



**Wilder
Research**

Strong and Peaceful Families

Amherst H. Wilder Foundation

2009 annual evaluation report

A P R I L 2 0 1 0

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Program overview

Ramsey County began funding an eight-agency Children's Domestic Abuse Consortium in the early 1990s. The Consortium was very successful in raising community awareness about how children are impacted by violence in their homes. In 2000, the Ramsey County Attorney's Office and the St. Paul City Attorney's Office joined to create the Joint Domestic Abuse Prosecution Unit (JPU). The mission of the unit is to aggressively prosecute domestic abuse cases that involved children, and break the cycle of violence within that family.

In 2005, the JPU began looking for ways to further reach children experiencing domestic violence. At the same time, the Saint Paul – Ramsey County Department of Public Health developed a Request for Proposals for all family violence service contracts. The decision was made to end the Children's Domestic Abuse Consortium and instead seek proposals for an agency to serve a very specific population of children and families: between 15-30 families annually through the JPU. Each family was identified as being open to receiving targeted services, designed to both help them through the aftermath of crisis and to provide support and education to break the cycle of violence.

In January 2006, Violence Prevention and Intervention Services (VPIS) through the Amherst H. Wilder Foundation was selected as the contracted agency. Between 1981 and 2009, VPIS provided 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 Joint Domestic Abuse Prosecution Unit (JPU), a joint effort of the Ramsey County Attorney's Office and the Saint Paul City Attorney's Office, as well as Saint Paul – Ramsey County Public Health, VPIS developed the Strong and Peaceful Families program in January 2006 and served families in this program through 2009. Effective January 1, 2010, the Strong and Peaceful Families program is being provided by Children's Home Society & Family Services.

Select families with cases related to domestic violence in the Joint Domestic Abuse Prosecution Unit were referred to the Strong and Peaceful Families program for intensive case management and other services related to their health, safety, and other basic needs. Through the provision of case management, the program strived to reduce the damaging effects of domestic violence on children and youth, and to stop the cycles of abuse that occurred in families referred by the JPU.

Recent statistics demonstrate the prevalence of domestic violence in Minnesota. In 2003, 1,043 Minnesotans received hospital care for injuries stemming from intimate partner violence; 95 percent were women (*Minnesota Department of Health*). In 2009, at least 18 adults and 10 children were murdered in cases of domestic violence (*Minnesota Coalition for Battered Women*).

Overview of the evaluation

The evaluation of the Strong and Peaceful Families program was designed to explore two general issues: 1) program implementation; and, 2) the impact of services on families.

The process or implementation evaluation consisted of documentation of Wilder- and community-based program referrals by the case managers, as well as rates of participation in various services and programs. Descriptive and behavioral information about the children receiving services was also collected using the Client Characteristics Checklist.

The outcome evaluation assessed the extent to which violence or abuse has been reduced in the lives of families and whether they have learned effective ways to enhance or increase safety, as perceived by the case managers. This information was collected from the case managers within one month of participant discharge from the Strong and Peaceful Families program. In addition, information about participants' progress toward goals was also documented by the case managers. The case manager and participant set goals at intake, and progress towards these goals was updated approximately every 90 days.

In addition, a select participant story is presented. The story illustrates the family's challenges upon admission into the program, the range of services provided to the family, and the impact of the program on the parent and children.

The report includes information about participants served between January and December 2009.

Participants

During 2009, a total of 25 families (25 adults and 53 children) were served by the Strong and Peaceful Families program, including 11 new clients referred to the program in 2009 and 14 families who were continuing participants. Additional families were referred by the JPU to Strong and Peaceful Families in 2009 but did not become participants. Most of these failed to show up for scheduled appointments or to return multiple phone calls and messages left by the program case managers.

Demographic characteristics

Of the 25 adults served during 2009, 24 were female and one was male. The parents served represented the following racial/ethnic groups: Black/African American (73%), White (20%), and Asian (7%). Race and ethnicity data were unavailable for 10 parents. Participants' age ranged from 22 to 50, averaging 31 years of age (Figures 1-3).

The racial/ethnic backgrounds of participating children were similar: Black/African American (70%), White (22%), and multiracial (7%). Race and ethnicity data were unavailable for 26 children. Slightly more girls (62%) than boys (38%) were served. Children's ages ranged from 1 to 20, averaging 7 years of age (Figures 1-3).

1. Participant race/ethnicity (2009)

	Adult participants (N=15)		Children (N=27)	
	N	%	N	%
Black/African American	11	73%	19	70%
White/Caucasian	3	20%	6	22%
Asian	1	7%	0	0%
Multiracial	0	0%	2	7%

2. Participant gender (2009)

	Adult participants (N=25)		Children (N=53)	
	N	%	N	%
Female	24	96%	33	62%
Male	1	4%	20	38%

3. Participant age (2009)

	N	Range	Mean
Adults	25	22 – 50	31
Children	46	1 – 20	7

Participant history

A comprehensive diagnostic assessment, including physical and mental health history, was completed and available for a total of 24 women served by the program in 2009. In some cases, only partial information was available.

Health and well-being

Just over half of the participants (55%) were in good health at intake; about one-third (36%) were in fair health. The most common physical health problem was diabetes (21%), followed by a history of cancer (17%), high blood pressure (17%), and drug abuse (17%). Most clients (76%) were not currently abusing substances and did not have a history of substance abuse; those with a history of abuse were either in early full or partial remission (Figure 4).

All 24 participants assessed had a history of both physical and emotional abuse; more than two-thirds also reported a history of neglect (70%), while half (50%) had experienced sexual abuse as well. Nearly half of the participants (46%) reported having past experience with counseling; two were involved with counseling at the time of the assessment. The most common mental health disorders were Major Depression (65%) and Posttraumatic Stress Disorder (44%) (Figure 4).

Participant functioning was assessed using the DSM-IV Axis IV and V criteria. All 23 participants for whom information was available were found to be experiencing economic or financial difficulties. More than half also had other challenges including a lack of primary support (87%), occupational challenges (70%), difficulties with their social environment (61%), and housing (61%) (Figure 5).

Of the 23 participants assessed, about three-quarters (78%) displayed either moderate (n=9) or serious impairment (n=9) in social, occupational, or school functioning. One participant presented with some impairment in reality testing or communication, or serious impairment in several important areas of daily life. The remaining participants were experiencing mild or transient difficulties in social, occupational, or school functioning (Figure 6).

4. Medical and Mental Health History (N=10-22)

	N	%
Physical health (N=22)		
Good	12	55%
Fair	8	36%
Poor	2	9%
Medical history (N=24)		
Diabetes	5	21%
High blood pressure	4	17%
Cancer	4	17%
Drug abuse	4	17%
Alcoholism	3	13%
Asthma	3	13%
Stroke	2	8%
Thyroid problem	1	4%
Heart disease	1	4%
None of the above	8	33%
Substance use (N=21)		
No history of abuse	16	76%
Early full remission	3	14%
Early partial remission	2	10%
Active abuse	0	0%
History of victim of abuse (N=20-24)		
Physical	24	100%
Emotional	24	100%
Neglect	16	70%
Sexual	10	50%
Suicide risk (N=22)		
None	13	59%
Low	8	36%
Moderate	1	5%
Mental health status – Axis I and II diagnoses (N=22-23)*		
Major Depression	15	65%
Posttraumatic Stress Disorder (PTSD)	10	44%
Dysthymic Disorder	3	13%
Generalized Anxiety	3	13%
Adjustments disorder	2	9%
Obsessive-Compulsive Disorder	1	4%
Physical abuse of adult	1	4%
Previous counseling experience (N=24)		
Past experience	11	46%
No previous experience	11	46%
Currently receiving counseling	2	8%

* Some individuals had more than one diagnosis.

