

Using Case Reviews to Internally Assess the Implementation of a Multi-Agency Demonstration Project Serving Polyvictims in DC



Project CHANGE:
Collaborative Help Advancing
New Growth and Empowerment

Prepared by NNR Evaluation, Planning & Research LLC (2015)



This report, Using Case Reviews to Internally Assess the Implementation of a Multi-Agency Demonstration Project Serving Polyvictims in DC, was produced by NNR Evaluation, Planning & Research LLC under 2012-VF-GX-K007, awarded by the Office for Victims of Crime, Office of Justice Programs, US Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this report are those of the contributors and do not necessarily represent the official position or policies of the US Department of Justice.

Introduction

Project CHANGE is a three-year demonstration project led by the DC Office of Victim Services (OVS) and several partner agencies providing case management, advocacy, medical forensic exam, mental health, substance abuse treatment, and emergency shelter services. The project targets polyvictims living in DC; polyvictims have been victims of multiple crimes across the lifespan and are a subset of crime victims whose service needs can be extensive, warranting high levels of case management coordination and legal advocacy. In an effort to respond differently to polyvictims and reduce the risk factors associated with future victimization, Project CHANGE uses a multi-agency practice model. This model provides a combination of services greater than what one agency alone could provide and aims to minimize the barriers to care, advocacy, and treatment. The main barriers monitored are eligibility criteria, which frequently varies from provider to provider and from services to service, and long wait times. If implemented successfully, the ideal polyvictim practice model would be perceived as seamless and comprehensive by multiple stakeholders, including and most importantly the service recipient: the polyvictim client.

A key component of the project was the use of polyvictim case reviews. The case review process created a platform for internal learning and quality improvement throughout the demonstration project. More specifically, the case review process shed light on daily on-the-ground operations and practices that affected service delivery and client outcomes. This document describes the role of the case review process as an internal project management and assessment tool that crime victim organizations can use to monitor and assess program implementation. This document also describes the case review approach used in the Project CHANGE demonstration project and lessons learned. Examples of how the case review process led to refinements in the polyvictim practice model and the identification of systems-level gaps and opportunities are provided. The information used to draft this case study draws on evaluator observations of the case review sessions at monthly partner meetings, systematic reviews of internal project documents, discussions with program staff, and staff surveys.

Case Reviews

Case reviews have been applied to violence prevention and intervention programs. An interdisciplinary team reviews a single case or set of cases to understand the system of response. In the polyvictim case study model, case reviews examined the provision of services by core partner agencies to identify gaps in practices, policies, and services.



Case Review Approach

During the demonstration project, the core partner agencies reviewed 53 cases out of 64 selected for case review.



Cases Reviewed

Partner composition was limited to representatives from the core partner agencies and the external evaluator, although project staff had initially planned to have an expanded case review team similar to the District’s domestic violence fatality review team, which includes law enforcement. The team decided their reviews would focus primarily on improving Project CHANGE and understanding how different programs, policies, and practices interact to affect service delivery and client outcomes. Additionally, the team was testing a customized web-based client management database system and its ability to streamline referrals and information-sharing. The case reviews became pivotal to understanding how database functionality aided and impeded staff work flows and/or service delivery. Since individual team members had worked with each other on past projects and were familiar with the case review process, team building and case review training was not necessary for this project. Further, it was an unstated practice that polyvictim clients would be “shared” in the project and that polyvictim clients who declined services at one agency might easily begin receiving services with another agency. The stated goal among the providers was to ensure the client received services and the unstated goal was to avoid competitive practices.

Case selection was focused. The case coordinator selected 5-10 cases for review at each monthly meeting with the goal of having at least one case from each partner agency. Any case selected had progressed to a point where the partners could have a substantive discussion about them. The list of cases were disseminated along with the agenda and other handouts prior to the meeting to allow staff time to prepare. The team found it easy to move through the case docket within the time allotted (e.g., in June 2014, the team reviewed 11 cases in under one hour).

The external evaluator observed the Project CHANGE case review approach and specifically examined whether the project administration and management team:

- Formed a useful case review process that specified how cases would be selected and tracked for review, case review training for partners unfamiliar with the process, case review meeting format and length, and the development, management, and use of program or policy recommendations generated out of the case reviews.
- Used the case review process to assess whether client needs were appropriately and adequately being met.
- Facilitated improved partnerships and collaborative processes.
- Informed the overall program design.

The meeting format was the same for domestic violence, sexual assault, and community violence polyvictim cases. The coordinator facilitated the discussion and took notes. The case manager or advocate briefly described the precipitating event, results from the intake process, and the client’s advocacy and treatment plans. Details surrounding legal advocacy, mental health, housing, and substance abuse services were prioritized in the case synopsis, as well as information about whether the client’s children were accessing mental health services; a key goal of the project focused on secondary victims. Staff relied on client electronic files to present each case. If the client was served by more than one agency, all agencies would discuss if the client declined services (and why), the types of services ultimately provided to the client and give a brief clinical update to the group. Typically staff would identify issues with project implementation during their presentation and those would be discussed. Cases alternated between partners (e.g., case from agency A, case from agency B, and then repeat so that representatives would have a speaking opportunity throughout the meeting). Meetings lasted between 30-45 minutes; the monthly meeting lasted two hours.

The project coordinator was responsible for facilitating the **use of recommendations** generated from the review process along with recommendations generated from the external evaluation process. The recommendations were documented in meeting notes and worked on between monthly meetings. Approximately 1/3 of all recommendations generated from the case review process have been implemented or have a satisfactory resolution. The remaining two-thirds have either not been implemented or prioritized and/or were never resolved (most of these are related to the database system which had ongoing performance problems). Case-review recommendations covered a range of issues: staffing, client identification, recruitment and retention, case completion and dismissal, service coverage and provision, language services, services for sub-populations (LGBT clients, undocumented immigrant clients, and ESL clients), evaluation, and the functionality of the web-based client management system. Figure 1 is a diagram of the review process.

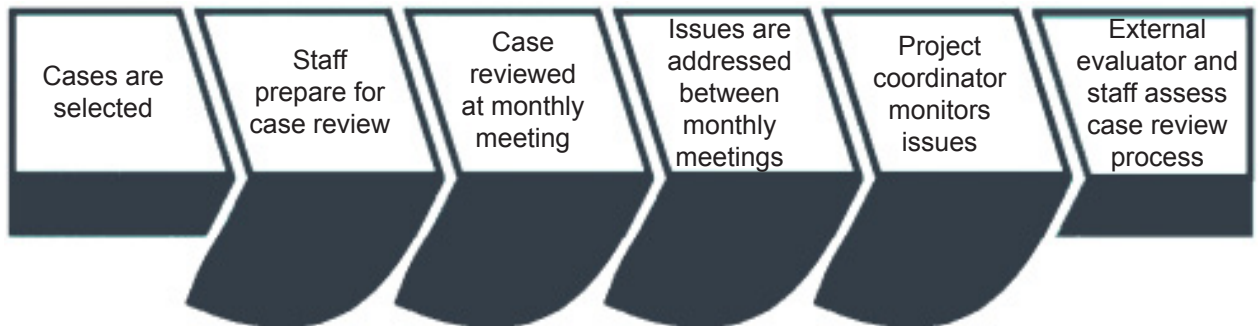


Figure 1: Case Review Process

Case Review Examples

*All names are pseudonyms chosen by the evaluator.
Identifying information has been omitted from each vignette.*

Nola Juanita is an older Latina women who needed assistance filing a protection order. She was the first bilingual client served in the project. A Project CHANGE advocate helped her file the protection order paperwork. During the case review, it was shared that another provider with greater capacity to serve Spanish-speaking individuals would end up delivering case management services, although the client was receiving services from the project's mental health provider a participant in the polyvictim project. The weekly counseling sessions seemed to be going well. Nola is an undocumented immigrant and needed help in this area. The Project CHANGE advocate during the case review was asked to verify if the case management provider still offered free services in this area and if the client was accessing those services. In another case, staff learned more about how each organization handled referrals from Spanish-speaking clients and the extent to which each organization had the capacity to provide services in Spanish. Requesting follow up to ensure the client was receiving the appropriate services was a common follow up activity after a case had been reviewed.

Sheila was attacked with a gun and needed a temporary protection order and emergency housing. Her son was able to stay with a friend which allowed him to remain in the same school. The case was never processed for unknown reasons but the respondent was on probation and was revoked during this time. The client was lost to follow up but eventually called the mental health provider requesting an appointment with a counselor. During the case review, the mental health provider indicated there was no answer when they returned her call but they would continue to try to contact Sheila based on the case review discussion.

Monique is a transgender women who presented for services during the summer. She received mental health treatment services and counseling sessions, which seemed to have a positive effect. The Project CHANGE case manager indicated during the case review that several questions in the baseline intake assessment needed to be tailored to become more culturally responsive to transgender clients.

George was referred to the program by an external partner and completed the baseline assessment and consent form almost immediately. He received some legal assistance and a warrant had been issued for his respondent (at the time of the case review the respondent had not been apprehended). He had difficulty accessing mental health services due to the wait list but also due to problems related to the client management system described in the above vignettes. George stayed in a shelter for 44 days and at the time of the case review the advocate was looking for a long-term housing option for George. Lack of long-term housing options was a constant service gap identified in the case reviews. In the second year of the project, the team began establishing relationships with shelter providers to offer more housing services to polyvictim clients.

Netti entered the program through a referral from a rape crisis center. She completed the project intake assessment and was also immediately referred to mental health services. She was waitlisted due to a shortage of available counselors. As staff listened to Sarah's case and the other cases during that review, they urged the mental health provider to take her off the wait list and connect her to a counselor. Long wait times had been an ongoing issue in previous case reviews and it was acknowledged as an issue from the outset of the project; project staff had tried to rectify the problem by prioritizing polyvictim clients, revising the intake process for mental health services, and had begun offering incentives (giftcards) to minimize the number of no-shows, which contributed to the limited number of appointments available. Advocates also called to make an appointment on the clients behalf with the client still in the room or on the phone, a practice that increased client follow through with the mental health counseling referral. During the discussion it was learned that the wait time to see a counselor ranged from 2-3 weeks, which was not ideal for polyvictim clients who had recently been victimized. In addition to the long wait times, counselor-client scheduling conflicts, clinic hours, child care needs, transportation barriers, and missed appointments sometimes made the wait longer. In this meeting and subsequent follow up discussions, the team assigned a counselor to Project CHANGE. The counselor would use 9 to 10 of their regular drop-in hours to serve polyvictim clients (up to 8 sessions), prepare the mental health intake assessment, record services in the client management database system, distribute the project incentive to the client, and provide a warm handoff to the long-term counselor. The intake specialist began documenting in the project's client management database system any voicemail messages from polyvictims requesting services. The new practice was intended to keep case managers located at different agencies abreast of which clients were attempting to receive mental health services. Somewhat related, in previous reviews it was discovered that the referrals made by project staff to the mental health provider were not being received and that in other instances polyvictim clients were requesting services before an official referral was made by staff. During the meeting, staff developed a system to ensure referrals were tracked in the client management database system and created a practice to send a secondary email alert to the mental health provider in real-time. The database referral system also inappropriately "timed out" clients from the database system after 30 days. This function in the database was corrected since the wait time to see a counselor sometimes exceeded 30 days.

Clarisse's partner was killed in a homicide, which forced her to move into a relative's home. During this time, Clarisse also gained custody of at least one small child. The case raised the question of whether program staff were systematically entering children as secondary victims into the case management database system and proactively recruiting children into the child-centered counseling program. The team also had to decide how incentives, provided to participants to reimburse for the cost of traveling to receive services, would work for child participants. The team ultimately decided that children and parents should be treated separately, earning two sets of incentives – one for the parent and one for the child receiving services.



