information to help locate them for follow-up evaluation information. After they had been admitted to the project, participants were asked for the names, addresses, and phone numbers of two people they will likely stay in contact with. Permission was also requested to contact these people if there were problems locating them later for evaluation follow up. They were not considered program participants and were not entitled to any information from program staff regarding participants or the program.

It was anticipated that after completing the FVC Grant Project, staff would contact participants monthly for the first three months following completion of project for follow up, support, and to determine if the family needed additional resources. The participants would also be contacted at six months after exiting the project and then twelve months to gather information related to the evaluation process. This information would have been used for program evaluation; however, over 75% of the participants exited the grant project during the last six months of the three-year project. Therefore, the six month and one year follow up data is not available. However, the researchers were able to evaluate the pre-test and post-test information with the families that participated in the exit interview, as well as the informational review explained above with all participants families.

Comparison Groups

There were two comparison groups consisted of families who were ineligible for participation in the grant project due to a technicality, which did not involve any of the measured criteria. These families were identical to the program participants in all of the qualifying criteria. Comparison families were designated during the project for evaluation purposes. These parents did not participate in the assessment, intake or grant project. They were not provided any services through the grant. The FVC Grant Project had two comparison groups.

The first comparison group's profile matched all of the qualifying criteria that the original participant met. They were required to have an open case with the DHW, current substance abuse concerns, and a court case involving domestic violence, all within a thirty-day period. Usually, the families in this group were not participants due to systemic timing issues. For example, the FVC Grant Project may not have received a referral from the DHW until after court activity has reached completion. Sometimes the court process can be as short as one day, two weeks, or a few months.

The second comparison group consisted of families who had active court involvement in Ada County with domestic violence concerns, substance abuse issues, and child protection concerns. When the eligibility criteria for participation was expanded, the comparison group also extended its criteria. Initially, both program participants and comparison families were required to have a referral and an open case with the DHW. When the participation group expanded the criteria to include children at an enhanced risk of child protection concerns, the comparison group redefined criteria to match. Enhanced Child Protection Concerns were defined as: Criminal Injury to Child /Child Endangerment charge, child/ren presence during domestic violence, and/or past DHW referrals/involvement. These families may have had involvement in criminal court, or like with our expanded program group, the domestic violence concerns may never have been criminally charged, but were identified in a court assessment. These cases were tracked in the same manner as the previous comparison group. These groups were identified in the database so that if the revised group had any different outcomes from the original group they could be segregated and evaluated separately.

Description of Tools Utilized

As part of participating in the grant project, the ICPS-Family Functioning Scale was given to each participant regarding family functioning, which is a self-report pre and post-test (Noller, 1992). The Case Coordinator also completed three pre and post-tests, the North Carolina Family Assessment Scale (NCFAS) that include the family functioning and child well-being scale (Kirk & Reed-Ashcraft, 1998), the Spousal Assault Risk Assessment (SARA) (Kropp, et. Al, 1995), and the Garrity and Baris (1994) parental conflict scale level.

ICPS-Family Functioning Scale is a client self-report tool used to score on a six-point scale in three subscales. Items are related to intimacy, conflict, and parenting styles. This test was given to participants during the intake process and then again at the exit interview.

North Carolina Family Assessment Scale (NCFAS) is a family functioning and child well-being measurement. This clinician tool is a practice-based, family assessment designed to measure

aspects of family functioning. The instrument focuses on five assessment “domains” or factors: environment, social support, family/caregiver characteristics, family interactions, and child well-being. Each of the five domains and associated sub-scales utilize a six-point rating scale, ranging from -3 (serious problem) to +2 (clear strength), through a “0” point labeled Baseline/Adequate. There are two opportunities to rate each sub-scale and each domain; once at intake (labeled “I” on the form), and once at closure (labeled “C” on the form). This format provides an immediate visual picture of any changes that occurred during the project between intake (FVC Assessment) and exit.

Spousal Assault Risk Assessment (SARA) is a clinical checklist of risk factors for spousal assault. Its purpose is to determine assessment of risk for future violence. The participant is rated on a three point scale regarding criminal history, psychological adjustment, spousal assault history, alleged (current) offences, and other considerations. The summary rates imminent risk of violence towards partner and towards others ranging from low, low to moderate, moderate, moderate to high, and high. This assessment was completed after the FVC Assessment and again during the exit interview.

Garrity and Baris parental conflict scale was used by the Case Coordinator from the book *Caught in the Middle: Protecting the Children of High-Conflict Divorce*, by Garrity and Baris (1994). The scale focuses on parental conflict ranging from minimal, mild, moderate, moderately severe, to severe conflict. The scale and how to assess the conflict is detailed in the several chapters of the book. This parental conflict scale is currently used in Family Court Services Alternative Dispute Resolution (ADR) Screening reports that are court-ordered in high-conflict divorce or custody cases in Ada County. This scale was applied to families after the completion of the FVC Assessment and again after the exit interview.

Snapshot of Activities and Outcomes across the Project’s Timeline

As previously mentioned, a database was developed that consisted of family data (data on the family unit), client data (data on individual members within the family, and project data (data on overall project functions). Within the family and client sections, there were several different points of data entry. Some data stayed the same (ex. birth date), some data needed to have its progress tracked throughout the program, and some data was collected from the beginning of the project and after project completion. The DHW, FCS, and Probation templates for each client were tied together with an assigned number. Information was gathered during the intake process, throughout the project, at the exit, and for several intervals post exit. Data storage involved keeping all electronic and paper copies in a secure office accessible only by the project director and Case Coordinator.

C. Process Evaluation

Program Start-Up

There was some initial confusion internally with Family Court Services (FCS) due to a sudden change of staff. When the new director was hired, a number of key activities promoted a successful start-up of the project, including:

-
- The new FCS Administrator established a protocol for supervision and administration of the project.
 - Discussions took place with the Family Violence Court Senior Judge pertaining to referrals with DHW and potentially eligible cases.
 - The new FCS administrator developed the project outline, measures, data for evaluation, feedback, and approval process regarding tools, including consulting with the RMQIC for suggestions, feedback, and approval regarding measurement tools and forms.
 - The new FCS administrator developed an Outcomes flow sheet that was later converted into our Program Logic Model.
 - The new FCS administrator developed and revised documents for project operation (intake, assessment process, consent, releases, etc.).
 - The new FCS administrator met with all the service evaluators, providers, educators, and other professionals who support the grant project and provide services. The meeting was to inform providers of the project and needed services, to establish a system of collaboration, and discuss the procedures for billing and reporting.
 - The new FCS administrator met with the Ada County Misdemeanor Probation Director regarding collaboration and monthly reporting procedures.

This process highlights how the project overcoming the challenge of replacing the project director, developing a logic model, implementing procedures and documentation, and establishing key partnerships in a timely matter.

Program Implementation

One of the first steps to be completed in the implementation phase was to hire a Family Violence Court Case Coordinator. In terms of job description, it was deemed that the Case Coordinator be responsible for client intake and assessment, case management and case coordination, monitoring treatment progress and completion, maintaining direct contact with families, coordinating and facilitating MDT meetings with treatment providers and other community members, and assisting in development of treatment plans. The Case Coordinator's job also included assisting in developing and maintaining policies and procedures for the program operation, developing data forms and information sharing agreements, performing research functions and developing evaluation tools, administering pre and post tests, completing quarterly reports to RMQIC, and following up on evaluation activities with families. The Case Coordinator was hired in March 2003. Fortunately, the project was able to hire a Case Coordinator who has a Masters Degree in counseling and is a Licensed Professional Counselor with a background in intensive case management with families and children. In addition, the Case Coordinator had worked in the Ada County court system in the past. Had this not been the case, training would have taken longer. The new Case Coordinator required minimal training before implementation could begin.

The program began the implementation phase in 2003. Seminal events and discussion of the exit process are followed by an in-depth discussion of the service process (See Appendices **for flow chart and sample treatment team information**).

Note: A major enrollment barrier was removed in late 2003 by a meeting with the Judge from Ada County Family Violence Court and the Ada County Department of Health and Welfare (DHW Child Protections Services) Director. The project discovered that few referrals were coming from Ada County DHW due to how “open cases: were defined. (also see Interviews with Judges and Ada County DHW Director.

Implementation Highlights:

- Provider meeting in April 2003 to establish referral, billing, and monitoring procedures with selected providers in the community.
- First referral from DHW Family and Children Services on May 27, 2003.
- Case management, treatment monitoring, provider contacts, and advocacy began in May 2003.
- First MDT meeting on May 29, 2003.
- Completed the first FVC Assessment in June 2003.
- First treatment planning meeting on June 26, 2003.
- Meeting and mutual decision made between Ada Count Family Violence Court and Ada County Child Protection Services to add more flexibility to criteria for referral to the project, Fall 2003.
- First Exit interview on December 20, 2004.
- Process continued through 2005.

As a point of clarification, the exit interview process included an exit packet completed by clients. This process was used to gather information for the evaluation and continued client progress. In addition, a follow-up procedure for families who have exited the program was developed. The purpose of the follow-up was to determine if the client needs additional supports and/or may need to re-enter the program. This follow-up was used to gather data for the evaluation. As an incentive to complete the exit process it was decided to offer clients a \$50.00 gift certificate to the local mall after completion of the exit interview and paperwork. This idea was obtained from another grant site that offered incentives for their exit process. This has encouraged families who have dropped out of the program or do not have any further investment in completing the exit to come forward and complete the process.

Service Process of the Project

The process described in detail below **was streamlined** over the course of the project and is included describe and illustrate the **highly effective process** it became. See Parent evaluation section.

Following a referral from the Department of Health and Welfare Family and Children’s Services (DHW) or Family Court Services (FCS) for the FVC Grant Project both parents were recommended or court ordered to the initial intake and assessment or a one-on-one meeting for intake and project consent. Parents did not need to be married or in the same household. In addition, stepparents and significant others living in the household with a parent were also be eligible to participate in the grant. Parents who have pending criminal charges might not participate in the assessment process until their criminal case is resolved. Prior to the assessment

families sign a one-page consent form that explained the assessment process, the limits of confidentiality, and that their case could be eligible to be part of the FVC Grant Project.

The purpose of the intake meeting and assessment process was to collect data (demographics and pre-tests) and provide recommendations to the Court. The Case Coordinator or FCS assessor interviewed both parents at separate times in order to obtain information related to the family and decrease potential unnecessary conflict. The assessment is not designed to decide the results of the case, nor to “take sides” with either participant.

During the intake and assessment process or during the initial one-on-one meeting with the parents involved in a pending criminal case, the Case Coordinator explained to families that they are eligible for the FVC Grant Project. They were also told that this project was funded by a grant and requires further evaluation and survey. Participants who agreed to enter the FVC Grant Project were required to sign an Informed Consent document explaining the grant project including: the evaluation process and research, their involvement and requirements, the assessment, comprehensive treatment plan, case coordination, and monitoring of treatment and completion of services. The voluntary nature and the ability to withdraw at any time from the project were explained to participants. If parents chose not to participate, there was no legal penalty. Funding for evaluations, treatment, and services was also explained to the participants at this time.

The assessor or Case Coordinator, after interviewing both parents, submitted a report summarizing each parent’s history, issues, and concerns while identifying the assessor’s concerns about the child(ran), and offered recommendations for the Court and the participant’s consideration. Recommendations were proposed to enhance family functioning, provide alternatives for resolving issues, and improve parent and child safety (i.e. Effective Co-parenting education, evaluations for domestic violence and substance abuse). If a family had a current divorce or custody case, families were ordered to or may have already completed an Alternative Dispute Resolution (ADR) Screening to determine if mediation or other resolutions were appropriate and to assess if the family is eligible for the grant project. If the family was referred to the grant project by the ADR Screener then a copy of the ADR was provided to the FVC Case Coordinator, per Judge’s approval. The Case Coordinator was present at the family’s next status conference to setup a one-on-one interview regarding the grant project and coordinate services.

As a result of the recommendations from the intake and assessment or the ADR, the Judge could order evaluations (substance abuse, domestic violence, mental health, child at risk, etc.) for participants. If family members agreed to participate in the project funding was available for these evaluations. Additionally, the intake, assessment, completed evaluations, and all the recommendations guide the family’s treatment plan later in the process. If families decided to participate in the grant project, the Case Coordinator provided referrals for participants regarding the recommended or court ordered evaluations.

Once the assessment was completed, participants signed the consent form to enter the grant project and they completed the recommended or court ordered evaluations. Then the Case Coordinator works with the Treatment Planning Team to develop the family’s comprehensive treatment plan. The Treatment Planning Team may have consisted of the Case Coordinator, Family Court Services staff, DHW staff, Ada County Probation, the family (together or separate,

depending on safety concerns or condition and terms of court orders) and any advocates (i.e. court advocates, PSR workers, individual counselors) involved in the family's case. Some treatment plans may only have included the individual parent and the Case Coordinator depending on how detailed and complex the case and treatment.

The treatment plan was based on evaluations (substance abuse, domestic violence, mental health, etc.) completed by the participants and incorporated the recommendations from the Child Protective Investigation Report or DHW case plan, the FVC Assessment, and the Treatment Planning Team's input. Participants may have been required or ordered to participate in recommended domestic violence and/or substance abuse treatment, and other community services (i.e. parent education programs). Participants were required to follow treatment guidelines with the treatment provider and submit to random drug testing requested by the Case Coordinator, the treatment provider, Probation, or the Courts.

Participants were welcome to choose their own treatment provider, however, services could not be funded through the grant if a billing procedure could not be established with the service provider or the quality of service was not approved. During the project, the Case Coordinator may have recommended the families go to specific evaluators, treatment providers and parent education programs due to such factors.

As part of the treatment plan, the victim or the protective parent may have been required by the Case Coordinator to attend a Family Safety Planning Meeting. There was no fee for this meeting. The purpose of this meeting was to address safety concerns regarding domestic violence, child safety and to develop an Individualized Family Safety Plan. Participants were instructed to contact the Woman's and Children Alliance (WCA) to register. Participants were provided with a flyer and all the needed information to register and attend the meeting. If participants could not attend the WCA meeting, or had already attended the WCA meetings before entering the grant project, or the Case Coordinator determined a family needed additional support and information, the family may have been required to attend an individual session for safety planning with the Case Coordinator to review the family safety plan and provide additional information. After completion of the Family Safety Planning Meeting a copy of the Safety Plan and documentation of attendance was submitted to the Case Coordinator.

Additionally, parents who participated in the grant project and were not living in the same household (had a co-parenting relationship) may have been required to participate in the Effective Co-Parenting Education program. There was no fee for Effective Co-Parenting Education. Each parent was responsible for contacting the Case Coordinator to set up his or her appointment for the Effective Co-Parenting session. Each parent attended at least one session separately with the Case Coordinator and may have attended at least one session together with the other parent and the Case Coordinator if it was determined appropriate by the Case Coordinator (depending on safety concerns and conditions and term of court orders).

Effective Co-Parenting Education included pre- and post-tests, psychosocial education, informational handouts individualized according to ages of child(ren) and parental conflict, and discussion between parents and educator related to individualized cases. After parents have completed Effective Co-Parenting a status report was submitted to the FVC Grant file and sent to the Judge (if court ordered) to document the participation.

The Case Coordinator worked directly with the family to provide resources, support, and facilitate services as was outlined in the treatment plan during the project. The Case Coordinator had contact with individual participants as often as needed, or until the participant was discharged from the program. Frequently this contact was weekly by telephone, during participants court appearances, or individual one-on-one meetings. The Case Coordinator supported families through the Court process and served as the family's contact person and a liaison between providers, community services, and DHW.

In addition, the Case Coordinator had frequent contact with providers to monitor participant's progress in substance abuse treatment, domestic violence treatment or counseling, and parent education. As part of the project, each family was staffed with a multi-disciplinary team (MDT) that reviewed each FVC Grant Project case at least once a month. The MDT met twice a month.

After completion of the FVC Grant Project, the Case Coordinator conducted an exit interview with the participants. Additionally, the Case Coordinator and/or evaluation staff contacted families monthly for the first three months for follow up, then six months following completion of project, and then twelve months after completion to gather information related to the evaluation process. This information was used for program evaluation. Appendix ---includes the **flow chart** summarizes this process. A case example illustrating a **treatment planning team process** is also included in Appendix ---for further clarification.

Note: It was anticipated that the FVC Grant Project staff would contact participants monthly for the first three months, six months, and twelve months following completion of the project for follow-up, support, and to determine if the family needed additional resources. However, over 75% of the participants exited the grant project during the last six months of the three-year project. Therefore, follow-up evaluation was not available.

Clients and Their Characteristics (Demographics)

It is important to reiterate that there were two distinct research elements within this project. There was a participant group and a comparison group whereby data was obtained and quantified. Discrete research was also conducted within the program group.

The following details the eligibility profile demographics, which justify participation or comparison, as well as the data which is compared between the two groups. Percentages concerning eligibility profiles in regards to violence, substance abuse or alcohol abuse cannot be used for comparison purposes because much more data was obtained from the program group. However, criminal history checks can be compared.

Out of the 93 participants 90.3% were White and 7.5% Hispanic. The remaining 2% of participants were of other ethnicities. Thirty percent of participants had graduated from high school and 32.3% had some college. An additional 11.8% had earned a GED, 4.3% had earned a bachelors degree and 15% did not complete high school.

Sixty-eight percent had a history of past violence, and 79.6% had a criminal record. Ninety percent reported domestic violence in their past. Approximately 44% had past involvement with Child Protection (not including reason for referral). Thirty-five percent of participants reported mental health problems and 33% reported a past history of child abuse against them.

Substance abuse was quite prevalent in the group with 64.5% reporting abusing alcohol in the past and 68.8% reporting abusing drugs in the past. Forty-six percent reported substance abuse problems in their family history. Seventy-six percent of the participants were identified as having a present issue with substances at intake. Primary substances used by participants were: alcohol only (24), methamphetamines only (18), and multiple substances (29). Most common combinations of substance were: 1) Alcohol and marijuana, 2) alcohol and methamphetamines, 3) methamphetamines and marijuana, and 4) alcohol, marijuana, and methamphetamines. Please note that not all individuals who enroll in the program have to have a substance abuse issue. If their current or past partner does and because they were attempting to address outstanding issues in that relationship they were able to enroll since the program focus in the family unit.

At time of intake 62.4% were employed. Of all participants, not just those employed, 36.6% reported having an annual income of less than \$10,060, 23.7% reported an annual income of \$10,061-\$20,560, and 12.9% reported an annual income of \$20,561-\$24,060. The remaining 26.8% of participants had annual incomes above \$24,060.

The 53 families who participated in the program had a total of 138 children (average 2.6 children per family). Program participants included 47 fathers, 44 mothers, 1 stepfather, and 1 stepmother.

Comparison Group

Seventy-three percent of the comparison group had a past history of violence, and 76% had a criminal record. In the comparison group, 59% currently used alcohol at intake and 34% currently used drugs at intake. Sixty-six percent of the comparison group were identified as having an issue with substances at the time of the referral. Primary substances used by the comparison group were reported as: alcohol only (17), methamphetamines only (9), marijuana only (4), and multiple substances (5).

There were 27 total families in the comparison, with 51 children (average 1.89 children per family). The comparison group included 27 fathers and 26 mothers.

Client Characteristics related to the Project's Logic Model

The project's logic model includes the key areas of child safety, child permanency, substance abuse and parent safety.

Participant Group Child Safety

Thirteen of the families were referred to the program due to a substantiated report of child maltreatment, whereas 40 families were referred to the program due to concerns that the children were at risk of child maltreatment. In the families where there were concerns about a risk for child maltreatment, the concerns included children witnessing domestic violence, parental substance abuse, or there was not enough evidence to substantiate the referral. These concerns did not meet the statutory requirements for a substantiated claim of child maltreatment.

Comparison Group Child Safety

Eight families in the comparison group were referred to the program due to a substantiated report of child maltreatment, and nineteen of the families had concerns that the children were at risk for maltreatment.

Participant Group Child Permanency

Almost all of the children remained in the home as opposed to out of home care (e.g., foster care). At intake, four families had children placed in out of home care, which affected six children. Three families and a total of four children were involved in “formal” foster care with a “stranger.” However, one of these families eventually had their child moved to “formal” foster care with a “relative” shortly after the removal. Two of these families had their children returned home within six months. One family remained in foster care at the time of exit, but the DHW case was pending. One family had their two children placed in “informal” care. In this situation, the children resided with their grandparents while they completed parenting education, domestic violence treatment and counseling, as well as substance abuse treatment. This choice was made by the parents, not mandated by Child Protection. The children were eventually reunited with their parents.

