

# Special Services: Exposure to Violence

## Cluster Level Evaluation Report

### I. CLUSTER OVERVIEW

**Evaluation Questions:**  
**What are the goals and objectives of the cluster? What is the cluster trying to accomplish and how?**

The goals of the special services cluster is to: provide services to children, youth and adults exposed to violence (during crisis and after); connect individuals and families to resources; reduce the likelihood of re-exposure and promote healthy outcomes; identify children, youth and adults at the earliest point of exposure to violence; and connect survivors with supportive services and advocacy so that reoccurrence is prevented.

#### Theory of Change

There is growing awareness of trauma as a key public health and policy issue, due in large part to the recognition among mental health providers, substance abuse treatment providers, policy-makers, and funding agencies that:

- A majority of persons served in public mental health and substance abuse systems have experienced repeated trauma since childhood;
- These clients have been severely affected by this trauma;
- When trauma is not addressed, there is a greater use of services and cost associated with these clients.

Evidence exists for effectiveness of trauma-based integrated treatment approaches and emerging best practice models designed for (and providing renewed hope of) recovery to clients with complex, severe, and persistent

mental health and addiction problems. Many studies now show that approaches that address trauma also have a positive impact on related issues such as: PTSD spectrum, substance abuse, intergenerational violence, suicide and self-harm, aggression and violence, and other harmful coping strategies. Furthermore, it has been demonstrated that trauma-informed and trauma-specific models are applicable and replicable within public service sector settings.

### II. INPUTS

**Evaluation Questions:**  
**How much was spent on services? What data collection methods were used? Who was served?**

#### OMY Funding

\$1,618,055 funded six strategies:

\$100,000	Alameda County Behavioral Health Care Services Agency Crisis Response and Support Network (CRSN)
\$231,750	Alameda County Sexually Exploited Minor's Network & Early Childhood Mental Health Collaborative
\$325,000	Catholic Charities of the East Bay Crisis Response and Support Network (CRSN)
\$809,520	Family Violence Law Center: Family Violence Intervention Unit
\$151,785	Youth Justice Initiative

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### Data Collection Methods

Clients served in this cluster are generally coming to services in crisis or having recently been exposed to trauma. Some clients have just suffered a violent death in the family, domestic violence, or other forms of violent trauma.

The programs in this cluster aim to address the following client outcomes:

1. Reduced signs and symptoms of trauma
2. Reduce negative coping in response to trauma
3. Improve psychological or developmental functioning
4. Reduce risk for further victimization
5. Reduce retaliation for violent incidents

Because the strategies employed by programs in this cluster vary greatly – from intensive psychological services to very young children and long-term case management with adolescent girls and women, to one-time domestic violence intervention and advocacy and brief, immediate crisis response – there is no single method for data collection. For many of the programs a time-consuming intake process is not feasible. For other programs, such as the Early Childhood Mental Health strategy or the case management elements of the FVIU and YJI programs, intake and follow-up assessments are feasible and are conducted regularly. Tools used in this cluster include:

- Child and Adolescent Needs and Strengths (CANS)
- 40 Trauma Symptom Checklist (40TSC)
- Ages and Stages

- Diagnostic Criteria 0 to 3 (Scheeringa and Zeanah)
- Conflict tactics scale (revised – by Strauss)

For many of the programs that provide short-term interventions no tools exist that can be used to measure outcomes, so they rely on outputs such as number of contacts and follow-up plans to demonstrate that the program is having an impact.

### Consent

Measure Y program participants were voluntarily asked to provide consent to share personal information for the purpose of evaluation. In general, consent is not requested of participants during intensive outreach.

Of the 2506 participants in the Special Services cluster, 636 (25%) consented to sharing information. The demographic information presented below reflects only consenting participants.

