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A Partnership to Enhance Victim Services: Evaluating Somerset House

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Executive Summary

This project is a collaboration between Family Violence Project (FVP), the Maine Statistical Analysis Center (Maine SAC) at the University of Southern Maine, and the Victims of Crime Administering Agency (VOCA) at the Maine Department of Health and Human Services (DHHS). The purpose of this project is to develop an evaluation framework for Somerset House (FVP's emergency shelter for victims of domestic abuse), in order to determine whether its current model of service delivery is effective for victims of domestic abuse with co-occurring substance abuse issues. The project also intends to serve as a model for other domestic violence resource centers contemplating similar programs.

The Maine SAC worked with FVP to develop an evaluation plan, including a theory of change, logic model, and measurable outcomes for the housing model used by Somerset House. The Maine SAC then created new data collection tools and a data dashboard, which will serve as both a data collection and data visualization mechanism for FVP moving forward.

Somerset House provides a multitude of services, many of which have intangible outcomes that are difficult to measure. Although further research is needed, this project concluded that, anecdotally and in practice, the Somerset House service model has been successful in helping victims of domestic violence with co-occurring addiction issues become and remain free from violence and substance abuse.

Background

In September 2018, the Maine SAC, in conjunction with FVP and Maine DHHS, submitted a proposal to the Center for Victim Research in Washington, D.C., to conduct a program evaluation of Somerset House, a domestic violence shelter for women with co-occurring substance abuse issues.

The Center for Victim Research (CVR) is a collaboration between the Office for Victims of Crime (OVC) and the Justice Research and Statistics Association (JRSA) aimed at enhancing victim-services research at the state and local levels. CVR serves as a hub for victim service providers, policymakers, and researchers where the latest information on victim services research can be shared. CVR also promotes approaches for bolstering victim services planning and implementation. This report fulfills one recommendation put forth in OVC's Vision 21: Transforming Victim Services Final Report, which spells out that additional victim-related research is integral to determining what service gaps exist and what evidence-based programs are needed.

Family Violence Project

For over 40 years, Family Violence Project (FVP) has worked to support victims of domestic violence across Kennebec and Somerset counties in central Maine. Through the provision of comprehensive direct advocacy services, a twenty-four hour helpline, support groups, and crisis intervention for victims, FVP has built a strong coalition of committed individuals and partner agencies working toward the mission of ending domestic abuse in central Maine.

Maine Statistical Analysis Center

The University of Southern Maine (USM) is one of seven universities that make up the University of Maine System. USM is home to the Muskie School of Public Service (MSPS), which is a highly distinguished public policy school that provides applied research services, training, and technical assistance in conjunction with challenging undergraduate and graduate degree programs. MSPS is also home to the Cutler Institute for Health and Social Policy, in which the Maine SAC is located.

Maine Victims of Crime Assistance (VOCA) program

The Maine Victims of Crime Assistance (VOCA) program, administered by Maine DHHS, provides assistance to crime victims in Maine and connects them with local community-based providers that are able to support them in their recovery. Maine DHHS distributes funding through sub-grants to sexual assault/domestic violence programs throughout the state.

Introduction

Family Violence Project & Somerset House

A core tenet of FVP is the belief that every person has the right to live a life free from abuse and the right to feel safe in their home. In support of this ideal, FVP opened its first emergency shelter in Kennebec County in 1987. Modeled after existing domestic violence shelters in Maine, it provided temporary housing, individual advocacy, group support, safety planning, referrals, and assistance connecting victims with community-based resources. From 1987-2011 FVP operated the shelter, and also opened an additional location, but began to notice that women were frequently asked to leave because of drug or alcohol use while in the shelter. These same women often faced serious safety risks because they lacked a safe place to go and had little to no access to substance abuse treatment.

In order to better understand this reoccurring issue, FVP invited a group of women who had been asked to leave the shelter due to drug or alcohol use to participate in a focus group, the purpose of which was explaining to advocates what supports would have increased the likelihood of the shelter meeting their needs. After meeting with the women, FVP recognized that it was not entirely possible to help victims of domestic violence with co-occurring addiction issues establish safe lives if their program only addressed needs exclusive to domestic violence. This realization served as the basis for FVP's proposal submitted to the U.S. Department of Justice Office on Violence Against Women to fund a pilot program designed to shelter victims of abuse and addiction, along with their children.

In 2011, FVP opened Somerset House, a new type of domestic violence shelter for women with substance use issues and their children. Somerset House provides comprehensive supports for clients with complex traumatic histories and extensive involvement in the criminal justice and child protective systems. Victims entering Somerset House are able to reside in the shelter far beyond the typical maximum stay of 30 days, and are offered wraparound supports to help with issues of homelessness, substance abuse, and trauma. It is important to note, Somerset House is a very small shelter, serving at a maximum four women at a time. Now that the shelter has been successfully operating for several years, FVP is interested in ascertaining the effect of Somerset House and its services.

Intimate Partner Violence (IPV)

Historically referred to as “domestic violence,” intimate partner violence (IPV) involves any behavior by an intimate partner that causes physical, sexual, or psychological harm (Gilchrist, Radcliffe, Henderson, & Howard, 2019). IPV is a widespread public health problem; about 1 in 4 women and nearly 1 in 10 men have experienced sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime (Smith, Zhang, Basile, Merrick, Wang, Kresnow, & Chen, 2018). Not only does IPV result in physical and psychological harm, it has also been linked to many other negative health outcomes, including chronic pain, cardiovascular issues, depression, and neurological issues. Additionally, survivors of IPV are often at a higher risk of engaging in adverse health behaviors, such as binge drinking, smoking, and substance use (Centers for Disease Control and Prevention, 2019).

