Rapid Rehousing for Domestic Violence Victims

A Formative Evaluation

October 29, 2019
Acknowledgements

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• CVR is a one-stop resource for victim service providers and researchers to connect and share knowledge
  ✓ User-friendly website
  ✓ Library of victim research
  ✓ Directory of researchers
  ✓ Free research TA
  ✓ State-of-the-field syntheses
  ✓ Fellowships, podcasts & more

• Partnership of researchers and practitioners
Elisabeth Snell, MPH, is a Senior Policy Associate with the Maine Statistical Analysis Center, located at the Cutler Institute of Health and Social Policy within the Muskie School of Public Service at the University of Maine. Since June 2015, she has directed gender-based violence research and evaluation projects. Prior to moving into the public health research and evaluation realm, Ms. Snell served as a domestic violence/sexual assault (DV/SA) hotline advocate, community educator, volunteer coordinator, and Sexual Assault Response Team (SART) coordinator, where she developed and led one of Maine’s earliest SART teams.
Presenters

• **Pam Morin** is Executive Director of Family Violence Project. She has worked in the human services field for over thirty years. She started her career as an intern for Family Violence Project in 1987. Pam would go on to provide social work services for Head Start families for the next 25 years. However, her relationship with FVP stayed consistent and strong. She referred many to FVP’s services, sat on the board, and attended mutual trainings. Pam returned to FVP seven years ago. During this time, she has been a shelter advocate, Shelter Director for the Somerset Healthy Recovery House, Shelter and Housing Programs Director and now Executive Director. Pam is a Maine state Licensed Social Worker. She received a BA in Social Science from the University of Maine, and has completed two years towards her Master of Social Work through the University of New England.
Presenters

• **Melanie Beaulieu** is the Shelter and Housing Program Director for Family Violence Project. She has been a domestic violence advocate for close to thirty years, 15 of them with FVP. She began her career working with Indigenous women and their children, and most recently spent time working with fellow indigenous women spreading awareness about Missing and Murdered Indigenous Women (MMIW). Her background also includes work in the education field. Melanie believes that eradicating homelessness for women with addictions who are leaving domestic violence situations is important work that needs to be done not only in Central Maine, but in every place, survivors go for safety.

• **Nikki Currier** is Family Violence Project's Housing Navigator, serving the Kennebec and Somerset shelters. She has worked as a Shelter Advocate/Navigator for almost 7.5 years after starting as a volunteer and then doing her internship at the Somerset shelter. Prior to working for FVP, she worked as a Team Leader at Goodwill Hinckley for over 8 years, Cornville Spurwink School as Senior Team Leader for almost 2 years and for Youth and Family Services at Halcyon House for approximately 8 years.
The mission of Maine Housing is to assist Maine people in obtaining and maintaining quality affordable housing and services suitable to their housing needs.

In carrying out this mission, Maine Housing provides leadership, maximizes resource, and promotes partnerships to develop and implement sound housing policy.

Maine Housing allocates resources through their Emergency Shelter and Housing Assistance Program to provide funding to assist people who are experiencing homelessness or at risk of becoming homeless.
Family Violence Project

- **Family Violence Project** is a private non-profit 501(c)(3) organization which is supported by the Maine Department of Health and Human Services, Maine State Housing Authority and the United Ways of Kennebec Valley and Mid-Maine. We are members of the Maine Coalition to End Domestic Violence and the National Coalition Against Domestic Violence.

- On February 21, 1978, a small group of women in the Augusta area signed the Articles of Incorporation for Family Violence Assistance Project. In Maine and across the country activists were mobilizing to create a safety net for victims of domestic violence through provision of comprehensive direct advocacy with and on behalf of survivors, including shelter, support groups, and crisis intervention. They sought to “educate and inform... of the needs and the critical problems of battered spouses, and of the social forces and attitudes which contribute to the problem.”

