# **Strong and Peaceful Families**

**Amherst H. Wilder Foundation** 

Annual evaluation report

APRIL 2007

# **Strong and Peaceful Families**

**Amherst H. Wilder Foundation** 

Annual evaluation report

April 2007

#### Prepared by:

Monica Idzelis

Wilder Research 1295 Bandana Boulevard North, Suite 210 Saint Paul, Minnesota 55108 651-647-4600 www.wilder.org

## **Contents**

Program overview	1
Overview of the evaluation	2
Participants	4
Demographic characteristics	4
Process evaluation	5
Service participation	5
Referrals	6
Outcome evaluation	9
Family Functioning Assessments	9
Strengths/Needs Referral Plans	13
Client success stories	
Andrea's story	
Myrlie's story	16
Phoebe's story	18
Pearl's story	19
Conclusions and recommendations	22
Appendix	25
Family Functioning Assessment ~ADULT version~	27
Family Functioning Assessment ~10-13-year old version~	29
Strengths/Needs Referral Plan	30

## **Acknowledgments**

The following staff from the Wilder Research contributed to the completion of this report:

Cheryl Bourgeois

Phil Cooper

Louann Graham

Cheryl Holm-Hansen

Heather Johnson

April Lott

Additional contributors include the staff of the Violence Prevention and Intervention Services, especially Laura Nespbor and Megan Vertin.

# **Figures**

1.	Referrals for services	7
2.	Parent perceptions of family functioning at intake	11
3.	Child (ages 10-13) perceptions of family functioning at intake	12
4.	Strengths and needs of clients at intake	14

## **Program overview**

Since 1981, Violence Prevention and Intervention Services (VPIS) through the Amherst H. Wilder Foundation has been providing community-based counseling, support, advocacy, and intervention services to children, adolescents, and adults who have committed, witnessed, or been the victim of family violence. In partnership with the Ramsey County Joint Prosecution Unit and Saint Paul – Ramsey County Department of Public Health, VPIS developed the Strong and Peaceful Families program in January 2006. Select families with cases related to domestic violence in the Ramsey County Joint Prosecution Unit are referred to the Strong and Peaceful Families program for case management and other services related to their health, safety, and other basic needs. Through the provision of case management and other services, the program strives to reduce the damaging effects of domestic violence on children and youth, and to stop the cycles of abuse that occur in families referred by the Ramsey County Joint Prosecution Unit.

## Overview of the evaluation

The evaluation of the Strong and Peaceful Families program is designed to explore three general issues: (1) program implementation; (2) the outcomes of the services provided; and (3) client satisfaction with the services provided.

The process or implementation evaluation consists of documentation of the referrals by the case manager and rates of client participation in various services and programs. Descriptive and behavioral information about the children of clients receiving services is also collected using the Client Characteristics Checklist. The outcome evaluation aims to measure child and parent perceptions of family functioning as assessed by a Family Functioning Assessment. Information is collected from clients and their children (age 10 and older) at intake and again after 6 months and 12 months of participation in the program. In addition, information about clients' strengths and needs is documented by the case manager in the client Strengths and Needs Referral Plan. This information is collected at intake and updated as needed. Finally, information about client satisfaction with case management and others services is assessed via a satisfaction survey completed by clients after 6 months and 12 months of participation in the program.

The report includes information from January 2006 through December 2006, the first year of the program's implementation. Due to multiple challenges, the evaluation plan as designed could not be fully implemented. In addition to domestic violence issues, many clients referred to the program are also struggling with mental health issues and trying to meet basic needs such as housing and food. For these clients, completing and submitting additional forms related to the evaluation proved to be too overwhelming a task. As a result, few forms were collected from clients, particularly at follow-up periods, even among clients who were continuing to receive services. In addition, programmatic issues related to implementing a new program and the transition of case managers during the first year of the program also posed challenges to the evaluation. Consequently, Client

Characteristic Checklists and Strengths and Needs Referral Plans were only provided for some clients and children. Because not all clients authorized use of this data by Wilder Research and the aforementioned data collection issues, some information is not available to report (i.e., Client Characteristics Checklist and satisfaction data).