5. DSM-IV Axis IV Diagnosis: Areas of impaired functioning (N=23)

Area of functioning	N	% experiencing decreased functioning
Past or current victim of domestic abuse (physical, emotional, and/or sexual)	23	100%
Financial/economic	23	100%
Primary support	20	87%
Occupation	16	70%
Social environment	14	61%
Housing	14	61%
Legal system/crime	8	35%
Educational	7	30%

6. DSM-IV Axis V Diagnosis: Global Assessment of Functioning Scale (GAF) (N=23)

Level of functioning	GAF score	N	%
Persistent danger of hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act with clear expectation of death	1 – 10	0	0%
Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication	11 – 20	0	0%
Behavior is considerably influenced by delusions or hallucinations, or inability to function in almost all important areas of life	21 – 30	0	0%
Some impairment in reality testing or communication or major impairment in several important areas of daily life	31 – 40	1	4%
Serious symptoms or serious impairment in social, occupational or school functioning	41 – 50	9	39%
Moderate symptoms or moderate impairment in social, occupational or school functioning	51 – 60	9	39%
Some mild symptoms or some difficulty in social, occupational or school functioning. Generally functioning pretty well.	61 – 70	3	13%
If symptoms are present, they are transient and expectable reactions to psychosocial stressors. Patients in this range usually do not need mental health treatment, or if they need treatment, it would be expected to be very brief and focused on a specific adjustment problem.	71 – 100	1	4%

Note. Participant psychological, social, and occupational functioning is considered on a hypothetical continuum (scale=0 to 100) of mental health-illness.

Family characteristics

Client Characteristics Checklist

Shortly after a family's enrollment in the Strong and Peaceful Families program, the case manager completed a Client Characteristics Checklist for the children. Using the 60-item checklist, the case manager made observations about the child's personal and family functioning, physical and mental health, and behavior. Of the families enrolled in the Strong and Peaceful Families program in 2009, 50 children were assessed using the checklist.¹ At the time of the assessment, children ranged in age from less than 1 to 18 years, with an average age of 6 years.

A large number of characteristics indicates that the child and his/her family is experiencing a high number of challenges or risk factors. Of the 60 possible characteristics, or challenges, that could be observed, most children (70%) were experiencing between 11 and 20 challenges. Three children (6%) were experiencing more than 20 challenges.

Family stability

Families were experiencing a range of challenges impacting family stability upon entering the program. All of the households were headed by a single-parent, experiencing chronic economic distress, exhibiting chronic unresolved conflicts between parental figures, and all of the children had also experienced parental separation or divorce. Frequent changes in residence for children were also common (68%), and just under half (42%) had also experienced serial changes in parental figures.

All children had at least one parent involved in criminal activity, while more than half also had a parent with a history of chemical abuse (64%) or mental illness (60%). Half, or nearly half, of children had parents who had been involved with social service agencies for at least two years (50%), or parents with less than a high school education (44%) (Figure 7).

History of abuse and violence

All but one child assessed had witnessed violence between their parents at some point. Frequent conflicts between parents and children were occurring for 4 in 10 children. At least one-third of children assessed had experienced neglect (42%) or physical abuse (32%) by a caregiver; one child (2%) had experienced sexual abuse (Figure 7).

¹ The information in this section was gathered from more than one child per family. As a result, the data represent individual children and a duplication of households in some cases.

Child health and well-being

Many of the children did not have positive relationships with unrelated adults (60%) or strong connections to extended family (48%). Less than half of the children (36% to 40%) participated in any type of organized activities, and a fair number exhibited unhealthy eating habits (44%) and rarely, if ever, exercised (30%) (Figure 7).

7. Wilder Foundation Client Characteristics Checklist (N=50)

	% Observed
Family is or has been headed by a single parent	100%
Family has experienced chronic economic distress	100%
Family exhibits chronic unresolved conflicts between parental figures	100%
Child has experienced parental divorce or separation	100%
One or more parental figures has engaged in probable or adjudicated criminal activity	100%
Child has witnessed violence between parental figures	98%
Family has had frequent changes in residence (3 or more times in previous 5 years)	68%
One or more parental figures has a history of chemical abuse or is currently exhibiting chemical abuse	64%
Child does <u>not</u> participate in organized social activities (e.g., sports, school or recreational activities, clubs, scouts)	64%
One or more parental figures has had previous mental illness treatment	60%
Child does <u>not</u> participate in organized religious activities	60%
Child does <u>not</u> have strong positive relationships with any unrelated adults (e.g., mentors, counselors, neighbors)	60%
Parental figures have been involved with social service agencies for two or more years	50%
Child does <u>not</u> have strong connections to extended family (e.g., grandparents, aunts, uncles)	48%
One or more parental figures has less than a high school education	44%
Child exhibits unhealthy eating habits	44%
Family has had serial changes in parental figures (e.g., foster placements, reunifications with parents, living with relatives, parental figures/partners moving in and out of household)	42%
Child has experienced probable neglect by current or previous caregivers	42%
Family exhibits frequent unresolved conflicts between parental figure(s) and child	40%
Child has experienced probable or documented physical abuse	32%

7. Wilder Foundation Client Characteristics Checklist (N=50) (continued)

	% Observed
Child exhibits sedentary lifestyle or does <u>not</u> exercise regularly	30%
Parents exhibit poor or inconsistent monitoring of child's behavior (e.g., children often unsupervised, inconsistent discipline)	26%
Mother was under 18 when child was born	22%
Parental figure or sibling has a chronic illness or handicap	14%
Child has a history of temper tantrums	14%
Child exhibits separation anxiety	10%
Child exhibits poor or insecure attachment to parents (e.g., indifference, avoidance, hostility)	8%
Child is often irritable	8%
Child is easily distractible or has attentional deficits	6%
Child has a history of feeding and/or sleeping problems	6%
Child has been in previous out-of-home placements	6%
Child exhibits pattern of impulsivity	4%
Child has chronic illness or health problems	4%
Parental figure or sibling of child has died (<u>not</u> suicide)	4%
Child has a history of self-injurious behavior (e.g., scratching, cutting, biting, hair pulling)	4%
Child has a history of isolative or withdrawn behavior	4%
Family has a history of suicide (<u>not</u> client)	4%
Child is the recipient of special education services	4%
Child is often hyperactive	2%
Child is assaultive or physically attacks others	2%
Child has experienced probable or documented sexual abuse	2%
Child smokes cigarettes	2%
Child threatens or intimidates others	0%
Child has a history of low academic performance (e.g., failing grades, repeated a grade)	0%
Child has multiple suspensions and/or at least one expulsion/administrative transfer from the school or child care setting	0%
Child was born prematurely	0%
Child has been the recipient of one or more previous outpatient intervention efforts	0%
Child has made a suicide attempt	0%

7. Wilder Foundation Client Characteristics Checklist (N=50) (continued)

	% Observed
Child's behavior endangers self or others (e.g., fast driving, playing with firearms, jumping from high places)	0%
Child has had at least one pregnancy or has fathered a child	0%
Child has had multiple episodes of running away	0%
Child has engaged in multiple acts of vandalism	0%
Child is an adjudicated delinquent	0%
Child is preoccupied with and/or inappropriately plays with fire	0%
Child has exhibited physical cruelty to animals	0%
Child has had multiple episodes of truancy	0%
Child has dropped out or stopped attending school	0%
Child exhibits probable chemical abuse or has been diagnosed as chemically dependent	0%
Child experienced prenatal exposure to drugs or alcohol	0%
Biological or adoptive parents terminated rights on the child	0%

Services and referrals

Service participation

Following their diagnostic assessments, families 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. Nearly 400 total hours of service (direct and indirect) were provided to families during this period (excluding diagnostic assessments). Participation in these various services during 2009 is summarized below.

Case management

Twenty-one participants received case management services. A Strong and Peaceful Families program case manager engaged in between 1 and 21 case management sessions with, or on behalf of, these 21 parents (average = 7.8 sessions). In total, 163 hours of case management were provided to participants in 2009. On average, each of the 21 participants received more than 10 hours of case management (Figure 8).

Individual sessions

Eight participants received individual counseling sessions. In total, participants had between 1 and 10 individual sessions with a therapist (average = 4.5 sessions). In total, parents participated in 40 hours of individual counseling. On average, each of the eight parents participated in five hours of individual counseling (Figure 8).

Family sessions

Three families received family counseling sessions. These families participated in one or two counseling sessions each, receiving on average about one and a half hours of family counseling (Figure 8).

Group sessions: Adult participants

Three parents participated in the Wilder Children's Domestic Abuse (CDA) parenting group this year. The CDA parenting group is a support and psychoeducational group that offers parents information and tools to help their children heal from the lingering effects of witnessing/experiencing domestic violence. On average, each parent attended a total of 7 sessions and received an average of 11 hours of intervention through this parenting group (Figure 8).