Major Lessons Learned

It would have been impractical to review every polyvictim case given meeting time constraints. While partner staff acknowledge that each case is unique and would provide an opportunity to learn something new about the project, it would have become too resource intensive to review each case and it would have hampered other administrative objectives set for the monthly meeting. The case selection process therefore reflected a compromise between reviewing every case and creating a practical case review model. Cases were selected to facilitate discussion among each agency and to ensure that the team was assessing all possible gaps in services. Some cases were chosen because all team members had contact with the participant, and some were chosen because the participant dropped out of services, declined services after being enrolled, or could not be reached. By reviewing cases where the outcome was less than ideal (in terms of services and process) the team could assess a variety of scenarios.

Developing a list of case review questions to guide the case review process was valuable. General questions were asked at each meeting to focus the discussion and ensure each case was reviewed through a consistent lens. A set of questions were developed for each team member agency to use based on their role, i.e. medical, legal, or mental health. These questions guided the discussion and allowed team members to efficiently organize their case review files prior to the meetings.

Confidential notes with quality improvement recommendations were maintained and stored with the project coordinator and disseminated only to the project team. Initially the project had planned to broadly disseminate the notes and recommendations generated from the review process. Ultimately, however, the team narrowed the case review process to focus on the activities of the core partner agencies and the results were shared only with internal team members and contractors. The notes contained sensitive client information and were stored in a secure location, outside of the case management database system. The notes were archived with OVS and were considered their property.

Technology facilitated staff preparation and presentations during the case review segment at monthly meetings. Staff were able to access client files remotely during the meeting, present information directly and accurately from the client's electronic case record, and answer partner agency questions. This reduced preparation time and encouraged a free-form question and answer process since the client record was readily available.

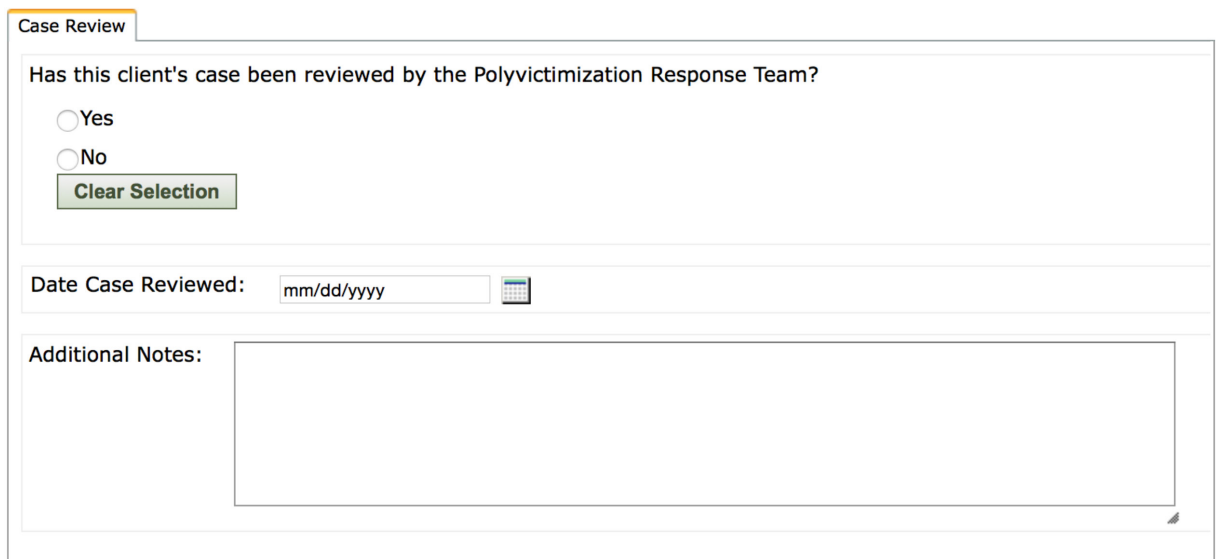
Taking time to pause, reflect on the client's demographic background, and unique case details was essential. In the first review, cases were run through with little dialogue between partners and little reflection on its disposition. The client's demographics (e.g. race, age, and economics) and other risk factors were also not initially discussed in a manner conducive to learning about the different project experiences of sub-populations. In subsequent conversations, more robust dialogue occurred with the set of cases reviewed. Staff may still be challenged with how to use demographic background information since the polyvictim client population is fairly homogeneous: Black, female, and low-income.

Recommendations required the active involvement of core staff who were simultaneously working on other implementation issues and providing client services. The project coordinator was the designated staff person on the team who, between monthly meetings, facilitated the use of recommendations stemming from the case review. Since this was a demonstration project with many moving parts it was challenging to prioritize recommendations or sets of inter-related recommendations, which frequently required extensive partner involvement. Further, the external evaluator made recommendations throughout the demonstration project and these recommendations also had to be officially addressed. In most instances, the internal case review recommendations and the recommendations made by the external evaluator worked in tandem but there were moments it was difficult to equally consider and address each.

It was extremely difficult to go back to a previously reviewed case and review it again, especially after additional services were provided or when the case had a final legal disposition.

Cases that were reviewed were flagged in the web-based client management system. This required the database developers to add a field to the database that would track cases selected for review. Tracking cases in the database made it easy to calculate the number of cases identified for review and actually reviewed. See Figure 2.

All reviewed cases were eventually flagged in the web-based client management system.




Case Review

Has this client's case been reviewed by the Polyvictimization Response Team?

Yes

No

Clear Selection

Date Case Reviewed: 

Additional Notes:

Figure 2: Snapshot of case review touchpoint





Ongoing learning and intentional review of program activities created a platform to monitor:

- Whether the project led to new, expanded, or deeper relationships among core partner agencies and other referral organizations.
- If joint or shared decision making, planning, and provision of services actually guided provider response to individual polyvictim cases.
- If partners overcame service barriers to serving individual polyvictims.
- Whether the appropriate systems were in place to facilitate day-to-day decision making and communication across partner agencies and if adequate procedures were in place to handle conflict between partners.
- Changes in core partner organizational or programmatic policies and practices as a result of participation in the project – and systems-level changes and improvements among non-partner agencies as a result of the project.
- Challenges and barriers to collaboration (in general).
- How lessons learned were identified, documented, and operationalized in the form of program improvements.
- How additional programs or services that the project did not initially provide were identified and secured – and if revisions in the duration, intensity, and frequency of services based on evaluation findings and project experience actually occurred.
- Methods in which the waived residential and income eligibility requirements alleviated anticipated barriers and the extent to which other barriers were minimized and adequately addressed (e.g., cost of services, childcare availability, and external partner eligibility policies).

About NNR Evaluation, Research & Planning LLC

Nicole Robinson, MPH/MSW, has over 10 years experience working in the nonprofit and government sectors, mainly as an evaluator and technical assistance provider to communities of color. Ms. Robinson has conducted numerous program evaluations in many styles (e.g., participatory, empowerment) and formats (e.g., cross-sectional, longitudinal, qualitative, quantitative, and mixed-methods). As a trainer, Ms. Robinson provides training and capacity building to organizations in evaluation, linking evaluation to other aspects of organizational management and long-term planning. Ms. Robinson is pursuing her doctorate in social work. Ms. Robinson conducts her local and national evaluation work through NNR Evaluation, Planning, & Research LLC, a values-based, social justice organization that helps build the evaluative power of organizations serving communities of color and constituent-led organizations.

Client Perspectives of Project CHANGE: Findings from Individual and Group Interviews

Background

Project CHANGE is a three-year demonstration project serving District of Columbia residents who have experienced multiple crimes across the life span, a population referred to as polyvictims. The goal of this demonstration project was to create a seamless continuum of care¹ for polyvictim participants by streamlining the information sharing process between partner agencies, offering coordinated case management services, and combining core partner resources to bolster the menu of services available to polyvictims. The external evaluation assessed whether the project achieved these objectives, with an emphasis on client perspectives. Provided herein are data to assess the evaluation questions and success measures and indicators listed in Figure 1. A summary of the report’s findings and recommendations appear in *Appendix A*.

Figure 1: Relevant Key Evaluation Question and Success Measures/Indicators	
Relevant Key Evaluation Question	Relevant Success Measures/Indicators
What is the overarching design of Project CHANGE?	<ul style="list-style-type: none"> • Polyvictim service needs are met in a new, innovate way by DC service providers. <u>The innovative mechanism is the provision of integrated, cross-agency services and referrals that are perceived as seamless and comprehensive by multiple stakeholders, including and most importantly the service recipient.</u> Project CHANGE specifically coordinates the management and delivery of services and referrals.
What impact has the program had on partner collaborations?	<ul style="list-style-type: none"> • Polyvictims report services were provided in a manner that demonstrates the partners collaborated effectively.
What were the barriers or challenges to service provision for this population?	<ul style="list-style-type: none"> • Partner agency and polyvictims report challenges related to: transportation, economic, linguistic, availability of services, and perceived accessibility in general. • Participants receive the right care immediately without delays or wait listing.
Source: Evaluation Design Plan, which was approved by OVS/Project CHANGE in 2013. For a full list of indicators and measures for each question see the approved evaluation design plan.	

Methodology

A critical activity in program evaluation is to elicit the feedback and opinions of program participants, particularly for demonstration project such as this one, which tests a new practice model designed to enhance the standard of care, advocacy, and treatment provided to polyvictims. Program staff valued an assessment of the practice model from the perspective of the polyvictim client in addition to other

¹ Care in this project is limited to case management services, mental health services, legal services, and substance abuse treatment.

stakeholders in the care and treatment continuum.² The external evaluation in this project relied on confidential individual client interviews and group interviews (i.e., focus groups) to gather the perspectives of Project CHANGE participants. Data collection for this component of the external evaluation occurred during 2014-2015, with the majority of interviews taking place during the final year of the demonstration project. Specific details surrounding the data collection approach are below:

- *Individual Interviews:* The target population for individual interviews was current or past program clients. Program staff recruited interview participants using the approved protocol. The interview format was semi-structured and focused on the quality of the services received and gaps in service delivery or availability. One interview required the use of a Spanish-language interpreter who was secured through a professional interpretation company. Individual interviews took place over the phone or in person and ranged from 10 minutes to about 45 minutes.
- *Group Interviews:* A similar recruitment approach was used for the group interviews. All group interview participants were consented to participate by the evaluator. Four group interviews were originally offered although only two group interviews were actually conducted. Group interviews took place at two locations, one in Northeast DC and one in Southeast DC. Both took place in a meeting room at a core partner agency facility. The group interviews lasted approximately one hour.
- *Incentives:* The external evaluator provided each individual and group interview participants with a gift card for their participation.
- *Transcription:* All individual and group interviews were recorded and transcribed by a professional transcription company.

The findings in this report reflect the perspectives and experiences of a small group of racially diverse clients served through the project, 13 participants (individual interviews: n= 8; group interviews: n= 5). It was essential to garner the feedback of polyvictim clients; although, it was clear from the outset of the demonstration project and the evaluation that obtaining such feedback would be difficult for numerous reasons unique and non-unique to the population's status as polyvictims hence the small sample size. All but one participant was female. The racial make-up of participants was somewhat diverse and included Black, Latina, and White participants of varying ages. Participants reported a range of levels of engagement with the service providers in the project and with the larger field of victim services. The sample was not randomly selected and is not representative of the total Project CHANGE client population. Finally, participants reported a range of past and recent violent events, for example:

- *"I myself had an uncle touch me when I was like seven years old, and my mom beat me. She said she thought that I was lying to her, and I think from that I let a lot of other stuff happen to me, and not tell her or tell anybody because she would think that I was lying."*
- *"You know the trauma and the abuse from the incest to everything that I've been a victim of violence here. You have no idea what I've been through here. But my family too, you know, have a very violent history, you know, what I mean from the abuse."*

² See results from the core partner survey and external partner interviews.