Despite having one of the lowest violent crime rates in the country, Maine has a domestic violence assault reported to law enforcement, on average, every 2 hours and 5 minutes (State of Maine Department of Public Safety, 2018). Nationally, on average, nearly 20 people per minute are physically abused by an intimate partner in the United States (Black, et al., 2011). A report released in 2018 by the Maine Domestic Abuse Homicide Review Panel, said that, of the 37 homicide victims that were reported from 2016 to 2017, 16 (43%) died at the hands of a family member or intimate partner (2018). Additionally, in 2017, domestic violence assaults comprised 40.2% of the total assaults reported to law enforcement (State of Maine Department of Public Safety, 2018).

IPV & Substance Abuse

According to the National Center on Domestic Violence, Trauma & Mental Health, the link between the co-existence of IPV and substance abuse has been well established. Victims may utilize drugs, alcohol, or other coping mechanisms to deal with the ramifications of IPV experiences. Study results have shown that people who use, or are dependent on, substances consistently experience higher rates of IPV during their lifetimes (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

Research has also shown that, following an incident of physical or sexual violence, women’s drug and alcohol intake tends to go up even for women who had not previously experienced any abuse (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). Further, women who abuse alcohol and other drugs are more likely to become victims of domestic violence, and are more likely to receive prescriptions for and become dependent on tranquilizers, sedatives, stimulants, and painkillers (Center for Substance Abuse Treatment, 1997). Though there are limited statistics regarding co-occurring IPV and substance use issues in Maine, anecdotally, domestic violence service providers confirm that many of the victims they work with present with co-occurring addiction issues.

IPV & Housing Instability

Being unsafe at home can lead to grave consequences, and experiencing IPV is a leading cause of homelessness for women and children in the United States. Between 22% and 57% of all homeless women report that domestic violence was the immediate cause of their homelessness (The National Center on Family Homelessness, 2013). The National Alliance to End Homelessness (2011) reports that on average, every day over 37,000 victims of IPV and their children rely on domestic violence shelters or transitional housing programs for support. Victims of IPV face complex challenges to obtaining safe and stable housing; abuse often leads to financial instability, lasting trauma, and the need for increased safety measures. Over the course of a lifetime, it is reported that housing instability is four times more likely for victims of IPV than for those who have not been victimized (Sullivan, López-Zerón, Bomsta, & Menard, 2019). Unfortunately, victims and service providers consistently report severe shortfalls in both emergency and long-term housing. The 2018 annual Domestic Violence Counts survey, a snapshot of aggregate nationwide data on the unduplicated number of adults and children requesting and/or receiving services at domestic violence shelter programs in a given 24-hour period, found that victims made 9,183 requests for services—of which 6,972 (76%) were requests for emergency shelter or housing that could not be met, because programs did not have the resources to provide these services (National Network to End Domestic Violence, 2018).

In Maine, the same survey found that there were 453 domestic violence victims served in one day; of those, 250 adult and child victims accessed emergency shelter or transitional housing services. There were 42 reported unmet requests for services of those, 43% (18) were for housing (National Network to End Domestic Violence, 2018).

Addressing the Intersection of IPV, Substance Abuse, & Housing Instability

To address the complex issues that arise at the intersection of IPV, substance abuse, and homelessness, programs need to tackle these three problems simultaneously. While there is little research on the convergence of IPV, substance abuse, *and* homelessness, best practices for both addressing co-occurrences of IPV and substance abuse, and IPV and homelessness, indicate that these intersecting issues are best addressed through coordinated, collaborative, and/or integrated services. Further, culturally relevant and trauma-informed interventions are highly recommended (Rivera et al., 2015). It is imperative that service providers be attuned to *all* of the needs of victims of IPV and address the needs at the same time, otherwise treatment may not be accessible or effective; it may even cause further harm. Additionally, in an applied research article published by the National Resource Center on Violence Against Women, the authors noted that “all women should be screened for SA [substance abuse] and IPV, as well as other trauma and co-occurring issues regardless of where they seek help”

(Bennet & Bland, 2008). Coordinating simultaneous interventions within a collaborative network of providers ensures information sharing and effective implementation of treatment plans.

As the National Advisory Council on Violence Against Women states: “[Providers] need to continue to emphasize safety and stability for women and their children. All policies and program practices need to be informed by the knowledge that domestic violence and housing instability are inextricably linked, and that a holistic approach is required to achieve safety and stability and to mitigate the negative economic, social, and health outcomes brought about and exacerbated by both experiences of domestic violence and housing instability” (Baker, Billhardt, Warren, Rollins, Glass, 2010). This sentiment is echoed in a study published in 2018 in the *Clinical Social Work Journal*. Researchers conducted 11 in-depth interviews with victim advocates from across the country who overwhelmingly reported that safety and trauma-related issues for domestic violence victims needed to be dealt with either before or at the same time as efforts to secure housing (Sullivan, López-Zerón, Bomsta, & Menard, 2019).

In Maine, there are eight organizations across the state that provide domestic violence services including emergency shelter, counseling services, housing support, legal and financial services, and crisis intervention (Maine Coalition to End Domestic Violence, 2018). According to the Maine State Office of Substance Abuse, there are only 15 short-term residential treatment beds, eight extended-care beds, and 13 beds in half-way houses for women dealing with substance abuse issues. Accordingly, there is a critical shortage in availability of substance abuse treatment options.