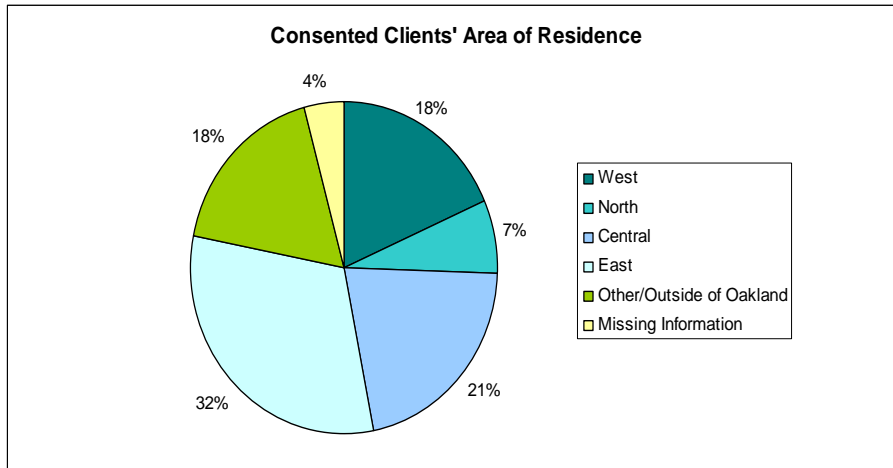
Consent Rates	
Consented	26%
Withheld Consent	36%
Missing Consent	38%
Total	100%

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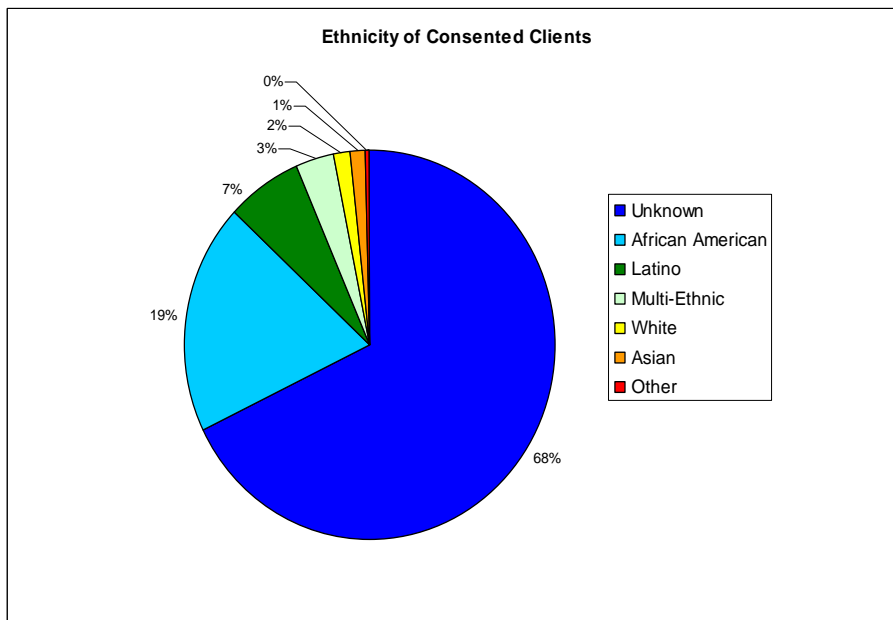
## Cluster Level Evaluation Report

### Demographic Characteristics of Clients

Clients served in this cluster were primarily female (78%) and over 18. English and Spanish were the most prevalent languages spoken in the home.



*NOTE: The term 'Central Oakland' is an analytical tool for providing enriched geospatial analysis of the vast area conventionally known as East Oakland. Using Oakland Police Department Command Areas as a guide, Central Oakland corresponds to Command Area II, while East Oakland corresponds to Command Area III.*



*Race Ethnicity was not indicated for most of the clients served.*

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## Cluster Level Evaluation Report

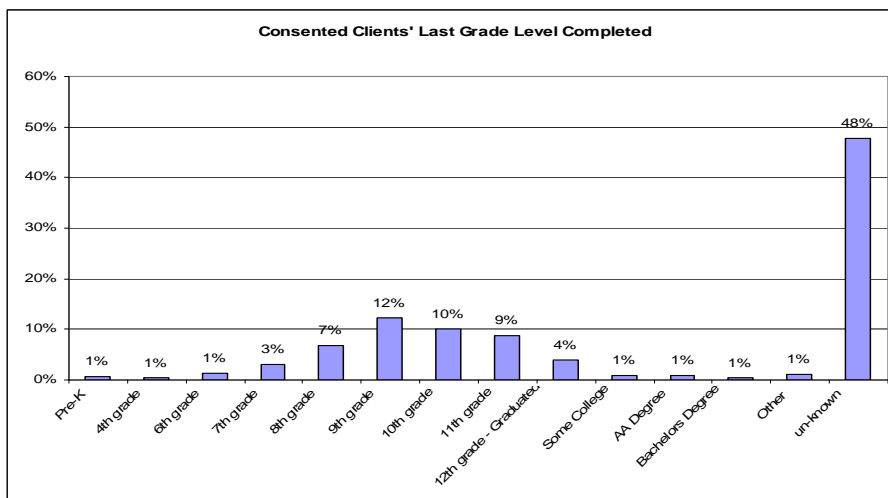
### Risk and Protective Factors

Risk factors and highest grade completed are presented to illustrate the risk and protective factors present for clients. Risk factors for Measure Y participants are limited to those listed in the CitySpan youth services management information system (MIS) for programs in this cluster. Participants may have other risk factors in addition to those included above.