Group sessions: Child/youth participants

Seven children or youth participated in the Wilder Children's Domestic Abuse (CDA) children's group this year. The CDA children's group is a supportive skills-based therapy group for children who have witnessed/experienced domestic violence using experiential activities and other creative means. On average, each child/youth attended a total of 8 sessions and received an average of 12 hours of intervention through this children's group (Figure 8).

8. Service participation (N=25)

Wilder VPIS service	Number of participants served in 2009 N	Number of appointments/sessions			Hours of service		
		Total	Range	Mean	Total	Range	Mean
Case management*	21	163	1 – 21	7.8	215	<1 – 39	10.3
Individual sessions	8	36	1 – 10	4.5	40	2 – 10	5.0
Family sessions	3	4	1 – 2	1.3	5	1 – 2	1.5
Group sessions (adults)	3	22	2 – 11	7.3	33	3 – 17	11.0
Group sessions (children/youth)	7	55	5 – 10	7.9	83	8 – 15	11.8

Note. All children and adults participating in a group were involved in Wilder's VPIS Children's Domestic Abuse (CDA) group or the CDA parenting group, respectively.

* Case management time includes both direct contact with families as well as other activities such as online searches and phone calls on behalf of the family.

Referrals

In 2009, the 25 families enrolled in the Strong and Peaceful Families program received a total of 744 referrals, both to programs within the Wilder Foundation and to other community-based programs and services. There was wide variation in the number of referrals made per family (range = 2 to 116), with an average of 30 referrals per family (Figure 9).

Most of the referrals were for housing (33% of all referrals, 18 families) and mental health services (22% of all referrals, 23 families), followed by referrals for daily living assistance, or basic needs (16% of all referrals, 21 families). At least half of the families were also referred for education, child care, and employment or job training support or services (Figure 10). See appendix for a complete listing of all referrals.

Families tended to follow-up on at least one or more referral per service category, seeking out daily living assistance and educational referrals most frequently. Referrals for child care were least likely to be accessed (Figure 10).

Barriers to accessing services

While participants' ability to obtain services was sometimes hampered by mental health issues or other personal challenges, in other cases, external factors played a role. The ability of families to access certain needed services such as housing and child care was often constrained by the lack of availability of those services in the broader community. Families often confront extensive waiting lists, excessive eligibility requirements, and confusing applications in their attempts to access child care and housing in particular. As a result, case managers have observed that the lack of housing and chronic homelessness pose significant challenges to participants trying to address therapeutic needs.

9. Summary of referrals

2009 referrals		
Number of families referred	25	
Total number of referrals	744	
	Range	Mean
Referrals per family	2 – 116	30

10. Referrals for services in 2009 (N=25)

Type of referral	Number of families referred	Total number of referrals	Average number of referrals per family	Percent of total referrals	Percent of families that followed up on at least one referral
Housing	18	242	13.4	33%	72%
Mental health	23	164	7.1	22%	61%
Daily Living Assistance	21	121	5.8	16%	86%
Child care/child activities	18	41	2.3	6%	39%
Legal	12	35	2.9	5%	75%
Children's Education/Adult Continuing Education	13	33	2.5	4%	85%
Safety	9	19	2.1	3%	78%
Employment/Job Training	13	21	1.6	3%	62%
Medical	9	11	1.2	1%	78%
Substance abuse	1	1	1.0	<1%	100%
Other/miscellaneous	20	56	2.8	8%	90%
TOTAL	25	744	30	100%	-

Note. Twenty-five families in total were referred to a variety of services, both within the Wilder Foundation and VPIS, as well as outside of Wilder in 2009. Overall, 744 total referrals were made.

Strengths and needs

Strengths/Needs Referral Plan

The case manager completed a Strengths/Needs Referral Plan for each participant, documenting their specific areas of strength and need in 14 core areas (see Appendix). Participant goals, referrals, and the timeframe for completing goals were also documented in the plan. Plans were completed for participants at intake and updated every 90 days, or as needed.

At intake, areas of strength for most participants related to family relationships, medical well-being, safety, and the lack of substance use. The most pressing needs of participants as identified by the case managers were mental health issues, basic needs and adult/child education. Other relatively prevalent needs included housing and employment and job training (Figure 11).

Participant goals

With the case manager, participants developed specific goals that addressed each of their primary needs. In 2009, the majority of goals set by participants related to the most prevalent needs identified at intake – mental health services for parents and children as well as basic needs, especially clothing, food, and household items or furniture (Figure 13). Other common goals related to obtaining housing, education, and transportation. See Figure 12 for a complete listing of the specific goals set by participants by area of need.

Goals were assessed at intake and updated every 90 days, or as needed. Participants were most likely to achieve their goals related to securing transportation (90%) and recreational needs (65%). Families were also relatively successful in meeting their basic needs and addressing legal issues. Participants were least likely to attain their mental health and child care goals; 45 to 52 percent of these goals were not met, although a proportion of these goals (27% to 40%) were in progress at the time of the client's most recent Strengths/Needs Referral Plan (Figure 13).

11. Strengths and needs of participants at intake (N=22-25)

Domain	Number for whom domain was identified as a “strength”	Number for whom domain was identified as a “need”
Substance abuse	22	0
Family relationships	18	6
Medical (health insurance, screening)	18	6
Safety	18	5
Child care	15	9
Social supports	15	9
Legal	14	10
Recreation and leisure time	11	12
Transportation	11	12
Employment/job training	9	15
Housing	9	16
Children’s education/adult continuing education	6	17
Daily living assistance (food, clothing, energy, furniture)	6	19
Mental health	2	21

12. Participant goals by area of need**Child Care**

Enroll R in Kindercare.

HeadStart – child. Register and enroll.

WDA childcare.

Explore child care options for child during the daytime.

HeadStart option for child.

Obtain child care during employment search.

Begin Head Start.

Resources for daycare payment; \$40/mos.

Assist in coordinating child support assistance.

Consider options for evening child care.

Secure space for R in HeadStart.

Childcare assistance.

Explore childcare options through county.

Note. The goals above were set by 18 families while in the program in 2009.

12. Participant goals by area of need (continued)

Housing

Secure low rent apartment in St. Paul. (\$437 cash - \$285 stamps.)

Secure two bedroom apartment for family.

Two to three bedroom apartment in St. Paul, Maplewood.

Secure apartment.

Complete applications for subsidized housing; two bedroom apartment.

Secure space in either St. Paul shelter or one bedroom apartment.

Continue to explore and apply for subsidized housing.

Apply for wait lists on subsidized housing lists, two to three bedroom.

Work together with Casa de Esperanza for resources to move out of area/state.

Secure 1-2 bedroom apartment for family.

Attempt to resolve outstanding issues with Minneapolis Public Housing.

Secure space in a shelter.

Explore Jeremiah Program.

Secure two to three bedroom apartment.

Apply for Public Housing. (3)

Obtain affordable housing.

Obtain subsidized housing.

Employment/Job Training

Secure full time employment.

Enroll at Everest for nursing.

Secure full time position in banking field.

Secure full time position in customer service/retail area.

Explore CNA programs.

Complete Job Club (Ramsey County).

Secure full time position.

Continue to pursue other full time work opportunities.

Secure full time or part time job.

Continue to look for CAN positions with school hours.

Secure part time employment in retail or other services.

Consider options for post pregnancy for continuation of nursing.

Secure full time position (exp.: cashier and cooking in Moundsview).

Note. The goals above were set by 18 families while in the program in 2009.

12. Participant goals by area of need (continued)

Employment/Job Training (continued)

Looking for second job or more hours.

Focus new employment (mid March) after baby is born.

Complete workman compensation paperwork.

Search and obtain employment.

Work towards GED.

Obtain early childhood education.

Children's Education/Adult Continuing Education

Options for getting GED – classes.

Begin courses for GED.

Explore pre-k programs for child.

Explore 7th grade options and compare for/with child.

Continue to pursue special education services for son.

Secure tutoring services for daughter especially in math.

Pursue KOFI services at child's school – Jackson Elementary.

