EXECUTIVE SUMMARY
July 2013

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Final Evaluation Results

Phase II California Family Justice Initiative

Statewide Evaluation

EXECUTIVE SUMMARY

JULY 2013

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INTRODUCTION

In September 2011, the State Legislature unanimously passed and Governor Brown signed SB 557 (Kehoe) authorizing a two-year study bill on the rapidly developing Family Justice Center movement in California. The bill was codified as Penal Code Sections 13750 – 13752. The study authorized by the Legislature was funded by Blue Shield of California Foundation. EMT Associates, Inc. (under the leadership of Dr. Carrie Petrucci) was retained by the National Family Justice Center Alliance to conduct an independent evaluation of four Family Justice Centers in California — the San Diego Family Justice Center, the Alameda County Family Justice Center, the Family Justice Center of Sonoma County, and the Anaheim Family Justice Center (now called the Orange County Family Justice Center).

Family Justice Centers are codified in the federal Violence Against Women Act and seek to provide many services for victims of family violence and their children under one roof instead of requiring victims to travel from agency to agency to access the needed services. Centers have many partner agencies including government and non-government agency partners. SB 557 was the first state legislation in the United States focused on defining and evaluating Family Justice Centers. While the Legislature authorized the study of four Centers, the Blue Shield of California Foundation funds provided for a study of four additional Centers — the Stanislaus County Family Justice Center, the Shasta Family Justice Center, the Valley Cares Family Justice Center (Los Angeles County), and the West Contra Costa County Family Justice Center.

This report is primarily focused on the four sites listed in SB 557, but includes information in certain sections on all eight Family Justice Centers. There are a total of seventeen Family Justice Centers in California today and six more Centers in some stage of development. SB 557 directed the Alliance to submit this report, upon completion, to the state Legislature along with recommendations for future legislation regarding Family Justice Centers. The Alliance recommendations are included in the cover letter to the Legislative report.

EVALUATION PURPOSE AND METHODS

There were two purposes to this evaluation:

- To assess the benefits of co-location of services and agency professionals to meet the needs of victims of domestic violence and sexual assault.
- To identify any barriers or challenges to the effectiveness of the multi-agency, multi-disciplinary service model known as the Family Justice Center.

The purpose of the evaluation was incorporated into three evaluation objectives, as follows:

- **Objective 1:** Identify if co-location of services meets the needs of victims through increased access to and utilization of domestic violence services.
- **Objective 2:** Assess benefits of co-location of services and agency professionals to meet the needs of victims of domestic violence and sexual assault.
- **Objective 3:** Identify any barriers or challenges to the effectiveness of the multi-agency, multi-disciplinary service model known as the Family Justice Center.

A mixed methods evaluation incorporating both quantitative and qualitative data collection and analysis was utilized. The primary advantages to this approach were: (1) building rapport and trust with project staff who were integral to data collection activities; (2) enhancing the quality of the data by comparing multiple data types and data sources across multiple sites (referred to as “triangulation of the data”); (3) more easily incorporating several strategies identified in the request for proposal and the
legislation, most notably: (a) more reliably including data from survivors; (b) including data from the Family Justice Center directors, staff, and partner agencies; (c) following the evaluation recommendations from the Evaluability Assessment of the President’s Family Justice Center Initiative by emphasizing client-level and program-level data; (d) emphasizing the benefits and challenges of the Family Justice Center Model; (e) inclusion of both objective and subjective measures; (f) inclusion of focus groups with staff and survivors (separately); (g) objective outcome analysis using client data (administrative and criminal justice data); and (h) analyzing confidentiality and informed consent issues and compliance to specified regulations in a multi-agency, multi-disciplinary model of service delivery.

Multiple data collection sources were gathered and analyzed. Data was collected from survivors in both English and Spanish. Data collection sources included: interviews with the Family Justice Center Directors, survivor self-recorded interviews, partner agency focus groups, survivor focus groups, evaluator observations during site visits, an online survey for Family Justice Center staff and partner agencies, administrative data, and criminal justice outcome data.

Data collection took place from March 2012 to December 2012. Data collection protocols were established with input from Family Justice Center Directors and staff. Data was collected on a voluntary basis. All data was de-identified with personal identifiers removed prior to submission to the evaluator for analysis.

Quantitative data was processed and analyzed in Excel and in Stata 12, using standard descriptive and group comparison techniques. Qualitative data was analyzed in NVivo 10 using a grounded theory approach. The “mixing” of the data occurred during the interpretation and analysis phase.