The report is therefore limited to the presentation of data primarily from the intake period. To supplement this information, select client stories illustrating the impact of the program on clients and their children are presented. The implications of these data collection challenges for the program and the evaluation doing forward are addressed in the Conclusions and recommendations section.

## **Participants**

During 2006, approximately 35 families were referred by the Ramsey County Joint Prosecution Unit (JPU) to the Strong and Peaceful Families program. Of these referrals, a total of 22 women had contact with the case manager. Forty-three individuals (22 women and 21 children) were opened as clients. However, for a variety of issues including canceled or broken appointments by clients, some women and children did not undergo an initial diagnostic assessment with the case manager and therefore, did not participate in further services. Of those 43 women and children, assessments were completed for 27 clients (17 women and 10 children).

## **Demographic characteristics**

The 17 adult clients receiving assessments represented a diverse range of racial/ethnic groups, including Black/African-American (N=7), White (N=4), Hispanic (N=4), American Indian/Alaska Native (N=1), and multi-racial (N=1). Clients' age ranged from 20 to 46, averaging 33 years of age. All 17 clients had between one and four children.

## **Process evaluation**

## **Service participation**

Following their diagnostic assessments, clients and their children were referred for various VPIS services as appropriate, including case management, individual or family counseling with a therapist, and programs that addressed issues of domestic violence in a group setting. Clients and their children's participation in these various services during 2006 are summarized below.

### Case management

Six clients received case management services. Clients had between 1 and 10 case management appointments with the Strong and Peaceful Families case manager (average = 5.3 appointments). On average, each of the six clients received just over seven hours of case management.

#### Individual sessions

Twelve clients received individual counseling sessions. Clients had between one and six individual sessions with a therapist (average = 3.3 sessions). On average, each of the twelve clients participated in slightly less than four hours of individual counseling.

### Family sessions

Nine clients and their children received family counseling sessions. Families had between one and three individual sessions with a therapist (average = 1.6 sessions). On average, each of the nine families participated in slightly less than two hours of family counseling.

#### Group sessions: Adult clients

Six clients participated in the Children's Domestic Abuse parenting group and/or the Women's Domestic Abuse group. Each group holds between 10 and 12 sessions. Participation level varied, with clients attending between one and 13 sessions (average = 6.5 sessions). On

average, each of the six clients participated in slightly less than 10 hours of group.

#### Group sessions: Children and youth

Ten children participated in the Children's Domestic Abuse children's group and/or the Young Men's Program. Each group holds 12 sessions. Participation level varied, with children and youth attending between 3 and 15 sessions (average = 9.9 sessions). On average, each of the 10 children or youth participated in slightly less than 15 hours of group.

Cancellations or broken appointments by clients were common. In some cases, clients broke multiple appointments before eventually meeting with the case manager. Because not all cancellations were tracked, detailed information on the number of canceled or broken appointments is not available.

## Referrals

Eighteen clients and 18 children were referred to a variety of services, both within the Wilder Foundation and VPIS, as well as outside of Wilder. There was wide variation in the number of referrals made per client (range = 1 to 23), with 7.7 referrals being made per client on average. Children received between one and three referrals, with most children receiving one referral.

Overall, clients and their children received a total of 153 referrals during 2006. Of these, 58 were referrals to programs operated by the Wilder Foundation and 95 were referrals to programs outside of Wilder. Most of these referrals (40%) were for mental health services. Other referrals included housing (27%), daily living assistance (12%), safety programs (8%), child care services (3%), medical services (2%), continuing education (1%), substance abuse programs (1%), employment/job training (<1%), legal services (<1%), and other services (3%). See Figure 1 for breakdown by specific service type.

#### 1. Referrals for services

Type of referral	N
Child care	
YMCA Scholarship Program	1
YMCA Summer Camp	1
Boys & Girls Club	1
Women's Domestic Abuse Child Care	1
Head Start	1
Housing	
ROOF Project	4
Project Quest	3
New Foundations	3
East Metro Women's Council	3
Model Cities of St. Paul	3
The Family Place	3
United Way	3
Caroline Family Services	3
Lutheran Social Services	3
Naomi Family Center	3
Theresa Living Center	3
YWCA Transitional Housing Program	3
Women's Advocates	3
Eagle's Nest Shelter	1
St. Paul Public Housing	1
Employment/job training	
On-Line County Job Banks	1
Continuing Education	
Century College	1
Metropolitan State University	1
Medical	
Ramsey County Minnesota Family Investment Program (MFIP)	3
Daily Living Assistance	
St. Paul Foundation/Community Sharing Fund	7
Bridging Program	4
Salvation Army Food Shelf	2
Ramsey County Emergency Assistance	1
Midwest Center	1
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	1
Martha's Closet	1
Catholic Charities Furniture Warehouse	1