Advocacy for special services in pre-k and kindergarten next year.

Check with schools re: after school programming.

Gain information on schools in Minneapolis.

Provide information about nutrition certificate.

Explore options for further education in culinary arts or cosmetology.

Possible early education for daughter – Head Start.

Explore additional education for self starting late spring – office/clerical.

Go back to school in the future.

Explore Continuing Education options.

Secure ECFE or educational day care for son.

Obtain training to get better employment.

Head Start.

Note. The goals above were set by 18 families while in the program in 2009.

12. Participant goals by area of need (continued)

Transportation

- Obtain monthly bus card through SPF.
- Receive bus cards through SPF, monthly. (5)
- Continue to receive bus cards through SPF monthly. (4)
- Utilize bus passes through SPF for work and other appointments.
- Look into Limited Mobility monthly bus card.
- Provide bus cards for children's appointments and work.
- Consider options for getting license and driver's permit.
- Needs sway bar links for car.
- Have SPF worker transport client 1 to 2 days a week in the morning.

Medical

- Services for special needs for two children.
- Resources for medical insurance.
- Resources for low cost/free eye care.
- Take son to Open Cities for dental care.
- Quit smoking.
- Obtain medical support for son.

Daily Living Assistance/Basic Needs

- Register at food shelf in neighborhood. (3)
- Utilize clothing vouchers.
- Obtain clothing vouchers.
- Referral to Martha's Closet for clothes.
- Assistance with Xcel Energy bill - \$100.
- Provide resources for energy assistance.
- Provide resources for clothing and laundry services.
- Resources for reduced telephone installation and monthly service.
- Explore resources to pay past rent.
- Rent payment assistance on monthly basis.
- Provide assistance and referrals to navigate getting car out of impound and paying ticket.
- Diapers and other household needs such as shampoo, etc,
- Clothing for children.
- Energy assistance: electricity \$740, telephone \$250.

Note. The goals above were set by 18 families while in the program in 2009.

12. Participant goals by area of need (continued)

Daily Living Assistance/Basic Needs (continued)

Past bill – need assistance - \$1000.

Clothing for R.

Reapply for Social Security.

Baby items needed for baby due in February, including crib, winter clothing, baby seat.

Obtain food assistance.

Obtain furnishings for house through Bridging.

Obtain financial assistance.

Obtain funding for overdue energy bill.

Organize and track utility expenses and make arrangements.

Explore mortgage assistance.

Explore grants to update home for cold weather.

Food.

Utilities.

Energy assistance – light bill.

Safety

Assist in insuring that there is a NCO or OFP in place for R.

Check into defendant's status and conditions of parole. No contact order in place?

Begin planning for defendant's release date 3/2010.

Continue to be informed re: defendant's status.

Follow-up on ongoing phone harassment and drive-by, by ex-partner's girlfriend.

Continue to play for safety for family, especially as father is released.

File for OFP extension in September.

Legal

Complete paperwork to secure court date for increased child support.

Assist in coordinating legal services with SMRLS.

Referrals to tax assistance preparation.

Secure representative payee for daughter's social security benefits.

Provide resources for tax assistance and applying for applicable stimulus payments.

Pursue victim compensation for help with medical bills.

Child custody issues – no child custody order in place.

Wants to have misdemeanor for 3rd degree drug sales expunged.

Note. The goals above were set by 18 families while in the program in 2009.

12. Participant goals by area of need (continued)

Legal (continued)

Obtain divorce resources (SMRLS).
Obtain a credit report.
Obtain child custody payments.
Follow through on divorce procedures by contacting retained lawyer.
Separate from partner.

Mental Health

Gain information on Wilder groups/therapy options.
CDA group begin.
Begin WDA group. (2)
WDA group begin – nights.
TFCBT group.
Inquire with mom about desire for family therapy.
Women's Domestic Abuse program.
Therapeutic services for child; four years old in July.
Attend and complete children's domestic abuse program.
Restart R's TF-CBT individual counseling at Wilder.
Restart child's TF-CBT at Wilder.
Individual counseling.
Begin CDA in April 2009. (2)
Complete psychiatric assessment – explore antidepressant options.
Address social anxiety.
Individual therapy for son and parent.
Evaluation by psychiatrist for medication assistance.
Obtain counseling for child.
Enroll in DBT group (receive individual therapy with DBT skills).
Arrange for individual therapy for child.
Work toward family therapy.
Identify more long-term support for parent (group and individual counseling).

Note. The goals above were set by 18 families while in the program in 2009.

12. Participant goals by area of need (continued)

Family Relationships/Social Supports

- Find community support groups/activities.
 - Assist in setting up family rules, chores and consequences.
 - Explore parenting support for pre-teens and teens.
 - Develop peer support group that shares her lifestyle and values.
 - Increase support opportunities (Wilder, Open Cities).
 - Explore NA and AA support.
 - Continue to explore how relationships in family support peaceful and safe living.
 - Build social support for parent.
 - Find outside activities.
-

Recreation/Leisure Time

- Register with Tix for Tots. (4)
 - Low cost/free admission to Children's Museum, Minnesota Zoo, History Center.
 - Assist in identifying community events for families.
 - Assist in locating nearest library and resources available.
 - Provide b-ball and other tickets as available.
 - Provide application to low-cost science museum pass.
 - Consider resources for free/low-cost admission to Minnesota Zoo through library system.
 - Pursue scholarship for YMCA family membership possibly through INS.
 - Explore outlet for child's creativity and interest in T.V. entertainment.
 - Explore process for free passes to museums through library.
 - Obtain and identify possible enrichment activities through St. Paul Park and Rec.
 - Build positive peer group with children (ECFE)
 - Activities for son (sports, etc.)
 - Community Ed exploration for parent and son.
-

Other

- Assist in locating books written in Romanian.
 - Work with R re: U – USA.
 - Provide CDA and WDP flyers in Spanish.
-

Note. The goals above were set by 18 families while in the program in 2009.

13. Participant goals: 2009 (N=25)

Domain	Status of goals			
	Number of goals	Percent completed	Percent in progress	Percent not completed
Transportation	39	90%	5%	5%
Recreation and leisure time	23	65%	13%	22%
Daily living assistance (food, clothing, energy, furniture)	62	57%	27%	16%
Legal	31	45%	42%	13%
Housing	55	31%	47%	22%
Family relationships	7	29%	43%	29%
Children's education/adult continuing education	40	28%	43%	30%
Safety	8	25%	38%	38%
Medical (health insurance, screening)	13	23%	54%	23%
Mental health	77	21%	27%	52%
Employment/job training	34	21%	38%	41%
Social supports	10	20%	50%	30%
Child care	20	15%	40%	45%

Note. The above represents the goals set by participants during 2009. Each family works with the case manager to establish as many goals as needed within their key areas of need. Goals are assessed and updated by the case manager and participant approximately every 90 days. At the time of assessment, the case manager and participant make a determination as to whether the goals: a) have been completed within the timeframe established by the case manager and participant, b) are still in progress by the participant, or c) have not been completed by the participant within the established timeframe. The statuses of the goals above are from the most recent Strength and Needs Referral Plan for each family.

Outcomes for families

One of the goals of Strong and Peaceful Families was to reduce the cycle of violence in families. Upon discharge from the Strong and Peaceful Families program, the current level of violence and abuse in the lives of the participant and his or her children was assessed by the case manager. This measure at discharge also assessed the degree to which the participant learned effective ways to enhance or increase his or her own safety and the safety of his or her children. As it was not possible to collect data from participants directly given the burden on families, the case managers' perceptions of participant success at reducing the cycle of violence and abuse for the parent and his or her family are reported.

Status at discharge

Of the 26 families who were discharged from the program this year, 11 (43%) had either successfully completed the program during 2009 or were doing well at the end of the year when they were transitioned to a new agency. According to the case managers, the key contributors to the success of most of these families related to accessing services for basic needs and especially housing, which stabilized families and allowed parents to pursue other needs and goals. In addition, participants' own motivation and persistence was a significant contributor to their success.

Nearly half of the families (46%) did not successfully complete the program. Their inability to complete the program was often the result of significant mental health issues or a failure to show up for appointments and/or follow-through on referrals.