- *“And my head was smashed up, just because I didn’t want to lay down with a man. ‘I don’t know you! I have a man at home.’ And beat, black, both of my eyes, and beat, like try to kill me. You know? And I lost half of my memories.”*
- *“I mean me personally I’ve been a victim of two crimes. I got jumped twice.”*

Thematic analysis of transcribed interview data guided the analysis and interpretation process.

Findings from both individual and group interviews were combined. To preserve confidentiality, identifying information was removed from the quotes used in this report. Quotes have not been edited unless to improve comprehension and understanding. In these instances, false starts, “ums” and other fillers have been removed, again with the goal to provide clarity and improve reader comprehension, not to distill their words into normative standards for English lexicon. Extensive quotes have been used to support the use of this document as a *reference source* for program staff during the refinement and continuation of the current demonstration program. It will likely be a valuable resource when developing future program initiatives.

A major limitation to the findings presented, in addition to the small sample size, is related to the challenges of gathering specific responses about Project CHANGE services and staff. Some interview participants had difficulty recalling and distinguishing between the different organizations, programs, and staff with whom they worked with and received services from in the months prior to the interview, even after the evaluator offered descriptive prompts about the main program components and referred to the program’s goal, to better serve polyvictims. In a traditional program with a traditional approach to evaluation, this limitation would reflect unfavorably on the project, however program staff cautioned the evaluator from the beginning that this would occur as polyvictim clients receive services from many different providers from within and outside of the field of victim services. Program staff asserted it would be difficult for most people to keep track of each provider and staff person contacted, especially if such encounters were following a crisis event. Further, most polyvictim clients are already connected to other systems and simultaneously juggling many programs and services related to economic security, housing, food, childcare, and so forth. As a result, comments made by interview participants may likely reflect their experiences with other providers. Such data has been included to allow program staff a glimpse into polyvictim experiences with service providers involved in other aspects of their lives. Some examples of this occurrence are below:

- *“Well, it is in the building [number] that I go and get some counseling, to the doctor, but I forget the doctor’s name.”*
- *“...I can’t recall right now, ma’am. I got so much floating around in my head and so many papers here, I can’t recall whether I’ve spoken with them or not.”*
- *“...I don’t remember about the medical stuff or anything like that. But I could have said no, too.”*

While this is a limiting feature for the evaluation, it also reflects the need for the coordinated case management approach, as described by a few of the individual and group interview participants:

- *“And I think I need sort of like a woman to guide me and sort of – I’m so disorganized you know. I need somebody to fight for me and say, ‘Hey, this is her right. She needs to know a coach,’ because now they want me to write a proposal. I don’t know my mind is very scattered because there’s so*

much crap in it and in terms of –anything that goes wrong it explodes [my] PTSD, so I’m learning how to handle that.But yeah you know I think I need to get a compassionate agency and a team that are willing to work on [this]. You know I feel like I’m almost there.”

- *“I can't say right now because I don't know, you know, what the future holds. This past [weekday], my husband was ordered by the judge to vacate the residence by tomorrow, and my children and I were ordered to move back into the residence, so I don't – you know, I – anything past today, I don't know. I don't know if it's gonna be smooth. I just – I don't know.”*
- *“So when you do go to that one person, I know, it's a job, unfortunately and fortunately. So you have people that come and go, so you know, you may have a different person. If you do have a system where you have somebody that's there to support a young women. Be it hearing her out, and also giving her proper resources to help her navigate through the situation. So – because like support, but the consistency of that support as well. You know, because as I said, people leave out their positions and you got to kinda tell your story again. It's already difficult telling it. And I know you all can only do so much, you're all trying to do what you can do, but I would say support. Somebody that's going to be there to hear you out, then also just having that person be knowledgeable of the various resources as you all do, where a person can go and get help. Just making sure it's consistent though.”*

Findings

A. Reasons for enrollment varied among participants

While some participants had both an understanding of what they wanted to receive from the program (in terms of legal, case management, medical services, and overall results) and the purpose of the program overall, others were less clear. Several participants could provide a reason for enrolling in the program and the benefits they expected to receive, for example:

- *“I was hoping that I would get a sense that I felt better, I felt safer, and that I would win my case. That's what I was hoping to get.”*
- *“I need somebody to help me advocate because I'm tired. You know there's certain things that I feel like I have to fight for and I need some, you know, help in advocacy...It's not that I don't want to do it, it's just, you know, what I mean? I'm tired and it would give me a load off of my, you know, of all the things that I have to deal with. ... So basically I would love advocacy. I'm looking – I'm just so tired of looking for agencies on my own you know what I mean? I waste my time and then I end up crying to them and then I'm exhausted.”*
- *“You kind of don't want to put it on – or I don't always want to know that someone's thinking, ‘well, you shouldn't have went back’. So to avoid that, I just deal with the situation on my own, but on my own – I never get anywhere with it. So I figured those resources would help me in a lot of ways.”*

And most interview participants appeared to understand the term polyvictim. One participant noted the term was neither common nor memorable and it left an impression on her that she qualified as polyvictim. For example:

- *“But it’s not really anything that’s really catchy. I don’t really like the sound of it too much. Because poly indicates something else, my understanding of poly. I mean, it’s not that bad, I think maybe it can just be more general, like something that everybody can really understand. I don’t have nothing better for it right now, but just...I don’t feel bad, because I understood what it meant, after they explained what it meant. But then it did kind of just make me feel like – I mean, made me cringe a bit, just knowing that I had to be a person that would have to be considered poly-victimized or however you refer to it as. Just knowing that, at my age, I would be a person that’s going through this, and it’s not just the first time.”*

Other participants could not provide a reason for enrolling in the program or even describe the purpose of the program:

- *I can't – let me think, let me think, let me think...Too much stuff going on. I can't give an answer right now, ma'am. I don't know.*
- *“Well, I don't know. How can I say this? Well, I think they – how should I – I don't know, but they have helped me psychologically, like in my head, because during that time I wasn't feeling very well, and so all the help from the doctor and all, and [ADVOCATE NAME] calling me and like following up with me, have made me feel very, very good. I feel like a new person with all the help that I have had because they help me talking about things that sometimes I had very reserved, like inside my heart or my mind, and they have a way, so the doctor and all this program, I believe, has helped me a lot. I feel very good. Feel different so far.”*

B. A few participants received coordinated case management services for the first time through Project CHANGE.

In a few instances -- without prompts or inquiries into receiving services for previous incidents -- a few participants described receiving services for the first time ever or in many years, for example:

- *“A lot of things have happened to me. And that’s the first time in my life anyone has helped me, and it wasn’t as bad as these other things that have happened to me. ... I was like ‘Wow! Where’d you come from?’”*

C. Most interview participants reported positive views of the Project CHANGE services they received.

The interviews were used to gain a general sense of what participants thought about the project and the services received. Providing services that met their immediate needs, returning calls and regular check-ins, and supportive services were among the features interview participants noted. Further, participants indicated program staff were respectful. They indicated eligibility requirements were not a barrier to services. Illustrative quotes appear below:

- *“Yes, so far. Everyone has been great. You know how like some people call you but then you might not hear from them again for a couple of months or something like that, like – I'm also a rape victim and they didn't even stay in contact with me like this. Your people and you guys are wonderful. I get a phone call at least like twice a week just to – even if it's just to say, ‘hey’, just to check up on me, make sure I'm all right.”*

- *“Yep, just to make sure I'm okay. You know, they ask me do I feel safe at home, and they continue to offer services to me, like ‘if you feel at any time that you're not really comfortable or you're afraid’, you know, ‘we have a place for you, you can go’. So I think that that's like – it's good to know that you do have an option..., but I just don't want to run away from home.”*
- *“Well, from all the services I had, all of them. Everything that I needed they took care of, and I was satisfied.”*
- *“Very good. Very good. I feel very satisfied because at a moment they have support me.”*
- *“So far I feel fine. So for all the services they've given me, because there were [other] services but I didn't feel that I needed them, like housing. And besides that, I have my job and so I wasn't – you know, I was not going to get something that I don't need. So far I feel blessed because I have my job, and besides that the doctor helped. You know, it's been very good. I feel very good with the services that they have given me.”*

D. Few participants identified services that they needed but did not receive.

In addition to understanding how eligibility requirements affected client service utilization, interview participants were also asked if they needed any services but did not receive them. A few services were needed but not provided: a request to repair property damage (by one participant), clothing for children (by one participant), and help with accessing housing (by one participant although the request was still in progress). Other data sources from this evaluation have identified several service gaps for polyvictims, particularly readily available mental health services and long-term affordable housing options.

E. Race, racism, and structural inequality were listed among the causes of crime, violence, and these factors produced challenges to engaging the justice system.

Group interview participants discussed race, racism, and structural inequality. They described racial differences at the family-level such that the family's ability to provide support to a family member who has experienced violence was perceived as different in White families compared to Black families. For example:

- *“I feel like things are just there for them. Maybe their family is even a lot more put together that they can be there for them, but maybe that person doesn't want to really be there. But already in the sense that I'm pretty sure that a family is together enough that they'll be able to make it through sort of situations, whereas I'm going to keep tripping and I'm going to keep falling. Because my foundation is so once I leave that support with you, I don't have anyone I go back to. And I'm not saying that's the same way for every white person, or any other ethnicity outside of African American. But it is to say like, you do see that. You do observe that all the time, you know?”*

Group interview participants described other challenges linked to race, class, and gender structural inequality. Participants indicated that obtaining a driver's license was difficult. The training manual is online and most people do not have access to the internet. Reading and comprehension are also barriers to obtaining a driver's license. The test can only be taken every six months, which means it can be years before one is successful. Upon obtaining a driver's license, being stopped and ticketed by the

police makes it difficult to afford a car (on top of the usual costs). One participant in particular discussed the unemployment situation in DC as it relates to Black women:

- *“I’ve been job hunting, I know a lot of places to get online and do this and do that, but its like, when you get online and do that, it’s still hard, sometimes. You know. And I think that they should really make a way for us out here, especially as black women, trying to survive out here. Because it’s hard, without having a job, and you gotta keep asking somebody for support, you got to keep depending on them. And people get tired of that. You keep adding it, it’s just like, you begging me. With your hand held out.”*

Another participant discussed the challenges to finding affordable housing for single individuals who do not have children. The participant stated:

- *“Like the fact that I may be single trying to establish myself to be able to bring a family into the right circumstances, that’s not encouraged. Instead you want me to go out and be reckless and have mouths to feed on top of that.... No because that’s the reverse order. You’re supposed to establish yourself and then bring children into the world. Not have children and then try to make it.”*

Group participants commented on their views of being served by program staff of a different race. For example:

- *“You can’t relate, you really can’t help me for real. I mean, I understand you may be able to be empathetic to a degree because maybe you did go through something with somebody you were with, or you watched your mom go through it, but I feel like your struggles still aren’t the same as mine. Because the way things are set up, reality for white people usually aren’t set up the same way for black people, and I do feel that. So... Even though I did say support, you kind of do want to have somebody too that really understands where you’re coming from.”*

Finally, group individual participants discussed how their experiences in the legal system may be different because of their race:

- *“It’s more like just there’s no tailoring in each case. Though you’re told it’s case by case, that’s not how it’s really designed and I really feel like people of color. If I was white I wouldn’t be going through this shit.... Because if I were a white girl like it just would end there. What I say would be what I say and no questions asked. What resources can we get you, how quickly? Just my medicine, clothing, just to be in my home. And it’s just like I feel like if I were white, like even if I were a white girl going through this with a white man, it wouldn’t be this complex or disparaging because I can get no help in that case. I’m getting help on another case that I shouldn’t even be going through either. And it’s like damn, how can I really pick up my life and put it together when I got all this going on and when you go to court, that’s like eight hours. You know? That’s a [work] shift. You gotta give all that up day in and day out to really feel like you’re still in the same place you started.”*

F. Participants had varying experiences with mental health providers, mostly providers offering mental health services outside of the core Project CHANGE team.