- Over forty years later, we continue the work. Our efforts are supported by strong coalitions and committed individuals. Almost 50% of homicides in Maine are those perpetrated by a current or former intimate partner, dating partner, or family member. Safety and peace in our homes is possible. And we believe it will take our entire community to make this happen.
Family Violence Project: Services

Family Violence Project strives to provide so many needed and important services:

- helpline,
- advocacy work, including court advocacy,
- support groups,
- shelter & supportive housing,
- prevention & training programs,
- children’s work, and
- Menswork, a program that works directly with abusers who want to change their behavior.
Somerset Healthy Recovery House

• Somerset House, a domestic violence shelter for women with addiction and their children, provides comprehensive supports for clients with complex trauma histories and extensive involvement in the criminal justice and child protective systems.
  • The approach is relationship based and staff intensive in the short term, but like recent findings with healthcare super utilizers, shows early successes with complicated clients who historically have not responded to interventions.
Somerset Healthy Recovery House

• Family Violence Project's (FVP) Somerset House began with the recognition that we were not sufficiently meeting the needs of battered women with addiction in our shelters.

• Initially, we set out to address needs specific to domestic violence and addiction. **We quickly realized that each client we serve has a specific set of needs, and that it is essential to address many of those needs simultaneously, for her to establish a safe and healthy life.**
  
  • Homeless shelters address issues around housing.
  • Community mental health agencies address mental health and substance abuse issues.
  • Physicians address medical issues.
  • Welfare agencies address financial needs.
  • Child Protective Services focus on the wellbeing of children.
Somerset Healthy Recovery House

• While each of these systems set out to support clients, navigating those systems concurrently is often beyond the capacity of any person in crisis. The advocates at Somerset House (SH) are with women while they negotiate these often-complex systems.
Somerset Healthy Recovery House

- Somerset House is a small program, serving five victims and their children, with 11 total beds. Our size allows us the flexibility to individualize services and address the complex needs of each of the families we work with.

- For five years prior to the beginning of the Somerset House program, FVP ran a domestic violence shelter in SH's current location, with procedures much like those in other DV shelters throughout Maine.
  - Women were frequently asked to leave the program because of drug or alcohol use while at shelter. We knew these same women often faced serious safety risks. They had no other safe place to go and no access to substance abuse treatment.
Somerset Healthy Recovery House

• A group of women who had been asked to leave the program because of drug or alcohol use were invited to participate in a focus group, and explain to advocates what supports would have increased the likelihood of shelter meeting their needs.

• Those identified needs served as the core of FVP's proposal to the Office of Violence Against Women to fund a pilot program to shelter battered women with addiction and their children.

• SH partners with Kennebec Behavioral Health, a community mental health agency, to provide intensive outpatient substance abuse and mental health treatment.
Somerset Healthy Recovery House

• Relationship is at the center of all the work we do with women and children at Somerset House. The atmosphere is homelike. SH advocates appreciate how important respect, kindness and humor are in creating an environment conducive to recovery and wellbeing.

• The women at shelter have complex needs. While with us, women attend groups focusing on financial literacy, parenting and domestic violence. They receive support navigating the medical system, addressing legal issues, establishing new healthy recreational interests, promoting healthy diet and exercise, as well as issues specific to an individual woman or family.
Somerset Healthy Recovery House

• All clients receive domestic violence advocacy, highly individualized intensive outpatient mental health and substance abuse treatment, transportation and mothers with small children receive childcare during treatment. We strive to provide the most effective interventions and supports for clients. Trauma informed interventions such as yoga and mindfulness help women increase self-efficacy, tolerance for discomfort and stress reduction. Advocates have established strong collaborative relationships with other professionals such as clinicians, physicians, law enforcement, and child protective services. These relationships are vital in helping women meet their personal goals.
Maine Housing’s Emergency Shelter and Housing Assistance Program (ESHAP)

- ESHAP consists of three integral funding components:
  - Shelter Operations Share (Operation Share): available to agencies that have a fixed facility, and is for reimbursement for costs to operate the facility including staffing.
  - Rapid Re-housing/Long-term Stayer and Stabilization Share (Stabilization Share): available to agencies to provide Navigator services necessary to help clients achieve permanent stable housing.
  - Incentives and Performance Share (Performance Share): available to agencies as an incentive to achieve specific performance measure outcomes as outlined in this guide
- In addition, Maine State Housing also provides rental subsidies.
- Rapid Re-housing is considered the best practice when serving homeless persons.