Not surprisingly, those who successfully completed the program were enrolled for the longest period of time – about nine months on average. Those who did not successfully complete the program were enrolled, on average, for less than four months, including some who discontinued their participation within days (Figure 14).

14. Duration in program by completion status (N=26)

Completion status	Number of families	Percent of families	Time spent in SPF program	
			Range (days)	Average number of days
Successfully completed program	9	35%	36 - 574	272
Referred to other agency but doing well at the time of program closure	2	8%	135 – 146	141
Did not successfully complete program, not doing well at the time	12	46%	1 – 265	115
Other*	3	12%	1 – 154	80

* "Other" statuses at program discharge include: demonstrating progress but not fully engaged at time of program closing/transition (n=2), and doing well in program but requested early discharge due to conflicts with two jobs and a young child (n=1).

Program impact on violence/abuse and safety

Most families (81%) were no longer experiencing any violence or abuse when they left the program, as compared to intake, while another 10 percent of families were experiencing significantly reduced levels of violence. Violence/abuse was still present in two families at the time they discharged from the program. Case managers were unable to make an assessment about the presence of violence at the time of discharge in the remaining cases (Figure 15).

Most participants (81%) had also learned effective ways to enhance or increase their personal safety in relationships with others, as well as the safety of their children, at discharge (Figure 16). For the remaining participants, case managers were unable to make a determination.

15. Participant status at discharge

	N=21			
	No longer experiencing violence	Violence significantly reduced	Violence somewhat reduced	Violence not reduced
As compared to intake, to what extent has violence/abuse been reduced in the lives of the client and his or her children at the time of discharge?	81%	10%	0%	10%

16. Impact of program on violence/abuse

As compared to intake, has the client learned effective ways to...	N=26		
	Yes	No	Don't know
Enhance or increase <u>his or her</u> safety in her relationships with others at the time of discharge?	81%	0%	19%
Enhance or increase the safety of <u>his or her children</u> at the time of discharge?	81%	0%	19%

Note. Because one client was discharged from the program more than once, the above information was collected multiple times from this client and as a result, the total number of participants (duplicated) represented is 26.

Participant success story

The following story illustrates the impact of the program on a select participant and her family. The story highlights the challenges the parent faced prior to and during the program, the services utilized as a participant of the program, and the changes that occurred for herself and her children as a result of participating in Strong and Peaceful Families.

Mariah's story

When Mariah's ex-partner assaulted her and her children, she knew she needed to get some help. She had experienced violence as an adult, as well as intergenerationally in her family, and decided it would stop with her. She began with Strong and Peaceful Families (SPF) in December 2007.

The program helped Mariah with daily assistance, such as providing bus tokens, securing emergency funds, and looking for safe and affordable housing. However, Mariah was reluctant at first to seek therapeutic help or to develop a goal plan for her family's long-term future. In the past, she had experienced many others directing how she lived and had not been given the chance to do what she thought was best for her family. As her time in the program grew, so did Mariah's confidence and expectation that she would be treated respectfully.

Over time, Mariah met regularly with her SPF worker and they were able to put together a plan with goals that Mariah identified as the most important for herself and her children. By the time she had successfully completed the program in summer of 2009, Mariah had accomplished quite a few of them, including:

- Obtaining work in the school, which enabled her to stay involved with her children's educational programming and allowed for supplemental income.
- Enrolling in and completing the Children's Domestic Violence group therapy for herself and her children.
- Attending a Women's Domestic Violence group.
- Participating in individual therapy.
- Finding safe and secure housing.
- Maintaining employment.

After finishing the program, Mariah did become involved in a relationship that turned violent, but she responded this time by ending the relationship and immediately seeking support. She has since reengaged in working with the SPF program, and returned both of her children to work with therapists.

Mariah has learned new skills to take care of her family, and reverse a generational pattern of violence. Her perseverance is a gift that she shares with her children, along with the knowledge that she has what it takes to succeed.

Lessons learned

During the four years Wilder's VPIS program served families through the Strong and Peaceful Families program, program staff learned a great deal about the challenges families in the program are facing, barriers to their success, as well as opportunities to enhance the support and services provided to families.

The following summarizes the lessons learned by program staff and the evaluator during this service period, which will hopefully serve to inform future programming and services to families.

Barriers to success

Parents came to the Strong and Peaceful Families program with a number of challenges that could sometimes impede their ability to make progress. Some of these challenges related to parent's own personal difficulties, while others reflected broader systemic or contextual issues.

Personal challenges

- **Negative feelings.** Feelings of fear, hopelessness, loss, and failure were common among many participants in the program, which sometimes interfered with a parent's ability to seek out an alternative life for themselves and their children.
- **Mental health issues.** Families struggled with pervasive mental health issues as a result of chronic, complex, generational trauma. Given these issues, it could be difficult for participants to comply with medications and keep needed appointments, which could result in being discontinued as a client with a psychiatrist.
- **Ongoing challenges and disruptions.** A host of ongoing challenges prevented some parents from establishing a healthy and stable home life. For example, parents experienced repeated disruptions to their basic needs, such as housing and phone service, generational poverty, and an ongoing lack of support and personal pride and respect for themselves and those around them.
- **Medical conditions.** The experience of chronic health conditions impaired some parents' ability to gain stability. For example, a participant with severe epilepsy was denied housing because she was unable to manage her condition effectively given her current medical plan and medications.

Environmental or systemic challenges

- **Housing.** The most consistent and challenging barrier for parents is a lack of safe and affordable housing.
- **Transportation.** While the program's ability to provide transportation to parents while they were in the program was incredibly helpful, once program services ended, participants had to return to using a public transportation system that is difficult to use with small children (e.g., transporting strollers, snacks, warm clothing) and inconvenient when appointments run long.
- **Insurance.** Due to co-pays and deductibles, underinsured participants struggle to access health/mental health services.

Contributors to success

- **Encouraging client-directed service.** Participants were more apt to accept support if they could set the pace for their own progress and evaluate their own progress towards achieving their goals, rather than be evaluated by standards set by others. Success needs to be measured by the participants' ability to identify where they are in their process, self-determining what is needed to move forward, and acknowledging small victories. For example, success in the area of transportation may not mean obtaining a vehicle which may ultimately become a liability, but rather, gaining confidence in using public transportation.
- **Providing basic needs.** It is not only parents who benefit from supports such as bus cards, access to food shelves, legal support, clothing assistance, housing, and employment services, but also their children. By providing these basic needs to families, children learn that their living environment can be different and recognize what their parents want for them. In turn, parents recognize what is possible when they can provide a roof, food, and clothing for their family.
- **Looking beyond formal opportunities to meet with participant.** For some individuals, especially male participants, sitting and talking about concerns in a clinical setting may not always be comfortable. Finding other informal opportunities to talk with and get to know the parent is important. For example, much can be addressed while spending time with a participant in the car and running errands, when there is less focus and pressure on "the process."
- **Taking an interest and being open.** For parents who may be very mistrustful of systems and individuals associated with those systems, expressing genuine interest in the parent and his/her children, as well as not making assumptions about what the

family needs or what is best, can go a long way in building a relationship with that family. Staff observed that by taking an interest in and interacting with a parent's child, parents not only felt pride but were open to learning about parenting and ways of interacting with their child.

- **Building confidence through small gestures.** Some of the participants initially felt that their only option was to return to their abusive partners. By providing individualized support, often in small ways such as simply asking about their color preferences when it comes to their child's school supplies, parents felt touched. This ongoing support conveyed to the parent that he/she is worthwhile, which ultimately stirred feelings of confidence and hope in parents, inspiring them to regain their independence.
- **Enhancing children's lives through parenting.** By helping parents regain their role as 'parent' and ensuring their children have a structured and safe environment, children are free to be children again. In addition, parents learned how to enjoy their children again, to develop patience with them, and generally feel re-energized when they are no longer in a relationship that leaves them feeling too depleted to parent effectively.

