

# **Strong and Peaceful Families**

**Amherst H. Wilder Foundation**

*2008 annual evaluation report*

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## Program overview

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Ramsey County began providing funding to 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 was 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 out to the 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 as well as accept 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. Since 1981, VPIS 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 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. Select families with cases related to domestic violence in the Joint Domestic Abuse Prosecution Unit are 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 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 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 2008, at least 21 women and 7 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 is designed to explore two general issues: 1) program implementation; and, 2) the impact of services on families.

The process or implementation evaluation consists 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 is also collected using the Client Characteristics Checklist.

The outcome evaluation assesses 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 is 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 is also documented by the case managers. The case manager and participant set goals at intake, and progress towards these goals is updated approximately every 90 days.

In addition, select participant stories are presented. The stories illustrate families' challenges upon admission into the program, the range of services provided to the family, and the impact of the program on the participants.

The report includes information about participants served between January and December 2008.



# Participants

During 2008, a total of 23 families (23 adults and 46 children) were served by the Strong and Peaceful Families program, including 16 new clients referred to the program in 2008 and 7 families who were continuing participants. An additional 21 families were referred by the JPU to Strong and Peaceful Families in 2008 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

Demographic data were available for a total of 23 families, including 22 female parents and one male parent, as well as 46 children (21 boys and 25 girls). The parents served represented a range of racial/ethnic groups, including Black/African American (77%), White (18%), and Asian (3%). Race and ethnicity data were unavailable for five parents. Participants' age ranged from 21 to 49, averaging 31 years of age (Figures 1-3).

The children also represented a range of racial/ethnic groups, including Black/African American (73%), White (20%), Asian (3%), and multiracial (3%). Race and ethnicity data were unavailable for 12 children. Children's ages ranged from less than 1 year to 23, averaging 8 years of age (Figures 1-3).

## Participant history

A comprehensive diagnostic assessment, including physical and mental health history, was completed and available for a total of 22 women served by the program in 2008. In some cases, only partial information was available.

### *Health and well-being*

About two-thirds of the participants (65%) were in good health at intake; five (25%) were in fair health. The most common physical health problems were alcoholism, asthma, and thyroid problems (40%). One-third of the participants (32%) had a history of substance use and were either in early full (18%) or early partial (14%) remission (Figure 4).

All 22 participants assessed had a history of physical and emotional abuse; about two-thirds also reported a history of sexual abuse (65%) and neglect (68%). More than half of the participants (59%) reported having past experience with counseling; one was involved with counseling at the time of the assessment. The most common mental health disorders were Major Depression (77%) and Posttraumatic Stress Disorder (55%) (Figure 4).

Participant functioning was assessed using the DSM-IV Axis IV and V criteria. Almost all of the 22 participants (91%) were found to have economic or financial difficulties. More than half were also having other challenges including a lack of primary support (82%), difficulties with their social environment (77%), occupational challenges (68%), and housing (55%) (Figure 5).

Of the 22 participants assessed, three-quarters (77%) displayed either moderate (n=7) or serious impairment (n=10) in social, occupational, or school functioning. Four participants also presented with some impairment in reality testing or communication, or serious impairment in several important areas of daily life (Figure 6).

### 1. Participant race/ethnicity (2008)

	Adult participants (N=18)		Children (N=34)	
	N	%	N	%
Black/African American	15	83%	26	77%
White/Caucasian	2	11%	6	18%
Asian	1	6%	1	3%
Multiracial	0	0%	1	3%

### 2. Participant gender (2008)

	Adult participants (N=23)		Children (N=46)	
	N	%	N	%
Female	22	96%	25	54%
Male	1	4%	21	46%

### 3. Participant age (2008)

	N	Range	Mean
Adults	23	21 – 49	31
Children	46	<1 – 23	8

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

	N	%
<b>Physical health (N=20)</b>		
Good	13	65%
Fair	5	25%
Poor	2	10%
<b>Medical history (N=10)</b>		
Alcoholism	4	40%
Asthma	4	40%
Thyroid problem	4	40%
Drug abuse	2	20%
Cancer	1	10%
Diabetes	1	10%
High blood pressure	1	10%
<b>Substance use history (N=22)</b>		
No history of abuse	15	68%
Early full remission	4	18%
Early partial remission	3	14%
<b>History of victim of abuse (N=20-22)</b>		
Physical	22	100%
Emotional	22	100%
Neglect	15	68%
Sexual	13	65%
<b>Suicide risk (N=20)</b>		
None	14	70%
Low	5	25%
Moderate	1	5%
<b>Mental health status – Axis I and II diagnoses (N=22)</b>		
Major Depression	17	77%
Posttraumatic Stress Disorder (PTSD)	12	55%
Dysthymic Disorder	5	33%
Alcohol dependence, in remission	2	9%
Generalized Anxiety	1	5%
Obsessive-Compulsive Disorder	1	5%
Adjustments disorder	1	5%
Physical abuse of adult	1	5%
Borderline Personality Disorder	1	5%
<b>Previous counseling experience (N=22)</b>		
Past experience	13	59%
No previous experience	8	36%
Currently receiving counseling	1	5%