## 1. Referrals for services (continued)

Type of referral	N
Legal	
Southern Minnesota Legal Services	1
Mental Health	
Children's Domestic Abuse Children's Group	14
Children's Domestic Abuse Parenting Group	10
Women's Domestic Abuse group	9
Individual therapy (Wilder)	7
Wilder Child Guidance Clinic	4
Young Men's Program	3
Family therapy	3
Face 2 Face In-Home Services	2
Generations (CSS, ARMHS Program)	2
Psychological assessment (Ramsey County)	2
Individual therapy (Ramsey County)	2
Individual therapy (Children's Home Society & Family Services)	1
Ramsey County Mental Health	1
Group therapy (Children's Home Society & Family Services)	1
Substance Abuse	
Alcohol & Drug Abuse Program (Regions Hospital)	1
Substance Abuse Assessment (Ramsey County)	1
Safety	
Ramsey County Public Health	10
Children's Safety Center	1
St. Paul Police Department	1
Ramsey and Dakota Counties VINE Systems	1
Other	
Salvation Army – Operation Joy	5

## **Outcome evaluation**

## **Family Functioning Assessments**

One of the goals of Strong and Peaceful Families is to reduce the cycle of violence in families and generally improve family functioning. Family functioning was measured via a brief self-report completed by clients and their children (age 10 or older) about family interactions, communication, safety, and family roles (see Appendix). Assessments were to be completed following clients' diagnostic assessments (intake) and again, after 6 months and 12 months of participation in the program. At follow-up, clients were also to complete a satisfaction survey. However, collecting assessments from clients proved to be difficult for multiple reasons, including canceled appointments by clients and the multiple stressors faced by many clients living in dire circumstances, for whom completing paperwork was challenging and sometimes impossible. As a result, family functioning assessments were collected from only five clients and two children at intake. These data are presented below.

Due to the challenges noted earlier and the recent implementation of the program, follow-up data were collected from only one client after six months of participation. Therefore, changes from intake to followup could not be calculated and the six month follow-up family functioning assessment data, as well as client satisfaction information, are not presented here.

### Parent perceptions

Most, but not all, of the five parents indicated positive family functioning for each of the assessment items (Figure 2). At least a few parents felt that they did not spend enough time together as a family, family members could not express their fears and concerns to one another, there was a lot of yelling in the family, family members did not share what was going in their lives with one another, the family was not able to cope with problems, everyone did not share responsibilities in the family, family roles and responsibilities were not

clear, and family members did not feel safe at home. Due to the small N, however, the results should be interpreted with caution.

Parents were also asked to describe their current relationship with their children. At intake, one parent described the relationship as "very positive," three parents described it as "somewhat positive," and one parent described it as "somewhat negative."

At intake, most of the five respondents had at least a high-school diploma or GED, worked either full- or part-time, rented a home or apartment, had never been married and were not currently living with a spouse or partner. The five respondents had between two and five children between the ages of 6 and 17 living with them.

### Children's perceptions

Only two family functioning assessments were collected from children (ages 10 to 13) at intake (Figure 3). The findings were somewhat less positive than for adults, although given the very small N, no conclusions can be drawn at this time.

#### 2. Parent perceptions of family functioning at intake

	Respondents indicating "agree" or "strongly agree" (N=5)
We enjoy spending time together as a family.	4
Family members are very affectionate with one another.	4
I am satisfied with the amount of time we spend together as a family.	3
I often feel that things are out of control in our family.	1
We are able to make decisions about how to solve problems in our family.	4
Family members feel comfortable expressing their fears and concerns to one another.	3
There is a lot of yelling in our family.	2
We tend to worry about many things in our family.	1
Family members share what is going on in their lives with one another.	3
There is a lot of stress in our household.	1
Our family is able to cope with the problems we face.	3
Everyone shares responsibilities in our family.	3
The roles and responsibilities of each family member are not clear.	2
Family members feel safe at home.	3