Opportunities to enhance services

- **Allowing sufficient time to engage families.** The amount of time required to engage this population in services was typically much longer than what most other service providers can afford to allow. To successfully engage families, staff must be flexible and provide ongoing non-judgmental support. This also required figuring out how to make repeated offers of assistance while, at the same time, not enabling individuals to feel incompetent about their ability to help themselves.
- **Utilizing creative therapy solutions.** Program staff needed to consider creative strategies in order to meet families where they are at in their journeys. This included not only providing case management but also relational family work that focused on empowering parents to raise their children in a positive environment, even with limited means.
- **Incorporating home-based services.** Families may benefit from increased home-based services that include additional therapy for individuals and families. These services appear to increase the odds of a family completing the treatment plan established with the therapist. In addition, it is important that families' individual therapist also serve as their case manager for consistency.

Evaluation considerations

- **Gathering information directly from families.** While gathering first-hand information from families about their experience and perceptions of the program would be worthwhile, the benefits of doing so must be weighed against the burden placed on families. Families are facing significant challenges and addressing numerous issues which may make it unrealistic for them to provide direct input or information for an evaluation, particularly to a third party with whom they have not established trust.
- **Embedding flexibility into the evaluation plan.** Families were served through the program in a variety of ways and at many different times in their journeys. As a result, any evaluation of the program needed to remain flexible enough to accommodate changes in status and service delivery while also meeting the needs of program staff.
- **Identifying small measures of success.** Traditional assessments of progress or “success” are not always feasible in this type of program, given the challenges families face, the gaps in service delivery, and the length of time needed to demonstrate changes in the cycle of violence among families. Often, success or progress needs to be measured by acknowledging relatively small accomplishments, such as participants’ ability to maintain contact with staff and keep appointments.

Conclusions and lessons learned

Strengths and challenges

During 2009, as in previous years, families entered the Strong and Peaceful Families program with a broad range of challenges, above and beyond their experiences with family violence and abuse. Most of the participants were also managing mental health issues (especially depression) and lacked adequate basic needs, including financial and housing resources. In fact, mental health and daily living assistance were acknowledged as the most pressing needs of families when they entered the program. While exposure to violence in the home was true for all children, many of the children themselves had experienced physical abuse or neglect by a caregiver.

Beyond these challenges, families also entered the program with important strengths. Most parents were substance-free, relatively healthy, had good family relationships and social supports, and were adequately managing safety and medical issues, when present. Similarly, children and youth were also substance-free, attending and performing well in school, and generally demonstrating positive social and emotional behavior.

Services and referrals

Upon referral to Strong and Peaceful Families, families accessed a range of services, primarily case management. Several parents and children also participated in group and individual therapy. Families developed a broad range of goals to address while in the program. Housing, therapy or counseling, employment, education, and obtaining basic needs were the most prevalent goals. While most families met their goals related to transportation and recreation, they were somewhat less successful in achieving their mental health and child care goals.

Families also received numerous referrals for a variety of services both within and outside of Wilder. Housing and mental health referrals were most common, followed by referrals for daily living assistance. In total, families received over 700 referrals to multiple agencies and programs during 2009. Families were most likely to follow up on referrals for basic needs and education, and somewhat less likely to seek out referrals for childcare. Participants' individual challenges (e.g., mental health diagnoses) as well as external factors (e.g., a lack of available housing and childcare) often pose significant barriers to participants trying to obtain needed services.

Outcomes

Nearly half of the families who were discharged from the program this year had either successfully completed the program during 2009 or were doing well at the end of the year when they were transitioned to a new agency. At the time families left or were transitioned out of the program, most had learned effective ways to enhance safety for themselves and their children, and were no longer experiencing violence or abuse.

Lessons learned

Program staff identified numerous lessons learned as a result of their experience implementing the Strong and Peaceful Families program. These include key contributors to success, such as the importance of client-directed services, basic needs, and building confidence, as well as barriers to success including both personal challenges (e.g., mental health issues) and systemic issues (e.g., lack of housing and transportation). Staff also noted opportunities for enhancing services in the future, which include offering additional home-based services and allowing sufficient time to engage families in services. Future evaluation should consider the cost-benefit of collecting input directly from program participants and opportunities to assess small measures of success (e.g., keeping appointments).

Appendix

Referral list

Evaluation forms

Client Characteristics Checklist

Strengths/Needs Referral Plan

Referral Tracking Sheet

Discharge Form

Referral list

A1. Referrals for services in 2009

Type of referral	Number of families referred	Total number of referrals
Child care/child activities	18	41
Women's Domestic Abuse Child Care*	18	29
YMCA Scholarship Program	2	2
YMCA Summer Camp	3	3
Head Start	1	1
Childcare (general)	2	3
Summer activities	1	1
After school programs	1	1
Childcare (other)	1	1
Children's Education/Adult Continuing Education	13	33
Head Start	7	13
Metropolitan State University	2	2
Job training	1	2
Information about college programs	3	3
GED	4	6
St. Paul Tech	2	2
Daily Living Assistance	21	121
St Paul Foundation/Community Sharing Fund	12	17
Ramsey County Emergency Assistance	11	19
Bridging Program	7	8
Salvation Army Food Shelf	5	7
Alley Shoppe	14	22
Martha's Closet	14	19
Energy assistance	1	1
Food assistance	4	4
Keystone Food Shelf	2	2
Dorothy Day Center	4	5
Transportation assistance	6	8
Wilder petty cash	3	3
Social Security/SSI	1	1
Clothing	3	4
Household goods (general)	1	1

* Wilder program/service.

A1. Referrals for services in 2009 (continued)

Type of referral	Number of families referred	Total number of referrals
Employment/Job Training	13	21
On-Line County Job Banks	1	1
Online searches	5	8
Telephone assistance	1	1
St. Paul Intervention Project	1	1
Employment (general)	1	1
Social Security/SSI	1	1
Transportation (car/bus card)	2	2
Job Corps	2	3
Employment office – assistance	2	2
Childcare enrollment fee	1	1
Housing	18	242
ROOF Project*	7	15
Project Quest*	7	15
St. Paul Public Housing	14	30
Model Cities of St. Paul	7	13
Lutheran Social Services	6	10
Women's Advocates	10	22
East Metro Women's Council	6	10
Cornerstone	6	10
The Family Place	8	16
Caroline Family Services	8	14
Naomi Family Center	8	15
New Foundations	5	8
YWCA Transitional Housing Program	7	12
Jeremiah program	2	2
Theresa Living Center	6	9
United Way	6	10
Eagle's Nest Shelter	6	9
Commonbond Housing	6	11
Online searches	3	4
Housing (other/general)	6	6
Minneapolis public housing	1	1

* Wilder program/service.

A1. Referrals for services in 2008 (continued)

Type of referral	Number of families referred	Total number of referrals
Legal	12	35
Chrysalis	4	5
Southern Minnesota Legal Services	10	17
Legal Aid	3	3
Credit Counseling	1	1
Cornerstone	1	1
Department of Human Rights	1	1
Online searches	1	1
Private pay	1	1
Tax assistance	2	2
Family court	1	1
Lutheran Social Service Financial Services	1	1
Expungement information	1	1
Medical	9	11
Ramsey County Minnesota Family Investment Program (MFIP)	4	4
SSI/Social Security	1	2
Medical insurance/assistance	3	3
Medical clinic	1	1
Smoking cessation program	1	1

* *Wilder program/service.*

A1. Referrals for services in 2008 (continued)

Type of referral	Number of families referred	Total number of referrals
Mental Health	23	164
Individual therapy (Wilder)*	10	12
Women's Domestic Abuse group*	22	39
Children's Domestic Abuse Parenting Group*	15	30
Children's Domestic Abuse Children's Group*	15	30
Psychological assessment (Ramsey County)	4	5
Individual therapy (Ramsey County)	3	3
Family therapy*	2	3
Group therapy*	1	1
Wilder Child Guidance Clinic*	12	19
Chrysalis	1	1
Adult Crisis Program (Ramsey County)	5	5
Children's Crisis Response (Ramsey County)	2	2
Mental Health (Ramsey County)	4	4
Therapy/psychiatric services	3	4
Dialectical Behavior Therapy	1	1
Lifetrack Resources	1	3
Other Wilder group or program*	1	1
Family Innovations	1	1
Safety	9	19
Ramsey and Dakota Counties VINE Systems	1	1
St. Paul Police Department	3	4
St. Paul Intervention	5	6
Children's Safety Center*	1	1
Ramsey County Justice Center	1	1
Minnesota Board of Corrections – victim notification	1	1
Casa de Esperanza	1	1
Roseville Police Department	1	1
Joint Prosecution Unit Advocate	2	2
Substance abuse	1	1
Sober support	1	1

* Wilder program/service.