**Risk Factor of Participants**

Risk Factor	# of Clients	% of Consented Clients
Expelled	3	0%
Exposed to Violence	574	90%
None	8	1%
Parole	1	0%
Probation	131	21%
Sexually Exploited	184	29%
Suspended	1	0%
Truant	96	15%

Consistent with the purpose of this cluster, 90% of the risk factors identified related to exposure to violence. Additionally 29% had been sexually exploited.



Educational level attained was not reported for most clients served.

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### III. ACTIVITIES

**Evaluation Questions:**  
**What service strategies were implemented? How much service was provided?**

#### Intervention After Exposure to Violence

This strategy included providing crisis intervention, case management, and mental health services to women, children, youth and families exposed to various forms of violence in Oakland. Key activities include:

- Direct mental health assessment and therapeutic services, including individual, peer and group counseling.
- Case management and linking to services provided by third party agencies.
- Advocacy to help clients understand the cycle of violence, their legal rights, ways to navigate system, etc.

#### Strengthening system capacity

This strategy includes conducting outreach, coordination, and trainings designed to make systems more responsive to trauma. Key activities include:

- Coordination with Oakland Police Department and District Attorney’s Office for referrals, restraining order processing, and follow-up.
- Training and outreach events related to gender-responsive services, trauma and exposure to violence.

#### Services Provided

The chart below illustrates the total number of group and individual service hours participants within this cluster received and the average number of hours participants received by service type.

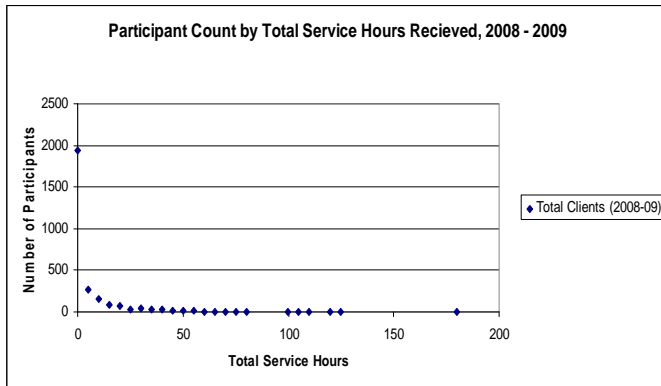
**Units of Service by Type of Service**

Service Provided	Hours 2008 - 2009	Average Hrs/ Participant	% of Total Hours
<b>Group</b>	<b>3,842</b>	<b>7</b>	<b>25%</b>
Peer Support / Counseling	902	8	6%
Community Training	874	16	6%
Mental Health	518	15	3%
Outreach	461	5	3%
Life Skills and Pre-employment Skills	422	4	3%
Other	213	4	1%
Violence Prevention/Anger Management/Conflict Resolution	202	4	1%
Family Involvement	162	4	1%
Street Outreach	90	6	1%
<b>Individual</b>	<b>11,372</b>	<b>2</b>	<b>75%</b>
Intensive Outreach	4,853	10	32%
Case Management	3,269	3	21%
Mental Health Services	1,485	12	10%
Crisis Counseling	590	0	4%
Psychotherapy Session	390	20	3%
Case Consultation	337	1	2%
Safety Planning	240	0	2%
Shelter/Housing Placement	133	0	1%
Hotel Relocation	68	2	0%
Mentoring	6	3	0%
Work Experience	2	2	0%
Mental Health Assessment	0	0	0%
<b>Total</b>	<b>15,214</b>	<b>3</b>	

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### Average Hours Served



The two charts above suggest that a majority of service hours are spent conducting individual work, primarily intensive outreach, case management and mental health services. Of the 2,506 participants served, almost 2,000 received less than a few hours of services. Program reports indicate that most of the clients served in this cluster received telephone consultations. For clients more intensively served, service hours ranged between 20 and 125 hours.