## 5. DSM-IV Axis IV Diagnosis: Areas of impaired functioning (N=22)

Area of functioning	N	% experiencing decreased functioning
Past or current victim of domestic abuse (physical, emotional, and/or sexual)	21	96%
Financial/economic	20	91%
Primary support	18	82%
Social environment	17	77%
Occupation	15	68%
Housing	12	55%
Educational	9	41%
Legal system/crime	7	32%

## 6. DSM-IV Axis V Diagnosis: Global Assessment of Functioning Scale (GAF) (N=22)

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	4	18%
Serious symptoms or serious impairment in social, occupational or school functioning	41 – 50	10	46%
Moderate symptoms or moderate impairment in social, occupational or school functioning	51 – 60	7	32%
Some mild symptoms or some difficulty in social, occupational or school functioning. Generally functioning pretty well.	61 – 70	0	0%
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	5%

**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 completes a Client Characteristics Checklist for the children. Using the 60-item checklist, the case manager makes 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 2008, 41 children were assessed using the checklist.<sup>1</sup> At the time of the assessment, children ranged in age from less than 1 to 19 years, with an average age of 7 years.

### *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 and had experienced chronic economic distress. Frequent changes in residence for children were also common (93%). Almost all of the children had experienced parental separation or divorce (95%), and about one-third (34%) had also experienced serial changes in parental figures.

Most children had a parent with a history of mental illness (68%), chemical abuse (66%), and criminal activity (55%). Two-thirds of children (68%) had parents who had been involved with social service agencies for at least two years. About 6 in 10 children had parents with less than a high school education (Figure 7).

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<sup>1</sup> 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.

## ***History of abuse and violence***

All 41 children assessed had witnessed violence between their parents at some point; unresolved conflicts between parents were still present for all but two children. For more than half of the children (54%), frequent conflicts between parents and children occurred. About one-third of children assessed had experienced physical abuse (37%) or neglect (34%) by a caregiver; no children had experienced sexual abuse (Figure 7).

## ***Child health and well-being***

More than half of the children did not have positive relationships with unrelated adults (73%) or strong connections to extended family (58%). Few children (19% to 29%) participated in organized activities, and more than half exhibited unhealthy eating habits (61%) and rarely, if ever, exercised (49%) (Figure 7).

## 7. Wilder Foundation Client Characteristics Checklist (N=40-41)

	% Observed
Child has witnessed violence between parental figures	100%
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	95%
Child has experienced parental divorce or separation	95%
One or more parental figures has engaged in probable or adjudicated criminal activity	95%
Family has had frequent changes in residence (3 or more times in previous 5 years)	93%
Child does <u>not</u> participate in organized religious activities	81%
Child does <u>not</u> have strong positive relationships with any unrelated adults (e.g., mentors, counselors, neighbors)	73%
Child does <u>not</u> participate in organized social activities (e.g., sports, school or recreational activities, clubs, scouts)	71%
Parental figures have been involved with social service agencies for two or more years	68%
One or more parental figures has had previous mental illness treatment	68%
One or more parental figures has a history of chemical abuse or is currently exhibiting chemical abuse	66%
One or more parental figures has less than a high school education	61%
Child exhibits unhealthy eating habits	61%
Child does <u>not</u> have strong connections to extended family (e.g., grandparents, aunts, uncles)	58%
Family exhibits frequent unresolved conflicts between parental figure(s) and child	54%
Child exhibits sedentary lifestyle or does <u>not</u> exercise regularly	49%
Child has experienced probable or documented physical abuse	37%
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)	34%
Child has experienced probable neglect by current or previous caregivers	34%
Mother was under 18 when child was born	32%
Parental figure or sibling has a chronic illness or handicap	27%
Parents exhibit poor or inconsistent monitoring of child's behavior (e.g., children often unsupervised, inconsistent discipline)	27%
Child has a history of temper tantrums	20%
Child exhibits poor or insecure attachment to parents (e.g., indifference, avoidance, hostility)	20%
Child is often irritable	12%
Child is easily distractible or has attentional deficits	12%
Child exhibits separation anxiety	10%
Child is often hyperactive	10%



## 7. Wilder Foundation Client Characteristics Checklist (N=40-41) (continued)

	% Observed
Child exhibits pattern of impulsivity	7%
Child is assaultive or physically attacks others	7%
Child threatens or intimidates others	5%
Child has chronic illness or health problems	5%
Parental figure or sibling of child has died ( <u>not</u> suicide)	5%
Child has a history of low academic performance (e.g., failing grades, repeated a grade)	5%
Child has been in previous out-of-home placements	5%
Child is the recipient of special education services	2%
Child has a history of self-injurious behavior (e.g., scratching, cutting, biting, hair pulling)	2%
Child has multiple suspensions and/or at least one expulsion/administrative transfer from the school or child care setting	2%
Child smokes cigarettes	2%
Child has a history of isolative or withdrawn behavior	2%
Child has a history of feeding and/or sleeping problems	0%
Family has a history of suicide ( <u>not</u> client)	0%
Child has experienced probable or documented sexual abuse	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%
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 are 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 500 total hours of direct service were provided to families during this period (excluding diagnostic assessments). Participation in these various services during 2008 is summarized below.