A1. Referrals for services in 2008 (continued)

Type of referral	Number of families referred	Total number of referrals
Other	20	56
Salvation Army – Operation Joy	6	8
Salvation Army – Toys for Tots	5	5
Tix for Tots	9	10
2-1-1 Infoline	10	20
Transportation (car/bus card)	1	1
Credit Counseling	1	1
Telephone assistance	1	1
Library pass program	2	2
School supplies	1	1
AccountAbility MN	1	1
Low-cost activities	3	3
St. Paul Public School District	1	1
Social supports/social group for parent	1	1
Chrysalis Financial Services	1	1

* *Wilder program/service.*

Wilder client characteristics checklist

Client ID (child): _____

Client date of birth (child): _____

Parent ID: _____

Date: _____

WILDER FOUNDATION CLIENT CHARACTERISTICS CHECKLIST Strong and Peaceful Families

A characteristic is regarded as “observed” if documenting information has been obtained by the worker through direct observation, case records or interviews with the client or family members. An “observed” behavior or characteristic is one that occurred prior to or during the treatment or intervention episode. When there is no evidence to indicate the presence of a particular behavior or characteristic, the category “not observed” should be circled. All ratings should be based on what has been “observed” as of the time the form is completed. If behaviors or characteristics that were present when services began are no longer present at the time the form is completed, the observed category should still be circled.

The form is not intended to measure treatment effectiveness. It is intended only to describe the behaviors and characteristics of children and families who become program clients.

	Observed	Not Observed
1. Family has experienced chronic economic distress.....	1	2
2. Family is or has been headed by a single parent	1	2
3. Child has experienced parental divorce or separation	1	2
4. Family has had frequent changes in residence (3 or more times in previous 5 years)	1	2
5. Family has had serial changes in parental figures (e.g., foster placements, reunifications with parents, living with relatives, parental figures/partners moving in and out of household).....	1	2
6. Biological or adoptive parents terminated rights on the child.....	1	2
7. Parental figures have been involved with social service agencies for two or more years	1	2
8. Family has a history of suicide (<u>not</u> client)	1	2
9. Parental figure or sibling has a chronic illness or handicap	1	2
10. Parental figure or sibling of child has died (<u>not</u> suicide)	1	2
11. Mother was under 18 when child was born	1	2
12. One or more parental figures has less than a high school education	1	2
13. One or more parental figures has had previous mental illness treatment	1	2
14. One or more parental figures has a history of chemical abuse or is currently exhibiting chemical abuse.....	1	2
15. One or more parental figures has engaged in probable or adjudicated criminal activity	1	2
16. Family exhibits chronic unresolved conflicts between parental figures	1	2
17. Child has witnessed violence between parental figures	1	2
18. Family exhibits frequent unresolved conflicts between parental figure(s) and child.....	1	2
19. Child has experienced probable or documented physical abuse	1	2
20. Child has experienced probable or documented sexual abuse.....	1	2
21. Child has experienced probable neglect by current or previous caregivers	1	2
22. Parents exhibit poor or inconsistent monitoring of child’s behavior (e.g., children often unsupervised, inconsistent discipline)	1	2
23. Child exhibits poor or insecure attachment to parents (e.g., indifference, avoidance, hostility).....	1	2

-OVER-

	Observed	Not Observed
24. Child exhibits separation anxiety	1	2
25. Child has been in previous out-of-home placements	1	2
26. Child has been the recipient of one or more previous outpatient intervention efforts.....	1	2
27. Child has chronic illness or health problems.....	1	2
28. Child experienced prenatal exposure to drugs or alcohol	1	2
29. Child was born prematurely	1	2
30. Child has a history of feeding and/or sleeping problems	1	2
31. Child has a history of temper tantrums.....	1	2
32. Child's behavior endangers self or others (e.g., fast driving, playing with firearms, jumping from high places).....	1	2
33. Child has had at least one pregnancy or has fathered a child	1	2
34. Child has had multiple episodes of running away	1	2
35. Child has engaged in multiple acts of vandalism	1	2
36. Child is an adjudicated delinquent	1	2
37. Child threatens or intimidates others	1	2
38. Child is assaultive or physically attacks others	1	2
39. Child has made a suicide attempt	1	2
40. Child has a history of self-injurious behavior (e.g., scratching, cutting, biting, hair pulling)	1	2
41. Child has a history of isolative or withdrawn behavior	1	2
42. Child is preoccupied with and/or inappropriately plays with fire	1	2
43. Child has exhibited physical cruelty to animals	1	2
44. Child has had multiple episodes of truancy	1	2
45. Child is the recipient of special education services.....	1	2
46. Child has dropped out or stopped attending school	1	2
47. Child has a history of low academic performance (e.g., failing grades, repeated a grade)	1	2
48. Child has multiple suspensions and/or at least one expulsion/administrative transfer from the school or child care setting.....	1	2
49. Child exhibits probable chemical abuse or has been diagnosed as chemically dependent.....	1	2
50. Child is often hyperactive	1	2
51. Child exhibits pattern of impulsivity	1	2
52. Child is easily distractible or has attentional deficits	1	2
53. Child is often irritable	1	2
54. Child does <u>not</u> have strong connections to extended family (e.g., grandparents, aunts, uncles).....	1	2
55. Child does <u>not</u> have strong positive relationships with any unrelated adults (e.g., mentors, counselors, neighbors).....	1	2
56. Child does <u>not</u> participate in organized social activities (e.g., sports, school or recreational activities, clubs, scouts).....	1	2
57. Child does <u>not</u> participate in organized religious activities	1	2
58. Child exhibits unhealthy eating habits	1	2
59. Child smokes cigarettes	1	2
60. Child exhibits sedentary lifestyle or does <u>not</u> exercise regularly	1	2

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Strengths/Needs Referral Plan

Strong and Peaceful Families Strengths/Needs Referral Plan [to be updated every 60 days]

Start date of current plan: _____

Date of update: _____

Client (parent) name: _____ Client (parent) ID: _____ Client (parent) DOB: _____

Child 1 name: _____ Child 1 ID: _____ Child 1 DOB: _____

Child 2 name: _____ Child 2 ID: _____ Child 2 DOB: _____

Child 3 name: _____ Child 3 ID: _____ Child 3 DOB: _____

Child 4 name: _____ Child 4 ID: _____ Child 4 DOB: _____

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)		
CHILD CARE	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	(1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

			(2) _____					

			(3) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

			_____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

HOUSING	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	(1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

			(2) _____					

			(3) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

			_____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)
EMPLOYMENT/ JOB TRAINING	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	(1) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(2) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(3) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(4) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(5) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(6) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(7) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(8) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(9) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
CHILDREN'S EDUCATION/ ADULT CONTINUING EDUCATION	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	(1) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(2) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(3) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(4) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(5) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(6) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(7) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(8) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(9) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
TRANSPORTATION	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	(1) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(2) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(3) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(4) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(5) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(6) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(7) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(8) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed
			(9) _____ _____ _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)	
MEDICAL (health insurance, screening)	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed	

			(2) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

			(3) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

DAILY LIVING ASSISTANCE (e.g., food, clothing, energy, furniture)	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed	

			(2) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

			(3) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)			
LEGAL	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

			(2) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

			(3) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

			RECREATION & LEISURE TIME	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

(2) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____	<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed							

(3) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____					<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)			
MENTAL HEALTH(family, individual, group)	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

			(2) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

			(3) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

			SUBSTANCE ABUSE	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

(2) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____	<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed							

(3) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____					<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed			

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)	
FAMILY RELATIONSHIPS	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed	

			(2) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

			(3) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

SOCIAL SUPPORTS	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed	

			(2) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

			(3) _____		<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)
SAFETY	<input type="checkbox"/> Strength <input type="checkbox"/> Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

			(2) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

			(3) _____	<input type="checkbox"/> Family <input type="checkbox"/> Parent <input type="checkbox"/> Child ____		<input type="checkbox"/> In progress <input type="checkbox"/> Incomplete <input type="checkbox"/> Completed

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

Referral tracking sheet

STRONG AND PEACEFUL FAMILIES Referral Tracking Sheet [to be updated every 90 days]

Start date: _____
Date of update: _____

Parent name: _____ Parent ID: _____ Parent DOB: _____

Please check all referrals made for anyone within the family. At the 90-day update, indicate whether the parent actually sought out the referral by circling Y (yes) or N (no) after each referral.