Comparison Group Child Permanency

At the time of the referral, six families in the comparison group had their children removed from the home. Three of these families were reunited, two of these families continued to have pending cases after one year, and one family had the parental rights terminated and the Department of Health and Welfare was moving forward with adoption.

Participant Group Substance Abuse

Substance abuse was a primary concern for many of the adults (about 76%) upon entry into the program. At intake, 24 adults reported that their primary substance of choice or abuse was alcohol, 18 reported that their substance was methamphetamine, 29 individuals reported that they abuse multiple substances. The most common combinations in order of frequency were: alcohol and THC; alcohol and methamphetamine; methamphetamine and THC; and alcohol, THC, and methamphetamine.

Comparison Group Substance Abuse

At intake, 59% of the comparison group used alcohol and 34% used drugs. Sixty-six percent had problems with substances. Nine were identified as having problems with methamphetamine, four had problems with marijuana, seventeen had problems with alcohol, and five had problems with combinations of substances.

Participant Group Parent Safety

Forty-eight families or 90% reported past instances of domestic violence at intake. Thirty-four families indicated that children had been witnesses to the domestic violence.

Comparison Group Parent Safety

66% reported past instances of domestic violence at intake.

Referrals

The Department of Health and Welfare referred 81 families to the FVC Grant Project, with the majority of the referrals being fairly consistent throughout the grant's time frame. The project received on average 16 referrals every six months. Between the months of January 2004 until June 2004, the project received 23 referrals from DHW. This was the most referrals in any six month time period. During the time period of July 2004 until December 2004, Family Court Services began making referrals to the FVC Grant Project, therefore increasing the numbers of eligible participants involved in the program. Most families (79%), once entered, continued with the project until it ended in December 2005.

Throughout the length of the project, 115 families were referred to the FVC Grant Project. However, only 58 of these families were found to be eligible for participation. This was due to a variety of reasons, no court involvement at the time of the referral, their court case had already closed, or their court case was being presided over by a judge who was not involved in Family Violence Court.

Twenty-seven families were identified for the comparison group. Seventeen of these families were referred by the Department of Health and Welfare, while the other 10 were referred from Family Court Services.

Program Elements and Considerations

The implementation phase of the project was supposed to occur within thirty days after the grant was awarded. This time line was very difficult to meet for several reasons, which are explained in some of the following sections. Prior to accepting participants for the grant project the project had to hire and train a Case Coordinator, equip the office, establish acceptable measurement tools, create service provider forms and collect provider agreements.

Implementation was also slower than anticipated due to the low number of families referred to the project by the Department of Health and Welfare Family and Children Services (DHW). There were two main causes for this – both involving different definitions and mandates between the court and the Department of Health and Welfare. Initially, the project understood that when a Child Protection Investigation Report was ordered and DHW was actively involved in constructing the report, then a case was “opened”. However, in the state of Idaho, a case is not opened unless a child is removed from the home. Since the grant application stated that eligible participants had to have the child remain in the home, this technicality made all open cases ineligible for participation in the project. This barrier was eventually overcome by using the community referral option for the DHW. However, understanding this option and educating DHW workers on using it took some time. The other cause of low referrals had to do with different mandates, and to some extent, defining abuse between the court and the DHW. The general Family Violence Court perception is if there is substance and domestic violence in a home, exposure to this chaotic environment, especially the violence, is harming the children in the home. The Department of Health and Welfare mandates differ from this perception.

D. Program and Client Outcome Evaluation Results

Ninety-three people participated in the program, but in most instances only 48 of these completed both intake and exit instruments and questionnaires. Therefore, in the remainder of this report when quantitative data is presented in tables or figures, the number of participants represented will vary depending on whether it is the entire group being discussed (n=93) or just the group that completed both intake and exit instruments and questionnaires (n=48). Additionally, there were 53 families who participated in the program, and there will be a few tables and charts that reflect this group. There is one exception to the above. The Spousal Assault Risk Assessment (SARA) had 21 participants who completed both the intake and exit assessments.

Given that overall only a little over half the participants completed entry and exit processes, questions about how this might influence exit outcomes become important. In other words, are there differences between the group that completed both entry and exit processes and the group that chose to forego the exit process; and if the two groups are different, how might this influence exit outcomes? To check for this potential bias, characteristics of the 45 participants who chose not to complete the exit materials were investigated to see if they were different in important ways from those who did complete. Specifically, scores on the ICPS-Family Functioning Scale (ICPS-FFS), North Carolina Family Assessment Scale (NCFAS), Garrity and Baris Parental Conflict Scale (G&B-PCS), and the Spousal Assault Risk Assessment (SARA) were explored to see if the non-completers upon entry to the program differed significantly from those who did complete both entry and exit materials. Independent samples t tests on intake scale scores were conducted to test for these differences. Following are the results from these analyses.

- The ICPS-FFS has three subscales: intimacy, conflict, and parenting. Only the conflict subscale showed statistically significant differences between the completers and the non-completers with conflict being higher in the completer group ($t=-2.48$; $df=91$; $p=.01$).
- The NCFAS has 5 subscales: Environment, Parent Capabilities, Family Interactions, Family Safety, and Child Well-being. Three of the 5 were significant. The parent capabilities subscale revealed a significant difference between the two groups ($t=-2.81$; $df=91$; $p=.006$) with non-completers having lower capabilities. Family interactions ($t=-2.33$; $df=79.5$ corrected for unequal variances; $p=.02$) and Family Safety ($t=-2.97$; $df=75.6$ corrected for unequal variances; $p=.004$) showed similar trends with non-completers having significantly lower interaction and safety scores.
- The G&B-PCS showed no significant differences between groups; however, noncompleters had 20 severe ratings (44.4%) whereas completers had 25 such ratings (52.1%). Although this difference was not statistically significant, within the program participants this difference is meaningful given the importance of a severe rating on the scale.

-
- The SARA revealed differences between the groups. Non-completers had significantly higher ratings ($t=3.03$; $df=91$; $p=.003$) showing higher spousal assault risk; and they also had significantly higher critical scores ($t=2.93$; $df=83.2$ corrected for unequal variances; $p=.004$).

To summarize, the evidence reveals that the two groups differed upon entry into the program. Two data sources showed completers being more in need, but in 5 instances the opposite occurred with non-completers scoring significantly lower and thus manifesting greater risk and need. Whether or not these results reveal a bias in the two groups that could impact program outcomes is difficult to determine, but the trends show that the non-completers may have been at greater risk. If this group had completed, program results may have been attenuated; however, there were highly at-risk participants in the completer group that did very well in the program, so it is again difficult to tell just what the impact would be if all clients chose to complete. One thing can be said, however. In future programs like this, resources and procedures need to be focused on attaining higher completion rates so data more clearly represents the population that participated in the program.

Service Outputs

This section describes the project's service outputs. Service outputs include basic attendance and enrollment statistics (see Table 5), and a breakdown of services and activities referred by the project staff and completed by the project participants (see Table 6).

Table 5

Basic Attendance And Enrollment Statistics	Number of Families	Number of Individuals
Total number of referrals DHW Referrals (81) Family Court Referrals (34)		115
Number who met at least once with program staff for assessment		113
Number who completed the assessment phase		91
Number of who enrolled in the program and who began program activities after assessment	53	93
Number of that successfully completed one service (at least one service but not all services)		23
Number of that successfully completed all programs signed up for.		46

Table 6

Breakdown by Services/Activities			
	Number referred	Number completed	Percent completed
Substance abuse assessment	75	71	94.7%
Anger management	7	5	71.4%
Domestic Violence (DV) Evaluation	48	43	89.6%
Parenting Education	68	39	57.4%
Substance abuse treatment	48	27	56.3%
Counseling for children	29	26	89.7%
Individual counseling DV	28	21	75.0%
Mental Health Assessment	22	20	90.9%
Other Evaluations (Child at Risk, etc)	22	17	77.3%
Relapse Prevention (substance abuse)	28	17	60.7%
Effective Co-Parenting Education	45	15	33.3%
Mental Health Counseling	26	15	57.7%
DV Treatment	32	14	43.8%
Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)	21	14	66.7%
Individual Counseling (general)	22	10	45.5%

Client completion rates varied widely across services. As indicated in Table 6, a large percentage of participants completed parent education and domestic violence and substance

abuse assessment. Of those referred, most participants completed counseling and other treatments (e.g., AA, NA) and other specialized forms of evaluations and assessments.

An additional analysis was conducted to see if court ordered services and activities were completed at higher rates than project recommended services and activities. The following table reports these results:

Table 6A
Completion rates by referral source (Court Ordered or Project Recommended)

Service/Activity	Percentage and Number of Court Ordered Clients Completing		Percentage and Number of Project Recommended Clients Completing	
	Percentage	Number	Percentage	Number
Drug & Alcohol Treatment	67%	12/18	40%	12/30
Relapse Prevention	50%	1/1	51.9%	14/27
NA-AA	100%	1/1	45%	9/20
Domestic Violence Treatment	39%	9/23	0%	0/9
Domestic Violence Counseling	100%	1/1	75%	21/28
Parent Counseling	*	*	46%	10/22
Child Counseling	*	*	84%	42/50
Mental Health Treatment	0%	0/1	52%	13/25
Parenting Classes	56%	9/16	56%	29/52
Effective Co-parenting	69%	11/16	9%	3/32
CSC	75%	3/4	40%	2/5
Other Treatments	75%	3/4	63%	5/8

* No clients were court ordered into these services.

Overall court ordered treatments were completed at a higher rate than project ordered treatments. However, in most instances where this comparison can be made, the number of court ordered treatments are quite small, thus making the comparisons questionable. In some cases the comparisons reveal interesting trends. For example, 69% of those clients who were court ordered to attend Effective Co-parenting classes completed, but only 9% of those who were project recommended completed Effective Co-parenting classes. Project staff reported that the low completion rate for project recommended Co-parenting classes was due to safety issues.

The parents could not attend the course because of tensions between the parents and past histories of family violence. This is a logical explanation, but why this barrier could be overcome when the Co-parenting class was court ordered needs additional exploration. Overall, completion rates for project recommended clients were quite low. When asked what barriers to completion they were experiencing, clients provided a wide range of answers including continued drug or alcohol abuse, health concerns, transportation problems, and child care issues.

Frequency and Duration of Client Contacts

Out of 53 families involved in the project and there were 2,786 client contacts during the project with the FVC Case Coordinator. Families averaged approximately 53 contacts with the Case Coordinator. There were 415 one-on-one contacts and 2,371 other contacts (telephone, email, letters). Families ranged from 1 to 140 contacts per person. Contacts frequently occurred by telephone with clients. The length of contacts ranged from 2 hours to 10 minutes.

Family Violence Court Grant Project Enrollment Outcome Data across the Life of the Project

Table 7 provides a longitudinal look at program outcomes over the course of the project in six month intervals.

Table 7

Date (six month intervals)	1/2003-6/2003	7/2003-12/2003	1/2004-6/2004	7/2004-12/2004	1/2005-6/2005	7/2005-12/2005
Number of DHW Referrals	10	17	23	12	18	1
Number of FCS Referrals	0	0	0	8	26	
Number of eligible families	5	10	11	13	19	
Number of comparison families	3	5	4	3	11	1
<i>Reasons families are in comparison group:</i>						
Not involved in FVC	1	2	0	2	2	
No DHW Referral	1		1	1	0	
FVC case closed prior to referral	1	3	3	0	4	
Time Limit	0	0	0	0	5	1
Numbers not qualified	3	2	9	5	8	
Number not consent to project	0	2	2	1	6	
Number of families met once	6	9	11	14	18	
Individuals	10	16	20	24	36	7
Number of families who completed	3	7	10	9	16	1

assessment						
Individuals	6	13	20	18	32	2
Number of families enrolled	4	7	10	13	15	4
Individuals	7	13	17	23	26	7
Number of families enrolled and began program activities	4	7	9	13	15	4
Individuals	7	13	15	22	24	7
Number of pending families	1	2	0	0	4	0
Number of individuals active at end of six months	7	20	29	40	52	0
Number individuals not complying at end of six months	0	0	8	10	11	0
Number of individuals who have dropped out and have been exited	0	0	0	6	11	28
Number of individuals that have graduated and been through the exit process	0	0	0	1	5	42
Total number of MDT mtgs	4	9	11	11	10	11

Outcome Evaluation Results

Outcome evaluation results are related to outcomes indicated in the project’s Logic Model. As previously mentioned, primary elements include Child Safety, Permanency, Family Well-Being, Parent Safety, and Parental Substance Abuse.

Child Safety

Parents were asked a series of questions concerning the other parent of the child. These questions explored such aspects of the parents’ relationships and interactions as visitation, communication, trust, feelings, and child safety and well-being. Table 8 shows frequencies pre to post and percent change pre to post on these items. A **Bar Chart** is also included for illustrative purposes related to “when the children are with the other parent, how often is this client worried,” and “does the client have concerns about a significant other in the target child’s home.” To test for statistically significant differences intake to exit, a series of McNemar Tests of Correlated Proportions (Field, 2005) were run on the results. This test reveals whether the proportion of respondents responding in a certain way changes in a statistically significant way from intake into the program to exiting the program. For example, the first item in Table 8 is

“Are there problems with visitation?” Respondents could reply either yes or no. Thirty-six of 48 responded yes at intake. That is a proportion of .75. Only 15 of 48 responded yes at exit. That is a proportion of .31. The change in the proportion from intake to exit was therefore .44. The McNemar Test assesses whether this change is statistically significant.

A McNemar Test was run on each item in Table 8, but because of the large number of tests run (i.e., 24 tests) the alpha level was corrected for inflated Type I error rates by applying a Bonferroni Correction procedure (.05/24=.002). Table 9 reports which items are significant at the corrected alpha level of .002 and which items are significant at the uncorrected alpha level of .05. Readers are urged to use the more conservative alpha level (i.e., .002) so that inaccurate generalizations of the sample data to the larger population are avoided.

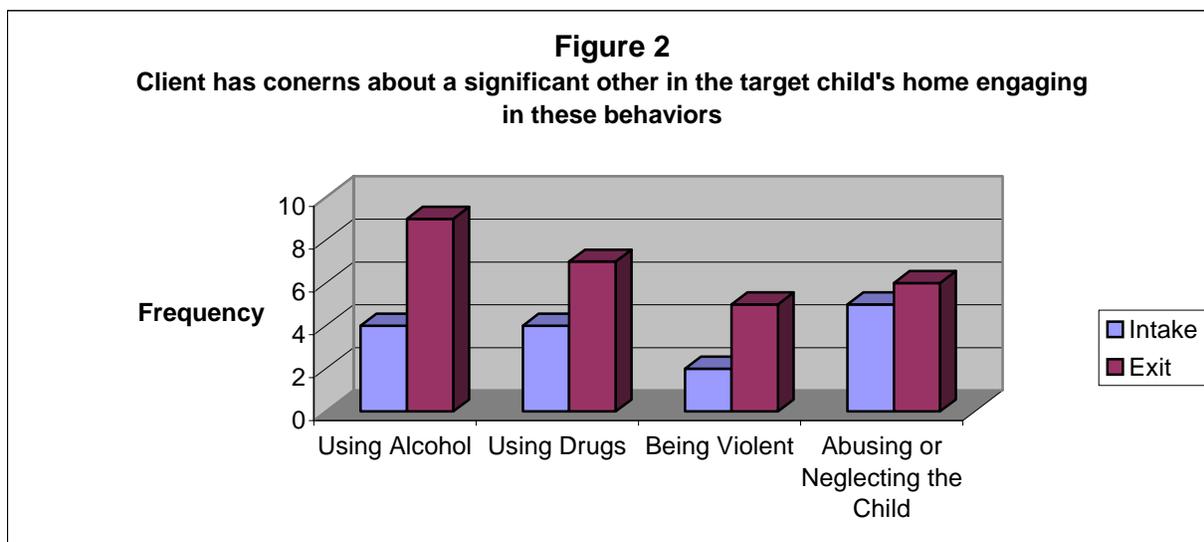
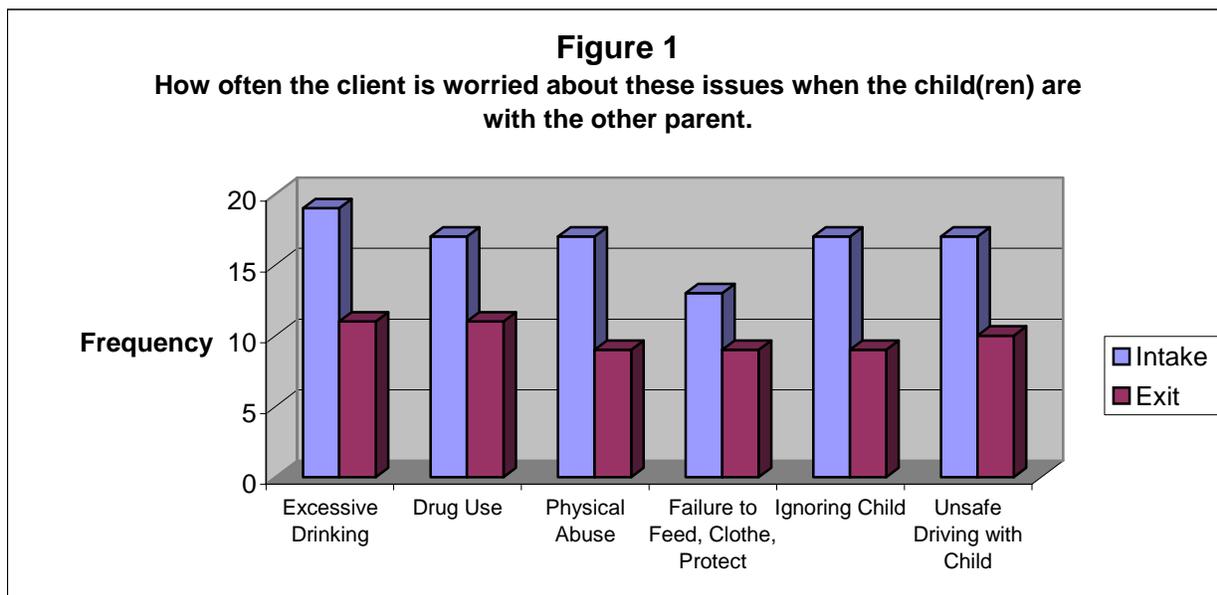
Table 8

Question	Intake Response Frequency (n=48)	Exit Response Frequency (n=48)	Percent Change Pre to Post
Are there problems with visitation?*	36 Yes	15 Yes	44%
Is the visitation supervised?	12 Yes	7 Yes	10%
Is there fighting between this client and the other parent of the target child during exchanges?***	14 Yes	5 Yes	19%
The other parent of the target child is not supportive of this client’s relationship with the children?	17 Yes	11 Yes	12%
Are there problems with the scheduling or times of exchanges for visitation?*	28 Yes	5 Yes	48%
Are there difficulties communicating about visitations or the children?*	32 Yes	9 Yes	48%
This client trusts the other parent of the target child?***	29 False	20 False	18%
The other parent is angry with this client?*	32 True	18 True	29%
It is important that our children are able to see each of us frequently?	27 True	29 True	4%
This client feels he/she can reason with the other parent?	11 True	11 True	0%
This client feels angry with the other parent?	13 True	8 True	10%
This client does not approve of the other parent’s lifestyle?	24 True	18 True	12%
This client does not agree about the custody arrangement or child support for the children?***	27 True	15 True	25%
This client has concerns about the other parent’s parenting abilities?	43 True	38 True	11%
When the children are with the other parent, how often is this client worried about the following:			
Drinking excessively?***	19 Always	11 Always	17%
Using drugs?	17 Always	11 Always	12%
Potentially physically abusing the children?***	17 Always	9 Always	16%
Failing to feed/clothe/protect the children?	13 Always	9 Always	8%
Ignoring the child?***	17 Always	9 Always	16%
Not driving safely with the children in the car?	17 Always	10 Always	14%

Does this client have concerns about a significant other in the target child's home:			
Using alcohol?	4 Yes	9 Yes	11%
Using drugs?	4 Yes	7 Yes	7%
Being violent?	2 Yes	5 Yes	6%
Abusing or neglecting the child?	5 Yes	6 Yes	3%

* p<.002

** p<.05



Although not all differences pre to post were statistically significant, the trends pre to post show that parents perceive less conflict in their relationship. Additionally, the frequencies also show that parents believe their children to be safer when they are with the other parent. The only exceptions to these quite positive trends are found in the questions concerning significant others in the target child’s home. In all cases, there is an increase in the number of these concerns from intake to exit. These increases could be because the reporting parent feels safer as a consequence of the program and is thus willing to divulge more about the quality of the child’s home environment. Another possible cause for this increase of concerns about significant others could be related to a possible increase in the number of participants who have resumed dating. As some participants go through the court process, their relationships are terminated through divorce, leading to a possible increase in dating relationships with others. Even though none of these items were statistically significant, and no matter the cause of the increase from intake to exit, the number of clients concerned about significant others in the child’s home is cause for concern.