The most significant strength of this evaluation was the incorporation of rich, detailed data directly from individual survivors in both English and Spanish in two different formats - individual self-recordings and focus groups. Further detail on the methods is included in the full report.

RESULTS

Evaluation Objective 1: Identify if co-location of services meets the needs of victims through increased access to and utilization of domestic violence services.

Number of Clients and Children Served and Family Justice Services Information

Summary of Results: The 4 Pilot Family Justice Centers successfully served a significant number of survivors and addressed multiple service needs, supporting the need for a co-located multi-agency service model. More work is needed to better record unduplicated counts of survivors and children. In addition, much could be gained by uniform definitions of data elements related to services.

Criminal Justice Outcome Data

Small Study Results

Summary of Results: The results of this small study suggest that for these 120 Family Justice Center cases that included criminal justice case processing, benchmarks identified in existing research for court case filing, misdemeanor vs. felony filing status, conviction rates, and dismissal rates were met and sometimes exceeded. These results suggest potentially promising results that Family Justice Centers can meet the needs of victims through effective handling of criminal justice cases, however, this can only be determined in a future study that includes a larger well validated sample.
**Evaluation Objective 2:** Assess benefits of co-location of services and agency professionals to meet the needs of victims of domestic violence and sexual assault.

**Impacts of Co-Located Multi-Agency Services for Survivors and their Children**

**Summary of Results:** Five supports to survivor access to co-located multi-agency services were identified: having helpful (1), supportive (2), high quality services (3), along with other helpful qualities of Family Justice Centers (4), made it easy to come (5). Survivors also benefited from a comprehensive service approach that considered the context of a safe and supportive environment, an all-in-one service approach that included the therapeutic and legal needs of survivors, and individualized services that emphasized emotional support and survivors getting the help that they needed. These benefits combined to form a “whole system approach” that is greater than the sum of its parts. The importance of a supportive approach that integrates both legal and therapeutic needs of survivors in a multi-level approach that considers context, process, and individualized services has been identified in the research and was central in these findings.

Partner agencies of Family Justice Centers benefitted from the staffing structure of having the “right people” available onsite from various agencies, having a shared larger goal of focusing on the needs of victims and their safety, more efficient handling of cases, and through networking and a team approach with other partner agencies.

Suggested improvements included providing additional services, having more resources for survivors, conducting more outreach, improving the service provision process for staff, having more staff training and cross-training, and considering satellite locations.

Potential best practices included leadership and collaboration skills of Family Justice Center Directors, as well as partner agencies working in the same direction and emphasizing relationship building. Benefits of co-location of services mirrored eight out of eleven of the Family Justice Center Alliance Guiding Principles.

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**Evaluation Objective 3:** Identify any barriers or challenges to the effectiveness of the multi-agency, multi-disciplinary service model known as the Family Justice Center.

**Barriers to Needed Services**

**Summary of Results:** At least among survivors who came to Family Justice Centers who participated in this evaluation, barriers to accessing services were not commonly experienced once survivors made initial contact with Family Justice Center services. When asked about barriers to services, the most common response among survivors was that they did not encounter barriers. The second most common response was that survivors were unaware of the existence of the Family Justice Center and/or of the quality of services available.

When barriers were categorized, the most common barrier was emotional-personal barriers experienced by survivors before coming to Family Justice Centers, after coming, and barriers that spanned across both before and after coming to Family Justice Centers. These results suggest the importance of proactively addressing survivors’ emotional and personal barriers in outreach efforts by sharing information relevant to survivors’ concerns. Family Justice Centers should also consider these emotional and personal concerns in the design of daily operations. This appears to be the case based on the five supports to access and the multi-level service approach identified in the previous section.

Program-level barriers including service
barriers, such as schedules and negative staff interactions were rare, but should be minimized once survivors come to the Family Justice Center.

Survivors’ socio-economic considerations were important both before and after coming to Family Justice Centers.

To address the lack of awareness of the existence of Family Justice Centers, Family Justice Centers should continue in their outreach efforts in locations in which both families of survivors as well as the survivors themselves frequent. Settings related to children, such as schools, daycare settings, pediatrician’s offices, family court, or child protective services are suggested targeted locations due to research that has found that survivors’ concerns for their children are among the most important motivators to seeking help.

**Immigration Status, Criminal History and Substance Abuse/Mental Health as Potential Barriers to Access at 4 Pilot Family Justice Centers**

**Summary of Results:** Concerns and misinformation about immigration was a noted barrier before coming to Family Justice Centers, but not afterwards. Survivor concerns included fear of deportation, fear of having children removed, and a lack of awareness of legal services to address immigration and citizenship. One of the most significant benefits of Family Justice Center services noted by survivors was receiving immigration services that helped them to become legal residents.