#### *Case management*

All 23 participants received case management services. The parents had between 1 and 33 case management appointments with a Strong and Peaceful Families case manager (average = 9.6 appointments). In total, 440 hours of case management were provided to participants in 2008. On average, each of the 23 participants received more than 17 hours of case management (Figure 8).

#### *Individual sessions*

Eight participants received individual counseling sessions. In total, participants had between 1 and 9 individual sessions with a therapist (average = 3.1 sessions). In total, parents participated in 30.5 hours of individual counseling. On average, each of the eight parents participated in nearly four hours of individual counseling (Figure 8).

#### *Family sessions*

One family received a single family counseling session. In total, the family participated in 1.5 hours of family counseling (Figure 8).

### ***Group sessions: Adult participants***

One parent participated in the Women's Domestic Abuse Program this year. The Wilder program is an 18-week series of group psycho-educational therapy sessions which meet weekly for 2 hours. The program model is based on a combination of psychodynamic, client-centered and strength-based relational therapy, and a philosophy that emphasizes empowerment and support. The parent attended 9 sessions for a total of 18 hours of group participation (Figure 8).

## 8. Service participation

Wilder VPIS service	Number of participants served in 2008	Number of appointments/sessions			Hours of service		
	N	Total	Range	Mean	Total	Range	Mean
Case management	23	241	1 – 33	9.6	440	1 – 59	17.6
Individual sessions	8	25	1 – 9	3.1	31.5	1 – 9	3.9
Family sessions	1	1	1	1	1.5	1.5	1.5
Group sessions (adults)	1	9	-	9	18	-	18
Group sessions (children/youth)	0	0	-	-	0	-	-

**Note.** The adult group in which one client participated was Wilder's VPIS Women's Domestic Abuse group.

## Referrals

In 2008, 18 families in the Strong and Peaceful Families program received a total of 579 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 = 7 to 81), with an average of 32 referrals per family (Figure 9).

Most of the referrals were for housing (27%) and mental health services (24%), followed by referrals for daily living assistance (basic needs) (19%). All 18 families received referrals for mental health and daily living assistance. More than half were also referred for housing, education, child care, employment, and medical 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 housing and daily living assistance most frequently. Referrals for child care were least likely to be accessed (Figure 10).

### *Barriers to service*

While participants' ability to obtain services is sometimes hampered by mental health issues or other personal challenges, in other cases, external factors play a role. The ability of families to access certain needed services such as housing and child care is 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

	2008 referrals	
Number of families referred	18	
Total number of referrals	579	
	Range	Mean
Referrals per family	7 – 81	32

## 10. Referrals for services in 2008 (N=18)

Type of referral	Number of families referred	Total number of referrals	Percent of total referrals	Percent of families that followed up on at least one referral
Housing	11	158	27%	91%
Mental health	18	138	24%	83%
Daily Living Assistance	18	110	19%	94%
Children's Education/Adult Continuing Education	12	33	6%	75%
Child care/child activities	11	26	5%	36%
Legal	9	22	4%	78%
Safety	8	19	3%	88%
Employment/Job Training	11	18	3%	64%
Medical	10	13	2%	80%
Substance abuse	2	4	<1%	50%
Other/miscellaneous	13	38	7%	100%
<b>TOTAL</b>	<b>18</b>	<b>579</b>	<b>100%</b>	<b>-</b>

**Note.** Eighteen families in total were referred to a variety of services, both within the Wilder Foundation and VPIS, as well as outside of Wilder in 2008. Overall, 559 total referrals were made.

## Strengths and needs

### Strengths/Needs Referral Plan

The case manager completes 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 are also documented in the plan. Plans are 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, social supports, medical well-being, legal issues, safety, and the lack of substance use. The most pressing needs of participants as identified by the case managers were mental health issues and basic needs. Other relatively prevalent needs included housing and education for parents and children (Figure 11).

### *Participant goals*

With the case manager, participants develop specific goals that address each of their primary needs. In 2008, 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 employment or job training. See Figure 12 for a complete listing of the specific goals set by participants by area of need.

Goals are assessed at intake and updated every 90 days, or as needed. Participants were most likely to achieve their goals related to securing transportation (81%) and basic needs (76%). Families were also relatively successful in meeting their recreational, social support, medical, and safety goals, although few actually set goals related to social support and safety. Participants were least likely to attain their mental health and child care goals; 44 to 48 percent of these goals were not met (Figure 13).