By providing specific services for victims of IPV with co-occurring addiction issues, Somerset House steps into this gap—yet it is the only explicit dual-service agency doing so in the state, and one of a few nationwide. While other domestic violence agencies across the state are serving victims with co-occurring substance abuse issues, Somerset House is the only shelter in Maine explicitly implementing a service model that seeks to intentionally address IPV, substance abuse, and housing instability all at once. This is an exciting opportunity for a potentially innovative practice that could be replicated; however, it is a relatively new model and has not yet been evaluated for efficacy.

Recently, the University of New Hampshire’s Prevention Innovations Research Center received almost \$400,000 in funding through the U.S. Department of Justice Office on Violence Against Women to study a residential program in Phoenix, AZ, for victims of domestic violence who struggle with co-occurring substance use disorders. The program, Support, Education, Empowerment and Directions (SEEDs) provides transitional housing, a safe, sober living environment, and space for physical,

mental, and emotional healing. Like Somerset House, SEEDs applies a holistic approach to address struggles with housing, IPV, and substance abuse. Researchers are now beginning to formally evaluate these types of service models to create replicable, evidence-based practices.

Barriers to Accessing Services

Due to their experiences of abuse, many victims face overwhelming barriers to accessing services and supports. These barriers include, but are not limited to: residual physical and emotional trauma, financial instability, poor employment records, unreliable rental histories, and criminal histories (Baker et al., 2010). Additionally, external barriers posed by organizational policies and practices that require certain behaviors or preconditions to be met in order for victims to receive services abound. Oftentimes, shelters have established policies that make it challenging for women to access the help they need. For example, shelters may have strict rules in place that women must follow or be asked to leave; they may have eligibility requirements that exclude some victims from qualifying for services; they may screen out women with active substance use issues, or mental health challenges because of concerns over the severity of their needs, or how they may affect other shelter residents. The reasons for these exclusionary criteria vary from program to program. They may be tied to funding sources, internal policies and practices, or outdated models of service.

Not only is it imperative to address IPV, substance abuse and housing instability concurrently, it is equally as important to remove the barriers that exist to accessing vital services. In a report published in 2009 regarding domestic violence, housing instability, and homelessness, the authors note:

“Program models that minimize mandatory services and are driven by individual survivors' goals and circumstances may better ensure that they are both accessible to diverse populations of survivors and respectful of the unique needs of survivors for self-determination and choice” (Baker et al., 2010). With safety in mind, service providers should be looking to minimize restrictive and exclusionary policies while encouraging survivors to engage with services as they feel ready.

Why is Evaluation Important?

Funders, policymakers, and service providers are increasingly recognizing the importance of program evaluation in the continued effort to improve human services programs. A well thought out evaluation plan provides major benefits. For example, program evaluation allows organizations to:

1. Understand the impact of their products or services;
2. Identify strengths and weaknesses to improve upon; and
3. Verify whether or not they are doing what they think they are doing (United Way of America, 1996).

In the case of FVP, an evaluation of Somerset House will allow them to do all of the above. Additionally, an evaluation of Somerset House's programming could serve as a roadmap for agencies across Maine and the nation who are considering implementation of a similar program.

Finally, an evaluation of the work being done by Somerset House may shed light on whether or not the current approach used in the state of Maine, which attempts to rapidly rehouse this specific population, is the best approach.

Aim of This Evaluation Project:

FVP partnered with the Maine SAC and Maine DHHS to seek to develop an evaluation framework that answers the following question: ***For domestic violence survivors who have multiple needs and are still building internal and external supports, when or how soon should survivors be transferred from emergency shelter to permanent housing?***

Methodology

Maine SAC determined that an outcomes-based program evaluation would be the best approach to answer this research question. An outcomes-based evaluation examines the impact that a program has on its clients, during and/or after their engagement. A benefit of this type of evaluation is that it is capable of looking at changes in the short term, intermediate term, and long term.

The outcomes-based evaluation for this project included the creation of a program theory of change and logic model; conducting a data inventory; identifying performance metrics; creation of both an exit survey and follow-up survey for victims; and lastly, the construction of a data dashboard in Excel.

Theory of Change & Logic Model

Maine SAC began its evaluation by providing a series of training sessions to the FVP executive director, housing navigator, shelter director, and victim advocates on program evaluation. The training materials were adapted from the work of the Cutler Institute's Data Innovation Project (DIP). The DIP partners with organizations to increase their capacity to utilize data to clearly define their work, achieve results, and demonstrate impact. Over the course of two months, Maine SAC provided FVP with the following one-hour training sessions:

- Training 1: Set the Foundation to be a Data Informed Organization
- Training 2: Theory of Change and Logic Model
- Training 3: Performance Measurement 101

All three training sessions included a PowerPoint presentation, program materials, and some facilitated activities to gauge learning and understanding of concepts. (To find out more about the DIP, and to view the resources and materials it offers, please visit: <https://datainnovationproject.org/>.)

Once a basic framework of program evaluation was established, the Maine SAC facilitated a workshop for FVP staff to gather information regarding inputs, activities, outputs, and outcomes. At the end of the session, the rough draft of a program theory of change and logic model was developed. Over the course of the next few weeks, the rough draft was refined by both Maine SAC and FVP to refine and create what is now the final program theory of change and logic model for Somerset House (Appendix A).

Data Inventory, Data Collection Tools, & Performance Metrics

After the process of creating a theory of change and logic model was completed, Maine SAC conducted an inventory of FVP's existing data and data sources (Appendix B) to link them to the outputs and outcomes detailed in the logic model. At the time, FVP's primary source of data collection and tracking was EmpowerDB, a database specifically designed for domestic violence service providers in Maine to track data about victims seeking services, services provided, prevention education, community outreach and training, and outcomes across all services. Since EmpowerDB is used by agencies across the state, FVP is unable to adjust the information the database collects and is only able to track data types pre-set for them.