**Note:** Scale is 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, and 5=strongly agree.

#### 3. Child (ages 10-13) perceptions of family functioning at intake

	Respondents indicating "yes, most of the time" (N=2)	Respondents indicating "yes, sometimes" (N=2)	Respondents indicating "no, not usually" (N=2)
I like spending time with my family.	1	1	0
Our family is nice to each other.	0	0	2
I like how much time we spend together as a family.	1	1	0
Things are usually out of control in our family.	1	0	1
Our family is good at solving problems.	2	0	0
I can talk to my family about things that scare me or worry me.	0	2	0
My family yells a lot.	1	1	0
I worry about a lot of things in my family.	2	0	0
I can talk to my family about things in my life.	0	2	0
There is a lot of stress in our family.	2	0	0
My family is able to deal with problems.	0	2	0
Everyone in my family has different jobs to do.	1	1	0
I'm not sure what my chores or responsibilities are at home.	0	1	1
I feel safe at home.	0	2	0

**Note:** Scale is 1=Yes, most of the time, 2=Yes, sometimes, and 3=No, not usually.

## **Strengths/Needs Referral Plans**

The case manager completed a Strengths/Needs Referral Plan for each client that documented the specific areas of strength and need for each individual client in 14 core areas (see Appendix). Client goals, referrals, and the timeframe for completing goals were also documented in the plan. Plans were completed for clients at intake and updated as needed.

At intake, areas of strength for most clients included childcare, medical care, legal issues, substance abuse, family relationships, social supports, and safety. The most pressing needs of clients as identified by the case manager included mental health concerns and recreation and leisure time. Other prevalent needs included housing, adult continuing education, transportation, and daily living assistance (Figure 4).

Updated referral plans were not available for clients. Therefore, client progress toward building strengths and reducing areas of need could not be evaluated.

#### 4. Strengths and needs of clients at intake

	Identified as a "strength" (N=9-10)	Identified as a "need" (N=9-10)	Identified as a "strength" and "need" (N=9-10)
Child care	7	3	0
Housing	5	5	0
Employment/job training	6	3	0
Adult continuing education	4	5	0
Transportation	5	5	0
Medical (health insurance, screening)	9	0	0
Daily living assistance (food, clothing, energy, furniture)	3	5	1
Legal	8	2	0
Recreation and leisure time	2	7	0
Mental health	2	7	1
Substance abuse	9	0	0
Family relationships	8	1	0
Social supports	7	3	0
Safety	7	3	0

## **Client success stories**

Because little follow-up information could be collected from clients after the initial intake, it is not possible to evaluate change in the client's family functioning from the assessments as a result of program participation. The following vignettes were therefore composed in order to illustrate the impact of the program on select clients. The stories highlight the challenges clients faced before finding the program, the services utilized as clients of the program, and the changes that occurred for themselves and their children as a result of participating in Strong and Peaceful Families.

# Andrea's story

Until Andrea (*name has been changed*) found the Strong and Peaceful Families [SPF] program, she says, her life was rocky. Andrea's personal safety – something that most people simply take for granted – was a constant concern. The basic peace of mind that comes with knowing you are safe wasn't a reality for Andrea six months ago.

"People take being alive for granted," Andrea says. "So many days I am just so happy to still be alive. I used to think that wasn't going to be possible."

When Andrea joined SPF, that all began to change. She had been referred to the program by an advocate from Ramsey County's Joint Prosecution Unit after her ex-partner severely assaulted her. Less than half a year later, Andrea has taken steps that have completely turned her life around.

Since October, Andrea has made big strides. With assistance from the SPF staff, she has obtained daily living assistance, assured her personal safety, begun individual therapy, and found housing. After two years of bouncing between shelters and staying at friends' homes, Andrea's family has been accepted into Wilder's Project Quest program. She and her children, a 6-year old boy, a 3-year old girl, and the child she is expecting this summer, will soon have a safe place to call their own.

They are moving into a two-bedroom town home that will accommodate her family's needs, and most important, allow her to set her own boundaries.

"I want to make the place my own," Andrea says. "I am going to decide who comes over and who doesn't. I'll get the time and space to just clear my head and relax. For once, I'll have peace. I thank God and your staff for that. I really do."