Participants were asked about their experiences with the mental health provider in Project CHANGE. At least one participant accessed mental health services for the first time in years after nearly a decade of

violence. Some participants did not obtain these services because they were already connected to a mental health specialist and at least one participant reported delaying treatment. For example:

- *“You know, every individual's safety is different so some people might need more things than someone else. But from my point, everything that they was offering me is basically what you need. I definitely think if I wouldn't have had my therapist I definitely would have took the opportunity to speak with one of their therapists. ...That's why I went on ahead and I kept my therapist because she is already equipped to deal with that and then she knows my history already.”*
- *“Well eventually I want to. It's just that right now I have a psychotherapist and I have a psychiatrist that I have been with since I started trying to deal with this trauma so they pretty much know everything that has gone on and I'm like telling the story over and over again just makes me feel so bad. I went to [PROVIDER] because eventually I'm not going to have any insurance and I'm not going to be able to pay for this but I have to get up the courage to go there and tell the story all over again and get to know someone else all over again basically. So that's the hold up. I'm ready to go to the [PROVIDER] but I'm just not ready to go through all those ugly details again. I hate it.”*

Another participant commented on the use of prescription medications and the diagnosis given to her by her current mental health provider:

- *“I think they just got me on the medication. That's how the world is. They just got me on the medication because they think I'm bipolar but I'm not, you know what I'm saying? I'm not bipolar.”*

During this conversation, another participant stated the diagnosis was likely given to the participant because they were receiving services from a government program and wondered out loud whether a second opinion would produce the same diagnosis and if other clients in similar positions would even consider requesting a second opinion.

G. Participants appeared to understand the purpose of the evaluation and have positive views toward evaluation activities.

The demonstration project was externally evaluated. Program participants consented to completing a baseline and interim assessment (administered by case managers) and were invited to participate in an interview with the evaluator. As part of the interview, the evaluator asked participants about their opinions and views on participating in a project that was being externally evaluated and about their feelings toward participating in an evaluation interview. Program staff were concerned the evaluator's interview questions might trigger participant trauma. There is evidence to suggest that interviews with evaluators and researchers do not re-traumatize participants because interview participants are able to compartmentalize the information and feelings shared, successfully avoid answering any questions with a triggering effect, and use techniques that would not be appropriate in an actual counseling sessions such as being intentionally vague. Nearly every interview participant provided sufficient, but overtly vague summaries of their experiences to the evaluator, for example, *“Well, I was with a partner, with a man. He was treating me very bad. He hit me and also he was very verbally aggressive with me.”* Since the focus of the interview was not the actual precipitating event, but rather the quality and availability of Project CHANGE services, the evaluator did not request more information when vague references were provided. For an evaluation interview, vague references and short stories (compared to those that would be shared in a counseling session) provided both parties with sufficient context to participate in

the interview and engage in a conversation. Participant understanding, views, and feelings toward the evaluation include:

- *“I think that's good because I think everything – I would say all businesses, everybody has to be evaluated to see if they're actually working, and I love to be a part of that because I'm actually, I'm giving a positive note. It's working for me so –”*
- *“Well, I feel fine because, you know, with this I feel that you are trying to follow up to see how we are, if you're helping us, about the staff, the help that we receive and the organization. Because I feel that this is because you want to go even much more and to evaluate the program as if it is working or not. Well, that's what I think. That's what I believe that's the questions about, so I feel fine.”*
- *“I was up for it. I was in agreement with it.”*
- *“I mean I liked what was offered and if I can benefit the service in anyway by doing this this is just fine.”*
- *“I love this, I love this, I love this, I love this because you know I've got to say this is something that I'm so looking forward to and I think despite that I'm sort of tired and I'm going to therapy and all this stuff the part that really is also appealing to me is how can I help with what happened to me.”*
- *“No, I want to thank you for at least having this organization in place that will allow somebody to be able to explain to you because that's only way – that's the way a lot of things up here are based off. How another person feels, and what they think should be in place. So thank you for having me come out to provide you with some insight on how you can build better organizations for other young women out there.”*

H. Participants have mainstream views of violence and may be potential peer advocates with training and support.

Counter-cultural norms in some theories are used to explain the causes of crime and who is at higher risk to become a crime victim. In this sample none of the participants displayed views, opinions, or attitudes that suggested violence was an acceptable behavior. For example:

- *“This has happened to me many – I've lost count. As many times as I've been taken off, I've been kidnapped, I've been everything. I've had knives pulled on my, and drawn in abandoned houses. And I've had loads of stuff happen to me in my life. And... And those are the people who should have been locked up, really. But there was nowhere to go.”*
- *“And then on the law side of it, for them to see like how important it is to get people like this off the street, and especially when there's somebody who has more than one of these type of, what you call it, the, you know – Yes, when they've done it more than once, two, three times. When it reaches four and five times and it's four and five different women, and even if the – women do this to men, too, so if it's four or five different times and it's four or five different men, then the next time, when you catch up with this person, this person needs to go to jail. This person does not need to be walking the streets just able to hurt people like that.”*

- *“Really, where is the support? Where is the support to the parents that need to be able to properly bring about awareness to their children, so when their children get older, they don’t follow in their footsteps, or they don’t go through the same thing, like where is it, where is it? And it’s not there, and it’s unfortunate, because like – I just don’t understand why that stuff have to occur. I’m not saying that – I’m not even putting it on the guys, because it’s not their fault either. Nobody’s there to show them the rope. They’re acting off of what they feel like they can act off, and that’s all they can really do. You know? So it’s just unfortunate.”*
- *“Like she said, person with seven kids. Like how do you even get that far, and even if you know that this guy may not be the right guy, like nobody is really there, nobody has really instilled anything in you to make you that confident to get out of situations, and the other two going to be okay to know that like, you are better than that. And there’s nothing out there. Like I don’t care how easy people want to make it seem, like it can be? It is not. It is not. It is not when you grow up in a family and you see your mom with different guys, and you grow up and you take that attitude, and you don’t want to be that person, but you just – you don’t have anybody in the way to stop you and tell you that’s not the way to go.”*

Even in the case of gender violence, participants appear to have changed norms as a result of ongoing support: *“where we come from we believe that we have to stand the violence from a man. We were taught that if they hurt us, it’s because they love us, and that’s totally the opposite. So I feel really, really fine, fine, fine, and I thank God for everything that I am learning because I am learning a lot.”*

Project CHANGE does not have a structured peer or consumer advocacy program, but some participants indicated an interest in participating in that type of program, for example:

- *“I wasn’t really laying for nothing out of it. I mean that is a big thing out of it, just to be heard and – but I wasn’t like really looking for any personal gain. Just wanted the story out there and to help somebody else or help change some of the laws that they have.”*
- *“And, as I said before, in the future if you need me for anything I’ll be at your service to share and talk.”*
- *“And I wish for the future, we can share with other people, you know, like when we go to a church or something, to share the testimony, because this is a living testimony, something that has happened to us. So and that is something that we need to share with other people to let them know.”*

I. Participants made several recommendations to improve Project CHANGE and the broader system of care for polyvictims.

Participants were asked to suggest improvements that would help ensure Project CHANGE was responsive to the needs of polyvictims. They were also asked to suggest recommendations to improve victim services in general.

At least one participant recommended Project CHANGE alter its recruitment strategy to recruit participants at some point after the immediate crisis event. The participant stated:

- *“I think that it’s a little offensive to have someone come to you that’s still in their current trauma and then you want them to go back to the bad trauma. Because, if you really think about it the current trauma is a person’s focus, the current trauma. I think that offering this to me, I understand that idea, but at the onset, that’s in poor taste. If I was a recent victim of a rape and I came to [the provider] and before we could even deal with my trauma you’re talking about what happened years ago? That’s not an easy transition to make. It’s very conflicting. So I think somewhere down the line that program should be offered because then I’m present, I’m available to go where you need me to go. But like where I am right now I’m a freaking basket case. I don’t want to add the past hurt on top of this current hurt. Otherwise I would love to be a part of your program but it’s not in my best interest to do that.”*

The participant could not identify a preferable point in the care and treatment continuum to offer Project CHANGE services to potential clients:

- *“...I mean some women may be better ready to deal with it in a month because they see the correlation between what just happened to them and what has happened to them. And in other instances people may not have any idea whether they’re related or not but I think that the consumer should guide when you introduce that to them.”*
- *“I just as a victim right now I know that it’s not in my best interest to deviate from my current trauma because this is what I need to get on top of. I have to get a handle on this. It’s almost like I got hit by a car and know I’m up on my feet but I’m trying to figure everything out. That’s how I feel every day at some point like I’m on my feet again but it’s like a whirlwind like which way do I go, who do I talk to, who do I trust, what’s next, what’s going to happen? That’s how I feel right now. So I mean with that said do you see why I’m saying going back down memory lane could exacerbate this?”*

The participant further reported that the current recruitment approach was not trauma-informed or client-centered.

One participant recommended additional training for 911 operators. The participant stated:

- *“Well, it doesn't really have anything to do with you guys, but I kept telling my lawyer and the police officer when he got to my house that the dispatchers that work for, you know, the emergency dispatchers, I think they need to have some more intense training to really like deal with people when they're calling in with an emergency. I understand that she needed to have the address where I lived, but where I live there are police officers that – it's a police station right down the street, and this man was walking, so I'm trying to explain to her what he has on and I'm telling her what direction he's headed in, and the direction that he's headed in is to the subway station, and there are police down there. If you get on the radio now and dispatch this, they can stop him before he gets on the train and get away. She wouldn't take any of that. She kept asking me what was my address. It was, 'Ma'am, I need your address first. I need your address first.' And I'm like that doesn't make sense. Somebody else could have been calling and I could have been dead, so you could be letting a murderer get away because you are – you're so worried about my address, when I call you my address already shows up. So why do you keep asking me my address? I'm really upset with her.”*

One participant recommended creating a one-stop shop, a recommendation mentioned by several program staff. The participant stated:

- *“Maybe if [PROVIDER] could handle all of that, you know, like in a one stop – one process, like, you know, once you go through the filing of the actual TPO and then they can handle everything that we just discussed, if they can handle that instead of going here, here, there, there, there. ... everything was right there housed in one setting even though you go from one office to another office to another office, it's still right there in, you know, under one umbrella.”*

One participant recommended staff assist clients with completing the forms to receive services. The participant stated:

- “I believe assistance in help filling out the form, the actual, you know, the application when you initially come in. They need help from that standpoint because I know that, as I was waiting, and a lot of people, you know, started filling up the waiting room, and it just seemed as though they were having difficulty in writing out what was actually going on within that period in their lives. So I would say additional assistance in helping filling out the forms from the onset.”

One participant recommended holistic approaches be used. The participant stated:

- “I do massage and acupuncture and things like that so I’ve taken the holistic approach because I don’t take any medicine. So I don’t know if that’s something that could be offered. I have no idea. But that kind of meditation kind of like wellness and mindfulness helps a lot. It’s expensive but I need that right now..... I like being cognizant which hasn’t happened in a very long time.”

Group interview participants in both sessions agreed that more services should be offered to men. These participants stated:

- *“I mean, I don’t necessarily want him locked up, but what services are in place too, for the young men, to help them overcome their anger, or et cetera, because I felt like we should all be loving, like I don’t even understand how things get to this point.”*
- *“Again, it’s going to take more than the support of the young woman that’s been a victim of this. It’s going to also mean that we’re going to have to put programs or organizations or what have you in place for the young men as well, because it’s both of these people. I’m a victim because of – it’s not like this is, I’m inflicting it on myself, that’s causing me to be categorized as poly-victim. So we got to work on both spectrums so that we can alleviate those types of situations, you know?”*

Conclusion

Project CHANGE reflects a new practice model that offers polyvictims living in the District of Columbia coordinated, cross-agency case management and other services. The external evaluation of the program examined whether the project achieved this objective and whether polyvictim clients reported receiving services in a seamless and comprehensive manner. Individual and group interviews were conducted during 2014-2015; the results of those interviews were provided in this document.