## 11. Strengths and needs of participants at intake (N=17-18)

Domain	Number for whom domain was identified as a “strength”	Number for whom domain was identified as a “need”
Substance abuse	18	0
Family relationships	17	1
Social supports	16	2
Medical (health insurance, screening)	16	2
Legal	15	2
Safety	15	3
Recreation and leisure time	12	5
Child care	11	6
Transportation	11	7
Employment/job training	10	8
Children’s education/adult continuing education	8	10
Housing	8	10
Mental health	4	14
Daily living assistance (food, clothing, energy, furniture)	4	14



## 12. Participant goals by area of need

### Child Care

- Child care for child. (3)
- Find daycare for child – 4 hrs. daily M-F.
- Funding support for child care for summer and before/after school.
- Obtain child care through job counselor.

### Housing

- Secure 2 or 3 bedroom apartment. (8)
- Apply for subsidized housing. (3)
- Rent payment and/or deposit resources. (3)
- Secure own home. (2)
- Secure market-rate apartment or space in a housing program. (2)
- Secure space in another shelter. (2)
- Apply for transitional housing. (2)
- Provide shelter access information and resources.
- Alarm system in new home.
- Secure either transitional housing or 3 b/r apartment for family.
- Complete public housing application.
- Habitat for Humanity – own home.
- Explore any housing options through ADA & Courage Center.
- Obtain referral for free consultation re: housing issue.

### Employment/Job Training

- Secure part-time position. (8)
- Secure full-time position. (7)
- Enroll at Job Corps or other job training program. (3)
- Continue to consider other full time employment.
- Volunteer at domestic abuse shelter or other volunteer opportunities.
- Set up team meeting w/job counselor through Ramsey Co.

### Children's Education/Adult Continuing Education

- Obtain GED. (7)
- Enroll child in Head Start or Early Head Start. (7)
- Gather information about Head Start or Early Head Start. (3)
- Enroll in college. (4)
- Explore various college options.
- Complete financial aid packet.
- Transfer children to new school that offers bus transportation and after school programs.

**Note.** The goals above were set by 19 families while in the program in 2008.

## 12. Participant goals by area of need (continued)

### Transportation

Continue to receive bus cards through SPF. (11)

Bus expenses.

### Medical

Get MA fully reinstated.

Obtain medical insurance for child and/or family. (2)

Apply for SSI benefits.

Meet w/primary care physician to clarify questions about medications, memory loss, and obtain summary of all DX.

Follow-up with diabetic care.

### Daily Living Assistance/Basic Needs

Obtain clothing for child(ren). (11)

Find/register at food shelf. (10)

Utilize Bridging, Inc. for household items. (8)

Obtain clothing for parent. (5)

Apply for Excel Energy or other energy assistance. (3)

Utilize Toys for Tots program. (3)

Lower utility and energy bills.

Work on paying past bill to Xcel.

Alley Shoppe for household goods.

Access phone discounts.

Apply for emergency assistance.

### Legal

Explore resources to expunge criminal record. (2)

Obtain funding for divorce proceedings. (2)

Explore legal resources for divorce proceedings. (2)

File claim for child support. (2)

Explore legal resources to identify tenant rights.

Obtain resources to clear ED/eviction record.

File ADA complaint against 2 domestic shelters that rejected R due to her disability.

Contact Department of Human Rights for legal guidance.

Find court advocate to attend 5/29/08 hearing to obtain OFP.

**Note.** The goals above were set by 19 families while in the program in 2008.

## 12. Participant goals by area of need (continued)

### Mental Health

- Begin or continue with CDA group at Wilder. (13)
- Find or continue therapy for child. (12)
- Find or continue therapy for parent. (11)
- Begin or continue with WDA group at Wilder. (6)
- Psychiatric evaluation or diagnostic assessment for child. (4)
- Psychiatric evaluation or diagnostic assessment for parent. (3)
- Find or continue family therapy.
- Find grief support group for parent.

### Family Relationships/Social Supports

- Explore options for support groups in neighborhood (parenting, single's group).
- Explore domestic abuse groups that fit R's schedule.
- Find groups in community that may be supportive and positive.

### Recreation/Leisure Time

- Free family activities in St. Paul.
- Secure space in summer camps for kids.
- Gymnastics for child through St. Paul Parks and Rec.
- Piano lessons for child.
- Apply/enroll camp, etc. complete in school near St. Paul on a bus line.
- Free family activities in St. Paul.
- Find summer camps for children.

**Note.** The goals above were set by 19 families while in the program in 2008.

### 13. Participant goals: 2008 (N=18)

Domain	Status of goals			
	Number of goals	Percent completed	Percent in progress	Percent not completed
Mental health	73	33%	19%	48%
Daily living assistance (food, clothing, energy, furniture)	50	76%	20%	4%
Housing	30	30%	47%	23%
Children's education/adult continuing education	28	32%	32%	36%
Employment/job training	23	30%	30%	39%
Child care	16	19%	38%	44%
Transportation	16	81%	-	19%
Recreation and leisure time	15	67%	7%	27%
Legal	13	39%	46%	15%
Medical (health insurance, screening)	8	63%	38%	-
Safety	5	60%	20%	20%
Social supports	3	67%	33%	-
Family relationships	1	100%	-	-

**Note.** The above represents the goals set by participants during 2008. 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.