Since being enrolled in the program, four families (7%) and a total of 15 children were involved in a substantiated report of child maltreatment. However, one of these families received a substantiated referral two days after becoming enrolled in the program, therefore, this family had not yet begun to receive the majority of the program’s interventions. Only one other family received a re-referral within six months of the first substantiated case of child maltreatment. At intake, 33 Child Protection Cases were previously opened and 30 cases were closed throughout program participation. Three cases remained open at exit from the program, affecting 6 children. Two of the three open cases were situations where the children had been returned back to the home, however, the cases remained open for continued monitoring. Twenty families had never had opened cases, although there was an identified risk. Four out of the 27 (15%) comparison families had a re-report to CPS.

Permanency

Clients reported the type of contact they were having with the other parent, their living arrangements, and their marital status upon entering the program and then upon exit. Table 9 shows entry to exit frequencies related to current contact with the other parent and current relationship with the other parent. A McNemar Test was run on the proportion of participants at entry and exit who said “We cooperate well” to see if the change in response is statistically significant. A bar chart is also included for illustrative purposes related to Table 9.

Table 9

How would you describe your current contact with the other parent of the target child? (n=48)							
We Cooperate Well*		We Do Not Cooperate Well		Cooperation is Almost Impossible		No Contact	
Intake	Exit	Intake	Exit	Intake	Exit	Intake	Exit
10	21	4	3	5	0	24	19

* p=.008

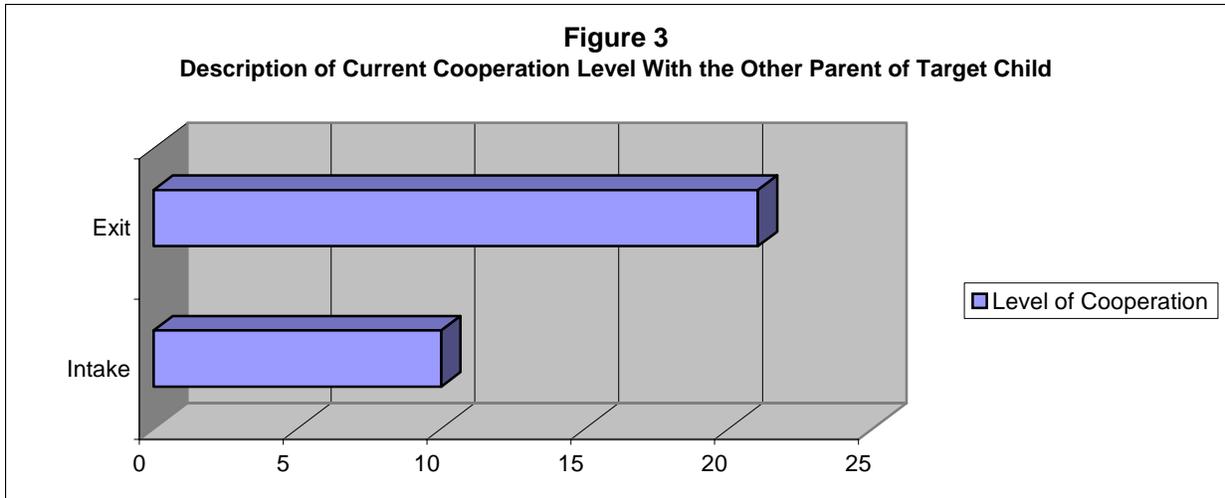


Table 10 shows positive shifts in how well parents work together. These numbers represent a participants' perception of how they would characterize their relationship with other parent. For example, at intake, 10 participants felt they cooperated well with the other parent, while at exit, 21 participants felt they cooperated well with the other parent. The number of clients who report cooperating well together doubled from intake to exit. More clients had contact with one another, and the number of clients reporting that cooperation was almost impossible dropped to zero.

Participants were also asked about current living arrangements, which were tracked from entry to exit. (see Table 10).

Table 10

What is your current living arrangement? (n=48)													
Independent*		With Family		With Friend		Correction Jail		Shelter		Homeless		Other	
Intake	Exit	Intake	Exit	Intake	Exit	Intake	Exit	Intake	Exit	Intake	Exit	Intake	Exit
32	41	9	4	4	1	0	0	1	1	2	0	0	1

* p=.02

Clients became more independent as they progressed through the program. Thirty-two clients reported at intake living independently. The number increased to 41 at exit. This change is statistically significant. The increase in independent living arrangements came primarily as a result of fewer people living with families and friends.

In the FVC Grant Project, permanency was explored. If the children remained in the home or were returned to the home, this was considered to be a form of permanency. Results showed that 48 of the 53 families had children remain in the home, with only three of the 53 participant families (6%) having open cases with CPS by the end of the project. Three families were reunited, with four children being returned to the home. Two of the three families that were

reunited had their two children in “formal” foster care with a stranger. One of these two families had their children in “formal” foster care for approximately three months before being reunited, and the other family had their children in “formal” foster care for approximately two months before the children were returned to the home. One child was placed in permanent guardianship due to the mother passing away. There is one family, with two children who continued to have a pending Child Protection case. The mother involved in this family has maintained sobriety from substances for one year and continues to work her case plan with Child Protection in an effort to have her children returned to the home.

Family Well-Being

A variety of data were collected upon program entry and exit providing insight into family well being. Immediately below are some highlights of the data collected. This information is followed by discussions of the formal measures administered pre and post assessing family functioning.

The participating families had numerous indicators upon entry into the program of family stress and dysfunction. For example:

- 51% of families had filed for a Civil Protection Order from the county court at intake or when they were referred to the program.
- 68% of families had at least one parent with a family violence related criminal charge (i.e. Domestic Battery & Assault, Injury to Child)
- 20% of the participants were taking psychotropic medications (most common were antidepressants)
- 38% were unemployed at intake with 37% earning less than \$10,060 annually.
- 23% of the children have special needs (e.g., learning disabled), and 11% have health problems (e.g., asthma) (Pre and Post)
- 33% of the participants had past child abuse
- 46% reported substance abuse in their families
- 35% reported mental health issues
- 90% reported domestic violence in their past
- 44% had past referrals to the Department of Health and Welfare (not including this current referral that may have lead to the referral into the project)

As a part of program participation, a detailed and specific treatment plan was developed to address concerns of substance abuse, domestic violence, parenting abilities, and identified and dealt with any other concerns. For an example, please refer to Appendix 2.

The following are indicators of family functioning upon exit from the program:

- Number of parents that completed counseling = 45% (10/22)
- Number of parents that completed Effective Co-Parenting = 45 referred – 30 screened out for safety issues – 15 completed (small number completed because of safety issues)
- 77% were employed at exit with only 6% earning less than 10,600

- Children are typically not on psychotropic medications, involved in juvenile court, involved in drugs and/or alcohol, or have run away (pre and post)
- Approximately 15 to 20% had a pending criminal charge at exit

Out of the 93 participants in the project, 46 complied with all of the recommendations in their treatment plan. Seventeen complied with some of the recommendations, while 14 engaged in minimal compliance. Sixteen participants did not comply with any of the recommendations.

ICPS-Family Functioning Scale (adapted by P. Noller)

This is a 30 item client self-report tool with a six-point scale (1- totally disagree to 6- totally agree) in three subscales (Intimacy, Conflict, and Parenting). Each subscale has 10 items. Example items related to intimacy include “people in our family help and support each other”; example items related to conflict include “it is hard to get a rule changed in our family”, and items related to parenting styles include “we are flexible about who does what in our family”. Table 13 reports the results of testing at intake and exit. It also includes the results of t tests for dependent samples on the intake and exit means. A **Bar Chart** is also included for illustrative purposes.

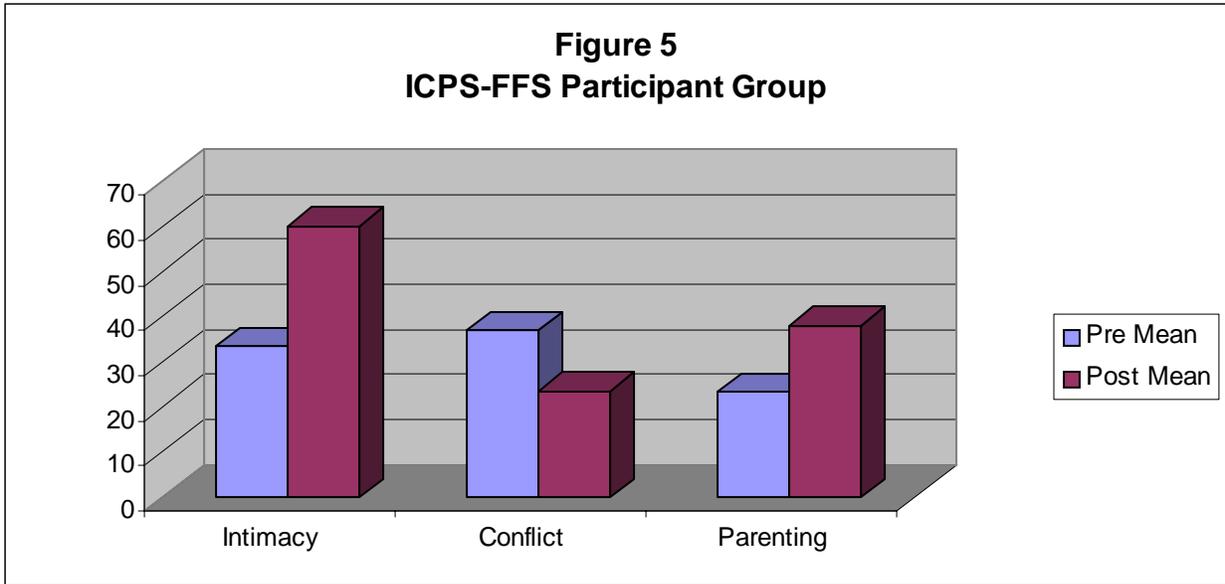
ICPS-FFS Participant Group – Pre (n=43) and Post (n=43)

Table 11

	Particip. Group Intake Mean	Particip. Group Exit Mean	Change	Participant Group Intake Range	Participant Group Exit Range	Participant Group Intake Standard Deviation	Participant Group Exit Standard Deviation
Intimacy	37.5	60.8	+ 23.8*	17-71	22-72	13.9	11.1
Conflict **	39.7	24.9	- 14.8*	19-55	10-42	10.1	7.6
Parenting	25.8	38.8	+ 13.1*	7-44	10-48	10.8	7.1

* Statistically significant differences: Intimacy (t=-8.53, df=42, p<.0001); Conflict (t=8.18, df=42, p<.0001); Parenting (t=-5.82, df=42, p<.0001)

** Reduced mean intake to exit shows less conflict.



Results indicate that participants noticeably gained in all areas of family functioning, and these gains were statistically significant even after correcting for inflated Type I error rates. The changes for intimacy were most powerful, with almost a 24 point average positive change, noting more honesty with family members, feeling closer to each other, and showing love for each other. Perceptions of conflict diminished by an average of 15 points, indicating fewer misunderstandings, less anger between family members, and less difficulty making changes. Positive parenting style also increased an average of 13 points, indicating greater listening to each other, talking about problems more, and each family member having a greater say in important family decisions.

North Carolina Family Assessment Scale (NCFAS)

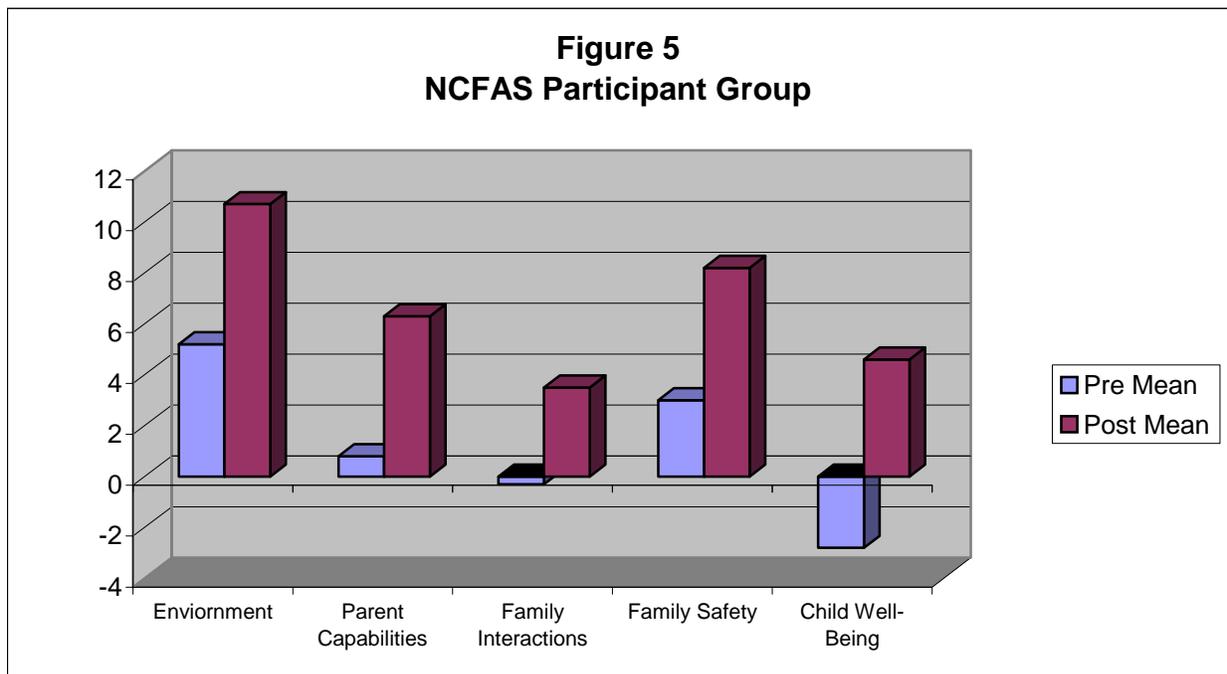
This scale measures family functioning and child well-being. This clinician tool is a practice-based, family assessment designed to measure many aspects of family functioning. The instrument focuses on five assessment “domains” or factors: environment (e.g., safety in the community, income/employment), parental capabilities (e.g., parent’s mental health, parent’s use of drugs/alcohol), family interactions (e.g., bonding with child(ren), mutual support within the family), family safety (e.g., neglect, violence, abuse in the family), and child well-being (e.g., school performance, relationships with siblings an/or peers). Each of the five domains and associated sub-scales utilize a six-point rating scale, ranging from -3 (serious problem) to +2 (clear strength), through a “0” point labeled Baseline/Adequate. There are two opportunities to rate each sub-scale and each domain; once at intake (labeled “I” on the form), and once at closure (labeled “C” on the form). Table 12 reports the results from entry and exit testing of participants. The table includes descriptive statistics and also the results from t tests for dependent samples testing whether the changes in mean scores from entry to exit are statistically significant. A **Bar Chart** is also included for illustrative purposes.

NCFAS Participant Group – Pre (n=48) and Post (n=48)

Table 12

	Particip. Group Pre Mean	Particip. Group Post Mean	Change	Participant Group Pre Range	Participant Group Post Range	Participant Group Pre Standard Deviation	Participant Group Post Standard Deviation
Environment	5.2	10.7	+ 5.5*	-20-18	-11-18	10.7	6.9
Parent Capabilities	.8	6.3	+ 5.5*	-14-12	-5-12	6.6	4.2
Family Interactions	-.30	3.5	+ 3.8*	-10-6	-7-8	3.8	2.9
Family Safety	3.0	8.2	+ 5.2*	-3-10	4-10	3.2	1.6
Child Well-Being	-2.8	4.6	+ 7.4*	-18-10	-15-13	8.5	6.1

* Statistically significant differences: Environment (t=-5.32, df=47, p<.001); Parent Capabilities (t=-8.57, df=47, p<.001); Family Interactions (t=-10.34, df=47, p<.001); Family Safety (t=-11.09, df=47, p<.001); Child Well-being (t=-7.63, df=47, p<.001)



Results indicate that all areas as viewed by the clinician have improved, and they have improved to a statistically significant degree, even after employing a Bonferroni correction for inflated Type I error rates. In this case with 5 subscales the original alpha level of .05 would be adjusted to .01. All p values fell below this value. Child well-being changed most significantly,

indicating gains in areas such as school performance; relationships with parents, peers, and siblings; child’s mental health; and cooperation/motivation to help the family. For participant families, parent capabilities also noticeably increased as did a supportive environment, family interactions, and family safety.

The Garrity and Baris Parental Conflict Scale

This scale was used by the Case Coordinator from the book *Caught in the Middle: Protecting the Children of High-Conflict Divorce*, by Garrity, C. and Baris, M. (1994). The five point scale focuses on parental conflict. It ranges from minimal conflict to severe conflict. Following is a breakdown of the scale:

- 1 Minimal (e.g., ‘can affirm the competency of the other parent’)
- 2 Mild (e.g., ‘occasional verbal quarreling in front of the child’)
- 3 Moderate (e.g., ‘ongoing attempts to form a coalition with the child against the other parent around isolate issues’)
- 4 Moderately severe (e.g., ‘threatens violence, slamming doors, throwing things’)
- 5 Severe (e.g., ‘endangerment by physical or sexual abuse, severe psychological pathology’).

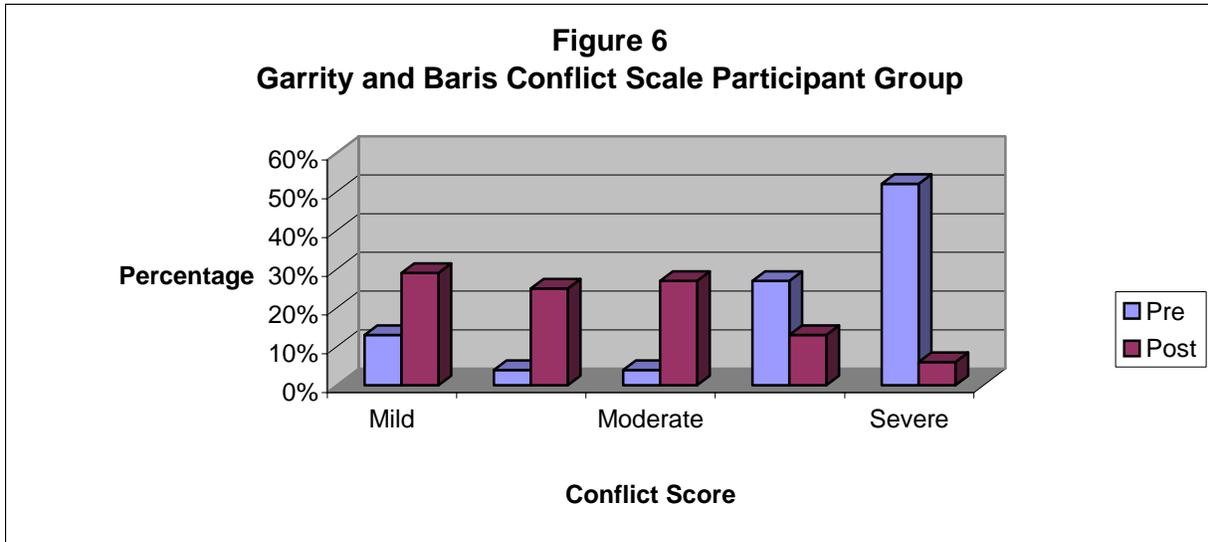
The results of pre-post testing are provided in Table 13. The number of clients in each category at entry and exit are included in the table along with the percentage of clients in the various categories. McNemar Tests for Correlated Proportions were run to see if the changes from entry to exit were statistically significant. A Bonferroni correction for inflated Type I errors was employed to adjust the alpha level. In this case the resulting alpha level was .01 (.05/5=.01: original alpha level/number of subscales being tested). A **Bar Chart** is also included for illustrative purposes.