Some important methodological constraints limit the scope of the findings. One limitation is the small sample size despite staff efforts to recruit more interview participants. A second limitation is the lack of detail interview participants could provide regarding specific Project CHANGE services. It would have

been impossible to discuss, at any length, even the most common service (e.g., legal advocacy) and many participants were still engaged in the program when the interview took place and could therefore not comment on the final outcome of their case. In some cases it was difficult for the evaluator to elicit consistent and specific comments about Project CHANGE staff and case management services and discern whether participants understood the project's goal. However, it was clear they wanted their situation to improve and they implied the project would be part of that process. Therefore, the evaluator was unable to obtain evidence that comprehensive services were provided seamlessly. As one participant stated:

- *"I'm going to ask you a question Nicole [the evaluator]. Do you think I can get you know or at least part of what I'm looking for, you know at what I need? Do you think the program will be able to help me out with that or is that a fantasy of mine?"*

Despite the above limitations, participant feedback overall was positive. A small number of interview participants reported receiving services for the first time ever or after many years of violence. Others described the process as empowering and some even suggested an interest in providing testimony or peer advocacy. The mental health services received did not appear to be those offered through the program with some exceptions. Those services received the most critical reviews, including one participant who was concerned with the diagnosis she was given.

Race and structural inequality were discussed extensively in the group interviews. The project aims to offer culturally competent services and the evaluation is a culturally responsive one therefore race is a central component in the evaluation. Participants discussed racial differences in the level of family support available to Black victims compared to White victims and that engagements in the criminal justice system were different due to their race. One salient point made was that the *word* of the Black victim would be taken differently than the *word* of a White victim – and that the race of the perpetrator makes a difference in case outcomes.

Participants made several recommendations in many areas such as revising Project Change's recruitment approach, training 911 dispatchers, creating a one-stop shop for victim services, assisting clients with paperwork, offering holistic services, and providing more services to men, possibly in lieu of criminal justice responses.

Recommendations

Continue to obtain client perspectives using interviews. Interviews, while resource intensive, are a great way to capitalize on the insights polyvictim clients may have about the organizations they encounter daily. Annual interviews with clients served across an array of systems might be a useful approach for multi-agency teams and it could make the endeavor more affordable. Even with a small sample size, this document demonstrates the number and range of topics that can be discussed and explored using interviews. Interview data, while essential for program evaluation, can also be used in grant proposals, marketing, education and outreach presentations. In this instance, individual and group format interviews yielded slightly different data therefore future interview efforts should incorporate both formats. Participants had positive views of the evaluation interview and understood its purpose. Lastly, providing their feedback can be empowering for the polyvictim, for example:


- *“She was helpful for me, because, you know, she was helpful for me. And caring in conversation, and if I should get a stay away order and stuff like that, she showed me where to go, and got all of the information and stuff like that. And so, and...Well, she was guiding me in the right direction. You know when I had – you know... Just in talking, with her, I didn’t know I was going to be asked these questions, I guess I gotta figure out how to put it.”*
2. **Review the messaging and recruitment script, and the recruitment process.** At least one participant opposed the timing of the recruitment and another was impacted by the technical language used (i.e., the use of the term polyvictim). Staff should consider whether the term should be used and if it has any unintended impacts. Further, staff should examine whether recruitment should occur at different point in the care and advocacy process.
 3. **Future interviews should examine how participants characterize program completion and whether they would like the case close out process to look differently.** Program completion was not directly discussed in these interviews since most clients were still in the process of receiving services. Little is known about how they perceive the case close out process and what they would like that process to look like.
 4. **Consider how race and structural inequality might affect the polyvictim practice model and what new paradigms would emerge if race and inequality were part of the core lens used to guide and assess the program.** There was rich conversation driven by the client participants on how they perceive the justice system and there is still more to learn about race and structural inequality from the perspective of polyvictims.
 5. **Consider developing a peer advocacy program as part of Project CHANGE or another related initiative.** If a peer advocacy program were created, advocates could participate in the case review session, help inform policy, and lead structural changes in the response to victims. If peer counselors are incorporated in the work of partner agencies, peers may facilitate an understanding of how structural inequalities impact the policies and programs put forth through Project CHANGE. The peer programs at La Clínica del Pueblo and Domestic Violence Resource Project (DVRP) may be local models to consider. A peer advocacy program would need to support polyvictim healing. It is recognized that peers should be further along in their healing.³
 6. **Consider the viability of client recommendations as the project moves forward.** Some recommendations seem straight forward and others may require more investigation. For example, if clients are having trouble filling out the forms, is there staff capacity to give individual assistance to every client? Are there other ways to respond to this need?
 7. **Eligibility requirements may need to be systematically analyzed to determine whether eligibility barriers have truly been addressed.** Core partner agencies formally agreed to suspend any program requirements that would prohibit polyvictims from accessing services in their respective organizations and no polyvictim interview participants identified eligibility policies as a barrier to services. Systematic analysis of eligibility requirements and practices may be needed to confirm that eligibility issues have been resolved through the demonstration project.

³ In an unrelated example, the participant describes their growth: “...I’m just blessed that I broke out of that shell of being scared to tell somebody and just to say that it happened.”

Appendix A: Summary of Findings and Recommendations

Summary of Findings
<ul style="list-style-type: none"> • Reasons for enrollment varied among participants • A few participants received coordinated case management services for the first time through Project CHANGE. • Most interview participants reported positive views of the Project CHANGE services they received. • Few participants identified services that they needed but did not receive. • Race, racism, and structural inequality were listed among the causes of crime, violence, and these factors produced challenges to engaging the justice system. • Participants had varying experiences with mental health providers, mostly providers offering mental health services outside of the core Project CHANGE team. • Participants appeared to understand the purpose of the evaluation and have positive views toward evaluation activities. • Participants have mainstream views of violence and may be potential peer advocates with training and support. • Participants made several recommendations to improve Project CHANGE and the broader system of care for polyvictims:
<ul style="list-style-type: none"> ✓ At least one participant recommended Project CHANGE alter its recruitment strategy to recruit participants at some point after the immediate crisis event.
<ul style="list-style-type: none"> ✓ One participant recommended additional training for 911 operators.
<ul style="list-style-type: none"> ✓ One participant recommended creating a one-stop shop, a recommendation mentioned by several program staff in their survey answers.
<ul style="list-style-type: none"> ✓ One participant recommended staff assist clients with completing the forms for to receive services.
<ul style="list-style-type: none"> ✓ One participant recommended holistic approaches be used.
<ul style="list-style-type: none"> ✓ Group interview participants in both sessions agreed that more services should be offered to men.

Summary of Recommendations
<ol style="list-style-type: none"> 1. Continue to obtain client perspectives using interviews. 2. Review the messaging and recruitment script, and the recruitment process. 3. Future interviews should examine how participants characterize program completion and whether they would like the case close out process to look differently. 4. Consider how race and structural inequality might affect the polyvictim practice model and what new paradigms would emerge if race and inequality were part of the core lens used to guide and assess the program. 5. Consider developing a peer advocacy program as part of Project CHANGE or another related initiative. 6. Consider the viability of client recommendations as the project moves forward. 7. Eligibility requirements may need to be systematically analyzed to determine whether eligibility barriers have truly been addressed.



Using a Single Web-based Case Management System to Serve Polyvictims in the DC Metropolitan Area: Lessons Learned from a Multi-Agency Demonstration Project



Project CHANGE:
Collaborative Help Advancing
New Growth and Empowerment

Prepared by NNR Evaluation, Planning & Research LLC (2015)



This report, Using a Single Web-based Case Management System to Serve Polyvictims in the DC Metropolitan Area: Lessons Learned from a Multi-Agency Demonstration Project, was produced by NNR Evaluation, Planning & Research LLC under 2012-VF-GX-K007, awarded by the Office for Victims of Crime, Office of Justice Programs, US Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this report are those of the contributors and do not necessarily represent the official position or policies of the US Department of Justice.

Introduction

In 2013, the DC Office of Victim Services (OVS) embarked on a three-year demonstration project – Project CHANGE – to provide coordinated, comprehensive case management, medical forensic, and mental health services to polyvictims, i.e. victims of multiple crimes across the lifespan. Project CHANGE aimed to create and deliver a seamless network of treatment, support, and advocacy services that in the long term would reduce the risk factors associated with re-victimization and ultimately stabilize the lives of this population. Key to the Project CHANGE multi-agency practice model was the development, implementation, and use of a single web-based case management system designed to facilitate cross-agency information sharing and clinical decision-making, aid in the management of referrals to and from multiple agencies within Project CHANGE, and provide a virtual platform to store client records, including client behavioral and case management outcomes data. The development and maintenance of the database system required extensive oversight and monitoring throughout the three-year project. The web-based client management system had major implications for the project's structure and operations as its use was intended to transform the business practices of multiple agencies engaged in the project CHANGE. It was the first time the agency partners, who have long established work relationships and who continue to collaborate on other projects, used a single database system as part of service delivery. This document presents lessons learned from Project CHANGE, drawing on a variety of sources from internal project documents, individual evaluation interviews with DCPRT staff, discussions held during monthly meetings, and staff survey results.

Technical Terms You Should Know

Flat file

Simple database with each record appearing on one row

Batch upload

Quick way to upload multiple files

Touch point

A portal or module in the database

Blueprint

Schematic for how the database will work



Ideal and Actual Database Functionality

The concept of the Project CHANGE common database was simple: agency partners would use a single database system to store client records and the database system would allow staff to perform a limited number of tasks that facilitate case management and advocacy activities across multiple agencies, creating from the perspective of the client, the appearance of a seamless system of care. It was further hoped that the database would solve existing challenges with sharing sensitive and confidential information in a timely and efficient manner and reduce the burden on the client, who under standard procedures, had to relay the same demographic and other background information at each intake process while accessing services from multiple agencies. The database, if successfully built and implemented, would help project staff efficiently deliver care. To some extent the database system built and implemented met these aspirations, although the Project CHANGE team faced many hurdles at each stage of the process and some challenges were never adequately overcome. Figure 1 assesses the actual functionality of the database. The remainder of this report summarizes the benefits and challenges with using a single client database management system and provides lessons learned in a range of areas including contract development, concept testing, staffing, and the impact on service delivery and program evaluation.

Figure 1: Summary of Actual Database Functionality

Functionality	Overall Assessment		
	It worked well	Had many challenges	Never realized
Securely store standardized client demographic, intake, service use, and outcomes data, and consent forms			
Store client case notes (<i>as allowable per confidentiality protocols</i>)			
Provide real-time and greater access to client data across partner agencies (<i>as allowable per confidentiality protocols</i>)			
Send and receive all referrals to project partners (referrals sent in consistent manner to all partners, i.e., vis-à-vis the database)			
Track status of referrals and service utilization			
Communicate with partners via the database system			
Simplify the intake process			
Search clients, remove duplicate entries			
Easily modify data points in the database system as needed			
Generate automated standard reports for daily and quarterly use			
Reduce or eliminate the need for duplicate entry into more than one database			
Import data from other partner databases			
Export data to other partner databases			
Maintain archive of client records			

Major Lessons Learned

Project CHANGE agencies all had prior experience with web-based client management database systems but this was the first time a single system was used to perform case management services and store evaluation outcomes data across all partners. Added to this, OVS and partners were also developing a network of services for polyvictims, which was a major endeavor unto itself. The following are lessons learned and preferred practices for other agencies considering a single web-based case management database system.

Documenting polyvictim service utilization and outcomes in a single system across multiple providers has value beyond the actual technology. While the final database did not ease service delivery as intended, it did provide project partners with a tangible way to discuss and understand how each organization's respective services could be integrated, how different outcomes are interlinked, and how clients navigate their respective organizations and the larger medical and criminal justice systems. In some respects, the strategies to overcome the challenges with the database facilitated greater communication and deeper relationships among the staff at each organization.