While the database is useful in tracking demographic data and many of the outputs identified by the logic model, FVP did not have consistent or reliable tools in place for tracking outcomes. During the data inventory process, it was found that most, if not all, of the data FVP wanted to track with the logic model, was not being collected.

To fill the data gaps, Maine SAC, in collaboration with FVP staff, designed and developed two new data collection tools: an exit survey for victims leaving the shelter, and a follow-up survey for victims

working with the housing navigator after leaving the shelter (Appendix C). Maine SAC was also able to identify performance metrics based off of the data inventory. Both the exit survey and follow-up survey will be used to collect and track data points in alignment with the performance metrics (Appendix B).

Data Dashboard

To store and manage the survey data, Maine SAC created a data dashboard for FVP using Microsoft Excel. Data dashboards are customizable data management and data visualization tools that easily store, track, and display key metrics and data points. In this instance, FVP is interested in tracking the outcomes identified in the Somerset House logic model, so the data dashboard is set up to collect the survey data and automatically visualize key outcomes. Once FVP is able to begin administering both the exit and follow-up surveys, they can begin to populate the dashboard with data and they can start tracking progress toward their identified short-term, intermediary, and long-term outcomes. This data dashboard can serve as both an internal tool for FVP and a resource for external communications (for example: grant proposals, reports, and other materials). For the purposes of this report, Maine SAC entered placeholder data into the Excel workbook to test its functionality and data visualization capabilities.

Data Analysis

There is limited ability to conduct data analysis at this juncture. Almost all of the outcomes FVP identified as essential to evaluate its program are not being collected. FVP will begin to use the exit and follow-up surveys as soon as possible, but due to the fact that Somerset House is a very small shelter, (it serve at a maximum four women at a time), it will take some time to pilot the surveys and collect enough data to track outcomes.

Limitations

This evaluation was limited due to scope, time, and funds. The creation of a logic model is a time-consuming process, and while the logic model for Somerset House is thorough, it would benefit greatly from more time and interaction with FVP staff and stakeholders. Additionally, the process of creating a logic model is iterative and can take time to refine; it may require a high degree of specificity and can risk oversimplifying complex relationships. Further, the real effects of intervention actions can differ from the intended effects (United Way of America, 1996).

In addition, Somerset House is only able to house four women at a time, so the sample size for the survey data collected is extremely small; long-term shelter service outcomes may not be appropriate to measure due to reasons of safety or confidentiality. Lastly, shelter assistance can be very short-term, and participants may not be reachable after they leave shelter due to positive or negative life changes (Lyon & Sullivan, 2007).

Results & Discussion

The project has made significant headway toward answering the initial research question posed by FVP: ***For domestic violence survivors who have multiple needs and are still building internal and external supports, when or how soon should survivors be transferred from emergency shelter to permanent housing?*** Though this question cannot be answered yet, the project has still produced significant results. FVP now has an articulated theory of change and logic model, refined data collection tools, identified performance metrics, and a data dashboard with instructions for collecting, inputting, and visualizing their data. This evaluation project sets the foundation for FVP to implement a number of data collection strategies that will allow it to thoughtfully review, reflect, and understand the impact its programming is having on victims of domestic abuse with co-occurring addiction issues. The following figures are snapshots of the materials Maine SAC created in tandem with FVP. They include the Somerset House theory of change and logic model, data inventory and performance metrics, exit survey, and data dashboard graphs.

Somerset House Theory of Change

Result Statement

Domestic violence survivors with co-occurring addiction issues will live in stable, secure housing free from violence and addiction.

Figure 1: A snapshot of the Somerset House program Theory of Change (Appendix A)

Outputs	Short-term Outcomes	Intermediary Outcomes	Long-term Outcomes
How do we know we are doing the work?	What knowledge, skills, capacity or perceptions will change?	What behaviors, practices or systems will change?	What long-term population conditions will change?
<ul style="list-style-type: none"> # of times transportation was provided # of survivors working with housing navigator # of survivors who were housed in less than 3 months; 4-6 months; and 5+ months # of survivors who attend counseling # of survivors completing rent smart classes 	<ul style="list-style-type: none"> Survivors feel safe Survivors have knowledge of available supports (internal/external) Survivors participate in available treatment programs (mental health, substance abuse, etc.) Survivors feel more involved and in control of their lives Survivors can identify their personal strengths and coping skills 	<ul style="list-style-type: none"> Survivors learn decision-making skills Survivors have developed sober social supports in the community Survivors connect with community resources Survivors regularly attend counseling (mental health, substance abuse etc.) Survivors maintain sobriety Survivors advocate for themselves and report increased self-confidence 	<ul style="list-style-type: none"> Survivors remain free from violence Survivors are stably housed Survivors remain stable in their recovery Survivors continue with mental health and substance abuse treatment Survivors have healthier relationships (community, family, friends)

Figure 2: A snapshot of the Somerset House Logic Model (Appendix A)

Output/Outcome	Metric	Source
Outputs		
<i>How many? How much?</i>		
# of times transportation was provided	# of times transportation was provided	EmpowerDB, already collect
# of survivors working with housing navigator	#/% of victims who have worked with housing navigator	EmpowerDB, have to pull this by the navigator
# of survivors housed in less than 3 months, 4-6 months, and 5+ months	#/% of victims who are housed in less than 3 months, 4-6, 5+ months	If they exit shelter, exit date is in EmpowerDB
# of survivors who attend counseling	#/% of victims who have attended counseling	EmpowerDB - tracks # of referrals, housing navigator would know how many people attend
# of survivors completing rent smart classes	#/% of victims who completed rent smart classes	Housing navigator, not something currently collected

Figure 3: A snapshot of the Somerset House Data Inventory & Performance Metrics (Appendix B)

Please rate your agreement with each statement thinking about what has changed in your life as a result of your stay in Somerset House.