Garrity and Baris Conflict Scale Participant Group – Pre (n=48) and Post (n=48)

Table 13

	Participant Group Pre	Participant Group Post	Change
Mild conflict	13%	29%	+ 16%
Minimal conflict Score	4%	25%	+ 21%
Moderate conflict score	4%	27%	+ 23%*
Moderately severe conflict score	27%	13%	- 14%
Severe conflict score	52%	6%	- 46%*
Total %	100.00%	100.00%	

* Statistically significant differences at p<.01: Moderate Conflict: p=.007; Severe Conflict: p<.001



Results indicate significant gains for the participant group in moving from severe or moderately severe parental conflict to moderate, minimal and/or mild conflict.

Parent Safety

In evaluating parent safety, the following characteristics were explored: the completion of domestic violence treatment or counseling, the participant’s rating on the Spousal Assault Risk Assessment, the reported occurrence of another incidence of domestic violence, a new violence related criminal charge, or a shift in their demographic information, pertaining to home ownership or employment status.

Forty-four percent (14/32) of the program participants completed domestic violence treatment, which is usually a six month or one year long intensive program, depending on the needs of the perpetrator. Seventy-five percent (21/28) of the program participants completed domestic violence counseling. Domestic violence counseling is aimed at providing support to victims, and typically victims participated in the counseling on a weekly or monthly, depending on how they perceived their needs. Participation in this type of counseling could increase parent safety as victims begin to learn the signs of domestic violence and gain support to remove themselves from dangerous relationships.

Spousal Assault Risk Assessment (SARA)

SARA is a 10 item clinical checklist of risk factors for spousal assault. Its purpose is to determine assessment of risk for future violence. The participant is rated on a three point scale (0-1-2) regarding criminal history, psychological adjustment, spousal assault history, alleged (current) offenses, and other considerations. Risk increases with the ratings of items (0=absent, 1= subthreshold, 2 = present), the number of items as well as the presence of critical items. Critical items are those that compel the evaluator to conclude that the individual poses an imminent risk of harm. Table 14 presents the results of testing at entry and exit. The table also includes results of t tests for dependent samples run on the entry and exit means to assess statistically significant changes. A bar chart is included for illustrative purposes.

SARA Participant Group – Pre (n=21) and Post (n=21)

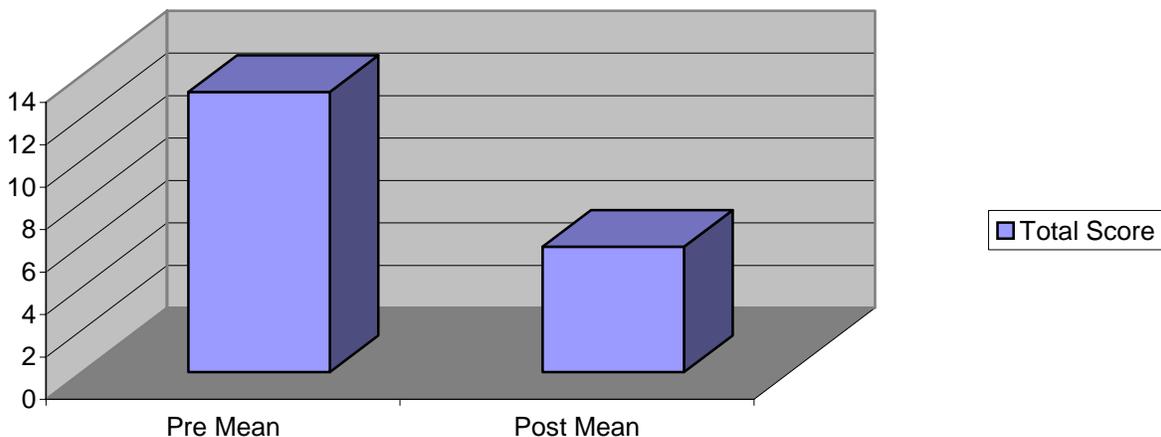
Table 14

	Particip. Group Pre Mean	Particip. Group Post Mean	Change*	Participant Group Pre Range	Participant Group Post Range	Participant Group Pre Standard Deviation	Participant Group Post Standard Deviation
Total Score	13.2	5.9	7.3 **	3-25	2-17	6.5	3.9
Critical Score	2.9	.3	2.6 **	0-10	0-2	2.5	.7

* reduced domestic violence

** Statistically significant differences: (Total Score: $t=7.26$, $df=20$, $p<.0001$); (Critical Score: $t=4.86$, $df=20$, $p<.0001$)

Figure 7
SARA Participant Group



Results indicate that both total scores and critical (imminent danger) scores noticeably decreased for the participant group, and both of these changes were statistically significant.

In an effort to determine parent safety, violent charges, violations of Protection Orders and No Contact Orders, as well as the filings of new Protections Orders were examined. At intake in the participant group, 67% had violent criminal charges, 13% had violated a No Contact Order, 10% had violated a Protection Order, 42% had filed for a Protection Order, 39% had a Protection Order filed against them. During the project in the participant group, 10% had violent criminal charges, 4% had violated a No Contact Order, 3% had violated a Protection Order, 5% had filed for a Protection Order, and 3% had a Protection Order filed against them. After program completion in the participant group, 0% had violent criminal charges, 0% had violated a No Contact Order, 0% had violated a Protection Order, 0% had filed for a Protection Order, and 0% had a Protection Order filed against them.

In the comparison group at intake, 73% had violent criminal charges, 9% had violated a No Contact Order, 2% had violated a Protection Order, 32% had filed for a Protection Order, and 34% had a Protection Order filed against them. During a one year period of the project in the comparison group, 17% had a violent criminal charge, 6% had violated a No Contact Order, 0% had violated a Protection Order, 6% had filed for a Protection Order, and 6% had a Protection Order filed against them. After a one year period in the comparison group, 6% had a violent criminal charge, 2% violated a No Contact Order, 0% violated a Protection Order, 2% filed for a Protection Order, and 4% had a Protection Order filed against them.

Additional analyses were conducted exploring the relationship between income and living status (i.e., family, independent, shelter, etc.) on the one hand and incidence of violence or contact with police. In all cases when income at exit from program was cross tabulated with a variety of variables reflecting domestic violence or trouble with the police during the year previous to program exit (e.g., domestic violence with current partner, domestic violence with other parent, contact with police), no relationships were found. This was due to the fact that only 1 or 2 clients reported such problems and these two represented opposite ends of the income continuum. In other words, one client reported a quite low gross annual income and the other reported a quite high income.

Parental Substance Abuse

Reduction of parental substance abuse was a key goal of this project and substance abuse is closely related to child abuse and domestic violence. While at least 76% of the participant parents indicated substance abuse upon entry into the program, during the project, the number of participants who indicated periods of abstinence from substances was 72% (67 of 93). Sixty-seven people abstained from substances during a period of the program, four did not, and it was unknown as to whether 22 participants did. Three abstained from substances for two weeks, four abstained up to 30 days, five abstained up to 60 days, and 35 abstained for more than 60 days. Eighteen people abstained from alcohol, one person for two weeks, two people for 30 days, one person for 60 days, and 14 for more than 60 days. Fourteen people abstained from methamphetamine, one for 30 days, two people abstained for 60 days, and 11 abstained for more than 60 days. Fifteen participants abstained from combinations of substances, two for two weeks, one for 30 days, two for 60 days, and 10 for more than 60 days. Twenty people began the program without having substance abuse concerns and they remained abstinent throughout the program. The number of participants who indicated periods of abstinence from substances for more than 60 days was 59% (55 of 93), this number includes the 20 participants that indicated abstinence from intake to exit, and the number of participants who completed substance abuse treatment was 56% (27/48), with the number of participants who completed relapse prevention at 61% (17/28). Results from drug testing also indicate positive trends in reducing parental substance abuse (see Table 15).

At exit, 7.5% of the comparison group continued to use alcohol, while 8% continued to use drugs.

Drug testing while enrolled in the project

A total of 515 drug tests were required of 68 of 93 program participants. Only 5 drugs tests were required of 2 of 48 comparison group members. Thus, making meaningful comparisons between

participant and comparison groups concerning drug test results will not be possible. Comparison group numbers are included in Table 15 for information purposes only, but no valid comparisons can be drawn between the two groups.

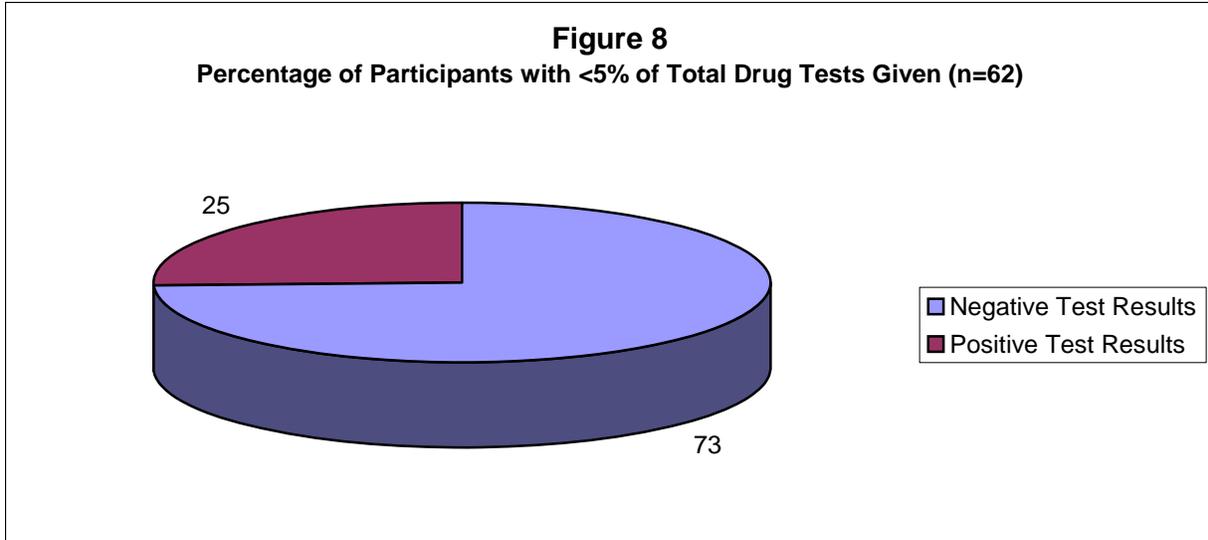
Further complicating drug testing results is the fact that of the participant group members who received drug tests some received many while others received just a few. The differences in the numbers of drug tests that the participants underwent may have been due to treatment requirements, Child Protection Services or their Probation Officer may have requested them, or the number of drug tests that were requested were related to the participant’s history of drug use. In addition, methamphetamine typically only stays in the system for approximately two to three days, while marijuana will remain in the body for a period of 30 to 40 days; therefore, if the participant’s primary substance used is methamphetamine, this person will require more frequent testing. Another consideration is the type of drug test used. Hair follicle testing examines a longer history of use; therefore, this test does not need to be repeated with as great a frequency. Specifically, one participant had 77 drug tests while many others had only 1 or 2. The person who had 77 drug tests represents 15% of all the drug tests given in the participant group. Consequently, this person has strong potential to influence the aggregate results. In order to adjust for this, individuals who represent more than 5% of the total number of drug tests given to participants will be placed in a group by themselves in Table 15. The 5% cut point represents those people who had 26 or more drug tests.

Table 15

	Overall Participant Group (n=68)**	Participants with <5% of Total Drug Tests Given (n=62)**	Participants with >5% of Total Drug Tests Given (n=6)	Comparison Group (n=2)
Negative test results	83% (425/515)	73% (192/265)	93% (233/250)	40% (2/5)
Positive Test results*	16% (83/515)	25% (66/265)	7% (17/250)	60% (3/5)

* Tested positively most frequently for amphetamine (methamphetamine), marijuana

** Percentages don’t total to 100 since 3 people had diluted tests and 4 people refused tests.



Results in Table 15 show that the 6 participants who had very frequent drug testing had a higher rate of negative tests than those participants who had less frequent testing. Once again, comparisons should not be made to the Comparison group since there were too few people in that group who had drug testing.

Criminal Charges and Other Court Involvement

Incidences of criminal charges and civil court cases were tracked and categorized into three areas; before intake, during the project, and after the project for the participant group. Tables 16-19 present the results. Some examples of how to read the table follows: 73% of the comparison group at intake had violence charges brought against them in the past. 77% of the participant group had no drug related charges at intake. And 99% of the participant group had no drug related charges after program completion. In addition, the numbers of participants who had criminal charges or involvement in civil court are listed next to the percentages.

Table 16

Participant Group n=93 Comparison Group n=53	Participant Group at Intake	Comparison Group at Intake (Referral)
Had a Criminal Record	80%	76%
Had at least one Misdemeanor	76%	72%
Had at least one Felony	12%	22%
Violence Charges	67%	73%
Drug Related Charges	23%	23%
Alcohol Related Charges	39%	34%
Reported DV witnessed by children	39%	30%
Had Police Involvement due to DV	23%	15%
Filed for a Protection Order*	42%	32%
Had a Protection Order* filed	39%	34%

against them		
Protection Order Violation**	10%	2%
No Contact Order*** in place	40%	34%
Violated a No Contact Order****	13%	9%

Table 17

Participant Group n=93 Comparison Group n=53	Participant Group During Program	Comparison Group During One Year period
New Criminal Charges	42%	34%
New Misdemeanor Charges	38%	32%
New Felony Charges	4%	6%
New Violent Charges	10%	17%
New Drug Charges	3%	4%
New Alcohol Charges	11%	6%
Had DV witnessed by child	3%	No data
Had New Police Involvement	3%	No Data
New Protection Orders* filed for	5%	6%
Had New Protection Order* filed against	3%	6%
Had New Protection Order Violation**	3%	0%
Current No Contact Order***	3%	4%
No Contact Order ****Violation	4%	6%

Table 18

Participant Group n=93 Comparison Group n=53	Participant Group After Project	Comparison Group After One Year Period
New Criminal Charges	17%	17%
New Misdemeanor Charges	89%	87%
New Felony Charges	1%	2%
New Violent Charges	0%	6%
New Drug Charges	1%	2%
New Alcohol Charges	2%	2%
Had DV witnessed by child	No Data	No Data
Had New Police Involvement	No Data	No Data
New Protection Orders* filed for	0%	2%

Had New Protection Order* filed against	0%	4%
Had New Protection Order Violation**	0%	0%
Current No Contact Order***	0%	4%
Current No Contact Order Violation****	0%	2%

*A Protection Order is filed for by a victim of domestic violence in a Civil Court. If a Protection Order is granted, they are typically in effect for 90 days and restrict contact between the victim and perpetrator of domestic violence.

** A Protection Order Violation is a criminal charge, which is given when the restrictions for contact are violated by either party that is outlined in the Protection Order.

***A No Contact Order is granted as a result of a criminal charge that involves family violence. No Contact Orders prohibit the perpetrator from being in the vicinity of the victim or from having any contact with the victim.

****A No Contact Order Violation is a criminal charge that arises if the order for no contact is violated by the perpetrator.

It is important to note that for the comparison group, the data in Table 16 was gathered at the point of the referral. In Table 17, the data that was gathered was during a one year time frame (one year from date of referral into the project) to compare to the participant group as a timeframe in the project (most participants were in the project for an average of a year). In Table 18, the data was gathered after the one year timeframe (to compare to after the exit of the project for the participant group).

This data highlights that although the comparison group had a lower number of new criminal charges than the participant group, the comparison group had more new violent and drug related crimes than the participant group.

Felony, Criminal and Misdemeanor Charges

Incidences of felony and misdemeanor charges were tracked before, during and after program completion for both participant and comparison groups. Table 18a presents the results. An example of how to read the table follows: Find the row labeled “Number of Misdemeanors.” The participant group had a total of 781 misdemeanors at entry into the program. This represents 8.39 misdemeanors per participant (781/93). After program exit, participants had a total of 17 misdemeanors which equates to a small fraction of a misdemeanor per participant (17/93). Keep moving along the row to the “Comparison Group at Intake” column. At intake the comparison group had a total of 355 misdemeanors which equates to 6.70 misdemeanors per comparison group member. At exit, the comparison group had about a quarter of a misdemeanor per group member. The remaining rows and columns are interpreted in the same way. Scanning across a row reveals how the participant group did in relation to the comparison group.

Table 18a

Participant Group n=93 Comparison Group n=53	Participant Group at Intake	Participant Group During Program	Participant Group After Program	Comparison Group at Intake	Comparison Group During Program	Comparison Group After Program
Number of Misdemeanors	781 (8.39)	97 (1.04)	17 (.18)	355 (6.70)	51 (.96)	14 (.26)
Number of Violent Misdemeanors	138 (1.48)	15 (.16)	0 (0)	55 (1.03)	12 (.23)	6 (.11)
Number of Felonies	22 (.24)	10 (.11)	1 (.01)	31 (.58)	3 (.06)	1 (.02)
Number of Family Violence Felonies	2 (.02)	10 (.11)	1 (.01)	0 (0)	0 (0)	0 (0)
Number of Drug Related Charges	52 (.56)	4 (.04)	1 (.01)	46 (.87)	3 (.06)	1 (.02)
Number of Alcohol Related Charges	88 (.95)	11 (.12)	2 (.02)	32 (.60)	7 (.13)	1 (.02)
Number of Pending Crimes	65 (.70)	44 (.47)	20 (.22)	44 (.83)	0 (0)	0 (0)
Number of PO's Filed For	67 (.72)	9 (.10)	0 (0)	25 (.47)	4 (.08)	1 (.02)
Number of PO's Filed Against	64 (.69)	4 (.04)	0 (0)	23 (.43)	4 (.08)	4 (.08)
Number of PO Violations Against	15 (.16)	5 (.05)	0 (0)	1 (.02)	0 (0)	0 (0)
Number of NCO's	75 (.81)	4 (.04)	0 (0)	31 (.58)	2 (.04)	5 (.09)
Number of NCO's Violated	17 (.18)	5 (.05)	0 (0)	9 (.17)	4 (.08)	1 (.02)
Number of Civil Appearances	320 (3.44)	268 (2.88)	13 (.14)	188 (3.55)	78 (1.47)	24 (.45)
Number of Civil Cases	294 (3.16)	57 (.61)	4 (.04)	111 (2.09)	20 (.38)	15 (.28)

A table of this size and complexity can be rather overwhelming but careful scanning across the rows reveals both similarities and differences in performance across the two groups. Take for example “Violent Misdemeanors.” The participant group entered the program with a higher number of violent misdemeanors per participant (1.48) vs. the comparison group (1.03), but the participant group had no violent misdemeanors after the program whereas the comparison group had six. The “Number of No Contact Orders” is another item showing interesting trends. The participant group entered the program with a higher rate per group member but by the end of the program had none. The comparison group after the end of the program had 5 no contact orders.

Similar trends can be seen in the “Number of Civil Appearances” and “Number of Civil Cases.” In both instances, the participant group dropped to lower numbers after the program. Finally, a scan down the “Participant Group After Program” column and the “Comparison Group After Program” column reveals the overall success of the program. The “Participant Group After Program” column has 6 zeros in it, meaning that after completing the program participants had no involvement with the courts in these areas. Although there are 3 zeroes in the “Comparison Group After Program” column, none are meaningful except for the pending crimes row discussed above. In the two other instances of zeroes in the “Comparison Group After Program” column, the “Number of Family Violence Felonies began with zero and ended with zero and the “Number of PO Violations Against” the client started with one and ended with zero.

In summary, with only a few exceptions that may warrant further study, the trends revealed in Table 18a show the program producing reduced involvement with the courts that translates into potential cost savings for the court.