## Outcomes for families

One of the goals of Strong and Peaceful Families is 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 is assessed by the case manager. This measure at discharge also assesses the degree to which the participant has 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, 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 11 families who were discharged from the program this year, eight (73%) successfully completed the program. According to the case managers, the key contributors to the success of most of these families related to accessing services for housing and basic needs, as well as receiving counseling or therapy. One family was doing well in the program at the time of discharge but was referred to other agencies, and two did not successfully complete the program. Both clients who failed to complete the program had significant mental health issues and failed to show up for appointments and/or follow-through on referrals.

Program enrollment for the 11 families ranged from 68 days to nearly two years (673 days). The eight families who completed the program were enrolled for between 92 days to nearly two years (657 days), while those who did not complete were enrolled between 68 and 78 days (Figure 14).

#### 14. Duration in program by completion status

Completion status	Number of families	Time spent in SPF program	
		Range (days)	Average number of days
Successfully completed program	8	92 – 657	406
Left program before completion but doing well at the time	1	673	673
Did not successfully complete program, not doing well at the time	2	68 – 78	73

### ***Program impact on violence/abuse and safety***

As compared to intake, eight families were no longer experiencing any violence or abuse when they left the program. Violence/abuse was still present in one family but had been significantly reduced, while violence/abuse remained an issue for one family at discharge. Data were not available for one family (Figure 15).

As compared to intake, all 11 participants 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).

## 15. Participant status at discharge

	N=10			
	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?	8	1	0	1

## 16. Impact of program on violence/abuse

As compared to intake, has the client learned effective ways to...	N=11	
	Yes	No
Enhance or increase <u>his or her</u> safety in her relationships with others at the time of discharge?	11	0
Enhance or increase the safety of <u>his or her children</u> at the time of discharge?	11	0



## Participant success stories

The following stories illustrate the impact of the program on select participants. The stories highlight the challenges parents faced prior to and during the program, the services utilized as participants of the program, and the changes that occurred for themselves and their children as a result of participating in Strong and Peaceful Families.

### Delia's story

Support made all the difference.

Amid incredible challenges, Delia<sup>2</sup> has managed to turn her life around in the past year. In March of 2008, she finally summoned the strength to leave her abusive husband and find safety for herself and her family.

Delia had tried to leave other times, but this time was different. This time, she had the help and support of her family, her friends, and the Strong and Peaceful Families (SPF) program at Wilder. Delia and her family had been living in chaos and fear, but now they have strength, stability and most of all, hope.

“We’re free now,” she says.

The tipping point for Delia was when her husband physically attacked her and her father. After that attack, she was referred into the Strong and Peaceful Families program through the Joint Domestic Abuse Prosecution Unit.

The family has overcome many obstacles: As recent immigrants, it was difficult to navigate through the system in English. At first, they had no place to stay, and spent nearly four months in an overflow shelter housed in a church basement. The family of three, plus Delia’s mother, shared one room while they waited for housing.

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<sup>2</sup> A pseudonym

Through her work with SPF, Delia secured and furnished an apartment that she says is a peaceful home. She obtained counseling for her eldest daughter. She is pursuing a career that uses her Certified Nursing Assistant certificate that also allows her to be with her children in the early mornings and evenings. Delia has worked hard to provide a safe, nurturing and supportive home environment.

“I want us to work together as a family and understand each other,” she says.

Although the family still faces tremendous stressors, Delia says she would not trade her new life for her former one. She says the difference this time has been the support from her friends, family and the SPF program.

“We’re not afraid anymore when we come home now. We don’t have to wonder if this is a good day or a bad day.”

## **Diane’s story**

Participating in Wilder’s Strong and Peaceful Families (SPF) program has brought Diane<sup>3</sup> a lot more success than she anticipated when she contacted the program in December 2008.

She first called because a cousin was in a Wilder housing program and she hoped the SPF counselor could help her get into that program. At first, Diane was skeptical about SPF, but her feeling about it changed after she met with her counselor.

“I had been worried that she’d be all up in my business, but after that first meeting, I knew she wasn’t,” she says. “Once I started talking, it was really easy for me to open up. I knew I could trust her.”

Diane has made great strides toward her goals since that initial meeting. With help from the program, she is looking for a job through Job Club, she has entered her young son into day care, and she has secured transportation. The difference, she says, is consistency and support.

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<sup>3</sup> A pseudonym

“I have those things because I’ve been consistent with the people I needed to call and the paperwork I needed to do,” she says. “When I meet with my counselor every week, we set goals for me to look forward to and I know that I don’t have to work on them all by myself. I have help now. Just having someone who I see each week who is a good influence and who I can trust [is so helpful].”