As you prepare to leave Somerset House...	Strongly Agree	Agree	I'm not sure	Disagree	Strongly Disagree
5. I feel safer than when I arrived					
6. I know more about domestic violence					
7. I know more about the effect abuse has on me					
8. I know what to do in response to threats to my safety					
9. I feel more in control of my life					
10. I feel comfortable asking for help					

Figure 4: A snapshot of the Somerset House Exit Survey (Appendix C)

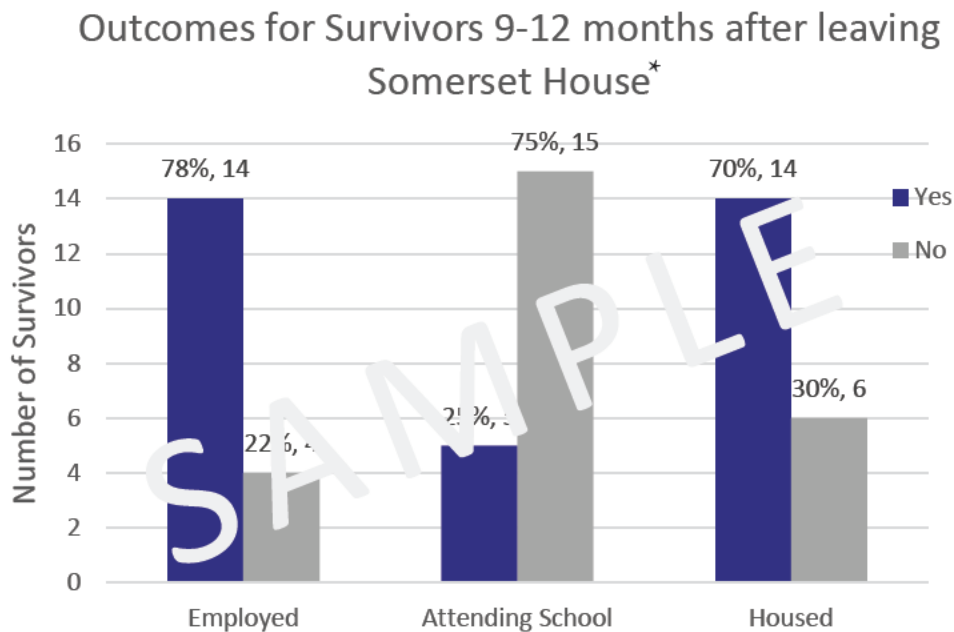


Figure 5: A snapshot of the graphical depictions of key outcomes entered into the data dashboard.

*Maine SAC entered placeholder data into the data dashboard to test its functionality and data visualization capabilities. The data depicted in figures 5-8 is not representative of Somerset House.

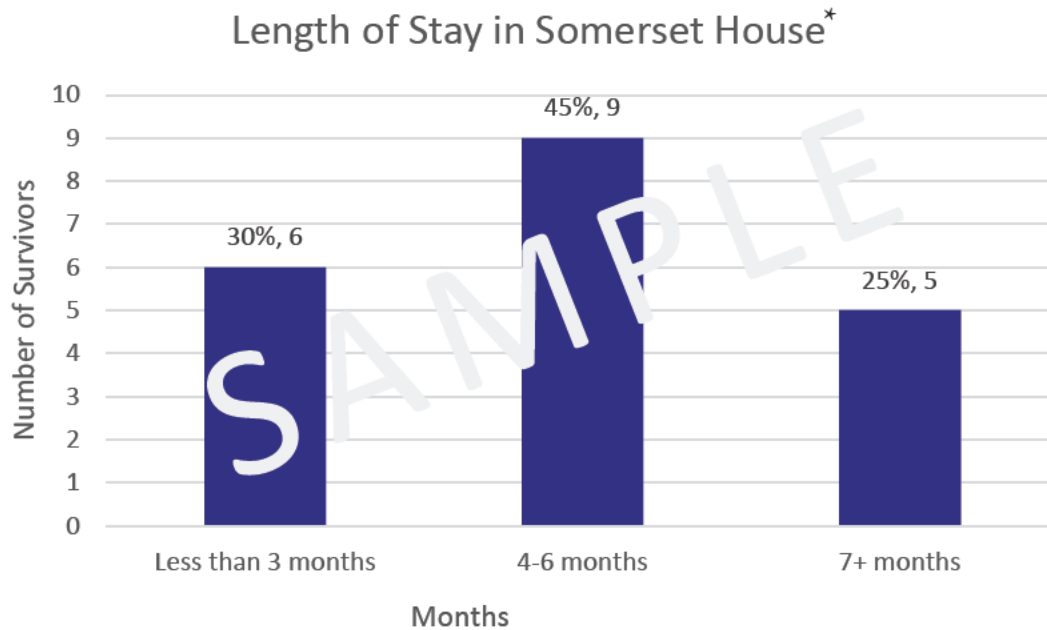
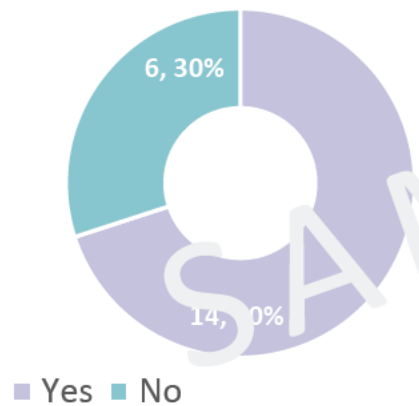
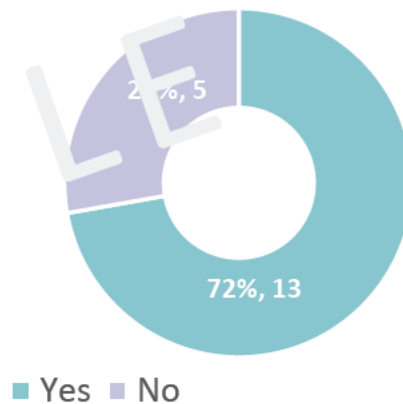