Table 19

Participant Group n=93 Comparison Group n=53	Participant Group at Intake	Participant Group During Program	Participant Group After Program	Comparison Group at Intake	Comparison Group During Program	Comparison Group After Program
Have a new/reopened Civil Case	88%	39%	4%	91%	26%	19%
Number of Appearances in Civil Court	320	268	13	188	78	24

Overall, participant and comparison groups were quite similar at program intake, during program, and after program percentages. This calls into question the efficacy of the FVCGP in reducing court time and cases. Since participants received the coordinated services and financial support offered through the program, participant group percentages should show more positive trends, but overall such was not the case. In one case, however, this did occur. The percentage of participants with civil cases and civil case appearances after the program was less than for members of the comparison group. Nineteen percent of the comparison group had new or reopened civil cases after the program period, whereas four percent of the participant group had a new or reopened civil case after the program. This shows potential cost savings for the court.

Table 20 indicates the percentage of clients reporting use and problems with alcohol and drugs. A **Bar Chart** is also included for illustrative purposes.

Table 20

Percentage of Clients Self-Reporting Use and Problems	Participant Group (n=48)	Comparison Group (n=53)
---	--------------------------	-------------------------

with Alcohol and Drugs				
	Intake	Exit	Intake	Exit
Does the client currently use alcohol?	69% Yes	48% Yes	59% Yes	7.5% Yes*
Does the client say they have a problem with alcohol?	15% Yes	100% No	**	**
Does the client currently use drugs?	19% Yes	100% No	34% Yes	8% Yes*
Does the client say they have a problem with drug use?	8% Yes	2.1% Yes	**	**

* NOTE: These comparison group exit percentages must be cautiously interpreted because the percentage of “Unknown” dramatically increased from intake to exit. For the question about alcohol use, the percentage of unknown went from 17% at intake to 79% at exit. For the question about drug use, the percentage of unknown went from 11% at intake to 53% at exit. The reason why the number of unknowns went up so dramatically is not known, but it probably is due to Department of Health and Welfare (DHW) employees filling out the form in the absence of the client and thus not knowing the client’s status. Consequently, the employee had to put unknown.

** NOTE: These questions were not asked on the DHW form.

The program appears to be successful at reducing client drug and alcohol use. The percentage of clients reporting using alcohol dropped 21% from intake to exit. Still almost half of clients report using alcohol, and given the number of alcohol related incidents in clients’ pasts, continued work is needed to reduce alcohol use further. Drug use also went down. Nineteen percent of clients at intake reported using drugs. At exit 100% reported **not** using drugs. This is a quite positive outcome. As noted above under the table, drawing comparisons between participant and comparison groups is not possible because of the lack of data.

Cooperation/Collaboration Evaluation

This section addresses the research question, “Does using a comprehensive and collaborative approach with families that may have multiple cases in the court, as well as substance abuse, child maltreatment, and domestic violence issues, strengthen families?”.

The sources of information and the processes used to gather the evaluation of coordination/ collaboration are summarized below. As previously stated, Boise State University’s Institutional Review Board approved all surveys/interview protocols in February, 2005.

Evaluators and project staff identified key constituencies in order to gather information about their experiences with the FVC Grant Project. Data regarding their experiences were collected, both quantitatively and qualitatively, through surveys and interviews. This section describes the data collection methodology, the types of information collected from each group, and the findings. While the numbers of respondents are small and therefore the data should be interpreted cautiously, these findings reveal a high degree of satisfaction with most project services. Parent surveys, interviews with parents, service provider administration and front-line

service worker surveys were utilized in this evaluation. Please note that parents were considered the most important key informants for the project so are therefore the first voice heard in the cooperation/collaboration evaluation section.

Topical Areas

Below is a table reflecting the topical areas of interest and the corresponding data collection group. These topical areas will be used to discuss the resulting information in the next section of the report.

Table 21

Topical Areas of Interest Topical Area	Groups Queried On		
	Service Provider (Admin)	Parent	Service Provider (Direct)
1. Knowledge of Grant Project			
Strengths of the project	✓		✓
Personal knowledge of project	✓		✓
Improvements for the project	✓	✓	✓
Challenges in serving clients	✓		✓
Availability of services		✓	
Stigma related to Mental Health services		✓	
Stigma related to Substance Abuse services		✓	
2. Project Personnel			
Satisfaction with	✓		✓
Parent involvement		✓	
3. Evaluation of Project Services			
MDT		✓	✓
Overall level of satisfaction with project services	✓	✓	✓
Case coordination	✓	✓	✓
Your relationship with the project	✓	✓	✓
Utilization of services	✓	✓	✓
Importance of project	✓		✓
4. Relationships Between Services and Parents			
Nature of the relationship between services and families (coordination)	✓		✓
Extent of family inclusion		✓	
Strength of the relationships between service providers	✓		

	Type of information shared between service providers and project	✓		
	Referrals between service providers and project			✓

Exit Survey from Parents

The Exit Surveys (n=39) were distributed to parents when they officially exited the program. The exit surveys were completed in a confidential manner. The exit surveys were completed by participants, then put into a sealed envelope and sent directly to the research evaluators. Names were not put on the exit surveys. Respondents completed the brief survey, which used a Likert (strongly agree, agree, disagree, strongly disagree) scale on a series of questions regarding their experiences with the FVC Grant Project. (See Appendix 2 – Exit Survey.) Data was entered into an SPSS database.

Results from Parent Exit Survey

Parents (n=39) who completed the exit survey were overall highly satisfied with their FVC Grant Project experiences. Parents overwhelmingly found project staff to be knowledgeable, respectful, willing to answer questions, understanding, and supportive. Most found the coordination of services to have helped their family. They also found the amount of contact to be highly agreeable.

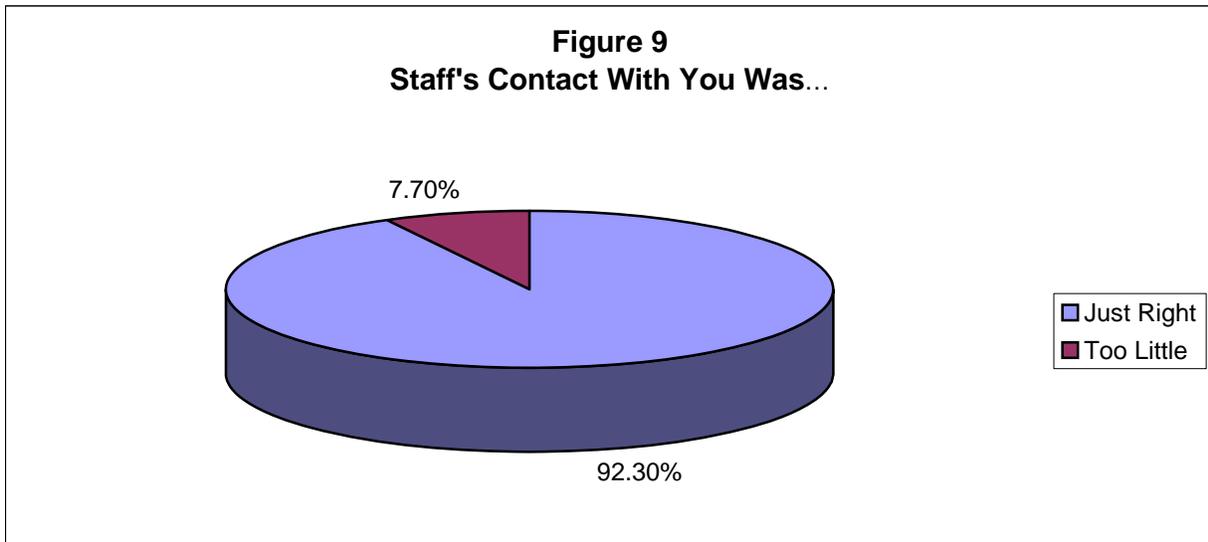
Two of the questions may warrant further investigation. Some parents were not sure if the MDT meetings were helpful (some parents indicated “don’t know”). Likewise, some parents responded that they did not know if project staff “respected my voice.”

Table 22

Survey Question	Valid Percent				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Answer your questions?	66.7%	25.6%			
Provide resources?	68.4%	28.9%			
Treat you with respect?	84.6%	15.4%			
Offer supports?	74.4%	23.1%			
Show understanding?	76.9%	20.5%			
Coordinate services?	71.8%	17.9%			
Conduct/coordinate enough meetings	46.2%	28.2%			
Give you a voice?	53.8%	28.2%			
Make funds available?	71.8%	25.6%			
Treatment Plan?	51.3%	38.5%			

Table 23

The staff's . . .	Just Right	Too Little
Contact with you was . . .	92.3%	7.7%



Interviews with Parents

The evaluation included in-depth interviews with parents. (See Appendix – parent interview protocol.) Project staff identified 30 potential respondents for the interviews. Research staff contacted each respondent by telephone and by mail (six respondents had disconnected phone numbers). Once parents were scheduled for an interview, staff mailed a confirmation letter. Parents were promised and given a \$30 gift certificate to a grocery store upon completion of the interview. Fifteen interviews were completed. Research staff interviewed four of the parents in

individual, 35 minute sessions at the Boise Public Library in April, 2005 and follow up phone interviews throughout 2005 and early 2006. These in-person interviews took place in a private room at the library. Research staff scheduled more interviews with parents during 2006, and additional interviews were completed. Nine of the interviewed parents were mothers and six were fathers. Five of the parents' ages were 15-25, five were 26-35, and five were ages 36-45. The ages of their children were also widely spread, ranging from three to 18.

Results from Parent Interviews

Fifteen in-depth parent interviews were completed. It is important to apply caution to the interpretation of the parent interview data. It is quite possible that the parents who were willing to participate may have been more successful than others or may have believed they benefited from the project more than other parents. However, there was no indication that those who participated in the parent interviews were more successful than other participants. As this was a voluntary interview and required that parents take time out of their schedule, the relatively low participation could also be due to parents' difficulties with logistics (e.g., work schedules) or lack of time.

Despite these limitations, the interviews provide considerable information about what services participating parents received and their perceptions about those services and about the FVC grant project. Feedback from participants included statements such as “[t]he project staff developed trust with me. I wouldn’t have gone to the classes and other services if that trust wasn’t there,” and “[t]he project was non-judgmental and supportive; not blaming and authoritarian. People cared about our success and progress.” Other participants reported to the evaluators that “[t]he relationship with the project and [the case coordinator] greatly helped my motivation to get better [and] [t]he project was the best thing that happened to us. The understanding, encouraging, and down-to-earth approach was effective,” and “I’m happy it was available. We probably would not be clean and have our kids if not for this program.”

In the sections that follow, more details about the results of the parent interviews are provided, starting with their satisfaction with the services they received.

Satisfaction with Services

Participants accessed a wide range of services once they became involved in the project, usually by referral from court staff. Following is a list of the services:

- Substance Abuse Treatment
- Domestic violence treatment and Counseling
- Parenting education
- Drug testing
- Attorney
- Medical and Mental Health Services
- Individual and family counseling
- Anger management
- Counseling Services for Children

Most of the parents reported domestic violence as the initial reason for seeking help. All but one parent indicated that substance abuse was also one of the main reasons for seeking extra help. Other reasons (in order of frequency) include safety (4), family functioning (4), parenting and co-parenting issues (2), and financial problems (1).

The only service found to be unhelpful by one parent was a parenting education class. She found individual counseling to be more useful for her. All other parents reported that they found the services helpful or very helpful. When asked why they found the services helpful, parents reported that the services had provided them beneficial skills and tools that they would draw upon and use in the future.

Parent satisfaction with services extended into other areas as well. Some parents were not aware of the available services and how to access them prior to participation in the project. Thus, they were appreciative of being made aware of the services that existed to help them improve their lives. Their learning about the services and how to access them was important to them. Additionally, parents underscored the importance of having the services paid for by the FVC Grant Project. They found this to be a critically important component of the program and expressed appreciation for the financial support they had received. They stated that having the services paid for allowed them much higher rates of participation in the various services and more timely participation than if they had had to pay for the services themselves. Finally, parents expressed appreciation for the FVC coordination of the documentation of service participation. The FVC Grant Project followed up with service providers and documented participation rates and completion rates. This allowed parents to efficiently present to the court evidence of their timely completion of court ordered activities.

Clearly, the services made available through participation in the FVC Grant Project made a difference in the lives of these parents and families. One parent also said the services “helped get us on the same page, pulled us together.” Another said the services “kept us focused, on the right track.” For those parents who used these services, their overall satisfaction was high (see table below) and no one expressed dissatisfaction.

Overall Satisfaction with Services Provided through FVC Grant Project*:

Table 24

Type of service	Highly satisfied	Satisfied	Somewhat satisfied
Substance abuse	X		
Domestic violence	X		
Parent education	X		

(*note: Not all parents who were interviewed used all these types of services.)

Parents were also asked which of the specific services coordinated through the FVC grant project were most useful to them and to their families. The services found to be most useful are the following: individual counseling, substance abuse treatment, parent education, drug testing, and case coordination. Also useful to parents were tutoring, domestic violence services, probation officer, and family counseling. One parent explained that all the services were necessary; she said, “It was *all* helpful. Its like a package – it all went together. We needed all of it.” Clearly,

parents appreciated the benefits of the services coordinated through the grant project. In fact, two parents suggested that project create a brochure or handout that lists all available services. They explained that they would have used more services if they had known about them earlier. All parents reported that they felt included in the treatment planning process and that they were treated with respect.

The services were not only appreciated, they seemed to make a difference for the parents interviewed. One parent said, “We talk now.” When asked what had changed as a result of receiving the services, parents said the following:

Reduce/Eliminate Substance Abuse
Improved parenting skills
Increased coordination and consistency in co-parenting
Stayed together as a family and improved family functioning
Improved communication, respect, and tolerance

The parents were honest about their challenges though. Parents expressed concern about their children, financial strains, and tensions with extended family members. Some seemed uncertain about future court proceedings and how their family would adjust to future changes.

Accessibility of Community Services and Participation in Community Services

Parents were asked about the accessibility and quality of services generally available in the Ada County community. They had mixed responses. Most of the group had received mental health services prior to participating in FVC Grant Project and most of them believed that there was a stigma to receiving mental health services. Most found their prior experience with a mental health service to be useful. Most found mental health services to be accessible and adequate. However, one parent felt that many people do not know how to access mental health services. Another parent was concerned about the quality of some mental health services. Some of the parents felt they had experienced “adequate teaming” when receiving mental health services for themselves or their family members. While a few of the parents reported receiving substance abuse treatment services prior to participating in FVC Grant Project, they found those services to be useful as well.

To gain insight into family functioning and resiliency, researchers asked the parents about their involvement with community activities. Parents reported that it was difficult to be involved in community activities for several reasons. Busy schedules, concerns about child safety, and financial constraints were among the reasons cited for not being more involved in community activities. Despite these challenges, all of the interviewed parents reported that they were involved in various community activities: church (5), volunteer activities (3), boy scouts (1), gym (1), and extended family functions (1).

Finally, the parents were asked if they had any suggestions for improving the FVC Grant Project. Universally, they commended the case coordinator for consistent support and guidance. Parents believed that participation in the project helped them navigate the complexities of the court processes, ensured they had access to needed services, and showed them that someone cared and respected them. One parent said, “We would not have known what to do and couldn’t have paid

for it.” Another said, “It is intimidating – it helps to have a smiling face.” Suggestions for improvement were to expand and hire more staff.

Service Provider Administrator Questionnaire

Research staff based the service provider questionnaires on surveys adapted from Substance Abuse and Mental Health Services Administration (SAMSHA) Systems of Care initiatives. Two forms were designed for the core service partners of the project, administrators and front-line staff. Both forms used open-ended questions and questions with a Likert scale for the response. In varying degrees, the service provider administrators were aware of the project, but all knew of the data collection process prior to receiving the questionnaire. The questionnaire was e-mailed to the designated leader of each service provider, asking for his or her cooperation and explaining the use of the information. Project staff identified fourteen (14) service partners. Eight administrators of the original 14 returned a questionnaire (three elected to answer as front-line service providers, and three did not respond). The average years of work experience ranged from 1-30 (mean = 10.4 years). (See Appendix – Service Provider Administrator survey). Data were entered into an SPSS database.

Service providers (N=14) categorically listed below returned the data collection form (some provided more than one service):

Table 25

Service Provider	Category
Substance Abuse	8
Domestic Violence	5
Parent Education	2
Child Protection (DHW)	2
Probation	1

Results from Service Providers

Administrator Questionnaires

Key FVC Grant Project service provider administrators (n=8) were very positive about the FVC Grant Project overall. Administrators rated themselves as highly knowledgeable or somewhat knowledgeable about the project. Three administrators felt their relationship with the project was very positive and five said the relationship was positive. Likewise, five of the administrators were very satisfied or satisfied with the project, and only two were “neutral,” or neither satisfied or dissatisfied. Administrators listed reasons for their high level of satisfaction:

FVC Grant Project helps families who otherwise may not receive services, providing assistance to families in distress.

The project is client centered and secures substance abuse treatment for those who need it.

Project staff follow up with clients and hold them accountable.

FVC Grant Project staff are easy to work with and provide an efficient, economical process.

All felt that the project is important (five said very important and three said important). Among the functions provided by the FVC Grant Project, administrators believed the referral process to be the most important function of the FVC Grant Project. Administrators said that appropriate and timely referrals helped families receive the services they needed. The data show that families accessed a wide range of services through the FVC Grant Project. In order of frequency, administrators reported they provided the following services:

- Evaluation & assessment (6)
- Substance abuse treatment (1 inpatient; 5 outpatient)
- Group counseling (5) (e.g. Domestic violence)
- Individual counseling (4)
- Couples/marriage counseling (3)

Families received other services as well. Administrators report they also provided family counseling, domestic violence treatment, support groups, parent education, case management, and probation services among others.

The questionnaire also asked administrators to report the reasons for contact with families and how often their agency provides services to families. Most often, administrators contacted families to ask for information and to help integrate the family into the services. There was no common timing for when or how often families receive services. Administrators said their agencies provided services when a family called them or when they received a referral. Given the wide range of services and the degree of contact between the agencies and participating families, it was important to assess how administrators felt about the affect of the services provided through FVC Grant Project.

Contribution of FVC Grant Project

Administrators were asked to rate the significance of FVC Grant Project’s contributions on a number of family indicators from the project’s logic model, such as child safety and family function. Generally, administrators acknowledged that FVC Grant Project contributed to the improvement of the family’s health and function (see table below). Administrators’ ratings indicate that the project makes a significant contribution to the improved health of participating families, especially in the areas of court involvement, compliance with treatment plans, improved access to services, parent safety, and improved case coordination. None of the administrators reported that FVC Grant Project did not contribute or detracted from a particular family health variable.

Administrators’ Ratings on the Significance of FVC Grant Project’s Contributions to Family Functioning

Table 26

Family variables	FVCGP Contributes Significantly	FVCGP Contributes	Not sure if FVCGP contributes
Improved child safety and well being	3	2	1
Improved family	3	1	2

functioning			
Parental substance abuse reduced/eliminated	3	2	1
Improved parent safety	4	2	
Reduced future court involvement	2	3	1
Compliance with treatment plan and utilization of services	4	1	1
Improved court system navigation	4	2	
Improved access to appropriate services	4	1	1
Improved case coordination of appropriate services	4	1	1

Communication and Cooperation Among Agencies

One of the goals of the FVC Grant Project was to foster improved relationships among service providers and to increase the degree of cooperation. The questionnaire asked administrators to rate their relationships with other service providers. Strong relationships were reported with two of the agencies: the FVC Grant Project and the criminal justice system. Less communication and interaction was reported by administrators with the women’s and children’s shelters, substance abuse treatment providers, juvenile court, and law enforcement. The data indicated weaker relationships among service providers and schools, health services, mental health services, community health programs, juvenile detention, child protection, or domestic violence treatment providers.

A key activity among the service provider agencies – one that requires cooperation – is sharing data. The questionnaire also asked the administrators the type of information given by their agency to FVC Grant Project. Most frequently, agencies shared diagnosis data and suggestions about treatment. In few a cases, agencies also shared data on client progress, psychological evaluations, test profiles, and client demographics.

Suggestions for improvement

While generally reporting a positive attitude toward FVC Grant Project, the administrators did provide some suggestions for improving the project. Consistently, administrators expressed concern regarding the criteria for inclusion in the project. Their comments indicated they wanted more families to participate and more referrals, which may mean modifying the criteria for entry into the program. While administrators acknowledged that participation increased client accountability, they said that attendance at treatment sessions was inconsistent and the project may benefit from improved accountability measures. Finally, two of the administrators were concerned about the speed of payment to service providers.