## IV. OUTCOMES

### Evaluation Questions:

**Were services effective in impacting clients? Do service hours correlate to any positive outcomes? Are clients satisfied?**

### Service Impact

Participant surveys were administered to clients who were undergoing ongoing services from a provider, so, given that many clients received only brief interactions, a large percentage of clients served in this cluster are excluded from the survey findings. Young children served by the Early Childhood Mental Health strategy are also excluded. The survey was a

convenience sample of currently enrolled clients and may not reflect information about clients who received services before or after the survey was administered.

The following chart provides summary data on the clients who completed the survey.

### Demographics of Clients who responded to survey:

Number Responded: 19

#### Enrollment:

- 9% of clients have been in the program less than 1 week
- 17% have been enrolled for 1 to 4 weeks
- 22% of clients surveyed have been enrolled for 1-3 months
- 17% of clients have been enrolled for 4-6 months
- 17% of clients that have been enrolled for more than 6 months
- 18% of clients surveyed did not answer

#### Attendance:

- 4% of clients rarely attend the program
- 39% of clients surveyed attend cluster programming sometimes
- 35% of clients attend cluster programming often
- 9% attend all of the time
- 13% of clients did not answer

#### Race/Ethnicity:

- 33% of clients surveyed identify as African American
- 59% identify as Latino/Hispanic
- 8% identify as Asian/Pacific Islander
- 22% of clients surveyed identified as multi-racial

#### Residence:

- 4% of clients surveyed live in North Oakland
- 17% of clients stated that they live in West Oakland
- 65% of clients surveyed stated that they live in East Oakland (East of High Street)
- 4% of clients stated that they live in Central Oakland (Flatlands west of High Street)
- 10% do not live in Oakland

#### Age:

- 9% of clients surveyed are 16
- 13% of clients surveyed are 18-22 years old
- 13% are 23-27
- 30% are 28-32
- 18% are 33-36
- 17% are older than 37

#### Gender:

- 100% of clients surveyed are Female

The total number of clients who responded to the survey was low; hence results can not be extrapolated to the entire cluster.

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## Cluster Level Evaluation Report

### Self-Reported Perceived Client Impact

	5	4	3	2	1	N/A
<i>I make better choices</i>	61%	26%	4%	0%	0%	9%
<i>I have at least one friend or family member I can turn to for support</i>	57%	17%	4%	9%	0%	13%
<i>I attend school more regularly</i>	50%	0%	0%	0%	25%	25%
<i>I am doing better in my classes</i>	25%	0%	25%	0%	0%	50%
<i>I have decreased my use of alcohol and drugs</i>	30%	13%	0%	0%	4%	53%
<i>I have learned skills that will help me in the future</i>	48%	35%	0%	0%	0%	17%
<i>I take better care of myself</i>	65%	26%	0%	0%	0%	9%
<i>I feel hopeful about the future</i>	61%	26%	4%	0%	0%	9%
<i>I am better at controlling my anger</i>	39%	26%	9%	0%	0%	26%
<i>I am better at solving problems</i>	52%	39%	0%	0%	0%	9%

The table to the left describes the results of the client satisfaction survey. School related questions were only asked of youth. Survey questions were graded on a five-point rating system:

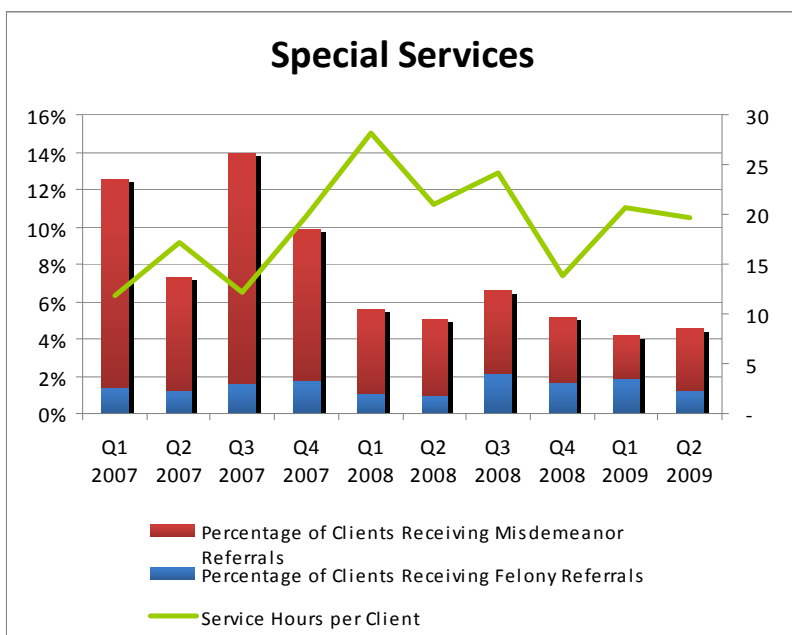
5=strongly agree

1=strongly disagree

N/A=No Answer

Overall clients reported that program services had a very positive impact on their behaviors and attitudes, with nearly all clients agreeing or strongly agreeing that they had made important changes in their life.