Figure 6: A snapshot of the graphical depictions of key outcomes entered into the data dashboard.

of Survivors Housed 9-12 Months After Leaving Shelter*



of Survivors Who Reported Being Sober 9-12 months after leaving Somerset House*



■ Yes ■ No

■ Yes ■ No

Figures 7 & 8: A snapshot of the graphical depictions of key outcomes entered into the data dashboard.

Up to this point, all of the success or perceived success of Somerset House’s shelter model has been anecdotal. This is a common thread among domestic violence organizations and other direct service agencies, as many rely upon firsthand practice-based experience or direct requests from clients to provide beneficial services and support. In a report published by the National Council of Juvenile and Family Court Judges the authors note, “The movement to end domestic violence ... was built on women’s stories and a commitment to amplify those voices. It didn’t have or use science to guide it. Early activists relied on their own skills and experience and the personal experiences of the women they were hearing from to inform what services and supports to build” (2016).

While practice-based evidence is a crucial, informative, and valuable tool in developing domestic violence program service models, it can lack the data necessary to evaluate effectiveness. Conversely, researchers are often limited by their lack of understanding about actual field-based practice, and may end up offering recommendations for measuring program effectiveness that are not feasible given time constraints, confidentiality, or safety. Therefore, a partnership like the Maine SAC-FVP-VOCA model provides an invaluable opportunity that benefits all parties. Maine SAC has been able to impart evaluation expertise to a VOCA agency, FVP, while FVP has been able to provide great insight to academic researchers about how theory becomes practice. By using this partnership model, direct service agencies can use evidence-based practices to track their impact. In turn, they can then share promising outcomes with funders, policymakers, and partner agencies, to encourage continued and increased support for effective programs and approaches. Further, and equally as important, the project can serve as a model for other researchers and practitioners considering mutually beneficial partnerships.

Conclusion

Emerging research and practices increasingly emphasize that holistic, wrap-around care that considers the whole of a person can be successful for victims to achieve long-term recovery and stability. While FVP’s approach with Somerset House has been anecdotally successful, through this project the agency has become a data-informed organization. By using the tools developed through this partnership, FVP will now be able to track approaches it is taking to support victims, discovering which avenues are most successful. Ultimately, this project has provided necessary tools, guidance, and expertise to take Somerset House from an anecdotally successful shelter to an evidence-based, outcomes-driven program that can serve as a model for other agencies, both in Maine and across the country, who are contemplating similar work.

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Somerset House Theory of Change

Result Statement

Domestic violence survivors with co-occurring addiction issues will live in stable, secure housing free from violence and addiction.

Root Causes

Survivors experience setbacks, addiction relapses, or struggle to maintain housing because:

- Survivors often experience past, ongoing, and intergenerational trauma and abuse.
- Abusers continue to abuse.
- Survivors often experience complex challenges that are not addressed or supported by their family, peers, service providers, criminal justice systems, or the community.
- Survivors often do not have the opportunity to develop job skills or continue with their education.
- Barriers exist to accessing services: Lack of; stigma surrounding; and lack of knowledge.
- Affordable, safe housing is lacking.
- Access to drugs and alcohol is prevalent and easy.
- Maine has a critical shortage in the availability of substance abuse treatment:
 - According to the Maine State Office of Substance Abuse there are 15 short term residential treatment beds, 8 extended care beds and 13 beds in half-way houses for women in Maine.
- Maine has not expanded Medicaid coverage to single adults under the Affordable Care Act.
- A 2013 US Census report concludes that 11.2% of Mainers are uninsured, leaving treatment unaffordable to many.
- Somerset and Kennebec Counties are large (5046 square miles, combined) and rural.

Strategies

- Prioritize relationships with survivors to develop a trusting, welcoming space.
- Identify issues survivors face in order to inform individually focused education and support plans while they are in shelter and beyond.
- Promote trauma informed care to empower survivors through their treatment.
- Provide education on dynamics of domestic violence and trauma to survivors.
- Encourage and build community partnerships.

Somerset House Logic Model

Inputs	Activities	Outputs	Short-term outcomes	Intermediary outcomes	Long-term outcomes
Current agency resources	What needs to be done to implement your strategies?	How do we know we are doing the work?	What knowledge, skills, capacity or perceptions will change?	What behaviors, practices or systems will change?	What long-term population conditions will change?
<ul style="list-style-type: none"> Agency personnel (housing navigator, advocates, Director of Housing) Volunteers Local, state, and federal grants Board Administrative functions Shelter facilities Materials Equipment Time Community Partners 	<ul style="list-style-type: none"> Case management Safety plans Monthly reviews with each survivor Childcare Transportation Work with housing navigator Help survivors apply for housing Provide linkages to educational opportunities: <ul style="list-style-type: none"> Career center Financial literacy DV education Provide linkages to counseling/support services: <ul style="list-style-type: none"> Referrals DV support group Rent smart group AA/NA groups Expand list of landlords and property managers Somerset House works with 	<ul style="list-style-type: none"> # of times transportation was provided # of survivors working with housing navigator # of survivors who were housed in less than 3 months; 4-6 months; and 5+ months # of survivors who attend counseling # of survivors completing rent smart classes # of survivors completing financial literacy classes # of women completing DV education group 	<ul style="list-style-type: none"> Survivors feel safe Survivors have knowledge of available supports (internal/external) Survivors participate in available treatment programs (mental health, substance abuse, etc.) Survivors feel more involved and in control of their lives Survivors can identify their personal strengths and coping skills Survivors feel better able to make decisions Survivors better understand the definition of domestic violence 	<ul style="list-style-type: none"> Survivors learn decision-making skills Survivors have developed sober social supports in the community Survivors connect with community resources Survivors regularly attend counseling (mental health, substance abuse etc.) Survivors maintain sobriety Survivors advocate for themselves and report increased self-confidence Survivors understand domestic violence and the concept of safety Survivors are housed 	<ul style="list-style-type: none"> Survivors remain free from violence Survivors are stably housed Survivors remain stable in their recovery Survivors continue with mental health and substance abuse treatment Survivors have healthier relationships (community, family, friends) Survivors are employed or attending school
Resources	Implementation	Program counts	Program Measures	Program Measures	Population Indicators