Additional Comments

Some service providers commented that “[t]he services and case coordination, resource referral, and follow-up with clients are major strengths of this project” and “[t]he project is very good at providing wraparound services and addressing the unique needs of individuals and families.” Others comments included “Initial assessment and problem identification are major strengths of this project,” and “[t]he project’s willingness to work with providers to assure the best services for clients is impressive.”

Administrator Interviews

Two administrators were interviewed from agencies and programs that both refer clients to the FVC Grant Project and also provide services to the project. These two individuals provided comprehensive insights into the working of FVC Grant Project since they had contact with the program at all levels, including referral, treatment delivery, and court appearances. These interviews were conducted to gain additional insight into FVC Grant Project functioning and to corroborate and extend findings from the surveys. Following is a summary of what they said.

Knowledge of and Relationship with the FVC Grant Project

Both had extensive knowledge of the FVC Grant Project. Both said that their relationship with the FVC Grant Project was very positive and, based on the people served, the project was very important. Both suggested the FVC Grant Project could be improved by modifying eligibility criteria and a longer length of time is needed for the project to attain its full potential. One said the most important function of the FVC Grant Project was to address the domestic violence component with child custody and court authority.

Some positive things about the FVC Grant Project are 1) improved relationships with DHW and court, 2) helping DHW staff look at domestic violence and child abuse, 3) improved coordination of services, 4) providing financial support for services, 5) multidisciplinary team meetings and treatment planning meetings, and 6) one judge, one court, one family results in better protection of children because of enhanced and coordinated communication amongst all parties.

The areas that need immediate attention in the FVC Grant Project are 1) increased emphasis on making referrals, 2) continuing partnership efforts, and 3) maintaining as much as possible the one judge, one court, one family model by finding judges who will work closely together to coordinate cases.

There is a relatively small number of program participants due to eligibility, training of DHW people (quantity was minimal), and time limit issue with the project.

Using a rating scale (significant, neutral, not significant) on the following statements, interviewees believe the FVC Grant Project makes significant contributions to achieving these outcomes per the project's logic model:

Improved child safety and well-being
Improved family functioning
Parental substance abuse reduced/eliminated

Improved parent safety
Reduced future court involvement
Compliance with treatment plan and utilization of services
Improved court access to appropriate services
Improved access to appropriate services
Improved case coordination of appropriate services

Front-line Service Provider Questionnaire

The Front-line Service Provider questionnaire was similar to the Administrator form and was also based on surveys adapted from the Substance Abuse and Mental Health Services Administration's Systems of Care initiatives. Twelve of fourteen direct service providers identified completed the Front-line Service Provider survey. The average years of work experience was 13 with a range from half a year to over 40 years. The average number of clients on a caseload was 54 (median was 26 clients per caseload). Eight of the respondents were women and four were men. Six described their jobs as management, two were social workers, two were counselors, one was a treatment specialist, and one was a psychologist. The participants represent diverse work settings, including child protection, substance abuse treatment, probation, community-based counseling, and social services. Data were entered into an SPSS database.

Front-line Staff Results

The front-line staff of the service providers (n=12) are the third key constituency for the evaluation in addition to parents and administrators. Front-line staff includes managers, social workers, counselors, and treatment specialists. These professionals were asked to provide their opinions about the quality of services provided through FVC Grant Project, challenges in serving clients, and their satisfaction with the project. All of the twelve front-line staff members who completed a questionnaire were familiar with the project and worked directly with participating families. While the time they spent on FVC Grant Project related work varied (from one to 70 percent), they are a good source of information about how well FVC Grant Project is working and how it might be improved. Similar to the parents and administrators, the front-line staff generally expressed a high level of satisfaction with the project and believed it was valuable to the participating families.

Front-line staff expressed a high degree of approval of project services. Specifically, they listed four project services as outstanding: contact with clients (8), case coordination (7), resource referrals (3), and initial assessment (3). They also felt consultation with other professionals to be a benefit of the project (3). Other strong components of the project include:

Communication with other members of the MDT team
Clinical expertise
Community involvement
Willingness to work with service providers to assure the best service to clients
Working with one judge and knowing his expectations
Getting domestic violence cases heard more quickly
Working with specialty prosecutors on domestic violence cases

- Random drug and alcohol testing
- Help navigating the court system
- Help accessing available community resources

When asked why they thought the above services were excellent, the front-line staff pointed to the FVCGP staff. Eleven of the 12 front-line staff said that the FVC Grant Project staff members were very helpful and most said that coordination with the project was timely and efficient. Many of the respondents said that project staff were knowledgeable about substance abuse treatment and cared about clients, striving to deliver individualized, ‘wrap-around’ services. Other staff mentioned the importance of experienced professionals working as a team, developing a case plan for the family, and following up on treatment activities to ensure cases didn’t “fall through the cracks.” Finally, staff reported seeing families make significant progress in their lives and in their interactions with family members. Staff believed that families were well served and improved in their functioning as a result of participating in the FVC Grant Project.

Contribution of FVCGP

Front-line staff were asked to rate the significance of FVC Grant Project’s contributions on a number of family indicators, such as child safety and family function. As with the administrators, front-line staff agreed that FVC Grant Project contributed to the improvement of the family’s health and function (see table below). In particular, more than half of the front-line staff found the following project services to have made a significant contribution to family health: improved child safety, improved family function, and improved court system navigation. None of the front-line staff reported that FVC Grant Project did not contribute or detracted from a particular family health variable. Unlike the administrators, however, front-line staff ratings indicate slightly less confidence on the contribution of the project on two of the variables: reduced further court involvement and improved court system.

Front-line Staff Ratings on the Significance of FVC Grant Project’s Contributions Frequencies

Table 27

Family variables	FVCGP Contributes Significantly	FVCGP Contributes	Not sure if FVCGP contributes
Improved child safety and well being	6	4	1
Improved family functioning	5	5	1
Parental substance abuse reduced/eliminated	5	6	
Improved parent safety	4	6	
Reduced future court involvement	2	5	4
Compliance with treatment plan and utilization of services	3	7	1
Improved court system navigation	5	3	3

Challenges in Serving Clients

The clients participating in this project struggle to satisfy the mandates of the court and complete the requirements of the FVC Grant Project. This results in challenges to those trying to provide services to them. Front-line staff comments reveal their concerns for clients who may be overwhelmed, lacking in motivation, or not completing all parts of the recommended treatment plan. One said, “Clients seem to want to do the minimum of requirements...Before client can complete FVC Grant Project, both treatment provider and FVC Grant Project case managers [should] be sure they are in agreement as to client’s treatment completion and after-care requirements.” Staff are also concerned that more cases should be part of the project and like the administrators, express some frustration at the criteria for inclusion into the project. Front-line staff recommended that the project modify the criteria so that more clients can participate.

Front-line staff were asked if more information would be useful. Most of the respondents left these questions blank; it is possible that this indicates that they are satisfied with their level of knowledge. In order of frequency, staff checked they would like more information on the following items:

Referrals (4)

Domestic violence cases (2)

Court system (1)

Divorce cases (1)

Coordination and Satisfaction with FVCGP

One of the primary means for coordinating services among the service providers and FVC Grant Project staff was the MDT meetings. Seven of the front-line staff attended at least one MDT meeting and five had not attended a meeting. Of those who had attended, one had attended 24 meetings (every two weeks) and the rest had attended one to three meetings. Those who attended meetings were satisfied or very satisfied with the facilitation of the MDT meetings and most believed the meetings to be an efficient use of their time.

Staff expressed a high level of satisfaction with the project, even if they did not attend the MDT meetings. Eight of the front-line staff rated their relationship with FVCGP as very positive and the remaining four said it was positive. Most also reported being satisfied with how the project works with families. Ten of the group said they were very satisfied or satisfied with the case coordination. Finally, eleven rated FVC Grant Project as very important and one rated FVC Grant Project as important, indicating a strong consensus on the value of FVC Grant Project services for the families.

Suggestions for Improvement/Sustainability

As with the administrators, front-line staff indicated a high degree of satisfaction with the project. Also like the administrators, they expressed concern over the criteria for inclusion. They would like more families to participate. In addition, there were a few suggestions for improvement. Two of the front-line staff said the referrals seemed slow or inconsistent. One staff person commented on the need for brief updated reports on client progress. Another requested more frequent MDT meetings and more agencies participating in those meetings.

Additional Comments

Personnel from the Rocky Mountain Quality Improvement Center conducted interviews with Department of Health and Welfare (DHW) staff during the project related to fidelity, and indicated similar positive feedback. DHW workers consistently and overwhelmingly agreed that the case coordinator's availability was very helpful, the project's assessment process and treatment team meetings were outstanding, and the project's work contributed very positively to improved child safety, permanency, and increased parenting skills.

Interviews with the Family Court Judge, Prosecutors, Public Defenders, and Other Personnel Involved in the New Court

Interviews were conducted with key court personnel including Honorable Judge Lowell D. Castleton, Ada County prosecutors, Ada County public defenders, and other court personnel who will be involved with the new court beginning in January, 2006. Comments from personnel in the new court along with those from prosecutors and public defenders are included to illuminate changes that will occur in the new court as well as sustainability of the FVC Grant Project. A state-wide grant description is also included, illustrating sustainability and supporting such adjustments.

The voices of the judges and the lawyers are important in an evaluation of the FVC Grant Project because they are the central figures around which all the coordination and services revolve. Surveys and interviews consistently revealed the importance of the judge, his or her philosophy for a family court, and his or her personality to the successful functioning of this project. County and city prosecutors and public defender offices were also queried since all parties work together in the court system to resolve cases.

Note: A list of local prosecutors and public defenders that interfaced with the project was obtained from the project staff. Prosecutor and public defender offices were contacted by phone. One prosecutor and one public defender returned contact and both briefly and similarly reported that they appreciated the efforts of the Ada County Family Violence Court Judge and the project staff toward helping families. Each person also indicated that they were looking forward to the new process, which includes accenting criminal and child protection cases. No further comments were forthcoming from either party.

Interview with Judge Lowell D. Castleton, Senior Judge

Honorable Lowell D. Castleton was a rural county judge in Franklin County, Idaho for 20 years and retired. He handled everything in his court, so the idea of an integrated court was not foreign to him. He said that through the "integrated family violence court" he accomplished "more consistent orders and better monitoring." The starting point for the FVC Grant Project was civil protection domestic violence cases. Judge Castleton saw a need to integrate the court system around these cases since oftentimes there were other cases such as divorce that were influencing the domestic violence case.

Juvenile court was never integrated into the FVC Grant Project because of specialized judges and procedures, but Judge Castleton took it upon himself to make these calls and coordinate with the

other judges. Judge Castleton also said that he did not preside over child protection cases either. However, he was pleased that child protection cases will be a part of the new court that is opening in January, 2006.

Judge Castleton noted that the program manager from the Department of Health and Welfare, Child Protection Services was key in getting the FVC Grant Project off the ground. The program manager cut through a lot of obstacles and got things going. Judge Castleton praised the DHW for the support of the project. Judge Castleton mentioned that he went over and met with the program manager in order to establish the relationship and foster collaboration. One sign of this increased communication and collaboration was that the FVC case coordinator, often sat in on the Department of Health and Welfare staffing meetings, which helped the referral process.

Interview with Personnel Involved in the New Court Beginning January, 2006

The new court's approach will be from the criminal side Judge Castleton coordinated the civil side regarding domestic violence. Family judges often do not see the benefit of combining civil domestic violence cases and custody cases into the criminal arena. The judges replacing Judge Castleton will do this and will alternate weeks with no criminal cases.

The new court will function in the following ways. Within 15 days of the entry of a guilty plea with criminal charges, public defenders from Child Protection (a problem solving court) will work with the new court and these clients. The Judges' assistant will broker a treatment plan and Court Advocates will do the safety plan. If there is an overlap with the civil side, they may work with Family Court Services. Participation in this program requires a guilty plea and it is voluntary. Ultimately, the participants' charge can be dismissed upon successful completion of this program and in most cases participants will receive credit for any prior time served and no additional jail time imposed at the time of sentencing. The length of this program is generally not less than twelve months and can extend up to two years.

Open criminal cases need to be resolved instead of waiting for domestic violence civil case. Prosecutors were not given a free hand to arraign and had to screen cases to Judge Castleton. Now prosecutors will screen these cases and a Public Defender will have information immediately instead of in four months.

This program would not have evolved if not for Judge Castleton's Court. Coordination of services and access to services is the key. Judges for the criminal court are designating special slots for domestic violence for the first time ever in Ada County court history, all because of the work of ACFVGP and Judge Castleton.

Summary of Key Findings

Demographics

- One hundred and fifteen families were referred into the grant project between January 1, 2003 and December 31, 2005. Eighty-one were referrals from the Department of Health and Welfare Children and Family Services (DHW) and thirty-four were referrals from Ada County Family Court Services.

-
- Fifty-eight families were eligible for the grant project. Twenty-seven families were not eligible, but were considered comparison group families for evaluation purposes. These families were not offered services or support, however, were tracked for comparison data. Thirty families were ineligible for the grant project.
 - Fifty-three families enrolled in the program. This included ninety-three individuals; forty-five mothers (or step-mothers) and forty-eight fathers. Out of these fifty-three families there were one hundred and thirty-two children.
 - Thirty-three families were referred by DHW and twenty families were referred by Family Court Services. Thirteen families were referred due to substantiated child maltreatment and forty families were referred to the project because there was concern that children were at risk for child maltreatment.
 - Out of the 93 participants 90.3% were White and 7.5% Hispanic. The remaining 2% of participants were of other ethnicities. Thirty percent of participants had graduated from high school and 32.3% had some college. An additional 11.8% had earned a GED, and 4.3% had earned a bachelors degree. Sixty-eight percent had a history of past violence, and 79.6% had a criminal record. Substance abuse was quite prevalent in the group with 64.5% reporting abusing alcohol in the past and 68.8% reporting abusing drugs in the past. At time of intake 62.4% were employed. Of all participants, not just those employed, 36.6% reported having an annual income of less than \$10,060, 23.7% reported an annual income of \$10,061-\$20,560, and 12.9% reported an annual income of \$20,561-\$24,060. The remaining 26.8% of participants had annual incomes above \$24,060.
 - A majority of the participants required intensive case management. Many had mental health issues, financial difficulties, unstable housing, lack of resources, and criminal involvement. Out of 53 families involved in the project and there were 2,786 client contacts during the project with the FVC Case Coordinator. Families averaged approximately 53 contacts with the Case Coordinator. There were 415 one-on-one contacts and 2,371 other contacts (telephone, email, letters). Families ranged from 1 to 140 contacts per person. Contacts frequently occurred by telephone with clients. The length of contacts ranged from 2 hours to 10 minutes.

Outcomes

- Related to Child Safety, parents perceived a marked reduction of conflict from intake to exit from the project, especially in the areas of agreement of custody arrangements, problems with scheduling times for visitations, and overall problems with visitation.
- Since program enrollment only four families had a substantiated report (re-report or initial report) of child maltreatment. Since enrollment three families have had their children returned home (4 children) out of four families. One family's DHW case is pending and the two children remain in foster care. Forty-eight families had their children remain home during the project.

-
- In terms of Permanency, strong improvements were indicated from intake to exit from the program concerning parenting cooperation, and ability to live more independently as adults.
 - Concerning Family Well-Being, and when utilizing standardized assessments administered at intake and exit from the program, noticeable improvements were indicated by parents for family functioning (including fewer misunderstandings, more flexibility), perceptions of child well-being (such as school performance, cooperation), and conflict resolution.
 - For parent safety, Forty-eight families had past instances of domestic violence at intake into the project. Thirty-four of these families reports past instances of domestic violence witnessed by children. Since enrollment date only two families reported instances of domestic violence and both reported were witnessed by children.
 - Per a standardized pre-post assessment, risk factors for spousal abuse dropped significantly at exit from the program.
 - In terms of Parental Substance Abuse, participants had varying degrees of stability in sobriety, ranging from no sobriety to more than 60 days. Out of 93 participants, twenty did not have any substance abuse concerns at entry into the project and they remained abstinent during the project. Fifty-five participants, including the twenty participants who did not have substance abuse concerns at intake or during the project, abstained more than 60 days, five participants abstained only 60 days, four abstained only 30 days, and three only two weeks.
 - Parents participating in the project reported marked reductions in drug and alcohol use when compared to a similar group not enrolled in the program.
 - Through in-depth interviews with social service administrators, front-line social service providers, and parent participants, the project was consistently rated very highly for service coordination and collaboration. The care coordinator was given particular praise for effectively helping parents overcome challenges and change destructive attitudes and behavior.

E. Conclusion

There are strong suggestions from the literature that the content of the treatment is less important than the structure. This idea is important in considering how to best design a set of coordinated treatments. It seems that the particular philosophy matters less than the components of the program, which include weekly monitoring, length of program, and appropriate coordinated treatments (Healey, 1998). Case management — along with coordinated treatment programs and the involvement of the criminal justice system — may be a key strategy to help families recover from domestic violence, substance abuse, and child maltreatment issues, as well as to regain their

independence. As previously mentioned, the FVC Grant Project developed an infrastructure to specifically address salient issues discussed in this literature review. The grant project's focus was to build a collaborative relationship with child protection workers, as well treatment providers in working with families experiencing domestic violence, substance abuse, and child maltreatment issues. With the case coordination model suggested in the literature, the preceding chapters thoroughly describe these successes.

The research suggests that male batterers were likely to avoid future battering of their partners if they owned a home or had a job, regardless of their involvement in domestic violence treatment (NIJ, 2003). In addition, it was found that monitoring and case management is related to improved success rates (NIJ 2003). At intake, 62% of project participants were employed, whereas at exit, this number increased to 77%. Based on the literature, it can be inferred that this increase in employed participants will in turn increase their success in abstaining from battering behaviors. In addition, at intake, 67% had violence related criminal charges, 39% had Protection Orders filed against them, 13% had No Contact Order violation charges, and 10% had Protection Order violations. At exit from the program, these numbers are significantly decreased. Zero percent of the program participants had new violence related criminal charges, 0% had new Protection Orders filed against them, 0% had new No Contact Order violations, and 0% had new Protection Order violations. These numbers indicate that the FVC Grant Project was successful in decreasing the participants' rates of recidivism towards violence.

Carter and Schechter (1997) outline the problems that arise due to a lack of collaboration between child welfare professionals and domestic violence programs. The FVC Grant Project found an existing lack of collaboration between Child Protection Services and the Family Violence Court, which led to confusing and often conflicting court orders and family requirements. For example, a family may be under investigation by Child Protection Services due to concerns of child maltreatment in regards to the father. Then the mother of the family may acquire a Civil Protection Order, which orders that the father has visitation with the children. By following the Civil Protection Order, Child Protection workers may see the mother as not being protective of the children, while not following the Civil Protection Order could result in negative legal consequences for the mother. One of the primary activities of the FVC Grant Project's Case Coordinator was to increase communication and collaboration between systems affecting these families. One activity that the Case Coordinator engaged in was attending weekly staff meetings at the Department of Health and Welfare, giving all members an opportunity to communicate about each family's progress and further needs. One goal of this activity was to reduce the amount of conflicting orders and requirements that were put into place.

For example, Maiden found that combined treatments – for substance abuse and domestic violence – led to reduced rates of recidivism (Maiden, 1997). Data from the project may shed light on the relationship between combined treatments and client outcomes. In order to explore this, the 48 clients who completed the exit process (because these are the only participants where pre and post tests were completed) were broken into two groups. One group had received both substance abuse treatment and domestic violence treatment as per Maiden's findings, and the other received either just one or none of these particular treatments. A series of chi-square tests of independence were run using this grouping variable and the posttest nominal scores on the NCFAS and the Garrity and Baris measures. No statistically significant relationships were

found. To further explore this relationship, a repeated measure ANOVA was run on the pre and post test total scores on the SARA. Recall that a higher score on the SARA equates to greater risk. The group which received both domestic violence and substance abuse treatments started out with a much higher SARA pretest score but dropped significantly more over time. This represents a statistically significant treatment by time interaction ($F=10.1$; $df=1/45$; $p=.003$; Partial Eta Squared=.18). Although the group that received both domestic violence and substance abuse treatment remained statistically significantly higher on the posttest than the other group, they dropped more over time. This relationship indirectly supports Maiden's findings. When clients receive both domestic violence and substance abuse treatment, risk factors for future spousal assault drop more over time than when clients receive only one or none of these treatments.