Database development and testing can take 12 to 18 months. Testing the database with front-line staff was essential and resulted in many suggested revisions, which then had to be addressed before the database was ultimately implemented. This has implications for selecting realistic project timelines and other service goals. Funders may also need to consider longer project periods or a shorter list of deliverables given the length of time required to build and test a database before it is fully operational. At this point, we are not able to glean from the client's perspective whether use of the database has changed their experiences with the providers and the receipt of services overall.

Database development intersected significantly with the evaluation, which impacted the work plans and timelines for both the database vendor and the evaluator. In this project, the evaluation was participatory; program staff provided input into the final evaluation design and data collection forms. It was only after this process was complete, could the database developer begin building the database. This extended the database development timeline. Once the database was built and ready for testing, program staff and the evaluators engaged in simultaneous reviews. During initial testing, the evaluators reviewed the database to ensure the integrity of the data collection forms was maintained and recommended changes to the database to facilitate accurate translation of the data collection forms into the database. It was impossible for the evaluators to ensure the integrity of the data collection forms throughout the project or after every database modification. It was also difficult for the evaluator to monitor the quality of the data being inputted into the database by program staff because the data export functions were largely unavailable during the project period.



A single point person with extensive staff training was needed to cull data from the database, handle minor glitches, and communicate regularly with the database vendor.

Having a person on the project team with greater familiarity with the database helped resolve many glitches in-house. It was also helpful to designate at least one staff person in the core partner agencies as a point-person to identify when glitches were happening and how they were impacting service delivery. The drawbacks to this approach were notable as it is often not feasible for small non-profit organizations or government agencies to dedicate a person to the administration of the database. As such, each person assigned to this task within the agency or organization had to balance IT duties with direct practice, which was taxing, time-consuming, and often untenable. Future projects should build in ample resources for training the staff person assigned this role and for ongoing support as there is a sometimes a steep natural learning curve to database administration. This learning curve is made steeper still by the fact that social service providers are not often skilled in IT administration. The internal capacity of an organization should be matched with the database that is chosen so that assigned staff can balance these functions with adequate support.

The database configuration should parallel day-to-day staff routines and activities.


Building a universal intake assessment, service tracking form, and outcomes assessment was straightforward. The challenge was how to configure the database to reflect how services are actually provided on the ground. In this instance, the work environment is fast-paced and tumultuous; clients have limited time and are in immediate crises. The final database apportioned client forms to multiple screens, making the intake process cumbersome, as staff needed additional time to find the correct page, wait for the page to load, enter information, save the page, and move to the next page. Staff would have preferred a system that allowed them to quickly go back and forth between pages (or from tab to tab) with an interface that was more intuitive. Client engagement occurs in-person in the office or offsite in multiple settings and, as a result, staff regularly switch between desktop computers, laptops, tablets, and paper forms. The appearance and performance of the database varied with each format and device. Some existing challenges were not resolved with the database and likely will require further alignment of each organization's case management practices. The following are examples of the challenges that remain: data entry did not always occur in real time, the client might access services before an official referral was made through the database system, external partners could not receive referrals from the system at all therefore staff still had to send referrals through email, relevant documents such as police reports remain stored on shared drives (not in the database), and some follow up activities by non-Project CHANGE staff were not documented in the database or augmented at all during the project.

The single database system did not eliminate the need for double entry. A few of the participating agencies used the same database vendor and did not have to re-enter the data; they simply migrated the data over to the organization's main database site. However, without a reliable and efficient way to export the data into a completely different system, staff at organizations that did not use the same database vendor, had to enter Project CHANGE data into both their existing systems and the Project CHANGE database. Double entry was also necessary since not all staff at each organization had access to the Project CHANGE database and Project CHANGE data was needed for client scheduling, client billing, grant reporting, and managing caseloads. While the database has features to manage individual cases, staff still maintained separate documents to track client progress since their caseload included polyvictim and non-polyvictim clients.

The database consistently yielded missing data, requiring ongoing investigation to determine the cause. At various points in the project, data was deemed missing and only after careful investigation were the causes and the appropriate resolutions identified. In some instances, the data point was simply not included in the report print out and needed to be added in, in other instances staff were not inputting the data (for various reasons), and in the worst instances, glitches in the system led to the temporary deletion of client data. The next iteration of the database will likely have prompts for staff to fill in missing data such as case notes and client updates.

A balance is needed between making significant (and costly) changes to the database and relying on staff to change business practices solely to compensate for database performance issues. In this case, there was an expectation and over-reliance on staff to compensate for limitations in the database and to avoid paying additional costs to revamp the database. As one partner representative put it, "from the beginning, it kind of wasn't able to do what we needed it to and so then we had to create all these workarounds and it's made it a lot more complicated."





Project delays and inconsistent database performance impacted project management, service delivery, and evaluation activities. The project experienced multiple delays and challenges getting the database functional. While the database was being finalized, project staff used an interim online database, which captured a limited set of data points and required staff to make referrals outside of the database system. When the database was implemented, different functions in the database did not work at all or did not work as planned. For example, referrals would be timed out automatically or would not be visible to the correct project partner. Since the missed referrals would impact client access to services and client outcomes, staff first sent referrals via email (outside the database system) and then followed up with a second referral via the database system throughout the project period. Report print-outs were difficult to generate and independently verify. The combination of challenges encountered meant the database ultimately only functioned as storage for client data. Further, the evaluator had difficulty retrieving reliable data from the database and could not provide regular analyses throughout the project as planned and as part of participatory evaluation practices.

It is critical to review and enforce the contract with the database vendor. Steps were taken to ensure the signed contract with the database developer was upheld. The following is a list of tips and recommended precautions based on lessons learned from this project's experience with the database vendor.

Top 10 Tips for Developing a Multi-agency Customized Database

- 1 Interview multiple database vendors and check vendor references.** If possible, test examples of databases that are similar to the database your team is planning to build. Ask questions about the process used to solicit staff input on the design and functionality of the database. Garnering sufficient staff input throughout each stage, particularly development and concept testing, is critical. Be prepared to base your decision on unexpected factors. For example, the Project CHANGE database only worked on Internet Explorer and PCs when some partners used Google Chrome and Macs. Teasing out such a consequential facts in advance could have been a decisive factor for this project.
- 2 Have a solid contract that details deliverables, deadlines, and designated responsibilities for both the database vendor and database user.** Have your lawyer review the contract before signing to make sure it includes standard items, including termination policies. The scope of work should include timely database revisions, staff training (and other resources, i.e., training manuals) in day-to-day database management, use, and reporting, as well as the provision of technical support throughout the official project period.
- 3 Form a database development team to supervise the development of your database. The team should include the project coordinator, at least one actual user of the database, and the evaluator.** The database (in terms of storage, access, and retrieval) should be configured to meet program management, program service delivery, and program evaluation needs. Having an inclusive development team helps ensure the final database meets the specifications of multiple types of users.
- 4 Clearly document the desired functions of the database and regularly reference (and update) the desired functions during the design and implementation stages.** If possible, build the desired functions into the contract with the database vendor as part of their deliverables.
- 5 Configure the database to parallel (or sync with) staff activities and work flow processes.** The database should reflect how staff plan to actually use the database in their daily routines and activities, which may require a complex (and costlier) database configuration. Work flow processes should be diagrammed in a flow model prior to construction of the database. A mock client should be "put through" the work flow model in as many different scenarios as possible. Changes to the database (or the work flow, in some instances) should be made until the desired database and flow model is created. Free flowchart software is available online.
- 6 All content questions for the database should be completed prior to developing the database, although ongoing content revisions to the database should be expected.** Adding a data point to a database may seem like a relatively straightforward task. However, one data point may require significant alterations to the database's overall design or functionality. Database users should carefully review all database schematics (which draft how the database is organized) prior to database development.
- 7 Closely monitor the implementation process.** If the day-to-day users of the database find the database difficult to use, immediately document their concerns and address them with the database vendor.
- 8 Ensure the evaluator or researcher confirms the evaluation tools have been appropriately "translated" into the database and that the integrity of the evaluation outcomes tools has been retained.** Database developers may adjust a variable not realizing the adjustment may have severe implications for the evaluation, especially during data analysis.
- 9 Identify at the start of the project the types of queries and reports the database will be expected to produce and monitor those deliverables during the initial stages of implementation.** While budget constraints may limit the number and sophistication of queries and reports, the most frequently used reports and reports essential for project monitoring and assessment should be resourced and included in the database.
- 10 Don't be afraid to switch database vendors.** Building a customized database is a major investment that warrants proactive monitoring and decisive action to avert problems that can affect service delivery and client outcomes. If the database under construction is not meeting the project's needs and if the vendor is unable to deliver on expectations, secure another database provider and build into their work plan a method for transferring existing data into the new system.



Moving Forward

The use of a web-based client management system reflects forward thinking. The service delivery model in many fields is evolving into cross-agency collaborations that go beyond simply sharing a work plan, but rather create viable platforms for enhanced communication, shared business practices, and standardized client data collection and storage. Project CHANGE will continue to use a single web-based management system to facilitate service delivery for polyvictims; they are working on simplifying the current database system, including the evaluation components, for ongoing use. Some of the changes being considered are documenting when edits have been made to a client record and adding prompts (“time to fill out 3-month assessment”) to improve data entry completion and accuracy.

About NNR Evaluation, Research & Planning LLC

Nicole Robinson, MPH/MSW, has over 10 years experience working in the nonprofit and government sectors, mainly as an evaluator and technical assistance provider to communities of color. Ms. Robinson has conducted numerous program evaluations in many styles (e.g., participatory, empowerment) and formats (e.g., cross-sectional, longitudinal, qualitative, quantitative, and mixed-methods). As a trainer, Ms. Robinson provides training and capacity building to organizations in evaluation, linking evaluation to other aspects of organizational management and long-term planning. Ms. Robinson is pursuing her doctorate in social work. Ms. Robinson conducts her local and national evaluation work through NNR Evaluation, Planning, & Research LLC, a values-based, social justice organization that helps build the evaluative power of organizations serving communities of color and constituent-led organizations.

Core Team and Stakeholder Final Assessments of the OVS/Project CHANGE Demonstration Project

1. Background

Project CHANGE provides coordinated services to polyvictims -- victims of multiple acts of violence or crime over the lifespan. The project was administrated by OVS and the Project Coordinator, who worked closely with a core project team made up of the DC-based victim service providers. The demonstration project was externally evaluated. The two-year external evaluation was a comprehensive one and consisted of multiple types of evaluations, including:

- **Design Evaluation** - the documentation of the project's overarching theory or conceptual framework and an assessment of its application in the demonstration project;
- **Implementation Evaluation** - the documentation and formal assessment of the systems, policies, procedures, and processes that support program management and service delivery;
- **Process Evaluation** - the documentation and characterization of services provided, the number and demographic composition of clients served, and an initial assessment of the quality of services provided;
- **Outcomes Evaluation** - an evaluative assessment of the added value, perceived and actual benefits of specific project components and the project as a whole.

This is the final report in a series of reports summarizing the major findings from the external evaluation. This report consists of final assessments by the core partners and stakeholders. The online core partner survey was administered in years 2 and 3 to core partner agency representatives, line staff from core partner agencies, and Project CHANGE stakeholders. The online survey provided greater understanding of the project as part of the design and implementation evaluations. Stakeholders were interviewed during the final demonstration year to assess the project from a systems level, assist with the further development of specific project components, and identify future services for polyvictims living in DC. Several conclusions and recommendations are made based on these data.

2. Methodology

Core partner surveys were administered online with a response rate of 8 (out of 12) and 5 stakeholder interviews were conducted in-person. Staff changes at core partner agencies resulted in a loss of feedback from these staff and in a few cases, new or replacement staff were not able to answer all or some of the questions in the survey. Stakeholders were identified by the OVS/Project CHANGE Coordinator and contacted by the evaluator for an interview. Stakeholder interviews lasted 60-90 minutes and were recorded.