Diane still has goals she is working on. She wants to start with a women’s domestic abuse group offered through SPF, she is working on obtaining stable housing, and wants to get her son into prekindergarten.

Diane has a strong motivation to achieve the goals she has set: She wants to set an example for her son. “I want him to have the love he needs from me. I feel like when he sees me be successful, by keeping a schedule and going to work, he will know he is loved.”

## **Other program activities**

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### ***Significant events***

To acknowledge and honor the progress demonstrated by several of the families who have participated in the Strong and Peaceful Families program to date, program staff organized a celebratory dinner for participants and their families in August 2008. The event included a presentation of certificates to participants for their accomplishments and the opportunity for participants to share aloud their personal challenges and successes during and since their time in the SPF program. Current participants still struggling with violence-related issues were also invited to attend in order to observe the progress achieved by their cohorts. The event was attended by 9 families (12 adults and 20 children) as well as program staff and numerous professionals from various agencies in Ramsey County, including members of the Joint Domestic Abuse Prosecution Unit (JPU), a Ramsey County Commissioner, and Saint Paul – Ramsey County Public Health.

### ***New and upcoming activities***

A waiting list for the program will be implemented in 2009. Need for and interest in the program is surpassing the current capacity of SPF case managers. The goal for Strong and Peaceful Families case managers is to serve and support 15 to 30 families annually. Limiting services to a small number of families allows for the provision of intensive case management to families with multiple and complex needs.

## **Conclusions and recommendations**

### ***Strengths and challenges***

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 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 had also experienced physical abuse themselves, 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 legal issues, when present. Similarly, children and youth were also substance-free, were attending and performing well in school, and were 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 and individual therapy. Families developed a broad range of goals to address while in the program. Therapy or counseling, as well as obtaining basic needs, were the most prevalent goals. While most families met their goals related to basic needs and transportation, 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, referrals were made to over 60 different agencies or programs during 2008. Families were most likely to follow up on referrals for housing and basic needs, 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***

At the time families left the program, all had learned effective ways to enhance safety for themselves and their children. All but one family were no longer experiencing violence or abuse or were experiencing significantly less violence.

## ***Action items***

The following recommendations emerge from the findings of this report:

- Continue to work with participants on meeting goals and seeking out referrals in areas that pose a particular challenge – namely, child care/child programming, and especially therapy or counseling given the pervasive mental health needs of the families served.
- Given the low participation rate of families this year in the domestic abuse support groups offered through Wilder, identify ways of encouraging parents and children to consider participating and reduce any potential barriers to participation (e.g., transportation, childcare, etc.).



## **Appendix**

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*Referral list*

*Evaluation forms*

*Client Characteristics Checklist*

*Strengths/Needs Referral Plan*

*Referral Tracking Sheet*

*Discharge Form*

*Pioneer Press article*





## A1. Referrals for services in 2008

Type of referral	Number of families referred	Total number of referrals
<b>Child care/child activities</b>	<b>11</b>	<b>26</b>
Women's Domestic Abuse Child Care*	11	15
YMCA Scholarship Program	1	1
YMCA Summer Camp	3	4
Childcare (other)	1	1
Summer activities/afterschool programming	3	4
Other activities	1	1
<b>Children's Education/Adult Continuing Education</b>	<b>12</b>	<b>33</b>
Head Start	6	10
Lifetrack Resources	1	2
Century College	3	5
Metropolitan State University	1	2
Job training	3	4
Information about college programs	2	2
GED	2	4
Wilder group	1	1
St. Paul Tech	1	1
<b>Daily Living Assistance</b>	<b>18</b>	<b>110</b>
St Paul Foundation/Community Sharing Fund	13	18
Ramsey County Emergency Assistance	12	18
Bridging Program	10	15
Salvation Army Food Shelf	8	10
Alley Shoppe	8	12
Martha's Closet	7	11
Energy assistance	1	1
Food assistance	4	4
Keystone Food Shelf	2	2
WIC	2	2
Dorothy Day Center	5	7
Transportation assistance	6	7
Community Asian Partnership	1	1
Lifecare Center	2	2
Wilder petty cash	1	1

## A1. Referrals for services in 2008 (continued)

Type of referral	Number of families referred	Total number of referrals
<b>Employment/Job Training</b>	<b>11</b>	<b>18</b>
On-Line County Job Banks	2	8
HIRED	1	1
Hearth Connection	1	1
Online searches	4	6
Telephone assistance	1	1
St. Paul Intervention Project	1	1
<b>Housing</b>	<b>11</b>	<b>158</b>
ROOF Project*	6	12
Project Quest*	6	12
St. Paul Public Housing	6	12
Model Cities of St. Paul	5	8
Lutheran Social Services	5	9
Women's Advocates	6	16
East Metro Women's Council	4	6
Cornerstone	4	8
The Family Place	6	12
Caroline Family Services	5	10
Naomi Family Center	5	9
New Foundations	3	5
YWCA Transitional Housing Program	5	9
Jeremiah program	1	1
Job Corps	1	1
Theresa Living Center	4	6
United Way	4	7
Eagle's Nest Shelter	4	6
Commonbond Housing	3	4
Online searches	2	2
Housing (other/general)	3	3
<b>Legal</b>	<b>9</b>	<b>22</b>
Chrysalis	5	7
Southern Minnesota Legal Services	7	11
Legal Aid	2	2
Department of Human Rights	1	1
Online searches	1	1