It is not just Andrea who has noticed how the changes in her life have allowed her not only to survive, but to thrive. She explains, "My mom and dad make comments. They say things like 'You are a better person. You don't let anything get to you anymore. You follow through and there is consistency in your life.' I feel much more confident now, and I have learned that there are people who will help and guide me if I just ask."

Andrea is just one example of how SPF helps people change their lives every day. The SPF staff assisted Andrea by showing her options that are available, but it is through Andrea's own strength, resolve and courage that she made such dramatic and positive changes for herself and her children.

"Your staff helped me take my life back," she says.

## Myrlie's story

Since Myrlie (*name has been changed*) was referred into the Strong & Peaceful Families [SPF] program in October 2006, she has made tremendous progress toward achieving her goals. Through her work with SPF staff, Myrlie has obtained safe and appropriate housing for herself and her three daughters – ages 13, 14 and 17, begun individual therapy, and initiated the process of going to college. One of the achievements she's most proud of: Myrlie has followed through on her goal of reclaiming her personal power.

It hasn't been an easy road. In the spring of 2005, Myrlie found the strength to take her children and leave her relationship after enduring years of abuse. When she and her children found an apartment, Myrlie thought her life had taken a smoother path. But that all changed when

her ex-fiancé showed up a year later. Suddenly she found herself fighting for her life.

"I was home with my 13-year-old daughter," Myrlie says. "He was insisting that we go to church with him. When I refused, he started screaming at me. The next thing I knew, he pushed me into a wall. When my daughter tried to protect me, he pushed her too. Then he pushed me into a corner and started choking me. I can still hear my daughter begging him to let me go."

Before the ordeal ended, Myrlie had blacked out. When she regained consciousness, her ex-fiancé was twisting her arm behind her back, trying to break it. Her daughter called 911, but by the time the police arrived, he was gone.

"I thought I was going to die that day," she says. It was that same day that Myrlie resolved to take her life back. With support, guidance and referrals from SPF staff, she has done just that.

Myrlie's first goal was to ensure that she and her daughters had a safe place to live. Her pride in her new space is evident to those around her. "I have all these people telling me, 'Myrlie, you could go far doing interior decorating. I can't believe you decorated this all by yourself – it is so beautiful!' "

With stable housing in place, Myrlie has begun to tackle new challenges. One of her main goals is to attend college. SPF staff recently accompanied her to a meeting with an admissions counselor at Century College. For the first time, Myrlie's life has stabilized so that she can begin to focus on herself. She has started to gather information on the various programs at Century College that interest her. Myrlie is considering several programs that focus on the medical field – but she also is checking into the interior decorating program as well.

Looking around the college, Myrlie began to cry – but this time it was tears of joy.

"Pretty soon, I'll be one of these students. I cannot believe it," she says. "I've waited so long, you have no idea! For so many years, I didn't have my own time. Finally, this is my time."

## Phoebe's story

No one in the Berrios family will ever forget the warm summer day last July when their lives changed forever. That was the day that Phoebe Berrios (*name has been changed*) was beaten up by her husband outside of their home, in broad daylight, with her three children, ages 13, 12 and 11 watching.

"He just snapped," Phoebe said. "He was choking me and hitting me. It was total chaos."

Phoebe's daughter, 13-year-old Alyssa, tried to jump in and stop the fight. For Phoebe, that day was the turning point.

"I knew I had to put my foot down. I couldn't let the abuse happen anymore. Something had to change. My whole family was there to see this happen to me. I wanted Alyssa to know that it's unacceptable for men to hit women. I wanted my boys to know that they are never to put their hands on anyone. I decided I was going to make changes to make things better for me and my kids."

Phoebe pressed charges against her then-husband. Through her court advocate, she was referred into the Wilder Foundation's Strong & Peaceful Families (SPF) program. The program provided therapeutic case management to the whole family, and the SPF staff referred Phoebe to other services that addressed the family's safety and mental health needs. Ramsey County Public Health provided services to assist with the family's safety. Through the Saint Paul Foundation's Community Sharing Fund, the family received emergency financial assistance to address their crisis. The Berrios family also got referred to Wilder Child Guidance Center and Face to Face for both individual and group therapy.