Basic descriptive were calculated using quantitative survey data. The descriptive statistics include the average score, the minimum (or lowest) score, and the maximum (or highest) score. General comparisons were made between the first core partner survey and the follow up survey. Any substantial differences between surveys is discussed where appropriate.

Standard content analysis techniques were used to summarize answers from open-ended survey and interview questions (qualitative data). These techniques include identifying themes, relationships between themes, and contrasting qualitative data with quantitative data from the survey (if applicable).

Care was taken not to over-represent one survey or interview respondent's views in the report. To avoid transforming qualitative data into quantitative data the evaluator avoided counting the number of times a theme appeared.

Core partner and stakeholder data has been aggregated to increase the confidentiality of individual comments and suggestions, but also to streamline the report and provide a thematic review of the findings.

There are several limitations in the data collection and analysis methods that qualifies the findings presented in this report. They are:

- **The survey relies on self-reported data.** Survey respondents may have over or under-rated the project for various reasons -- e.g. social desirability bias, which is the tendency to choose the answer that will be viewed favorably by others. Respondent recall may have also affected both survey and interview data.
- **The survey has not been scientifically validated.** The survey consists of customized questions that were designed using acceptable best practices in the field. While the questions are tailored and intended to provide the most useful information, if the survey was repeated, the results might be different simply because the survey has not been scientifically validated.
- **The stakeholder sample size is small but likely reflective of the number of external stakeholders most familiar with the demonstration project.** Understanding the project from the stakeholder's perspective adds value since their feedback helps situate the project within the broader victim service context. Given the small sample size, the responses from the stakeholders interviewed in this sample may not be representative of all stakeholders.

3. Major Findings

a. Overall Assessments

The project's "overall" rating was **3.00**, up from **2.64** in the first survey using a 4-point scale where 4 = Excellent. The highest average score was the project's "purpose" (3.88) and the lowest score was "use of resources," which received a 2.63. Two additional areas fell below the 3.00 score: "implementation" (2.75) and "partner composition" (2.75). "Partner composition" had the greatest range from 2 to 4 out of a 4-point scale. Specific ratings under each area appear throughout the report along with the feedback and suggestions from both core partner agency representatives (survey respondents) and stakeholder representatives (interview respondents). See Figure 1.










<i>How to interpret the numbers...</i>		
2.60 or higher	Strength area	
2.01 to 2.59	Room for Improvement	
2.00 or less	Needs Immediate Attention	

Figure 1: Overall Assessment of the DCPRT Demonstration Project			
Rating Areas (6 total)	Overall Average Score	Interpretation of the Overall Average Score	Min/Max Score
Overall	3.00		3
Purpose	3.88		3-4
Management	3.25		3-4
Implementation	2.75		2-3
Partner composition	2.75		2-4
Use of resources	2.63		3
<i>Scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent</i>			

b. Purpose

The project's purpose was rated favorably by both core partners and stakeholders with some exceptions. Providing direct services to polyvictims, domestic violence, and sexual assault victims, and responding to the needs of polyvictims in a way that is different from traditional practice each received scores of 3.00 or higher. Core partners also noted in their answers to open-ended questions that the project's strength was its ability to identify a vulnerable population. Stakeholders also noted the value of the project's purpose and intent, such as:

- *"I think the project sounds like – what you're trying to achieve is a really great goal. Especially just trying to centralize or have it so that you can have services or someone could just know where all the services are and can just go and actually get them it so, so key and very, very important."*
- *"A lot of folks – people in some sense need case managers to kind – a person that can deal with – because so many – a lot of us service providers you can't be expected to know everything about everything to deal with – and it's good to have expertise, but then you need somebody that can coordinate all of that. Like case managers or somebody like that that can you know be that single – can be that single point for the person but then can deal with all the different spokes in the wheel."*
- *"Basically I understand it as we're trying to basically give holistic services so that every provider knows what the other provider is doing and that they have access to one another, and then also so the victim won't have to be running around to 50 different places being re-traumatized and frustrated and giving up before they can meet the finish line...I think it's important. I am a fan of holistic services, and I realize that there are other things that keep people from leaving relationships that need to be addressed that I cannot address. It helps me to be able to call up somebody if there's a housing issue or there's an employment issue and refer them and make sure that they get the services they need by somebody who's vetted and qualified."*

And, the benefits of knowing whether someone has polyvictim status, for example:

- *"...You need to be back in court in two weeks with all this paperwork done. When they can't follow through or they don't follow through or something falls off the radar screen, there's some sense of understanding that that's not just because they don't care about this case. It's because of the levels of – but there's so many that can be trauma, that can be poverty. That can be other child care – I mean there's so many demands that make it difficult for folks to follow through. But certainly the repeated trauma is one of them that's worthwhile for the system to be aware of. Whether they change their behavior, I don't know. But they should at least be aware."*

It should be noted that some stakeholders were unfamiliar with the project's goals: *"I will be honest and say I have a limited understanding of what it is. I know that – you know, multiple crime victims, but I'm not sure exactly what the actual response team does."*

Lower scores were given to two areas by core partners: "meeting the needs of victims of community violence" (1.63) and "providing direct services to secondary victims such as children" (1.75). As noted in previous evaluation reports, most core partners specialize in sexual assault and domestic violence and service primarily female survivors, except for two core partners which provides services to victims of

multiple crime types. To assist project staff in resolving this issue, stakeholders were asked to describe the services available to victims of community violence. Unfortunately, most were unsure about the services available and doubted if any were available, for example:

- *“I will say I don't know if they are. I will not say no, because I don't know. I'm not familiar with.”*






That said, there was recognition that community violence and domestic violence intersected, for example:

- *“You know and I feel like the – because it was probably predominantly driven in the '70's or through like kind of middle class predominantly white women that we had to have that kind of model, but that's – those aren't the cases we see very often. What we see are people who live in a community where there's violence and part of that is directed at the partner.”*

Survey respondents noted that in addition to survivors of community violence, the project also did not meet the needs of current and formerly incarcerated survivors, non-English speakers, and undocumented immigrants since, in large part, the core partners do not have the capacity to provide services to these groups.

Survey respondents identified low recruitment among children as secondary victims as a challenge throughout the project.¹ It was noted during project staff meetings that polyvictim clients are more likely to have adult children or do not have physical custody of their children. Core partners recommended the project put special emphasis on children and explicitly screen for child polyvictims in the future to increase child enrollment in the project. See Figure 2.

Figure 2: Assessment of the DCPRT Demonstration Project (Purpose)

Rating Area	Overall Average Score	Interpretation of the Overall Average Score
Providing direct services to polyvictims*	3.13	
Meets the needs of sexual assault and domestic violence victims*	3.25	
Responding to the needs of polyvictims in a way that is different from traditional practice^	3.13	
Providing direct services to secondary victims (e.g., children of primary victims)*	1.75	
Meets the needs of victims of community violence (e.g., witnesses to homicide, gang violence)*	1.63	




^Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree; *Scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent

c. Management

Survey respondents rated the project’s ability to “work through and overcome challenges related to project structure” favorably (3.29 out of 4-point scale). While “working through challenges with individual partner organizations” and “use of MOUs and information sharing agreements” were rated below 3.00, partner agencies did not provide specific comments when asked to explain their answers. In

¹ Also see Mosaica evaluation report "Survey Respondent Perspectives on Special Populations and Sub-Populations" (August, 2014).

fact, partner relationships, which have been leveraged in other initiatives, were identified as a strength of the project in survey respondent answers from other sections of the survey. See Figure 3.

Figure 3: Assessment of the DCPRT Demonstration Project (Management)		
Rating Area	Overall Average Score	Interpretation of the Overall Average Score
Working through challenges or conflicts with individual partner organizations*	2.75	
Overcoming any challenges related to project structure, funding, etc.*	3.29	
Use of MOUs and information sharing agreements^	2.88	
^Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree; *Scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent.		

















d. Implementation

Several implementation areas were rated favorably and received average scores of 3.00 or higher. See Figure 4. The areas receiving the highest score were "facilitating collaborative, cross-agency communication with regard to the polyvictims served through the project", and "working through barriers to accessing services for individual polyvictim participants" (both 3.50) followed by "use of the case review process" (3.25). Core partners stated the case review process provided greater in-depth knowledge of partner agency processes, helped address specific client case concerns, and helped identify gaps in the continuum of care. The core team plans to continue the case review process in the future. Not all partners found the case review helpful, especially if their organization did not serve the individual whose case was being reviewed or if the discussion focused too much on service provision. See also the case review case study for Project CHANGE.

A few areas received low scores. "Overcoming the effects of laws, regulations, and policies" received the lowest score at 1.65. No explanations were given in the survey to explain the low rating, however it is likely that legal cases were negatively impacted by current regulations. "Creating systems to share information and make referrals to core and other partners" received a 2.50 rating. As reported in previous summaries in addition to a case study on the topic, the project encountered numerous problems with the web-based client management system. Survey respondents noted the ongoing performance challenges with the software and database. A summary of the key functionalities of the new database appears in a later section of this report.

"Application of culturally competent treatment and services" received a 2.38. Respondents were asked to describe and provide specific examples of how the program was culturally competent and responsive to specific racial/ethnic groups and low-income groups. The answers were somewhat sparse and did not always indicate an understanding of these terms. For example, one respondent indicated that clients are exclusively people of color. This and other answers make it difficult to discern how the program is culturally responsive. Further, survey respondents indicated non-English and undocumented immigrants were sub-populations that were not well served by the program. In previous reports summarizing findings from client interviews and in select stakeholder responses, having a person of the same racial background provide services was thought to increase the cultural competency of partner organizations.

Figure 4: Assessment of the DCPRT Demonstration Project (Implementation)

Rating Area	Overall Average Score	Interpretation of the Overall Average Score
Facilitating collaborative, cross-agency communication with regard to the polyvictims served through the project [^]	3.50	
Developing mechanisms and processes to share only relevant participant information with partner organizations [^]	2.88	
Application of culturally competent treatment and services ⁺	2.38	
Application of trauma-informed care ⁺	3.13	
Coordinating services and referrals for polyvictims ⁺	3.25	
Overcoming the effects of any laws, regulations, and other policies that may supersede the project's preferred response to an individual polyvictim or to polyvictims in general [^]	1.63	
Implementing an efficient referral process with partner organizations [^]	3.00	
Using evidence-based practices ⁺	3.13	
Use of the case review process ⁺	3.25	
Working through barriers to accessing services for individual polyvictim participants [^]	3.50	
Providing seamless and comprehensive services to polyvictims ⁺	3.00	
Developing an efficient screening process to identify polyvictims [^]	3.38	
Implementing a useful intake process [^]	2.88	
Alleviating most known barriers to accessing treatment (e.g., residence requirements, language barriers) ⁺	2.88	
Creating systems to share information with and make referrals to core and other partners ⁺	2.50	
Communicating the goals of this project to partner organizations	3.00	
[^] Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree; ⁺ Scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent;		

Core partners were also asked to indicate which aspects of the project should stay the same or change. Seven (out of 7) indicated that the “web-based client management system” should change. The next area selected by three respondents was the intake process. The intake process, due to the consent forms and evaluation assessments, was longer than usual and most respondents recommended the process be shortened and streamlined. Participants indicated bi-monthly or quarterly meetings would be sufficient for future work. The remaining areas were selected by five or more as “stay the same”. See Figure 5.

Figure 5: In the 4 th year of the project, which aspects of the program should stay the same or change?		
Answer Options	Core Partner (# of Respondents)	
	Stay the Same	Change
Eligibility criteria	6	1
Recruitment approach	5	1
Enrollment approach	5	1
Intake assessment	3	3
Case management model	5	1
Case reviews	6	1

Monthly meetings	5	2
Web-based client management system	0	7

Survey respondents and stakeholders identified several challenges with project implementation, including:

- The program was, at times, difficult to distinguish from the existing system.
- Recruiting participants into the project was slow and resulted in smaller numbers of polyvictim clients served.
- Long waiting lists at core partner agencies and external agencies reduced access to select services.
- Lack of crisis and long-term housing options for polyvictim clients were constant challenges.
- Lack of an institutionalized referral process meant some partners received few if any referrals polyvictim clients monthly.