Yet, we wonder if because of the complexity of the people we serve, if rapid re-housing is the best practice for those coming into Somerset House.
Maine SAC: Set the Foundation

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?

• Develop a program evaluation framework that includes the development of outcomes (initial, intermediate, and long-term), performance indicators, a logic model, and program theory of change.

• Determine what data are already being collected, and what new data sources need to be created to address the outcomes included in the framework.

• Analyze process and outcome level data to describe how Somerset House residents fare once they move into permanent housing.
Maine SAC: Set the Foundation

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  • Determine what data are already being collected, and what new data sources need to be created to address the outcomes included in the framework.
  • Analyze process and outcome level data to describe how Somerset House residents fare once they move into permanent housing.
**Theory of Change...**

- Includes root cause analysis
- Aligns strategies with what might make a difference in the problem you are addressing

**Logic Model...**

- Adds specificity to strategies with an action plan
- Adds outcomes and measures

They both help you **connect the dots, measure your impact, and tell your story.**
Theory of Change

1. Results Statement (Vision)
   The population-level condition you are trying to address
1. Results Statement (Vision)

The population-level condition you are trying to address

2. Root Causes

The factors and issues that drive and contribute to the population-level condition
1. Results Statement (Vision)
The population-level condition you are trying to address

2. Root Causes
The factors and issues that drive and contribute to the population-level condition

3. Strategies (Mission)
Specific interventions that address the root causes
1. Results Statement (Vision)
Domestic violence survivors with co-occurring addiction issues will live in stable, secure housing free from violence and addiction
2. Root Cause Analysis

• Based in research and experience
• How do you find the research?
  • Google Scholar
  • Previous evaluations related to your mission/problem statement

The factors and issues that act as drivers or barriers to the population-level result you want to see
2. Root Cause Analysis

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

Past, ongoing, and intergenerational trauma and abuse...abusers continue to abuse...challenges are not addressed or supported by family, peers, service providers, criminal justice systems, or the community...may not have opportunity to develop job skills or continue with their education...barriers exist to accessing services...not enough affordable, safe housing...easy access to drugs and alcohol...critical shortage of substance abuse treatment...treatment unaffordable to many...rural area.
1. Results Statement (Vision)
Domestic violence survivors with co-occurring addiction issues will live in stable, secure housing free from violence and addiction

2. Root Causes
Survivors experience setbacks, relapse, or struggle to maintain housing because of complex needs, barriers to accessing systems, and lack of wrap-around support

3. Strategies (Mission)
Specific interventions that address the root causes
3. Strategies

Specific interventions that address the root causes

• For each root cause: what do you do to address it?
• Be specific. Who, what, when, how?
3. Strategies

- Prioritize relationships with survivors to develop a trusting, welcoming space.
- Identify issues survivors face to create 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.

Specific interventions that address the root causes
1. Results Statement (Vision)
Domestic violence survivors with co-occurring addiction issues will live in stable, secure housing free from violence and addiction.

2. Root Causes
Complex needs, complex systems
Lack of wrap-around support

3. Strategies (Mission)
Prioritize relationships
Specific support plans with trauma-informed care and access to community partnerships.
Somerset House Theory of Change

3. IF WE...
Implement these STRATEGIES...

2. THEN...
...will they address the ROOT CAUSES?

1. SO THAT...
Will this result in the changes we want to see at a population-level?
3. IF WE...
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...
Provide wrap-around holistic services addressing DV trauma, substance abuse treatment AND housing....

2. THEN...
Survivors will experience fewer addiction relapses, setbacks and will be better prepared to find and maintain long-term housing...