The U.S. Department of Health and Human Services (2004) promotes a national standard for effective interventions in addressing child maltreatment concerns. A State meets this standard if 6.1% or fewer children were involved in another substantiated report within six months. The FVC Grant Project had two families that received an additional substantiated referral within six months of the original substantiated report. It is important to highlight that one of these substantiated re-reports occurred two days after the initial report. This represents 3.7% of the families involved in the project, well below the national standard of 6.1%. Therefore, it can be inferred that the FVC Grant Project was effective in addressing and intervening to reduce child maltreatment concerns.

The project's design of services (single source case coordination of multiple treatments) supports Gondolf and Cellini's assertions about how domestic violence care should be offered. The project's results further support the value of such an approach. Specifically, and as postulated by Gondolf and Cellini, use of outcome measures, reasonable time period in treatment (at least 6 months), accentuation of single source case coordination, emphasis on inter-agency cooperation, and multi-model treatment programming (e.g., parent education, substance abuse treatment, domestic violence treatment) prove most favorably the efficacy of this project's efforts in the lives of clients served. Consistent with the evaluation results, succinct recommendations of the project are indicated below.

Recommendations

Continued closer collaboration with DHW to open families for eligibility;
Expand single source case coordinators to serve more families
Choice of case coordinator is critical (e.g., flexible, ability to work with diverse groups. Trained on the Master's level as a helping professional, personable)
Streamline court case coordination;
The Judge(s)' vision of how a family court should work is very important (in addition to adjudication, the judge's focus on helping the individual and family to arrive at a positive resolution is critically important);
Funding for an array of treatment services is crucial.

Legacy of the Project

Forms and assessment tools were developed during the project that may have future use in the court system. A comprehensive intake packet was developed, adapted from Family Court Services (FCS) intake, to gather important information regarding court cases and the parental issues. The FCS Alternative Dispute Resolution Screening process was revised to develop an interview format and report format to be submitted to the Family Violence Court Senior Judge for families participating in the grant project. An effective Co-Parenting Education Program curriculum was also developed focusing on domestic violence issues and substance abuse concerns.

References

- American Humane. (n.d.). *About Children's Services*. Retrieved July 14, 2006, from http://www.americanhumane.org/site/PageServer?pagename=pc_about.
- Azzi-Lessing, L. & Olsen, L. (1996). Substance Abuse-Affected Families in the Child Welfare System: New Challenges, New Alliances. *Social Work*, Vol. 41(1).
- Badeau, S. (2003). *Child Welfare and the Courts*. The Pew Commission on Children in Foster Care. Retrieved August 30, 2005 from <http://pewfostercare.org/research/docs/>.
- Bennett, L. & Lawson, M. (1994). Barriers to Cooperation between Domestic Violence and Substance Abuse Programs. *Families in Society: The Journal of Contemporary Human Services* (May).
- Bonney, M., Moe, A. & Morse, R. (2005). The Ada County Family Violence Court Grant Project: A New Collaboration to Better Protect Children and Families. *Protecting Children: A Professional Publication of American Humane*. Vol. 20 (4).
- Brittain, C. R. & Hunt, D. E. (Eds.). (2004). *Helping in child protective services: A competency-based casework handbook* (2nd ed.). New York: Oxford University Press, Inc.
- Carter, J & Schechter, S. (1997). *Child Abuse and Domestic Violence: Creating Community Partnerships for Safe Families*. Family Violence Prevention Fund. Retrieved on August 30, 2005 from <http://www.mincava.umn.edu/link/documents/fvpf1/fvpf1.shtml>.
- Castleton, L., Castleton, B., Bonney, M., & Moe, A. (2005). Ada County Family Violence Court: Shaping the Means to Better the Result. *Family Law Quarterly*, 39(1), 27-52.
- Chartas, N. & Culbreth, J. (2001). Counselor Treatment of Coexisting Domestic Violence and Substance Abuse: A Qualitative Study. *Journal of Addictions & Offender Counseling*, Vol. 22.
- Child Welfare Information Gateway (n.d.). *Definitions in Federal Law*. Retrieved June 30, 2006 from <http://www.childwelfare.gov/can/defining/federal/cfm>.
- Cellini, H. (2002). Biopsychosocial Treatment of Antisocial and Conduct-Disordered Offenders. *Federal Probation*, Vol. 66 (22).
- Collins, J. J., Kroutil, L. A., Roland, E. J., Moore-Gurrera, M. (1997). Issues in the Linkage of Alcohol and Domestic Violence Services. In M. Galenter (Ed.), *Recent Developments in Alcoholism, Volume 13: Alcoholism and Violence*. New York: Plenum Press.
- Conference of State Court Administrators. (2004, February). *Position Paper on Safety and Accountability: State Courts and Domestic Violence*. Arlington, VA.
- Edleson, J. (1999). *In Brief: The Overlap between Child Maltreatment and Woman Abuse*. National Resource Center on Domestic Violence, National Electronic Network on Violence Against Women. Retrieved on August 30, 2005 from http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_overlap.php?s=brf.
- Fazzone, P., Holton, J. & Reed, B. (1997). *Substance Abuse Treatment and Domestic Violence. Treatment Improvement Protocol, Series 25*. U.S. Department of Health and Human Services, Center for Substance Abuse Treatment. Retrieved on February 2, 2005 from http://www.athealth.com/Practitioner/ceduc/health_abuse1.html.
- Feig, L. (1998). Understanding the problem: The gap between substance abuse programs and child welfare services. In R. L. Hampton, V. Senatore, & T. P. Gullotta (Eds.), *Substance abuse, family violence, and child welfare: Bridging perspectives* (pp. 62-93). Thousand Oaks, CA: Sage Publications.
- Field, A. (2005). *Discovering statistics using SPSS*. Thousand Oaks, CA: Sage.

-
- Gamache, S. (2006, July 12). Two children drowned in foster care in 8 weeks. *Idaho Statesman*. Retrieved July 13, 2006, from <http://www.idahostatesman.com>.
- Garrity, C. B., & Baris, M. A. (1994). *Caught in the middle: Protecting the children of high-conflict divorce*. San Francisco, CA: Jossey-Bass, Inc.
- Gondolf, E. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior*, Vol. 9.
- Gregoire, K. & Schultz, D. (2001). Substance-Abusing Child Welfare Parents: Treatment and Child Placement Outcomes. *Child Welfare*, Vol. LXXX(4).
- Healey, K. & Smith, C. (1998). *Batterer Intervention: Program Approaches and Criminal Justice Strategies*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Retrieved February 2, 2005 from <http://www.ncjrs.org/txtfiles/168638.txt>.
- Idaho State Police. (2003). *Crimes Against Persons*. Idaho State Police, Statistical Analysis Center. Retrieved on January 31, 2005 from http://www.isp.state.id.us/identification/ucr/crime_idaho.html.
- Idaho's Children*. (2005). Retrieved July 1, 2006, from cwla.org/advocacy/statefactsheets/2005/Idaho.pdf
- Irons, R. & Schneider, J. (1997). When is Domestic Violence a Hidden Face of Addiction? *Journal of Psychoactive Drugs*, Vol. 29 (4).
- Kifer, M. (2004). *Intimate Partner Homicides in Idaho*. Idaho State Police, Statistical Analysis Center. Retrieved on January 31, 2005 from <http://www.isp.state.id.us/pgr/Research/domesticviolence.html>.
- Kifer, M. (2003). *Intimate Partner Violence in Idaho: Trends from 1998-2002*. Idaho State Police, Statistical Analysis Center. Retrieved on January 31, 2005 from <http://www.isp.state.id.us/pgr/Research/domesticviolence.html>.
- Kirk, R., & Reed-Ashcraft, K. (1998). NCFAS: North Carolina Family Assessment Scale, Version 2.0.
- Kropp, P.R., Hart, S.D., Webster, C.D., & Eaves, D. (1995). *Manual for the Spousal Assault Risk Assessment Guide (2nd Edition)*. Vancouver, B.C.: The British Columbia Institute Against Family Violence.
- Lee, W. & Weinstein, S. (1997). How Far Have We Come? A Critical Review of the Research on Men Who Batter. In M. Galanter (Ed.), *Recent Developments in Alcoholism, Volume 13: Alcoholism and Violence*. New York: Plenum Press.
- Maiden, R.P. (1997). Alcohol Dependence and Domestic Violence: Incidence and Treatment Implications. *Alcoholism Treatment Quarterly*, Vol. 15(2).
- Mills, L. (1999). Killing her Softly: Intimate Abuse and the Violence of State Intervention. *Harvard Law Review*, Vol. 113(2).
- Miller, B. (1990). The Interrelationships Between Alcohol and Drugs and Family Violence. In Mario De La Rosa, Elizabeth Lambert, and Bernard Gropper, (Eds.), *Drugs and Violence: Causes, Correlates, and Consequences* (pp. 177-207). NIDA Research Monograph 103.
- National Institute for Justice. (2003). *Do Batterer Intervention Programs Work? Two Studies*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Retrieved February 2, 2005 from <http://www.ncjrs.org/txtfiles1/nij/200331.txt>.
- National Center on Substance Abuse and Child Welfare. (2003). *Framework and Policy Tools for Improving Linkages between Alcohol and Drug Services, Child Welfare Services and*

-
- Dependency Courts*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- National Institute on Drug Abuse. (2002). *Methamphetamine Abuse and Addiction, NIDA Research Report*. National Institute of Health Publication, No. 02-4210. retrieved on August 20, 2005 from <http://www.nida.nih.gov/ResearchReports/methamph/methamph.html>. ce 2
- Noller, P. (1992). ICPS Family Functioning Scales (ICPS-FFS), as cited in Fine, M. (2001) Measuring family relations. In J. Touliatos, B. Perlmutter, & G. Holden (Eds.), *Handbook of family measurement techniques*: Vol. 2 Abstracts (pp. 73-74) and Vol. 3 Instruments and Index (p. 56). California: Sage Publications, Inc.
- Rennison, C. M. (2003). *Intimate Partner Violence, 1993-2001*. U.S. Department of Justice, Office of Justices Programs, Bureau of Justice Statistics. Retrieved on February 27, 2005 from <http://www.ojp.usdoj.gov/bjs>.
- Rennison, C. M., & Welchans, S. (2000). *Intimate Partner Violence*. U.S. Department of Justice, Office of Justices Programs, Bureau of Justice Statistics. Retrieved on February 27, 2005 from <http://www.ojp.usdoj.gov/bjs/pub/ascii/ipv.txt>.
- Rittner, B. & Dozier, C. (2000). Effects of Court-Ordered Substance Abuse Treatment in Child Protective Services Cases. *Social Work*, Vol. 45(2).
- Schafer, J. & Fals-Stewart, W. (1997). Spousal Violence and Cognitive Functioning among Men Recovering from Multiple Substance Abuse. *Addictive Behaviors*, Vol. 22(1).
- Schechter, S. & Edleson, J. (1994). *In the Best Interest of Women and Children: A Call for Collaboration between Child Welfare and Domestic Violence Constituencies*. Minnesota School of Social Work and the Domestic Abuse Project. Retrieved on August 30, 2005 from <http://www.mincava.umn.edu/documents/wingsp/wingsp.html#id2571852>.
- Schneider, D. & Crow, G. (2005). *Leadership in Child Protection*. American Foster Care Resources. Retrieved August 29, 2005 from <http://www.gacservices.net.lcp/source/>.
- Semidei, J., Radel, L. F., & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare*, 80, 109-127.
- Tjaden, P. & Thoennes, N. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence, Findings from the National Violence Against Women Survey*. U.S. Department of Justice, Publication No. NCJ 181867. Retrieved on May 2, 2005 from <http://www.ojp.usdoj/nij/pubs-sum/1818676.htm>.
- Tracy, E. & Farkas, K. (1994). Preparing practitioners for child welfare practice with substance-abusing families. *Child Welfare*, Vol. 73(1).
- U.S. Department of Health and Human Services, Administration of Children, Youth, and Families. (2004). *Child Maltreatment 2004*. Washington, DC: U.S. Government Printing Office.
- Wing, J. (2004). *Impact Evaluation of the Nez Perce Domestic Violence Unit*. Idaho State Police, Planning, Statistical Analysis Center. Retrieved on January 31, 2005 from <http://www.isp.state.id.us/pgr/Research/sac.html>.

Appendix 1

Extent of violence – national and state data

National Data

Nationally, domestic violence has attracted increasing attention since the 1980's (Castleton, L., Castleton, B., Bonney, & Moe, 2005; Collins et al., 1997; Mills, 2004). Surveys, such as the "National Violence Against Woman Survey" (Tjaden & Thoennes, 2000) and the "National Crime Victimization Survey" (Rennison, 2003; Rennison & Welchans, 2000), and other sources of national data reveal widespread violence against domestic partners. National data show clearly that women are the primary victims of domestic violence (Rennison & Welchans, 2000).

The Bureau of Justice Statistics as noted by Tjaden and Thoennes (2000) that women were the victims of 85% of all non-lethal domestic violence. According to the National Center for Injury Prevention and Control, close to 25% of women surveyed report that they have been victims of domestic violence at some point in their lives, simple assault being the most common¹. Researchers at the Bureau of Justice Statistics defines "simple assault is an attack without a weapon resulting either in no injury, minor injury (such as bruises, black eyes, cuts, scratches, or swelling) or an undetermined injury requiring less than two days of hospitalization. Simple assaults also include attempted assaults without a weapon" (Rennison & Welchans, 2000, p. 9).

Overall, the number of incidents of domestic violence ranges from just under one million to over five million per year (Rennison & Welchans, 2000; Tjaden and Thoennes, 2000). While still a serious problem across the United States, the Bureau of Justice Statistics reports that from 1993 to 2000 violent crimes by intimate partners declined by approximately 20% (Tjaden & Thoennes (2000).

Idaho Data

Idaho State Police data show a slight increase in the number of incidents of simple assaults² (Idaho State Police, 2003), 4,803 in 1998 to 4,869 in 2002 (2%). The 2003 report that included Idaho Crimes Against Persons (Idaho State Police, 2003) defines simple assault as "an unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury." In Idaho, the offender was an intimate partner of the victim in 28.6% of all simple assaults. Note that another report on crime in Idaho (Kifer, 2003) shows similar results. It states that intimate partner violence has increased six percent (6%) with 5,917 incidents in 2002 and 6,273 incidents in 2003. This report also

¹ Commonwealth Fund survey, as reported in National Domestic Violence Hotline, shows a slightly higher figure – one-third of women report physical or sexual abuse committed by a partner at some point in their lives (1998).

² The 2003 report of *Idaho Crimes Against Persons* defines simple assault as "an unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury." In Idaho, the offender was an intimate partner of the victim in 28.6% of all simple assaults.

shows increases in incidents of violence against children (up 13.4% from 2002 to 2003) and family violence (up 2.8% from 2002 to 2003). However, one researcher reports that due to population growth, the rate of victimization has actually decreased (based on a rate per 1000 statewide population, the rate lowered from 4.68% in 1998 to 4.35% in 2002) (Kifer, 2003). Changes to definitions and reporting procedures may also have affected the counts (Kifer, 2003).

Similar to national data, women in Idaho are victims in 78% of the reported domestic violence incidents and men are 22% of the victims. Simple assault accounts for the majority of crimes in domestic violence incidents – 83% between 1999 and 2002 (Kifer, 2003). Aggravated assault represents eight percent (8%) of the domestic violence incidents; it is the second most common type of incidence. Aggravated assault is defined by the Idaho State Police as an attack in which the offender uses or displays a weapon in a threatening manner or the victim suffers a severe injury in the attack (Idaho State Police, 2003). This also is similar to national trend data.

According to Idaho's Children (2005), in 2002 9,412 children were referred to Child Protection Services for investigation of child abuse and neglect. This is a rate of 25.3 per 1000 children. During this same year, 1,947 children had substantiated or indicated cases of abuse or neglect, which is a rate of 5.3 per 1000 children. These figures represent a 45 percent decrease in substantiated cases from 2000. Out of these cases, 67.4% of the children had been neglected, 19.7% received physical abuse, and 7.9% were sexually abused. Two children died in Idaho in 2002 as the result of child abuse, and 1,246 were in out of home care during this time due to child abuse.

Appendix 2

Family Violence Court Grant Project Comprehensive Treatment Plan Father

Treatment Planning Date: July 6, 2004

Participant's Name: **Father**

Treatment Planning Team Members Present: Case Coordinator; Clinical Supervisor; Family Court Services Director; and Misdemeanor Probation Officer

Strengths: Father stated that he has a good relationship with his extended family. He shared that he is staying out of situations that are unhealthy for him in his sobriety. He stated he loves his job and his time with his kids. The team indicated that Father is following through with his treatment and are encouraged by his sobriety.

Resources/Supports: Father shared that his family and treatment has been a support.

Identified Issues/Concerns: Father indicated that alcohol has been a problem in the past for him, but now things are going well. He shared that the No Contact Order between him and his ex-wife is complicated and he wants to have it lifted. Father stated he does not like probation and being involved in the court system.

Identified Barriers/Challenges: The team believes Father is focused on his contact with his ex-wife when he should be focused on his recovery and his children. Father is concerned about his visitation rights and the fear of losing more contact with his children.

Needed Resources: Father believes the financial support of the grant is helpful. He discussed attending AA and NA support groups for additional support.

Court-Ordered Services:

- Domestic Violence treatment- 6 months
- Substance Abuse treatment- 6 months
- Parenting class
- Effective Co-Parenting Education

Completed:

- Substance Abuse Evaluation
- Domestic Violence and Child Risk Assessment
- Random drug testing

Recommendations from Evaluations:

- Substance Abuse treatment-one year intensive outpatient, including relapse prevention at court approved facility
- Domestic Violence treatment- 12 month batterer treatment program with state approved provider
- Parenting class addressing effects of domestic violence on children
- Supervised probation

Other Recommendation:

- Effective Co-Parenting Education
- Continued drug testing

Goal/Outcome: Participate in Substance Abuse Treatment to prevent relapse.

Treatment/Services Needed to meet Goal: Participate in drug and alcohol treatment. Participate in random drug testing requested by probation, substance abuse provider or FVC Case Coordinator. Currently assigned to Color Code system.

Treatment Provider: Local substance abuse provider
Drug Testing Lab color is **teal**.

Timeline/Dates: Begin classes this week

Next Step: Continue substance abuse treatment on Monday evenings. Participate in random drug testing by calling drug testing lab daily and submitting to drug testing at least twice a week. Contact Case Coordinator regarding any treatment schedule changes or attendance information. Coordinator will contact providers frequently regarding attendance, progress, and drug testing results.

Goal/Outcome: Participate in court ordered Domestic Violence treatment to reduce risk of re-offending and to build/enhance life skills and problem solving.

Treatment/Services Needed to meet Goal: Complete DV treatment program through an approved provider.

Treatment Provider: Local approved provider

Timeline/Dates: to be determined by team and Father

Next Step: Contact provider and setup intake appointment when team determines it is appropriate. Need to complete alcohol and drug treatment for two months before beginning DV treatment. Contact Case Coordinator to give her provider information once registered for class. Coordinator will contact provider in regards to funding.

Goal/Outcome: Attend parenting class to increase awareness and understanding of child development and effects of domestic violence and substance abuse on children.

Treatment/Services Needed to meet Goal: Complete a parenting class recommended by FVC Case Coordinator.

Treatment Provider: to be determined

Timeline/Dates: to be determined by team

Next Step: Contact provider and setup intake appointment when team determines it is appropriate. Need to complete alcohol and drug treatment for a while before beginning parenting education. Contact Case Coordinator to give her provider information once registered for class. Case Coordinator will contact provider in regards to funding.

Goal/Outcome: Participate in Effective Co-Parenting Education to build a stronger, effective co-parenting relationship between Father and his ex-wife.

Treatment/Services Needed to meet Goal: Effective Co-parenting Education Program

Treatment Provider: FVC Case Coordinator

Timeline/Dates: Set up 1st appointment with Case Coordinator after completion of substance abuse treatment.

Next Step: Set-up appointment with FVC Case Coordinator (each separate sessions and then together).