Criminal history was not a potential barrier to access, unless it was related to domestic violence, and then a determination was made on a case-by-case basis.

Substance abuse and mental health needs were not a barrier to accessing services. Exceptions to this were if survivors came to an intake appointment under the influence of drugs or alcohol, or if they displayed severe mental health symptoms at a level of severity that suggested impaired judgment and inability to legally sign documents, but this was a rare occurrence.

**Compliance with Service Delivery**

**Summary of Results:** There was compliance on: (1) items related to cooperation with law enforcement with clarification on written or verbal consent needed; (2) items related to victim criminal history with definitional clarification needed; (3) items related to informed client consent; (4) items related to privacy with use of check boxes suggested to improve clarity of the process.

**Recommendations for Practice and Future Evaluations**

Recommendations were made in four areas including: data systems, future evaluations, research to inform practice, and strategies to inform best practices.

**Recommendations for Data Systems:**

(1) Family Justice Centers may want to consider creating a “codebook” that identifies a short list of data elements and how they are defined that all Family Justice Centers could collaboratively design and agree to collect.

A list of common definitions for the most important data elements could be helpful in tracking key elements including survivor characteristics, ongoing service provision, and outcomes of Family Justice Centers. This work could build on existing work, such as:

(a) Saltzman et al.’s (1999, 2002) Centers for Disease Control and Prevention’s report on

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uniform definitions and recommended data elements, which does an excellent job defining specific types of violence, survivor characteristics, and incident characteristics, but does not address services;

(b) The Violence Against Women Act STOP reporting requirements present a beginning list of service types from which to build;

(c) The National Network to End Domestic Violence has additional service-related data elements, including specific types of services and why services were not received, to identify and document unmet requests for services, that could be very informative in a Family Justice Center setting;

(d) The Evaluability Assessment of the President’s Family Justice Center Initiative includes a complete logic model with well defined outputs and outcomes at the individual client level, the community level, and the systems level; and

(e) The Problem-Oriented Guides for Police Problem-Specific Guides Series No. 45 on Domestic Violence also has suggestions on ways to measure domestic violence as a problem as well as process and impact measures.

(2) Carefully documenting and examining “reasons for seeking services” and “services received” with a common list of services for

individual clients within and across Family Justice Centers could provide valuable evidence of the process of co-location, and could also be linked to outcome data to determine any relationship between services sought/received and eventual outcomes.

It would be particularly valuable for future evaluations of more than one Family Justice Center site for comparative purposes, but also to be able to “add up” service need areas across Family Justice Center sites to build evidence for specific service needs. The VAWA STOP grant reports and the Domestic Violence Count by the National Network to End Domestic Violence present potentially useful ways to collect this information. An additional value in building from existing work is the ability to then compare Family Justice Center data with national data.

(3) The Family Justice Center Alliance and/or a cooperative group of Family Justice Centers may want to consider creating a “data sharing warehouse” in which regular brief reports (quarterly or biannually), with non-identifying aggregate data from local Family Justice Centers could be submitted.

These brief reports could consist of unduplicated counts of outputs (survivors coming to centers, having specific service needs, and services received). These “service output” de-identified counts could then be available to other local sites to get a sense of any patterns in local or regional service needs, as well as to document the overall momentum of the work of Family Justice Centers on a broader regional and/or national scale. Ideally, the existing local database systems would allow the counts for these reports to be produced almost instantaneously. Submitting the reports to a centralized warehouse could then provide immediate dissemination via an online source such as the Family Justice Center Alliance library, or other available social media outlets for broader dissemination.

Recommendations for Future Evaluations:

Prevention and Control, Centers for Disease Control and Prevention.

2 Muskie School of Public Service, University of Southern Maine (n.d.). S*T*O*P Violence Against Women Formula Grants All States -2010 Reporting Period. VAWA Measuring Effectiveness Initiative.


(4) The experience of identifying cases from the Family Justice Center databases that also have police reports (rather than the reverse) highlights the potential to answer a number of important questions related to victim access to Family Justice Centers if this data were to be collected and analyzed on a larger scale including:

(a) What is the proportion of Family Justice Center cases by referral source (such as police, district attorney, community)? Does this proportion reflect what we would expect based on other available data sources? Do victim outcomes differ by referral source, and if so, how?

(b) Are domestic violence victims with and without police involvement receiving equal access to the Family Justice Center?