In addition, Phoebe and her children recently completed Wilder's Children's Domestic Violence (CDA) 12-week group, which provides children and parents with safe and supportive group therapy that uses art, play, writing and music to help children express their emotions. Parents attend their own group to learn how violence impacts their children and to learn positive techniques for managing behavior and supporting their children.

Phoebe has seen dramatic positive changes in her children – and in herself. "They all learned so much," she said. "They learned how to stay safe. Their behavior has started to change too. Michael Angelo (Phoebe's 11-year-old son) isn't as violent as he was before the program. The facilitators taught them all how to express their feelings. We all learned some communication tools, and because we've been using them, we've become a closer family."

Phoebe's hard work to make changes for her family has been worth the effort.

"All of the support I got helped me to bring about a change in myself that carried over into my family. The atmosphere around here is more relaxed, peaceful and safe. I feel relieved. We all are relieved. We are happier now."

# Pearl's story

In September, 2006, Pearl Harvey (*name has been changed*) finally summoned the strength to leave an abusive eight-year marriage that made her feel "trapped, doomed, broken and scared."

Pearl's fear of her husband had grown over time. "My husband kept coming home later and later, each time more drunk than before. It got to the point that where anytime I heard a noise in the house I would hold my breath to make sure I could hear his footsteps and prepare for whatever he might have in store for us that night."

Pearl had begun sleeping on the floor in the bedroom of her two sons, then ages 7 and 9. "I made sure we all slept in their room because it was the only door in the house with a lock on it and I was afraid of him."

One night, Pearl's husband came home and was yelling at her through the door. "I can remember feeling around in the dark, trying to find [her son] Reid's hand, because I knew he was awake and scared. I finally felt his hand and we held hands in the dark. My husband was furious because I wouldn't open the door. At that point he said he was going to get his shotgun and kill me. That was the turning point. I called the police and things changed that night."

The court system assigned someone to Pearl's case who served not only as an advocate, but also "a friend" she said. Pearl and her family were referred to the Wilder Foundation's Strong & Peaceful Families (SPF) program. Through SPF staff referrals, Pearl and her children obtained assistance in ensuring their safety through Ramsey County Public Health; found furniture through Bridging, Inc.; and received food from the Salvation Army's food shelf.

One of the most important parts of the program, said Pearl, was her family's participation in Children's Domestic Violence (CDA), a 12-week group for parents and children. Through play, art, writing and music, children in the group enhance their ability to express their emotions. Parents attend their own group to better understand the impact of violence on their children and to acquire positive skills for managing behavior and supporting their children.

"My boys and I found unconditional support," Pearl said. "No one judged us. The boys were able to meet other kids who had been in similar situations."

What they learned has truly transformed their lives, Pearl said. "We used the tools and games they got in group at home. The children learned so much about what their strengths are. I was able to incorporate the parenting tools I learned into our home life too. Our communication has improved, and there is less yelling now. We have started to be able to talk about our feelings with strength and calm."

Most important, Pearl said, "We were able to start healing."

Pearl is proud of her family's accomplishments in the program. Their graduation gift at the end of the 12-week group from SPF staff serves as a reminder: "The boys love playing chess, and they created a chess piece that we each wrote our strengths and supports on. We still have that to remind us of all that we are thankful for and proud of."

Through their participation in Strong & Peaceful Families, the Harveys have come a long way in a short time. Last Christmas, they participated in Salvation Army's Operation Joy, which ensured that Pearl's boys had a real Christmas, with plenty of presents.

"One night after the kids were in bed, I just sat and enjoyed our Christmas tree and looked at all the gifts underneath it. I thought, 'This is our space.' I felt so thankful and calm." When asked to describe her family life now, Pearl uses simple but powerful words: "Free. Hopeful. Thankful. Strong."

## **Conclusions and recommendations**

Clients accessed a range of services through the Strong and Peaceful Families program, including case management, individual therapy, family therapy, and group therapy. Individual therapy among the women and group therapy among the client's children were particularly well-attended. Clients also received numerous referrals for a variety of services both within and outside of Wilder. Mental health referrals were most common, followed by referrals for housing and daily living assistance.