Goal/Outcome: To provide support and resources to assist in building strong, healthy family relationships and compliance with probation and the Court (custody order).

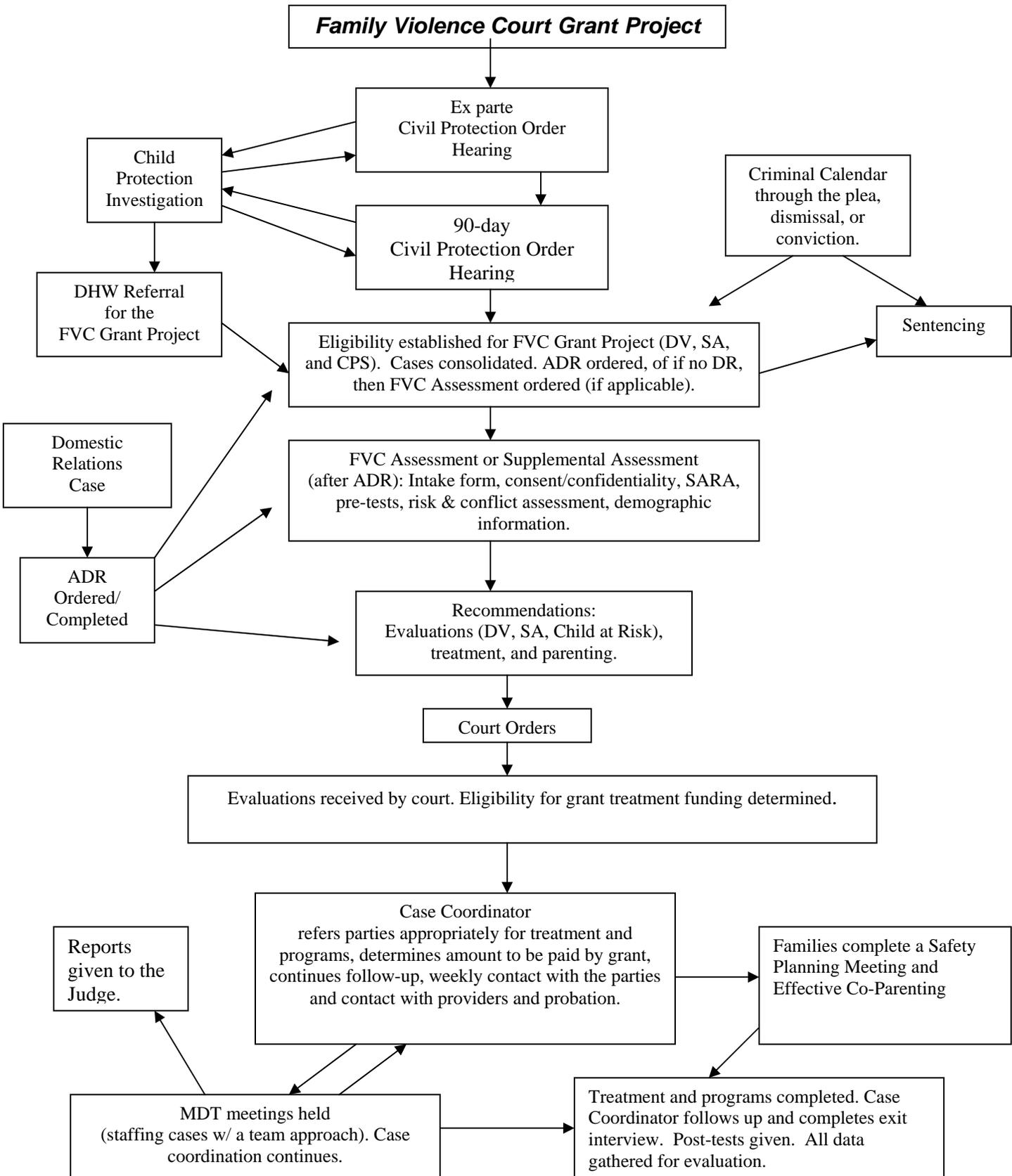
Treatment/Services Needed to meet Goal: Have contact with FVC Case Coordinator frequently regarding progress & support.

Have monthly contact with probation and follow all probation requirements and supervision agreement.

Timeline/Dates: Frequently and/or required contact

Next Step: Continue all contacts with FVC Case Coordinator and probation contact and supervision.

Appendix 3



Appendix 4

Ada County Family Violence Court Grant Project Front-line Service Provider Survey (Counselors, Social Workers, Mental Health Technicians, and Other Helpers)

The Ada County Family Violence Court Grant Project (FVCGP) is conducting an evaluation of their program. The following survey is designed to help us gather information about the services provided to clients handled by your agency and the FVCGP. This information will be used to identify current strengths and weaknesses of the project. As a direct service provider who personally interfaces with FVCGP, your viewpoint is particularly important to us. Please take a moment to answer the questions below.

Type of Agency/Program: _____

Job Title _____ Gender: _____ Years of Experience _____

Number of Clients served per week _____ Number of clients on your caseload _____

As a direct service provider interacting with FVCGP, your viewpoint about the strengths and challenges of the services provided by the project is very important to us.

How would you rate your knowledge of the FVCGP? High medium low

1. In thinking about the strengths of the services provided, in what areas would you say services are excellent? (Examples- case coordination, resource referral, initial assessment, direct contact with clients, etc.)

2. Why do you think the services listed above are excellent?

a. What services could be improved?

-
3. What is your average percent of time spent in FVCGP related work? ___%
 4. How much time do you spend with each client per visit related to the project (on average)? _____ Is this time adequate?
 5. What services do you believe are needed that are not currently or readily available from the project?

6. Please indicate below two or three areas that are challenges in serving clients through the project.

- 1.
- 2.
- 3.

7. What is needed to overcome these challenges and be better able to provide high quality services? (Please list at least two ways.)

- 1.
- 2.

8. Using the following scale, please rate the statements below:

- 1 I believe FVCGP makes significant contributions to achieving this outcome
 - 2 I believe FVCGP contributes to achieving this outcome
 - 3 I am not sure of FVCGP's contribution to achieving this outcome
 - 4 I believe FVCGP does not contribute to achieving this outcome
 - 5 I believe FVCGP detracts from achieving this outcome
- a. ___ Improved child safety and well-being
 - b. ___ Improved family functioning
 - c. ___ Parental substance abuse reduced/eliminated
 - d. ___ Improved parent safety
 - e. ___ Reduced future court involvement
 - f. ___ Compliance with treatment plan and utilization of services
 - g. ___ Improved court system navigation and access to appropriate services

9. In what areas (if any) would you like more information and/or training from FVCGP to be able to work better with the project (check all that apply)?

- How referral work
- How the court system works
- How divorce cases work
- How domestic violence court cases work
- other, specify _____

10. When you interact with project personnel, who do you talk to?

11. How helpful are they?

Very helpful Helpful Not sure Unhelpful Very unhelpful

12. How timely is coordination with the project?

Very timely Timely Not sure Untimely Very untimely

13. How efficient is coordination with the project?

Very efficient Efficient Not sure Inefficient Very inefficient

14. When you work with a parent involved in the project, how well are they served?

Very well served Well served Not sure Poorly served Very poorly served

15. Have you ever attended a FVCGP MDT meeting? yes no

If yes, How often have you attended? _____ (Estimated number of times)

How satisfied are you with project facilitation of MDT teams?

Very satisfied Satisfied Not sure Unsatisfied Very unsatisfied

a. Do you believe the MDT meetings are an efficient use of your time?

yes no

b. Suggestions for improving MDT meetings?

16. How satisfied are you with case coordination done by the project?

Very satisfied Satisfied Not sure Unsatisfied Very unsatisfied

17. How satisfied are you with how the project works with families?

Very satisfied Satisfied Not sure Unsatisfied Very unsatisfied

18. How would you rate the following items?

a. relationship with FVCGP

Very positive Positive Neutral Negative Very negative

b. satisfaction with FVCGP

Very satisfied Satisfied Neutral Unsatisfied Very unsatisfied

c. importance of FVCGP

Very important Important Neutral Unimportant Very unimportant

We are very interested in learning from you about any ideas you might have for "quick and easy" changes that could improve project services. We are particularly interested in ideas that do not require major policy changes or additional funding. Please use the back of this page to share any ideas about improvements, which would be fairly easy to implement.

Thank you for you cooperation!

Email return address: kcoll@boisestate.edu

Fax return phone number: 208-426-2046

Return Mailing address:

Dr. K. Coll
Counselor Education (E 612)
Boise State University
1910 University Dr.
Boise, Id 83725

Appendix 5

Interview Protocol for Parents/Participants Ada County Family Violence Court Grant Project (FVCGP)

THIS INTERVIEW INFORMATION IS CONFIDENTIAL. IT WILL NOT BE USED IN COURT FILES OR BY FVCGP. NO ONE OTHER THAN THE INTERVIEWERS WILL HAVE ACCESS TO THIS INTERVIEW INFORMATION.

Hello...we are conducting interviews to develop an accurate picture of your perceptions of the FVCGP. **PLEASE TELL US THE STORY OF YOUR involvement with the project.**

In relation to the child, are you a...	About how old are you?
<input type="checkbox"/> Mother	<input type="checkbox"/> 15 – 25
<input type="checkbox"/> Father	<input type="checkbox"/> 26 - 35
<input type="checkbox"/> Grandmother	<input type="checkbox"/> 36 - 45
<input type="checkbox"/> Grandfather	<input type="checkbox"/> 46 - 55
<input type="checkbox"/> Guardian	<input type="checkbox"/> 56 – 65
<input type="checkbox"/> Foster Mother	<input type="checkbox"/> 66 – 75
<input type="checkbox"/> Foster Father	<input type="checkbox"/> 75+
<input type="checkbox"/> Aunt	
<input type="checkbox"/> Uncle	
<input type="checkbox"/> Other	

1. What happened that made you think you and the child/youth needed some extra help? (Check all that apply)

- Substance abuse
- Parenting ability
- Family Functioning
- Safety Concerns
- Co-Parenting Concerns
- Other, Specify: _____

2. Who did you FIRST turn to for help?

3. How/Why did you choose that person?

4. How did you come to be involved with FVCGP?

5. Please tell me about all the services you [and your child(ren)] accessed through FVCGP, and your opinions of the services. Feel free to name an agency more than once if it was accessed more than one time or for multiple reasons.

NAME OF ALL SERVICES OR AGENCIES USED	HOW HELPFUL WAS THIS SERVICE Rate on a 1 to 5 scale with 1 being not at all helpful to 5 being very helpful (please circle one for each category –					WHY WAS THE SERVICE HELPFUL OR NOT HELPFUL?
	A. helpful to current family		B. helpful to relationship with co-custody parent – if applicable).			
	(not helpful)		(helpful)			
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	

5A. What services did you access that were not coordinated through the FVCGP?

6. Overall, my satisfaction with the mental health related services coordinated and/or referred through ACFVCP is:

- ___ High (very satisfied)
- ___ Pretty Good (satisfied)
- ___ Okay (somewhat satisfied)
- ___ Not good (somewhat dissatisfied)
- ___ Not at all (very dissatisfied)

7. Overall, my satisfaction with the substance abuse related services coordinated and/or referred through FVCGP is:

- High (very satisfied)
- Pretty Good (satisfied)
- Okay (somewhat satisfied)
- Not good (somewhat dissatisfied)
- Not at all (very dissatisfied)

8. Overall, my satisfaction with the domestic violence services coordinated and/or referred through FVCGP is:

- High (very satisfied)
- Pretty Good (satisfied)
- Okay (somewhat satisfied)
- Not good (somewhat dissatisfied)
- Not at all (very dissatisfied)

9. Overall, my satisfaction with the parent education services coordinated and/or referred through FVCGP is:

- High (very satisfied)
- Pretty Good (satisfied)
- Okay (somewhat satisfied)
- Not good (somewhat dissatisfied)
- Not at all (very dissatisfied)

10. Please tell me about the services coordinated through FVCGP or activities that helped you and your family the most. (check all those that apply):

- family counseling
 - group counseling
 - individual counseling
 - case coordination
 - substance abuse treatment
 - drug testing
 - domestic violence counseling or treatment
 - counseling for young children
 - parent education
 - probation services
 - shelter services
 - support groups
 - recreational activities (such as playing basketball)
 - educational support/tutoring
 - crisis response
 - prescription drugs
 - school education about gangs, drugs, etc.
 - mentorship from extended family
 - Other:
-

11. What services would you like that is not (or were not) available?

12. In your opinion, what are the best things the current family does that help functioning now? (for example, family gatherings, good communication)

a. In your opinion, what are the best things the you and your co-parent do that helps family functioning now? (for example, family gatherings, good communication)

13. What are the biggest challenges or concerns you face as a family today- how is that different than 6 months ago?

a. What are the biggest challenges or concerns you face as co-parent today- how is that different than 6 months ago?

14. In your experience, which statement BEST describes the relationship between your current **family** and FVCGP: (check the one that best describes your opinion)

- Parents are not included or not treated with respect.
- Parents are somewhat included and are treated with respect.
- Parents are included and FVCGP treat parents with respect.

A. Your **co-parenting** relationship and FVCGP: (check the one that best describes your opinion)

- Parents are not included or not treated with respect.
- Parents are somewhat included and are treated with respect.
- Parents are included and FVCGP treat parents with respect.

The following questions ask about services generally available in this community.

15. Do you think developing role models is important in this community?

yes no

Ideas about how to do it? _____

16. Do you think there is a stigma to receiving Mental Health services in this community? yes no

17. Have you previously utilized Mental Health services in this community?

yes no

If yes, have the services been useful? yes no

Did you terminate services because you were not happy with them?

yes no

18. Was there adequate teaming w/ Mental Health services, did your family have a voice? yes no

19. Are you confident in you ability to access mental health services, overall?

yes no

20. Do the mental health services in this community seem adequate? yes no

21. Do you think there is a stigma to receiving Substance Abuse services in this community? yes no

21. Have you previously utilized Substance Abuse services in this community?

yes no

If yes, have the services been useful? yes no

Did you terminate services because you were not happy with them?

yes no

22. Was there adequate teaming with Substance Abuse services, did your family have a voice? yes no

23. Are you involved in community activities? yes no

If yes, please name a few _____

What barriers exist for you not being more involved? _____

24. Other comments about working with FVCGP that you'd like to share?

Please rate the design of this interview protocol:

- ____ excellent
- ____ very good
- ____ acceptable
- ____ somewhat poor
- ____ very poor

If you would like to be contacted in the future to participate in or receive information related to this project please provide the information below:

Name: _____

Address: _____

Phone: _____

Email: _____

Appendix 6

Ada County Family Violence Court Grant Project Description of Services Survey

The Ada County Family Violence Court Grant Project (ACFVCGP) is conducting an evaluation of their program (to coordinate services for domestic violence and substance abuse issues). The following survey is designed to help us gather information about the services provided to families handled by your agency and the ACFVCGP. This information will be used to identify current strengths and weaknesses of the project. As a **service provider administrator** who interfaces with ACFVCGP your viewpoint is particularly important to us. Please take a moment to answer the questions below.

Your
Agency/Program: _____

Your position/Title: _____ Years of experience

Today's
Date: _____

How would you rate your **Knowledge of the ACFVCGP**?

High Knowledge Some Neutral Little No Knowledge

Relationship with Ada County Family Violence Court Grant Project (ACFVCGP)

1. How would you rate the following items?

a. relationship with ACFVCGP Very positive Positive Neutral Negative
Very negative

b. satisfaction with ACFVCGP Very satisfied Satisfied Neutral Unsatisfied
Very unsatisfied

c. importance of ACFVCGP Very important Important Neutral Unimportant
Very unimportant

2. What suggestions do you have to improve the ACFVCGP?

3. What is the single most important function the ACFVCGP does to serve your agency?

4. What are the top 3 positive things about ACFVCGP?

5. What are 3 areas that need immediate attention in the ACFVCGP?

6. Using the following scale, please rate the statements

1 I believe ACFVCGP makes significant contributions to achieving this outcome

2 I believe ACFVCGP contributes to achieving this outcome

3 I am not sure of ACFVCGP's contribution to achieving this outcome

4 I believe ACFVCGP does not contribute to achieving this outcome

5 I believe ACFVCGP detracts from achieving this outcome

a. ____ Improved child safety and well-being

b. ____ Improved family functioning

c. ____ Substance abuse reduced/eliminated

d. ____ Improved parent safety

e. ____ Reduced future court involvement

f. ____ Compliance with treatment plan and utilization of services

g. ____ Improved system navigation and access to appropriate services

Services Provided

14. Please describe the type of services your organization provides: (check all that apply)

- individual counseling
- self help/support groups
- group counseling/therapy
- _____ types of groups/topics offered (e.g. anger management, domestic violence, etc.)

- family counseling
- couples/marriage counseling
- parent education
- _____ list topics: _____

- community or consumer education
- _____ list topics: _____

- individual living skills
- provide education materials (books, tapes, etc)
- home visits
- case management
- traditional healing services (purification ceremony, healing ceremonies)
- spiritual assistance
- biofeedback and related services
- nutritional /physical health counseling
- inpatient/residential services
- prescription drugs
- crisis response
- paraprofessional support (volunteer helpers)
- alcohol/drug treatment inpatient outpatient
- alcohol/drug treatment inpatient outpatient
- other services offered: _____

15. When your agency has contact with the families you serve, what are the three most common reasons for the contact? Please mark the top three with 1 being the most common reason, 2 being the second most common reason, etc.

- to inform the family of problems that have arisen
- to inform the family of termination of services
- to ask the family for specific information about family circumstances
- to review progress
- to solicit the cooperation of the family
- to consult with the family about the direction or goals of the services provided
- to obtain permission or consent
- to integrate family into services
- other reasons: _____

-
16. How often does your agency provide the following services to families?
- no routine services with families
 - services for families at time youth begins working with our agency
 - services with families at the beginning and end of providing services to the youth
 - each time we see the child, the family receives a follow-up call or personal services
 - services with families when they contact us with questions or problems
 - other: _____
-

Referrals Out

17. Please rank the top three agencies to which you refer clients with 1 being the agency to which you refer the most people.

(check all that apply).

Ada County Family Violence Court Grant Project

Schools - Which school(s) did you receive the most referrals from?

Please list: _____

Intensive Residential Treatment programs

School sponsored peer helper programs

Substance Abuse Treatment programs

Mental Health (Human Services)

Health Services

Juvenile Detention

Child Protection Services (Dept. of Social Services)

Other, Specify _____

#17a If Ada County was not in your top three, please briefly explain why.

18. Please briefly describe your methods (policies) for referring out/in to Ada County Family Violence Court Grant Project

19. Do you have a waiting list? Yes No

If yes, how many people are currently waiting to be served?

#males #female

If yes, could some of these clients be served by the Ada County Family Violence Court Grant Project? Why or why not?

Relationships Between Service Providers

20. We are interested in learning more about your agencies' relationships with other groups. Please tell us about the relationship between the group you represent and other groups by placing a 1, 2, 3, or 4 in each of the blanks below.

1 = we have a very strong, cooperative relationship with this agency/group

2 = we have somewhat of a relationship with this group, but not very strong

3 = we have a poor relationship with this group, because of past history and other issues

4 = we are basically unaware of the services provided by this group/agency

___ Schools; Which school(s) did you refer out to, or contact, about helping support a child: _____

___ Ada County Family Violence Court Grant Project;

Specify _____

___ Health Services;

Specify _____

___ Mental Health (Human Services);

Specify _____

___ Community Health Representative programs;

Specify _____

___ Juvenile Detention

___ Child Protection Services (Dept. of Social Services)

___ Women and Children's Shelters

___ Families

___ Influential persons in the community

___ Adolescent Substance Abuse Centers;

Specify _____

___ Juvenile Court

___ Criminal Justice System

___ Law enforcement/police officers

___ Other; _____

21. What type of information do you, or your agency, typically share with Ada County Family Violence Court Grant Project when making a **referral out**: (please check all that apply)

___ client demographic information

___ diagnosis

___ reason for referral

___ test profiles

___ psychological evaluations

___ information about the client's family

___ progress report

-
- incidence reports from other agencies/schools
 - case notes
 - suggestions about the future direction of treatment
 - Other:
-

22. What treatment/intervention services do you believe are needed from Ada County Family Violence Court Grant Project that are not currently or readily available?