### Special Services



The graph to the left describes the correlation between service hours spent and juvenile justice referrals received for clients (primarily served through the Sexually Exploited Minors Network).

In general, increases in service hours correlate to decreases in referrals.

Additionally the chart demonstrates a decline in the number of misdemeanor referrals received by clients with a history of juvenile justice involvement.

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### Client Satisfaction

Participants reported a high level of satisfaction with the program, particularly with receiving services in their primary language and having staff that understood their situation and life experience.

	All of the time	Most of the time	Some of the time	Rarely	Never	N/A
Staff treated me with courtesy and respect	87%	9%	0%	0%	0%	4%
The Staff helped me to find other services I needed	83%	9%	0%	0%	0%	8%
Staff understood my situation and life experience	91%	0%	4%	0%	0%	5%
Staff was supportive	87%	9%	0%	0%	0%	4%
I received services that were helpful	70%	9%	4%	0%	0%	17%
Staff helped me to develop some useful and realistic goals	83%	4%	4%	0%	0%	9%
I can go to staff for help when I need it	83%	4%	0%	0%	0%	13%
I received services in my primary language	91%	0%	0%	0%	0%	9%
I received services when I needed them	83%	4%	0%	0%	0%	13%
Overall, I am satisfied with the services I received	91%	4%	0%	0%	0%	5%

## V. QUALITY

**Evaluation Questions:**  
**What were the overall strengths of programs in this cluster? What were the typical challenges shared by programs in this cluster?**

### Strengths

This cluster's strength is that the programs address the impact of trauma and are designed to intervene to prevent traumatic victimization from mutating into negative coping and exacerbated risk for involvement in further violence, whether as a victim or as a perpetrator. Across all programs in this cluster staff appear to be very committed to this work. Where clients are served long-term, program administrators are open to learning about additional evaluation tools and training. According to clients and to stakeholders that were interviewed, programs seem to be respected and valued.

### Challenges

Because some of the work is so immediate and crisis-driven, data collection is a challenge. Without good data tracking systems in place, it is difficult to identify real programmatic strengths and weaknesses. For program components that are more long-term, the challenges remain working within systems that are not necessarily trauma-informed or relying on the same assumptions as the programs would make with clients not experiencing recent trauma. Vicarious trauma is an issue for all programs.



# Special Services: Exposure to Violence

## *Cluster Level Evaluation Report*

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### **VI. RECOMMENDATIONS**

1. Program staff should undergo continued professional development and training, particularly in the most current trauma-informed approaches.
2. Continued efforts should be made to design and implement data collection tools and methods for short-term intervention strategies.
3. Increased linkages with other service providers will help to ensure that all eligible clients are reached and that appropriate referrals are made.
4. Measure-Y should support services that can be delivered to program staff in all programs in this cluster to lessen the impact of the vicarious trauma they experience

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<b>MEASURE Y CLUSTER-LEVEL LOGIC MODEL: SPECIAL SERVICES - EXPOSURE TO VIOLENCE</b>	
Measure Y Purpose:	Taken from Initiative Logic Model
Cluster Purpose:	To identify children, youth and adults at the earliest point of exposure to violence, to connect survivors with supportive services and advocacy so that reoccurrence is prevented.
Cluster Goals:	The programs in this cluster provide services to children, youth and adults exposed to violence, while they are in crisis and after to connect individuals and families to resources, reduce the likelihood of re-exposure, and promote healthy outcomes.
Impact:	65% of enrolled clients will demonstrate a decrease in repeat exposure to violence, decreased trauma-related symptoms, increased access to resources, and/or improved life choices.
Theory of Change:	<p>There is growing awareness of trauma as a key public health and policy issue, due in large part to the recognition among mental health providers, substance abuse treatment providers, policy-makers, and funding agencies that:</p> <ul style="list-style-type: none"> <li>• a majority of persons served in public mental health and substance abuse systems have experienced repeated trauma since childhood;</li> <li>• these clients have been severely affected by this trauma;</li> <li>• when trauma is not addressed, there is a greater use of services and cost associated with these clients;</li> </ul> <p>Evidence exists for effectiveness of trauma-based integrated treatment approaches and emerging best practice models designed for (and providing renewed hope of) recovery to clients with complex, severe, and persistent mental health and addiction problems. Many studies now show that approaches that address trauma also have a positive impact on related issues such as: PTSD spectrum, substance abuse, intergenerational violence, suicide and self-harm, aggression and violence, and other harmful coping strategies. Furthermore, it has been demonstrated that trauma-informed and trauma-specific models are applicable and replicable within public service sector settings.</p>
Assumptions:	That early intervention connecting survivors of violence to services and advocacy will help mitigate crisis, prevent immediate re-exposure, and stop the inter-generational cycle of violence.