(c) Does governance structure of Family Justice Centers impact victim access, and if so, how?

(5) The filing, conviction, and dismissal rates data presented are all important factors to consider when examining how victims experience Family Justice Centers and associated outcomes of victim safety and well-being. There is much that can be learned about the process and effectiveness of Family Justice Centers with a larger, representative sample of cases. The case selection process suggested and the data collection form utilized here worked well for the present study, and could feasibly be adapted for utilization in future evaluations.

(6) A future evaluation should specifically target victims and survivors who have not accessed a Family Justice Center to pursue similar questions about supports for access, and whether survivors believed their needs were met effectively. This additional data from a non-Family Justice Center sample is needed to determine the credibility of the findings in this study.

Recommendations for Research to Inform Practice:

(7) The themes identified as access supports (easy to come, helpful referral sources, quality of service provision, survivors feeling supported, and helpful qualities of Family Justice Centers) and survivor benefits of co-location of services (safe and supportive environment, all-in-one service provision, both legal and therapeutic services, getting needed help and information, and emotional support) would benefit from further validation in a concept mapping study with survivors as a step towards instrument development and validation. The advantage of a concept mapping study would allow further addition of ideas by survivors (as well as other stakeholders), plus survivors would have an opportunity to prioritize the items as part of the concept mapping process.

(8) The themes identified as benefits of co-location to partner agencies (structure, networking services faster, team approach, relationships between agencies, larger goals, staff benefits, and how cases are handled) would also benefit from further validation in a concept mapping study with partner agencies as a step towards instrument development and validation.

(9) The relationship between benefits for children and how survivors benefit at Family Justice Centers deserves more focused attention as the main question in a future evaluation to document a much more nuanced and detailed picture.

(10) Further validation of the Family Justice Center Environment Scale is suggested so that it can potentially be used as a developmental measure of best practices at Family Justice Centers. Initial reliability and construct validity was found to be good in this evaluation, suggesting continued use of major portions of the scale. Future validation efforts should include review by a panel of experts consisting of experienced Family Justice Center staff, partner agency staff, volunteers, and survivors.
In addition, future evaluations should examine construct validity, predictive validity, and convergent/divergent validity. An exploratory factor analysis would also be an important step towards validating the constructs. Once validated, the scale could also be examined for any relationship to outcomes.

(11) The Psychological Sense of Community Scale, as adapted here for Family Justice Centers, should be considered in future evaluations of Family Justice Centers. The scale appeared to document key aspects of Family Justice Center practice that could eventually be examined as contributors or predictors of outcomes.

Recommendations for Strategies to Inform Best Practices:

(12) One of the major strengths of the data collection in this project is the comprehensive content of the 128 survivor self-recorded interviews. The significant advantage of collecting this amount of detailed qualitative data is the potential for using the findings in future evaluation research and to inform practice. Several opportunities for this emerged out of the data, as follows:

(a) The list of 37 barriers can be used in future survey research with survivors and/or professional staff, to determine which barriers are most important in Family Justice Center settings.

(b) The top five sub-categories can similarly be used in survey research with survivors and/or professional staff to determine which barriers are most important in Family Justice Center settings.

(c) The 37 individual barriers and/or the top five sub-categories of barriers can be used in survivor satisfaction surveys and/or exit interviews at Family Justice Centers.

(d) The list of fears identified by the survivors can be considered for inclusion in survivor intake assessments, satisfaction surveys, and exit interviews at Family Justice Centers.

(e) The emotional-personal barriers are well suited to further validation in a concept mapping study with survivors to determine the appropriate categories as well as the strongest individual items as a first step toward a standardized instrument to measure barriers to access.

(13) Better documentation of immigration status, criminal history information gathered during the intake process, and substance abuse/mental health needs in the client databases at intake could provide helpful evidence to support that survivors in these circumstances are (or are not) receiving services.

(14) Ongoing data collection from survivors and partner agencies, including surveys and focus groups, is recommended to continue to monitor whether these or other important barriers to access emerge in Family Justice Centers. Use of both a list of potential barriers as well as open-ended responses is recommended due to the variety of potential barriers that emerged here.

(15) The compliance items may be good candidates to be tracked using monitoring or auditing procedures or self-evaluation procedures by the Family Justice Center sites themselves. Having a regular “in-house” [and less expensive] strategy in place to monitor these compliance indicators could be an effective way to assure a high level of fidelity to these procedures; it would also be an efficient way to regularly document how Family Justice Centers are addressing these compliance indicators.