## A1. Referrals for services in 2008 (continued)

Type of referral	Number of families referred	Total number of referrals
<b>Medical</b>	<b>10</b>	<b>13</b>
Ramsey County Minnesota Family Investment Program (MFIP)	5	6
SSI/Social Security	2	3
Medical insurance/assistance	3	3
Medical clinic	1	1
<b>Mental Health</b>	<b>18</b>	<b>138</b>
Individual therapy (Wilder)*	8	17
Women's Domestic Abuse group*	14	28
Children's Domestic Abuse Parenting Group*	13	25
Children's Domestic Abuse Children's Group*	13	24
Psychological assessment (Ramsey County)	5	7
Individual therapy (Ramsey County)	4	4
Family therapy*	1	1
Wilder Child Guidance Clinic*	10	15
Chrysalis	3	3
Therapy/psychiatric services	4	6
Dialectical Behavior Therapy	1	2
Lifetrack Resources	1	3
Wilder group	1	1
Emily Program	1	1
Wilder Diagnostic Assessment	1	1
<b>Safety</b>	<b>8</b>	<b>19</b>
St. Paul Police Department	5	6
Ramsey County Public Health	4	5
St Paul Intervention	2	2
Children's Safety Center*	1	1
Order for Protection	1	1
Ramsey County Justice Center	2	2
Hennepin County Domestic Abuse Center	1	1
Crime Reparations Board	1	1

**A1. Referral for services in 2008 (continued)**

Type of referral	Number of families referred	Total number of referrals
<b>Substance abuse</b>	<b>2</b>	<b>4</b>
Alanon, Alcoholics Anonymous, Narcotics Anonymous	1	3
Chrysalis day treatment	1	1
<b>Other</b>	<b>13</b>	<b>38</b>
Salvation Army – Operation Joy	9	10
Salvation Army – Toys for Tots	8	8
Tix for Tots	5	5
2-1-1 Infoline	6	11
Credit Counseling	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

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

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)
			(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
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
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

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)
			(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
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

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)
			(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
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
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

Type	Strength/ Need	Referral(s) made*	Goal(s)	Target	Timeframe	Status of goal(s)
			(2) _____	<input type="checkbox"/> Family		<input type="checkbox"/> In progress
			_____	<input type="checkbox"/> Parent		<input type="checkbox"/> Incomplete
			_____	<input type="checkbox"/> Child ____		<input type="checkbox"/> Completed
			(3) _____	<input type="checkbox"/> Family		<input type="checkbox"/> In progress
			_____	<input type="checkbox"/> Parent		<input type="checkbox"/> Incomplete
			_____	<input type="checkbox"/> Child ____		<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?  
☐<sup>1</sup> Client successfully completed the program (DESCRIBE KEY CONTRIBUTORS TO SUCCESS: \_\_\_\_\_)  
☐<sup>2</sup> Client was doing well in program but moved out of area before completing the program  
☐<sup>3</sup> Client was doing well in program but was referred to/connected with other social service agencies for continued support  
☐<sup>4</sup> Client did not successfully complete the program (EXPLAIN: \_\_\_\_\_)  
☐<sup>5</sup> 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?  
☐<sup>1</sup> The family is no longer experiencing any violence/abuse  
☐<sup>2</sup> Violence/abuse is still present but significantly reduced  
☐<sup>3</sup> Violence/abuse is still present but somewhat reduced  
☐<sup>4</sup> Violence/abuse has not been reduced/it is still an issue  
☐<sup>8</sup> 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?  
☐<sup>1</sup> Yes  
☐<sup>2</sup> No  
☐<sup>8</sup> 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?  
☐<sup>1</sup> Yes  
☐<sup>2</sup> No  
☐<sup>8</sup> Don't know



# PIONEER PRESS

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Amherst H. Wilder Foundation

## Abuse took toll, until program helped break cycle

I know it happens every day. I understand the dynamics. But as a man, a father, a brother and a husband, I still can't stomach it or get it. I never will.

I'm talking about why a person who supposedly loves another would strike that person and subject them to years of mental and emotional abuse, particularly in front of their children.



Three women reminded me last week of this persistent act of domestic terrorism.

Their names are Laverne Fleming, Julie Jones and Nanette Perkins. Just publicly identifying themselves amounts to an act of courage.

Collectively, their injuries over the years read like an emergency room log sheet: black eyes, bruises, cracked ribs and bones, bit faces, torn flesh, pulled hair, chokings to the point of unconsciousness.