1. SO THAT...
Survivors with co-occurring addiction issues will live in stable, secure housing free from violence and addiction.
Somerset House Logic Model

• Inputs (what do you have?)
• Activities (what do you do?)
• Outputs (how many? How much?)
• Outcomes
  • Short-term (knowledge, skills, capacity, perception)
  • Mid-term (behaviors, practices, systems)
  • Long-term (population-level changes)
# Somerset House Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-term outcomes</th>
<th>Intermediary outcomes</th>
<th>Long-term outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current agency resources</td>
<td>What needs to be done to implement your strategies?</td>
<td>How do we know we are doing the work?</td>
<td>What knowledge, skills, capacity or perceptions will change?</td>
<td>What behaviors, practices or systems will change?</td>
<td>What long-term population conditions will change?</td>
</tr>
<tr>
<td>Agency personnel (housing navigator, advocates, Director of Housing)</td>
<td>Case management</td>
<td># of times transportation was provided</td>
<td>Survivors feel safe</td>
<td>Survivors learn decision-making skills</td>
<td>Survivors remain free from violence</td>
</tr>
<tr>
<td></td>
<td>Safety plans</td>
<td># of survivors</td>
<td>Survivors have knowledge of available supports (internal/external)</td>
<td>Survivors have developed sober social supports in the community</td>
<td>Survivors are stably housed</td>
</tr>
<tr>
<td>Resources</td>
<td>Implementation</td>
<td>Program counts</td>
<td>Program Measures</td>
<td>Program Measures</td>
<td>Population Indicators</td>
</tr>
</tbody>
</table>
Somerset House Data Inventory

- What data do you need to be able to track your outputs and outcomes?

- Do a Data Inventory to see what data you HAVE.
## Sample Data Inventory

<table>
<thead>
<tr>
<th>Output/Outcome</th>
<th>Metric</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outputs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>How many? How much?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 of times transportation was provided</td>
<td>0 of times transportation was provided</td>
<td>EmpowerDB, already collect</td>
</tr>
<tr>
<td><strong>Short-term Outcomes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survivors feel safe</td>
<td>% of victims who feel safe</td>
<td>Do not collect, can add to exit survey</td>
</tr>
<tr>
<td>Survivors have knowledge of available supports (internal/external)</td>
<td>% of victims who have knowledge of available supports</td>
<td>Do not collect, can add to exit survey</td>
</tr>
<tr>
<td>Survivors participate available treatment programs (substance abuse, mental health)</td>
<td>% of victims who participate in available treatment programs</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Intermediary Outcomes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survivors learn decision-making skills</td>
<td>% of victims who report learning decision-making skills</td>
<td>Do not collect, can add to exit survey</td>
</tr>
<tr>
<td>Survivors have developed sober social supports in the community - AA, for example</td>
<td>% of victims who report that they have developed sober social supports</td>
<td>Referrals and navigator services submitted into database</td>
</tr>
<tr>
<td><strong>Long-term Outcomes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survivors remain free from violence</td>
<td>% of victims who report they have not experienced violence or abuse since leaving shelter</td>
<td>Currently do not collect. Housing Navigator 9-12 month follow-up survey (to be created)</td>
</tr>
</tbody>
</table>
Somerset House Exit 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
Somerset House 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
For over 40 years, Family Violence Project (FVP) has worked in Maine to support victims of domestic violence across Kennebec and Somerset counties. 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.

**The mission of the Family Violence Project is to end domestic abuse in Kennebec and Somerset counties.**
Somerset House Data Dashboard

Outcomes for Survivors 9-12 months after leaving Somerset House

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Employed</th>
<th>Attending School</th>
<th>Housed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>78%, 14</td>
<td>75%, 15</td>
<td>70%, 14</td>
</tr>
<tr>
<td>No</td>
<td>22%, 6</td>
<td>25%, 5</td>
<td>30%, 6</td>
</tr>
</tbody>
</table>

Number of Survivors

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Limitations...
Thank you!
Thank You

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