Most, but not all, of the five parents who completed the family functioning assessment at intake indicated positive family functioning for each of the assessment items. Children's perceptions of family functioning were somewhat less positive than for adults, but as only two children completed the assessment, conclusions cannot be drawn at this time. At intake, areas of strength for most clients included childcare, medical care, legal issues, substance abuse, family relationships, social supports, and safety. The most pressing needs of clients as identified by the case manager included mental health concerns and recreation and leisure time. Other prevalent needs included housing, adult continuing education, transportation, and daily living assistance.

Due to limited data, it would not be prudent to make recommendations for program improvement at this time. The available data suggest a need for the services provided by the program and its potential for improving clients' lives. However, additional information is needed to evaluate the impact of the program. The challenges incurred during data collection also suggest a need to review the appropriateness of the evaluation design. Several specific recommendations emerge from this report related to the evaluation.

 Because of the difficulty associated with collecting forms from clients, it is suggested that the collection of Family Functioning Assessments and satisfaction surveys from clients via paper forms be eliminated.

- If collecting information on client satisfaction remains a priority, it is recommended that clients be contacted by phone to complete the satisfaction survey at the established follow-up time periods. This will require program staff to provide up-to-date contact information for clients. To increase response rates, the program may want to consider the use of incentives for clients who complete the phone interviews.
- In order to collect outcome information, the Strengths and Needs Referral Plans should be modified to more easily track clients' strengths and needs, goals, and referrals, and should be completed by the case manager for each client on a regular basis.
- Staff and funders should determine whether client "success stories" provide compelling evidence of program impact and the value of including this component in the evaluation going forward.

# **Appendix**

Family Functioning Assessment (Adult version)

Family Functioning Assessment (10-13 year old version)

Strengths/Needs Referral Plan

ID:			
Date:			

# Strong and Peaceful Families Family Functioning Assessment ~ADULT version~

The following items ask about your perceptions of your family. Please indicate how much you agree or disagree with each statement. For each statement, think about how much the statement describes your family <u>during the past two weeks</u>.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	We enjoy spending time together as a family.	1	2	3	4	5
2.	Family members are very affectionate with one another.		<b>_</b> 2	<b>3</b>	<b></b> 4	<b>5</b>
3.	I am satisfied with the amount of time we spend together as a family.		<b>_</b> 2	<b>□</b> ³	□4	<b>_</b> 5
4.	I often feel that things are out of control in our family.		<b></b> 2	<b>3</b>	<b>1</b> 4	<b>5</b>
5.	We are able to make decisions about how to solve problems in our family.	<b>1</b>	<b>_</b> 2	<b>3</b>	<b>1</b> 4	<b>_</b> 5
6.	Family members feel comfortable expressing their fears and concerns to one another.	<b>1</b>	<b>_</b> 2	<b>3</b>	<b>1</b> 4	<b>_</b> 5
7.	There is a lot of yelling in our family.	□¹	<b></b> 2	<b></b> 3	<b></b> 4	<b>5</b>
8.	We tend to worry about many things in our family.		<b></b> 2	<b>3</b>	<b>1</b> 4	<b>5</b>
9.	Family members share what is going on in their lives with one another.		<b>_</b> 2	<b>□</b> ³	□4	<b>□</b> 5
10.	There is a lot of stress in our household.		<b></b> 2	<b>3</b>	<b></b> 4	<b>5</b>
11.	Our family is able to cope with the problems we face.		<b></b> 2	<b>3</b>	<b>1</b> 4	<b>5</b>
12.	Everyone shares responsibilities in our family.		<b></b> 2	<b>3</b>	<b>1</b> 4	<b>5</b>
13.	The roles and responsibilities of each family member are not clear.	<b>1</b>	<b>_</b> 2	<b>3</b>	<b></b> 4	<b>_</b> 5
14.	Family members feel safe at home.	□¹	<b></b> 2	<b></b> 3	<b>1</b> 4	<b>5</b>
	5. Overall, how would you describe your current relationship  1 Very positive 2 Somewhat positive 3 Neither positive or negative  5. Is there anything else you would like to share about how the	nat negative gative		family?		
	- Please tu	ırn ove	r -			