Then, of course, there are the less visible but perhaps more painful wounds — traumatic stress, depression, the substance abuse to numb the pain, the low self-esteem, the shame of having children watch their victimization.

Yet, all three Twin Cities-area women broke free of their abusive relationships. All three now attend college while juggling day jobs. And they credit much of their newfound independence and empowerment to a three-year initiative in Ramsey County that offers a wealth of assistance to adult victims and child witnesses of domestic violence.

"It is helping me to break that cycle of violence that has been passed through my family for generations," Jones, 44, said of the county's Strong and Peaceful

RUBÉN ROSARIO, 2B >

Families program, operated by the St. Paul-based Wilder Foundation. "My daughter needs to see something different — that (abuse) is not OK; it's not acceptable behavior. I want it to stop with me."

Less a program than a centralized and focused counseling and referral effort, the county initiative exclusively targets domestic violence cases handled by the city and county attorneys' Joint Prosecution Unit. The county's public health department also is a major player.

One goal is to provide a range of assistance — from housing and relocation to job search and secondary-education opportunities — to enable victims and children to stabilize their lives while dealing with the residual effects of abusive relationships.

### CHILDREN ARE A FOCUS

The county effort currently serves 32 families in St. Paul. All but one is headed by female abuse victims. One involves a male abuse victim with children.

One major component provides as-needed counseling to the adult and the child witness in individual and group settings.

"The criteria is that the (domestic violence) had to have happened in St. Paul and happened in front of children," said Mary Biermaier, director of the Ramsey County attorney's witness/victim-services division. "Our goal is to aggressively prosecute these

cases as well as try to help these families break the cycle of domestic violence."

Jones, a mother of four and one of nine children, intimately knows the generational bond of dysfunction. She grew up in St. Paul watching her now-deceased father assault her mother, behind closed doors and on the street, in view of neighbors and passers-by. She saw similar discord among her grandparents.

The messages were reinforced over and over: You resolve conflicts with screaming, slaps and kicks. And you endure abuse to protect yourself or your children from worse harm or even financial hardship.

Not surprisingly, Jones had an abusive marriage that dissolved and a bad relationship with another man struggling with substance abuse and mental-health problems. She picked up the bottle herself, something she thought she would never do because of her alcoholic father.

Things came to a head in late 2004, when her estranged common-law husband began stalking her and threatening her life and set fire to her front porch.

The man was prosecuted. Elizabeth Langer, a veteran victims advocate in the county attorney's office, referred Jones to the county initiative. Two years later, Jones is financially independent and pursuing a college degree in human resources. Her youngest, a 10-year-old daughter, has taken part in the county's child-wit-

Page 1 of 2

ness counseling program at Wilder.

"I should have known better, but I never really realized the damage that it was causing (my daughter)," Jones said.

## SON IS 'ANGRY AND BITTER'

Fleming's decision to break free from a 23-year abusive relationship came two years ago after her head was slammed into a mirror and her estranged common-law husband again choked her into unconsciousness.

The assault took place in front of her daughter, then 14, who picked up a metal fireplace poker to fend off her father.

Like Jones, Fleming, 45, did not realize, until her participation in the county effort, the long-term effects the domestic battles would have on her four children, particularly her youngest.

"I didn't want her to go through any more trauma," said Fleming, who is pursuing a career as a nursing assistant.

Perkins' tale is strikingly similar. Enduring physical and emotional abuse in a 14-year relationship out of a warped sense of loyalty, dependence

and misplaced love, she stayed for reasons of survival and fear of death.

Perkins' close friend, Ava Scott, was fatally shot by her common-law spouse after reportedly threatening to cut off an abusive relationship. Friday was the 13th anniversary of the day cops in Minneapolis found Scott's body in a wooded area on the west bank of the Mississippi River.

Perkins, 38, is attending a community college in pursuit of a degree in nursing, a dream she says was deliberately kept from her during the relationship. She recognizes the residual damage in her 20-year-old son. The young man, who witnessed a lot of the abuse, "is very angry and bitter."

"All he wants to do is fight and rebel," she said.

But her 21-year-old and 16-year-old daughters have undergone counseling under the Wilder and Ramsey County initiative. The counseling, Fleming said, has helped smooth relations.

## CELEBRATION TUESDAY

All three women credit their shot at a stable life to Megan Vertin, a Wilder counselor and

program coordinator, as well as Langer, who helped shape the county effort. They also single out the St. Paul Police Department's intervention program for family domestic violence, for supporting them during the criminal prosecutions.

They and other program participants will be formally recognized for overcoming obstacles at a dinner Tuesday.

"I can't say enough about the program," said Jones, who works as an executive assistant at a Twin Cities chemical-dependency treatment program. She is celebrating her 11th year of sobriety.

"They made me realize the harm it was causing my kids," she added. "They made me realize that I was broken but could reclaim my self-esteem and confidence and independence. They made me realize the bad choices I kept making and that the men in my life were also broken and needed help.

"They have helped me understand that this cycle needs to be broken."

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