Appendix B: Data Inventory & Performance Metrics

Output/Outcome	Metric	Source
Outputs		
<i>How many? How much?</i>		
# of times transportation was provided	# of times transportation was provided	EmpowerDB, already collect
# of survivors working with housing navigator	#/% of victims who have worked with housing navigator	EmpowerDB – have to pull this by the navigator
# of survivors who were housed in less than 3 months; 4-6 months; and 5+ months	#/% of victims who are housed in less than 3 months, 4-6 months, 5+ months	If they exit the shelter, they would have the exit date in EmpowerDB
# of survivors who attend counseling	#/% of victims who have attended counseling	Database – tracks # of referrals; Housing Navigator would know how many people attend
# of women completing rent smart	#/% of victims who completed rent smart class	Housing Navigator – not something that they currently collect, could add to Exit Survey
# of women completing financial literacy classes	#/% of victims who completed financial literacy classes	Housing Navigator, not something that they currently collect could be added to the Exit Survey
# of women completing Somerset House group (DV education)	#/% of victims who completed DV education group	EmpowerDB, already collect
Short-term Outcomes		
Survivors feel safe	#/% of victims who feel safe	Do not collect, can add to exit survey
Survivors have knowledge of available supports (internal/external)	#/% of victims who have knowledge of available supports	Do not collect, can add to exit survey
Survivors participate available treatment programs (substance abuse, mental health)	#/% of victims who participate in available treatment programs	Database only tracks referrals; Housing Navigator would know how many people attend. Everyone who is in Somerset House is required to attend some treatment or they will be moved somewhere else. However, we may want to know if they are attending all available treatment options while in shelter.
Survivors feel more involved and in control of their lives	#/% of victims who feel more in control of their lives	Do not collect, can add to exit survey
Survivors can identify their personal strengths and coping skills	#/% of victims who can identify their personal strengths and coping skills	Do not collect, can add to exit survey
Survivors feel better able to make decisions	#/% of victims who feel better able to make decisions	Do not collect, can add to exit survey
Survivors have better understanding of the definition of domestic violence	#/% of victims who have a better understanding of domestic violence	Do not collect, can add to exit survey
Intermediary Outcomes		
Survivors learn decision-making skills	#/% of victims who report learning decision-making skills	Do not collect, can add to exit survey
Survivors have developed sober social supports in the community - AA, for example	#/% of victims who report that they have developed sober social supports	Referrals and navigator services submitted into database
Survivors connect with community resources	#/% of victims who report they are connected with community resources	Referrals and navigator services submitted into database
Survivors regularly attend counseling (mental health, substance abuse etc.)	#/% of victims who report they regularly attend counseling	Database and case management survey regarding counseling we will create
Survivors maintain sobriety	#/% of victims who report they are maintaining sobriety	Do not collect, add to exit survey and follow-up survey

Output/Outcome	Metric	Source
Survivors advocate for themselves and report increased self-confidence	#/% of victims who report increased self-confidence	Team meeting check in, will add to exit survey
Survivors understand domestic violence and the concept of safety	#/% of victims who report they understand domestic violence and the concept of safety	Case management form, add to exit survey
Survivors are housed	#/% of victims who report they are housed	Empower Database collects this as they leave shelter; beyond leaving, Housing Navigator would know. EmpowerDB also includes what type of housing they went into.
Long-term Outcomes		
Survivors remain free from violence	#/% of victims who report they have not experienced violence or abuse since leaving shelter	Currently do not collect. Housing Navigator 9-12 month follow-up survey (to be created)
Survivors are stably housed	#/% of victims who report they are in stable housing	Currently do not collect. Housing Navigator 9-12 month follow-up survey (to be created)
Survivors remain stable in their recovery	#/% of victims who report they are currently substance free	Currently do not collect. Housing Navigator 9-12 month follow-up survey (to be created)
Survivors continue with mental health and substance abuse treatment	#/% of victims who report they attend mental health and/or substance abuse treatment	Currently do not collect. Housing Navigator 9-12 month follow-up survey (to be created)
Survivors have healthy relationships (community, family, friends)	#/% of victims who report they have healthy relationships with family, friends, and their community	Currently do not collect. Housing Navigator 9-12 month follow-up survey (to be created)
Survivors are employed or attending school	#/% of victims who report they are employed or attending school	Currently do not collect. Housing Navigator 9-12 month follow-up survey (to be created)

Appendix C: Exit Survey & 9-12 Month Follow-up Survey



Somerset House: *Exit Survey*

Thank you for taking the time to fill out this survey. The answers you provide will be extremely valuable in advocating for additional resources and support for both Family Violence Project and Somerset House. Your answers will be kept confidential.