Child care

- | | | | | | |
|--|---|---|--|---|---|
| <input type="checkbox"/> 1) Boys & Girls Club | Y | N | <input type="checkbox"/> 3) YMCA Scholarship Program | Y | N |
| <input type="checkbox"/> 2) Women's Domestic Abuse | Y | N | <input type="checkbox"/> 4) YMCA Summer Camp | Y | N |
| Child Care* | | | <input type="checkbox"/> 5) Other: _____ | Y | N |

Children's Education/Adult Continuing Education

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 6) Century College | Y | N | <input type="checkbox"/> 8) Metropolitan State University | Y | N |
| <input type="checkbox"/> 7) Head Start | Y | N | <input type="checkbox"/> 9) Other: _____ | Y | N |

Daily Living Assistance

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 10) Alley Shoppe | Y | N | <input type="checkbox"/> 16) Ramsey County Emergency Assistance | Y | N |
| <input type="checkbox"/> 11) Bridging Program | Y | N | <input type="checkbox"/> 17) Salvation Army Food Shelf | Y | N |
| <input type="checkbox"/> 12) Catholic Charities Furniture Warehouse | Y | N | <input type="checkbox"/> 18) St. Paul Foundation/Community Sharing Fund | Y | N |
| <input type="checkbox"/> 13) Dorothy Day Center | Y | N | <input type="checkbox"/> 19) WIC | Y | N |
| <input type="checkbox"/> 14) Martha's Closet | Y | N | <input type="checkbox"/> 20) Other: _____ | Y | N |
| <input type="checkbox"/> 15) Midwest Center | Y | N | | | |

Employment/job training

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 21) On-Line County Job Banks | Y | N | <input type="checkbox"/> 22) Other: _____ | Y | N |
|---|---|---|---|---|---|

Housing

- | | | | | | |
|---|---|---|--|---|---|
| <input type="checkbox"/> 23) Caroline Family Services | Y | N | <input type="checkbox"/> 31) Project Quest* | Y | N |
| <input type="checkbox"/> 24) Eagle's Nest Shelter | Y | N | <input type="checkbox"/> 32) ROOF Project* | Y | N |
| <input type="checkbox"/> 25) East Metro Women's Council | Y | N | <input type="checkbox"/> 33) St. Paul Public Housing | Y | N |
| <input type="checkbox"/> 26) The Family Place | Y | N | <input type="checkbox"/> 34) Theresa Living Center | Y | N |
| <input type="checkbox"/> 27) Lutheran Social Services | Y | N | <input type="checkbox"/> 35) United Way | Y | N |
| <input type="checkbox"/> 28) Model Cities of St. Paul | Y | N | <input type="checkbox"/> 36) Women's Advocates | Y | N |
| <input type="checkbox"/> 29) Naomi Family Center | Y | N | <input type="checkbox"/> 37) YWCA Transitional Housing Program | Y | N |
| <input type="checkbox"/> 30) New Foundations | Y | N | <input type="checkbox"/> 38) Other: _____ | Y | N |

Legal

- | | | | | | |
|--|---|---|---|---|---|
| <input type="checkbox"/> 39) Chrysalis | Y | N | <input type="checkbox"/> 41) Other: _____ | Y | N |
| <input type="checkbox"/> 40) Southern Minnesota Legal Services | Y | N | | | |

Medical

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 42) Ramsey County Minnesota Family Investment Program (MFIP) | Y | N | <input type="checkbox"/> 43) Other: _____ | Y | N |
|---|---|---|---|---|---|

Mental health

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 44) Child Guidance Clinic* | Y | N | <input type="checkbox"/> 53) Individual therapy (Ramsey County) | Y | N |
| <input type="checkbox"/> 45) CDA Children's Group* | Y | N | <input type="checkbox"/> 54) Individual therapy (Wilder)* | Y | N |
| <input type="checkbox"/> 46) CDA Parenting Group* | Y | N | <input type="checkbox"/> 55) Psych assessment (Ramsey County) | Y | N |
| <input type="checkbox"/> 47) Chrysalis | Y | N | <input type="checkbox"/> 56) Ramsey County Adult Crisis Program | Y | N |
| <input type="checkbox"/> 48) Face 2 Face In-Home Services | Y | N | <input type="checkbox"/> 57) Ramsey County Children's Crisis Response | Y | N |
| <input type="checkbox"/> 49) Family therapy (Wilder)* | Y | N | <input type="checkbox"/> 58) Ramsey County Mental Health | Y | N |
| <input type="checkbox"/> 50) Generations (CSS, ARMHS) | Y | N | <input type="checkbox"/> 59) Women's Domestic Abuse group* | Y | N |
| <input type="checkbox"/> 51) Group therapy (Children's Home Society & Family Services) | Y | N | <input type="checkbox"/> 60) Young Men's Program* | Y | N |
| <input type="checkbox"/> 52) Individual therapy (Children's Home Society & Family Services) | Y | N | <input type="checkbox"/> 61) Other: _____ | Y | N |

Safety

- | | | | | | |
|--|---|---|---|---|---|
| <input type="checkbox"/> 62) Children's Safety Center* | Y | N | <input type="checkbox"/> 65) St. Paul Intervention | Y | N |
| <input type="checkbox"/> 63) Ramsey County Public Health | Y | N | <input type="checkbox"/> 66) St. Paul Police Department | Y | N |
| <input type="checkbox"/> 64) Ramsey and Dakota Counties VINE Systems | Y | N | <input type="checkbox"/> 67) Other: _____ | Y | N |

Substance Abuse

- | | | | | | |
|--|---|---|---|---|---|
| <input type="checkbox"/> 68) Alcohol & Drug Abuse Program (Regions Hospital) | Y | N | <input type="checkbox"/> 70) Other: _____ | Y | N |
| <input type="checkbox"/> 69) Substance Abuse Assessment (Ramsey County) | Y | N | | | |

Other

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 71) Salvation Army – Toys for Tots | Y | N | <input type="checkbox"/> 74) 2-1-1 Infoline | Y | N |
| <input type="checkbox"/> 72) Salvation Army – Operation Joy | Y | N | <input type="checkbox"/> 75) Other: _____ | Y | N |
| <input type="checkbox"/> 73) Tix for Tots | Y | N | <input type="checkbox"/> 76) Other: _____ | Y | N |

Discharge Form

STRONG AND PEACEFUL FAMILIES Discharge Form

Please complete a Discharge Form for every client, regardless of whether the client successfully completed the program, within one month of her discharge.

Client name: _____	Client ID: _____
Intake date (mo/day/yr): _____	
Date of last visit/appt (mo/day/yr): _____	
Discharge (closing) date (mo/day/yr): _____	

Status at discharge

1. Did the client successfully complete the program?
☐¹ Client successfully completed the program (DESCRIBE KEY CONTRIBUTORS TO SUCCESS: _____)
☐² Client was doing well in program but moved out of area before completing the program
☐³ Client was doing well in program but was referred to/connected with other social service agencies for continued support
☐⁴ Client did not successfully complete the program (EXPLAIN: _____)
☐⁵ Other (DESCRIBE: _____)
2. As compared to intake, to what extent has violence/abuse been reduced in the lives of the client and her children at the time of discharge?
☐¹ The family is no longer experiencing any violence/abuse
☐² Violence/abuse is still present but significantly reduced
☐³ Violence/abuse is still present but somewhat reduced
☐⁴ Violence/abuse has not been reduced/it is still an issue
☐⁸ Don't know

Impact of program on violence/abuse

3. As compared to intake, has the client learned effective ways to enhance or increase her safety in her relationships with others at the time of discharge?
☐¹ Yes
☐² No
☐⁸ Don't know
4. As compared to intake, has the client learned effective ways to enhance or increase the safety of her children at the time of discharge?
☐¹ Yes
☐² No
☐⁸ Don't know