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Key Strategies/Activities	Resources	Process Measures	Short-Term/Intermediate Outcomes (< 1 year)	Long-Term Outcomes (1-3 years)
<p><b>Intervention Immediately After Exposure to Violence:</b> Provide crisis intervention, case management, and mental health services to women, children, youth and families exposed to various forms of violence in Oakland.</p> <p>Key activities include:</p> <ol style="list-style-type: none"> <li>1. Direct mental health assessment and therapeutic services, including individual, peer and group counseling.</li> <li>2. Case management and linking to services provided by third party agencies.</li> <li>3. Advocacy to help clients understand the cycle of violence, their legal rights, ways to navigate system, etc.</li> </ol>	<p>Provides funding for five agencies:</p> <ol style="list-style-type: none"> <li>1. Youth Justice Institute- \$151,785 (sub grantee-\$144,200)</li> <li>2. Family Violence Law Center (Family Violence Intervention Unit)- \$809,520</li> <li>3. Early Childhood Mental Health Strategy Collaborative (fiscal agent FVLC)- (sub grantee 1-\$9,000, 2- \$48,129, 3-\$5,000, 4 -\$82,397, 5-\$82,400, 6-\$41,199)</li> <li>4. Catholic Charities of the East Bay- \$325,000</li> <li>5. Alameda County Health Care Services Agency CRSN- \$100,000</li> <li>6. Alameda County Sexually Exploited Minors Network- \$231,750</li> </ol> <p>Total-\$1,618,055</p>	<p>Number of unduplicated clients served by each type of service</p> <p>Cost per unit of service</p> <p>Number of units of services per client (dosage)</p> <p>Demographics of clients</p>	<ol style="list-style-type: none"> <li>1. 50% of clients access mental health services.</li> <li>2. 50% of clients experience a reduction in trauma-related symptoms.</li> <li>3. 60% of clients demonstrate an improved ability to deal with the stress of trauma and grief.</li> </ol>	<p>Of those served through Measure Y</p> <ol style="list-style-type: none"> <li>1. 100% have increased awareness of services available to them</li> <li>2. 90% utilize services designed to increase safety and stability</li> <li>3. 50% are not re-exposed to violence.</li> <li>4. 80% avoid re-arrest.</li> </ol>

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<p><b>Strengthening system capacity to respond effectively to trauma through training and collaboration.</b></p> <p>1. Coordination with Oakland Police Department for referrals, restraining order processing, and follow-up.</p> <p>2. Training and outreach events related to gender-responsive services, trauma and exposure to violence.</p>	<p>Provides funding for: Alameda County Sexually Exploited Minors Network- <i>no information available</i></p> <p>Total Funds Allocated for this Cluster: <i>Not available</i></p>	<p>900 outreach event participants over 100 outreach event hours (re: death by violence)</p> <p>Two annual trainings in each unit reaching 500 patrol officers (re: domestic violence)</p> <p>100 individuals participating annually in 10 outreach and training events (re: gender-responsive system)</p>	<p>1. Officers trained demonstrate improved knowledge of symptoms of trauma and available community resources for those exposed to violence.</p> <p>2. Participants in outreach events and trainings demonstrate improved knowledge of symptoms of trauma, gender-responsive services, and available community resources for those exposed to violence.</p>	<p>1. Police referrals to community resources for those exposed to violence increase.</p> <p>2. Improved system capacity to provide gender-responsive services to victims of trauma, as evidenced by type of services available at community providers and through public systems.</p>
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