1. To the best of your ability, please provide the date you entered Somerset House: _____
2. What is the date you are leaving Somerset House: _____

These questions ask you about how your feelings, perceptions, and knowledge have changed since entering Somerset House:

3. Since your stay in Somerset House, is your overall daily life better, the same, or worse?
☐ Better ☐ Same ☐ Worse
4. Since your stay in Somerset House, has the violence in your life increased, stayed the same, or decreased?
☐ Increased ☐ Stayed the same ☐ Decreased

Please rate your agreement with each statement thinking about what has changed in your life *as a result of your stay in Somerset House*.

As you prepare to leave Somerset House...	Strongly Agree	Agree	I'm not sure	Disagree	Strongly Disagree
5. I feel safer than when I arrived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know more about domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know more about the effect that abuse has on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know what to do in response to threats to my safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel more in control of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel comfortable asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel I have people to go to for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know what kinds of supports I can get from community programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am able to seek out the help that I need on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel better able to cope with challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel more confident because of the services and support I received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel confident making decisions to keep myself safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am using skills that I learned in Somerset House to try and improve my overall situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During your stay in Somerset House:

18. Did you complete some or all of the rent smart classes?

☐ Yes ☐ No ☐ I'm not sure

19. Did you complete the financial literacy classes?

☐ All ☐ Some ☐ None ☐ I'm not sure

20. Did you participate in any of the available programs offered? (*Check all the apply*)

- ☐ Living in Balance
☐ Seeking Safety
☐ Expressive Arts
☐ Individual Therapy

21. If you attended any of the programs offered, about how many times did you attend each program?

Living in Balance:

☐ Once a week ☐ Twice a month ☐ Once every few months ☐ Did not attend

Seeking Safety:

☐ Once a week ☐ Twice a month ☐ Once every few months ☐ Did not attend

Expressive arts:

☐ Once a week ☐ Twice a month ☐ Once every few months ☐ Did not attend

Individual Therapy:

☐ Once a week ☐ Twice a month ☐ Once every few months ☐ Did not attend

Now that you are leaving Somerset House:

22. Are you currently substance free?

☐ Yes ☐ No

23. Are you moving from shelter into a stable housing situation? (Stable housing means having a choice over when and under what circumstances a household wants to move)

☐ Yes ☐ No ☐ I'm not sure

24. Will you continue to seek substance abuse counseling?

☐ Yes ☐ No ☐ I'm not sure

25. Will you continue to seek mental health counseling?

☐ Yes ☐ No ☐ I'm not sure



Somerset House: 9-12 Month Follow-up Survey

Thank you for taking time to fill out this survey. The answers you provide will be extremely valuable in advocating for additional resources and support for both Family Violence Project and Somerset House. Your answers will be kept confidential.

1. Were you employed when you entered Somerset House?
☐ Full-time (35+ hours per week) ☐ Part-time (<35 hours per week) ☐ Not employed

2. What is your current employment status?
☐ Full-time (35+ hours per week) ☐ Part-time (<35 hours per week) ☐ Not currently employed

3. Are you currently attending school?
☐ Yes ☐ No

4. Since leaving Somerset House, do you think you have healthier relationships with your family?
☐ Yes ☐ No ☐ I'm not sure

5. Since leaving Somerset House, do you think you have healthier relationships with your friends?
☐ Yes ☐ No ☐ I'm not sure

6. Since leaving Somerset House, do you think you have a healthier relationship with your community?
☐ Yes ☐ No ☐ I'm not sure

7. Since leaving Somerset house, have you experienced violence or abuse?
☐ Yes ☐ No

8. Are you currently housed? (if you are not housed, skip to question 10)
☐ Yes ☐ No

9. If you are housed, how stable is your housing situation? (Stable housing means having a choice over when and under what circumstances a household wants to move)
☐ Very stable ☐ Somewhat stable ☐ Unstable

10. Are you currently substance free?

☐ Yes ☐ No

11. Since leaving Somerset House, do you attend any of the following treatment or support groups: *(Check all that apply)*

- ☐ Alcoholics Anonymous (AA)
- ☐ Narcotics Anonymous (NA)
- ☐ Mental health counseling
- ☐ Talking with friends or family
- ☐ Other (please specify): _____

If no, why not?

12. Thinking back to before you entered Somerset House, would you say that your overall daily life better, the same, or worse than when you first entered Somerset House?

☐ Better ☐ Same ☐ Worse

13. Please share any additional comments about your experience with Family Violence Project and/or Somerset House:

14. What would have made your experience with Family Violence Project and/or Somerset House better?

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The Muskie School of Public Service is Maine's distinguished public policy school, combining an extensive applied research and technical assistance portfolio with rigorous undergraduate and graduate degree programs in geography-anthropology; policy, planning, and management (MPPM); and public health (MPH). The school is nationally recognized for applying innovative knowledge to critical issues in the fields of sustainable development and health and human service policy management, and is home to the Cutler Institute for Health and Social Policy.

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The Maine Statistical Analysis Center (SAC) informs policy development and improvement of practice in Maine's criminal and juvenile justice systems. A partnership between the University of Southern Maine Muskie School of Public Service and the Maine Department of Corrections, SAC collaborates with numerous community-based and governmental agencies. SAC conducts applied research, evaluates programs and new initiatives, and provides technical assistance, consultation and organizational development services. The Maine Statistical Analysis Center is funded by the Bureau of Justice Statistics and supported by the Justice Research Statistics Association.

This report is available on the Maine Statistical Analysis Center's website at:

<http://justiceresearch.usm.maine.edu/>

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