To address the above issues, partner and stakeholders made the following **implementation recommendations:**






- Refine eligibility to serve the most “at-risk” among polyvictim clientele, provide services to the jail populations, and expand polyvictim status to all DV clients, not just high lethality clients.
- Shorten the consent process and evaluation assessment. [Note: A revised consent form and evaluation assessment will be used.]
- Reduce the wait times by increasing the number of mental health clinicians.
- Increase legal services to ensure legal representation is available.
- Streamline the referral processes so that emails, phone calls, and web-based exchanges are replaced with a single, reliable system of referral.
- Reduce or eliminate the waitlist for the desired services such as housing and long-term case management.
- Broaden and diversify the partnership to include housing providers, child services, substance abuse providers, providers serving undocumented and immigrant populations, and/or providers with bi- and multi-lingual services. This may require re-allocation of future project funding.
- Secure a database system that is used by all agencies and all staff within those agencies, and informed by a protocol that fits within the day-to-day operations of each agency.
- Expand incentives to include transportation, food, cell phone minutes, and other resources.
- Co-locate services if possible.
- Set a goal to reduce specific risks for polyvictim clients and establish benchmarks toward that goal.
- Provide the Metropolitan Police Department training on trauma-informed care and its use when responding to calls for service and making an arrest.

e. Partner Composition

Existing partnerships were rated very favorably with each area receiving an average rating of 3.50 or higher (up from 3.18 during the first survey). Stakeholders also noted the positive relationships, for example: *“we all know what each other and we all work well together. So I feel like that's there. ... – especially those of us all doing domestic violence family law, I think there's a fairly smooth [process] among all us. It's that next layer out of maybe the housing and the public benefits or something – are there legal needs that somebody might have that we're not as necessarily tied into that maybe this is going to expand to make those transitions more seamless as well.”* See Figure 6.

Survey respondents and stakeholders made recommendations to expand the existing partnership to include housing providers and long-term case managers. A housing provider in particular would help clients navigate long wait times and limited housing options; for example, *“it just seems like to me housing is just a hard issue for all my clients who need it. Rarely are they able to get it. They can get safe housing for 30 days or whatnot, but the whole transitional thing is just more difficult.”*

Additionally, they noted that onboarding new members will need to be formalized to ensure that each partner has what they need to engage the team, access the database, make and receive referrals, and understand the project’s components. As the first quote above indicates, partners in the “next layer out” may not be “tied into” the current network of providers.

Figure 6: Assessment of the DCPRT Demonstration Project (Partners)		
Rating Area	Overall Average Score	Interpretation of the Overall Average Score
Deepening relationships with existing partners [^]	3.88	
Creating new relationships and/or partnerships with organizations/agencies [^]	3.50	
Working with partner organizations to provide a coordinated level of care to polyvictims [^]	3.38	
Establishing partnerships with organizations to meet a wide range of service needs [*]	3.75	
Creating opportunities for partner join decision-making and planning with regard to the polyvictims served through the project	3.63	
[^] Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree; [*] Scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent;		

f. Partner organizational changes

Core partners were asked to indicate if their organization made changes in practice in seven areas. The most common area changed was “daily operations” with five respondents selecting this option. Survey respondents indicated their organization revised intake and screening processes, and increased staff responsibilities. The most significant change included adjusting the schedule of a mental health clinician who only had drop-in hours to taking scheduled appointments with polyvictim clients. The adjustment was a response to the long wait times to see a clinician following a crisis event. Other changes included adding an evaluation assessment to the formal protocol for all clients at one agency, adding a nurse to DVICs, and providing forensic exams to polyvictims. It should be noted that not all partners and/or stakeholders changed practices as a result of a persons’ polyvictim status; for example, *“I would consider it just background information, and just try to do what I do for all my clients. Make sure that I’m doing exactly what they want to happen with the case, whatever that could be.”* See Figure 7.



Figure 7: Number of Respondents Indicating Organizational Changes		
To provide services to polyvictims through DCPRT, did your organization change any of the following?		
Answer Options	Core Partner (# of Respondents)	
	Yes	No
a. Eligibility criteria	2	6
b. Service hours	1	7
c. Staffing	0	2

d. Caseload size	3	5
e. Delivery of service (in general)	3	5
f. Daily operations (in general)	5	3
g. Other; please specify	1	2

Somewhat related to partner changes, one stakeholder also recommended a one-stop shop. They noted “as much one stop shopping as you can get is helpful, because people have limited means and transportation can be intimidating for people. It’s nice when you have as much in one space as possible or one person. Or just referring, because referrals are good. As long as they’re not cold. I prefer to just pick up the phone and say, “Oh,-- --” and I know you can’t always do that, but when that can happen, that’s a good thing. Because you’re passing it off to somebody at least you feel knows that they’re doing and has been properly trained. And there’s accountability. That’s all I say, “Is there accountability?” If I send somebody to -- and she drops the ball, I call her up and say, “What happen?” And visa versa. I think that’s important.” A one-stop shop has been recommended by members of the core team and polyvictim clients during client interviews.

g. Use of Resources and Technology

Use of resources (in general) received an overall average score of 2.88 and use of technology received an average score of 1.50. See Figure 8 and a case study summarizing the challenges with the database system.

Figure 8: Assessment of the DCPRT Demonstration Project (Resources & Technology)		
Rating Area	Overall Average Score	Interpretation of the Overall Average Score
Use of resources (in general)^	2.88	
Use of technology (i.e., web-based systems)^	1.50	

^Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree;

Respondents were also asked to indicate which database functions were important and not important should a new system be developed in the future. Three functionalities were selected by all eight respondents: “send and receive all referrals to project partners (referrals sent in consistent manner to all partners, i.e., vis-à-vis the database)”, “track status of referrals and service utilization”, and “generate automated standard reports for daily and quarterly use”. “Maintain archive of client records” was the least selected item with only 3 out of 8 respondents. See Figure 9.

Figure 9: Database Functionality		
Rating Area	Important	Not Important
Securely store standardized client demographic, intake, service use, and outcomes data, and consent forms	6	2
Store client case notes (as allowable per confidentiality protocols)	5	3
Provide real-time and greater access to client data across partner agencies (as allowable per confidentiality protocols)	6	2
Send and receive all referrals to project partners (referrals sent in consistent manner to all partners, i.e., vis-à-vis the database)	8	0
Track status of referrals and service utilization	8	0

Communicate with partners via the database system	6	2
Simplify the intake process	6	2
Search clients, remove duplicate entries	5	3
Easily modify data points in the database system as needed	7	1
Generate automated standard reports for daily and quarterly use	8	0
Reduce or eliminate the need for duplicate entry into more than one database	7	1
Import data from other partner databases	5	3
Export data to other partner databases	5	3
Maintain archive of client records	3	5

h. Evaluation

As the project enters its fourth year, a series of questions were asked to refine the goals of the evaluation and data collection. Core partners indicated the following **client-level outcomes** were important to the project (listed in no particular order):

- Self-sufficiency, economic dependence
- Stability
- Accessing services
- Using health care and/or social services
- Having or increasing trust, willingness, and engagement in systems
- Stable housing
- Mental health well-being
- Decrease in re-victimization
- Improved daily functioning
- Improved coping skills
- Improved resiliency
- Improved parenting
- Improved access to social services

Stakeholders also added that:

- *“I guess the outcome is how many people are able to access all those things that they actually need to stay safe.”*
- *“Some people like to measure who went back and who didn't. To me that's not a good measurement, because it's a cycle. For me, it's like I said before, I'd just like to know, 'If you asked for something, were you able to get it?' That's the bottom line for me. If you said, 'I'm going to stay but I want counseling.' Okay, so were you able to get that counselling? How long did you have to wait for it? Did you give up in frustration because you had to wait forever? Were you sent to somebody who doesn't understand domestic violence?’”*
- *“I just like to know that whatever it is that you need to make you feel safe or empowered, did you get it. And were you afforded the opportunity to actually be heard on that, or were you just pushed into a direction where someone else thought you needed to go...”*

Administering the post-program assessment was difficult due to client drop off. Core partners and stakeholders were asked to provide advice and guidance on how to define program completion and advice on when to close out a case and administer the post program assessment. While it was agreed that there needed to be a formal policy on when to close out a case, there were varying opinions on how program completion should be defined such as:

- After “meaningful” engagement with each provider occurs.
- Traditional methods such as when case plan and therapy goals are reached.

On the other hand, program completion was also rejected as a concept applicable to polyvictim clients. For example, “I don't know that the phrasing client completion makes sense for this population. I think if a client re-engages with services at a later date it shows that client trusts and understand the services well enough to utilize them in the future” and “[I] disagree with idea of 'client completion' - unless completion defined as "intervention in crisis achieved, short term stabilization goals achieved" particularly with [the] original multigenerational view of impacts of polyvictimization”.

Core partners were asked to assess which instruments should be kept, changed, or discontinued. See Figure 10. The overall consensus was that fewer instruments would be better and that only providers with specialties in these respective areas should administer the tools. Stakeholders recommended using social media (such as text messaging) to capture post-assessment data and phone check-ins.

Figure 10: Number of Respondents Indicating Keep, Change, or Discontinue Specific Evaluation Instruments			
Answer Options	Core Partner (# of Respondents)		
	Keep the Same	Change	Discontinue
Coping scale	3	0	1
Resiliency scale	4	0	1
TANF/Housing assessment	3	1	1
Empowerment scale	2	1	2
Stressful life questionnaire	2	1	2
Substance abuse	4	0	1

Conclusion & Recommendations

Project CHANGE was designed to provide polyvictims living in DC with comprehensive services through a multi-agency response team. The demonstration project was externally evaluated. The evaluation included a survey of core partner team members and interviews with stakeholders.

Overall both core team partners and stakeholders rated the overall program favorably, including its overarching purpose and implementation. The project also faced challenges, specifically with its database system, which impacted referral processes; a longer intake process, which impacted workflow and recruitment; and a lack of partners serving specific sub-populations and providing housing services.

The following recommendations are made:

- **Expand the core partner team to include community violence, housing, and other service providers and ensure that such partners have the tools they need to participate in the team since**

it has already been working together for three years. Formal “onboarding” and introductory materials may need to be prepared.

- **Develop a program completion definition and formal case close-out policy.** There seems to be mixed views on how to approach program completion and formally close out a case. Both have implications for when to administer a post-assessment. Developing a formal policy, reflective of the agreed upon definition, will also add consistency from the perspective of the client. When post-assessments are consistently available future evaluations will be able to measure the program’s medium and long-term outcomes
- **Consider the implementation recommendations on page 7 and implement those that are viable.** Long-term case management, additional mental health clinicians, and housing seem to be the major areas that, if addressed, could meet critical service gaps and help distinguish the project from the traditional service response.
- **Continue engaging stakeholders for their feedback.** Stakeholder feedback can validate or corroborate the management team’s experiences and provide a third-party assessment of the project. One stakeholder also noted the value of such interviews; *“I think it’s really good that you guys are going out and checking in with people and figuring out, ‘Hey, what did you think about it? What do you know about it? How did it work for you?’ I think this is the best way to get some really good feedback and figure out spots or any gaps that need to be filled or things that could be changed.”*
- **Share evaluation results with stakeholders and the larger DC community.** Stakeholders and others in the public may benefit from the project’s experiences and lessons learned. One stakeholder for example, could not comment on the project because they lacked detail about the project’s results. For example, *“I really don’t know what worked and what didn’t work. So I would have to know what worked with everybody else before I could really say.”* As the project disseminates its model and lessons learned to national audiences, local dissemination activities and formal presentations are needed as well.