#### 17. What is the highest level of education that you have completed? ☐ Two-year or vocational college degree □¹ Less than eighth grade □² Completed eighth grade □ College graduate (4 year degree) ☐³ Some high school □ 8 Some graduate or professional school ☐⁴ High school diploma or GED ☐ 9 Graduate or professional degree □ 5 Some post-high school 18. What is your current employment situation? (Please check all that apply.) □ 5 Disabled/unable to work ☐¹ Full-time job $\square^2$ One or more part-time jobs ☐<sup>6</sup> Student □³ Unemployed, looking for work □ <sup>7</sup> Retired ☐⁴ At home full-time ☐ 8 Involved in a Diversionary Work Program or MFIP 19. Which statement best describes your current living situation? Own a home ☐<sup>4</sup> Live in a shelter ☐<sup>2</sup> Rent a house or apartment <sup>5</sup> Are homeless □³ Live with friends or relatives G Other: \_\_\_\_\_ 20. What is your current marital status? □¹ Married □<sup>4</sup> Never married ☐<sup>5</sup> Not married, but living in a marriage like relationship <sup>2</sup> Divorced ☐³ Separated G Widowed 21. Are you currently living with your spouse or partner? 1 Yes $\square^2$ No 22a. How many children do you have? 22b. Please indicate the age and 22c. Does this child live with you? gender of each child. Male **Female** Age Yes No 2 2 Thank you!

28

Finally, please answer the following demographic questions.

ID:	 	 	 	
Date:				

# Strong and Peaceful Families Family Functioning Assessment ~10-13-year old version~

Below are different statements that may or may not describe your family. For each statement, please check the box that best describes you and your family over the past two weeks.

		Yes, most of the time	Yes, sometimes	No, not usually
I like spending time with	my family.	<b>1</b>	2	3
Our family is nice to each	h other.	1	<b>_</b> 2	<b>3</b>
3. I like how much time we	spend together as a family.	1	<b>_</b> 2	<b>3</b>
4. Things are usually out o	f control in our family.	<b>□</b> ¹	<b>_</b> 2	<b>3</b>
5. Our family is good at so	lving problems.	1	<b>_</b> 2	<b>3</b>
6. I can talk to my family al	bout things that scare me or worry me.	<b>1</b>	<b>_</b> 2	<b>3</b>
7. My family yells a lot.			2	<b>3</b>
8. I worry about a lot of thir		1	<b>_</b> 2	<b>3</b>
9. I can talk to my family al			<b>_</b> 2	<b>3</b>
10. There is a lot of stress in			2	<b>3</b>
11. My family is able to deal			2	<b>3</b>
12. Everyone in my family h			2	<b>3</b>
13. I'm not sure what my ch	ores or responsibilities are at home.	1	<b>_</b> 2	<b>3</b>
14. I feel safe at home.			<b>_</b> 2	<b>3</b>
15. Is there anything else your thoughts below.	ou would like to say about how things are go	oing in your family? If	so, please shar	re

Thank you!

# **Strengths/Needs Referral Plan**

# Strong and Peaceful Families Strengths/Needs Referral Plan

Client Name:	DOB:	Client #:	<b>Date of Current Plan</b>
--------------	------	-----------	-----------------------------

Туре	Strength/Need	Goal(s)	Referral	Timeframe
CHILD CARE	Strength			
	☐ Need			
HOUSING	Strength			
	☐ Need			
EMPLOYMENT/	Strength			
JOB TRAINING	☐ Need			
ADULT CONTINUING EDUCATION	Strength			
	☐ Need			
TRANSPORTATION	Strength			
	☐ Need			
MEDICAL	Strength			
(health insurance, screening)	☐ Need			
DAILY LIVING ASSISTANCE (e.g. food, clothing, energy, furniture)	Strength			
	☐ Need			
LEGAL	Strength			
	☐ Need			
RECREATION & LEISURE TIME	Strength			
	☐ Need			

Туре	Strength/Need	Goal(s)	Referral	Timeframe
MENTAL HEALTH (family, individual, group)	Strength			
	☐ Need			
SUBSTANCE ABUSE	Strength			
	☐ Need			
FAMILY RELATIONSHIPS	Strength			
	☐ Need			
SOCIAL SUPPORTS	Strength			
	☐ Need			
SAFETY	Strength			
	☐ Need			

Coordination of Services (identify other services client is receiving and explain how they are being coordinated):